



The CR4AT project is funded by a five-year grant from the National Institute on Disability and Rehabilitation Research (NIDRR). NIDRR provides leadership and support for a comprehensive program of research focused on improving the lives of individuals with disabilities from birth through adulthood.
NIDRR Grant #H133A010702



1029 J Street, Suite 120, Sacramento, CA 95814
916-325-1690 (v), 916-325-1695 (tty), 916-325-1699 (fax)
www.cfilc.org www.cr4at.org

A YEAR OF ACTION: CREATING CHANGE TOGETHER

Favuzzi Dinse



A YEAR OF ACTION: Creating Change Together

Teresa Favuzzi, M.S.W.
Phyllis Dinse, M.A.
California Foundation for Independent Living Centers



A publication of the
Community Research for Assistive Technology Project

A YEAR OF ACTION

**Creating Change
Together**

Teresa Favuzzi, M.S.W.
Phyllis Dinse, M.A.

Copyright © 2007, California Foundation for Independent Living Centers.

No portion of this publication may be reproduced in any form or manner without written permission from the publisher.

ISBN: 978-0-9727905-3-6

Library of Congress Control Number: 2007932391

Prepared with funding from the
National Institute on Disability and Rehabilitation Research (NIDRR),
U.S. Department of Education, Grant #H133A010702.

California Foundation for Independent Living Centers (CFILC)

is a non-profit disability advocacy organization representing Independent Living Centers in California. Our focus is to advocate for barrier-free access and equal opportunity for people with disabilities to participate in community life.
For further information or assistance, please contact us at:

California Foundation for Independent Living Centers

1029 J Street, Suite 120
Sacramento, CA 95814
Phone (916) 325-1690
TTY (916) 325-1695
www.cfilc.org www.cr4at.org

Teresa Favuzzi, M.S.W., Executive Director

The Community Research for Assistive Technology project is a national project funded by the National Institute on Disability and Rehabilitation Research (NIDRR), of the U.S. Department of Education under Grant #H133A010702.
The opinions contained in this publication are those of the grantee and do not necessarily reflect those of the U.S. Department of Education.

Designed by: Melissa West - www.mswest.com/design

Printed by: Sierra Office Supply & Printing

Table of Contents

ACKNOWLEDGEMENTS	5
In Honor & Memory of Tanis Doe, Ph.D.	6
INTRODUCTION	8
METHODOLOGY	10
Introduction to How We Did the Research	10
What Is Participatory Action Research (PAR)?	11
A YEAR OF ACTION	13
Building Our Teams.....	13
TEAM BUSINESS	14
ACTION ITEM: Mass Marketing of Assistive Technology Devices	15
Wal-Mart Report.....	17
TEAM POLICY	26
ACTION ITEM: PROVIDE ACCESS FOR ALL	27
Assistive Technology & the State Independent Living Council	27
Testimony Provided to the State Independent Living Council in 2005.....	28
Testimony Provided to the State Independent Living Council in 2007.....	29
ACTION ITEM: PROVIDE ACCESS FOR ALL	30
Assistive Technology & the Commission on the Status of Women	30
Testimony to the Commission on the Status of Women	30
ACTION ITEM: Provide Access For All — Streamline The AT Process	32
Assistive Technology & Health Care	32
Disability Health Coalition Talking Points	33
Disability Health Coalition Principles.....	34
ACTION ITEM: Change Funding Eligibility Requirements – Streamline The AT Process	41
Assistive Technology Loan Guarantee Law.....	42
TEAM EDUCATION	49
ACTION ITEM: Inform Consumers About AT Funding Process	50
AT Funding Poster.....	51
ACTION ITEM: Train Professionals, Employers, Service Providers and Industries on Universal Design and Assistive Technology	53
Powerpoint Presentation: AT and Universal Design.....	53

TEAM UNDERSERVED	66
ACTION ITEM: Make Information Available to Non-English Speaking Consumers	67
Spanish-Language AT Poster	68
CONCLUSION.....	69
Call for Continuing Action!	71
REFERENCES	73
CREATING CHANGE TOGETHER - FEEDBACK FORM.....	74

ACKNOWLEDGEMENTS

California Foundation for Independent Living Centers

Tanis Doe, Patricia Yeager, Stephen Kaye, Myisha Reed, Jennifer Mansfield, Vince Wetzel, Steven LeVene, Allan Friedman, Kim Cantrell, Christina Mills-Hovious, Leticia Farias, Harry Valencia, Phil Thompson, Laura Hershey

California's Independent Living Centers

Team Business:

Helene Ferreira, Placer Independent Living Resources, Auburn, CA
Doug Lautzenhiser, FREED Center for Independent Living, Grass Valley, CA
Matthew Markve, University of Northern Colorado, Greeley, CO
Teresa Favuzzi, Myisha Reed, Phyllis Dinse, California Foundation for Independent Living Centers, Sacramento, CA

Team Education:

Dan Grover, Independent Living Services of Northern California, Chico, CA
Cary McGill, Independent Living Resource Center, Santa Barbara, CA
Patty Neumeyer, Independent Living Resource Center, Santa Barbara, CA
Scott Sabella, University of Northern Colorado, Greeley, CO

Team Underserved:

Sergio Garibay, Communities Actively Living Independent and Free, Los Angeles, CA
Mark Gomez, Rolling Start, Inc., San Bernardino, CA
Maria Rodriguez-Castillo, Central Coast Center for Independent Living, Salinas, CA
Kris Rowe, Disability Resource Agency for Independent Living, Modesto, CA

Team Policy:

Leslie Brewer, Placer Independent Living Resources, Auburn, CA
Diane McMullen, Community Access Center, Riverside, CA
Steven LeVene, California Foundation for Independent Living Centers, Sacramento, CA

NIDRR, Department of Education

Steven Tingus, M.S., C.Phil., Director
Dawn Carlson, Ph.D., Project Officer

In Honor & Memory of Tanis Doe, Ph.D.

June 20, 1966 - August 4, 2004



This important publication is one of the final gifts to the disability community from Tanis Doe, my friend and colleague, who died in 2004 from a pulmonary embolism. When Tanis died, the fact that the other C4AT team members forged on ahead without her is testament not only to their professionalism and dedication, but also to Tanis' enthusiasm for the project, and her ability to transmit knowledge and skills to others. I'm sure Tanis would have been pleased and proud about the release of this report, which she worked so hard to imbue with quality, integrity, and efficacy.

Tanis was a world-renowned researcher and trainer, doing innovative work on a wide range of disability issues, including biotechnology and reproductive ethics, women with disabilities, employment and benefits, violence, and assistive technology. Tanis was also a respected educator who held faculty positions at the University of Victoria, Royal Roads College, Ryerson University, and the University of Washington. She was a 2003 Fulbright Scholar in Bioethics. She conducted research for many organizations in Canada and the U.S. and consulted with organizations around the world, and she provided leadership training and personal mentorship to untold numbers of scholars and advocates.

Tanis was a Deaf mother of an adopted Deaf daughter, Ann Marie, and she passionately advocated for the rights of parents with disabilities. As a proud Metis (Ojibway) Deaf and multiply disabled woman, Tanis also particularly championed the rights of people with multiple disabilities, people with psychiatric labels, and First Nations people with disabilities. She always sought to make connections among different communities, and to ensure that typically underrepresented groups could have a voice and be heard in the formation of research and policy.

Besides her professional work, Tanis expressed her complex, creative personality through a variety of hobbies. Her artistic outlet was dancing, at which she excelled; she competed in ballroom dancing at the 1998 Gay Games in Amsterdam, and won a bronze medal in the Latin American Wheelchair category.

In her more sedentary moments, Tanis loved sci-fi and fantasy films and TV series. Her favorites were *Buffy the Vampire Slayer*, *The X-Files*, and the "Lara Croft" movies. Tanis claimed to enjoy these shows as pure escapism, but I remember some deeply analytical discussions of the disability culture implications of the adventures of Mulder and Scully!

During a decade or so of friendship and occasional collaboration with Tanis, I was continually stimulated (and occasionally provoked) by her sparkling intelligence and her strong opinions. One of the subjects about which she felt quite strongly was the role of academic researchers in the disability community. She believed that researchers have a responsibility to conduct meaningful projects, guided by the needs and desires of the research participants. She was critical of traditional research methods.

Once, in 2001, Tanis allowed me to interview her for DisabilityWorld.org. She described “a growing criticism and resentment towards the research community from people with disabilities.” Typical research projects, Tanis explained, consumed money and resources, and treated people with disabilities as “anonymous subjects.” Such projects involved “no real follow-up” and “very little direct benefit to people with disabilities.”

As an alternative, Tanis embraced the principles of Participatory Action Research, or PAR. As she explained, “PAR offers a very different way of doing research.... Ideally, people with disabilities are actually in control of the research.” She and her team took this approach in investigating the assistive technology needs of Californians with disabilities. In line with PAR principles, this project was “done *for* the community.” This meant it had a progressive change agenda. “The ‘A’ in PAR is Action... [or] Advocacy,” Tanis said. “Research for the sake of research is not adequate. You actually have to do research to make social change happen.”

What I remember most about Tanis is that she was a brilliant, strong, and very proud disabled woman. She loved and respected her community, the community of people with disabilities. In an unpublished portion of that same interview, Tanis noted that “people with disabilities, as contributors to society, have as much to offer” as any other group of people -- “if not more,” Tanis added with a twinkle in her eye. “Our perspective on life... [strengthens] society’s ability to cope with the future, because we are part of the changing nature of the world. The world is aging, the world is changing, and people with disabilities are part of that growing diversity.”

For that reason, Tanis felt that efforts to eliminate disability, through prenatal screening for example, were actually harmful to society. “Without us,” she said, “they’re going to have a lot harder time adapting. So some of us [think] we’re just equal; but some of us think we’re better.”

That was the kind of radical thinking that shocked some people, and inspired others. I hope she’ll continue to shock and inspire through the legacies she left: the lessons she taught her students, the reports and articles she authored, and the loving memories her friends still carry.

Laura Hershey

INTRODUCTION

The California Foundation for Independent Living Centers, in collaboration with the California State University at Northridge and University of Northern Colorado, conducted a five-year research program Community Research for Assistive Technology (CR4AT), funded by the National Institute on Disability and Rehabilitation Research.

CR4AT used an ecological approach to community research and technology. The ecological approach researches issues at individual and environmental levels as they impact all Assistive Technology (AT) stakeholders, including the people with disabilities.

The four areas identified as priorities included employment, health, technology access, and independent living. In addition, we decided to also examine issues related to AT funding, and the experiences of people with disabilities who are unserved or underserved.

In phase one of the project, “what we know now”, CR4AT trained community researchers from eight independent living centers throughout California. We also conducted a thorough literature review. As a result we developed a series of position papers determining what information was currently known about Assistive Technology.

CR4AT also compiled a variety of AT success stories and published our first book: *Is it working? A Review of AT Barriers and Successes*. The book was disseminated to more than 200 organizations and a variety of presentations on these findings were given at the local, state, and national level.

In phase two, “focus groups”, Community Research for Assistive Technology continued to increase the capacity of the independent living community in collecting research data about Assistive Technology (AT). The participating community researchers were trained in ethics, participatory action research, and focus group moderating and data analysis.

