Speech-Language & Audiology Canada
Orthophonie et Audiologie Canada
Communicating care | La communication à coeur

INAN Study Submission: Long-Term Care on Reserve

Executive Summary

In a spirit of partnership and mutual respect, Speech-Language & Audiology Canada (SAC) is committed to supporting First Nations to develop person-centered and culturally safe speech-language pathology and audiology services in long-term care settings on reserve. Speech, language, communication, swallowing (dysphagia), hearing and balance disorders are prevalent in people living in long-term care settings. As such, speech-language pathologists, audiologists and communication health assistants are integral to achieving optimal care and quality of life for people living in long-term care settings and, in turn, their families, caregivers and community. This submission provides evidence-informed recommendations from the professions of speech-language pathology and audiology to help address the communication health needs of people living in long-term care settings on reserve.

SAC recommends that:

1. **Long-term care settings on reserve offer speech-language pathology and audiology services to address the communication health needs of elders, persons living with chronic illness and persons in palliative and hospice care.**
2. **Speech-language pathologists and audiologists supported by a communication health assistants provide communication interventions in long-term care settings on reserve.**
3. **Long-term care settings on reserve implement dysphagia screening programs supported by a speech-language pathologist.**
4. **Non-Indigenous research is considered the starting point for community discussions concerning culturally safe speech-language pathology and audiology services in long-term care settings on reserve.**
5. **The federal government invest in research to evaluate the effectiveness of speech-language pathology and audiology interventions in long-term care settings on reserve.**
6. **The federal government invest to increase the number of First Nations speech-language pathologists, audiologists and communication health assistants.**

About Speech-Language & Audiology Canada (SAC)

SAC is the premier national association representing over 6, 400 speech-language pathologists, audiologists and communication health assistants in Canada. Through our support of our members and associates, we champion the needs of people with communication disorders. In June 2018, SAC launched a position statement on Speech-Language Pathology and Audiology Services for First Nations.

Introduction

In a spirit of partnership and mutual respect, SAC is committed to supporting First Nations to develop person-centered and culturally safe speech-language pathology and audiology services in long-term care settings on reserve. Speech-language pathology and audiology services, responsive to the needs of First Nations, have the potential to improve the quality of life of long-term care residents, as well as the community that supports them.

SAC's recommendations are guided by respect for First Nations inherent rights, Aboriginal and Treaty rights, the principles and values of the United Nations Declaration on the Rights of Indigenous Peoples and the Calls to Action of the Truth and Reconciliation Commission of Canada. Specifically, speech-language pathologists, audiologists and communication health assistants recognize the right to self-determination of First Nations, the value of First Nations healing practices, and the need to close the gap in health outcomes between First Nations and non-Indigenous communities.

Oral Communication in First Nations Culture

First Nations in Canada have a rich history of oral traditions, cultural teachings, and storytelling. The preparation and enjoyment of traditional and local food is an important part of First Nations culture and way of life. The ability to communicate through speaking, listening, social interaction and the enjoyment of food and medicines can have a positive impact on an Indigenous person's quality of life.

Speech-language pathologists, audiologists and communication health assistants can provide valuable support to people who struggle to communicate. The professions improve the quality of life and experiences in long-term care settings by enabling First Nations people to continue to communicate with their families, friends, community and health care workers for as long as possible. Working together with the First Nation person, their family and community, speech-language pathologists, audiologists and communication health assistants can also support their ability to safely continue to

enjoy food and medicines and ensure they can continue to participate in cultural traditions, ceremonies and day to day life.

Speech-language pathologists, audiologists and communication health assistants are committed to learning about and respecting the importance of oral tradition, foods and medicines and their roles in First Nations culture. Protecting these skills and values not only supports the First Nation person in long-term care settings but can support the entire community by preserving their ability to continue to pass along teachings of their culture and past to future generations and ensuring that the tradition of oral history continues.

