

Testimony by Eleanor A. Smith
Before the
Subcommittee on Housing and Community Opportunity
in SUPPORT of H.R. 1408
The Inclusive Home Design Act
September 29, 2010

Good afternoon Chairwoman Waters and members of the subcommittee.

My name is Eleanor Smith and I am the director Concrete Change, a non-profit organization based in metro Atlanta which I helped found in 1987. The mission is working to make basic access the norm in new houses.

As a small child in the 1940's I had a severe case of polio and although my parents and siblings were supportive I faced a forbidding environment with no curb cuts, completely inaccessible libraries and other public buildings, little access to stores, and only a handful of universities across the country equipped to accept students with disabilities. When I became the age to live out on my own, even more intense access problems began. Only with great difficulty could I find apartments with architectural access. For instance, I lived in a house for six months where the narrow bathroom door forced me to crawl on the floor every time I needed to use the bathroom.

As an adult I saw various laws enacted that greatly increased access to government buildings, and later that was expanded to all public buildings. This was a major reason I was able to become a teacher at a community college. In 1991, federal access requirements were added for new residential buildings with four or more units.

However, detached single-family houses and townhouses, where the majority of the population lives, remain the last part of the built environment not covered by widespread federal law. The great majority of those housing types continue to be built with basic barriers such as steps at all entrances and narrow bathroom doors. These cause harsh effects on the lives of people with mobility problems and their families.

Concrete Change has grown to include several thousand involved participants across the country. Working on behalf of the mission, advocates across the country have assisted in bringing about local or state laws and policies that have produced approximately 40,000 homes with basic access intended for the general public, not just people who have disabilities.

But this is far fewer than are needed. I am grateful that Representative Jan Schakowsky introduced the Inclusive Home Design Act (IHDA), which extends to the federal level some of the laws and policies that have succeeded on a local level, and grateful for this opportunity to testify to you.

The current reality is that even most federally assisted new houses continue to be built with steps at all entrances and narrow doors. 5% of new single-family detached houses and townhouses with federal assistance are required to have a wide array of access features (such as lowered kitchen cabinets and accessible bathing facilities), but the remaining 95% are not required to have even the most basic access features such as one entrance without steps and adequately wide interior doors.



Example of problem: These Housing Authority Town houses, compliant with current federal Law, include a fully accessible unit amidst a row Of other units which all have entry steps and narrow doors. A resident in an inaccessible unit who later develops mobility impairment cannot enter their home independently or fit through their bathroom door, and a disabled resident in the accessible unit is cut off from visiting their neighbors.

The number of houses that need access is far greater than is commonly estimated. We have found that estimators often cite only wheelchair users, when in reality people who use walkers or have other mobility issues such as balance problems, stiffness or weakness also find even one step difficult or impossible to use. Also, estimators tend to cite only the people who currently have disabilities, without taking into account others who had major impairments but since recovered and still others who will develop these impairments. Further, they often do not take into account that disabled people, like other people, move from house to house, and each successive house needs to provide access.

Concerned about inaccurately low estimates, we put the question to researchers at the University of Florida “What is the likelihood that a house built in 2000 will have, over the lifetime of the house itself, a resident with severe, long-term mobility impairment?” The findings were printed in the Summer 2008 *Journal of the American Planning Association*¹, and showed that at least 25%, and as many as 60%, of houses will at some point have such a resident. Furthermore, it is impossible to predict in which house a resident will develop a disability. Lastly, when one considers the ability of disabled people to visit their friends and extended family, be they a five-year-old with cerebral palsy or an older person who is recovering from a stroke, the percentage of houses impacted rises steeply. There will not be time in our lifetime to retrofit all the existing, inaccessible homes where someone develops a mobility impairment, but we do have the opportunity to change the norm for new construction.

The Inclusive Home Design Act Properly Prioritizes the Features That Have the Most Impact on People’s Lives.