During this phase community researchers conducted focus groups across California to identify the AT experiences of people with disabilities. As a result, CR4AT compiled the data from the focus groups to publish our second book, *How it Works: AT Narratives from California*. The book was disseminated to key stakeholders, as well as Independent Living Centers across California. Presentations on the findings were made at conferences at the local, state and national level.

In phase three, “surveys”, CR4AT community researchers were trained on reporting and the development of research surveys. During this phase CR4AT launched a pilot statewide survey to be completed online, in person, over the phone or through alternative means. Participating community researchers administered the survey to people with disabilities all

across California at local ILCs and gathered over 300 surveys.

At the end of phase three, CR4AT experienced the devastating loss of our project visionary, Principle Investigator Tanis Doe, PhD. This was a significant blow to the morale of all project staff and community researchers. Dr. Doe's vision was then carried on our new Principle Investigators Patricia Yeager MS, and Steven Kaye PhD.

During this phase, the pilot survey results were reviewed and the survey tool was improved and prepared for dissemination. CR4AT mailed our re-tooled survey to 14,000 randomly selected people with disabilities from 20 ILCs, and a stipend of \$20 was provided to respondents. CR4AT successfully gathered 1,919 survey responses.

In phase four, "taking action", community and university researchers planned a year of action to create change together. Actions were developed to address issues identified in the findings from the first two phases of our research.

Action Teams spent the year creating change together to address issues related to the mass marketing of assistive technology, AT public policy issues including health care, eligibility, and funding, the education of the business and disability communities, and outreach to Latinos with disabilities.

In phase five, "evaluation" of the project, CR4AT researchers analyzed data and produced materials based on our CR4AT survey. Meanwhile action team members completed action team goals, and all project members reviewed the overall experience.

As a result of our CR4AT survey we produced four Issue Briefs: "Assistive Technology and Social Isolation", "Assistive Technology and Racial/Ethnic Minorities", "Tools for Living: The Unmet Need for Assistive Technology" and "Tools for Living: Assistive Technology on the Job." Our third book, *Tools for Living: Assistive Technology Experiences of Californians with Disabilities*, detailed the findings of our CR4AT survey of 1,919 people with disabilities in California.

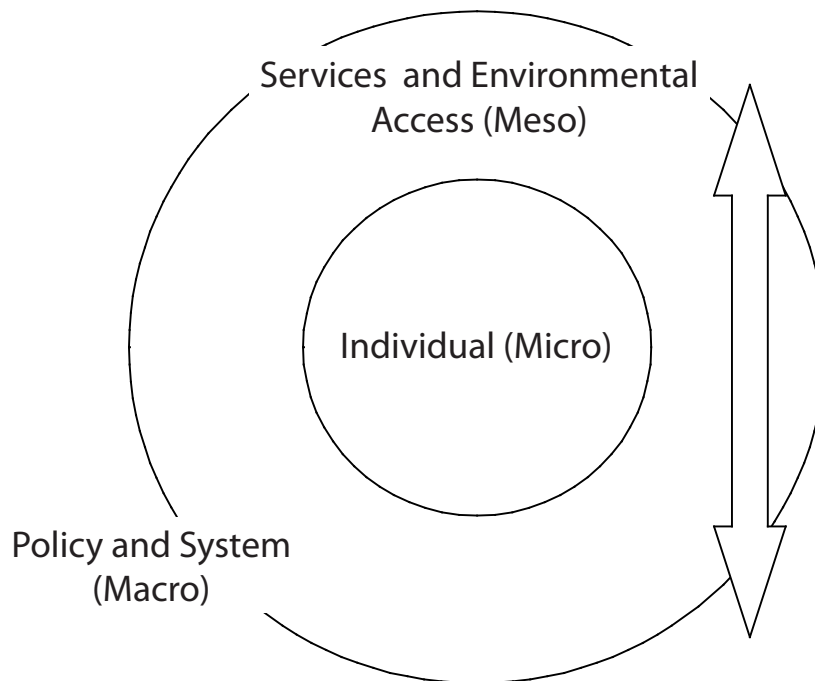
The publication of this report: *A Year of Action: Creating Change Together*, is a review of the actions taken by community research teams in business, public policy, education and outreach based on CR4AT research findings. What follows are the accomplishments or the CR4AT Action Teams.

All CR4AT materials, including the materials created by the Action Teams, are showcased on our website, www.cr4at.org.

METHODOLOGY

Introduction to How We Did the Research

The Community Research for Assistive Technology (CR4AT) project used an ecological approach to research AT use in the disability community. The ecological model is composed of three levels that interact simultaneously: the individual level (Micro), the services/ environmental level (Meso) and the policy/systems level (Macro). The ecological model supports a holistic research approach that “examines the complex challenges from every aspect and probes into the systemic issues at the societal, service and personal levels, and considers how the issues at these levels often intersect,” (Doe, Rajan, & Abbott, 2003). The selection of an ecological model to conduct community research implies that there is a need to investigate not only at an individual level, but to examine the environment and community in which the individual is embedded (Ferrari, 1998).



- Micro level: Individual, or the consumer, is the inside circle of the ecological model.
- Meso level: Services, such as Department of Rehabilitation and vendors of AT, make up the middle circle.
- Macro level: Policy and System, including things like the Americans with Disabilities Act, laws and lawmakers, and societal attitudes, comprise the outer circle.

In the ecological perspective people with disabilities are viewed as part of an ongoing system of action and reaction; they are both actors and subjects. The ecological model views

the environment as created by society but also as having an impact on members of society (Ferrari, 1998). Individuals within a community are influenced by it, but also participate in its creation.

Using this interactive system's model (Senge, 1999) and the ecological approach, the re-researchers investigate issues at the individual and environmental levels as they impact people with disabilities and other AT stakeholders. Conducting analysis of the research data, the CR4AT project strived to look at all three levels to determine what was or was not working and where changes can be made effectively.

The project also employed a participatory action research (PAR) model. With this model, persons with disabilities play key roles in and have relevant information about the social system under study; they also participate in the design and implementation of the research.

What Is Participatory Action Research (PAR)?

A PAR model seeks to link the research process to the process of social change. A PAR model not only suggests conducting research to define the problem, but also to find solutions to problems once they are identified. PAR provides several benefits to those engaged as the community researchers. A deeper understanding of the work process is realized, as well as expanding the role of the community researchers within the context of the organization and the broader context of the research. In addition, community researchers are able to revisit their own practices and implement improvements or solutions on a larger scale.

Participatory action research means that people play key roles in and have relevant information about the social system under study, and participate in the design and implementation of the research. PAR recognizes the change process as a researchable topic. PAR is not only doing research to define the problem, but also to find solutions to identified problems.

In PAR, people with disabilities and trained researchers participate in the research process—but without the traditional division of labor between researcher and subject. Both types of participants have knowledge to exchange in the process. The more participatory in nature the research becomes, with the support of professional researchers, the closer the research will come to serving the needs of people with disabilities as they define them.

The origins of PAR are in literacy movements and liberation theology, as well as the writings of Paolo Freire, who worked with people who were poor in Brazil. Freire believed that people needed to take part in their own liberation and that “only the oppressed can liberate themselves—not the oppressors” (Freire, 2000).

In the development of the independent living (IL) movement, a concern was raised that people with disabilities were not directing the services that they used or needed.

Professionals were making choices for or on behalf of people with disabilities. Independent Living philosophy supports the engagement of community members to take an active role in their own lives.

PAR is one of the many tools that communities can use to support their own development. PAR has been used for consumer surveys, needs assessments, community development, advocacy, skills training and equipment development. Action research has the advantage of combining investigation with improvement of services so that the consumers involved can actively participate in learning about the system or issue and then take a role in making change happen (Hart and Bond, 1995).

A YEAR OF ACTION

Building Our Teams

We began our year of action by bringing together a team of 14 community researchers from Independent Living Centers across California to build teams to address findings that were identified during the first three years of research.

Over the course of a two-day training and strategy session, Action Teams were formed. Each team reviewed Micro, Meso, and Macro issues identified from our research and determined four main areas for action: Public Policy, Business, Underserved Populations, and Education.

For a full year, all four teams met for large group face-to-face meetings on a quarterly basis, and each team met monthly via teleconference to move their projects forward. The teams directed what and how they wanted to address the problems. Action Team members chose individuals to carry out specific roles and responsibilities to ensure a smooth-running team.

Team Business

GOAL: To increase the availability and affordability of Assistive Technology through mass marketing.

Team Policy

GOAL: To increase the availability of Assistive Technology and Universal Health Care through educating public policy decision makers.

Team Education

GOAL: To educate people with disabilities and business owners about Assistive Technology.

Team Underserved

GOAL: To increase the availability of Assistive Technology to Latinos with Disabilities.

Community Research for Assistive Technology project staff (Project Coordinator, Community Organizer, and Marketing Coordinator) assisted teams in strategy building, and the implementation of their projects.

What follows are the accomplishments of the four Action Teams: Business, Policy, Education and Underserved.

TEAM BUSINESS

GOAL: To increase the availability and affordability of Assistive Technology through mass marketing.

"I found things I have been ordering across states for people that was in my own backyard, but they had it in a weird spot."

Team Business was motivated to take action based on information below, identified as a “Macro Action Item- Mass Market AT Devices” in *AT Narratives from California: How it Works*.

Mass Marketing of Assistive Technology Devices

There is a two-fold benefit to moving towards a mass marketing strategy for more AT devices. If AT devices were mass marketed and available in retail stores, they would be cheaper due to the higher demand. As long as devices are labeled “special,” the prices will remain high. Changing the marketing strategy would also make devices readily available to consumers because more AT would be available in local communities. More AT devices might not only be available at specialty stores, such as Radio Shack, but at mass merchandisers as well.

ACTION ITEM: Mass Marketing of Assistive Technology Devices

Team Business decided first to determine who the major retailers of low-tech affordable Assistive Technology are in the United States. The team designed a simple survey tool and assessed the following stores: Target, Wal-Mart, and Walgreens.

As a result of the initial assessment, the team determined that compared to Target and Walgreens, Wal-Mart had the greatest diversity of affordable low-tech Assistive Technology and the greatest potential reach for mass marketing Assistive Technology – not just nationwide, but worldwide.

In addition, results suggested that many Assistive Technology items are available at Wal-Mart at a far lower price than traditional AT and Durable Medical Equipment (DME) retailers. The team decided to look more closely at Wal-Mart. To do so, they developed a more rigorous survey tool, recruited community surveyors, and collected and analyzed the data provided.

The team recruited Assistive Technology Advocates working in Independent Living Centers across California to survey their local Wal-Mart stores. A stipend of \$50 was provided for each survey completed and a total of 20 surveys were collected.

The surveyors gathered information about the types of AT Wal-Mart carried in stores across California, as well as items that they would like the stores to carry. The data from the survey was analyzed and compiled into a report: “Wal-Mart: Low-cost Leader in Assistive Technology.”

