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Delegate Maggie McIntosh, Chairman
House Appropriations Committee
Lowe House Office Building, Room 251
6 Bladen Street
Annapolis, Maryland 21401

Re: **HB498 – DEPARTMENT OF AGING – GRANTS FOR AGING-IN-PLACE PROGRAMS – FUNDING – SUPPORT**

Dear Chairman McIntosh and Members of the Committee:

The Green & Healthy Homes Initiative (“GHHI”) writes in support of HB498 to provide funding to support older adults who want to remain in their homes safely and independently. GHHI has a long-standing history of providing services to and advocating for families and children in Maryland to ensure access to safe and healthy housing. GHHI’s Aging-in-Place Program is part of the Housing Upgrades to Benefit Seniors (HUBS) partnership between 15 Baltimore area non-profits, housing intervention providers, hospitals, community organizations, philanthropy and the City of Baltimore. The HUBS initiative was launched in 2015 to link seniors to housing services and coordinate local senior housing efforts for increased efficiency and impact. The HUBS Leadership Team – made up of Green and Healthy Homes Initiative (GHHI), Civic Works, Neighborhood Housing Services of Baltimore (NHS), and Rebuilding Together Baltimore – serves 6 community-based sites in Baltimore neighborhoods where case managers and housing intervention programs provide services including housing repair and home accessibility modifications. HUBS has served over 1,300 older adult households since 2015 in Baltimore and was recognized by the Harry and Jeanette Weinberg Foundation and the HUBS partners’ receipt of the 2018 HUD Secretary’s Award for Public-Private Partnerships.

While HUBS has achieved success in locating vulnerable older adults and identifying services that they are eligible for, the demand for services far exceeds the funding available to help seniors in need in Baltimore. In Baltimore City, there are 75,275 adults over the age of 65 (12.1% of the population) and 57,256 households contain at least one adult over the age of 65 (22.9% of all households). There are 31,470 Baltimore City houses that are owned by older adults; they make up 26.8% of all owner-occupied houses. Because older adults are more likely to live on a fixed income and experience limited mobility, they often have substantial housing needs. In Maryland, one in four households with residents 85 years or older and one in five households with residents aged 65-74 pay at least half of their fixed income on housing. 17.2% of all older adults over the age of 65 in Baltimore City live below the poverty level and the greatest percentage of Maryland’s low-income minority older adults live in Baltimore City (40.8%). Baltimore’s older adult population is vulnerable to many housing-related issues that challenge their ability to preserve

population is vulnerable to many housing-related issues that challenge their ability to preserve their independence and quality of life. One-third of all extremely low-income households in Baltimore City that experience housing cost burdens greater than 30% are older adults.

This has created a backlog of low-income older adults waiting to receive vital home repairs that include roofs, furnaces, hot water heaters, structural issues, fall prevention measures and senior accessibility. There is also a shortage of funding that meets the needs of Baltimore's most financially vulnerable older adults. Many City and State rehab programs are structured as forgivable loans, which can eliminate older adults who are renters, have reverse mortgages, have liens on their homes, or have already received loan-based assistance.

Baltimore's older housing stock is often poorly weatherized and not safe and suitable for older adults. For households living on limited resources or who do not have independent savings, the high cost of housing, including energy inefficient homes that increase utility bills, means there is little left over for additional or unexpected expenses or home repairs. Outdated bathrooms, poor lighting, narrow halls and doors, steep stairways, faulty electrical work, switches and plugs in inaccessible locations, kitchens with poor layout and inaccessible features all pose potential safety threats and household injury risks. Through the HUBS program, GHFI has been able to foster safer home environments for older adults to age-in-place. Recognizing the benefit of aging-in-place programs, we are also actively involved in the advancement of similar programs in the State of Connecticut and the cities of Cincinnati and Memphis. Aging-in-place programs with a housing upgrade component provide a valuable long-term solution to the impending burden of housing for older adults in our society.

The population of Americans aged 65 and older is increasing and projected to double from 52 million in 2018 to 95 million in 2060. With these demographic shifts, there is expected to be an increased burden on our healthcare systems related to nursing homes and assisted living facilities. According to the AARP Public Policy Institute, nearly 90% of adults over the age of 65 want to stay in their home for as long as possible. In addition to the physical challenges associated with aging, the health and safety of the home can also make aging-in-place more difficult. It is estimated that about 1.45 million elderly households live in housing that needs repair and over 1.1 million elderly households report unmet needs for home modifications, compromising their safety and placing them at increased risk for trip and falls. Trip and falls are the leading cause of fatal and non-fatal injuries among older Americans, resulting in 2.3 million emergency department visits, more than 662,000 hospitalizations, and totaling about \$31 billion in healthcare-related costs.

Fall prevention through home modifications is a key component of many aging-in-place programs. These modifications include bathroom grab bars, interior and exterior stair rails, shower seats, handheld shower, raised toilet seat, motion-sensor lighting, and treads on wood steps. A review of fall prevention programs found that those with home environmental modifications, as informed by an occupational therapist, had the highest reductions in the rate of falls (the total number of falls per unit of person time that falls were monitored) and the risk of falls (the chance that an individual falls) among older adults, particularly those with the highest risk. (Cochrane, 2012) Holistic fall

prevention interventions that included home remediation as part of their services were more effective than those that left it to the clients to follow-up with the home remediation partner. As a result, the Center for Medicare and Medicaid Innovation funded the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) pilot program to target comprehensive interventions that included physical therapy, home visits from a nurse, and home modifications to a subset of older adults who were over the age of 65, had trouble performing activities of daily living (ADLs), were eligible for Medicare or Medicaid, lived in a house, and who did not suffer from cognitive impairment. Through this program, 75% of participants improved their ability to perform ADLs and an average of \$30,000 in healthcare costs (both Medicaid and Medicare) per participant was saved over two years. Similarly, the Habitat for Humanity of Greater Memphis Aging in Place (AIP) program reported a 75% reduction in the number of falls post intervention.

While the business case for investing in Aging-in-Place programs with a home modification component is significant, the funding available is inadequate. In Maryland, certain Medicaid waiver programs include Aging-in-Place services (some w/ home modifications) and Medicare Advantage plans have the option to offer home modifications as a supplemental benefit. We recommend that these Aging-in-Place grant funds can complement these existing programs, where they exist, through any of these approaches:

- Fund uncovered services for the Medicaid waiver populations, such as group exercise programs (e.g. Stepping On) in-home assessments by occupational therapists, or expanded range of home modifications to improve the health of occupants, such as energy efficiency measures to alleviate extreme temperatures or modifications to address respiratory issues such as mold.
- Use the funds to target Aging-in-Place services to low-income populations that are not eligible for Medicaid waiver programs, which requires documentation of nursing home placement risk.

For these reasons, we support HB498 and its goal to appropriate at least \$1 million for Aging-in-Place programs across the state. Older adults in Maryland deserve the opportunity to stay in the homes and communities where they choose to live. When we allow older adults to age-in-place, we advance equity, wealth retention, housing stability and intergenerational economic opportunity for all Marylanders.

WE ASK YOU TO SUPPORT HB498.

Respectfully Submitted,


Ruth Ann Norton
President and CEO

