

# Communication Access Research Overview



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## Communication Access

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# What is Communication Access?

Communication Access means that everyone is supported to receive and send messages regardless of how they communicate. Patients may have difficulty hearing, expressing their needs, or understanding verbal or written communication. Communication Access facilitates two-way communication with people who have speech, language, or hearing difficulties. There are a number of [strategies and tools](#) that healthcare providers can use to improve Communication Access.

## Why is Communication Access Important in Healthcare?

We have a duty to accommodate people with communication needs, The Accessible Canada Act (Bill C-81) mandates the identification, removal, and prevention of accessibility barriers.(1)

Patients with communication difficulties experience:

- Worse health outcomes and an increased risk of medical errors and preventable adverse events. An adverse event is an unintended injury or complication caused by delivery of clinical care rather than the patient's condition.(2, 3)
- Higher rates of falls.(3, 4)
- Higher likelihood of comorbidities and multiple chronic conditions.(3, 5)
- More frequent hospital stays and emergency department visits.(5, 6)
- Greater difficulty finding a healthcare provider.(5)

A retrospective study of 4.7 million Albertans showed that patients with hearing loss had increased

- Length of hospital stays, falls, adverse drug events, and ED visits
- risk of death, myocardial infarction, stroke/transient ischemic attack, depression, heart failure, dementia, pressure ulcers, LTC placement.(3)

Patients with communication difficulties report:

- Having their symptoms, preferences, needs, and concerns misinterpreted.(6)
- Being excluded from healthcare decisions.(7)
- Feeling ignored, disregarded, and underestimated.(7)
- Experiencing unmet needs for health care.(5)

These concerns can result in difficulties understanding treatment options and providing informed consent.

In a recent survey, only 26% of Albertans with hearing loss (or their supporters) felt that healthcare was accessible to them.(8)

### What are the Benefits of Communication Access?

Communication Access is linked to improved patient satisfaction.(9-13) Resources and formalized instruction in patient-provider communication can lead to significant improvements in patient outcomes, such as (14, 15):

- Improved self-care and health beliefs.(10)
- Increased patient engagement and outcomes.(5, 14, 16-20)
- Improved diagnostic accuracy.(10)
- More appropriate of treatment.(10)
- Effective goal setting.(11)
- Better adherence to care plans.(10)
- Improved pain management effectiveness.(21, 22)
- Informed decision-making.(23)
- Improved mobility and quality of life.(21)

Ensuring Communication Access can reduce the risk of preventable adverse outcomes and associated healthcare costs.(21, 24) One US study estimated a potential annual reduction of 671,440 preventable adverse events, with an estimated cost savings of \$6.8 billion annually.(21)

Patients in Alberta have indicated that work was needed to ensure that healthcare providers were consistently and effectively engaged with them in conversations about their care. As a result, Alberta Health Services is working to raise awareness of communication needs, strategies, and resources to increase Communication Access.

### What are the Barriers to Communication Access?

Identifying barriers to effective communication between patients with speech, language and hearing difficulties and healthcare providers is crucial for implementing strategies to overcome them. Some common hurdles may include:

- Difficulty identifying and documenting patient specific needs and strategies.(6, 25-27)
- Support and time for providers to use strategies and access equipment. This might include training.(14, 16, 17, 21, 25, 28, 29)
- Organizational system policies and guidelines.(30, 31)

### When Should I Suspect a Person Requires Communication Access Strategies?

A person with a speech, language or hearing difficulty may:

- hesitate, respond in ways that don't make sense, or not respond at all.
- have difficulty following directions.

- frequently ask you to repeat yourself or speak louder.
- wear hearing aids or use communication devices to help them speak.
- use sign language or gesture as they talk.
- have speech that is difficult to understand.

In **addition** to having a speech, language, or hearing difficulty, it is possible that the person speaks a different language or uses sign language and needs a professional medical interpreter.

### How Common are Communication Difficulties?

One in six Canadians has a speech, language or hearing difficulty. Prevalence increases with age and is impacted by health concerns. Age related hearing loss will affect most of us. Communication difficulties are prevalent across various populations and stages of life. The following are some examples:

- **Autism Spectrum Disorder (ASD):** Approximately 1 in 50 children and youth in Canada are Autistic, with 30% having difficulty with verbal communication.(32) Families report misdiagnosis and delayed care due to unique pain expression.(22, 33)
- **Cerebral Palsy:** 54% of children with Cerebral Palsy have communication difficulties, leading to higher hospitalization risks.(34)
- **Cultural Diversity:** Cultural and language diversity can lead to misdiagnosis of communication difficulties.(35)
- **Developmental Language Disorder:** Affects 1 in 14 individuals, impacting their ability to learn, understand, and use language effectively.(36)
- **Geriatrics:** In a survey of those 65 and older, 36% reported communication difficulties, but less than 5% received communication rehabilitation services within the past year.(37)
- **Hearing Loss:** 43% of Canadians aged 45-85 experience hearing loss, with 19.2% reporting difficulties in understanding speech.(38, 39) Of those that would benefit, only 16% of people between 20-69 years and 30% of those 70 years and above use hearing aid(s).(40)
- **Hospice and Palliative Care:** 91% of providers report that hearing loss impacts the quality of care, leading to misinterpreted or missed patient information.(41)
- **ICU Patients:** Up to 53.9% of mechanically ventilated ICU patients need assistance with communication. When we use Communication Access strategies in ICU we can identify and address problems earlier, reduce anxiety, and help patients participate in planning decisions. This helps them feel understood and respected.(42)



- **Neurological Conditions:** Patients with conditions such as Multiple Sclerosis, Parkinson's disease, and dementia commonly face speech and language difficulties.(37, 42)
- **Stroke:** A random sample analysis of 250 patients from the Canadian Stroke Network's data base (2003-2008) indicated that post ischemic stroke, 40% of patients will have speech difficulties and 30% have trouble using or understanding language.(43)

### How can People with Communication Access Difficulties be Supported?

1. Assume competence
  - Trust that they can make decisions.
  - Offer help if they need it.
  - Speak directly to the person, even if an interpreter or a family member is present.
  - Ensure caregivers and interpreters are invited to help with communication as needed.(7)
2. Take time
  - Be patient and speak slowly.
  - Use long pauses.
3. Find out how they best communicate
  - Consider using voice amplifier, gestures, pictures or written notes.(24, 44, 45)
  - Ask if they use other strategies. For example, gestures, special device to talk, writing.(46)
  - Discuss and acknowledge the communication disability and desired communication strategies.(25)
  - Ensure access and encourage the person to bring and use necessary communication aids, such as hearing or speech-generating devices.(47, 48)
4. Watch and listen
  - Check that they have their hearing aids and glasses.
  - Consider lighting and limit background noise.(6)
  - Watch for signs of understanding (e.g., a smile or a hand signal).
  - Make sure you have the person's attention before you start talking.(6)
5. Try other ways if you're still having difficulty
  - Ask questions with clear choices.
  - Get creative (e.g., draw a picture, write a key word or use gestures).
  - Be patient and keep trying.
6. Check understanding
  - Summarize what you talked about and ensure you got it right.
  - Ask if there's anything else they want to say.

## Additional AHS resources:

- [Communicating with people who have trouble hearing \(alberta.ca\)](#)
- [Communication Access \(alberta.ca\)](#)
- [Communication Access - Poster \(albertahealthservices.ca\)](#)
- [Tools & Resources for Specific Communication Needs | Alberta Health Services](#)

## References:

1. Accessible Canada Act, 2019 [Internet]. Government of Canada. 2019. Available from: <https://www.parl.ca/DocumentViewer/en/42-1/bill/C-81/third-reading>.
2. Bartlett G, Blais R, Tamblyn R, Clermont RJ, MacGibbon B. Impact of patient communication problems on the risk of preventable adverse events in acute care settings. *Cmaj*. 2008;178(12):1555-62.
3. Tonelli M, Wiebe N, Lunney M, Donald M, Howarth T, Evans J, et al. Associations between hearing loss and clinical outcomes: population-based cohort study. *EClinicalMedicine*. 2023;61:102068.
4. Sullivan R, Harding K. Do patients with severe poststroke communication difficulties have a higher incidence of falls during inpatient rehabilitation? A retrospective cohort study. *Top Stroke Rehabil*. 2019;26(4):288-93.
5. Stransky ML, Jensen KM, Morris MA. Adults with Communication Disabilities Experience Poorer Health and Healthcare Outcomes Compared to Persons Without Communication Disabilities. *J Gen Intern Med*. 2018;33(12):2147-55.
6. James TG, Panko T, Smith LD, Helm KVT, Katz GR, Caballero ME, et al. Healthcare communication access among deaf and hard-of-hearing people during pregnancy. *Patient Educ Couns*. 2023;112:107743.
7. Morris MA. Striving Toward Equity in Health Care for People With Communication Disabilities. *J Speech Lang Hear Res*. 2022;65(10):3623-32.
8. DeBusschere A, Lunney M, Wiebe N, Szigety S, Reid S, Verdin N, et al. Improving the accessibility of health services for patients with hearing loss (HL) (poster session). The Roy and Vi Baay Chair in Kidney Research Annual Visiting Speaker Event. Calgary, Alberta, Canada 2024.
9. Rodriguez CS, Rowe M, Thomas L, Shuster J, Koeppel B, Cairns P. Enhancing the Communication of Suddenly Speechless Critical Care Patients. *Am J Crit Care*. 2016;25(3):e40-7.
10. O'Halloran R, Lee YS, Rose M, Liamputtong P. Creating communicatively accessible healthcare environments: perceptions of speech-language pathologists. *Int J Speech Lang Pathol*. 2014;16(6):603-14.
11. Hansen D, Kristensen LF, Christensen ME, Eriksson K, Thunberg G. 'They get the opportunity to say what is important for them': exploring staff's early perceptions of the