The team then focused their efforts on making contact with Wal-Mart. The team wanted to encourage Wal-Mart to carry more AT, and to market specifically to the disability community. For six months the team wrote, called and emailed a series of Wal-Mart executives asking for a meeting to discuss their finding. The team sent a letter and the report to individuals in the following positions:

- President and CEO
- Diversity Relations Department
- Director of ADA Services
- Senior Vice President of People
- Executive Vice President & Chief Information Officer
- Executive Vice President and Chief Merchandising Officer
- California Regional General Manager
- Media Spokesperson
- Advertising agencies - Draft FCB and Aegis Group's Carat advertising agency, and then MediaVest New York & Interpublic Group - Martin Agency
- Senior Officer of Health Business

OUTCOME:**Meeting**

Wal-Mart's Senior Officer of Health Business met with CR4AT Action Team Business members about the CR4AT project, the Wal-Mart report. She was intrigued by the findings reported in *Wal-Mart: Low-cost Leader in Assistive Technology* and how they relate to Wal-Mart's interest in providing affordable health care through in-store health clinics.

We discussed the unique marketing position that Wal-Mart holds and how they could play a significant role in the mass marketing of low-cost assistive technology. We encouraged an integrated approach to selling AT that includes the use of distinct marketing techniques. This could include a "Tools for Living" catalogue to show the breadth of AT and its various uses, and media ads marketing to the aging and disability communities. Wal-Mart's Senior Officer of Health Business committed to reviewing the report and encouraging connections with other Wal-Mart representatives, particularly in merchandising.

This looks promising and we are eager to start developing a relationship with Wal-Mart to increase access to low-cost AT for Californians.

**Wal☆Mart:
Low-cost Leader in Assistive Technology**

Introduction

There is a relatively overlooked and rapidly growing market in the United States today. Assistive Technology (AT) devices, as defined by the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA), are “any item, piece of equipment or product system, whether obtained commercially off the shelf, modified or customized, that is used to increase, maintain or improve functional capabilities of individuals with disabilities” (20 U.S.C. § 1401[1]). **AT devices enable people with disabilities to engage in a wide range of home and community activities, greatly increasing their participation in society and lessening their sense of isolation (Doe, 2004).** For example, large print or talking appliances, such as a talking food thermometer, could be beneficial for a person with low vision.

With an aging U.S. population and an already established need for AT devices in a large population of people with disabilities, we feel that there is an untapped market, particularly for low-cost AT devices. We also feel Wal-Mart is in a unique position as a leader in retail to provide these devices at a cost far lower than traditional AT retailers. Wal-Mart faces a tremendous opportunity in the coming years to expand on its already established position as a retailer of low-cost assistive technology devices and capitalize on the needs of the aging baby-boomer cohort as well as other people with disabilities.

- The U.S. Census Bureau reported that 18% of Americans or 51.2 million people reported having some level of disability.
- Approximately 1 in 5 persons in California have a disability, roughly 5,000,000 people (2002, US Census; “Assistive Technology,” 2005).
- At least 13.3 million adults nationwide rely on assistive technology to improve quality of life (National Center for Chronic Disease Prevention & Health Promotion, 2005).
- In 2002, people with disabilities had a discretionary spending power of over \$220 billion (National Organization on Disability, 2006).
- According to AARP, people 50 years of age and older spent nearly \$400 billion in 2003. Take into consideration, 4 million Americans turn 50 each year (2004).

- The population of older consumers (65+) is anticipated to increase to over 69 million, that's 75%, by 2030 (Administration on Aging, 1996).

Who We Are

The California Foundation for Independent Living Centers (CFILC) is a statewide, non-profit trade organization that helps Independent Living Centers (ILCs) in California provide services to people with disabilities through advocating for systems change and promoting access and integration. CFILC is in the fifth year of its five-year Community Research for Assistive Technology (CR4AT) project. The project was funded by the National Institute on Disability and Rehabilitation Research (#H133A010702). **The goal of the project is to increase the capacity of the independent living community to work with its members and stakeholders to collect research data on access to and use of assistive technology to improve the lives of people with disabilities. As a part of this project, four action teams were formed. These teams were composed of Assistive Technology Advocates working in ILCs across the state of California.**

Purpose

The purpose of this particular team was to design and implement a qualitative research project to gather information about the types of AT Wal-Mart has in stores across California. Data collected prior to the survey suggested 59% of respondents purchase at least one assistive technology device on their own. Initial research conducted by Team Business suggests that many Assistive Technology items are available at Wal-Mart at a far lower price than traditional AT retailers. Of the 49% of respondents that report an unmet need for AT, 64% report the reason for the unmet need is the prohibitive cost of AT devices (Doe, 2004).

The action team was interested in identifying low-cost AT items available at Wal-Mart as well as items respondents felt Wal-Mart could carry, but currently does not and finally, to provide Wal-Mart with the results of their work with the hope of developing the range and quantity of AT goods offered by Wal-Mart. The impact of the work, we hope, will be mutually beneficial: Providing people with disabilities with affordable AT as well as providing Wal-Mart with specific recommendations on what people are looking for, but cannot currently find in their stores.

Method

Questionnaires were developed by the team and, after eight revisions, distributed to 20 ILCs across the state. Sixteen respondents completed and returned the 21-question survey. The survey was conducted during the fall of 2005 and took respondents two to four hours to complete.

Findings and Recommendations

A qualitative survey of randomly selected Wal-Marts throughout California reveals a wide array of AT already available at many stores. The data collected in this survey offers a snapshot of each of the departments found in Wal-Mart and the AT that can currently be found in each. These results indicate items generally found, but more importantly items participants would like to see more of in your stores. Keep in mind, AT assists people with a wide variety of abilities and needs.

Hardware – Bathroom/Toilet:

In store:

Speaking smoke alarm with carbon monoxide warning; lever door handle; hand-held shower; outdoor tread tape; cordless power scissors; touch sensitive light; bathroom scale with 2" display; bathtub tread strips.

Would like to see:

Fire alarm/carbon monoxide detector with strobe light; talking tape measurer; door knob helpers/grips; portable ramp; threshold ramp; offset expandable door hinge (to widen doorway for mobility devices); motion sensitive light; hands free garage door opener; pull out shelves; door/knock sensors (i.e. flashing light); raised toilet seats (not just in pharmacy section); bathroom scale with voice output.

Automotive:

In store:

Massage cushion with climate control; wrist coil with key ring; key caps/color identifiers; key I.D. tags with color coding; key retriever with belt clip; seatbelt shoulder pad.

Would like to see:

Swiveling car seat attachment; key turner/easy to grasp key holder/key lever; car mobility support strap (e.g. Car Caddie); car mobility support bar (e.g. Handybar car aid); talking digital tire gauge.

Apparel:

In store:

Elastic shoe laces; pants with elastic waistbands; slip-on shoes.

Would like to see:

Clothing with front opening closures that use Velcro or zippers with large pull tabs; compression and support hosiery.

Electronics:

In store:

Picture icons (on appliances); auto shut off appliances; cell phones with vibration indicators; hand held cassette recorder; alarm clock with large display and high contrast numbers (e.g. bright green on black); hearing aid batteries.

Would like to see:

Assistive listening devices (e.g. T.V. ears); vibrating watches; vibrating alarm clock (i.e. "shake and wake"); alarm clock with voice output; phone amplifier and/or phone with built-in amplifier; phone with visual ring indicator (i.e. flashing light); large button phone; large button/oversized universal remote control; key locator/finder; vibrating watches.

Pharmacy:

In store:

Hearing aid batteries; blood glucose monitor; tablet crusher; pill box; blood pressure monitor; gel shoe insert; walker; cane; joint support (wrist/knee/ankle, etc); back support.

Would like to see:

Braille pill box; talking medical monitors and gauges; hand support brace (for carpal tunnel); bidet attachment; commode; urinals (male and female); raised toilet seat; toilet safety rails/ frame; dual language blood monitor (with voice output); talking prescription bottle; shower chairs; bath rail; grab bars; crutches; "Canadian" (wrist brace) crutches; scooter; seat lift chair; lightweight wheelchair; bed rail; table top fingernail clipper; inflatable shampoo basin.

Housewares - Kitchen Appliances:

In store:

Color-coded measuring cups and spoons; measuring cups and spoons with measurements in large print, high contrasting colors; cooking utensils with built-up handles; pizza wheel (one-handed cutting).

Would like to see:

Pot and pan guard rings; one-handed can opener; more color-coded measuring cups and spoons; devices for use with one hand (e.g., rocker knife for eating, cutting board with suction cups); talking food thermometer; kitchen appliances and electronics with large print or voice output; large print kitchen timer, talking kitchen scale; eating utensils with built-up handles; spoon and fork holder

(built-up handle that slips on eating utensils).

Daily Living Aids:

In store:

Long handled and telescoping handled devices; easy grip handles; “easy touch” controls.

Would like to see:

Reachers; more long handled devices; button hook with zipper-pull for dressing; auto open/close umbrella; magnifiers (e.g. illuminated, hands-free, hand-held); universal turner for turning various knobs (e.g. stove, faucets, gas tank caps, etc.); squeeze scissors; utensil grippers (i.e. build up handles).

Recreation and Games:

In store:

Large color-coded dominoes; large piece puzzles.

Would like to see:

Games that are in large print (e.g. UNO, playing cards, checkers, Monopoly; Scrabble); Connect Four with tactile markers; playing card holder; adult tricycle; adult handcycle; automatic card shuffler.

Fishing and Hunting:

In store:

Fishing pole holder (in-ground).

Would like to see:

Lap rod holder; pole holster; electric fishing reels; trigger activator.

Sewing and Crafts:

In store:

All purpose magnifier (hands-free); line magnifier (for cross-stitching); Velcro fasteners; rotary cutter (one-handed); squeeze scissors without thumb isolation.

Would like to see:

Automatic needle threader; squeeze scissors; crochet aid; embroidery hoop holder (mount); Velcro fasteners with buttons.

Store Access and Advertising:

In store:

Automatic doors; wide aisles; photos paired with store aisle markers; signs and prices in high contrasting colors; photos on in-store signs of young to middle-aged models.

Would like to see:

Store information in alternative formats; price scanners throughout stores with voice output; photos on in-store signs using models of varying ages and abilities; advertising that promotes independent living.

Conclusion

These few examples represent a fraction of the potential items Wal-Mart could offer in their stores and at Walmart.com. Many of these items employ the concept of universal design and do not represent shelves being taken up with items designated for a limited market. Others do, but demand for these types of items is already high and increasing as our population ages.

CR4AT recommends that Wal-Mart commit itself to increasing consumer choice and access to low-cost assistive technology devices to promote independent living for people with disabilities and seniors. Many older consumers often do not identify themselves as having disabilities, but tend to respond to and seek out stores which offer devices that increase and maintain their independence. We would encourage Wal-Mart to consider carrying products such as large-button electronics, devices that have readouts in multiple formats (digital and audio), as well as the many other items listed that we would like to see. Again, many of these types of devices are already available at specialized retailers, but also come with the associated cost. Some popular AT vendors, whom you may want to consider viewing for potential product line concepts, include Maxi-Aids, Independent Living, Inc., LS&S, Dynamic-Living and Access to Recreation.

Another facet that Wal-Mart may want to consider publicizing is their interest in creating an independent shopping experience for all of their consumers. Advertising through commercials and print (e.g. in store posters) that store information is offered in alternative formats (e.g. pictures are paired with words for the various departments), motorized shopping carts are available, along with any other accessibility features could potentially increase desirability to a wide range of shoppers.

With Wal-Mart's purchasing power and distribution capabilities, ubiquitous access to inexpensive AT could become a reality, impacting the lives of millions world-wide. Wal-Mart is already recognized as a one-stop retailer for practically everything one needs. Consideration and implementation of these recommendations would only further that recognition.

