

# **ASSISTIVE TECHNOLOGY INVITATIONAL ROUNDTABLE**

## **7<sup>th</sup> Session**

*BUILDING A CALIFORNIA ASSISTIVE  
TECHNOLOGY INITIATIVE*

**October 28, 2011  
9:30 – 11:30 a.m.**

**Ruby Gerontology Center  
California State University Fullerton  
Fullerton, California**

### **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**

### **A. History of California AT Coalition**

In 2008, 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.

The first roundtable in Sacramento in June, 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.

The second roundtable in November of the same year focused on new collaborations already underway and resulted in the adoption of a mission statement, which is:

“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.”

The third roundtable in March of 2009 concluded that two important activities of the Coalition, to drive the adoption of new AT research and encourage more providers to apply new research, should be:

- Fostering AT research collaborative projects
- The pursuit of advocacy initiatives.

At the fourth 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.

At the fifth roundtable in October, 2010 the First Report was approved. The 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.

The sixth roundtable was held in March, 2011 and the Second Report was discussed and approved. The report is titled: “Current and Future Assistive Technology Needs of Californians” and focuses on taking a deeper look at a number of issues that need to be addressed to enable people with disabilities in California to maintain their independence and well being.

### **B. Summary of Reports One Through Four**

Three of the four reports the Coalition agreed to produce will have been completed with the approval of the third report being discussed at this meeting.

- a. Report Number One focused on the completion of a trend analysis using existing state and federal data. Findings included the following:
- AT enhances individual well-being, improves caregiving, and can reduce health costs
  - AT is and can be used by people of all ages – more older adults currently use assistive technology than any other cohort
  - Prevalence of chronic illness and disability rises steeply with age and the need to AT will increase with population aging
  - Failure to advance the availability of assistive technology will increase health care costs
  - Low economic status of individuals negatively impacts the adoption and use of AT
  - Insufficient funding for AT limits the use of needed assistive technology by individuals
  - There is public resistance to the adoption and use of AT because of social stigma of aging and disability
  - Research on current use, health benefits and cost savings that can be realized from wider availability and use of AT is needed
  - Greater efforts to educate the public, caregivers, health care professionals, aging and disability services providers, policymakers and industry leaders are required.
- b. Report Number Two identified the challenges facing AT's ability to meet the needs of the aging and disability communities. Findings included:
- There is insufficient data to define current AT use and future needs
  - There is insufficient public and professional knowledge of AT availability and the benefits of its use
  - There are insufficient resources to support the wide application of universal design home modifications
  - There is a lack of accessibility to health services
- c. Report Number Three explored how AT needs are currently being met, in California and in other places, and looked at challenges and barriers in education, resources, and in legal and financial arenas. This report found:
- There is a lack of awareness and education regarding AT with not only consumers but also their providers
  - There are gaps in services related to independent living needs, particularly in modification of home environments
  - People with disabilities including the elderly encounter problems in accessing and using health care facilities

- Medicare/Medicaid funding guidelines for AT are narrow in focus
  - There is limited data on AT need, use and effectiveness
- d. Report Number Four is designed to pull together information from the first three 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.

## **II. PURPOSE OF ASSISTIVE TECHNOLOGY ROUNDTABLE – 7th SESSION**

Richard Smith facilitated the session on October 28, 2011. The session was held at the Ruby Gerontology Center at CSUF and a phone was provided for conference call-in for those unable to attend in person. Nine participants attended the session, either in person or on the phone.

The purpose of this meeting was to review and discuss Report #3 and accept it, and to discuss next steps for the Coalition.

## **III. DISCUSSION THEMES**

### **A. Review and Accept Third Report and Discussion of Findings**

It was noted that this report focused on the need for education in all areas: policy, educators, caregivers, health professionals, etc. and also on the cost effectiveness of AT. It was mentioned that at the Mayo Clinic there is a person dedicated to come around and talk to patients and caregivers regarding available equipment. One problem may be the confusing array of devices. How does a person evaluate what works, what they can afford, how do they pay for it? An example is that there are many types of walkers but not all are easy to use and not all work in specific environments. The information may be available but you have to know where to go to find it. More research is needed on what equipment is out there, how it is funded, what are workable structures for distribution of equipment.

The Mayo Clinic Center for Innovation in Rochester, MN has collaborated with the Center of Aging to establish a lab to support aging in place with new technologies. Other partners are Best Buy and WalMart. The program is called Healthy Aging and Independent Living lab (HAIL) and is similar to the CAT lab at CSU Fullerton. Read more at <http://www.mayoclinic.org/news2011-rst/6311.html>

Rich read from written comments on the Third Report from Moira Fordyce who could not attend the session. She states that education is needed across the board as noted on page 5 of the report and that smooth transitions are needed when seniors move from hospital to home, rehab centers, nursing homes, etc. She concurs that CMS needs to update its current definitions of DME and medical necessity. She mentioned two AT models: Eskaton Village in Roseville, CA and the CAT model developed in Scotland which works there due to their comprehensive health care

program. She commented on using volunteers and libraries to promote AT education and the AT reuse program in Great Britain. She mentioned having celebrity champions as spokespersons for AT to help acceptance of the benefits.

