

ASSISTIVE TECHNOLOGY INVITATIONAL ROUNDTABLE

2nd Session

*BUILDING A CALIFORNIA ASSISTIVE
TECHNOLOGY INITIATIVE*

November 6, 2008

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. FRAMEWORK AND BACKGROUND

The impetus for convening the original roundtable discussion in June, in part, came from the Assistive Technology (AT) movement evidenced at the 2005 White House Conference on Aging (WHCoA) in Washington, DC.

Resolutions adopted by the California delegation prior to the conference and those discussed at the WHCoA reflected a growing acknowledgement that the future trend of caring for those seniors and adults with disabilities in need will be enhanced and sustained with the application of new technologies.

The first AT Roundtable in Sacramento on June 5 brought together leaders from state government, the assistive technology industry, research institutions, assistive technology associations, and organizations representing older adults and the disability community.

Attendees were enthusiastic that a follow-up Roundtable be convened. Already new collaborations are underway and the willingness of coalition members to continue to work together will increase public and provider awareness of available assistive technology. This will spur additional development and increase consumer demand.

A. At the June Roundtable, participants concluded:

1. That 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.
2. California's continuing and growing fiscal challenges will force State leadership to explore and deploy alternative ways of supporting the targeted population.
3. The health care system will also be challenged, particularly in rural California, to delivery affordable health care services.
4. Assistive technology applies to all people of all ages and conditions, including those with brain injuries coming out of the Iraq and Afghanistan wars. Therefore, the target audience for AT development and application is very large not only in California and throughout the United States, but as a world-wide industry.
5. Paid caregivers will need AT to help them care for their clients and make home care cost effective in the future. Rising gasoline prices alone has challenged the in-home care providers to rein in costs.

B. Participants at the June Roundtable also suggested that it was important not to overlook the advocacy component of an AT initiative because:

1. There is a lack of awareness that when AT works, it can result in cost-savings, that it can reduce the long-term care workforce, extend the role of the family caregiver, and save health care money.
2. Policymakers, legislators and payers need empirical data on the potential cost-savings and other economic and social benefits associated with the use of assistive technology.
3. The business community and state officials must be convinced that a robust AT industry in California 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.

Additional discussions at the first Roundtable addressed the barriers and ways to discover and advance opportunities for the development of a robust assistive technology industry in California.

II. PURPOSE OF ASSISTIVE TECHNOLOGY ROUNDTABLE – 2ND SESSION

Following through on the expressed desire of participants at the June Roundtable, the original co-sponsors - Independent Living Partnership (ILP), California Department of Aging (CDA), and California State University-Fullerton (CSUF), agreed to convene a 2nd Roundtable to continue the discussion of how we can enhance our collaboration to expand the availability of assistive technologies to help aging adults remain independent and to age in place.

Numerous participants in the first Roundtable also expressed their belief that this informal coalition should become a more formal association to provide the means to advance the objectives that were discussed during that June meeting.

The purpose of this 2nd AT Roundtable was to discuss what the benefit of a formal organization might be to its participants, whether or not there is interest in developing a more formal organization, and, if so, what form such an organization might take, and then what the next steps might be. Whether as a formal organization or as an informal coalition, discussion centered on what participants believe the future goals and objectives of the coalition might be.

Finally, we heard about a coalition building workshop that CSUF participated in and discussed whether the group might like the conveners to think about scheduling a similar workshop.

At the conclusion of the Roundtable, we hoped to have discovered:

- A. Where we are
AND

- B. What is next for the group.

III. DISCUSSION THEMES

A. Current Economic and State Budget Issues

The meeting was opened with a summary of the current state of the budget. The state deficit is the largest we have ever faced.....we are short 25 billion dollars. This large of a deficit needs more than cuts. The most recent programs will be the first to go, but every area that depends on government funding will be affected.

The economic problems we are now facing at all levels of government amplify the importance of what we are doing with this AT coalition.

B. Goals and Objectives of the Assistive Technology Coalition

A detailed and informative summary was given on how this California AT Coalition was formed along with a review of the first AT Roundtable in Sacramento last June.

One participant felt the impediment to AT taking off is a lack of a large pilot demonstration project. 10,000 older adult homes are needed in a study along with partnering with a university to run an evaluation of the effectiveness of AT applications.