References

Administration on Aging. *Statistics: Aging into the 21st Century*. (May, 1996). Retrieved November 18, 2006 at http://www.aoa.gov/prof/Statistics/future_growth/aging21/aging_21.asp.

American Association of Retired Persons. (2004, February). *AARP touts impact of older consumers*.

Assistive Technology and Universal Design. Retrieved June 5th, 2005 from http://www.atnet.org/advocacy/issue_atuniversal.htm.

Doe, T. M., e.d. (2004). *How it works: AT Narratives from California*. Sacramento: Community Research for Assistive Technology.

National Center for Chronic Disease Prevention & Health Promotion. (2005). *Behavioral Risk Factor Surveillance System: Prevalence Data*. Retrieved July 15th, 2005 from <http://apps.nccd.cdc.gov/brfss/display.asp?cat=DL&yr=2005&qkey=4001&state=UB>.

National Organization on Disability. *Economic Participation: Marketing to People with Disabilities*. (2002, May). Retrieved November 20, 2006 from <http://www.nod.org/index.cfm?fuseaction=Page.ViewPage&PageID=15&>.

United Census Bureau. (2006, May). *More Than 50 Million Americans Report Some Level of Disability*. Retrieved November 15, 2006 from http://www.census.gov/Press-Release/www/releases/archives/aging_population/006809.html.

TEAM POLICY

GOAL: Increase the availability of Assistive Technology and Universal Health Care through educating public policy decision makers.

“Did the team make a difference? ...a year from now when people are applying for the loans and getting them, then yes, we will see that we have done things. And it is a statewide change.”

Team Policy was motivated to take action on three public policy issues identified as Macro Action Items in *AT Narratives from California: How it Works*. The issues to be addressed were streamlining the AT process, changing the AT funding eligibility requirements, and providing access to health care for all, as explained below.

Streamline the AT Process

Many focus group participants felt the funding and acquisition process needed improvement. Forced to navigate through large amounts of “red tape,” some consumers waited large amounts of time to receive services and equipment. People were sometimes shuffled from one professional to another, from one service provider to another, getting assessed, collecting letters and completing documentation procedures. Streamlining this process would trim the months (or years) consumers wait and allow for a more straightforward process.

Change Funding Eligibility Requirements

AT consumers want to see changes made to the eligibility requirements established by a variety of AT funding sources and service providers. In focus group sessions, consumers were unable to take advantage of services because they did not meet service criteria or the requirements were too stringent. Unreasonable income and property limits created situations where consumers were forced to choose between selling possessions to meet qualifications or try to pay for devices and services on a less than adequate income. Another requirement was that the device had to be “medically necessary.” Often the equipment could not meet this criterion, but was certainly useful and required for daily life.

Provide Access for All

Focus group participants had varying access to basic needs, which included medical care, information and education, health promoting activities and community and social services. Providing all consumers with access to these needs would not only increase their quality of life, but also reduce the number of barriers they encounter with regards to services, funding and AT acquisition.

Team Policy decided to tackle issues of eligibility, streamlining and access for all by educating the community, commissioners, council members and legislators about Assistive Technology.

ACTION ITEM: PROVIDE ACCESS FOR ALL

Assistive Technology & the State Independent Living Council

The team twice presented to California’s State Independent Living Council on the need for Assistive Technology to be prioritized in the State Plan for Independent Living in increase access to AT for all potential users.

OUTCOME:

As a result, the following items were added to the 2008-2010 State Independent Living Plan to better meet the assistive technology needs of Californians:

Department of Rehabilitation (DOR) and the State Independent Living Council (SILC) will seek to increase the availability of funding for assistive technology for consumers, including those who are members of traditionally under-represented populations, through coordination with other organizations with similar goals.

DOR will fund community-based self-advocacy training and activities. The list of issues that the SILC, DOR, the Independent Living Network and grantees are involved with, as a result of Needs Assessments, forums, hearings, SILC meetings and numerous strategic planning sessions include: ...Assistive Technology...

Testimony Provided to the State Independent Living Council in 2005

Hello, I'm an assistive technology advocate from Riverside. Last year I had the opportunity to join a project called CR4AT. I am in the policy group and since then I have learned in my field of assistive technology we have to start at the top with the bill makers. I also believe that we have to lead by example; one of the objectives the policy group chose to look at is how much assistive technology verbiage is in the State Independent Living Council plan. The policy group was surprised to find that there is very little assistive technology verbiage, which needs to be included in all related disability written materials. In order to speak out and educate bill makers, the use of assistive technology verbiage needs to be included in all related disability written materials. We the policy group would like to offer assistance to include assistive technology in the state Independent Living Council plan. There are currently close to 6 million people with disabilities in California, plus 7 million baby boomers that we need to be preparing for. I am looking forward to working with SILC to achieve this objective.

**Recommendations for the 2008-2010
California State Plan for Independent Living**

In an effort to increase Californians knowledge of and access to Assistive Technology, CFILC & CR4AT would like to:

Make sure that the level of assistive technology currently in the SPIL continues to be included (maintain and expand on current level).

Stress the importance of the SILC funding AT advocacy activities to increase access to AT services and funding in California and on a national level for consumers of all ages, including under represented populations.

We would like the SILC to fund scholarships for IL staff to acquire AT Certification.

Address the need for ongoing consumer and ILC training on AT, again including all ages and underserved populations.

- (e.g. funding, device selection, use in the workplace, use in education, etc.)

Make sure that AT is added to Health Care to address the need for:

- Accessible medical diagnostic equipment (e.g. scales, dental chairs, exam tables, mammograms, x-rays, etc.).
- Expanded coverage for DME.
 - Including, reliable Durable Medical Equipment (DME) repairs.

Importance of AT in emergency preparedness.

- (e.g. evacuation chairs, strobe light fire alarms, etc.)

Would like to see Olmstead as a priority.

- We want to stress the importance of including AT in transitioning consumers from institutions.
 - Increased funding for home and vehicle modifications.

ACTION ITEM: PROVIDE ACCESS FOR ALL

Assistive Technology & the Commission on the Status of Women

Team Policy provided testimony at a public hearing of the California Commission on the Status of Women regarding the Assistive Technology needs of women with disabilities. Each Commissioner was given a packet of information with CR4AT issue briefs.

OUTCOME:

As an outcome of the CR4AT testimony, the California Commission on the Status of Women published in their Public Policy Agenda and Proposals to the Governor and State Legislature (2007-2008 session) within their Administrative Recommendations related to health it is stated: the commission supports the recommendation to “Improve access to health care for women with disabilities.” As a result, we are now in discussion about integrating assistive technology and disability into their ongoing public policy agenda.

Testimony to the Commission on the Status of Women

We are pleased to inform you about the progress being made by the California Foundation for Independent Living Centers in conducting a five-year research grant, funded by the National Institute on Disability and Rehabilitation Research, for Community Research for Assistive Technology (CR4AT). The goal of this study is to use participatory action research to improve the lives of people with disabilities in the areas such as employment, health, function and independent living. Now in its final year, our focus has moved towards disseminating the results of our study to effectuate an impact on assistive technology (AT) public policy.

A survey was mailed to 14,000 randomly selected consumers from 20 independent living centers and 1,919 responses were received. 61% of the populations surveyed are women. Racial and ethnic minorities were well represented, with 17% of respondents identifying as Latino, 16% African American, 6% American Indian, and 3% Asian or Pacific Islander.

One of the goals of the project was to examine how AT and ethnic minorities relate. The findings indicated that there is a difference in AT usage by ethnicity. There also appears to be a discrepancy in the technology level (i.e. high-, medium-, and low-tech) used by underserved populations when compared to Caucasians.

The ability to access AT is often the key to removing barriers to successful employment for people with disabilities. A variety of AT devices are often used in the workplace (e.g. magnifiers, voice-activated software, amplified telephones). Of the survey respondents that are working, only 30% have ever asked their employers for job accommodations that included AT, which could potentially improve their productivity, enhance self-esteem, increase their attendance, and result in more paid work hours.

Social isolation is frequently associated with the senior population; however, the findings from our survey showed that younger respondents were more likely to say they experienced frequent isolation. Barriers can be physical (e.g. inaccessible facilities), communication (e.g. lack of sign language interpreters), or social (e.g. lack of inclusion in social activities). AT is crucial in alleviating social isolation by increasing the ability of people with various disabilities, of all ages, to gain independence and actively participate in daily activities.

When people lack the necessary tools to live, work and play independently, their quality of life is compromised. An individual may experience frustration, embarrassment, depression and isolation. Reasons for unmet need appear to be tied to lack of funding and/ or lack of knowledge regarding available equipment and how to obtain it. The median household income of the respondents for the survey is \$10,000 to \$15,000, which is disappointing to see, as the primary source of payment for AT is consumers and their families, at 31%.

Call to Action

The findings of the CR4AT survey show a strong need for both service provider and consumer outreach and education. This should be achieved using the appropriate language and accessible format (e.g. Braille, large print, etc.), making an effort to reach underserved populations, including women.

Californian women should be educated on the benefits of AT (e.g. health maintenance, active family and community participation, access to employment, etc.) and the multitude of devices available. There needs to be increased access to devices and funding for AT in a variety of settings (e.g. the workplace, home, community, etc.). The opportunity for employment and the benefits of AT in the workplace should be promoted to both employers and people with disabilities.

Moreover, access to AT should not be limited to medical need and employment. For people with disabilities to truly live independently, then AT needs to be promoted to Californian women with disabilities, their families and employers. California must increase its resident's awareness of what AT is available, the benefits of specific devices, and the avenues for funding.

ACTION ITEM: Provide Access For All — Streamline The AT Process

Assistive Technology & Health Care

In anticipation of a year of health care reform in California the CR4AT Team Public Policy assisted in the creation of the Disability Health Coalition (DHC). This coalition is made up of over 25 disability organizations with the common goal of increasing access to health care for people with disabilities.

CR4AT has brought forward issues related to access to Assistive Technology in health care as a priority. CR4AT Action Team members have made sure that materials produced by the coalition include the issues related to providing access to, and funding for, Assistive Technology in health care.

OUTCOME:

As a member of the Disability Health Coalition, CR4AT Action Team members participated in the development of talking points which were disseminated at the Resource Fair of the 4th Annual Disability Capitol Action Day to assist advocates in sharing the disability community's perspective on health care reform.

CR4AT Action Team members also participated in the development of the "Disability Health Coalition Health Care Principles" and "Talking Points" which have been disseminated widely to health care allies including Health Access, AARP, It's OUR Health Care, California Nurses Association, Western Center on Law and Poverty, California Pan-Ethnic Health Network Having Our Say Coalition and many others.

The Disability Health Coalition recently received funding from San Francisco Foundation to continue education and advocacy efforts to inform and educate community partners and policy makers about the disability health perspective and the importance of assistive technology.

DISABILITY HEALTH COALITION

Disability will touch the lives of most Californians

7.8 million California adults – more than 1 in 4 – live with some kind of disability. That figure will dramatically increase in the next 30 years as the baby boom generation enters late life, the time of greatest risk of disability.

1.1 million working-age Californians with disabilities – 1 in 5 – have no health insurance; 1.5 million were uninsured during all or part of the previous year.

