ASSISTIVE TECHNOLOGY INVITATIONAL ROUNDTABLE

6th Session

BUILDING A CALIFORNIA ASSISTIVE TECHNOLOGY INITIATIVE

March 30, 2011
9:30 a.m. – 12:30 p.m.

SACRAMENTO &
FULLERTON, CALIFORNIA

CO-CONVENERS:

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

ASSISTIVE TECHNOLOGY INVITATIONAL ROUNDTABLE

Table of Contents

	Page
1. Welcome and Self-Introductions	3
2. History of Coalition	3
3. Mission Statement	4
4. Reports	4
5. Items of Consensus, Set Purpose and Desired Outcomes for the Day's Discussion	5
6. Review Second Report and Discussion of Findings	5
7. Discuss and Provide Input on Report #3	7
8. Update on AT Trends and Developments	9
9. Participant Open Discussion on Current Initiatives and Activities	9
10. Adjournment	
Items of Consensus	11

CA Assistive Technology Coalition Meeting

California State University Office of Advocacy and State Relations,
915 L Street, #1160, Sacramento, CA and
California State University Fullerton, Ruby Gerontology Center
800 North State College Boulevard, Fullerton, CA

March 30, 2011
9:30 am

1. Welcome and Self-Introductions

Present in Sacramento: Ray Mastalish, ILP, Facilitator, Michael Carbine, ILP, Teresa Favuzzi, CFILC, Kim Cantrell, CFILC

Present in Fullerton: Lynn Daucher, retired, Pauline Abbott, CSU Fullerton, Echo Chang, CSU Fullerton, Barbara Cherry, CSU Fullerton, Deborah Newquist, Geriatric Consulting, Davis Park, Center for Technology Innovation and Wellbeing, Front Porch, Gregory Mathes, ATEC-Goodwill of Orange County, Rich Smith, ILP, Ivet Woolridge, ILP

Present on phone: Moira Fordyce, California Coalition for Caregivers, Aaron Hagedorn, USC, Mike Sarfatti, Smartsilvers, Jorge Lambrinos, USC School of Social Work, Scott Peifer, AgeTech

2. History of Coalition

a. ILP (Richard Smith), the California Department of Aging (Lynn Daucher), and the Ruby Gerontology Center at California State University, Fullerton (Pauline Abbott) entered into a collaboration to co-convene the California Assistive Technology Coalition.

b. 1st roundtable in Sacramento in 2008 brought together leaders from state government, the assistive technology industry, research institution, assistive technology associations, and organizations representing older adults and the disability communities.

c. 2nd roundtable in the same year focused on new collaborations already underway and resulted in the adoption of a mission statement.

d. 3rd roundtable in the Spring of 2009 concluded that 2 important activities of the Coalition, to drive the adoption of new AT research and encourage more providers to apply new research, should be:

    i. Fostering AT research collaborative projects

    ii. The pursuit of advocacy initiatives.

e. At the 4th roundtable in early 2010, coalition members concluded that the work plan of the group should be the production of a series of reports to clarify the current status of assistive technology in California, and to issue recommendations to help the State meet the assistive technology needs of people with disabilities, both in the short and long term.

f. 5th roundtable in Fall 2010 – 1st Report is approved. Report is titled: "Demographic and Socioeconomic Factors Impacting the Future Assistive Technology Needs of Californians" and focuses on a trend analysis of California's aging and disabled population including the social, health, economic, policy and regulatory challenges as they relate to assistive technology.

3. Mission Statement:

"The purpose of the California Assistive Technology 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."

4. Reports - Two of the four reports the Coalition agreed to produce will have been completed with the approval of the 2nd Report we will discuss today:

a. Report Number 1 focused on the completion of a trend analysis using existing state and federal data – findings:

i. AT enhances individual well-being, improves caregiving, and can reduce health costs

ii. AT is and can be used by people of all ages – more older adults currently use assistive technology than any other cohort

iii. Prevalence of chronic illness and disability rises steeply with age and the need to AT will increase with population aging

iv. Failure to advance the availability of assistive technology will increase health care costs

v. Low economic status of individuals negatively impacts the adoption and use of AT

vi. Insufficient funding for AT limits the use of needed assistive technology by individuals

vii. There is public resistance to the adoption and use of AT because of social stigma of aging and disability

viii. Research on current use, health benefits and cost savings that can be realized from wider availability and use of AT is needed

ix. Greater efforts to educate the public, caregivers, health care professionals, aging and disability services providers, policymakers and industry leaders are required.

