ASSISTIVE TECHNOLOGY TASK TEAM REPORT TO THE CALIFORNIA COMMISSION ON AGING

Prepared for
PLANNING FOR AN AGING CALIFORNIA: AN INVITATIONAL FORUM
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The Purpose

The purpose of this document is to provide a status report of the work of a stakeholder task team on Assistive Technology organized around working on implementation of "Planning for an Aging California Population" (Health and Human Service Agency October 2003).

Task Team Members

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I. Forward

A. Who is the California Commission on Aging?

The California Commission on Aging (CCoA) was established in 1973 by the Burton Act. It was confirmed in the original Older Californians Act of 1980 and reconfirmed in the Mello-Granlund Older Californians Act of 1996.

The Commission serves as "*the principal advocate in the state on behalf of older individuals, including, but not limited to, advisory participation in the consideration of all legislation and regulations made by state and federal departments and agencies relating to programs and services that affect older individuals.*" As such, the CCoA is the principal advisory body to the Governor, State Legislature, and State, Federal and local departments and agencies on issues affecting older Californians.

B. SB 910—Aging Planning Legislation

California is home to nearly four million people over age 65—the largest older adult population in the nation. This number is expected to more than double over the next several decades as the baby boomers begin reaching this milestone. To address this impending reality, Senator John Vasconcellos wrote Senate Bill 910 (Ch. 948/99, Vasconcellos). The bill mandated that the California Health and Human Services Agency develop a statewide strategic plan on aging for long term planning purposes. On October 14, 2003, the *Strategic Plan for an Aging California Population—Getting California Ready for the Baby Boomers,* was completed with the major support of the CCoA and a plan development task team representing 25 older adult stakeholder organizations supported by 15 state departments. The Governor signed the plan in November 2003. (The Strategic Plan can be reviewed at http://www.calaging.org/works/population_files/population.pdf.

C. CCoA's Monitoring Role of the Strategic Plan

SB 910 calls for periodic updates so that it can be continuously improved and reflect new circumstances, new opportunities and the changing socio-political environment. The CCoA agreed to assume responsibility for the monitoring and updating the Strategic Plan. In this capacity, the CCoA is responsible for convening stakeholders, holding meetings, and monitoring the progress of priority action items outlined in the Plan. The CCoA will report to the Legislature the progress of the Plan's implementation, and update the Plan's contents to reflect changing priorities and actions. Reports to the Legislature will be on a biennial basis.

The CCoA's approach to monitoring the Strategic Plan's implementation during 2003-2005 includes:

- Encouraging/facilitating work on Strategic Plan implementation by convening nine new stakeholder task teams, facilitating initial meetings and establishing partnerships with two previously formed stakeholder teams.

- Dialoguing with state officials at the March 8, 2005 Forum on the top 15 priorities in the Strategic Plan.

- Distributing and compiling the results of a baseline questionnaire on the Strategic Plan's 15 Priorities. The questionnaire was distributed to private, public and non-profit providers and aging advocates.

- Reporting to the Legislature by May 2005, on the progress of the Strategic Plan.

D. Stakeholder Task Teams

Eleven Stakeholder Task Teams have been charged with identifying and focusing efforts on several of the top priority recommendations, developing action plans to support or achieve implementation of these priorities and identifying necessary amendments or additions to the original Plan. These volunteer Task Teams have been meeting for the period October 2003 through December 2004, though some Task Teams started their efforts later than others. Written reports have been received from all Task Teams—copies are available from the CCoA office. The focus areas for the 11 stakeholder task teams are: Housing, Economic Security, Elder/Financial Abuse, Transportation, Wellness/Prevention, Mental Health, Oral Health, Long Term Care, Palliative/End of Life Care, Assistive Technology, Provider Workforce.

The choices and actions taken by the Task Teams are solely their own and do not necessarily represent the position of the CCoA.

