

MORE THAN ONE THIRD OF CANADIAN INFANTS DO NOT HAVE ACCESS TO SUFFICIENT INFANT HEARING HEALTH CARE SERVICES

OTTAWA, May 28, 2024 – Seven out of 13 Canadian provinces/territories do not provide sufficient infant hearing health care. As a result, health inequities exist for more than one third of Canadian infants which impact their development and education. The 2024 National Report Card from the Canadian Infant Hearing Task Force (CIHTF) reveals that little has changed since its 2019 Report Card. Once again, Canada receives an overall grade of “Insufficient” when it comes to providing infant hearing health services through Early Hearing Detection and Intervention (EHDI) programs. Canadian audiologists and researchers are urging decision-makers at all levels to prioritize infant hearing health care.

“Every child in Canada deserves access to timely and high-quality hearing health services. Your postal code must not determine whether you and your child have access to early hearing health care within a comprehensive EHDI program,” says Marlene Bagatto, AuD, PhD, Audiologist and Professor at Western University who led the development of the Report Card. “The disparity in availability of hearing health care for Canadians must end. It is time for the federal government to take a policy leadership role and provide guidance and resources to provinces and territories. Too little progress has been made since we have brought this to their attention. Ten years later, Canada’s overall grade remains insufficient and health care inequity for Canadian babies remains.”

The CIHTF is calling on the federal government to establish and implement national hearing health care guidelines for children. These guidelines would serve as a policy roadmap for provinces and territories, drawing on best practices in areas that currently provide successful and sustainable EHDI programs. The universal screening, assessment, and support services provided to infants born with hearing loss are not experimental. Evidence-based policies and procedures exist and can be modified for national implementation. What is required is the will to improve infant hearing health care service availability across Canada.

The CIHTF is pleased to report that the provinces and territories with “Sufficient” EHDI programs in 2019 have sustained them for the past five years. Of note also, there has been progress in some provinces and territories that are graded “Insufficient”. For instance, an external consultant reviewed New Brunswick’s infant hearing health services and provided actionable recommendations. In Prince Edward Island, clinical protocols are being developed for implementation. Several insufficient regions such as New Brunswick, Nunavut, and Saskatchewan have implemented newborn screening for congenital cytomegalovirus (cCMV), the leading cause of non-genetic hearing loss in newborns.

Although there have been improvements, the CIHTF is disappointed to report that **more than half of the provinces and territories in Canada continue to have an insufficient grade.**

The grades in the 2024 EHDI Report Card were based on whether all five components of an EHDI program are available province- or territory-wide.

“It is important to remember that universal newborn hearing screening (UNHS) is only one component of a comprehensive EHDI program,” explains Dr. Bagatto. “Along with screening all babies at birth, a

comprehensive and effective EHDI program must include a hearing assessment to confirm the presence or absence of permanent hearing loss, services that involve technology such as hearing aids (if the family chooses) and language development, family support as well as monitoring and evaluation of the program. While high-quality pediatric audiology services are available in Canada, access to and availability of coordinated services within the broader health care system remains absent in many regions.”

Knowing about a child’s hearing is critical to support families in making communication and educational decisions for their child. Healthy hearing and communication development have important implications for brain development, learning, behaviour, personal and social relationships, and overall well-being. The most critical time for learning language is from birth to 2 years of age. The earlier a baby’s hearing loss is detected, the sooner language development supports can be put in place to help a child learn language—whether it’s spoken, signed, or both—and communicate with the world around them.

The CIHTF is determined to change the status quo. “We will continue to advocate for comprehensive infant hearing health services across Canada so that all Canadian children and their families have access to comprehensive early hearing health care,” says Dr. Bagatto. “We are now calling on the federal government to take action and establish and implement national guidelines.”

View the 2024 EHDI Report Card here: infanthearingcanada.ca

The Canadian Infant Hearing Task Force is a national group of leaders and experts in matters related to early hearing detection and intervention (EHDI), formed to promote, support, and advocate for comprehensive universal EHDI programs in all Canadian provinces and territories. The group is a joint effort of the Canadian Academy of Audiology (CAA) and Speech-Language & Audiology Canada (SAC). www.InfantHearingCanada.ca

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