



Speech-Language &
Audiology Canada
Communicating care

August 2, 2024

Written Submission for the Pre-Budget Submission Consultation in Advance of the Upcoming Federal Budget

By: Speech-Language & Audiology Canada

Summary of Recommendations

Recommendation 1: That the government invest in recruitment and retention strategies for speech-language pathologists and audiologists as part of their health human resources strategy.

Recommendation 2: That the government establish a Primary Health Care Transition Fund to improve access to interdisciplinary community-based primary care, including the services provided by extended healthcare professionals, such as speech-language pathologists and audiologists.

Recommendation 3: That the government provide funding to support the provision of comprehensive Early Hearing Detection and Intervention (EHDI) programs for all provinces in Canada.

Recommendation 4: That the government introduce a sliding scale tax credit for eligible small, medium, and large size employers who provide sufficient coverage for extended health care benefits for their employees.

Recommendation 5: That the government enhance access and coverage for service providers for speech-language and audiology services for Indigenous populations through initiatives such as the Jordan's Principle and the Non-Insured Health Benefits Program (NIHB).

Recommendation 6: That the government support speech-language pathologists and audiologists' participation in the federal aging at-home and long-term care programs, policies, and legislation.

Recommendation 7: That the government support a national approach to embedding speech-language pathology and audiology education for ECE's as part of their investment in ECE training.

Introduction

Each year, Speech-Language & Audiology Canada (SAC) develops priorities that represent the needs of speech-language pathologists (S-LPs) and audiologists, which supports the vital services they provide to enhance communication, health, and education outcomes nationwide.

S-LPs and audiologists are regulated health professionals who provide evidence-based care to Canadians of all ages, by identifying, assessing, and treating a range of speech, language, communication, hearing, balance, and swallowing disorders.

The following sections detail key areas of public policies and programs that reflect the goals and objectives of SAC's priorities, including the inclusion of S-LPs and audiologists in essential areas of care, and informing the government of policy enhancements.

Recommendations

Recommendation 1: That the government invest in recruitment and retention strategies for speech-language pathologists and audiologists as part of their health human resources strategy.

Speech-language pathology and audiology services, like many other types of health care, are suffering from a health human resource crisis. Recruitment and retention strategies for our profession will help to ensure that there is equitable access to this unique and specialized care for all Canadians.

We recommend the following measures to help increase the number of S-LPs and audiologists to meet the increasing patient demand and help reduce the burden on the healthcare system:

- Include specific considerations for S-LPs and audiologists in health human resource planning;
- Investment in the expansion of speech-language pathology and audiology post-graduate programs across the country, especially in less populated provinces and territories;
- Support and funding for S-LPs and audiologists practising in rural and remote areas, and the expansion of the Canada Student Loan Forgiveness Program.

As part of a comprehensive health workforce plan, the government needs to ensure that S-LPs and audiologists are considered in these investments in addition to physicians and nurses. S-LPs and audiologists help patients across the lifespan to communicate and live a better life and are a vital part of the healthcare system.

Currently, there are not enough university programs across Canada to allow students to access post-graduate education to become a S-LP or an audiologist, both of which require a Master's degree, in their home province or territory. These significant geographical gaps in available speech-language pathology and audiology programs deter recruitment to this profession [1]. In addition to a lack of postgraduate

programs, it can also be a challenge for graduates to access placements, especially in provinces with lower populations which means again, students must look elsewhere for training. To help grow the profession and improve access to care for Canadians, we urge the federal government to invest in the expansion of existing speech-language pathology and audiology university programs and in the creation of new programs and placements in provinces and territories that currently do not have any.

Inequitable access to speech-language pathology and audiology education programs is not the only area where we see geographic disparity. Rural and remote communities in Canada have long been identified as areas where healthcare gaps exist and this is particularly true of health specialties, including S-LPs and audiologists. Access to the care provided by our professions must be included in the investments being made by the Government of Canada to help provide equal access to healthcare to the residents in these communities.

While we were encouraged to see the list of healthcare professionals added to the Canada Student Loan Forgiveness Program in Budget 2024 to help address these challenges, S-LPs and audiologists were not included. This program would be of tremendous help to recruit S-LPs and audiologists in these areas where access to our expertise is challenging. We urge the government to expand the list of eligible professions to include S-LPs and audiologists.

Recommendation 2: That the government establish a Primary Health Care Transition Fund to improve access to interdisciplinary community-based primary care, including the services provided by extended healthcare professionals, such as speech-language pathologists and audiologists.

Healthcare systems across Canada are facing significant, persistent, and complex challenges including issues in trained workforce capacity, burnout, wait times, access to diverse and specialized care, and increased care needs (e.g., increasing complex needs in an aging population at home and in long-term care).

Interprofessional, team-based primary healthcare models can help address some of these challenges through improved efficiencies and earlier diagnosis and treatment of illness. This model could also help reduce hospitalizations and wait times for emergent and surgical care reducing the burden on the healthcare system. Focused efforts by the government are needed to expand these delivery models to include S-LPs and audiologists to help prepare the country for the complex needs of an aging population and help reduce the burden on the system.

Recommendation 3: That the government provide funding to support the provision of comprehensive Early Hearing Detection and Intervention (EHDI) programs for all provinces in Canada.

