

Dialogue Summary

Implementing a Policy Vision for Enhancing Equitable Access to Assistive Technologies in Canada

26 February 2020



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**Dialogue Summary:
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McMaster Health Forum

The McMaster Health Forum's goal is to generate action on the pressing health-system issues of our time, based on the best available research evidence and systematically elicited citizen values and stakeholder insights. We aim to strengthen health systems – locally, nationally, and internationally – and get the right programs, services and drugs to the people who need them.

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Dialogue

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SUMMARY OF THE DIALOGUE

Overall, dialogue participants agreed with the framing of the problem in the issue brief. However, some suggested that the framing needed to be narrowed to focus on two to three issues with achievable goals to be able to develop a manageable and impactful vision. Participants were focused on three key challenges presented in the evidence brief: 1) unclear definition of assistive technology; 2) barriers to access that are driven by financial barriers, complex system navigation and complex choices faced by consumers; and 3) the lack of focus on environmental accessibility. The deliberations about the problem were largely centred around the need to establish a common understanding of what assistive technology is and includes. Participants generally agreed that conceptualizing assistive technology as tools useful to enhance quality of life would help destigmatize and improve consumer attitudes towards integrating assistive technologies in their day-to-day lives. Barriers to the equitable access of assistive technologies were attributed to a lack of financial support for and limited knowledge about assistive technologies, which impeded consumer choice and ability to navigate the system. Finally, participants generally agreed that the lack of emphasis on universally accessible environments resulted in slow system-level change by local, provincial/territorial, and federal governments.

In deliberations about the short-term priorities for enhancing equitable access to assistive technologies in Canada, participants generally agreed with the eight short-term priorities presented in the issue brief. Three short-term priorities that could be pursued to address equitable access to assistive technologies for Canadians were discussed extensively: 1) adopting a common language for assistive technologies across Canada; 2) streamlining consumer experience to make it easier to navigate the programs and services for assistive technologies; and 3) minimizing coverage gaps and financial burden on consumers by better coordinating publicly funded programs and private insurance. In addition, there was extensive deliberation about developing an assistive technology formulary to help address these short-term priorities.

In deliberations about the long-term priorities, general discussion took place around three long-term priorities outlined in the issue brief: 1) making access to assistive technologies fairer for people who often face the biggest challenges; 2) ensuring that environments are designed to be accessible by people of all abilities, and that these goals are consistently supported through public policy; and 3) improving knowledge and skills of all professionals who are involved in the assessment for and provision of assistive technology. Participants agreed that improving access and meeting the needs of unique populations (particularly Indigenous peoples, rural and remote communities and older adults) was an important area of focus, and more effort is needed to include these populations in developing strategies and policies.

Dialogue participants agreed that adopting a human rights-based perspective with person-centred and co-creation approaches were significant values that should underpin policy actions in Canada. To ensure accessibility needs are being met, participants suggested including innovators and vendors in policy decision-making, and encouraging greater collaboration and communication between consumers, vendors and health providers. To achieve these aims, reducing stigma through public education was regarded as an effective strategy. Moreover, all participants affirmed the need to create a national strategy and foster national leadership and cross-jurisdictional coalition building to develop supports and identify best practices.

Several implementation considerations were identified. To move towards accessibility and universal design, leadership is required at all levels of governance. Removing financial barriers to assistive technology would increase access (especially among those who face challenges to pay for needed assistive technology) and foster innovation in Canada. Opportunities to improve accessibility and increase consumer choice of technology requires federal government intervention, for example by adjusting related tax credits. Many participants felt that governments should employ co-creation and co-development strategies for hard-to-reach populations and other individuals who may benefit but are not currently using assistive technologies. Finally, ensuring that citizens' needs are met across the continuum of care, requires that governments and other programs consider needs-based funding.

SUMMARIES OF THE FOUR DELIBERATIONS

DELIBERATION ABOUT THE PROBLEM

Overall, dialogue participants agreed with the framing of the problem in the issue brief. However, some suggested that the framing needed to be narrowed to focus on two to three issues with achievable goals to be able to develop a manageable and impactful vision. In relation to this, participants consistently returned to the following three issues:

- 1) unclear definition of assistive technology;
- 2) barriers to access that are driven by financial barriers, complex system navigation and complex choices faced by consumers; and
- 3) lack of focus on environmental accessibility.