b. Report Number 2 identified the challenges facing AT's ability to meet the needs of the aging and disability communities:
    i. Insufficient data to define current AT use and future needs
    ii. Insufficient public and professional knowledge of AT availability and benefits of its use
    iii. Insufficient resources to support the wide application of universal design home modifications
    iv. Lack of accessibility to health services

c. Report Number 3 will explore how AT needs are currently being met, in California and in other places, and challenges and barriers in education, resources, legal and financial arenas.

d. Report Number 4 is designed to pull together information from the first 3 reports to formulate and issue recommendations for policymakers, regulators and other public and private sector leaders on steps that can be taken to help the state meet the assistive technology needs of its populations.

5. Items of Consensus, Set Purpose and Desired Outcomes for the Day's Discussion

Items of Consensus were not available at the meeting. [See Items of Consensus on Page 11 of these proceedings.]

There was discussion regarding the age of the disabled population being considered by the Coalition. It was pointed out that in previous discussion it was mentioned that the Coalition will not be specific on ages. Even though a member wanted to include disabled population under 18, it was noted that there are no trends data to include in reports for children with disabilities. Teresa F. noted that as a funder of the Coalition, they do look at how assistive technology fits in from birth until death. It was also noted that the core of the Coalition is from the aging community.

6. Review Second Report and Discussion of Findings:

Report # 2, previously mailed to members, is entitled "Current and Assistive Technology Needs of Californians."

Modifications/revisions made to this report based on member comments include expanded information on cell phones, iPads, phone applications, access to health care and home modifications. It now addresses barriers renters face if they want to remain in their homes. It references the AT Network's Device Lending Libraries and the need to publicize them. A section was added on the need for financial incentives to make AT

technology more available. Also included was the SILC 2010 update and the need for financial support of AT re-use.

A comment was made about the use of language in this report. There is a difference between Living Independently and Aging in Place. We want to make a strong connection. In looking at healthcare, it is very significant on the availability of AT. Look at other states and how they are managing the change.

The report could provide a scenario of the transition from youth to adulthood. There are many similarities from working adults through retirement. A key thing to mention is that California needs to promote the idea that disabled youth need AT to live independently and for career and employment. Highlight employment and AT and incorporate examples of AT activities/programs from other states. Look at the whole life continuum.

Regarding living independently and aging in place, it is a good lesson for the aging community. When special education ends then persons with disabilities are on their own. Transitions would be helpful to focus on; that's when people start looking for assistance such as AT.

There seems to be much emphasis on the prevention of disabilities including all age groups. Is prevention also an item of interest?

There is a lot of data available about the needs of children through the Dept. of Education. Problems start when they are young and parents don't have the resources needed. Children don't get what they need, have a hard time with employment and don't have the opportunity to reach their full potential.

Are resources the issue? We all know there are limited resources. Why should we focus on one population? It should apply to everyone since everyone has limited resources. We could look at need level instead of age level. Prevention is important.

The suggestion is not to focus on children, but to include all. It is informative to look at children going from services received when young to non-care availability after age 18 to 22. There is something unique between the stages in life. Children have their parents as advocates. Family resources are available but parents may not know about it. Transition points need to be focused on, not age groups. It is also important to include monitoring and inclusion of the impact of Health Care Reform.

The Federal Tech Act originally focused on education; then the focus shifted to delivery of AT. What will the next focus be?

Other comments to be included:

> Think Telehealth. Page 26—access to health care due to physical barriers.
>
> On page 5, aging in place—did not see support for the idea of growing desire to live in their own homes.

Include the role of Dept. of Education and Regional Centers and continuum help. What role can they play in the use of AT in California?

It is recommended that we don't go to a consensus on Report 2 but include all comments in the report. Comments in writing are to be submitted to Mike to be included in the Report and be discussed with Rita. Changes in report will be marked in red or tracked. Everyone agrees to this recommendation.