II. Background on Assistive Technology

The aging American population, especially the Baby Boomers, will have a tremendous impact on our society. As the percentage of Americans over 65 grows from 13 percent of the population to over 20 percent and the number of those over 85 years old doubles during the next two decades, all segments of society will be impacted.[1] Traditionally, aging implies an increased likelihood that an individual will experience disabilities significant enough to require accommodations and/or caregiving, and there are no indications that this will be different for the Boomers. For example, one in three U.S. households will have to deal with a member experiencing cognitive decline.[2]

During this dramatic demographic shift, the pool of caregivers is expected to dwindle. According to the report "Chronic Care in America," in 1990 there were 11 potential family caregivers for each person needing care; by 2050, that ratio will be 4:1.[3] The number of professional caregivers, particularly those with gerontology training, is also expected to decline: The nursing workforce, for example, is expected to be at 20 percent below expected requirements, and fewer than 25 percent of nursing schools provide specific training on working with elderly patients.[4]

Based on these overwhelming statistics, much debate is taking place about how our society will effectively deal with this looming crisis. Many professionals are reaching a consensus that a key part of the solution will be Assistive Technology. The Technology Related Assistance Act of 1988 defines Assistive Technology as "Any item, piece of equipment or product system, whether acquired commercially, off the shelf, modified or customized that is used to increase, maintain, or improve functional capabilities of individuals with disabilities."[5] Comments on the importance of Assistive Technology include the following:

[1] John W. Rowe and Robert L. Kahn, *Successful Aging* (New York: Random House, 1998).
[2] Gail El Baroudi, "Intel Creating Smart System to Keep Old Folks at Home," *The Globe and Mail* (Toronto, ON), January 16, 2003.
[3] The Institute on Health and Aging, "Chronic Care in America: A 21st Century Challenge," November 1996, http://www.rwjf.org/publications/publicationsPdfs/ Chronic_Care_in_America.pdf.
[4] Jill A. Bennett and Marna K. Flaherty-Robb, "Issues Affecting the Health of Older Citizens: Meeting the Challenge," *Online Journal of Issues in Nursing*. 8, no. 2, (2003), www.nursingworld.org/ojin/topic21/tpc21_1.htm.
[5] *Assistive Technology Act of 1998*, S.2342, 105th Cong., 2d sess. (January 27, 1998), http://section508.gov/docs/AT1998.html

- A respected Internet source of senior information and services called SeniorNet makes this statement on their website: "The field of technology for the caregiving of older adults is clearly in a rapid state of development and change and has the potential to alter the ways in which patients, their caregivers, and health providers interact."[6]

- Setting Priorities for Retirement Years (SPRY) is an independent research and education organization assisting people to prepare for successful aging. Their president, Dr. Russell E. Morgan, Jr., made the following statement while closing their 2003 Conference: "With the Baby Boom generation fast-approaching retirement, the next Great American Dream is to live healthy and independent lives well into old age in their own homes and communities. As we have learned from this conference, the convergence of technological innovation, cutting-edge research and human compassion is beginning to make this dream come true."[7]

- In a 2001 article, W. C Mann made the following observation: "While the definition of assistive devices focuses on the person with the disability, the care provider is also assisted either directly or indirectly by the assistive device. Any device that increases the level of independence for a person will at the same time decrease the amount of assistance required from a care provider."[8]

- A Community Research for Assistive Technology report, sponsored by the California Foundation for Independent Living Centers, stated: "Assistive Technology has enabled many people with disabilities to achieve results that were until recently considered impossible."[9]

- In addition to its caregiving potential, Assistive Technology can enhance both independence and participation in society. As Joseph Coughlin notes, "One of the greatest risks in aging is not necessarily poor health but isolation. Communication with friends, relatives, health care providers, and others is crucial to healthy aging. Advances in information technologies make it possible and affordable for older adults to remain connected to the world around them."[10] Assistive Technology will also need to be considered in accommodating seniors who wish to continue working on a formal, consultant, or volunteer basis, or who wish to take advantage of continuing education or other non-work opportunities. This will include technologies to assist with personal and public transportation and to permit access to