Unclear definition of assistive technology

There was extensive deliberation about the definition of assistive technology, including uncertainty around what assistive technology is, what it includes, as well as what it might mean to certain citizen groups.

Participants deliberated on how assistive technologies may be framed in relation to their ability to help individuals in their day-to-day lives, and how they are defined within the concept of people-centred care. Some participants suggested that the definition should be kept broad, while others questioned where the line may be drawn between technology that is assistive or not (e.g., with regards to vision aids that range from glasses to prism glasses to “consumer tech” such as electronic devices that can assist with low vision). For example, while smartphones may be viewed as a necessity for younger people, many older adults may not rely on such assistive technology. Moreover, another participant expressed the need for any definition to include new types of technology.

One participant suggested that, as people interpret definitions in the way that meet their needs, it is important to develop a consumer-friendly definition that citizens can understand and relate to in reference to themselves. Specifically, participants stated that some people may consider hearing aids or prescription reading glasses as enhancements to personal well-being, rather than as assistive devices which are used to assist with a disability. Another participant remarked that one of the biggest challenges is destigmatizing the need for assistive technologies and dispelling negative attitudes towards those who use assistive technology. Building on this, one participant stated that if assistive technology is associated with disability, then those who do not consider themselves as disabled may reject assistive technology associated with that need altogether.

Box 1: Background to the stakeholder dialogue

The stakeholder dialogue was convened in order to support a full discussion of relevant considerations (including research evidence) about a high-priority issue in order to inform action. Key features of the dialogue were:

- 1) it addressed an issue currently being faced in Canada;
- 2) it focused on different features of the problem, including (where possible) how it affects particular groups;
- 3) it focused on three elements of a policy vision for enhancing equitable access to assistive technologies in Canada;
- 4) it was informed by a pre-circulated issue brief that mobilized both global and local research evidence about the problem, three elements of a policy vision, and key implementation considerations;
- 5) it was informed by a discussion about the full range of factors that can inform how to approach the problem and possible elements of a policy vision;
- 6) it brought together many parties who would be involved in or affected by future decisions related to the issue;
- 7) it ensured fair representation among policymakers, stakeholders and researchers;
- 8) it engaged a facilitator to assist with the deliberations;
- 9) it allowed for frank, off-the-record deliberations by following the Chatham House rule: “Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed”; and
- 10) it did not aim for consensus.

We did not aim for consensus because coming to agreement about commitments to a particular way forward can preclude identifying broad areas of agreement and gaining an understanding of the reasons for and implications of specific points of disagreement. Further, we recognize that even senior health-system leaders typically need to engage elected officials, boards of directors and others about detailed commitments.

Participants’ views and experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue. The dialogue was designed to spark insights – insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue, and by those who review the dialogue summary and the video interviews with dialogue participants.

Concern was raised that overemphasis on defining what is and is not an assistive technology may ultimately limit individual choice. For example, one participant asserted that if government or other financing bodies (i.e., private insurance companies) were prescriptive about what they considered to be an assistive technology, it would severely limit consumer choice about the assistive technology that might best match their needs.

Barriers to access driven by financial barriers, complex system navigation experience and complex choices faced by consumers

Participants discussed the challenge of financial barriers that prevent equitable access to assistive technology. One participant noted that there is a lack of consistency in support for financial coverage, assistive technology awareness and training, and service-delivery provision across different types of disability. Another participant provided an example in which workplace programs based their coverage of employer-funded assistive technology on whether employees use the technology strictly for work activities, and excluded technologies that may be used for their day-to-day needs.

In addition to addressing financial barriers to access, navigating what was described as a fragmented system was determined to be a major challenge. Participants identified that access involved the availability of information and basic education. Participants stated that many consumers may not be accessing assistive technology due to a lack of awareness about the different types of assistive technologies available to them. One participant voiced the need to know what assistive technology and programs are available, how to connect with the necessary people to acquire it, and what payment issues need addressing. Many participants agreed that consumers were unsure of where or who to go to for advice about assistive technology, and this lack of access prevents individuals from enjoying daily life.