7. Discuss and Provide Input on Report #3

The Purpose of the Third Report is to: Review how the assistive technology needs of Californians aging and disabled populations are currently being met, focusing on identifying gaps, barriers, challenges, and unmet needs.

All comments so far apply also to this Third Report.

A better frame of discussion is to include ALL (young, older, short and long, term). When the Coalition was started the focus was on aging. The market is ALL, not just aging, and this may help get attention of AT vendors. Caregivers are also a good source.

What are the gaps and barriers and challenges? You need to know what is available. How do you access what's available, how do you navigate them, how do you pay for them? One gap for adults is that they have nowhere to turn for financial support to access AT. There are gaps in each transition period.

Manufacturers are interested in AT. We know there is a market; the problem is who is going to pay for AT? Mindsets need to be open to AT. The number of AT manufacturers is increasing and the cost of AT is dropping. A major need is public education and promotion of AT.

What would a caregiver promote? A walker might be great but the client might refuse to use it. There is no ONE solution. Non-medical services and support, including home modifications, respite care, etc., will be covered by the Class Act. Some caregivers are so strained that they are fearful of taking on a new way of doing things. They need support on educating them on what AT is available. People are resistant to change their lifestyle. Resistance is a barrier as well.

Other gaps include, getting a permit to make a home modification. It is very difficult and may make someone give up. The availability of clinical assessments in the community is not widely available. One solution may be re-use. Currently some organizations that do use AT also have re-used AT. Another gap is the modification of automobiles. Home modifications are hard for renters.

Another issue facing youth as they transition is that neither the parents nor the individual has had the opportunity to engage with adults who have been successful either in the workplace or living independently. Transitional planning should be better since the

structure is there. Universities should better coordinate to see how we are training individuals to develop the assistance and technology necessary for the disabled population.

We need more work on what is appropriate equipment and how is it funded. Medicare will pay for a hospital bed with a crank but not an electric one. What can we do to address these issues? Create opportunities to pay the difference for specific equipment. Funding is still a huge issue. Organizations do use some private funds. Home health agencies are using telehealth but funding is still a barrier. Is anyone looking at insurance companies as a source of funding?

What about equipment costs? Research was done on price points and 33 dollars was what people were willing to pay on a monthly basis. A 33 dollar price point is not enough—we need to tell sell it to people like they need it. They are willing to pay cell phone, cable bill. How are we going to fund AT? How we can make recommendations in the policy to have reimbursements? Are people that are creating assistive technology going to insurance companies to demonstrate to them that this will be cost effective for them?

A pilot study is being done to monitor equipment after a person is released from the hospital. There are also language problem when describing AT to consumers. English is being used as the primary language. California has a large population of Hispanics and Asians who do not speak the language, both consumers and caregivers. There is also a stigma for people to use AT. Describing AT in a simple language needs to be done so consumers can understand what it is and why they should use it. Among the Asian population, there is a fear that technology will replace personal caregiving.

We have talked about identifying studies to show the success of AT to take to insurance companies and congress. One example is a medicine dispenser—the manufacturer showed that having this will lower the re-admittance of patients to the hospital. We also need education for caregivers on medications management. Most hospital admittance in America is due to medications.

There is a complexity of range of AT, but some devices are very high technology. Assessments should be required to get the right AT device or provide other options for the individual. Per RESNA, “the biggest barrier to use of AT is knowledge and awareness, not funding.”

CATC should look toward AT presentations at conferences. Email the points of interest to Mike to be included. We need to also emphasize the adoption of broadband.

As we move forward with this report, we are thinking of moving the timeline out. We’ll accelerate the report writing and try to give people a 4-5 week period to review. The faster it’s reviewed the better it is. Once we have the meeting the report would be very close to be finalized.

8. Update on AT Trends and Developments

Moira commented on three items:

1. Older Fitter Wiser Program on the radio. One episode was with Ray. It will air April 11th and the second episode on April 18th. The third episode will be with Pauline in early May.
2. Case Western University is having an all-day meeting on AT April 8th in Cleveland Ohio. National interest is growing. There will be an AT panel discussion, and Pauline is one of the panelists.
3. Will be given funding to upgrade the Gerontological Society of America website. Also a lot of AT will be included in the website.