It would greatly help many people live safely in their homes and be able to visit the homes of others. While retaining the 5% currently required having extensive access, IHDA would require a few key features in the remaining 95% of new houses assisted by federal agencies. These key features permit people to enter and exit their own house, pass through their interior doorways, and have some maneuvering room inside the bathroom. They can be thought of as the features most essential for one to return to one’s own home from the hospital. Also they are the ones most essential to visiting the homes of others. The resulting houses would be open for rent or purchase by disabled and non-disabled alike. As I detail later in this testimony, health would be improved, integration expanded, fairness improved, and institutionalization reduced. Public expenditures for health problems and institutionalization would be reduced.

The Architectural Features in IHDA are inexpensive and not difficult to incorporate on the great majority of terrains and climates.

When laws and policies similar to IHDA were first proposed, they were often labeled impractical by some people, including by some building professionals. However, the feasibility has already been

demonstrated by more than 40,000 existing houses on the open market that have been built over the past 20 years in Arizona, Texas, Illinois, Georgia, Ohio and other states.

These houses run the gamut from very affordable to high-end. They include houses built on concrete slabs and houses over basements. Very hilly terrain, as well as level terrain, has proven practical for access. Climates and soil types range from Arizona to northern Illinois.

Although these ordinances and policies have been producing houses from 4 to 20 years, none have been rescinded. This attests that the access features and the inspection/enforcement procedures are practical. On a house by house basis, more than 95% of lots have proved feasible and local officials use criteria to exempt the small percentage that are unfeasible.

IHDA, like the local initiatives mentioned above, makes a zero step entrance feasible on many lot types because it permits the entrance to be located at any of several points, whichever are most feasible for the given lot. Below are several examples.



Zero step at the front.
(Bolingbrook IL
Ordinance.)



Zero step at the back on steep lot,
many steps at front. (Decatur GA
Housing Authority)



Raised alley facilitates zero steps
from garages to houses. (Austin
TX Ordinance.)

Because the houses shown above are new rather than retrofitted, the zero-step entrances were accomplished by tying a sidewalk into the porch, or through a garage. In contrast, retrofitting an existing houses often require expensive, aesthetically awkward ramps with 90-degree drop-offs at the edges and railings.

Regarding the interior of the houses, achieving the needed 32-inch clearance through doorways which IHDA requires is consistent with the requirements of the Fair Housing Act for multi-family apartments and condos. The Fair Housing Act specifications have been in place since 1991 and have yielded hundreds of thousands of accessible units. Besides door width, the rectangles of maneuverable space IHDA requires in bathrooms are also consistent with the Fair Housing Act.

Supporters of IHDA recognize that Town Houses (i.e., attached, multi-story, single-family houses) are a needed housing type; we recognize that they are an important option to achieve density and thus encourage affordability. Our intention is to positively affect this housing type to ensure basic access features.



This Chicago town house, resulting from local IHDA-type ordinance, provides a zero-step entrance, wide interior doors and several other basic access features.

One example of how the Inclusive Home Design Act will increase houses with basic access is shown by the Ohio Housing Finance Agency (OHFA) policy through which they allot federal Low Income Tax Credits. Before 2007, OHFA complied with federal law by constructing 5% of townhouses and single-family detached houses with full access. For the remaining units, developers applying for the tax credit could receive extra credit on their application if desired, by incorporating any of a long list of possible disability-related features, but did not have to include a zero step entrance or wide doors. In 2007, the board approved a policy that would require basic access in the 95% (except in the few instances where the site was not feasible). A recent report shows that from 2007 through mid-2010, 1,038 single-family new houses with basic access were developed which would not have had any access if the local policy had not been in place.

Continuing to Build with Barriers Results in Very High Costs

While costs of building basic access in new homes have been demonstrated to be low, costs of continuing to build barriers are high.

