

MEDIA RELEASE

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Budget Misses on Childhood Hearing

*Absence of Support for Universal Newborn Hearing Screening Hurts Children's Development,
Ultimately Costs Government More*

March 22, 2011 (Ottawa): Today, the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) expressed its disappointment at the absence of dedicated funding in the federal budget for universal newborn hearing screening programs (UNHS) to detect permanent childhood hearing loss (PCHL).

“By not providing dedicated funding for a universal newborn hearing screening program, they are missing a real opportunity to improve care while saving money,” said CASLPA audiology board director, Dr. Sean Kinden.

Approximately three to five per 1,000 babies born each year in Canada have some degree of hearing loss. UNHS programs use an inexpensive and non-invasive test that can quickly and accurately screen for hearing loss in newborns. The screening process is simple and should ideally be performed before a newborn leaves the hospital. At about \$35 per test, such screening is less expensive than a number of other current newborn screening tests.

Historically, only those babies with high-risk factors have been screened for PCHL, but studies estimate that nearly 50 per cent of infants with hearing loss have no high risk factors. Relying on risk assessment alone means as many as half of children with PCHL are missed. Because it is very difficult to detect PCHL based on observation alone, the absence of UNHS programs inevitably delays the identification of affected children.

“Undetected PCHL has been described by some researchers as a neurologic emergency,” said Dr. Kinden. “Extended periods of auditory deprivation have a significant impact on a child’s overall brain development and sensory integration. Deficits in speech, language, cognitive, academic, social and emotional development are expected results of untreated hearing loss. The most direct and effective way of limiting the impact of these factors is to reduce the age at which hearing loss is identified and to start intervention as early as possible.”

UNHS is increasingly becoming the standard of care in many developed countries, including the United States, where 95 per cent of newborns are screened with UNHS programs. While Ontario and New Brunswick were the first to mandate UNHS programs in 2002, they remain non-existent in many areas of Canada.

“It is not a question of whether or not childhood hearing loss will be detected, but when. The later it is detected, the higher the cost will be to government,” concludes Dr. Kinden. “By acting early through UNHS programs, treatment for hearing loss is less expensive and can be significantly more effective. This improves outcomes for the child and, ultimately, saves the government money. That’s a win-win situation.”

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CASLPA, with over 5,800 members, is the only national body that supports and represents the professional needs of speech-language pathologists, audiologists and supportive personnel inclusively within one organization. Through this support, CASLPA champions the needs of people with hearing and communication disorders. Visit CASLPA at www.caslpa.ca or learn more at www.speechandhearing.ca

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