



THE APHASIA INSTITUTE'S 2026-2029 STRATEGIC PLAN



Life's a Conversation



THE APHASIA INSTITUTE'S VISION AND MISSION

Our vision (the impact we want to create):

There are no barriers to living successfully with aphasia.

Our mission (what we do):

Give hope to people with aphasia and their families by developing and sharing innovative solutions that reduce language barriers to full life participation.

THE APHASIA INSTITUTE

Our work is focused on three key areas:

1. Direct services for people living with aphasia and their families
2. Education, clinical training, and resources for health care providers, families, and students
3. Research and development to contribute more widely to the field of aphasia and to evaluate and improve our own programs

We focus on real life participation!

For over 40 years, the Aphasia Institute has functioned as a community-based teaching institute where we aim to foster innovation, exploration, and collaboration among staff, volunteers, members and families, partners, and health care providers.

Our approach is grounded in evidence and everything we do is anchored in the practical realities and needs of people living with aphasia and their families.

Our approach is aligned with the values of the [Life Participation Approach to Aphasia](#) and our [Living with Aphasia: Framework for Outcome Measurement](#).

Conversation is essential to life participation, which is why we teach people all over the world to use the Aphasia Institute's signature method, [Supported Conversation for Adults with Aphasia \(SCA™\)](#). This method is cited in the *Canadian Stroke Best Practice Recommendations*.

THE STRATEGIC PLAN:

Strengthening our foundation to explore and expand

We think of this three-year plan as strengthening our foundation in manageable steps. This will be a springboard to move us toward many exciting opportunities and an expansion of our role as an international leader in improving the lives of people with aphasia.

A robust communications and marketing plan will support this work.

Year 1	Year 2	Year 3
Impact area 1: Support a high-performing team through investing in staff and volunteer learning and engagement.		
Objective 1a: Assess the team's skills, capacity, and development needs to identify gaps in the current staffing model and to create staff and volunteer engagement activities.	Objective 1b: Engage staff and volunteers to update organizational values.	
	Objective 1c: Invest in the staff resources needed to fill identified gaps and fulfill our strategic goals.	
	Objective 1d: Provide learning and team engagement opportunities to enhance staff and volunteer knowledge, skills, and satisfaction.	
Objective 1e: Provide diversity, equity, and inclusion training for staff and volunteers to give them the knowledge to incorporate inclusion principles into programs, tools, resources, and training.		
Impact area 2: Serve more people with aphasia and their families through improving access and reducing wait times for direct service.		
Objective 2a: Assess and document our direct service models to enhance staff onboarding and prepare for potential expansion efforts.	Objective 2b: Streamline assessment and onboarding to bring more people with aphasia into the program more quickly and effectively.	Objective 2c: Expand synchronous online (virtual) programming to reach more people with aphasia and their families across Ontario.
Objective 2d: Survey members and their families to gain a better understanding of issues related to equitable access to programs and services and to gather insights for improving policies, processes, and procedures.		
Impact area 3: Demonstrate our impact, strengthen organizational learning, enhance health and safety, and support research and development through implementing quality improvement processes and collecting data.		

Year 1	Year 2	Year 3
Objective 3a: Develop quality improvement structures and processes to refine direct services, education, and training.		
	Objective 3b: Review published evidence and capture the experiential knowledge of members, families, healthcare provider trainees, volunteers, and staff to design and improve programs, services, tools, and resources.	
		Objective 3c: Partner with researchers and institutions to study the impacts of direct services, education, and training and to develop new tools and resources.
Objective 3d: Implement health and safety initiatives based on accreditation standards and the Occupational Health and Safety Act.		
Impact area 4: Expand healthcare provider and organization learning opportunities through increasing partnerships and diversifying approaches to education, tools, resources, and training.		
Objective 4a: Develop partnerships to extend our education, training, and resources to a broader audience.		
Objective 4b: Develop asynchronous online (virtual) training and education content for healthcare providers to access at their convenience.		
	Objective 4c: Adopt a learning management system (LMS) to host asynchronous training and improve customer experience.	
	Objective 4d: Develop Supported Conversation for Adults with Aphasia (SCA™) quality improvement tools and a coaching model to support integrating accessible communication into stroke programs.	
Impact area 5: Support financial sustainability through generating more income.		
Objective 5a: Assess pricing models for education, training, resources, tools and direct services to develop a new pricing model.	Objective 5b: Assess the revenue generating potential for a Canadian SCA™ healthcare trainer certification.	Objective 5c: Develop a Canadian SCA™ healthcare trainer certification program to generate a new stream of revenue and reach more healthcare providers.
Objective 5d: Explore opportunities from the Ministry of Health, Ontario Health, donors, and other sources to expand funding.		



HOW THE PLAN WAS CREATED

We wanted a plan that is concrete, easy to understand, and leads to clear action. And we wanted staff, volunteers, and members and their families to see themselves represented in this plan.

Many people gave written and verbal input about challenges and opportunities, helped us better understand our environment, and shared ideas about the Institute's future. People who gave input include:

- Members
- Families
- Volunteers
- Staff
- Board members
- Board advisory committee members
- Donors
- Community partners
- Referral agents
- Clinicians
- System leaders

Thank you to the Board members, ex-officio board members, and staff for contributing their time, ideas, and expertise to the Strategic Planning Committee.