Another participant reminded the group that we identified targets for our efforts in the first Roundtable last June:

1. Consumer and Service Providers
2. Formal and Informal Caregivers
3. Boomers
4. Policy and Administration Decision Makers
5. Academic Institutions
6. Private and Public Payers
7. Wellness Maintenance Market
8. Investment Community
9. Health Care Delivery System
10. Area Agencies on Aging and Service Provider Agencies
11. Independent Living Centers
12. Employers
13. Retailers
14. Non-Profit Sector
15. Senior and Disabled Communities
16. White House Conference on Aging – California Delegation

Another participant agreed, saying we should emphasize networking in California.

In setting our goals and objectives, we need to decide whether this is a coalition or an organization as it is in other states and we need to ask: What will be the scope of our activities, who will be the key players, and what will be the purpose of networking? Will our efforts be for the purpose of sharing or something else?

It was suggested that one goal is to make existing technologies more available to those who need them. There are things already available that may not be used for whatever the reason. Building new technology takes a longer time than adapting technology for use with older adults. Subcommittees of the group could be developed to work in specific interest areas as working groups. They could investigate and then report back to the main group.

One impediment at the state level is that leadership does not see the cost effectiveness of the application of technologies, so they do not fund assistive technology efforts. We need research evidence of the effectiveness of AT applications.

If this AT effort is statewide, a question was raised as to where will a technology lab be placed? What is the structure of such an AT center? Should it be a corporate center? Who wants to get involved in these efforts?

It was suggested that the group limit the scope of activities in the beginning. We need to be forward looking but also have an "incubation" period.

The feeling by some was that the outlook for funding by members of this group for an AT center is poor. We are not clear regarding the needs. We should identify and focus on the top 10 needs of seniors and what exists to meet those needs. Another participant suggested we focus on three items:

1. Falls and fall prevention;
2. Social connections; and
3. Brain health and stimulation.

We need to focus and be California based.

Again the question was raised as to whether a private sector approach would be more productive since a government model would need more support money and now there is none.

There may be no pure model to what we are trying to do with this coalition, however, it should be constrained. This group is rich but needs constraints and a defined focus.

It appears we need to use evidence based research and then create our own model of what we are and what we want to do in California.

There are a number of interests here beyond our respective roles. Because we have a diverse group of agencies and organizations represented here, how do we decide what next? Since the state has no money and the private sector is not in much better shape now, perhaps we should continue with a university focus utilizing students to assist with the research. We also need to remember that money follows the person, therefore we should use people to test things. For example, under a California Medicare Waiver there is a small amount of funds available for home modifications.

Again, it was suggested we look at the scope and diversity of this group. Our biggest challenge now seems to be how to keep communication open between all of us. We are all on our own but we need connections. How do we formalize this – through an organization?

We are back to what are the needs. Front line people need to tell us the needs. We need to use the caregivers and aging networks that are already in place for this. The private sector can come in and out to implement and test things.

The key is identifying the needs to assist someone to remain in their home and communities. We need to identify the top triggers that lead to someone leaving their home. Are they falls, acute episodes, incontinence? How do these impact the cost effectiveness of providing services?

There is another issue – there are things used in the disability community that are useful with the elderly but the disabled do not want to be labeled as old and the old do not want to be labeled as disabled. We need “functioning technology” with no label attached. In addition, a lot of technology is available but not in a format that can be used for the purposes for which we are focused.

Back to “what”, “how”, and “when”. The question was raised as to whether a California AT Coalition could be part of the Center for Aging Services Technologies (CAST). The response was that there are Centers of Excellence related to CAST but no subchapters.

Again, back to the purpose of this Coalition. A participant indicated their interest in this group came because they understood it would advance the development and promote assistive technology for people who will benefit as they strive to stay in their homes and communities. This coalition would help identify, evaluate and implement AT to further those efforts.

An example was given as to how the California Coalition for Caregivers was formed. It was formed because a unified voice for caregivers was needed. It

began as a focus group and with a Memorandum of Understanding (MOU) that someone from each participating organization would always show up for the meetings. Nothing happens unless there is a “critical mass” around an infrastructure. Meetings took place weekly but evolved into every two months with video conferencing used as necessary. We need to set a structure for this coalition, meet each month, then every two months. Are we dedicated enough to make this happen?