We recognize that entering into long-term care settings can be stressful and, for some, traumatizing. Speech-language pathology and audiology services provided in a culturally safe and respectful way can help provide comfort and support to First Nations people in long- term care settings on reserve.

Hearing, Communication and Swallowing Disorders in Long-Term Care on Reserve

1. **SAC recommends that long-term care settings on reserve offer speech-language pathology and audiology services to address the communication health needs of elders, persons living with chronic illness and persons in palliative and hospice care.**

The data available demonstrate that, in general, First Nations experience lower levels of health in all measurable areas than non-Indigenous Canadians (Assembly of First Nations, 2017). First Nations are more likely to have had a stroke than other Canadians (First Nations Health Authority, n.d.). The rate of dementia is 34% higher and the age of onset is about 10 years younger than in the non-First Nation population (Standing Senate Committee on Social Affairs, Science and Technology, 2016). Although Canada has no data specifically related to First Nations, it is known that hearing loss is highly prevalent among older adults, with the prevalence of hearing loss in the institutionalized elderly estimated to be 80-97% (Schow & Nerbonne, 1980; Stumer, Hickson & Worrall, 1996; Statistics Canada, 2016). Hearing loss is also a significant risk factor for dementia (Lin et al., 2011) and was identified as one of the most promising modifiable risk factors for dementia (Livingston et al., 2017).

A growing body of research also demonstrates that hearing loss is associated with multiple medical comorbidities, including depression, anxiety, communication difficulties, social isolation, emotional instability, increased caregiver challenges, impaired cognition, and increased falls (Mulrow et al., 1990; Boi et al., 2012; Lin et al., 2011; Lin & Ferrucci, 2012; Amieva, Ouvrard, Meillon, Rullier, & Dartigues, 2018). Research has also shown that dementia is an independent risk factor for falls among nursing home residents (Van Doorn et al., 2003).

Stroke survivors with substantial and lasting communication and swallowing impairments often live in long-term care, as do people with dementia, especially in the later stages of the disease when communication and swallowing problems are common. Hearing loss, stroke, dementia and other neurological conditions, frequently in combination with chronic medical concerns and/or complex medical frailty, create a need for speech-language pathology and audiology services in long-term care settings on reserve to help residents enjoy traditional food and medicines and participate in cultural traditions, ceremonies and day to day life.

Speech-language pathologists identify, diagnose and treat communication and swallowing disorders (dysphagia). Audiologists identify, diagnose and manage individuals with peripheral or central hearing loss, tinnitus, vestibular and balance disorders. Communication health assistants support the delivery of speech-language pathology and/or audiology services under the supervision of a qualified speech-language pathologist or audiologist. Speech-language pathologists, audiologists and communication health assistants also work within the interprofessional team to provide end-of life care.

Communication: A Key Component of Quality Long-Term Care

2. **SAC recommends that speech-language pathologists and audiologists, supported by communication health assistants, provide communication interventions in long-term care settings on reserve.**

The ability of care providers to communicate with residents to understand their needs is a key component of quality long-term care. When people living in long term settings care cannot articulate their needs, understand others or be understood because of stroke or dementia, interactions with others are impacted and quality of care is affected. Approximately 80% of long-term care residents experience hearing loss, with approximately half having a moderate-to-severe impairment (Garahan,

Waller, Houghton, Tisdale & Runge, 1992). The prevalence of visual impairment has been reported to be up to 57% of people living in long-term care settings (Yamada et al., 2014). These sensory impairments compound the communication difficulties of residents living in long-term care settings.