Participants stressed that consumer choice is important, but that knowledge is necessary to make informed choices. Several participants felt that consumer choice needed to be emphasized in decision-making. Participants also discussed the need to trial different assistive technologies to find the best fit-for-need, because some solutions may work better for, or may be more valued by, different individuals. Participants identified that knowing available options is critical. As stated by a participant, consumers consider what is valuable to them, and how much they are willing to spend on an assistive device will depend on their ability to test various technologies to determine if devices meet their needs. A significant barrier to investing in an expensive device was the ability to trust the reliability and durability of the device.

Lack of focus on environmental accessibility

Participants stated the need to have a greater environmental focus at the national level, with more emphasis on ensuring accessibility of, and applying universal design to, environments. One participant stressed that accessibility is not just ensuring physical accessibility (e.g., of buildings), but also information-technology access, and reducing attitudinal barriers. Pertaining to attitudinal barriers, one participant voiced that the drive for accessibility should be viewed from a human-rights perspective versus a charitable approach. One participant stated that assistive technology (for individual use) is the last piece of the puzzle, and that creation of universally accessible environments should be emphasized.

There was a consensus related to the speed at which the implementation of accessible and universal design occurs at the local, provincial/territorial, and federal levels of government. While there is federal legislation in the form of the *Accessible Canada Act, 2019*, many participants felt that the seemingly low prioritization regarding accessibility on federal governmental agendas contributed to the slow pace of jurisdictional and system-level change. First, participants agreed that there is a problem with the length of time it takes to scale up programs and solutions. In addition, several participants voiced that by the time change occurs at the local or municipal levels of governance, it is outdated by several years when it reaches the federal level.

DELIBERATION ABOUT ELEMENTS OF A POLICY VISION FOR ENHANCING EQUITABLE ACCESS TO ASSISTIVE TECHNOLOGIES IN CANADA

Element 1 - Short-term priorities for enhancing equitable access to assistive technologies in Canada

For element 1, participants generally agreed with the eight short-term priorities presented in the issue brief (the full list is provided in Appendix 1). However, participants focused their deliberations on the following three short-term priorities that could be pursued to address equitable access to assistive technologies for Canadians:

- 1) adopt a common language for assistive technologies across Canada, including agreement on one accepted definition;
- 2) streamline the consumer experience to make it easier to navigate the programs and services for assistive technologies; and
- 3) minimize coverage gaps and financial burden on consumers by better coordinating publicly funded programs and private insurance.

Adopt a common language for assistive technologies across Canada, including agreement on one accepted definition

Dialogue participants strongly agreed that a clear, consumer-friendly definition of assistive technology is needed. Some participants commented that they were confused about what “assistive technology” meant and suggested that it is not consumer-friendly terminology. One participant voiced surprise that adopting a common language was a top priority, but agreed that the foundation of building awareness is adopting a common language. Another participant indicated that agreement on terminology would be needed for advocacy purposes. One participant strongly believed that a common definition was necessary, particularly for the government and policymakers. The participant pointed out that without a common definition, issues with coverage gaps between provinces and territories will remain. Once a definition is established, discussions around coverage and eligibility criteria can move forward to ensure that “the right people are eligible for [the] right technologies” within the public system.

In deliberating about adopting a common language, there was extensive discussion around the idea of a list of assistive technologies and the purposes that such a list may serve. Many participants agreed that developing a list of technologies with examples, similar to a formulary of prescribed medicines, would be beneficial to assist with understanding terminology. Participants who agreed with having a list stated that lists would be necessary for governments to define the scope and budget of programs and to estimate the amount of taxpayer dollars being spent in publicly funded programs. Some participants disagreed that lists were a solution to defining what assistive technology may include. One participant stated that adopting a common language and creating lists can be restrictive, as new technologies will not be included and will have implications for approved lists for coverage. One participant stated that “lists become obsolete because things/technology [are] moving quickly and no one can keep up.” Participants also queried whether mainstream technology, including broadband internet, would be included in a list for coverage. One participant voiced opposition to lists because individuals have unique needs which may not be accommodated in approved lists.

One participant noted that the purpose of the list needs to be made explicitly clear, and that lists will serve different purposes for different governments and stakeholders. Many participants agreed that the criteria for including a technology on a formulary-type list could focus on whether the use of the technology provides desired outcomes or meets a certain criteria, rather than on the technology items themselves.