[6] SeniorNet Survey on Internet Use, November 2002, http://www.seniornet.org/php/ default.php?PageID=6880
[7] SPRY Foundation, "SPRY Conference Demonstrates How Latest Research, Newest Technologies are Enhancing Caregiving for Older Americans," http://www.spry.org/ conference/documents/index.html
[8] William C. Mann, "The Potential of Technology to Ease the Care Provider's Burden," *Generations*, 25 (1): 44-49.
[9] Tanis M. Doe, "Is It Working? A Review of AT Successes and Barriers," California Foundation for Independent Living Centers, 2002, http://www.atnet.org/CR4AT/ PositionPapers/Is.it.working-book.htm
[10] Joseph F. Coughlin, "Technology Needs of Aging Boomers," *Issues in Science and Technology*, Fall 1999, http://www.issues.org/issues/16.1/coughlin.htm

telephones, computers, and other office equipment. As with caregiving technology, it will also require a training component that covers education about technology options and use.

Current and Projected Use of Assistive Technology Among Seniors

The 1991-92 Survey of Income and Program Participation (SIPP) estimates that there are about 32 million individuals with disabilities in the United States who are under 65 years of age, and about 17 million disabled individuals 65 and older.[11] Among these groups, the incidence of all Assistive Technology use is about six million and seven million, respectively.[12] Proportionately, therefore, only about 19 percent of individuals with disabilities under 65 use Assistive Technology, while the incidence rises to 41 percent among older individuals.

Sheer demographics are likely to increase the incidence of Assistive Technology use for Boomers as compared to prior generations. A 1994 National Health Interview Survey on Disability (NHIS-D) estimated that 268,000 seniors were using Assistive Technology to aid their vision.[13] Since visual impairment ("blindness in one or both eyes or any other trouble seeing") is expected to affect over 9 million seniors by 2030,[14] there is an obvious need to make sure that Boomers know about and have the option to use vision-related Assistive Technology.

The need may be even more pronounced for hearing technology. Boomers are already evidencing a greater incidence of hearing loss than current seniors—10 million Boomers as contrasted with 9 million individuals from prior generations. Much of this may be due to environmental causes (exposure to more and greater levels of noise) associated with our modern lifestyle. [15]

Assistive Technology Acquisition

The Individuals with Disabilities Education Act (IDEA) mandates funding for Assistive Technology use in the classroom. However, there is no similar legislation covering Assistive Technology use for seniors. The programs available to seniors for funding and provision of AT Services include only the limited Medicare and Medicaid (in California, Medi-Cal) coverage of durable medical equipment for medical necessity. This precludes most assistive devices, which provide for quality of life more often than for medical necessity. Recent purchasing policies

[11] U.S. Census Bureau Survey of Income and Program Participation (SIPP), "Table 7. Persons with a disability by sex and age 1991-92," http://www.sipp.census.gov/ sipp/33tab07.pdf

[12] Lita Jans, "Use of Assistive Technology: findings from available surveys," http://www.infouse.com/atdata/csun_text.html

[13] National Health Interview Survey on Disability (NHIS-D), "Table 1. Number of persons using Assistive Technology devices by age of person and type of device: United States, 1994," http://www.cdc.gov/nchs/about/major/nhis_dis/ad292tb1.htm

[14] John E. Crews, "The demographic, social and conceptual contexts of aging and vision loss," *Journal of the American Optometric Association* 65 (1994):63-68.

[15] Francesca Lyman, "Many boomers facing 'premature' hearing loss," http://www.audiology.org/about/newsroom/itn006.php

implemented by Medicare and Medi-Cal have further reduced the ability of many individuals to obtain Assistive Technology, such as mobility devices.[16] An exception to this trend is the California Telephone Access Program (CTAP), which provides free specialized telecommunications equipment.

There is also legislation, such as Section 255 of the Telecommunications Act, that mandates product accessibility. This legislation only covers ways in which certain equipment needs to be optimized; it does not cover funding for either research and development or for getting equipment into the hands of consumers.

Even if they have funding resources, individuals need to know what technologies will be most appropriate and cost-effective. Too often, people of any age may spend a significant amount of time and money on technology that is either more complicated than they need or is not relevant to their abilities or goals; this technology then engenders frustration or, worse, simply gathers dust. Opportunities to become informed about available options, access objective information about various alternatives, and acquire hands-on experience before making a commitment to a specific product or strategy are all critical to successful Assistive Technology use.