Communication Skills Training for Care Providers

The responsibility for ensuring that long-term care residents receive optimal care often falls on unregulated care providers, who may not be equipped with effective communication skills for caring for residents who have communication problems. Systematic reviews point to positive outcomes for both residents and care providers when staff receive communication skills training, with some evidence that residents' neuropsychiatric symptoms can be influenced (McGilton, Boscart, Fox, Sidani, Rochon & Sorin-Peters, 2009; Egan, Bérubé, Racine, Leonard, & Rochon, 2010; Vasse, Vernooij, Spijker, Rikkert, & Koopman, 2010; Eggenberger, Heimerl, & Bennett, 2013). Research shows that care providers' knowledge and skills in communicating with residents in long-term care settings can be improved by:

- Providing training on how to use one-on-one communication strategies that are useful in daily care and selecting topics of interest to the resident to engage them in conversation.
- Incorporating didactic methods to instruct staff in the application of new skills, taking the learners' needs into account.
- Developing a multifactorial intervention focused on education, practice and support.
- Delivering individually tailored communication interventions.

Canadian researchers have developed communication interventions for people with dementia living in long-term care settings and for persons post-stroke in rehabilitation and living in complex continuing care. These interventions have been shown to increase in staff's knowledge of language disorders and perceived skills in caring for residents with communication impairments after training (McGilton, Sorin-Peters, Sidani, Rochon, Boscart, & Fox, 2010; Sorin-Peters, McGilton & Rochon, 2010). Furthermore, the interventions improve the quality of life of residents and the feelings and mood of caregivers, and reduce caregiver burden and strain (McGilton et al., 2017).

The communication interventions for caregivers include:

1. Development of individualized communication plans by a speech-language pathologist.

2. A workshop delivered by a speech-language pathologist and a nurse about communication and behaviour management strategies for use with residents and to gather care providers' input on the communication plans.
3. Support of implementation of the communication plans through weekly meetings with care providers to review and assist with the implementation of the communication plan.

Individual Speech-Language Therapy

Long-term care residents may also benefit from individual speech-language therapy to help them communicate with their families, friends, community and health care workers and participate in cultural traditions, ceremonies and day to day life. People with communication problems may benefit from therapy for many years after their stroke (Moss & Nicholas, 2006; Allen et al., 2012). Some forms of dementia, such as the front-temporal dementias, are responsive to language therapy (Jokel, Graham, Rochon, & Leonard, 2014). Other residents may need augmentative and alternative communication interventions including communication boards and books, or speech-generating devices (Fried-Oken, Moony, & Peters, 2015).

Management of Hearing Loss to Optimize Communication and Accessibility

Many residents entering long-term care settings have untreated hearing loss (Chien & Lin, 2012; Popelka et al., 1998). Long-term care settings present complex listening challenges to those with hearing loss due to poor acoustic environments (absence of carpeting and sound absorbing materials results in reverberation, adding to distortion of sound), group communication situations that are common for social activities, and noisy dining rooms. Audiologic rehabilitation aims to optimize communication function and accessibility and minimize the impact of hearing loss in terms of restrictions to participation.

Identification of hearing loss through a screening program on admission to the long-term care facility optimizes chances of successful rehabilitation for the resident and facilitates appropriate management and care planning for staff. After screening and diagnosis of hearing loss, audiologic rehabilitation within the long-term care setting should include:

- Communication needs assessment by an audiologist (this can be supported by a communication health assistant)

- Education and counselling regarding age-related hearing loss, coping strategies, expectations for and limitations of amplification (e.g. hearing aids), and other treatment options
- Amplification technology
  - Hearing aids and accessories (for TV and phone)
  - Assistive listening devices, e.g. Pocket Talkers, TV devices, phone amplifiers
- Staff in-service training addressing age-related hearing loss, management and troubleshooting of amplification devices, and communication skills and strategies.
- Behavioral communication strategies (including staff training); individual and group sessions
- Making the environment accessible: embed communication access in the facility's accessibility plan. Environmental interventions may include recommendations about modifying physical environments (e.g., reducing noise or optimizing room acoustics and lighting) or social environments (e.g., training others in how to accommodate the needs of persons with hearing problems).
- Social/support groups for residents with severe hearing loss

While this approach serves as an ideal treatment plan for hearing loss, access to audiologists and instrumentation may be limited in remote communities and it may not be cost-effective to have an audiologist on-site on a daily basis. Many of the activities that would be necessary on a day-to-day basis, such as hearing aid care, maintenance and troubleshooting, installation and assistance with assistive devices and group amplification systems, could be performed by on-site staff trained and supervised by an off-site audiologist. Alternative services and providers may effectively address the needs of many seniors with hearing loss, e.g. screening and cerumen management performed by nurses, device troubleshooting by support workers , education in communication skills provided by speech-language pathologists, communication health assistants and support groups provided by recreation therapists, social workers and personal support workers with appropriate training.