Overall, participants agreed that if a list were to be created for coverage purposes, a mixed approach that ensures flexibility would be needed. Ensuring flexibility was viewed as imperative, as several participants agreed that consumer choice was important in considering the development of a list. Participants wondered if it were possible to mandate that the list be updated at least annually. Further, participants discussed the

flexibility given to authorized professionals to approve items not on the list. For example, as reported by a participant, with a formulary of medicines, special authority for unlisted products is provided for clinicians.

Streamline the consumer experience to make it easier to navigate the programs and services for assistive technologies

The deliberation regarding the value of lists led to some discussion about how lists can be used to make access easier, as they are used in other areas to streamline decision-making and remove prescriber requirements for basic items. One participant gave the example of the Veteran's program, whereby items on the approved list may be billed directly to the program and items not on the list will need a prescription from an authorized professional.

As identified in deliberation about the problem, system navigation was agreed upon as a critical priority, and participants all agreed that fragmentation of the system was a major challenge. Many participants agreed that consumers were unsure of where or who to go to for advice about assistive technology, and this lack of access prevents individuals from enjoying daily life. One participant suggested that health teams needed a professional who was knowledgeable about assistive technology. One participant noted that case managers do not have training to provide assistive technologies. Further, it was stated that there is a general need for healthcare providers in primary care to have more education and training about assistive technologies. A decision tool for case managers to use when working with consumers was suggested as potentially helpful to support navigation. Another participant noted that all the potentials of what caregivers can do (e.g., to assist with navigation, assist with assistive technology use) are often overlooked.

Minimize coverage gaps and financial burden on consumers by better coordinating publicly funded programs and private insurance

While participants agreed that removing financial barriers was a priority, there were several issues raised and no agreement as to how this could be achieved. One participant suggested that funds may be allocated to the person, which promotes self-determination, accommodates advances in technologies, and decreases the experience of paternalism. Another participant felt strongly that "individualized funding has merit, but soon there will be someone, in industry, who takes advantage of funding structure, which will get back to, and annoy, taxpayers who will then demand a list to regulate this." Participants generally agreed that because government programs were publicly funded, governments will want control and transparency over how taxpayer dollars are spent.

Element 2 - Long-term priorities for enhancing equitable access to assistive technologies in Canada

For element 2, discussion was centred around three of the six long-term priorities outlined in the issue brief (the full list of the six long-term priorities is provided in Appendix 1):

- 1) make access to assistive technologies fairer for people who often face the biggest challenges;
- 2) ensure that environments are designed to be accessible by people of all abilities, and that these goals are consistently supported through public policy; and
- 3) improve knowledge and skills of all professionals who are involved in the assessment for and provision of assistive technology.

Make access to assistive technologies fairer for people who often face the biggest challenges

Improving access to assistive technologies for and meeting the needs of specific subsets of the population, specifically those of Indigenous peoples, seniors, and people living in rural and remote communities, were highlighted by participants as a long-term priority. While representatives of the Indigenous population were not present, participants agreed that addressing access for Indigenous populations is important and would require local champions to be involved. With respect to meeting the needs of seniors, one participant strongly felt that consideration is needed regarding assisting seniors with the use of assistive technology, and acknowledging the different needs of seniors compared to users with disabilities, writ large. One participant

highlighted that there were geographic disparities and inconsistencies across Canada, and more focus was needed specifically in smaller provinces in eastern Canada.

Finally, as it related to financial barriers and access, a few participants discussed how it was important for program managers and policymakers to consider how consumer needs change over time and should be emphasized in discussions about equitable access to assistive technology. Participants agreed that many programs did not consider consumers who only needed assistive technology for a short period of time, after which expensive equipment became useless, and suggested that this was a perspective that policymakers should think about. A few participants agreed that the development of an assistive technology exchange program could potentially address this issue.