HEALTH CARE REFORM FOR PEOPLE WITH DISABILITIES MUST:

Remove Barriers to Physical & Programmatic Access:

People with disabilities must be able to use all health care facilities, services, and programs. Health care facilities must provide accessible exam and diagnostic equipment to ensure quality care for people with disabilities. Health plans and health care providers must be held accountable to federal and state laws that prohibit disability discrimination and require access and accommodation.

Guarantee Integrated Long-Term Care:

Fully funded, community-based, long-term care must be available in the home to support personal independence and family life. Services and medical supplies must not be limited by “homebound” requirements.

Provide Durable Medical Equipment & Assistive Technology:

Provide appropriate devices that allow consumers to independently engage in home and community activities. Providers must assist with selection and use of devices.

Coordinate Chronic Care Services:

Health care services for people with disabilities are often disjointed. To increase continuity, a multi-disciplinary team approach must be used to coordinate the multiple services and providers needed by consumers.

Eliminate Work Disincentives:

Health care must be designed so people with disabilities do not have to choose between working and maintaining continuous, comprehensive health care.

Promote Wellness:

Reform must invest in health promotion and disease prevention efforts that account for the diverse needs of people with disabilities, including the prevention of secondary conditions. People with disabilities should have access to specialists and choice of providers.

Guarantee Mental Health Parity:

Reform must commit to assuring mental health coverage at the same level as physical health coverage.

Ensure Affordability:

Prescription drug coverage, premiums, deductibles, co-pays, and other out-of-pocket expenses must be affordable.

DISABILITY HEALTH COALITION – HEALTH CARE REFORM PRINCIPLES

HEALTH CARE PROBLEM STATEMENT

The disability community adds our voices to the call for health care reform in California. We maintain that timely and affordable health care for all is a basic human right, as well as a necessity for the general health, safety and welfare of society.

People with disabilities can be found at all ages, within every ethnic group, at every income level, and with every type of coverage for medical care, as well as with no coverage. More than one in four California adults (approximately 7.8 million) report having some kind of disability. Approximately 1.1 million working age Californians with disabilities have no health insurance and approximately 1.5 million have been uninsured for part or all of the year.¹

¹ Office on Disability & Health/UCSF Disability Statistics Center analysis of data from the 2005 California Health Interview Survey.

In our current health care systems, Californians with disabilities face the same under-insurance issues as Californians without disabilities, while also facing additional barriers such as physical and programmatic inaccessibility, a “gate-keeping” insurance market, cultural incompetence, and discrimination. Comprehensive health care reform must remove these barriers for people with disabilities.

CORE HEALTH CARE REFORM PRINCIPLES

These core principles must be included in comprehensive health care reform:

- Disability is a common and natural feature of the human condition
- Disability is a continuum, relevant to the lives of all people to different degrees and at different times in their lives
- Care and services² for people with disabilities must assist individuals to maintain and improve functional status, wellness and quality of life on an ongoing or lifetime basis
- Respect for the right of consumers to make decisions about their own health care is central to good health care
- Health care systems or providers must not deny health care, provide a lower level of health care, or otherwise discriminate on the basis of disability
- Discrimination based on employment status, source of income or immigration status must be eliminated
- Architectural and programmatic accessibility must be afforded to all persons with disabilities, including:
 - accessibility of all facilities, technology, equipment, and methods of communication used in providing medical care and services, and
 - reasonable modification of provider policies and procedures to the extent necessary for appropriate care and services
- Services to persons with disabilities must be provided in their communities and in the most integrated setting appropriate
- The health care financing system must provide for equitable sharing of

² Wherever this phrase is used, “health care and services,” it is meant to encompass care as needed from a range of health care providers, including outpatient services, specialty services, medications, supplies, durable medical equipment, assistive technology, mental health services, vision, hearing, and dental care.

costs by including people with disabilities and those with pre-existing conditions in the broadest possible risk sharing pool

- The health care system must have a comprehensive, affordable and seamless schedule of benefits and scope of coverage that includes outpatient services, specialty services, medications, supplies, assistive technology, durable medical equipment, mental health services, vision, hearing and dental care

CRITICAL ISSUES

Architectural and Programmatic Access

- Accessible health care facilities so that individuals with disabilities can approach, enter, move around and use the facilities (including facility parking lots, waiting rooms, examination and treatment rooms, food service facilities, and restrooms) as conveniently as everyone else
- Accessible medical screening and diagnostic equipment, for example, lift equipment, adjustable high/low exam tables, wheelchair scales, and imaging equipment.
- Accessible technology, including all electronic communication (for example, e-mail, billing, and filling prescriptions) and accessible web sites that can be used and understood by everyone regardless of whatever browser or adaptive equipment they employ³
- Provision of sign language interpreters when services are accessed
- Materials in alternative formats such as Braille, audio recording, large print, and CDs
- Transfer assistance when needed
- Modified appointment times and appointment windows when needed
- Culturally competent services including language access services
- Meaningful enforcement of all architectural and programmatic accessibility requirements under current state and federal law

³ Accessible web sites are constructed in accordance with the guidelines formulated by the Web Accessibility Initiative of the World Wide Web Consortium (www.w3.org/WAI/).

Access to Care and Services

- Appropriate and adequate health care, and treatment modalities, whether in the community or in a facility or institution
- Access to specialty care services including services provided in hospital outpatient specialty care centers and other outpatient or inpatient settings
- Availability of a sufficient number of providers including specialists in and near the communities where people live
- Assistance with transportation to specialty providers and care centers if these are outside the beneficiary's immediate community or coverage area
- Adequate services to persons with multiple disabilities or co-occurring disorders
- Integrated systems of care that meet the needs of people who must access multiple service systems

Work Incentives

- No lesser coverage for employees with disabilities
- No discrimination against employees with disabilities
- Coverage for preexisting conditions
- Elimination of incentives to stop work in order to obtain health care
- Promotion of seamless access to coverage between jobs and for the self-employed

Community Long-Term Care and Elimination of Institutional Care Incentives

- Elimination of financial incentives to institutionalization
- Proactive promotion of community alternatives to institutionalization
- Elimination of arbitrary "homebound" requirements
- Elimination of biases that compel parents to give up custody or choose out-of-home placements for their children

Coverage/Scope of Benefits

- Seamless coverage and a single comprehensive schedule of benefits to the extent possible

- Elimination of arbitrary and differential caps or limits on payment for health care and services that are based on disability or type of disability
- Elimination of arbitrary and differential caps or limits, and arbitrary homebound requirements, on payment for assistive technology (for example, speech devices), or durable medical equipment (for example, electric wheelchairs)
- Mental health parity, and substance abuse program parity, including elimination of separate caps and limits on reimbursement for services
- Protection of currently mandated coverage under Knox-Keene and the Insurance Code, such as for prosthetic devices and diabetes care and services
- Protection of benefits currently available under public health care programs such as Medi-Cal and Healthy Families
- Protection of benefits (including Medi-Cal carve-outs) currently available under specialized health care programs including the California Children's Services (CCS) program, the Genetically Handicapped Persons (GHPP) program, the Child Health and Disability Prevention (CHDP) program, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, and the AIDS Drug Assistance (ADAP) program

Affordability and Shared Responsibility

- The broadest possible risk pool that does not penalize but includes individuals with a disability (e.g., Medicare)
- An understandable and equitable premium and cost sharing structure that does not deprive individuals and families of resources for basic needs
- A financing system that does not force people with disabilities to pay a disproportionate share of individual or family resources for health care
- A system of provider compensation or provider risk sharing that does not penalize individuals for having complex medical conditions or a need for access to particular specialists

Wellness Promotion

- Programs must not stigmatize or otherwise discriminate against persons with disabilities or particular disabilities
- Programs must respect personal choice and involve consumers in the design and choice of services offered

- Programs must be accessibly designed and inclusive of people with disabilities who wish to participate
- Prevention of secondary conditions must be included, for example decubitus ulcers
- Programs must provide rewards and incentives to encourage wellness and must not penalize individuals for failing to participate or for lack of success
- Programs must not deprive individuals of resources necessary to meet basic needs

Consumer Protection and Quality Assurance

- Monitoring and enforcement of state and federal access and nondiscrimination requirements
- Incentives to providers for compliance with access and nondiscrimination requirements
- Monitoring and enforcement of state and federal confidentiality and privacy laws
- Assurance that information about consumers will not be used to discourage consumers from seeking care or services
- Protection of basic due process rights including timely and adequate notice, and grievance and appeal procedures regarding eligibility, coverage, medical necessity, quality of care, nondiscrimination, and confidentiality
- Proactive benefits planning services in plain language with one on one counseling available, including general information about due process rights
- Adequate procedures for second opinions and independent medical review
- Quality assurance practices for health care appropriate to a range of functional limitations and needs
- Quality assurance practices for ensuring that persons with various disabilities have input into their own medical care and decisions
- Quality improvement practices for improving the health care system based on input from persons with disabilities

SHORT BIBLIOGRAPHY

- Institute of Medicine, Committee on Disability in America, Marilyn J. Field and Alan Jette, eds. *The Future of Disability in America*. Washington, D.C.: National Academies Press, 2007.
- The Center for Disability Issues and the Health Professions, The Center for Health Care Strategies, and The Lewin Group. *Performance Standards for Medi-Cal Managed Care Organizations Serving People with Disabilities and Chronic Conditions*. Oakland, CA: California Health Care Foundation, 2005. Available at: <http://www.chcf.org/documents/Medi-CalPerfStandardsRecommendations112205.pdf>.
- T. B. Ustun, N. K. Kostansjek, and J. Bickenback. "WHO's ICF and Functional Status Information in Health Records." *Health Care Financing Review* 24, no. 3 (2003).
- RAND Health. *The Health Insurance Experiment: A Classic RAND Study Speaks to the Current Health Care Reform Debate*. Santa Monica, CA: RAND, 2006. Available at: http://www.rand.org/pubs/research_briefs/RB9174/.
- Mollyann Brodie, Kaiser Family Foundation. *Insights Into the Public's Views About Health Insurance: Challenges and Opportunities for Would-be Reformers*. Presentation at national Academy of Social Insurance Annual Conference, February 2, 2007. Available at: http://www.nasi.org/usr_doc/Mollyann_Brodie_NASI_Presentation_02_02_07.pdf.

ACTION ITEM: Change Funding Eligibility Requirements – Streamline The AT Process

Assistive Technology Loan Guarantee Program

Team Policy worked with disability organizations across California to help create a new Statewide AT Loan Guarantee Program. The team organized people with disabilities across California to educate lawmakers on the importance of Assistive Technology in their lives and the need for low interest loans to purchase AT.

Team Policy chose the a bill that would combine two loan guarantee programs administered by the California Department of Rehabilitation to increase access to loans for people with disabilities to purchase modified/adapted vehicles and assistive technology devices.

The bill would allow the State to contract with a community-based organization to implement California's AT Loan Guarantee program. This allows the State to apply for matching federal funds under the existing federal Tech Act. SB 418 (Escutia) increases the maximum loan guarantee from \$35,000 to \$50,000 and limits administration costs to 10%. In addition, it changes eligibility requirements to remove the need for employment goals. The requirement for employment goals has traditionally excluded parents of children with disabilities and seniors.

Team Policy encouraged people with disabilities to write letters to their legislators, to testify at public hearings, to make phone calls and visit their local legislative offices in order to educate lawmakers on the importance of AT loans.