Although the role of amplification in restoring audibility is crucial, there may be some for whom hearing aids are not acceptable, affordable or appropriate. Due to the nature of age-related hearing loss along with the presence of other disabling comorbidities, the use of hearing aids may be challenging for many living in long term care. Greater benefit may be derived from using other assistive devices to amplify

specific sound sources (e.g., TV), to improve safety (e.g., visual alerting devices to signal alarms), or to enable participation in group activities (e.g., FM system or Pocket Talker). Assistive devices such as Pocket Talkers are less costly, larger, easier to use and less easily lost than hearing aids and are ideal for use in many one-on-one situations where amplification is needed and tolerated. Use of technology, along with environmental modifications and good communication strategies, contribute towards making the environment accessible and reducing the activity limitations and participation restrictions often imposed by hearing loss. Even without the use of amplification, education and counselling about age-related hearing loss and communication strategies can be a very effective intervention when provided to seniors with hearing loss and their communication partners and health care providers.

Swallowing Disorders (Dysphagia): The Association with Malnutrition in Long-Term Care Settings

3. **SAC recommends that long-term care settings on reserve implement dysphagia screening programs supported by a speech-language pathologist.**

Over 50% of long-term care residents have dysphagia (Clave et al., 2012; Clave & Shaker, 2015; Steele et al., 1997). Dysphagia causes life threatening complications such as malnutrition, dehydration and aspiration pneumonia. In fact, a recent Canadian study demonstrated that dysphagia and malnutrition co-occur in long-term care, and that the presence of dysphagia significantly increases a long-term care resident's odds of becoming malnourished (Namasivayam-MacDonald, Morrison, Steele, & Keller, 2017). The negative health effects of dysphagia demand early identification by speech-language pathologists to help long-term care residents enjoy traditional and local food and medicines, optimize decision-making about oral intake and feeding tubes and help avert medical complications.

Speech-Language Pathology and Audiology Interventions in Long-Term Care Settings on Reserve: Incorporating Community Voices

4. **SAC recommends that non-Indigenous research is considered the starting point for community discussions concerning culturally safe speech-language pathology and audiology services in long-term care settings on reserve.**
5. **SAC recommends the federal government invest in research to evaluate the effectiveness of speech-language pathology and audiology interventions in long-term care settings on reserve.**

Speech-language pathologists, audiologists and communication health assistants respect First Nations' right to self-determination by working collaboratively to develop culturally and linguistically appropriate services responsive to the health needs of the First Nations community.

Since information about communication and swallowing issues of concern to First Nations living in long-term care settings is not available and communication and swallowing interventions suitable for use in long-term care settings on reserve have not been developed, speech-language pathologists, audiologists and communication health assistants work with the community to determine the processes by which communication and swallowing issues are identified and addressed. Through timely, appropriate and ongoing engagement, community voices can be heard, thereby helping to ensure responsive, effective and culturally safe care. Furthermore, the identified gaps in the evidence-base for speech-language pathology and audiology services in long-term care support the need for research into the communication health concerns of First Nations.

Speech-Language Pathology and Audiology Services: The Need for First Nation Capacity Development

6. **SAC recommends that the federal government invest to increase the number of First Nations speech-language pathologists, audiologists and communication health assistants.**

First Nations 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). Communication health assistants, who are ideally members of the community, working under the supervision of qualified speech-language pathologists or audiologists have the potential to add value, efficiency and effectiveness to service delivery and facilitate culturally safe speech-language pathology and audiology services in long-term care settings on reserve.

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