Detection of hearing health issues is critical in the early stages of life, yet access to infant hearing screening via reliable EHDI programs across Canada is inconsistent. Over half of the provinces and territories received a failing grade on a 2024 EHDI report card [2]. We call on the federal government to incorporate EHDI programs across all provinces and territories to address infant hearing health and include the following components:

- Universal hearing screening of all newborns
- A comprehensive blood spot analysis for hearing loss risk factors including cytomegalovirus (CMV) [3]
- Identification of babies with permanent hearing loss
- Intervention services which include support for technology and communication development
- Family support
- Monitoring and evaluation of the program

Recommendation 4: That the government introduce a sliding scale tax credit for eligible small, medium, and large size employers who provide sufficient coverage for extended health care benefits for their employees.

Many employers' health benefits packages are insufficient to cover the cost of services used by their employees. Coverage for S-LP and audiology services is well below the cost incurred for recommended assessments and interventions. For example:

- A stroke patient experiencing difficulties in speech, language, and swallowing after discharge from the hospital will require ongoing speech-language pathology services. They will require an individualized assessment to create person-centred, functional goals and a tailored treatment plan typically involving a minimum of 20 therapeutic hours [4] with an estimated minimum cost of \$2,400.00 - \$3800.00 based on a typical hourly rate of \$120-\$190/hour.
- The cost of an average set of hearing aids in Canada is \$4000. Hearing aids typically need to be replaced every 3–5 years and require the support of a registered audiologist. Most health benefit plans cover a maximum of \$0-800 every 5 years.
- A child or adult needing a one-time tinnitus, vestibular, or auditory processing assessment, which always includes a hearing test and perhaps cerumen management, will pay approximately \$1000 out of pocket.

There is an opportunity for federal tax policy to support more equitable and effective health policy by incentivizing employers to improve health benefits to align them with the true cost of services. This can also improve employee recruitment and retention, health and wellness, and productivity and facilitate a more successful and timely return to work after sick leave. We recommend that the federal government

introduce a sliding-scale tax credit that would help small, medium, and large-sized businesses increase employee benefit programs.

Recommendation 5: That the government enhance access and coverage for service providers for speech-language and audiology services for Indigenous populations through initiatives such as the Jordan's Principle and the Non-Insured Health Benefits Program (NIHB).

Healthcare access challenges across Canada are often worse for Indigenous populations and access to speech and hearing care is no exception. Our members have highlighted the payment delays and inconsistent approval processes for care that they provide to patients within the NIHB and Jordan's Principle programs. We urge the federal government to streamline these processes and improve access and coverage for Indigenous populations across Canada to better ensure equitable care.

Recommendation 6: That the government support speech-language pathologists and audiologists' participation in the federal aging at-home and long-term care programs, policies, and legislation.

Seniors, especially those in long-term care, are disproportionately affected by disorders that impact their hearing, speech, balance and swallowing. Often related to stroke, dementia, or Parkinson's disease, these conditions can be assessed and treated by S-LPs and audiologists, improving quality of life. We recommend that the government include S-LPs and audiologists in long-term care and aging-at-home initiatives to ensure that our unique expertise is accessible to allow seniors to age with dignity.

We also recommend that the Safe Long-Term Care Act be used to demonstrate the government's commitment to ensuring communication access by including S-LPs and audiologists as essential care providers.

Recommendation 7: That the government support a national approach to embedding speech-language pathology and audiology education for ECE's as part of their investment in ECE training.

SAC and its members provide training for early-childhood-educators on preschool speech, language, and hearing. As part of the new investment announced in Budget 2024 for Early Childhood Educators (ECE) training, SAC recommends that training in preschool speech, language, and hearing be included in the training programs for ECEs across Canada. This will provide ECEs with the confidence and tools to support children with speech, language and hearing disorders.

About SAC

Speech-Language & Audiology Canada (SAC) is a member-driven organization that supports, promotes, and elevates the professions of our members and associates. It is the only national organization

passionately supporting and representing speech-language pathologists, audiologists, and communication health assistants inclusively. Through this support, it champions the needs of people with communication disorders. SAC's vision is to be the unified national voice of speech-language pathology and audiology, by advancing the professions of speech-language pathology and audiology and empowering members and associates to optimize communication, health, and education outcomes for all.

References

1. Speech-Language & Audiology Canada. (n.d). List of Speech-Language Pathology and Audiology Programs in Canada. <https://www.sac-oac.ca/joining-the-profession/academic-programs/>
2. Canadian Infant Hearing Task Force. (2024). 2024 Report Card: Early Hearing Detection & Intervention.
3. Newborn Screening Ontario. (n.d.) Blood Spot Screening for Hearing Loss Risk Factors. https://www.newbornscreening.on.ca/sites/default/files/blood_spot_screening_for_hearing_loss_risk_factors_letterheadphase1b.pdf
4. Rehabilitation and recovery of people with Aphasia after Stroke (RELEASE) Collaborators (2022). Dosage, Intensity, and Frequency of Language Therapy for Aphasia: A Systematic Review-Based, Individual Participant Data Network Meta-Analysis. *Stroke*, 53(3), 956–967. <https://doi.org/10.1161/STROKEAHA.121.035216>