

ASSISTIVE TECHNOLOGY INVITATIONAL ROUNDTABLE

3rd Session

*BUILDING A CALIFORNIA ASSISTIVE
TECHNOLOGY INITIATIVE*

March 24, 2009

**Teleconference Locations in
SACRAMENTO and PASADENA, CALIFORNIA
and
WASHINGTON, DC**

CO-CONVENERS:

**Independent Living Partnership (ILP)
California Department of Aging (CDA)
California State University, Fullerton (CSUF)**

ASSISTIVE TECHNOLOGY INVITATIONAL ROUNDTABLE

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I. PREVIOUS SESSION OUTCOMES

The first Assistive Technology (AT) Roundtable in Sacramento on June 5, 2008 brought together leaders from state government, the assistive technology industry, research institutions, assistive technology associations, and organizations representing older adults and the disability community. The need for new AT and the application of existing AT to help the target audience maintain independence were discussed. Attendees expressed support for a follow-up session during which the group could further explore opportunities for AT development and application in California.

The second AT Roundtable in Fullerton on November 6, 2008 focused on new collaborations that are underway and a structure for the group that would help achieve an agreed upon Mission Statement which reads: "The purpose of the California AT Coalition is to advance the development, testing and use of assistive technology to help those who are aging and the disabled live independently in their homes and to age in place."

Subsequent to the 2nd AT Roundtable numerous meetings took place between the Department of Aging (CDA) and various academic institutions relative to AT development, potential sources of funding to support the Coalition were explored, work began on the development of a web page in which Coalition participants could communicate with each other, a statement listing "Items of Consensus" was developed and distributed to Coalition participants, and all participants were contacted by telephone to ask the following questions which would help shape the agenda for the 3rd AT Roundtable:

- A. What is it that your organization feels they must get out of the Coalition in order for it to be a worthwhile endeavor?
- B. What two issues do you feel the Coalition should, and can, address with a productive and successful outcome within the next year?

Twenty-one of the 27 individuals contacted answered the questions and a summary of their responses was compiled and distributed to the Coalition participants.

II. PURPOSE OF ASSISTIVE TECHNOLOGY ROUNDTABLE – 3rd SESSION

The facilitator opened the session by thanking AARP for providing the video and audio hook-up between Sacramento, Pasadena, and Washington, DC, allowing for easier access to the Roundtable by current and new participants.

In the Coalition's desire to move AT forward in California, the purpose of this 3rd AT Roundtable was to focus the discussion toward identifying up to three specific items that the Coalition might begin to address as reflected in the responses to the telephone calls to participants:

- A. How to get the word out about AT as tools to support independence, i.e., inform and educate.
- B. How can the Coalition advocate and promote AT development and application.
- C. Clarify the distinction between pursuing a "Center of Excellence" and/or "Age Lab" in California.

It was felt that once we have a focus for the Coalition's discussion and activities, the structure of the Coalition itself will evolve. The desire was to have sufficient input and agreement in this session to develop a plan of action with goals, action steps, and dates of completion.

III. DISCUSSION THEMES

A. Current AT Collaborative Initiatives Between AT Coalition Participants

We are learning that various campuses of the California State University system have AT related initiatives underway, including:

1. The Department of Aging (CDA) has met with several deans of engineering in the California university system and visited Cal Poly in San Luis Obispo and Cal State Northridge. Cal Poly is focused on bio-medical development including an exercise lab. They are giving attention to injured returning veterans and law enforcement personnel. Working with the social services component at the university their desire is to help injured individuals return to society and the workforce through disability training and exercises.
2. Cal State Long Beach and Northridge both have initiatives that are focused on "aging into disability" and recently convened a conference addressing such.
3. Cal State Fullerton has several university components, including the engineering department and gerontology center, coming together on a grant proposal relative to AT development and application. This may be in the form of a CAT lab.
4. The University of Southern California (USC) has a virtual reality grant from the National Institute on Disability and Rehabilitation Research (NIDRR) Foundation which includes their engineering department and the Andrus Gerontology Center. One of the items being explored is the use of air bags in fall prevention. Under a Stephenson Research and Technology Center University of Oklahoma initiative, USC is also developing robots for use with sensors that are attached to people for monitoring and coaching.
5. American River College has an initiative underway focused on making homes user friendly.

The California Caregiver Resource Centers has developed interactive videos for Alzheimer's disease patients which appears to reduce aggression.