Assistive Technology and Senior Support Networks

Seniors may be reliant on established professional contacts such as social workers, medical professionals, and county personnel. If the contact is not familiar or comfortable with the technology being recommended, they may reject it out of hand or recommend alternative technology that is inappropriate. The bias within the professional community also needs to be addressed to ensure that seniors have the best possible choices of technology. Fully and accurately informed consumer choice needs to be the goal.

Family members and other caregivers need to be part of this process as well. Adult children, in particular, are heavily involved in decision making for their parents, and may be more apt to respond positively to Assistive Technology because of prior familiarity and comfort with technology in general.

Assistive Technology vendors and organizations will also have a role to play in reaching seniors. In addition, mainstream retailers such as Sharper Image, Wal-Mart and Brookstone have played a role in promoting Assistive Technology, and will likely need to play an even greater role in presenting Assistive Technology as neutral products that can benefit anyone rather than as products associated with disability.

[16] Disability Rights Advocates (Berkeley) is in the process of investigating complaints specifically about claim denials for mobility devices intended for use outside the home or for use by individuals with limited ability to walk.

Assistive Technology Promotion

To gain acceptance, the use of Assistive Technology as a caregiving tool will naturally need to result in at least an equivalent level of quality of care when compared with more traditional methods. A by-now familiar example is call buttons worn as pendants that can be used to summon help on an as-needed basis, providing quick responses but not requiring the round-the-clock presence of a human caregiver. Future examples may include technologies that can monitor vital signs and automatically alert a medical provider in case of possible emergency, or that can help orient a person with Alzheimer's Disease to their environment on a consistent basis. This technology will need to be reliable, non-invasive, and both easy and pleasant to use. It will also need to be appropriately supported. As an American Society for Aging report points out, "Remember that there are implicit barriers to the acceptance of technology as relevant to human caregiving. The reasons are many: technology appears to be mechanistic; what is not understood is often feared; appropriate goals for technological application are only vaguely understood; high technology items such as the CAT scanner dominate the image of technology. Training of physicians, nurses, social workers and elders themselves in the practical uses of technological devices will make a significant difference in their acceptability."[17]

Users and potential users need to be willing to listen before education about Assistive Technology will be welcomed. Many seniors, even if they are experiencing some level of disability, may not see "disability-related" resources as relevant. In addition, Boomers appear to be even more eager than prior generations to hold onto youth, and may be unwilling to consider any products, no matter how beneficial, if they are presented only as age-related accommodations. Recognition of the importance of aging Boomers as a demographic powerhouse has spawned multiple research and implementation initiatives to figure out how to get around these attitudes.

The following are some results of these initiatives that appear to be effective and are likely to be useful in promoting Assistive Technology use:

- A key factor appears to be subtle but critical linguistic changes in how products are described. For example: "GAP has adopted strategy with their multiple lines of jeans, sold with inoffensive size descriptions—'loose fit,' 'easy fit,' and so forth. At GAP, you carry to the register a fashion that signals the comfort you prefer, not a generational label that announces your age."[18] Two Assistive Technology-related approaches that appear effective are to emphasize efficiency and comfort rather than accommodation, and to discuss limitations that lie with the technology (e.g., "The default print size is too

[17] American Society on Aging, "Technology For An Aging Society—Reference," http://www.penpages.psu.edu/penpages_reference/28507/285071379.html

[18] J. Walker Smith and Ann Cluman, *Rocking the ages: the Yankelovich report on generational marketing* (New York: HarperCollins Publishers, Inc., 1997).

small") rather than with the individual (e.g., "You now need to use larger print").

