ADVANCING ACCESS TO ASSISTIVE TECHNOLOGIES

Andria Spindel, President & CEO, March of Dimes Canada
Established in 1951 to fund research in battle to end polio
Community-based provider of programs and services for Canadians with disabilities, their families, caregivers, employers and communities
Reaching up to 75,000 Canadians with disabilities annually
mission
To maximize the independence, personal empowerment and community participation of people with disabilities

vision
To create a society inclusive of people with physical disabilities (seek board approval to tweak our vision statement to have complete alignment with our current reality)

values
To provide solutions, through service, advocacy and research, which further equal opportunity, self-sufficiency, dignity and quality of life
MARCH OF DALLENGA CANADA
PROGRAMS & SERVICES

- Direct services provider
  - Employment Services
  - Independent Living Services
  - Community Engagement & Independent Services
    - Accessibility Services
    - Conductive Education
    - Stroke Recovery/Post-Polio Peer Support
    - Alternative Communication Services
    - Recreation/Accessible Travel
  - Research & Advocacy
**Home & Vehicle Modification Program**

*Funded by Ontario Ministry of Community and Social Services to help people finance needed home or vehicle modifications*

**DesignAbility®**

*Volunteers provide custom-built solutions and modifications to individuals who face challenges due to mobility issues*

---

**Assistive Mobile Technology Initiative**

*National program providing tablets to people with physical disabilities to enhance their community access and participation*

**Assistive Devices Program**

*Helps people with disabilities to acquire and maintain devices essential to their independence*
**March of Dimes Canada: Assistive Devices Program**

**AD often funded include:**
- Manual and power wheelchairs
- Scooters
- Replacement batteries
- Walkers
- Lower limb orthoses
- Home and bath aids
- Floor patient lifts
- Basic aids for daily living
- Repairs to existing devices

<table>
<thead>
<tr>
<th>Applications</th>
<th>Devices Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>3460</td>
<td>4126</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consumers Received</th>
<th>Total Service Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1847</td>
<td>$2.24 million</td>
</tr>
</tbody>
</table>

$4.62 in additional contributions for every $1.00 contributed by MODC
The population is changing...

For the first time, there are more persons aged 65 years + in Canada than 0-14.

The number of Canadians aged 65+ is expected to double in the next two decades.

2015

2035

...and in need of more assistive technology

Individuals reporting some form of disability...

- 33% 65+
- 43% 75+

81% of whom report using some form of assistive technology.

...of those aged between 45-74 report experiencing an unmet need for assistive technology...

30%

...this statistic increased to 44% among those reporting severe disability.

An aging population may result in...

...a rise in chronic disease

- 74% of Canadians aged 65+ have 1 or more chronic conditions.

93% of older adults are living at home.

...and an increased need for caregivers equipped with assistive technologies.
% of AD provided to individuals in older age categories

<table>
<thead>
<tr>
<th>Year</th>
<th>N</th>
<th>65-75</th>
<th>75 +</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>1,025</td>
<td>23%</td>
<td>28%</td>
</tr>
<tr>
<td>2012-13</td>
<td>1,139</td>
<td>23%</td>
<td>27%</td>
</tr>
<tr>
<td>2013-14</td>
<td>1,389</td>
<td>24%</td>
<td>30%</td>
</tr>
<tr>
<td>2014-15</td>
<td>1,421</td>
<td>28%</td>
<td>29%</td>
</tr>
<tr>
<td>2015-16</td>
<td>1,674</td>
<td>29%</td>
<td>34%</td>
</tr>
</tbody>
</table>

An older population seeking AD is reflected by data describing MODC consumer population by program.
Aging, Disability and Technology
A Framework for Research, Implementation & Policy

- **Purpose:** To study how AD are accessed by Canadians and to examine the ethical, social, and policy issues around access to AD

- **Project Leads:** Dr. R. Wang, University of Toronto
  Dr. M. Wilson, McMaster Health Forum
AGING, DISABILITY AND TECHNOLOGY PROJECT

Completed
- Jurisdictional Scan
- Citizen Panels
- Stakeholder Dialogue

In Progress
- Scoping Review
- Key informant Interviews

Next Steps
- Recommendations
- Symposium
- Conceptual Framework
Access to Assistive Technology in Canada: A Jurisdictional Scan of Programs

Panel Summary: Enhancing Equitable Access to Assistive Technologies for Older Adults in Canada

Dialogue Summary: Enhancing Equitable Access to Assistive Technologies for Older Adults in Canada

Citizens Panel

3 panels of 10-16 citizens share their ideas and experiences on an issue, and learn from research evidence and from the views of others