OUTCOME:

SB 418 (Escutia) Rehabilitation Loans passes and is signed by the Governor on October 5th, 2005. As a result of this publication, 23 Loan Guarantee Program applications have been received since January 2006. Five people have received assistive technology loans. Four are vehicle-modification loans; one is for a transfer lift.

Assistive Technology Loan Guarantee Law

Existing law creates the Rehabilitation Revolving Loan Guarantee Fund, administered by the Department of Rehabilitation, which is appropriated without regard to fiscal years for the purpose of guaranteeing loans to persons for the purchase of vans, automobiles, and other special equipment to facilitate transportation of the physically handicapped and to assist private employers and employees and other persons with disabilities to purchase adaptive aids and assistive devices.

Under existing law, one of the categories of persons eligible to receive loans under this fund is persons with disabilities who require a modified vehicle for mobility and who are ineligible for vocational rehabilitation services or who are eligible for vocational rehabilitation services but have been placed on the department's order of selection waiting list, subject to the requirement that the person be employed and require a vehicle to maintain that employment.

This bill would delete these vocational rehabilitation and employment requirements for eligibility under the fund. By eliminating these conditions of eligibility, and thus expanding the eligibility for persons who may receive loans under this continuously appropriated fund, the bill would make an appropriation.

Existing law establishes a supported employment loan guarantee program to assist employers and employees with disabilities to purchase durable equipment, adaptive aids, and assistive devices in order to engage in supported employment. Existing law also creates within the Rehabilitation Revolving Loan Guarantee Fund a Supported Employment Revolving Loan Guarantee Account from which the department makes these loan guarantees.

This bill would eliminate this account and instead would make loans available directly from the fund to parents of a child with, or persons with, a disability who require assistive technology, as defined, that is necessary for independent living. The bill would require that loans made pursuant to these provisions provide for a security interest to the lending institution in the equipment, aids, and devices for which the loan is made, to the extent possible. It would also make various technical and conforming changes.

Existing law prohibits any loan exceeding \$35,000 from being made to any eligible persons under the above provisions. This bill would instead require that loans made to any eligible person not exceed \$50,000.

xisting law requires the department to adopt regulations not inconsistent with these provisions, that, among other things, establish criteria for determining eligibility for loans in the guarantee program that ensure that applicants have the ability to repay loans. Existing law, in the event that the amount of loans applied for under these provisions exceeds the amount of the loans that may be guaranteed, authorizes the department to establish a system of priorities for the approval of loans.

This bill would require the department to adopt regulations that give preference to those applicants not receiving other supports and services from the department.

Existing federal law provides for the award of grants to states to pay for the federal share of the cost of the establishment and administration of, or the expansion and administration of, an alternative financing program featuring one or more alternative financing mechanisms to allow individuals with disabilities and their family members, guardians, advocates, and authorized representatives to purchase assistive technology devices and assistive technology services.

State eligibility for participation in this program is based on the state's previous award of continuity grants for technology-related assistance and other requirements including that the state enter into a contract with a community-based organization that has individuals with disabilities involved in organizational decision making at all organizational levels for purposes of administering the federal alternative financing program.

This bill would authorize the department to apply for the federal grant funding and to enter into a contract with a community-based organization for purposes of receiving a federal grant award under this program. The bill would permit moneys in the fund to be used for purposes of matching these federal grant funds, thereby making an appropriation. This bill would also require that any federal funds received be deposited in the Rehabilitation Revolving Loan Guarantee Fund, thereby making an appropriation.

Appropriation: yes.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The heading of Article 2 (commencing with Section 19460) of Chapter 5 of Part 2 of Division 10 of the Welfare and Institutions Code is amended to read:

Article 2. Transportation and Assistive Technology Loan Guarantees

SECTION 1. Section 19460 of the Welfare and Institutions Code is amended to read:

19460. (a) There is in the State Treasury a permanent revolving fund to be known as the Rehabilitation Revolving Loan Guarantee Fund, and to be administered by the department. The money deposited in the fund, including, but not limited to, money in any previously established account within the fund, is hereby appropriated, without regard to fiscal years, for the purposes of this article. The fund shall be used to guarantee loans made by eligible lenders to eligible persons for the purchase of vans, automobiles, and other special equipment to facilitate transportation of individuals with disabilities, and to assist private employers and employees, and other persons regardless of age, with disabilities to purchase assistive technology in order to live more independently or to engage in employment, including, but not limited to, supported employment as defined and determined by the department.

(b) Nothing in this section shall be construed to abrogate the requirement that employers comply with reasonable accommodations and related responsibilities pursuant to federal and state laws. Nothing in this section shall be construed to prevent a loan guarantee for individuals with disabilities who have previously received vocational rehabilitation services and who wish to obtain a loan to purchase newly developed assistive technology or to replace worn or obsolete assistive technology.

(c) In determining eligibility for a loan guarantee from this account, the department shall make any loan guarantee contingent upon a determination that the person or the family of a child reasonably can be expected to repay the loan based on the person's or family's expected income or other resources.

(d) To the extent possible, loans made pursuant to this chapter shall provide for

a security interest to be given the lending institution in the vehicle or assistive technology for which the loan is made.

SEC. 2. Section 19461 of the Welfare and Institutions Code is amended to read: 19461. As used in this article, the following definitions apply:

(a) "Department" means the Department of Rehabilitation.

(b) "Eligible persons" means any of the following, provided that household income does not exceed the level prescribed for moderate-income families by the Department of Housing and Community Development pursuant to Section 50093 of the Health and Safety Code:

(1) Parents of a child with a disability who has been certified by a physician or the department as having a disability, who is living in the home, and who requires a modified vehicle for mobility.

(2) A person with a disability who has been certified by a physician or the department as having a disability, and who requires a modified vehicle for mobility.

(3) Parents of a child with a disability who has been certified by a physician or the department as having a disability, who is living in the home, and who requires assistive technology, including evaluation and training in the use of an assistive technology device, which is necessary for independent living.

(4) A person with a disability who has been certified by a physician or the department as having a disability, and who requires assistive technology, including evaluation and training in the use of an assistive technology device, which is necessary for independent living.

(c) "Eligible lender" means a financial institution organized, chartered, or holding a license or authorization certificate under a law of this state or the United States to make loans or extend credit and subject to supervision by an official or agency of this state or the United States.

(d) "Assistive technology" means any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities, and any service that directly assists an individual with a disability in

the selection, acquisition, or use of the item, equipment, or product system.
SEC. 3. Section 19462 of the Welfare and Institutions Code is amended to read:

19462. The department shall serve as a state loan guarantee agency to guarantee loans and to administer a guaranteed loan program established pursuant to this article. The department shall guarantee any loan made pursuant to this article at 100 percent of the total amount of principal and interest of the loan in default. The department shall establish the ratio of reserve funds to loans outstanding.

The effective interest rate to the borrower shall be a percent per annum, which is less than the fair market interest rate at the time the loan guarantee request is considered by the department, and which is based upon the ability of the borrower to pay, as determined by the department. When an application for a loan guarantee is approved by the department, the differential interest between the percent per annum approved by the department and the rate charged by the participating lender shall be prepaid by the department to the participating lender out of the Rehabilitation Revolving Loan Guarantee Fund.

If the borrower defaults on any loan guaranteed by this program, the participating lender shall reimburse the department for any interest not accrued, after deduction for any unavoidable loss suffered by the lender.

SEC. 4. Section 19469 of the Welfare and Institutions Code is amended to read:

19469. No loan in excess of fifty thousand dollars (\$50,000) shall be made to any eligible person pursuant to this article.

SEC. 5. Section 19470 of the Welfare and Institutions Code is amended to read:

19470. The department shall adopt regulations not inconsistent with this article that, among other things, shall establish criteria for determining eligibility for loans in the guarantee program that ensure that the applicants have the ability to repay the loans

SEC. 6. Section 19471 is added to the Welfare and Institutions Code, to read:

19471. (a) The department may apply for a federal grant award through the federal alternative financing program established pursuant to subparagraph (D) of paragraph (2) of subsection (b) of Section 3003 of Title 29 of the United States Code and may use funds in the Rehabilitation Revolving Loan Guarantee Fund, established pursuant to Section 19460, as the match for these federal grant funds.

The department may comply with applicable federal grant requirements, including, to the extent required, contracting with a community-based, nonprofit organization that has individuals with disabilities involved in the organization decision making at all organizational levels, to administer the alternative financing program.

(b) The department may do all of the following:

(1) Select a community-based organization with which to contract based upon consideration of criteria, including, but not limited to, the organization's sound fiscal condition and internal controls.

(2) Monitor and audit performance by the organization under the contract to minimize the risk of loss to the loan guarantee program of loan defaults.

(3) Terminate the contract in the event the department determines that the organization has not complied with the contract terms or has not prudently administered the loan guarantee funds.

(c) Moneys received from a federal alternative financing grant shall be deposited in the Rehabilitation Revolving Loan Guarantee Fund established pursuant to Section 19460, and the federal funds and state matching funds shall be administered by the department and, as set forth in subdivision (a), by a community-based organization through a contract with the department, for the purpose of providing loan guarantees consistent with this article and applicable federal grant requirements.

(d) To the extent that state funds in the Rehabilitation Revolving Loan Guarantee Fund are not used to fund the alternative financing program, the

department shall administer any remaining money in the fund consistent with the provisions of this article, and may enter into contracts with any public or private entity for the provision of services relating to the administration of the loan guarantee program.

(e) No more than 10 percent of the fund, excluding funds held in reserve pursuant to Section 19462, per fiscal year, may be used for costs of administration of the loan guarantee program, including administrative costs incurred by the department and any contractor.

SEC. 7. Chapter 10 (commencing with Section 19850) of Part 2 of Division 10 of the Welfare and Institutions Code is repealed.

TEAM EDUCATION

GOAL: To educate people with disabilities and business owners about Assistive Technology.

"...when this first started, I felt the weight of having something tangible done in a year! So I feel really good about having something up on the wall that is tangible and that I like it too."

Team Education was motivated to take action, based on information identified in AT Narratives from California: How it Works, on a Micro Action Item: “Inform Consumers About AT Funding Process” and a Meso Action Item: “Train Professionals, Employers, Service Providers and Industries on Universal Design and Assistive Technology,” explained below:

Inform Consumers About AT Funding Process

In focus groups, some participants informed us they didn’t have equipment because they did not know there were organizations and agencies that would purchase it for them. Consumers need to be informed about which agencies and organizations are available to help them acquire AT.

Train Professionals, Employers, Service Providers and Industries on Universal Design and Assistive Technology

Members of the above mentioned groups do not have an equal knowledge base about AT and universal design. Sometimes when people with disabilities seek professional assistance, the professionals are not the “experts” they appear to be. When service providers do not have all of the information available to them, there is no guarantee the consumer will have all of their needs met. Educating professionals, employers, service providers and disability-serving industries will provide improved information and service delivery to the disability population.

ACTION ITEM: Inform Consumers About AT Funding Process

The Education Team focused their efforts on informing consumers about the AT funding process. This team wanted to create materials for various audiences as a part of an AT educational awareness campaign. The Team created a humorous poster (see pages 50-51) to assist consumers in navigating the funding process.

OUTCOME:

Over 1,500 posters have been disseminated through mailings, ILCs, and outreach events across California. As a result, Californians are now better informed about how to navigate the Assistive Technology funding maze.

