
Technology Act Project Directors Survey



In 1998, the Assistive Technology Act was passed by the federal government to provide grants to states to address the assistive technology (AT) needs of individuals with disabilities. Using a phase-in process, the act provided incentives for states to develop assistive technology programs to meet the needs of individuals with disabilities of all ages. As of 2003, all states were operating state-wide assistive technology programs through funding from the Assistive Technology Act although the types of services, resources provided, and age group served differed from state to state. This study was conducted in order to gain a better understanding of the policies, resources and patterns of AT use for infants and toddlers that may have been developed as part of the Assistive Technology Act grants to states. Specifically, the directors of the state Tech Act projects were interviewed to (a) gain a better understanding of pattern of AT prevalence and use; (b) describe policies and resources that promote AT in early intervention; (c) understand AT decision making and practices in early intervention; (d) identify training and technical assistance practices available; and (e) understand funding availability and practices.

Method

State Technology Act Project Directors across the United States were contacted via phone, fax and email and asked if they would be willing to participate in this study. Forty-eight state Tech Act Directors agreed to participate and were then interviewed by phone using a standard set of questions (see <http://tnt.asu.edu/appendix/TechActIntFinal.pdf> to view the survey). The process used in development of the survey included (a) input from our advisory Board members and selected members of the constituent groups, (b) development, review, and modification of draft surveys, (c) pilot testing of the surveys with a sample of the target group, and (d) final revision of the survey. The telephone interviews of the survey lasted between 20-60 minutes and were tape recorded and then transcribed. The interview transcripts were then coded using a quantitative approach and qualitative data was transcribed and analyzed for trends. Ten percent of the transcribed interviews were coded by a second independent rater and compared to the primary rater's codes. Agreement of 80% or higher was obtained for each of the independently coded transcripts.

Results

Results of the analysis and coding of the transcribed interviews were arranged in response to the four primary question areas (use and prevalence; policies and resources; decision-making and practices; training; and funding).

1. *AT Use by Infants and Toddlers*

Results of the analysis of the Tech Act directors interviews with regard to use of AT by infants and toddlers indicated several barrier to AT use in early intervention. Seventy-seven percent of the state Tech Act directors felt that early intervention providers had limited information about AT. The second barrier noted by 93.8% of the state Tech Act directors was families limited awareness of AT. A third commonly mentioned barrier identified by 64.6% of the directors, was a perception by parents or professionals that AT is for children older than 3 years of age. Finally, 79.2% of the directors interviewed stated that the limited number of knowledgeable personnel was a barrier to providing AT services to infants, toddlers and their families. Other barriers that were occasionally mentioned by the state Tech Act directors included geographic barriers, transition issues (getting information about AT to families early), cultural issues and problems with vendors.

Finally, state Tech Act directors were asked to indicate on a scale of 1 to 4, how important they felt the issues such as funding availability, education of parents and EIs, acceptance of AT by parents, availability of AT services, and opportunity to borrow AT devices were in providing AT services to infants and toddlers. Results of their ratings indicated that funding and service availability were identified by all project directors as somewhat or very important. Most all of the Tech Act directors rated all issues as very or somewhat important.

2. *Policy/Resources*

Interviews of the Teach Act directors included questions regarding the availability of programs and the funding resources to gain a better understanding of the policies and resources that might promote AT in early intervention. Most states reported that they had equipment loan programs (45/48 states), demonstration programs (40/48 states), and conferences or expos (44/ 48 states) available for infants, toddlers and their families. Tech Act directors were also interviewed about the funding sources available in their state for high and low tech devices for children under the age of three. Funding for high tech devices was primarily available through private insurance and Medicaid. State early intervention programs were sited as the primary funding for low tech devices. School districts were not typically identified as sources of funding for either high or low tech devices. Finally, state Tech Act directors were questioned about cash loan programs operating in each state. Seventy-nine percent of states reported that they did have cash-loan programs operating in their state, however, only 32% reported that those programs had been used by families of infants and toddlers.