In other developments, Health Hero is collaborating with Eskaton in northern California in conjunction with their national demonstration home. Various University of California engineering departments, including UC Davis, have also worked with Eskaton regarding lighting design and telehealth components in their demonstration home.

The California Department of Rehabilitation has resources for AT development and application and is currently developing a statewide AT lending and exchange program. They are also involved with initiatives at Cal State Northridge.

CAST recently co-convened with the Aging Services of California, an AT demonstration at the Capitol in Sacramento.

It appears there may be substantial collaborative efforts regarding AT development but there is a lack of communications between the efforts and with the consumers at-large. It was observed that perhaps that is a vital role for this Coalition.

B. AT Coalition Web Site Development

A web site meeting Section 508 accessibility standards is under construction as a means of enhancing communication between Coalition participants. A brief description of the site was given and participants were asked to log onto the site and provide feedback to SmartSilvers during the next two weeks. Comments should be posted in the Forum section of the site so all participants can see other's comments. Thanks to SmartSilvers which is donating their time in developing the site, but we must look into who will run the site in the future. It can be accessed at www.Demo.SmartSilvers.com. The site will be used in the future for posting the AT Roundtable agendas, meeting notes and other documents such as the "Consensus Statement" and "Responses to Questions" but will remain an internal site for Coalition participants at this time.

C. AT Initiatives in Other States/Countries

An overview was given of the Oregon Center for Aging and Technology (ORCATECH) initiative in Oregon. It is funded through INTEL and the National Institute on Aging as part of the Roybal Institute (which is not connected with the Roybal Institute at USC). The focus of their activities is on developing new technologies and the application of existing ones. Another initiative at the Carnegie Mellon Institute at the University of Pittsburgh is focused on licensing and spinning off new technology. They are also focused on homes for veterans.

The Technology Research for Independent Living (TRIL) in Ireland, funded by INTEL, is doing research and product development in the AT arena. They are the largest research center for independent living in the world. They pull partners from three universities and focus on areas for fall prevention and social connection using ethnography to get the needs of users to design technical products. (See material previously distributed by Scott Peifer).

The SCAN Foundation recently awarded \$5 million to the Health Technology Center in San Francisco to create the SCAN/HealthTech Center for Technology and Aging.

HR-1, HiTech Act, currently under consideration by the US Congress is focused on telehealth and health data exchange. The bill also defines health care providers to include long term care, home health, and skilled nursing care. CAST is included in the bill for completing a study of telehealth options.

It was also noted that the federal stimulus package includes support for telehealth initiatives but it is uncertain at this point as to how the funds will flow to the local level. It was felt that some of the Coalition participants should be involved in these initiatives.

D. Identify Priority Needs that Could/Should be Addressed by This Coalition

1. Pursuing AT Research Collaborative Projects

It was suggested that the ultimate objective of this AT Coalition should be: a) to drive the adoption of new research in AT, and b) to encourage more providers to apply the research. There was strong feeling that there is a lot of AT that would support independence but it has not been tested or applied. It was observed that this looks like a "Center of Excellence" approach with the formation of a vision, determine the model and structure, and develop an action plan to get there. A suggestion was made that this Coalition could become that Center of Excellence (CoE) based upon the Consumer Reports model or Consumer Protection Offices. The CoE could include a virtual partnership of universities and colleges, and living labs for real life testing. This would require a buy-in from the academic institutions, Independent Living Centers, and aging service providers.

The Coalition could determine the percentage of effort that would be needed to test existing AT that would help develop a body of evidence to support the value of these technologies. The approach would be to use people's home as living laboratories. Using this body of evidence the Coalition could then undertake its advocacy role, pointing out cost

effectiveness and promoting best practices in applying the AT with providers and consumers. Focusing the CoE efforts on specific technologies would facilitate the ability to secure special funding. However, another observation was made that the CoE concept may be narrow in scope and not provide for multiple focuses or provide the framework for education and advocacy functions.

It was suggested we should be gathering data on consumers of AT which then translates to funding for AT – 3rd party maintenance. Sixty percent of the research probably needs to be done in consumers' homes. Right now data on the effectiveness of telehealth is lacking. There are two possible strategies for collaborative activities: a) Incubate new technologies and products using community based testing, and b) Investigate product failures and provide assessment lists.