ADRC recently held a meeting in Sacramento; it was about funding and financing. Also noted was the lack of cross-staff training with Offices on Aging and Independent Living Centers. If people need AT equipment then AAA should be able to refer them to the right places.

It was mentioned that there is an NAS committee on “health care comes home” that is looking at the role of human factors in home health care. There is a need to make more connections and monitor technology in the home. One way is to look at reports and books that talk about AT and medical care information in the home. It was suggested that VNA could play a role by educating them and passing that information on to the consumer. There is a need to coordinate a number of factors: administration of meds, test kits, first aid, AT, DME, meters, monitors, telehealth, etc. Many of these resources have been developed independently by vendors outside of the health care community. Often there is AT equipment in closets at home sitting broken or unused. There has been a study about equipment sitting in the closet because consumers were not shown how to use it or they didn’t feel the equipment answered their need or questions. Education is key. It was also mentioned that AT equipment has to fit in with the lifestyle of consumers and their perception of who they are.

There was a discussion about the military’s use of AT. The military uses a lot of AT equipment and has done a lot of research. How does equipment research translate? What are the research challenges? Where does equipment come from—universities, businesses, engineering departments? Would the Commerce department have information? GA Tech or MIT age labs might have information. Equipment can come from many areas. Some researchers don’t go into commercial aspects. We should find out who’s looking at this. Some people invent their own devices that work for them.

The question was asked if the third report includes reasonable approaches to what we can do in California. The conditional answer is yes. If you are in the business you know what needs to be done, but if you aren’t, you don’t.

The goal for the final (fourth) report is to make these recommendations compelling so that others get it. How do we make it hands-on and understandable for legislators? Sometimes it’s hard to explain what AT is. You look at equipment and say, what is that? We can use stories, case studies in the report to bring it to life. Make them short and to the point. We could partner with a major hospital/foundation like Kaiser, for example. Have them underwrite programs and use the power base to work with the legislature.

Pauline detailed results from focus group discussions on the Assistive Technology Summit held at CSUF in May. They held roundtables and had representatives from the local community in conversation with CSUF staff and students. Some of the findings were: if people were using technology they liked it. If they weren’t, they worried about the safety and security of their records. Seniors felt families didn’t

need to know their information. They also were not comfortable with computers. The end of the study states: Don't let the great get in way of the good. Start small and local. Don't forget what good is already being done. *[A summary of this report is attached to these proceedings.]*

There is also a new course being offered at CSUF with the College of Engineering to create and design or redesign items around issues of aging such as mobility and normal age changes. The study looked at the psychological and cognitive aspects of AT use and what are the barriers to use. One idea is to have students develop AT apps for case managers to use; also to provide AT education with continuing education units for health professionals. There are plans to hold another summit on May 6 next year and there may also be an AT Fair or Conference. There are plans to secure outside funding, engage insurance companies to cover some of the costs in gauging consumer needs.

There was a discussion on AT not being "sexy" enough to sell. This is a continuing conversation from earlier meetings. There is a need to work on image and barriers. One suggestion is to work with the entertainment industry—find spokespeople and incorporate in programs. Encourage manufacturers to work with media to make their products "sexier."

Michael Sarfatti's industry consortium was mentioned. He is working to coordinate a business coalition of AT manufacturers. AARP is part of that coalition. One of the products is a portable camera to see what is in back of you when driving.

#### 1. Suggestions for Additional Changes to Report #3

- On page 9 the report mentions that CAST revealed some exemplary programs; those programs should be listed with a brief summary, websites and other information.
- On page 8 the report mentions the guide: *Removing Barriers to Health Care*; include more information on how it can serve as a model for California.
- Include the military in Coalition reporting as they have done a lot with AT (returning soldiers). Summarize information regarding the VA program mentioned on page 33.
- Add Eskaton as a model project and in the report, expand on references about what they do
- On page 35 under AT Use and Need, the report needs to be rephrased to differentiate. There are few studies about the need. They are mostly about use.
- Go through the report and include more details where there are links to more information.

#### 2. Approval for Distribution

The report was approved for distribution with the inclusion of the changes mentioned above.

## **B. Discussion of AT-Related Activities**

Lauren spoke about the annual ATI conference to be held in February with Independent Living Centers, Department of Education. The purpose is to understand equipment, how it works and funding available. They expect 200 consumers, parents, AT providers and are looking for more community representatives like AT Network, CSUF to attend.