However, some felt we need to be bigger than just a coalition – we should set our sights higher. It was suggested AARP may be able to help develop a structure representative of the state. We need to attract people to something, such as, a compelling set of ideas. A participant felt we should rally around specific ideas and then the structure will evolve later.

C. Coalition Mission Statement

It was felt the group needed to focus on agreeing to a mission statement for the group, whatever the group will become. We want to establish and formalize the needs of aging persons, pool resources from all our venues, create a Think Tank, and move forward. A participant offered the following as a 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.”

There was general consensus from all that this is the purpose of the California AT Coalition. However, what structure the CA AT Coalition should take remains the question.

The CAST representative agreed to send structure and funding information on CAST’s ORCATECH in Oregon, and TRIL in Ireland, as samples for the group to read prior to the next meeting. He will also send some CAST papers so that the group members are all on the same page.

The discussion then returned to the issue of the structure of the CA AT Coalition. Someone indicated that a problem with coalitions is that the members tend to limit the inclusion of additional members to avoid “cutting the pie” in more pieces. However, another participant said they believe this organization, in whatever form it takes, should be inclusive with every association, agency, academic, or private sector organization that shares the vision and the purpose of the “coalition” to be able to join and participate. Then all are able to form collaborations and partnerships on any number of projects, much as the exploration of establishing a CATlab by members in this Coalition.

IV. RECOMMENDED NEXT STEPS

A. Convene a 3rd AT Roundtable Session in February

Smart Silvers offered to host the next AT Roundtable with agreement that February would be an appropriate time for the next meeting. ILP will coordinate with Smart Silvers to confirm a date and then, together with the other two co-conveners, handle the logistics for setting up the session.

There was discussion about the use of video conferencing, including an offer to explore with AARP whether this Coalition can use their video conferencing facilities. Discussion then turned to who should be invited to the next meeting.

CDA offered to follow-up with state government agencies that might have a stake in this issue, including the Department of Rehabilitation, Department of Transportation, and the Older Californian Traffic Safety Task Force.

Another participant questioned whether this is really the time to bring in new players. Maybe we need to have a better definition or template of values, goals and objectives before bringing in new people. One goal will be to bring back people who attended the first Roundtable but did not attend today. One observed that the main problem for this meeting was the economic downturn and tight budgets – no money for travel to attend meetings.

It was suggested that we bring in UCLA into this discussion.

B. Focus on Needs for AT

The group was again reminded by a participant that we need to identify the top needs. We are looking for key stakeholders to identify needs as top priorities. For example, is a top need to modify existing technology so it is useable and available to all seniors and adults with disabilities?

C. Possible Agenda Items for the February Roundtable

1. Discussion of the state of assistive technology based on readings of AARP's Health at Home publications and the CAST materials that will be distributed.
2. An "Aging in Place" needs discussion – possibly led by Kari Olson and Sheri Peifer.
3. Discussion of sample structures and organizational options.
4. Conclusion about how the California Assistive Technology Coalition should be organized.

APPENDIX

I. PARTICIPANTS / REPRESENTATION

Pauline S. Abbott, Ed.D (Co-Convener)
California State University-Fullerton, Institute of Gerontology
Fullerton, CA

While she serves with several organizations, her goal is for CSUF to play a pivotal role in this California AT Coalition.

Michael E. Carbine (Co-Convener/Coordinator)
Independent Living Partnership, Member, Board of Directors
Washington, DC

Echo Chang
Instructor, Department of Sociology, California State University – Fullerton
Fullerton, CA

Is interested in establishing a CATlab.

Lynn Daucher (Co-Convener)
Director, California Department of Aging
Sacramento, CA

Her interest in this area is to find out what California can do with no money to increase Assistive Technology development and applications.

Brian DeVore
Director, State Policy Initiatives and Liaison to the National Governors' Association
INTEL Corporation

He is working on initiatives to develop an R & D platform for AT – a living lab. He believes what we are attempting to do with this coalition is what he is already involved with in Oregon.

Claudia Ellano
Director, Caregiver Resource Center of Orange County and President of the Traumatic Brain Injury Association

She is anxious to “cross see” home and community based services. One of her primary areas of focus is traumatic brain injury.