All participants will get a DVD of the Sacramento TV program and it can be watched on the internet—will send link and schedule. The Ruby Gerontology Center is planning on re-airing the Older Fitter Wiser programs through the CSU Southern California network.

AgeTech (agetech.org) recently had a conference. It was a one day conference. A lot of the focus was on AT from a health standpoint. The VA is widely using AT to help veterans. In a session on aging in place the issue was lack of communication between developers, consumers, caregivers. There is a lot of AT but all of it doesn't work for everyone. The public needs to be educated. People who produce AT don't have contact with consumers. Communication gaps are a big issue.

Providers are not tuned in with AT, therefore they aren't making recommendations. The VA is very interested in the educating of and providing resources for caregivers. What is the return in investment? Studies are necessary that show the benefits of AT. The concern among manufacturers is they need more exposure in the market place. Scan funded a study through the Center for Aging Technology. Berkley might be publicizing the results of studies on the cost benefits of AT.

9. Participant Open Discussion on Current Initiatives and Activities

The CatLab has Barbara Cherry working with the academic program. The CatLab is fortunate to be able to bring Dr. Debra Neuquist as a consultant. She has a different prospective than other faculty. A new faculty member (not Echo) will be the lead on the research of AT at Cal State Fullerton. They've been given approval to be able to bring together different aspects to test out projects, and have had a lot of support from the community. They brought some pieces of equipment to test as well with a small amount of money. One example is a nail clipper with a magnifying glass. Looking at low tech AT. Collaboration with engineering, business and gerontology is a huge step.

Best Buy is launching AT Centers in stores; one of the first may be the Pleasanton, CA location. Lynn will send this information and discussion to Laura at CDA for her to be aware of what is being discussed. Depending on Gov. Brown's budget outcome, ADHCs might have an opportunity for inclusion of AT.

There is a proposal to link up library, fire stations, etc to provide telehealth on chronic disease education. Fire stations are involved to provide training and play a key role in public safety.

Orange County Goodwill has a technology center that provides AT assessments and device lending. There is a plan to bring together 200 AT users and caregivers for a 2-day mini conference. Individuals can meet with a physician for 30 minutes for free to discuss AT.

CFILC is excited about taking the leadership on AT re-use; they are currently working on a marketing plan. Bari should give a presentation at the next meeting to inform the Coalition what the state is trying to accomplish and the strategic plan. CFILC is paying attention on the reauthorization of the Tech Act which potentially has an impact on how funding is allocated and focused. The first Tech Act focused on marketing and letting people know it exists, then getting AT to the people who need it. Not sure what the next phase is. The discussion today can help inform policy makers to provide dollars to support AT.

It was suggested that the California strategic plan for Alzheimer's include AT. It didn't have general fund support, but others did help fund it.

The Coalition is charged with generating reports, making recommendations for policy leaders. The reports won't do any good if they don't get out. Who do we send them to? How? Need to make the reports public and how do we follow up? Right now we should be targeting one or two legislators to bring along with CATC reports, maybe one Senator and one Assemblyperson. Maybe we could even get one to set up a committee and have AT in California hearings.

We have tried to meet with Assemblyman Chesbro. There has been communication back and forth but we haven't been able to connect. He has a personal interest in AT. Vikki and Pauline are chairs of the Working with Los Angeles Area Coalition. There are monthly calls about what's happening with aging services and changes being proposed in relation with caregivers. Vikki is instrumental in keeping information as changes come along. Coalition needs to hold on to what we have and not lose anything.

Thanks for the efforts of Mike, Rita and Ray. Want to recognize CSUF for the help.