Renovating for access costs exponentially more than creating basic access at the time of construction. State and local funds have far more requests than they can fill. For example, the money the GA legislature set aside in 2009 for removing architectural barriers to improve disability access ran out in less than two months of the fiscal year, leaving hundreds on the waiting list who were unable to exit their homes without assistance and/or enter their own bathroom. Furthermore, as in Georgia, many funding sources stipulate that rental houses are not eligible for this funding, leaving many renters without recourse.

Even more costly is that people who would prefer to remain in their own homes often are propelled into nursing homes or other institutions because steps and narrow doors prevent them from using their homes when mobility impairment occurs. Hospitalized people and their families find it difficult to evaluate their home, find a contractor and gather needed funds in the short time before dismissal from the hospital. Nearly 70% of people who enter nursing homes enter directly from a hospital or rehabilitation facility.³ While many factors lead to nursing home placement, much anecdotal evidence indicates that home barriers are a major factor. 64% of total costs of nursing home residency are paid with public dollars (Medicare and Medicaid).⁴

A third major cost to families and the public dollar are the health problems that are exacerbated by barriers. Recognizing that architectural barriers in homes can lead to multiple health problems, the American Public Health Association in 2009 formally adopted a recommendation that all new houses should employ an inclusive design philosophy, and in 2010 the federal initiative Healthy People 2020 adopted as one of their objectives “increase the number of residential buildings and homes that have visitable features, namely a no step entrance.” Over the years, I personally have experienced most of the problems below, and they are repeatedly cited by the individuals and the organizations in our network:

- Increased falls because of steps at all entrances (people with poor balance struggling to open entry doors while negotiating a step; people in wheelchairs being carried up steps; etc). Falls are the leading cause of injury, emergency department visits, and hospitalization for people over age 65.
- Increased falls because narrow bathroom doors force people using walkers to move sideways through the door; cause some wheelchair users to employ unsafe means of passage such as transferring to a desk chair on casters, crawling on the floor; etc
- Inability to exit the house in case of fire or other emergencies.
- Increased bladder and kidney problems. Inability to pass through a bathroom door in one's own home or visited homes results in chronic self-limiting of liquids and other practices that cause infections, stones and other health problems.
- Diminished health of caregivers. Research indicates that persons who provide major care to family members with disabilities have more health problems and higher mortality than control groups not doing care-giving. Home barriers create burdens.
- Increased depression of people who cannot leave their home independently, or sometimes even access their own porches independently, because of steps at all entrances.
- Increased depression of people for whom architectural barriers in the homes of friends and extended family make it difficult or impossible to take part in gatherings.
- Increased injury to workers whose jobs entail heavy lifting such as movers, delivery people and Emergency Medical Technicians

Conclusion

Presently, advocates to advance basic access are having to struggle city by city and year after year trying to ensure public money will not be used to build new, local houses that exclude people with mobility impairments. In many locales, no such advocacy exists; federally supported houses are going up as a matter of course, without voices raised to offer alternatives. Passage of this humane, timely, practical Act authored by Representative Jan Schakowsky will ensure that awareness is raised across the country, and built examples will occur demonstrating that it can be done effectively. The increased numbers of houses with basic access will be more than a little cost effective by lessening the unintended costs resulting from current construction practice; will bring formerly isolated people into contact with their extended family members and friends; improve public health; and make people more secure in their homes as they age.

¹"Aging and Disability: Implications for the Housing Industry and Housing Policy in the United States," Stanley K Smith, Stefan Rayer and Eleanor Smith, *Journal of the American Planning Association*, Summer 2008.

² Interviews with builders and public servants experienced in building single-family homes with basic access, "Increasing Home Access: Designing for Visitability," J. Maisel, E. Smith, and E. Steinfeld, *AARP Public Policy Institute*, Appendix B, 2008, as well as statements by experienced builders and developers from other sources.

³ MDS Report, US Department of Health and Human Services, 2005.

⁴ Kaiser Commission on Medicaid, 2004