

# **ASSISTIVE TECHNOLOGY INVITATIONAL ROUNDTABLE**

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

*BUILDING A CALIFORNIA ASSISTIVE  
TECHNOLOGY INITIATIVE*

October 18, 2010

Videoconference Locations in  
**SACRAMENTO and CSU, 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**

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 Assistive Technology Coalition (CATC) 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 2<sup>nd</sup> 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 Listserve through 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 and asked the following questions: (a) What is it that your organization feels they must get out of the Coalition in order for it to be a worthwhile endeavor; and (b) What two issues do you feel the Coalition should, and can, address with a productive and successful outcome within the next year? A summary of their responses was compiled and distributed to the Coalition participants.

The **third AT Roundtable** was hosted in Sacramento on March 24, 2009, with audio and videoconferencing hook-ups in Pasadena, CA and Washington, DC. Discussion centered on two areas of Coalition activities: (a) Pursuing AT research collaborative projects, and (b) Advocacy initiatives. Ultimate objectives of the CATC should be to drive the adoption of new AT research and to encourage more providers to apply the research. Several specific recommendations included:

- A. Bring more partners into the CATC, including health insurers.
- B. Secure funding for planning.
- C. Clarify the focus of the CATC. And
- D. Continue to meet in this same manner to sharpen our focus.

Subsequent to the 3<sup>rd</sup> roundtable session, the Independent Living Partnership (ILP) partnered with the California Foundation for Independent Living Centers (CFILC) on a three-year grant with the California Department of Rehabilitation (DoR) to undertake two activities related to assistive technology in California. ILP will monitor the 13

California Assistive Technology Exchange (CATE) centers (now AT Network Device Lending Libraries, or DLLs) in the state and will convene the CATC two times each year.

Discussion during the **4<sup>th</sup> AT Roundtable** convened on February 18, 2010 was focused on four activity areas:

- A. Trend analysis of California's population,
- B. Project the kinds of AT that will be needed by Californians,
- C. How AT needs are met in California, and
- D. Formulating and issuing recommendations

Consensus was reached by the participants that these four activity areas would provide the framework for discussion at future CATC sessions

## **II. PURPOSE OF ASSISTIVE TECHNOLOGY ROUNDTABLE – 5<sup>th</sup> SESSION**

Ray Mastalish, facilitating the session from the California State University Office of Advocacy and State Relations in Sacramento, opened the session by thanking Owen Holmes and the CSUF Ruby Gerontology Center for arranging the video and audio hook-up between Sacramento and Fullerton. He then reviewed the purpose and focus of the CATC:

- High-tech, low-tech, no-tech assistance to help people live independently
- Need for AT development in the growing disability community
- Cost factors associated with and cost effectiveness of utilizing AT
- Review of the CATC mission statement: "The purpose of the CATC is to advance the development, testing and use of AT to help those who are aging and the disabled live independently in their homes and to age in place."

## **III. DISCUSSION THEMES**

### **A. Review and Accept Activity Area #1 Report, *Demographic and Socioeconomic Factors Impacting the Future Assistive Technology Needs of Californians***

The CFILC representative expressed concern that Report #1 is focused on the senior population – those aging in place - with the disabled population not really being defined. The language should be changed to a more medical view. Another concern was that the report included a chart that did not include ages 0-18. Another observation made was that while the previous points may be valid, seniors are the largest growing number of people with disabilities.

It was suggested that future reports include a broader perspective with attention being given to linking both the senior and disabled populations as adults across the board. It was pointed out that in past discussions it was decided that the

focus was for all ages, including military personnel returning from Iraq and Afghanistan. It was pointed out that the work of our organizations is generally on behalf of all ages – for example, the majority of work of the ILP is focused on those disabled later in life by chronic illnesses, such as arthritis, diabetes, etc., which cause high levels of need that AT has not been addressing. It was expressed that this is a healthy start with a common ground and that it is not so much of an age factor as it is the range of services needed.

Another observation was that there is an emphasis on education which is an important part of any discussion about AT, particularly for health professionals. Still another was that we should acknowledge the limited resources available for AT development and application and that we need to pursue venture capital opportunities. Another participant offered that they felt this report was an excellent overview.

At this point the facilitator asked if the group was ready to act on accepting or not accepting the report. There was consensus that the report be accepted with changes in language that CFILC will offer after today's discussion.

**B. Activity Area #2 – Compile a Projection of the Kinds of Assistive Technology California Residents Will Need in Order to Maintain Their Independence and Age in Place to the Extent Possible**

It was suggested we may find that existing data, particularly from the private sector, already includes an identification of AT needs. From data collected in Activity Area #1, we can determine how many people will have AT needs, what kinds of devices will be needed, and what are the issues related to accessing the appropriate AT. Discussion focused on the fact that there is nothing bringing together the companies involved in developing and marketing AT. A participant reported that an announcement would be made during the American Society on Aging (ASA) conference in Chicago that a new industry consortium was being formed that would focus on educating the population on the availability and usefulness of AT. Another participant suggested that there needs to be communication and cooperation between such an industry group and CATC members, particularly a link with the education community. The response was that there would be such a link.