3. *Decision Making*

In order to gain a better understanding of individualized AT decision making and practices in early intervention, the interviews of state Tech Act directors included questions regarding (a) information and referral procedures and (b) assessment practices. With regards to information and referral procedures, Tech Act directors were asked how information regarding AT devices and services was disseminated in their state. Two-thirds of the states (32 of the 48 directors interviewed) used websites developed as part of the Tech Act to disseminate information. Many states (28/48) also distributed information through newsletters or brochures put out by Tech Act, Part C or parent organizations (27/48 states). Sixty-percent of states also disseminated information about AT devices and services through phone contacts. Over seventy-percent of the state directors interviewed indicated that their state Tech Act projects were responsible for disseminating information about AT devices and services to EI programs.

State Tech Act directors were also asked about what type of information was disseminated by their office. Forty one states indicated that they provided information about devices. Many state Tech Act directors (39/48 directors) also reported that they provided information about funding. Other types of information disseminated through state Tech Act projects included referral information (35/48 states reported providing referral information); program information (36 states); state resources (24/48 states) and policy/advocacy information (19/48 states).

Finally directors were asked about the involvement of their state Tech Act project in the assessment process for infants, toddlers and their families interested in assistive technology. Only 25% of the states (12/48) indicated that the Tech Act project assisted in the assessment process for AT use in early intervention. Most state Tech Act directors (35/48 interviewed) reported that the state Tech Act programs were not involved in the assessment of AT for infants, toddlers and their families.

4. *Training/Support*

Nineteen (39.5%) of the tech act directors reported the availability of AT training that is specific to early intervention and most of the states offer demonstration programs and annual expositions or conferences where equipment can be viewed (91.7%).

The Technology Act was the most frequently cited sponsor for training activities by the Tech Act Directors. Other sponsors included universities, the USDOE, Easter Seals, and the Part C program.

Currently, collaboration between Tech Act programs and the Part C system exists in 64.6% of states. More specifically, in 6 states (20%) the Directors reported that the Part C program refers clients to the Tech Act for information and services. In another 4 states Tech Act and Part C programs mutually share resources and information. In three states a Part C member sits on the Tech Act Board and Tech Act consulted with Part C during development of assistive technology policies.

According to 27.1% of the directors interviewed, there was one AT demonstration program for the entire state. Eighteen percent (18.8%) reported 9 regional AT centers while 12.5% reported no AT demonstration programs available in their state. In terms of early intervention equipment loan programs in each state, 22.9% reported there was one program for the entire state and 81.3% reported regional centers and/or multiple centers available.

5. *Funding*

Many of the Tech Act Directors reported that their state had cash loan programs to finance AT (79.2%) but only 28.9% reported these programs are used by infants and toddlers. Some reasons identified for low enrollment in such programs were 1) cash loans are usually used for home or vehicle modifications, 2) newer programs have not had any applicants yet, or 3) just general low demand for the program. In addition, high tech devices could be funded through private insurance (79.2%), Medicaid (58.3%) but it is only widely used 37.5% of states, early intervention funds (27.1%) and family funds (58.3%) although only widely used 14.6% of the time. In terms of low-tech devices the Directors reported that private insurance is not available (62.5%) but that Medicaid (62.5%), early intervention funds (31.3%) and family (47.9%) are resources of financing for AT.

Seventy-nine percent (or 38 of the 48) of the directors perceive lack of funding to be a barrier impeding access to AT by infants and toddler. They report funding to be hard to find or information difficult to obtain. Some stated that there is no problem getting funding for AT for an infant-toddler if the device and/or service is medically necessary. In addition, the Tech Act Directors indicate, when AT funding is available families are forced to be persistent and endure long waiting periods. Finally, the Directors were concerned that as awareness grows about use of assistive technology by infants and toddlers, so will grow the need for more funding.

Future Directions

Interviews and analysis of state Tech Act directors provided information to identify and understand the interrelationships of factors that appear to influence AT with infants and toddlers. However, these data clearly indicate that we need to know more about how to best provide and utilize AT services for young children in early intervention.