Ensure that environments are designed to be accessible by people of all abilities, and that these goals are consistently supported through public policy

Similar to the discussion about environmental accessibility during the deliberation about the problem, many participants agreed that a universal design approach in creating accessible environments was a long-term priority. Most participants agreed that it was important to raise awareness and understanding regarding day-to-day needs and environmental design. A few participants stated that decision-makers should not think solely about universal design and accessibility as it relates to physical building spaces, but that universal design should be a consideration across various environments and policy areas. Several participants felt that assistive technologies that are intended to help people to access spaces were prevented from being used in various environments (e.g., the workplace). For example, one participant expressed frustration that current assistive-technology software and basic work tools were incompatible with workplace IT systems, preventing individuals from using them or making them feel that their environment was not supportive of the use of assistive technology. Further, one participant suggested that for assistive technologies to be publicly funded, they should ideally be co-created with users.

Improve knowledge and skills of all professionals who are involved in the assessment for and provision of assistive technology

Participants agreed that building knowledge and educating professionals to ensure they know what assistive technologies are currently available, is a priority. Participants agreed that to best service those with unique needs, training and education were important. Participants discussed that unlike other jurisdictions such as the United States, professional providers are not required to have specialized credentials for assistive-technology delivery in Canada. One participant stated that “health professionals and service providers, such as case managers, do not have the training and perspective required when conducting assessments.” Many participants felt that many primary healthcare providers, who are the first entry points into Canada’s health systems, do not know where to look for resources or may feel they “don’t know what [they] can do to help.”

Also related to the discussion around education and training for health providers was discussion about training and basic education for users, caregivers, and Canadian citizens in general. Participants felt that the lack of training and education for caregivers and consumers was a barrier to using assistive-technology supports to their full potential. As one participant stated: “You don’t know what you don’t know. And when it comes to assistive technology, a lot of people are not accessing the technology.” Many participants acknowledged that there is a variety of technology available to assist individuals, however they are not utilized due to lack of knowledge about the specific technology available. Several participants agreed that assistive technologies were not being used to their full functions, which proved frustrating for consumers and resulted in devices being abandoned in some cases. One user of assistive technology shared their frustration at the difficulty in being able to find people to provide training to ensure that the technology was being used to its maximum potential. Participants suggested making use of groups (e.g., practice networks, advocacy groups, other organizations) as access points to share knowledge.

Element 3 - Values to underpin policy actions to enhance equitable access to assistive technologies in Canada

For element 3, applying a human rights-based perspective, person-centred approaches, and co-creation were discussed throughout the deliberations (the full list of values deliberated about are included in Appendix 1). Participants commented that it is critical to think of assistive-technology programs and access from a human rights, rather than a charitable perspective. Participants also generally agreed that a priority area is to ensure that environmental accessibility is viewed as a human right, and that this view needs to be reflected in legislation. Pertaining to a person-centred approach, as discussed previously, one participant commented that government programs needed to increase consumers' ability to choose the assistive technologies that best suits their needs and remove paternalism from the delivery process.

Participants agreed that to achieve common goals related to enhancing fair access to assistive technologies, communication was needed between the consumer, vendor and healthcare provider to ensure users' needs are being met. One participant stated that most consumers find out about assistive technology in the timeliest way through vendors. Overall, participants agreed that fostering partnerships with industry vendors and innovators is important. One participant noted that innovators and vendors are rarely included in decision-making, and questioned if innovators consider how their technology will fit into the current system in a way that is accessible and cost-effective. One participant reflected on the challenge of choosing between supporting innovation in assistive technology and ensuring access to assistive technology through publicly funded programs. The participant advised that from a policy perspective, conflict will exist by virtue of accounting for the spending of taxpayer dollars. Further advice was given to consider what to prioritize at the risk of no action being taken: increasing consumer awareness, removing financial barriers, or establishing an environment where assistive technology can be developed.

Concerns related to working with industry on an individual consumer and system levels were raised during the deliberations. An area of contention was the role of vendors and some service providers, such as occupational therapists, who are not paid by the public system for recommending assistive technology to consumers. Several participants were concerned that this presents a conflict of interest, especially if they are directly benefiting, and felt that developing a conflict-of-interest management policy should be a priority to ensure accountability for publicly paid costs. Conversely, some participants indicated that vendors are relied upon to educate both authorizers and users regarding available assistive technology.

