

Testimony on District of Columbia Office on Aging Oversight
Before the District of Columbia City Council
Committee on Housing and Community Development
Chairperson Anita Bonds
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Presented by
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Good morning Chairperson Bonds and members of the Committee on Housing and Community Development. My name is Tori Goldhammer. I am an occupational therapist, founder of the DC Falls Free Coalition and the Coordinator of the DC Senior Advisory Coalition.

As an occupational therapist, I work with older adults throughout the District to help them identify modifications to remain safely in their home as they age. My services are typically covered by Medicare, so I am able to see residents of all income levels. I have been working closely with the DC Office on Aging (DCOA) and the Aging and Disability Resource Center (ADRC) over the past five years on various programs and educational events throughout the District. DCOA has supported the Falls Free Coalition efforts on Fall Prevention Awareness Day and together we have planned a program to provide free in home fall risk assessments. The results of the assessment will yield recommendations such as exercise programs, referrals to other professionals based on identified risks, medical equipment and home modifications. The implementation of the recommendations will hopefully lead to a decreased fall risk for the individual.

I am pleased that DCOA and the ADRC have created the program and look forward to meeting up to 120 seniors in the District this fiscal year. However, my concern is if home modification needs are identified, such as the need for grab bars, handrails or ramps, there isn't a mechanism to help fund these modifications through the program. Unfortunately for older adults who aren't active in the community, most falls occur in the home. These falls can often be prevented with education and modifications to the environment. The DC Dept. of Housing and Community Development (DHCD) has a program that theoretically can provide these modifications, but the program is designed for large dollar amounts and the wait times for completion of work can be up to several years. While DHCD has been very receptive to working with a task force of stakeholders over the past year to revise the program and make it more accessible, this large program will not meet the immediate needs of many seniors. Given that most of the recommended modifications will cost under \$2000, I and other providers have strongly recommended that a simpler, smaller, grant program be made available. Last year, DCOA was working with DHCD to create an MOU for money to be available for these recommended modifications, but to date the MOU has not been finalized. It should be noted that in DCOA's performance plan they have an objective that a minimum of 50% of recommended in-home modifications to prevent falls will be implemented in FY 2015. Chair Bonds, I respectfully ask the Committee to ensure that DHCD facilitate this MOU as I believe funding for modifications will be an essential part of making the fall prevention program successful.

Additionally, as Coordinator of the D.C. Senior Advisory Coalition, I support the SAC goals and objectives for the D.C. Office on Aging with regards to the Wellness Centers and Nutrition.

Wellness Centers

The DCOA State Plan on Aging (FY 13-15) and the DCOA New Community Living Strategic Plan 2017 recommend the implementation of evidence based programming in the Wellness Centers. The DC Age Friendly City objective (8.2.3) specifically supports evidence based fall prevention programs. Evidence based programming with regards to chronic disease management and fall prevention is being implemented with great success throughout the country and I fully support DCOA's efforts to bring those programs to the District. The DCOA 2017 Strategic Plan recommends Wellness Centers in every ward of the city. Currently there aren't city funded wellness centers in Wards 2 and 3. However, if it is not possible to secure a building in each ward, the Senior Advisory Coalition supports bringing the evidence based programming to existing sites throughout wards 2 and 3, such as the congregate meal sites, public libraries and other locations.

Nutrition

DCOA's 5 year strategic plan and Performance Plan objective cite expanding the Home Delivered Meal Program "to fight against senior hunger". While the SAC supports this goal, we would also like to encourage additional nutrition options, as identified in the Age Friendly City strategic plan (Goal 8.2.2) "Create incentives, partnerships, and training for the establishment of new, and expansion of existing, programs to increase access to fresh produce and healthy foods (e.g., Healthy Corners, D.C. Fresh, community and shared backyard gardens)." Iona has piloted a farm to table program which brings fresh farmers market produce to lunch programs at no cost to the recipients. This is one model to consider expanding throughout the wards.

Through my work as an occupational therapist in the community, member of the Falls Free Coalition and Coordinator of the Senior Advisory Coalition, I fully expect that comprehensive, community based support services such as funded home modifications, evidence based wellness programs and creative solutions to nutrition issues will enhance the lives of community dwelling older adults and ultimately save the District money by preventing unnecessary admissions to nursing homes.

Thank you for your consideration.