- Assistive Technology, like any technology, will need to be presented within a relevant context. Moschis *et al* noted that "[u]se of high-tech products and telecommunication services relates to the older person's lifestyle and stage in life rather than age. Products and services… which are not important to a person's lifestyle or state of life are not as likely to be used."[19] While Boomers are generally comfortable with current technology, the potential still exists for them to reject future technologies that are unfamiliar or perceived as creating unwanted effects, such as invasion of privacy.
- As part of the "normalization" process of Assistive Technology use, discussions and demonstrations can be made available within libraries, community organizations, public workstations, and so forth. Implementation of the Americans with Disabilities Act, which covers both specific use of assistive technologies such as TTYs and generic requirements for accessibility in public places that apply to technology, may also increase Boomer familiarity and comfort with Assistive Technology.
- Finally, it is important that Assistive Technology be implemented holistically throughout the Boomers' environment. Coughlin notes that "As the baby boomers matured, the government…[created] an infrastructure to support their well-being. Today, the challenge for policymakers and industry is to continue that commitment: to fully leverage advances in…technologies to optimize existing public and private investments and to create new environments that respond to an aging society's needs."[20] It will not be sufficient for one kiosk related to health care to be accessible while similar kiosks for shopping or voting are not.

If Boomers understand the benefits of Assistive Technology use, they have the potential to become the strongest advocates for broad implementation of features that they deem useful. They would also become the most effective Assistive Technology spokespeople and educators for their peers, their parents, and eventually their children.

Resources to Educate and Outreach to the Aging Community

The following resources currently exist to provide Assistive Technology education and outreach either directly or obliquely to the aging community:

- The AT Network is California's Tech Act Project, which is federally funded to work on AT-related policy and provide outreach, information and referral, and direct advocacy to individuals and organizations. The California Foundation for Independent Living Centers (CFILC) is the recipient of the federal funding

[19] George P. Mochis, Euehun Lee, Anil Mathur, and Jennifer Strautman, *The maturing marketplace: buying habits of baby boomers and their parents* (Westport, CT: Quorum Books, 2000).
[20] Coughlin, "Technology Needs."

and operates through a network of Assistive Technology advocates that are housed in each of the state's 29 Independent Living Centers.

- The California Area Agencies on Aging have been pursuing several AT-related projects. For example, Area 4 has an occupational therapist as a program manager and has a very successful medication dispensing machine and home modification programs for low-income seniors over the age of 60.
- The California Department of Rehabilitation (DOR) and the California State Independent Living Council (SILC) jointly developed the State Plan for Independent Living, which supports capacity building & advocacy activities designed to maintain a statewide program of technology-related assistance. Activities include a public awareness program, interagency coordination, technical assistance, training, outreach, and a low-interest loan plan for funding Assistive Technology.
- The California Telephone Access Program (CTAP) is another state resource, which serves all people with disabilities but whose primary target group is seniors.
- Grassroots Assistive Technology centers, such as the Center for Accessible Technology (Berkeley) and the Computer Access Center (Santa Monica), provide training, demonstrations, information, and referral around Assistive Technology for individuals of all ages, and have seen a steadily increasing demand for services from seniors and their family members in recent years.
- Senior centers frequently include small computer labs, and may provide Assistive Technology to accommodate users, educate them about options, or both. Some centers such as Open House Senior Center (El Cerrito) may also provide information and demonstrations of low-tech assistive technologies.
- Disability organizations that provide Assistive Technology related services, such as the Lighthouse for the Blind (San Francisco), are usually open to seniors.
- Senior computer training initiatives such as SeniorNet (nationwide) and Clicksilver (El Cerrito) may include information and help with Assistive Technology.
- The Rehabilitation Research and Training Center on Aging with a Disability at Rancho Los Amigos National Rehabilitation Center (Downey) is conducting research and information dissemination around Assistive Technology for individuals experiencing both aging and congenital or long-term disabilities.

Many Assistive Technology vendors have headquarters or offices in California, and are often willing to provide demonstrations and assistance with the products they represent.

Conclusion

As logic would tell us and as the statistics substantiate, those over 65 years of age tend to have a much greater need for assistive devices than the under 65 population. Thus it is imperative that adequate resources, plus aggressive education and outreach, become priority issues for supporting our rapidly expanding aging community.

III. Current Status of Assistive Technology Task Team

The Assistive Technology Task Team is made up of participants working with the disability community, the aging community, and the private sector. Participants are from government, non-profit, and private organizations. The team met monthly from August through December of 2004. Task Team members are listed on page i of this document.

