

Speech Language and Audiology Services on a Majority Country

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Editorial

Providing speech-language assessment and therapy services in majority countries usually involves challenges that are beyond the scope of specific speech-language pathology issues. Therefore, sharing the identification of problems and solutions may be useful in helping to increase the access of a larger number of people to better communication.

Recent research has concluded that there is a clear association between economic disadvantage and chronic health conditions, including those associated to neurodevelopmental and mental health issues. However, parent's reports about childhood disabilities are disproportionate indicating a larger increase in childhood disabilities in families with larger incomes. This results demand the careful consideration about the need for better information about social, medical and environmental factors and their association with developmental disabilities [1].

This kind of information is not available in Brazil, but the country's continental dimensions and widespread regional and social inequities demand specific attention. Brazilian speech-language pathologists with different results have addressed some of these issues. Much of these efforts have been focused on children and their families in an attempt to eventually address the onset of the disorders.

The demographic distribution in Brazil is uneven, with metropolis such as São Paulo (over 7400 inhabitants per km²) and large areas in the Amazonian region with less than 2 inhabitants per km². Therefore, providing services in each of these situations clearly demand different resources and means of delivery. The literacy and general education level of the population is also a frequent challenge because sometimes it limits the access to information and/or the use of technological resources. These differences are observed not just across the country's different regions, but sometimes even across different neighborhoods of the same city.

This same inequality is true in what refers to the distribution of professionals dedicated to communication sciences and disorders. It is suggested that there should be a speech language pathologist (SLP) to every 10,000 or 20,000 inhabitants [2,3]. The numbers referring to the whole country indicate that this relation in Brazil is 1/5.260, what can be considered well within the recommended proportion. But the distribution of these professionals is uneven; for example, in the state of Sao Paulo the ratio is 1/3.657 while in the state of Acre (in the Amazon region) it is 1/17.700.

This way, public health and education programs must consider these differences if they aim to reach a large part of the population and their needs. Different initiatives have been developed aiming to increase the awareness about normal development of speech, language and communication and the early identification of troubles by families and

caretakers. Moreover, some of these actions involve conveying the information that most of the problems can be solved and disorders can be remediated.

During the past four decades the unified health system (SUS) increased the access to health care for a substantial proportion of the Brazilian population, It is a complex system based on the principles of health as a citizen's right and the state's duty. It aims to provide comprehensive, universal, preventive care and treatment through decentralized management that included community participation. However, implementation of the SUS has been complicated by chronic underfunding. Some of the strategies used to meet this challenge are the community health agents and family health program (PSF). These programs are mostly related to local (city) health systems with emphasis in primary health care with focus on families. Each team is located to a specific number of families (600 to 1000) and provides the first point of contact with the health system. These teams can receive information and training aiming to identify not just risk factors to communication disorders but protective factors as well.

Actions for early identification include training health agents that periodically visit families' homes to question and identify children with possible disorders that can be included in screening processes and eventually included in intervention programs [4]. Other actions include information to teachers and caretakers working in child-care centers. Unfortunately screenings of the general population are still very uncommon and do not reach a significant part of the population.

Another challenge that must be addressed is the physical access to the speech-language service. This issue poses very diverse problems. For one side, there are people living in the Amazon region, in the north, or in the wetlands in the central-west region, where the nearest service is hundreds of kilometers away. On the other side, services in the larger cities are so crowded that sometimes a family gets a placement for language therapy, or even assessment, only in a service on the other side of the city, which demands several hours commuting by public transportation. Technology may provide very useful tools to decrease the impact of these difficulties, but they have to use the kind of equipment that are available to the population and which are efficiently used by them. Some experiences with the use of smart phones and social networks are showing good results and may be enforced in larger groups. Other experiences regard planned visits of groups of health professionals to remote areas. Universidade de São Paulo has an advanced campus in the Brazilian Amazon where research and assistance activities are conducted. One of these activities includes a clinic with Speech Language Pathology, Audiology and Dentistry that provides services to the local population as well as training to undergraduate and graduate students. According to the professors and students this experience provides better training to professional that are, therefore, more aware of the cultural and contextual components of human communication.

Another challenge still to be addressed is the lack of participation of the SLP in the school system. Educational teams almost never include an SLP despite the clear benefits it would bring, especially in what refer to early identification and intervention. Recently a very successful experience was carried-out in the city of Santos, with collaboration between the city's educational secretariat and a research group. Such successful experiences may increase this kind of initiatives.

Providing speech-language services to all the population of a large majority country such as Brazil is not an easy task and not something that will be achieved in a short period of time but some experiences are showing good results. It would be useful to read about other countries' experiences as well.

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