Two related concepts mentioned as being important during the deliberation were co-creation and community engagement. One participant stated that it was important to include communities (e.g., Indigenous peoples, people with disabilities, seniors) in decision-making. While citizen engagement was discussed as a practical co-creation strategy, some participants with experience in this area stated that co-creation was not an activity common for government. Several participants agreed that adopting a meaningful co-creation approach included finding ways to incorporate citizen experiences into policymaking for effective policy, as there is a "need for the voice of lived experience in order for policies to be practical, and expectations to be meaningful within [the] broader community." Finally, one participant added that the stigma about living with a disability remains an issue in Canadian society. They suggested that one way to reduce this stigma was taking a two-pronged approach by increasing representation of people living with disability in the public space and public education.

Considering the full array of elements

Participants generally agreed that the framing of what needs to be done needs to be narrowed to focus on two to three issues with achievable goals to be able to develop a manageable and impactful vision. Participants also agreed that there needs to be a fundamental change with respect to how addressing need for and access to assistive technologies is approached in Canada. All participants affirmed the need to create a national strategy and foster national leadership and cross-jurisdictional coalition building to develop supports and identify best practices.

DELIBERATION ABOUT IMPLEMENTATION CONSIDERATIONS

Throughout the deliberations and during the specific discussions about implementation considerations for moving forward, dialogue participants raised a number of important challenges, potential solutions and opportunities. For example, participants consistently raised that the Canadian governance system remains highly decentralized and heavily siloed. Participants agreed that for progress towards enhanced accessibility and the application of universal design in all environments that national leadership is required “to push things down to other levels”. Removing silos between various government levels and sectors is also crucial. As one participant stated, “we need to push accessibility from all directions.” Likewise, for access to assistive technologies, leadership is needed at the national level for defining assistive technologies and ensuring consistency of eligibility criteria. As a few participants noted, for delivery to be consistent, it is important to understand and leverage the best practices and expertise that exist between different ministries and departments.

Participants also agreed that increasing access via additional resources to pay for assistive technologies is required through federal government interventions. One participant suggested raising the amount of the disability tax credit and medical expenses tax credit, raising the deductibles of credits over time, or making the tax credits refundable. These options were viewed as providing an opportunity for individuals with low-income to be assisted and, similar to child tax credits, allow consumer choice for how the disability and medical tax credits could be spent. Another participant emphasized that tax credits may still present a financial barrier as individuals must first pay out-of-pocket before claiming funds used as a credit or wait for a tax refund before being able to pay for technology.

Also, in deliberating implementation considerations related to funding, ensuring that the scope of programs and citizens’ needs are met “across the continuum of care” is another challenge. A priority consideration is building a case for needs-based funding across the continuum of care, for example those with episodic or acute needs. As assistive technology is not included in the scope of the *Canada Health Act*, one participant suggested that incorporating access to assistive technology into primary-care teams by bundling payments as part of the continuum of care is one possible solution to overcome barriers to access.

Participants generally agreed that it is important to consider using a variety of approaches (e.g., community engagement, grassroots work, and strengthening relationships between local and provincial/territorial governments) to support under-resourced, hard-to-reach populations, and individuals who may benefit from assistive technology. One participant noted that partnerships between local communities and government, and between and within different levels of government, are valuable and essential.

Several opportunities and forums were suggested by participants throughout the deliberations that may be applicable to advance a national policy vision for enhancing equitable access to assistive technologies. One participant suggested the Federal, Provincial/Territorial Ministers Responsible for Seniors Forum, where new priorities are being considered for the next three years, and the Federal, Provincial/Territorial Meeting of the Ministers Responsible for Human Rights. Others gave additional examples of issues where federal and provincial/territorial partnerships were successfully taken up at the national level, including the national Dementia Strategy (which had significant collaborations during the development and was receiving funding for implementation), and the Opioid Summit. Regarding the *Accessible Canada Act*, one participant mentioned that regulations were in the process of being written at the time of the dialogue, which may expand opportunities for input.

Participants indicated that to access leadership, it was important to consider who was in the right position to lead change, and then determine the messaging needed when meeting with government. Participants strongly agreed that to place assistive technology on the governmental agenda and create buy-in for a national policy vision, it was important to work within a coalition and ensure alignment with current government priorities (e.g., federal accessibility activities, Dementia Strategy). Participants cautioned against comparing assistive

technology lists with drug formularies due to the differences in costs (i.e., the overall drug budget is likely to be significantly larger than that for assistive technologies as all Canadians will require drugs at some point in their lives, but not all will require assistive technology) and delivery (i.e., assistive technology requires significantly more customization to the specific needs of users).