The Task Team began its work by reviewing the *Strategic Plan on an Aging California* including the full list of Assistive Technology recommendations. The Task Team worked through a selection process to identify three implementation priorities. The priorities represent what the Task Team members felt could be reasonably accomplished in the current environment. For each of these priorities, an Action Plan was created. As a final step, the Task Team compiled a list of barriers that hinder implementation.

Specifically, the Task Team brought the Project Director of the AT Network together with the Executive Director of California Association of Area Agencies on Aging (C4A) to share expertise and develop a model plan for establishing a network of AT Advocates within the Area Agencies on Aging (AAAs).

The team is working to encourage a plan that will create a pilot Assistive Technology program at a single AAA site (or possibly pilot projects at multiple sites). Such a program would foster collaboration with other existing initiatives, provide education on AT, and demonstrate unmet needs.

IV. Assistive Technology Implementation Priorities and Action Plan

New Priorities not included in the original October 2003 *Strategic Plan for an Aging California Population* are shown in italics.

Priority	Action Plan
Expand programs to educate seniors and persons with disabilities on what Assistive Technology is, how it helps, how much it costs and where to get it, from high tech to low tech. The AAAs should be encouraged to have AT Advocates that focus on AT for older adults, as the independent living centers (ILC) do for persons with disabilities. The AAA should collaborate with the ILCs on this critical services.	• Building on the Task Team meetings between the AT Network and the C4As, work with them to **establish a pilot Assistive Technology program in at least one AAA service area**. The goals of a pilot program would include: a) Developing a reliable program model that will collaborate/coordinate with other AT initiatives and programs. b) Developing a methodology to determine and demonstrate unmet need within that community. c) Developing an AT education program based on the ILC model. d) Development a multicultural community outreach program. e) Helping senior consumers understand individual funding rights and community opportunities for funding of assistive devices. f) Having a staff advocate who, in addition to program responsibilities, would serve as a member of the existing AT Network of advocates, receive training and contribute to the AT community through joint outreach events and network steering meetings. • Contact marketers of Assistive Technology and encourage them to use proven guidelines to promote Assistive Technology in a neutral, non-stigmatized way in order to develop a new image of persons who use Assistive Technology.
Conduct research to locate non-governmental funding sources that can be used for education, for outreach, and for actual Assistive Technology equipment to increase the quality of life for older adults.	• *Once the above-mentioned site is established the AAAs will have a system and a model in place as a reference for proposals in seeking funding.* • *Pursue possibilities that funding could be similar to existing state funding provided to maintain AT Advocates in the ILCs. Support an amendment to the current legislation, if necessary*

Priority	Action Plan
Strong advocacy must push for AT policy change with the Legislature and administration.	• *Team members will actively participate in the Olmstead advisory committee to ensure that Assistive Technology is included as part of the implementation plan.* • *Team members will encourage legislative initiatives that promote telecommunications access.*

V. Barriers to Assistive Technology Priorities Implementation

- There is a lack of coordinated leadership. Several organizations are chartered with providing Assistive Technology information and services to seniors but they all tend to have very different organizational structures and funding sources. May be difficult to get these groups to work together and support the common cause.

- Many organizations serving the aging need to focus on service delivery making buy-in and support for Assistive Technology a challenge.

- There is general lack of knowledge or discomfort with high technology.

- Many older adults believe there is a stigma associated with using Assistive Technologies and this seems to carry over into the senior support organizations.

- Funds or sponsorships are needed in order to use mainstream media, particularly television, to promote public education and outreach.

- Assistive Technology vendors may prefer to continue having their products perceived as medical equipment, since this enables them to charge more money for their products. Third-party funding sources such as Medicare tend to cease funding technologies that have become mainstreamed.

VI. Proposed Revisions to the *Strategic Plan for an Aging California Population*

The Task Team recommends updating the Strategic Plan Section II, G, 5 by adding the following two new recommendations:

1. Conduct research to locate non-governmental funding sources that can be used for education, for outreach, and for actual Assistive Technology equipment to increase the quality of life for older adults.

2. Strong advocacy must push for AT policy change with the Legislature and administration.