

**Written Submission for the Pre-Budget Consultations in  
Advance of the 2019 Budget**

**By: Speech-Language & Audiology Canada**

## **Recommendation**

**That the federal government extend Canada Student Loan forgiveness to graduates of speech-language pathology, audiology and communication health assistant programs, providing incentives for graduates to work in under-served rural and remote communities, where they will be in a position to help Canadians with communication health needs and their families contribute to the economic growth of their community.**

**Recommendation: That the federal government extend Canada Student Loan forgiveness to graduates of speech-language pathology, audiology and communication health assistant programs, providing incentives for graduates to work in under-served rural and remote communities, where they will be in a position to help Canadians with communication health needs and their families contribute to the economic growth of their community.**

Many rural and remote communities lack the health care and education services they need, including speech-language pathology and audiology services. First Nations, in particular, have voiced their concerns about the limited availability of speech-language pathology and audiology services on reserve (Vives, Sinha, Burnet, & Lach, in collaboration with Pinaymootang First Nation, 2017). Speech-language pathologists (S-LPs), audiologists and communication health assistants provide vital health and education services that address hearing, speech, language and communication difficulties.

The presence of unaddressed hearing, speech, language and communication difficulties in a community significantly impacts potential for economic growth. Specifically, hearing, speech, language and communication difficulties limit employment opportunities for both the affected individual and their families. The 2006 Participation and Activity Limitation Survey indicated that the unemployment rate for people between the ages of 15 and 64 with communication limitations was almost double of that of people without disabilities (13.7% vs. 7.4%) (Statistics Canada, 2006). Also, adults in households with lower levels of education are nearly twice as likely (30%) to have hearing loss compared to those in households where one or more members was a postsecondary graduate (16%)(Feder, Michaud, Ramage-Morin, McNamee & Beauregard, 2015).

Adults with a history of pervasive childhood language problems have poorer educational outcomes and lower occupational status than their peers (Johnson, Beitchman, & Brownlie, 2010). Children with speech, language and communication difficulties have a higher risk of developing behavioural, emotional and social difficulties which, in the most extreme cases, can lead to young people entering the criminal justice system (Bryan, Freer, & Furlong, 2007). For people with acquired communication disabilities (following stroke or head injury), return-to-

work is significantly impacted (Garcia, Laroche, & Barrette, 2002). Caregivers of people with communication disabilities also reduce their hours in paid employment (Covinsky et al., 2001; Statistics Canada, 2006) and families of children with intellectual disabilities are more likely to live in poverty (Emerson, 2003).

S-LPs work with children and adults with speech, language and communication difficulties to enable them to access employment and education; through culturally and linguistically appropriate interventions. Speech and language interventions include contributing to the design and delivery of early years and school services aimed at facilitating children's speech, language and communication development, as well as providing direct services to adults and children to improve speech, language and communication skills essential for everyday life. S-LPs may carry out interventions themselves, supervise communication health assistants or train others (such as parents or teachers) in a range of settings, such as the home, health care centres or schools.

Audiologists work with children and adults across the lifespan to ensure early identification and intervention for hearing problems and other auditory disorders. Every year in Canada, more than a thousand children are born with a permanent hearing loss. Children who receive timely diagnosis and intervention (screening by 1 month, diagnosis by 3 months and intervention by 6 months of age) have better communication, literacy and cognition compared to children with delayed diagnoses ([Joint Committee on Infant Hearing, 2007](#)). Early access to audiology services paired with early support for communication development results in improved outcomes for the child and family. Audiologists work with and supervise communication health assistants in a variety of settings which can assist in increased access to audiology services.

Communication health assistants play an important role in the delivery of audiology and speech-language pathology services. Communication health assistants work under the supervision of qualified speech-language pathologists or audiologists and work in collaborative teams, facilitating access and adding value, efficiency and effectiveness to service delivery. Communication health assistants support the treatment of patients and clients from various

populations; they include audiology assistants, speech-language pathology assistants and speech and hearing assistants.

At the present time, employers in rural and remote communities report difficulty recruiting S-LPs and audiologists, as well as the communication health assistants who support them. Given that Employment and Social Development Canada reports labour shortage conditions over the period of 2015-2024 at a national level for the professions of speech-language pathology and audiology, the recruitment and retention difficulties of rural and remote communities is likely to be an ongoing concern. As such, incentives are urgently required to encourage new speech-language pathology, audiology and communication health assistant graduates to live and work in rural and remote communities to ensure the hearing, speech, language and learning needs of Canadians living in these communities are met.

To address gaps in primary health care, the Government of Canada offers Canada Student Loan forgiveness to eligible family doctors, residents in family medicine, and nurses who work in under-served rural and remote communities. Speech-Language & Audiology Canada (SAC) recommends the expansion of Canada Student Loan forgiveness to include recent graduates of speech-language pathology and audiology master's degree programs and communication health assistant diploma programs. This incentive would encourage S-LPs, audiologists and communication health assistants to live and work in under-served rural and remote communities, including Indigenous communities, where they will be in a position to help vulnerable Canadians and their families contribute to the economic growth of their community.

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*Speech-Language & Audiology Canada (SAC) is the country’s leading association for the professions of audiology and speech-language pathology, representing over 6,400 speech-language pathologists, audiologists and communication health assistants. SAC members and associates from coast-to-coast-to-coast are dedicated to improving the communication health of Canadians.*