A suggestion was made that we need to look at the infrastructure, such as how important is Internet access for the disability community. We need to know what are the disadvantages of not having access to resources online. It was questioned whether people need just a landline or more than that to effectively access and utilize AT. In some rural areas they do not have the capability to get access to technology so some of the AT tools are useless. A participant offered that there are federal funds available for broadband providers to set lines in rural areas.

Another participant pointed out that while access is critical, knowledge on how to use AT devices is equally as critical.

Another observation was that it is amazing how little professionals know about AT. We have to get the word out to social workers, dietitians, medical care providers, etc. Even some therapy centers don't have an understanding of AT but just give clients a catalog to browse through. Another participant observed that the Aging and Disability Resource Centers (ADRCs) should be the point of referral to different AT options. Another observed that the AT Network Lending Centers should be an important resource to different AT options. Yet another offered that physicians are not aware of the 13 loan centers. Still another observation was that it is important for people to be able to try the various AT devices before purchasing them, particularly like hearing aids. Choice versus capability was another point of discussion, including access to health care.

Another participant offered that the Device Lending Libraries keep data of what is being used and what people are asking for. It was stated that a study done by SCAN identifies seven (7) areas of immediate AT need. The participant said they would e-mail this information to all CATC members. It was also suggested that we look at various categories of needs that exist, especially preventative care devices. Unfortunately Medicare does not seem to cover the costs of such items.

We also should consider advocating for the application of universal design principles which would eventually help all homeowners, particularly those who age in place. Another observed that we should take advantage of research being done by the military on soldiers returning from our current wars. An engineering department at a college in San Luis Obispo has been studying the needs of returning veterans but no one was sure that the study is continuing.

Another participant suggested that research being done at American River College in Sacramento might be helpful to us – look at home caregivers and occupational therapists as a potential resource of information about AT needs.

Another suggestion was that we perhaps categorize the kinds of AT needed into four (4) categories:

1. Health
2. Medical
3. Lifestyle
4. Safety

Then we can look at funding sources in these four categories. Another observed that we might categorize by need – ADLs, LDLs, or medical need versus social need, i.e., kids want “cool” AT while adults might want “practical” AT.

It was suggested that CATC members use the Coalition's Listserve to share information about needed AT as we identify or think of additional sources of information in preparing Report #2. That way all participants who have signed on would get the information.

### **C. Participant Open Discussion on Current AT Related Initiatives and Activities**

CFILC representatives shared information about the new AT Network website ([www.ATnet.org](http://www.ATnet.org)) which is user friendly and has information in four (4) categories:

1. Law/Advocacy
2. A "How To" Section
3. A "Find It" Section
4. Current News and Events

There will be a lot of video demonstrations on the web site. One can also search the web for AT devices on places like EBay, Craigslist, etc.

CFILC also reported they received funds from the California Department of Rehabilitation (DoR) to promote the re-use of AT devices.

The California Department of Aging (CDA) representative reported on the development of the statewide ADRC web based model so every area in the state can have one without the need for a lot of seed money.

The representative from the AT Coalition reported receiving a grant from the California Emerging Technology Fund to launch a website that targets individuals who don't know anything about the devices they might need – getting educated before proceeding with the purchase of tools. The website will provide webinars and some training. It will have an in-person training facility and focus on expanding broadband use. The site is [www.ATCoalition.org](http://www.ATCoalition.org) and will be active in a couple of months.

Information about another up-coming event was shared – a Policy Summit and Resource Fair will be convened in Sacramento at the East End Complex of the California Department of Public Health. The focus is on training professionals on how to work with people with disabilities. The training is currently offered at UCLA, CSU Long Beach, Irvine and San Francisco. It was also reported that the California Commission on Aging (CCoA) is focusing on issues related to the technology infra-structure in rural areas of California and access to telemedicine.

Another participant shared information about a program of the US Immigration Services whereby foreign investors are brought to this country to promote investment opportunities. He raised the question as to whether we could promote

capital investment into AT development and application. It was observed that perhaps CATC members can write letters of support urging the Department of Immigration to include AT ventures as acceptable purposes for the use of foreign money investments.

A CAT Lab initiative at CSU, Fullerton is focusing on digitized medical records. They are looking at whether this is meaningful to users, studying their patterns of use, what are their perceptions, why are they using them, or why they are not using them. The research is funded by the Beverly Miller Foundation and CSUF. Other efforts at CSUF are focusing on gero-engineering, functionality of AT equipment, and the inclusion of the business school in promoting AT development.

Other initiatives reviewed included the promotion of the *TOOLS for Independence* newsletter produced by the ILP, an initiative offering telephone support for people who are homebound, a television program offering public education that will include a segment on AT, and meetings with Wal-Mart suggesting how they can promote information to consumers on supportive devices.

#### **IV. RECOMMENDED NEXT STEPS**

**Continue Meeting** – The consensus was that we continue with our twice per year roundtable sessions focusing on the next activity areas agreed upon at our previous session.

## **APPENDIX**

### **I. PARTICIPANTS / REPRESENTATION**

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