There is also a quarterly AT collaborative to be held in Orange County in December. The purpose is to involve Dept. of Rehabilitation, schools, and other community representatives and find out what others are doing. They'd like to include people from the Coalition.

## **IV. RECOMMENDED NEXT STEPS**

### **A. Completing the Fourth Report and Scheduling a Spring Meeting**

The Fourth Report is to include detailed recommendations from the other three reports, including more references and ideas for cross training. It was also suggested that it be a process report to include contacts and experiences. The fourth report should be compiled ASAP and then a draft will be sent out to all Coalition members for their input, suggestions, comments and thoughts. We'll do the report first and then get others involved.

The purpose of the Spring, 2012 meeting would be to discuss and approve the fourth report and then have discussion and decision on appropriate next steps.

### **B. Discussion of Coalition Future, Following Release of Fourth Report**

The Coalition is fulfilling on its mandate to produce and distribute reports. CFILC is no longer funding the work of the Coalition (as of July 1) but this should not be a problem. There is potential for the Coalition to work with the entertainment industry, policy makers and legislators – not a lot of hope that it will make a difference but still should try to do it. Maybe the Coalition could become a membership organization to carry out its recommendations. Food for thought includes: how is the Coalition funded, who is involved, actions to take.

We don't want reports to be on bookshelves gathering dust. An option is to develop committees and funding and outreach to others. Education is such a big piece of what's needed. We could develop a program for educational activities, focus on a particular group and look for funding for that group. It was suggested that we look at existing successful models and that both Moira and Vicki can speak to that.

There are changes with AARP statewide and we could continue to support through CCC. Membership is decreasing. This could be an avenue. We could go to the Olmstead committee and say how important this is.

It was mentioned that we still don't know if the Older American Act will be reauthorized. They may align aging with public health. Caregiver issues need to be addressed. Make alliances wherever possible with domains that are doing well and well recognized like public health.

There was discussion about embedding educational programs in Public Health Dept. speakers' bureaus in order to provide sustainability; work with Public Health and other existing systems. Create public awareness with some in entertainment industry such as older writers, producers, actors. Maybe make a film for public television in L.A. or O.C. or put a piece on YouTube. Utilize the Offices on Aging. Maybe a piece of the Coalition can be sustained by focusing on a particular activity or purpose.

The ADRCs are on the statewide committee and the contact person could get the report. An update on CRCs is that they are currently under the department of mental health but they are doing away with it. There are both many changes and bad funding in CA right now.

It was mentioned that AAAs are strapped and we don't know about ADRC funding. It was suggested that we use social media (Facebook, Twitter, etc.) to get the word out. Try to reach family, caregivers, health care people, and younger people. It may not work to do things the way we've always done them. Maybe we have a Facebook page and get people to "Like" us and link to the website. It was suggested that we gain access to students to help put together Coalition reports and get them out on social media. It was suggested putting out information plus a way to interact with it, like a blog. Just one way doesn't work.

## APPENDIX

### I. PARTICIPANTS / REPRESENTATION

Pauline S. Abbott, Ed.D (Co-Convener)  
California State University-Fullerton, Institute of Gerontology  
Fullerton, CA  
[Pauline noted that she will be retiring at the end of the academic year.]

Cecilia I. Burch, M.P.H. (Coordinator)  
Director, AT Projects, Independent Living Partnership  
Riverside, CA

Michael E. Carbine (Co-Convener/Retired Coordinator)  
Member, Board of Directors, Independent Living Partnership  
Washington, DC  
[present on phone]

Vicki Farrell  
Association of California Caregiver Resource Centers  
Paradise, CA  
[present on phone]

Christine Herron  
Student, USC School of Gerontology  
Los Angeles, CA

Jorge Lambrinos  
University of Southern California  
Los Angeles, CA  
[present on phone]

Jon Pynoos  
Andrus Gerontology Center, University of Southern California  
Los Angeles, CA  
[present on phone]

Richard Smith (Co-Convener)  
Executive Director, Independent Living Partnership (ILP)  
Riverside, CA

Lauren Wetzler  
Assistive Technology Exchange Center (ATEC) of Goodwill of Orange County  
Santa Ana, CA

## **II. ACKNOWLEDGEMENTS**

Special recognition is given to Pauline Abbott and Rachel Nilsson at CSUF for arranging the meeting space and setting up parking and the conference call.

Special thanks to Richard Smith, Executive Director, Cecilia Burch, AT Projects Manager, and Board Member Michael Carbine, Independent Living Partnership; Lynn Daucher, Director, California Department of Aging, and Pauline Abbott, California State University Fullerton, for their work to organize this 7<sup>th</sup> Roundtable of the California Assistive Technology Coalition (CATC).

CA AT Coalition Meeting Minutes 10.28.11.Final 11.14  
Incl 12.20 revision: 7<sup>th</sup> session, not 6<sup>th</sup>