Another thought was shared that we should identify our issues, then have our (Coalition) structure evolve. It was suggested that we look at the Carnegie Mellon Institute model at the University of Pittsburg. Another alternative might be to have multiple virtual centers with a diversity of focuses within an over- reaching framework. Proposals could then be made to various institutions to join the virtual center with appropriate focus.

The Veterans Administration has a lot of data but it applies only to them and how they deal with their patients through the Health Buddy program.

The point was made that data gathering can be done by individual Coalition participants around the table, but what is the role of the Coalition as a whole? Perhaps that role is to gather and determine the effectiveness of the current data.

Another suggestion was made that the Coalition could take the "Items of Consensus" and the responses received to our telephone questions and build them into principles. Guiding principles could frame the Coalition's efforts regarding advocacy, networking, information sharing and a clearinghouse role. These principles could also guide activities of researchers, academics, state leaders, and those funding AT development. Someone expressed the idea that somebody in the state will have to regulate these AT products at some point.

It was further suggested that since it is agreed that engineers and the private sector need to hear from consumers, a clearinghouse role for the Coalition needs to be included. California could use what this Coalition does as an economic stimulator for the AT industry. It was offered that the California Department of Rehabilitation or Consumer Affairs Office might be entities to turn to for resources to move this effort forward. We also need

to check into the California Emerging Technology Fund as well as the PG&E Education Foundation which supports emerging technology.

Other resources mentioned were the San Francisco Chamber of Commerce which has a corporate givers list. UnitedHealthCare is another potential resource. It was observed that the state of California should act as the incubator for revenue generation.

2. Advocacy Initiatives

Another point was offered regarding the promotion/education/advocacy role of the Coalition. Together these roles could be bundled with research, testing and clearinghouse, into a CoE. To get there the Coalition would need some planning funds followed by funds to support the research efforts. The Coalition participants could then act as the governing board to the CoE. Other examples of structures to be considered are groups such as the California Coalition for Caregivers, and the California Alzheimer's Advisory Committee. Another example is how the American Society on Aging (ASA) has a public policy committee appointed by the board which crafts advocacy positions on legislation and other matters.

Discussion continued relative to the Coalition's advocacy role. This could be in the form of linking people, information sharing, stimulating research. If we saw a movement by those various academic institutions mentioned earlier as being involved in AT development and application, toward forming a consortium as a CoE, who would market that Center to INTEL for example? Would it be CAST, this Coalition? It also would require us to develop active partnerships with providers as a next step.

A question was raised - as CSUF pursues efforts to establish a CATLab along the lines of the Consumer Reports model, is the Coalition in a position to write letters of support for their efforts?

Again, it was mentioned that we would need a planning grant to prepare a proposal to function in this capacity. USC and CSUF expressed interest in this approach and feel the diversity of academic institutions involved would be a positive approach.

Should bringing the academic institutions to the AT Roundtable in the future be our next steps? But what would bring them to the table – potential funding is an incentive. With the make-up of the Coalition being what it is, we can also provide a link between the academic institutions and the consumers. This could enhance the evaluation of products and translation of research to application. What we need is a more focused

proposal to put before the academic institutions before calling them to the table.

So what is the glue that holds us together as a Coalition? While our goal can be broad, it was concluded that our objectives and strategies need to be more narrowly focused.

IV. RECOMMENDED NEXT STEPS

- A. Bring in More Viable Partners** – The Coalition should include additional government officials, additional academic institutions, and foundations. Bring in partners who have already done what we are trying to accomplish, however, this may be difficult since the Coalition is in uncharted waters.
- B. Health Insurance Partners** – Kaiser, SCAN, Qualcomm, and other public and private insurers and communications firms should also be at the AT Roundtable.
- C. CAST** – Explore whether they can give us some guidance/technical assistance relative to our next steps.
- D. Create a Network of Interested Parties** – A Center of Excellence might be down the road. We first need to build a consistent Coalition membership.
- E. Secure Funding for Planning** – Who, what, where.
- F. Need More Clarity on what is the “It”** – Is our focus the development, evolution and promotion of telemedicine, is it the promotion of additional resources for AT development and application, is it user compliance issues, is it advocating for the application of existing AT, is it anything related to “aging in place”, etc.?
- G. Meet Again the Same Way** – We are not yet a solid Coalition. We must establish that first. This is the up-front work, getting to know one another and what we have to offer. Repeat this type of forum another couple of times and it should bring it all together. We may appear to be spinning our wheels but we are making progress.

APPENDIX

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