10. **Adjournment: the meeting was adjourned at 12:30 pm with plans to meet again in the fall.**

CALIFORNIA ASSISTIVE TECHNOLOGY (AT) COALITION
ITEMS OF CONSENSUS
March 30, 2011

In order to move future roundtable discussions along without revisiting items on which consensus was reached by participants in previous AT Coalition sessions, the conveners compiled the following list:

I. Framework

- AT not only refers to "high tech" products on the market or in the pipeline, but also the "low tech/no tech" and "gadgets" that individuals use and devise to help them live safely and with dignity.
- AT is a means to an end – empowering people so they can live independently, participate in their communities, and stay connected with families and loved ones.
- AT is a tool for achieving health care and support services cost savings and other economic and social benefits.
- California is well positioned to take a leadership role in the AT arena.
- California academic institutions are well-positioned through established and well recognized Gerontology Centers.
- Silicon Valley has taken initial steps to develop high-tech reporting and communication systems in client tracking and treatment.
- The CA Department of Aging (CDA) and the Independent Living Partnership (ILP) are positioned to promote an AT initiative through California's aging network, other organizations and venues, and directly with individual seniors and adults with disabilities at the local level.

II. Needs Stimulating AT Development and Application

- California's continuing and growing fiscal challenges will force the State leadership to explore and deploy alternative ways of supporting the targeted population.
- California's exponentially growing senior population, particularly those 85 years and older, will challenge the State in how it manages to meet their needs under our current way of funding and delivering services.
- The health care system will be challenged, particularly in rural California, to deliver affordable health care services.
- AT applies to all people of all ages and conditions, including those with brain injuries coming out of the Iraq and Afghanistan wars. The target audience for AT development and application is very large not only in California and throughout the US, but also as a world-wide market.
- Paid caregivers will need AT to help them care for their clients and make home care cost effective in the future.

- Advocacy is needed on the subject because:
  - There is a lack of awareness that when AT works, it can result in cost-savings, reduce the long-term care workforce, extend the role of the family caregiver, and reduce health care costs.
  - Policymakers, legislators and payers need empirical data on the potential cost-savings and other economic and social benefits associated with the use of AT.
  - The business community and state officials must be convinced that a robust AT industry in CA will benefit the State because of its potential as an economic engine similar to the technology industry in Silicon Valley and the biotechnology industry in San Diego.

III. Barriers to Widespread Adoption and Use of AT

- There is a lack of payer coverage of, and reimbursement for, many AT's.
- Psychologically, the use of AT is not an issue; it is a matter of how we incorporate AT into our daily living activities, i.e., making a lifestyle change.
- Many developers are skeptical about investing human and financial resources in AT as they are not aware of the potential extent of the market.
- Currently, aging Boomers are not demanding AT, although the potential for increasing demand is looming as more boomers become caregivers.
- Many young researchers are in denial about growing older and do not recognize a potential market for AT in the aging Boomer population.
- Some developers/investors view the vast rural areas of California as a negative because technology applications are limited.
- Many health and social service providers are skeptical of AT, fearing it will take away their jobs.

IV. Targets for the AT Coalition's Efforts

Consumer and Service Providers
Formal and Informal Caregivers
Boomers
Policy and Administration Decision Makers
Academic Institutions
Private and Public Payers
Wellness Maintenance Market
Investment Community
Health Care Delivery System
Area Agencies on Aging and Service Provider Agencies
Independent Living Centers
Employers
Retailers
Non-Profit Sector

Senior and Disabled Communities
White House Conference on Aging – California Delegation

V. AT Coalition Mission Statement

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.

VI. Future Action

- The Coalition needs to establish clear and precise goals and desired outcomes.
- The Coalition should develop a mechanism to promote networking between the participants.

VII. Discussion Themes for Future Sessions

A. Conduct a Trend Analysis of the Aging of California's Population, Including the Social, Health, Economic, Policy, and Regulatory Challenges Created by the Phenomenon

B. Compile a Projection of the Kinds of Assistive Technology California's Aging Residents Will Need in Order to Maintain Their Independence and Age in Place to the Extent Possible

C. Complete a Review of How the Assistive Technology Needs of California's Aging Population are Currently Being Met, Focusing on Identifying Gaps, Barriers, Challenges, and Unmet Needs

D. Issue Recommendations for Legislators, Policymakers, Regulators and Other Public and Private Sector Leaders on Steps That Can Be Taken to Help the State Meet the Assistive Technology Needs of its Aging Population

VIII. Review and Accept Activity Area Reports

A. Activity Area Report #1: Demographic and Socioeconomic Factors Impacting the Future Assistive Technology Needs of Californians