- implementation of a new communicative approach to patients with aphasia. *Disabil Rehabil.* 2022;44(13):3071-80.
12. van Rijssen M, Veldkamp M, Meilof L, van Ewijk L. Feasibility of a communication program: improving communication between nurses and persons with aphasia in a peripheral hospital. *Aphasiology.* 2018;33(11):1393-409.
  13. Salem A, Ahmad MM. Communication with invasive mechanically ventilated patients and the use of alternative devices: integrative review. *J Res Nurs.* 2018;23(7):614-30.
  14. Istamboulian L, Rose L, Gorospe F, Yunusova Y, Dale CM. Barriers to and facilitators for the use of augmentative and alternative communication and voice restorative strategies for adults with an advanced airway in the intensive care unit: A scoping review. *J Crit Care.* 2020;57:168-76.
  15. Kagan A, Simmons-Mackie N, Villar-Guerrero E, Chan MT, Turczyn I, Victor JC, et al. Improving communicative access and patient experience in acute stroke care: An implementation journey. *J Commun Disord.* 2024;107:106390.
  16. Saunders GH, Oliver F. Impact of Hearing Loss on Communication During Remote Health Care Encounters. *Telemed J E Health.* 2022;28(9):1350-8.
  17. Karlsen MW, Olnes MA, Heyn LG. Communication with patients in intensive care units: a scoping review. *Nurs Crit Care.* 2019;24(3):115-31.
  18. Canada CDA. p. Communication Disabilities Access Canada – Accessibility Includes Communication (cdacanada.com).
  19. James TG, Coady KA, Stacciarini JR, McKee MM, Phillips DG, Maruca D, et al. "They're Not Willing To Accommodate Deaf patients": Communication Experiences of Deaf American Sign Language Users in the Emergency Department. *Qual Health Res.* 2022;32(1):48-63.
  20. Ben Natan M, Igbarin H, Watted A. Mothers' satisfaction with emergency care when their child has an autism spectrum disorder. *J Pediatr Nurs.* 2024;74:35-40.
  21. Hurtig RR, Alper RM, Berkowitz B. The cost of not addressing the communication barriers faced by hospitalized patients. *Perspect ASHA Spec Interest Groups.* 2018;3(12):99-112.
  22. Garrick A, Lee ML, Scarffe C, Attwood T, Furley K, Bellgrove MA, et al. An Australian Cross-Sectional Survey of Parents' Experiences of Emergency Department Visits Among Children with Autism Spectrum Disorder. *J Autism Dev Disord.* 2022;52(5):2046-60.
  23. Gormley J, McNaughton D, Light J. Supporting Children's Communication of Choices During Inpatient Rehabilitation: Effects of a Mobile Training for Health Care Providers. *Am J Speech Lang Pathol.* 2023;32(2):545-64.
  24. Shukla A, Nieman CL, Price C, Harper M, Lin FR, Reed NS. Impact of Hearing Loss on Patient-Provider Communication Among Hospitalized Patients: A Systematic Review. *Am J Med Qual.* 2019;34(3):284-92.
  25. Hickey E, Man B, Helm KVT, Lockhart S, Duffecy J, Morris MA. Preferred Communication Strategies for People with Communication Disabilities in Health Care Encounters: a Qualitative Study. *J Gen Intern Med.* 2024;39(5):790-7.
  26. Steel J, Georgiou A, Balandin S, Hill S, Worrall L, Hemsley B. A content analysis of documentation on communication disability in hospital progress notes: diagnosis, function, and patient safety. *Clin Rehabil.* 2019;33(5):943-56.
  27. Hemsley B, Steel J, Worrall L, Hill S, Bryant L, Johnston L, et al. A systematic review of falls in hospital for patients with communication disability: Highlighting an invisible population. *J Safety Res.* 2019;68:89-105.

