



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

Written Submission for the Pre-Budget Consultations in Advance of the 2020 Budget

By: Speech-Language & Audiology Canada

Recommendations

- **Recommendation 1:** 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 live and work in under-served rural and remote communities, including Indigenous communities.
- **Recommendation 2:** That the federal government invest in telehealth infrastructure as a means of improving access to speech-language pathology and audiology services particularly in rural and remote communities, including Indigenous communities.

Speech-Language & Audiology Canada (SAC) is the country's leading association for the professions of audiology and speech-language pathology, representing over 6,700 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.

The Canadian healthcare system is a significant contributor to national greenhouse gas emissions (Eckelman, Sherman, & MacNeill, 2018). Through incentives to encourage speech-language pathologists and audiologists to live and work in rural and remote communities and investments in telehealth infrastructure, Canada can improve access to speech-language pathology and audiology services while reducing travel-related carbon emissions.

Recommendation 1: 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, including Indigenous communities.

Speech-language pathologists (S-LPs), audiologists and communication health assistants provide vital health and education services that address hearing, speech, language and communication difficulties. Many rural and remote communities lack the health care and education services they need, including access to speech-language pathology and audiology services. The [2019 Early Hearing Detection and Intervention \(EHDI\) Report Card](#) exposed an alarming disparity in the hearing health services available to infants and children in Canada. This disparity exists between and within provinces and territories, with infants and children living rural and remote communities more likely to receive insufficient services than those living in urban centres. First Nations have also 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).

A recent survey indicated that only 5% of S-LPs and 2% of audiologists live in rural and remote communities. At the present time, employers in rural and remote communities, including Indigenous communities, report difficulty recruiting S-LPs and audiologists, as well as the communication health assistants who support them. Like other health care services, those seeking speech-language pathology and audiology services in rural and remote communities often find it difficult to access specialists in their community. As a consequence, people living in rural and remote communities often travel long distances to receive care. In other instances, professionals travel to rural and remote communities to provide care. This road and/or air travel produces emissions that could be substantially reduced by providing speech-language pathology and audiology services closer to home.

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 expected 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, including Indigenous communities.

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. This incentive would also encourage Indigenous students to return to their communities, as well as contribute to the transition to a low carbon economy.

Recommendation 2: That the federal government fund telehealth infrastructure as a means of improving access to the speech-language pathology and audiology services particularly in rural and remote communities, including Indigenous communities.

SAC has long supported the use of telepractice by both S-LPs and audiologists as a way of providing improved access to services by patients in rural and remote communities as outlined in SAC's [Position Paper on the Use of Telepractice for SAC Speech-Language Pathologists and Audiologists](#). Telepractice in audiology services has been found to be both reliable and effective across ages and patient populations (Hayes et al., 2012; Swanepoel & Hall, 2010). Similarly, telepractice has been broadly applied in speech-language pathology, including treatment of neurogenic communication disorders, fluency disorders, voice disorders, dysphagia, and childhood speech and language disorders (Mashima & Doarn, 2010). Speech-language pathologists and audiologists can also use telepractice to provide supervision to communication health assistants working in rural and remote communities and on reserve.

Telehealth can reduce the carbon footprint of health care. A study in Sweden has shown that because of the reduction in transportation-associated carbon emissions, telemedicine results in a 40–70 times decrease in the amount of carbon emissions produced compared with the traditional model care models where patients and health care providers to travel by car to appointments (Holmner, Ebi, Lazuardi, & Nilsson, 2014). This study indicated that telepractice is “a potent climate change mitigation strategy, not just for rural areas but also in urban environments...if few people use public or active transport”. Therefore, by investing in telehealth infrastructure, Canada can improve access to speech-language pathology and audiology services particularly in rural and remote communities, as well as reduce emissions associated with travel.

References

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