Stakeholder Dialogue

Convenes key leaders, policymakers and researchers who are in positions to champion system change to deliberate on considerations
**Data includes:**

- Names and jurisdictions of government and charity programs
- Legislation associated with programs if applicable
- AD covered under programs
- Funding availability for AD and how funding system works
- Availability and nature of AD services
- Eligibility criteria for programs
- Providers or authorizers for funding or services
- Restrictions on AD that are provided
Over 250 government and charity assistive device programs across Canada

Access to funding varies by:

- Jurisdiction - fewer programs available in the Maritimes, Prairies and the Territories
- Type of disability - mobility devices have the greatest coverage
- Eligibility criteria – e.g., disease specific, population specific (Indigenous, RCMP, injured at work, post-secondary student) or different income assessments
Funding arrangements can differ considerably (e.g. full funding, partial funding, short term rental, max. amounts, no funding – service only)

Often there is need to apply to more than one program - coordination of benefits is needed

The patchwork system is both inconsistent and overly complex - challenging to users, caregivers and healthcare workers
JURSDICTINAL SCAN RESULTS

Mobility: 157
Communication: 99
Sensory: 97
Cognitive: 39
Psychological: 10

Icons made by Freepik and Icon Pond from www.flaticon.com
### Profile of Participants

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of participants: 37</td>
<td></td>
</tr>
<tr>
<td>Where were they from: Ontario, Alberta, Nova Scotia and New Brunswick</td>
<td></td>
</tr>
<tr>
<td>Age 25-64 (59%); 65+ (61%)</td>
<td></td>
</tr>
<tr>
<td>Male (51%); Female (49%)</td>
<td></td>
</tr>
<tr>
<td>Has sought or used AD (57%); Caregiver to someone who has sought or used AD (38%); Never sought or used AD (43%)</td>
<td></td>
</tr>
</tbody>
</table>
CITIZEN PANEL RESULTS

- AD not fairly allocated, access is complicated
- Challenges in paying for AD
- Lack of integrated approach to delivery of AD
- Stigma associated with AD
- Lack of accessibility standards and inaccessible public spaces

Recommendations

- Support users, caregivers, and healthcare providers with tools to help in decision making
- Guidance when accessing public and non publicly funded programs

Lack of collaboration between health systems and other sectors is a major barrier
What is needed to improve equitable access

- Adopt common language, improve system navigation, and enhance access to individualized assessments
- Better align government programs with user needs and coordinate public and private insurance to minimize gaps
- Centralize and simplify approval, eligibility and assessment processes
- Implement a robust data collection and evaluation strategy
Discussion on Next Steps

- Spreading awareness of AD
- Working with partners across health and social systems on data collection and ways to evaluate new technologies
- Building capacity among overworked health professionals to support provision of AD
- Exploring small-scale innovative projects designed to enhance equitable access to determine what works
Scoping Review
Will identify and map literature on ethical challenges related to AD access to inform policy development.

Interviews
Will examine policymaker/stakeholder views on ethical, social, and policy issues related to AD adoption and access, and solicit suggestions on how to address equity of access and service gaps.
Moving Forward

- Unique partnership is a strength
- Dissemination of research results to potential partners
- Build upon existing work
  - Consultation with Canadians to solicit their values and preferences
  - Research evidence for AD outcomes
  - Insights from successful and unsuccessful policy and program models within Canada and internationally
  - Deliberations with policymakers, charity organizations, service provider organizations, & industry representatives
Moving Forward: Proposed Active/Passive Policy Symposium

Goal: To act on key recommendations from national stakeholder dialogue which focused on the need to build and implement a vision for enhancing equitable access that includes

- priorities for short-incremental changes; and
- principles and a guiding framework for aspirational long-term fundamental changes

Include national/provincial/territorial policymakers, researchers, managers, healthcare professional organizations, and other stakeholders providing AD, services or advocacy
• **Access to Assistive Technology in Canada: A Jurisdictional Scan of Programs**
  Daphne Schreiber, MODC
  Rosalie H. Wang, UofT
  Evelyne Durocher, UofT
  Michael Wilson, McMaster Health Forum

• **Panel Summary: Enhancing Equitable Access to Assistive Technologies for Older Adults in Canada**
  Cristina Mattison, McMaster Health Forum
  Kerry Waddell, McMaster Health Forum
  Michael G. Wilson, McMaster Health Forum

• **Dialogue Summary: Enhancing Equitable Access to Assistive Technologies for Older Adults in Canada**
  Kerry Waddell, McMaster Health Forum
  Michael G. Wilson, McMaster Health Forum
  Cristina Mattison, McMaster Health Forum
Feel free to contact
Andria Spindel,
President & CEO
March of Dimes Canada
aspindel@marchofdimes.ca