DELIBERATION ABOUT NEXT STEPS FOR DIFFERENT CONSTITUENCIES

As stated throughout the summary, participants reiterated the importance of establishing a common definition for the government and other stakeholders to move on closing coverage gaps. Participants agreed that once a definition is established, addressing issues of coverage, eligibility criteria, and ensuring that basic needs are met within the public system may follow. To demonstrate how assistive technology improves individual health outcomes and quality of life, the use of evidence and evidence-based frameworks (e.g., logic models) was proposed as a strategy to support decision-making and identify best practices.

In discussing the next steps to advance this policy area, deliberation centred around the need to build national leadership for enhancing fair access to assistive technologies, and to formulate a national policy vision. Two dialogue participants stressed that to capture attention, there is a need to focus on two to three key priorities with achievable outcomes. Other next steps include crafting three to five points in a short brief that may be shared with government ministers and other stakeholders. In considering how to make this issue an agenda item for discussion, a participant recognized that storytelling is a powerful strategy to bring different voices together and communicate key messages to the government.

Appendix 1: Overview of short- and long-term priorities and values to underpin policy actions included in the issue brief for enhancing equitable access to assistive technologies in Canada

<p>Short-term priorities included in the issue brief for enhancing equitable access to assistive technologies in Canada</p>	<ul style="list-style-type: none"> • Build awareness and knowledge about: 1) the benefits of and need for assistive technologies; 2) the range of technology that is available to help; and 3) the programs and services available to support access to them • Minimize coverage gaps and financial burden on consumers by better coordinating publicly funded programs and private insurance • Ensure the needs of anyone who could benefit from assistive technologies are reflected in what government programs provide • Enhance access to personalized assessments to ensure the right set of assistive technologies and services are provided based on what each person needs • Streamline the consumer experience to make it easier to navigate the programs and services for assistive technologies • Adopt a common language for assistive technologies across Canada, including agreement on one accepted definition • Foster partnerships with industry to achieve common goals related to enhancing fair access to assistive technologies • Build national leadership for enhancing fair access to assistive technologies
<p>Long-term priorities included in the issue brief for enhancing equitable access to assistive technologies in Canada</p>	<ul style="list-style-type: none"> • Make access to assistive technologies more fair for people who often face the biggest challenges in access to needed care and supports (for example, people with disabilities, mental health challenges, homeless or marginally housed, low-income, Indigenous peoples, or people living in rural or remote communities) • Ensure that environments such as public spaces, buildings and services are designed to be accessible by people of all abilities, and that these goals are consistently supported through public policy (for example, in municipal building codes) • Design government programs to focus on providing access to needed assistive technologies for anyone who requires support with instrumental activities of daily living (for example, grocery shopping, participating in education, paid or volunteer work) • Design government programs to focus on providing access to needed assistive technologies for anyone who requires support with basic independence (for example, getting in and out of bed, using the toilet) • Ensure timely decisions about what new technologies can enter the market and what technologies to provide funding for (for example, in government or private-insurance programs) • Improve the knowledge and skills of all professionals who are involved in the assessment for and provision of assistive technologies
<p>Values included in the issue brief to underpin policy actions to enhance equitable access to assistive technologies in Canada</p>	<ul style="list-style-type: none"> • Use a human rights-based perspective which states that everyone is entitled to equality, dignity, respect and freedom from discrimination • Apply the view that people’s experience of disability and exclusion from society are often the result of physical, social and other barriers in the environment

	<ul style="list-style-type: none">• Use a person-centred and co-creation (“create together”) approach to identify challenges and create solutions• Support autonomy and informed decision-making among anyone who needs assistive technologies and their caregivers• Ensure that anyone in need of assistive technologies has access to them• Ensure collaboration and coordination among all those involved in accessing assistive technologies• Use simple, flexible and adaptable ways for people to access assistive technologies that can meet their unique needs• Foster new ideas for assistive technologies and policy that can be used to enhance fair access• Ensure that those who are involved in delivering assistive technologies are responsible and able to justify their actions and prices
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