28. Gormley J, Light J. Child-Parent-Provider Interactions of a Child With Complex Communication Needs in an Inpatient Rehabilitation Facility: A Pilot Study. *Am J Speech Lang Pathol.* 2021;30(1):105-18.
29. Stevens MN, Dubno JR, Wallhagen MI, Tucci DL. Communication and Healthcare: Self-Reports of People with Hearing Loss in Primary Care Settings. *Clin Gerontol.* 2019;42(5):485-94.
30. Dillard LK, Nelson-Bakkum ER, Ouayogode MH, Schultz A. Self-Reported Hearing Loss Is Associated With Poorer Health Care Access, Delays, and Communication With Providers During the COVID-19 Pandemic: Findings From the Survey of the Health of Wisconsin COVID-19 Community Impact Survey. *Am J Audiol.* 2023;32(4):832-42.
31. Saeed G, Brown HK, Lunskey Y, Welsh K, Proulx L, Havercamp S, et al. Barriers to and facilitators of effective communication in perinatal care: a qualitative study of the experiences of birthing people with sensory, intellectual, and/or developmental disabilities. *BMC Pregnancy Childbirth.* 2022;22(1):364.
32. Reetzke R, Singh V, Hong JS, Holingue CB, Kalb LG, Ludwig NN, et al. Profiles and correlates of language and social communication differences among young autistic children. *Front Psychol.* 2022;13:936392.
33. Menezes M, Robinson MF, Harkins C, Sadikova E, Mazurek MO. Unmet health care needs and health care quality in youth with autism spectrum disorder with and without intellectual disability. *Autism.* 2021;25(8):2199-208.
34. Fortin O, Ng P, Dorais M, Koclas L, Pigeon N, Shevell M, et al. Hospitalizations in School-Aged Children with Cerebral Palsy and Population-Based Controls. *Can J Neurol Sci.* 2021;48(3):400-7.
35. Armstrong E, Coffin J, Hersh D, Katzenellenbogen J, Thompson SC, Ciccone N, et al. "You felt like a prisoner in your own self, trapped": The experiences of Aboriginal people with acquired communication disorders. *Disability and Rehabilitation.* 2021;43(13):1903-16.
36. NIH. Developmental Language Disorder. National Institute on Deafness and Other Communication Disorders, U.S. Department of Health and Human Services. p. Developmental Language Disorder | NIDCD (nih.gov).
37. Baylor C, Brown C, Mroz TM, Burns M. Understanding How Older Adults with Communication Difficulties Access Health Services: What We Can Learn from the National Health and Aging Trends Study (NHATS). *Semin Speech Lang.* 2022;43(3):176-97.
38. Feder K, Michaud D, Ramage-Morin P, McNamee J, Beauregard Y. Prevalence of hearing loss among Canadians aged 20 to 79: Audiometric results from the 2012/2013 Canadian Health Measures Survey. *Health Rep.* 2015;26(7):18-25.
39. Mick PT, Hamalainen A, Kolisang L, Pichora-Fuller MK, Phillips N, Guthrie D, et al. The Prevalence of Hearing, Vision, and Dual Sensory Loss in Older Canadians: An Analysis of Data from the Canadian Longitudinal Study on Aging. *Can J Aging.* 2021;40(1):1-22.
40. NIH. Quick Statistics About Hearing, Balance, & Dizziness. National Institute on Deafness and Other Communication Disorders. U.S. Department of Health & Human Services. p. Quick Statistics About Hearing, Balance, & Dizziness | NIDCD (nih.gov).
41. Wallhagen MI, Ritchie CS, Smith AK. Hearing Loss: Effect on Hospice and Palliative Care Through the Eyes of Practitioners. *J Pain Symptom Manage.* 2019;57(4):724-30.
42. Happ MB, Seaman JB, Nilsen ML, Sciulli A, Tate JA, Saul M, et al. The number of mechanically ventilated ICU patients meeting communication criteria. *Heart Lung.* 2015;44(1):45-9.

43. Shand R, Foster A, Baker C, O'Halloran R. Identifying communication difficulty and context-specific communication supports for patient-provider communication in a sub-acute setting: A prospective mixed methods study. *Int J Speech Lang Pathol*. 2024;1-20.
44. Flowers HL, Silver FL, Fang J, Rochon E, Martino R. The incidence, co-occurrence, and predictors of dysphagia, dysarthria, and aphasia after first-ever acute ischemic stroke. *J Commun Disord*. 2013;46(3):238-48.
45. Hoover E, McFee A, DeDe G. Efficacy of Group Conversation Intervention in Individuals with Severe Profiles of Aphasia. *Semin Speech Lang*. 2020;41(1):71-82.
46. McNaughton D, Light J, Beukelman DR, Klein C, Nieder D, Nazareth G. Building capacity in AAC: A person-centred approach to supporting participation by people with complex communication needs. *Augment Altern Commun*. 2019;35(1):56-68.
47. Holm A, Dreyer P. Use of Communication Tools for Mechanically Ventilated Patients in the Intensive Care Unit. *Comput Inform Nurs*. 2018;36(8):398-405.
48. Chodosh J, Goldfeld K, Weinstein BE, Radcliffe K, Burlingame M, Dickson V, et al. The HEAR-VA Pilot Study: Hearing Assistance Provided to Older Adults in the Emergency Department. *J Am Geriatr Soc*. 2021;69(4):1071-8.