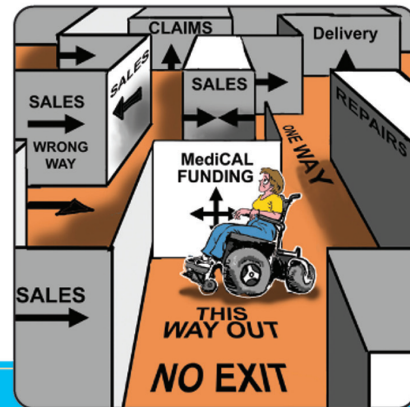
Note: Spanish and Text versions of this poster are available at www.cr4at.org.

AT Funding Poster

For more information on assistive technology vendors and services in California, contact your local AT Advocate or the AT Network at:

1-800-390-2699
 1-800-900-0706 (tty)
 www.atnet.org

A\$\$istive Technology Funding Tip\$



A helpful guide for navigating the funding

path for assistive technology devices

National Institute on Research and Rehabilitation (NIDDR), Grant #H133A010702

General Tips to Keep in Mind When Seeking Funding

These advocacy tips were compiled by the Arkansas ICAN organization, and will strengthen your advocacy skills.

Attitude

- ✓ Be polite and pleasant, but always business-like.
- ✓ Offer your cooperation and willingness to prove medical necessity.
- ✓ When questioned, try to educate and inform in an assertive fashion.
- ✓ Never threaten with legal action. This is heard often and will not intimidate any agency or insurance company.

Do your homework

Being prepared also means thinking about objections that the funding source could present to your request. While you can't prepare for every objection or excuse that might be presented, you may find it helpful to think up responses for these common excuses for NOT funding assistive technology such as:

- ✓ The law says we can't help you.
- ✓ We would like to provide you funding, but we have limited resources.
- ✓ We are payer of last resort, so come back to us after you have exhausted all other resources.
- ✓ We don't agree these needs could be met by assistive technology.
- ✓ What you want costs too much! We have limits on what we can spend on a single client.
- ✓ You are not eligible for services from this agency.
- ✓ Although this kind of device would be optimum for your needs, we are not required to provide that level of service.
- ✓ Talk to your insurance company. This is who should assist you. We can put you on a waiting list.
- ✓ Our professional experts don't agree with your assessment of needs.

Communication

- ✓ Communicate in writing whenever possible. Maintain regular contact with the funding source and do not permit time gaps of three or more weeks between communications.
- ✓ Direct letters or calls to the same person each time to encourage a positive working relationship.
- ✓ Thoroughly document all written and verbal communications.
- ✓ Once a day is not impolite to call someone (a case manager, therapist, durable medical equipment [DME] dealer, etc.) that has not returned your phone call.

Praise

- ✓ When someone (a case manager, therapist, durable medical equipment [DME] dealer, etc.) "goes that extra mile" to help your cause, express your sincere thanks and appreciation.
- ✓ Be patient and diplomatic while being persistent and enduring, or stated another way, you should "SPAR"—Show Patience And Respect.
- ✓ Remember: DON'T GIVE UP! Persistence is the most important part of advocacy!

TEAM EDUCATION

ACTION ITEM: Train Professionals, Employers, Service Providers and Industries on Universal Design and Assistive Technology

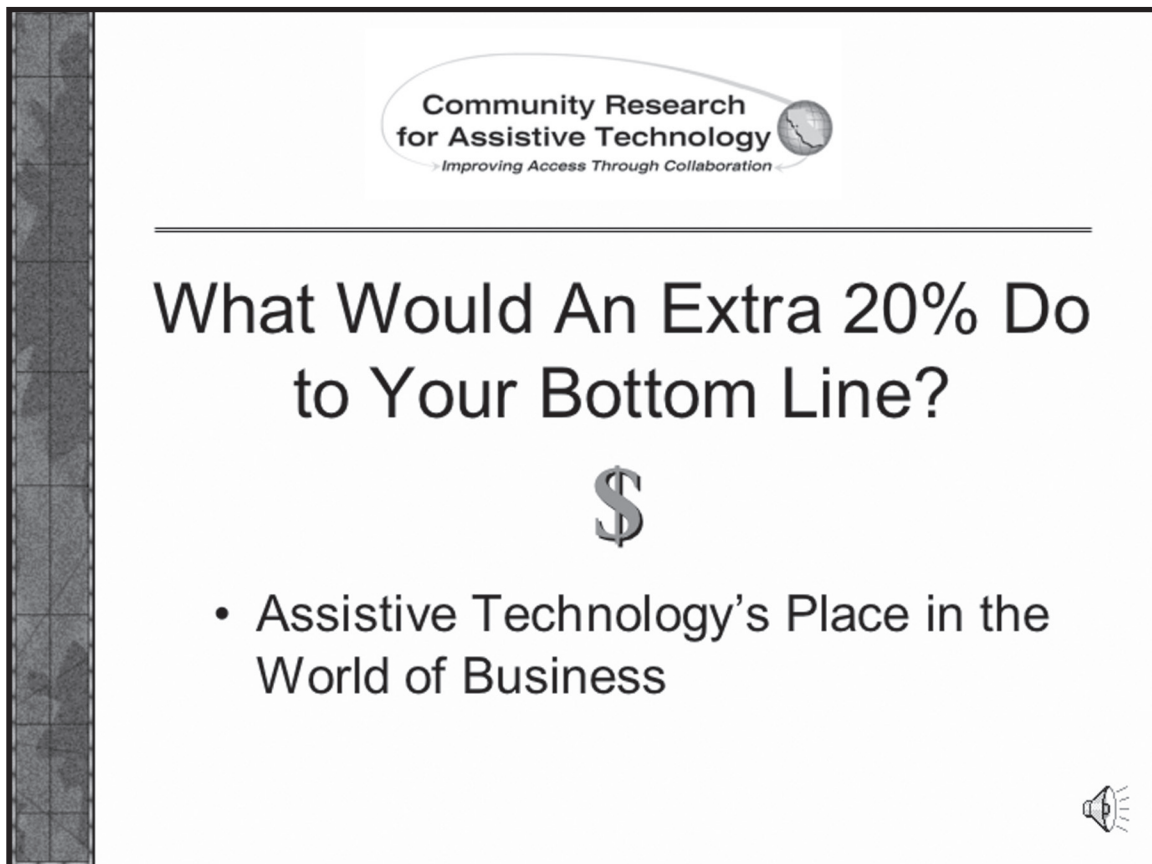
Team Education also developed a PowerPoint presentation for businesses highlighting the value of assistive technology and universal design in both English and Spanish. The presentation includes an audio voiceover for ease of presentation. The presentation was distributed on computer disks to Executive Directors and Assistive Technology Advocates at ILCs throughout the state, who will then disseminate the presentation within their local communities.

OUTCOME:

Over 500 presentations have been disseminated through mailings, ILCs, and outreach events across California. As a result, California business owners are better informed about Assistive Technology and Universal Design.

Note: Spanish and Text versions of this presentation are available at www.cr4at.org.

Powerpoint Presentation: AT and Universal Design



The image shows a slide from a PowerPoint presentation. At the top, there is a logo for 'Community Research for Assistive Technology' with the tagline 'Improving Access Through Collaboration'. Below the logo is a horizontal line. The main title of the slide is 'What Would An Extra 20% Do to Your Bottom Line?' followed by a large dollar sign '\$'. A bullet point below the dollar sign reads: 'Assistive Technology's Place in the World of Business'. In the bottom right corner of the slide, there is a small speaker icon, indicating an audio voiceover.

What Are The Facts



- About 1 in 5 persons in California have a disability, approximately 54 million people
(U.S. Census, 2000; AT Network, 2005)
- At least 13.3 million U.S. adults use assistive technology
(National Center for Chronic Disease Prevention & Health Promotion, 2005)
- In 2002, people with disabilities had a discretionary spending power of over \$220 billion
(National Organization on Disability, 2006)



Ask Yourself:

Do You Want to Provide Services to
Some or Services To All?





What Is Assistive Technology (AT)?

The tools and resources used by people with disabilities to improve their quality of life.

(Doe, 2004)



What Is Universal Design?

Developing products and environments which meet all people's needs.

(AT Network, 2005)





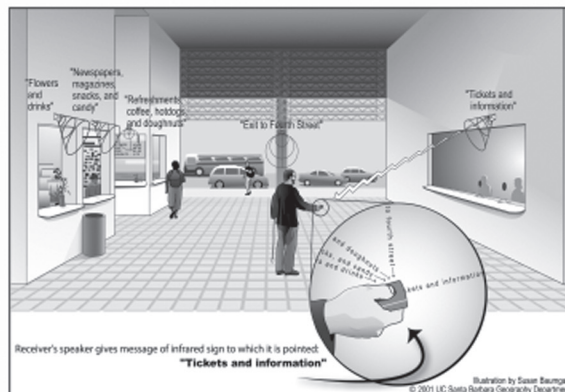
Why Should Businesses Want To Provide AT?

To be community leaders and to profit from the millions of untapped customers



What Do People With Disabilities Use AT For?

- Running errands
- Shopping
- Accessing help
- Employment
- Socializing
- Education
- Family life
- Volunteer activities



(with permission from Jim Marston)

(Community Research for Assistive Technology (CR4AT), 2004)



What Changes Do People With Disabilities Want?

- Making AT affordable
- To be included in decision making and funding
- Improved insurance coverage
- Making AT easier to get
- Tryout facilities
- Better collaboration among agencies
- Universal design
- National standards for AT services



(CR4AT, 2004)



ATNetwork
Assistive Technology...Tools for Living



What AT Is Out There?

Here are some examples of
the possibilities





Photo courtesy of En-Vision America

Talking Bar Code Readers

Automatic or easy button door openers



Braille and Picture Menus or Maps

(With permission from DynaVox Technologies)

Teletypewriters for phone service





❑ “Talking Signs” Transmitters and Receivers

(With permission from Jim Marston and Talking Signs)

❑ Lowered Tables and Countertops



Photos courtesy of the Center for Disability Issues & the Health Professions

❑ Adjustable medical equipment like exam tables, chairs, and scales



- ❑ Sensor activated lights, toilets, faucets, and hand dryers

- ❑ Alternate Doorknobs and Function Levers



- ❑ Shopping Scooters and Alternative Carts

- ❑ Reachers



What Can Your Business Do?

- Suggestion Boxes
- Hold your own focus groups
- Make your business accessible
- Train your employees
- Provide assistive technology for a variety of disabilities
- Contact the AT Network or your local Independent Living Center



No one should be denied access to a building or use of a product or service due to incompatibility

(AT Network, 2005)



Into the Future



- Growing numbers of people with disabilities
- Growing need for universally designed environments and assistive technology
- Higher profits for those businesses that can tap this underrepresented customer base
- Reaching higher levels of community involvement



Where Can I Get More Info?

- **CFILC:** (916) 325-1690, TDD (916) 325-1695, www.cfilc.org
- **AT Network:** (800) 390-2699, TDD (800) 900-0706
www.atnet.org
- **ABLEDATA:** (800) 227-0216, TDD (301) 608-8912,
www.abledata.com
- **Braille Institute:** (323) 663-1111, www.brailleinstitute.org
- **DynaVox:** (866) 396-2869, www.dynavoxsys.com
- **Talking Signs:** (800) 339-0117, www.talkingsigns.com
- **En-Vision America:** (800) 890-1180
www.envisionamerica.com



Acknowledgements

- CR4AT is funded by a grant from the National Institute on Disability and Rehabilitation Research (NIDRR)
- National Center for the Dissemination of Disability Research (NCDDR)
- Jim Marston, Ph. D., University of California



Acknowledgements (cont).