Vicki Farrell
Association of California Caregiver Resource Centers
Paradise, CA

Moira Fordyce
Executive Committee Chair, California Coalition for Caregivers
Belmont, CA

She is a geriatrician who wants to share information and resources regarding assistive technologies with the public and caregivers. Her goal is to help members to educate the public with information about AT.

F. Owen Holmes (Co-Convener)
Vice President, Public Affairs and Government Relations, California State University – Fullerton
Fullerton, CA

Jorge A. Lambrinos
AARP and the USC Edward R. Roybal Institute for Applied Gerontology
Los Angeles, CA

He feels the development and application of AT is important because as the population increases we need to focus not only on health care but business as well. We need to combine resources, including with other countries such as Mexico, who also have increasing senior populations.

Daniel Lines
Masters in Gerontology Student
California State University – Fullerton
Fullerton, CA

AT is his passion.

Rick Mendez
Director of Marketing, Health Hero Network
Palo Alto, CA

The Network has small units in homes to monitor patients. He works with the technology industry and feels a cross collaboration with the public sector and academia would be beneficial.

Arnold Miller
California State University – Fullerton
Fullerton, CA

He was previously with Xerox Corporation before leaving to establish his own company. He has been with CSUF Gerontology Center in various roles and with CSUF for 20 years.

Sang June Oh
California State University – Fullerton, Department of Engineering
Fullerton, CA

He works on projects for people with motor difficulties. His goal is to develop products that have a purpose and market. He is anxious to learn what is needed.

Kari Miner Olson
Front Porch
Burbank, CA

She wants to develop a pilot project to show how AT can help seniors remain in their homes. Her goal is to advance and increase AT information to providers.

Scott Peifer
Associate Director, Center for Aging Services Technologies (CAST)
Carmichael, CA

As an educator and facilitator, he is at the table to help with AT development.

Sheri Peifer
Vice President, Research, Eskaton Senior Residence and Services
Sacramento, CA

Eskaton is a non-profit organization that serves older adults. She feels AT provides needed help in the homes. The benefit of this coalition is that it is CA based and has an academic collaboration already at the table.

Jon Pynoos
School of Gerontology, University of Southern California
Los Angeles, CA

He partners with CSUF on Fall Prevention programs and specializes in "Aging in Place". He has been with USC since 1979 and feels that AT can aid in fall prevention and be part of home modifications.

Michael Sarfatti
The SmartSilvers Alliance
Menlo Park, CA

He says his focus is on what seniors need to buy in order to "age in place".

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

Cheryl Svensson
Independent Living Partnership, Member, Board of Directors

She is interested in supporting the AT Coalition's efforts in whatever way possible.

Susan Ayers Walker
Managing Director, The SmartSilvers Alliance
Menlo Park, CA

She is a "technologist" and interested in the uses of technology and aging. She has collaborated with the CA Department of Aging on a report of Age Labs in other states.

Raman Unnikrishnan, Dean
California State University – Fullerton
Fullerton, CA

He believes the Coalition needs to think bigger and not focus on small pieces. His interest is in setting up a CATlab at CSUF and his role as Dean can assist with that project. He believes it is important for the School of Gerontology to collaborate with local industries in Orange County.

Additional Invitees Who Were Not Present:

Nancy Guenther
California Department of Public Health
Sacramento, CA

Kathony Jerauld
California Department of Public Health
Sacramento, CA

Derrell Kelch
California Association of Area Agencies on Aging
Sacramento, CA

Elizabeth Pazdrel
Executive Director, California State Independent Living Council
Sacramento, CA

Allison Ruff
Assembly Committee on Aging and Long Term Care
Sacramento, CA

Tony Sauer
California Department of Rehabilitation
Sacramento, CA

OTHERS?

II. ACKNOWLEDGEMENTS

Special recognition is given to Owen Holmes and Pauline Abbott at the University of California – Fullerton for providing the accommodations and lunch for this meeting.

Special thanks to Richard Smith, Executive Director, Independent Living Partnership; Board Member Cheryl Svensson, Independent Living Partnership; and Lynn Daucher,

Director, California Department of Aging for their many hours of work to organize this 2nd Roundtable of the California Assistive Technology (AT) Coalition.