

Testimony on Department of Housing and Community Development Oversight

Before the District of Columbia City Council

Committee on Housing and Community Development

Chairperson Anita Bonds

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Presented by Tori Goldhammer, Occupational Therapist

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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. The majority of seniors I see require simple modifications to prevent falls and improve accessibility in their homes. As you know the housing stock in the District is old and difficult to manage with a physical impairment. The seniors I work with face obstacles such as interior and exterior stairs and small bathrooms with tubs. However, there are often modifications that can help overcome these barriers and facilitate aging in place. These modifications can cost anywhere from \$500 for grab bars and handrails up to \$10,000 for mechanical lifts for safe access at the entrance/exit of the home.

The Department of Housing and Community Development (DHCD) has a program that can assist with these modifications. Under the Single Family Residential Rehabilitation Program (SFRRP) the Handicapped Accessibility Improvement Program (HAIP) is a grant of up to \$30,000 available for accessibility modifications. It is a generous program that can more than cover the needs of the seniors in need of the modifications and it is well funded by the Mayor and Council. However, because it is housed under the larger SFRRP it can be difficult to access and can take a significant amount of time to go from application to completion of work. This delay prevents important safety modifications from being installed in a timely manner and leaves the senior at risk for falling.

In addition to the length of time, the other significant problem is the homeowner does not have advice from a health care professional about appropriate modifications. At this time, these decisions are made by the architects at UDC through their Architectural Research Institute (ARI). Unfortunately they use ADA standards and do not have the perspective of the person's

abilities in relation to the environment. As an occupational therapist I assess the person and the environment and create an individualized plan for each person that meets their personal needs. With permission I have attached a letter from the daughter of a senior (Ms. Wooten) who received modifications that were inappropriate along with my recommendations on how to remediate the problems. To date, the issues have not been resolved. Not only would my recommendations have been more appropriate and safe for the homeowner, but they would have cost less than what was installed at the house.

DHCD is aware of the issues with the program and they have been very open to working with a task force of stakeholders in the community to improve the process. While I greatly appreciate their efforts, I do not believe fixing the larger SFRRP is necessarily going to help the people I work with who only need accessibility modifications. The process is still time consuming for the individual and will delay important modifications that many times should be installed immediately.

Therefore I respectfully request a new program be created in DHCD that is designed specifically for accessibility modifications. This program can have a maximum of a \$10,000 grant which should suffice to modify staircases, which are the greatest barrier for the seniors. It should also require an assessment by an occupational therapist (OT) to determine the most appropriate and cost effective recommendations. The OT can provide specific product and design details to the architect and contractors to eliminate unnecessary problems such as those faced by the Ms. Wooten. This program should not require extra funding as DHCD has a generous budget for the SFRRP which they have not been able to fully spend in the last few fiscal years.

Thank you for your consideration.

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