- Talking Signs
- En-Vision America, Inc.
- DynaVox Technologies
- Braille Institute
- Will Grabel (actor in photographs)
- Max Care
- Center for Disability Issues & the Health Professions



Contributors to Action Team “Education”

- Karen (Cary) McGill- Communications Director/ AT advocate/ ILRC San Luis Obispo, Ca.
- Patty Neumeyer- Strategy Director/ AT Coordinator/ ILRC Santa Barbara, Ca.
- Dan Grover- Program Specialist/ AT advocate/ ILSNC Chico, Ca.
- Scott Sabella- Team Consultant/ University of Northern Colorado



References

- AT Network. *Assistive Technology and Universal Design*. Retrieved June 5th, 2005 from http://www.atnet.org/advocacy/issue_atuniversal.htm.
- California Foundation for Independent Living Centers, Community Research for Assistive Technology. (2004). *California AT & Consumers Survey*. Retrieved June 1st, 2005 from <http://www.cr4at.org>.
- Doe, T.M., e.d. (2004). *How it Works: AT Narratives from California*. Retrieved June 2nd, 2005 <http://www.atnet.org/CR4AT/howitworks.htm>.



References (cont.)

- National Center for Chronic Disease Prevention & Health Promotion. (2005). *Behavioral Risk Factor Surveillance System: Prevalence Data*. Retrieved July 15th, 2005 from <http://apps.nccd.cdc.gov/brfss/display.asp?cat=DL&yr=2005&qkey=4001&state=UB>
- National Organization on Disability. (2002, May). *What Marketers Should Know about People with Disabilities*. Retrieved June 8th, 2005 from <http://www.nod.org/index.cfm?fuseaction=page.viewPage&pageID=1430&nodeID=1&FeatureID=723&redirected=1&CFID=11026330&CFTOKEN=42063985>.
- U.S. Census Bureau. (2000). *Disability Status: 2000*. Retrieved July 5th, 2005 from <http://www.census.gov/prod/2003pubs/c2kbr-17.pdf>.



TEAM UNDERSERVED

GOAL: To increase the availability of Assistive Technology to Latinos with Disabilities.

"I got 2 phone calls this week- one consumer called for hearing aids and the other called for daily living devices. I asked them what called their attention to the poster- it was the colors. So it's worked!"

Team Underserved was motivated to take action on issues identified as a Meso Action Item: Make information available to rural and non-English speaking consumers.

Make Information Available to Rural and Non-English Speaking Consumers:

Not all consumers are receiving the same level of information about assistive technology. Rural people with disabilities often do not have access to the same services as their urban and suburban counterparts. People who speak little or no English also have problems accessing information and services because information is not available in their native language and service providers do not speak their language. In both cases, consumers lose. Information that is critical to an improved quality of life is withheld. Access to disability and AT services needs to be made available on a wide scale so all consumers may benefit from the services and devices available. This includes multilingual information and services along with outreach to rural and outlying areas.

ACTION ITEM: Make Information Available to Non-English Speaking Consumers

Team Underserved decided that they wanted to make information on assistive technology available to non-English speaking consumers. The team chose California's growing Latino population as their outreach target.

The team worked with Latino AT users from Independent Living Centers to develop a poster in Spanish to educate the California Latino population about AT and the AT Network Information & Referral program.

Team Underserved held community meetings to gain perspective on the design of the poster, and recruited actual Latino Assistive Technology users to be photographed and highlighted on the poster.

OUTCOME:

500 posters were printed and distributed to ILCs, as well as a variety of disability and Latino allied organizations across California including: Latino Coalition for a Healthy California, Mexican American Opportunity Foundation, Regional Centers, Family Empowerment Centers and others. As a result, California Latinos with disabilities will be better informed about the Assistive Technology resources available to assist them.

Note: Spanish and Text versions of this poster are available at www.cr4at.org.

Tecnología Asistencial (TA) incluye aparatos y servicios que ayudan a personas con discapacidades de todas las edades a mejorar su calidad de vida.

El software educativo hace el aprendizaje más divertido para todos



TA pone una sonrisa en su cara



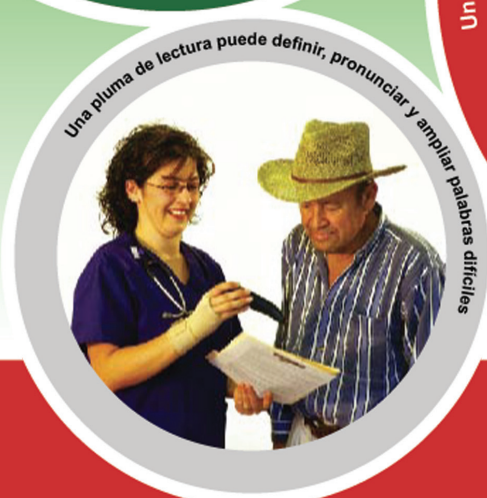
Comunicación está a su alcance con un dispositivo Personal de Información



Un dispositivo de Comunicación Aumentativa acerca más a la familia



Una pluma de lectura puede definir, pronunciar y ampliar palabras difíciles



Tecnología Asistencial

¡Comenzando Nuevas Vidas!

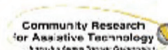
Para más información comuníquese con la Red de Tecnología Asistencial

1-800-390-2699

1-800-900-0706 (TTY) / www.atnet.org



NIDRR Grant #H133A010702



TEAM UNDERSERVED

CONCLUSION

Creating Change Together

The Community Research for Assistive Technology project used a Participatory Action Research model to learn how people with disabilities look at their own use of Assistive Technology, to discuss with others the importance of AT, to prioritize the needs of our community and finally, to take action to improve the availability and affordability of Assistive Technology.

Members of the Action Teams spoke to the importance of working together as a team to create change. They felt that as a team they were making a real difference. Many members reported that they enjoyed being able to see the results of their hard work and felt it was important to see the impact that they had made in their community.

Although the work of the Action Teams is complete, it is our hope the materials will continue to be disseminated, information will be shared and that the training participants will carry their interest in advocacy and research to a whole new level.

It is critical for the disability community to continue to fight the fight and be an active part of the push for change. Having research-based data to backup our positions helps not only to increase the validity and strength of our arguments, but shows that people with disabilities are an informed and educated force.

Although CR4AT was able to accomplish the goals set by our Action Teams, many of the identified strategies require continued action and advocacy to achieve meaningful systems change. Below is our call for continuing action to increase access to Assistive Technology based on action items that were identified in our second book, *How it Works: AT Narratives from California*. An elaboration of each AT Action Item Strategy is available within *How it Works* (available at www.cr4at.org).

The action items that the four CR4AT Action Teams addressed are highlighted in ***bold italics***.

Call for Continuing Action!

Policy and System

- ***Streamline AT process and reduce “red tape.”***
- ***Change funding eligibility requirements to include more devices and reduce medical necessity criteria.***
- ***Provide access to basic medical care, information and education, health-promoting activities and community services to all.***
- ***Mass market AT devices instead of labeling them for specific populations.***
- HMOs and Medi-Cal should provide the same level of medical coverage.
- Pass laws requiring better education of professionals and service providers.

Services and Environmental Access

- ***Train professionals, employers, service providers and industries who serve people with disabilities on universal design and AT.***
- ***Make information available to rural and non-English speaking consumers.***
- Train professionals, employers, service providers and others on all awareness of disabilities and communication with people with disabilities.
- Involve people with disabilities in the designing of AT devices.
- Increase and improve access to transportation systems.
- Coordinate services and communication between health professionals, service providers, vendors and consumers.
- Provide better and increased advocacy for people with disabilities.
- Approve new AT devices for funding lists as they arrive on the market.
- Repair AT devices in a shorter time frame.
- Make information regarding AT-related tax deductions clearer and more accessible.
- Devices should be compatible with one another and universally designed.
- Devices should be affordable.
- Develop accessibility teams with video cameras to evaluate and explain the importance of accessibility issues.
- Develop AT devices to assist parents with disabilities in caring for their children.

Consumer Advocacy

- ***Inform consumers about the AT funding process, how to get devices they need and from whom.***
- Train consumers how to use their AT devices.
- Actively involve consumers in the AT acquisition process.
- Inform consumers about the different AT devices available to them.
- Make AT devices portable.
- Make AT devices stylish and fashionable in appearance.

The CR4AT project hopes that the success of our Action Teams provides evidence of and an argument for the active involvement of people with disabilities in community-based research; there is much more to accomplish. Taking action is the key to change.

REFERENCES

Doe, T. (2004). *AT Narratives from California: How it Works*. Sacramento: California Foundation for Independent Living Centers.

Doe, T., Rajan, D. & Abbott, C. (2003). Re/Working benefits: continuation of non-cash benefits support for single mothers and disabled women. Retrieved July 25, 2003 from http://www.swccfc.gc.ca/pubs/0662670515/200302_0662670515_3_e.html.

Ferrari, T. M. (1998). Career preparation self-efficacy of elementary-age children: An examination of person, social context, and career preparation learning experience variables. (pp. 14-19). Unpublished doctoral dissertation, Michigan State University, E. Lansing.

Freire, P. (2000). *Pedagogy of the oppressed*. New York: Continuum Press.

Hart, E. & Bond, M. (1995). *Action research for health and social care: A guide to practice*. Buckingham, Great Britain: Open University Press.

Senge, P. (1999). *The dance of change: the challenges to sustaining momentum in learning organizations*. Toronto: Currency Doubleday.

Creating Change Together – Feedback Form

Thank you for reading the CR4AT publication, *A YEAR of ACTION: Creating Change Together*. Your answers to the following questions will help us refine our community research efforts.

The California Foundation for Independent Living Centers, a non-profit disability advocacy group is conducting research on technology used to facilitate outcomes for people with disabilities. The phrase “assistive technology” refers to any device that a person with a disability uses to live or work more independently. It can be a modified workstation, a walker, or even Velcro on a pen. This project is funded by a grant from the National Institute on Disability and Rehabilitation Research.

1) Demographic Information

A. Gender Male Female

B. Age Under 18 18-25 26-35

C. I am from a/an Rural Urban Suburban area

D. Ethnicity

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian American/Pacific Islander |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Mixed Race | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Other | <input type="checkbox"/> Decline to state |

E. I am a (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Person with a disability | <input type="checkbox"/> Parent of a person with a disability |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Vendor/Service Provider | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Other _____ | |

F. Primary disability

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Sensory |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Other | <input type="checkbox"/> None |

2) Does this book cover issues of importance to you?

- They are all important to me
- Some are important to me
- Not very many are important to me
- None are important to me

3) What are we missing?

4) What issues are urgent now?

5) Out of the urgent issues, which ones should be addressed now?

Please return survey to:

Community Research for Assistive Technology Project
Phyllis Dinse, Research Project Coordinator
1029 J Street, Suite 120
Sacramento, CA 95814

Voice: (916) 325-1690
TDD: (916) 325-1695
Fax: (916) 325-1699
Email: phyllis@cfilc.org

Thank you!