

Home Modification Services in Indiana

Statewide Survey Results and Recommendations for Public Policy and Programs

**Prepared for the Indiana Housing Finance Authority and the
Indiana Governor's Planning Council for People with Disabilities**

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The Center on Aging and Community is one of seven centers located at the Indiana Institute on Disability and Community at Indiana University, Bloomington. The work of the Indiana Institute encompasses the entire life span, from birth through older adulthood, and addresses topical areas that include:

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- ◆ **School improvement and inclusion;**
- ◆ **Transition, employment, and careers;**
- ◆ **Aging issues;**
- ◆ **Autism spectrum disorders;**
- ◆ **Disability information and referral;**
- ◆ **Technology;**
- ◆ **Planning and policy studies; and**
- ◆ **Individual and family perspectives.**

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Executive Summary

With the aging of Indiana's population and the ongoing pace of deinstitutionalization, it is clear that we need strategies to help people "stay put" in their environment of choice. Among the many services needed close to home are those that address the quality and accessibility of the built environment.

This report discusses the "state of the art" in-home modification services in Indiana, revealed through a statewide survey conducted in late 2002 and 2003 by the Center on Aging and Community of the Indiana Institute on Disability and Community. Funded by the Indiana Housing Finance Authority and the Governor's Planning Council for People with Disabilities, the survey was completed by representatives of 45 public and private home modification and repair programs throughout Indiana. 150 individuals completed a second survey of professionals in the building and trades industry. The report describes the methodology for the survey and the results in detail.

Several conclusions drawn from the survey and from interviews with service providers are provided. It is hoped these assertions help inform policy and program discussions at local, regional and state levels and spur continued exploration of the expansion of services to enable more individuals to remain independent, safe, socially engaged, and productive in their home of choice.

Current State of Home Modification in Indiana

- A wide range of non-profit and for-profit providers, varying in size and organizational base, provides home modification services in Indiana.
- Home modification services are not equally available to consumers throughout the regions of the state.
- Medicaid, Medicaid waiver, private pay and CHOICE are the most frequently utilized sources of funding for home modification services in Indiana.
- Housing rehabilitation funding sources of federal origin are significantly underutilized for specialized home modification services.
- Successful home modification programs depend upon a creative admixture of funds from and effective collaboration with multiple players, including local grass-roots and faith-based organizations.
- Home modification services are needed and utilized by a broad population across the lifespan, from one to multi-person households, with very low to moderately high income.

- The large majority of home modification services target owner-occupied homes and not rental households.
- In-home assessments for home modification are highly non-standardized throughout Indiana and draw upon a wide range of disciplines and professions.
- Home modification providers regularly supplement their services with education for individuals, communities and other professionals.

Future Trends and Barriers to Development

- The demand for home modification services in Indiana is increasing while the funding base is decreasing or, at best, remaining stable.
- The greatest barriers to the delivery of public home modification services to Indiana residents include lack of public funding, overly burdensome administrative requirements of funding sources, and lack of consumer information.
- Local public home modification programs have created some innovative responses to cope with barriers and expand services.
- Home modification for private households is still rarely accomplished. Only 30% of private industry respondents provide accessibility features often or very often in their work.
- The large majority of private industry respondents (66%) have never received specialized training in areas related to home modification.
- A significant number of private industry respondents (58%) seek further education about home modification.

Program and Policy Recommendations

Based on the above observations, a number of recommendations are offered to help improve the status of home modification services in Indiana and enable more Hoosiers to become and/or remain independent in their homes and active in their neighborhoods and communities.

- Public home modification services should be supported to network with one another to share best practices and collectively advocate for greater awareness of their needs and capacities.
- State and local housing and housing rehabilitation funding sources should contribute to the expansion of services through developing categorical grants for accessibility and visitability improvements to agencies that do not provide comprehensive housing development.
- Training for professionals involved with the home modification industry, both public and private, should be greatly expanded. The training should provide certification in accessibility specialties and include information to enable the effective utilization of public funding sources by private providers.
- Administrative requirements for private providers to access public funding should be streamlined and made user-friendly, with reimbursements provided on a timely basis.
- The home modification movement in Indiana should be supported to create local or regional “staying put” coalitions to build community capacity and expand awareness among consumers, policy makers, the building and trades industry and the general public.



Acknowledgements

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The Home Modification Surveys

In 2002, the Governor's Planning Council for People with Disabilities and the Indiana Housing Finance Authority created a partnership to address issues of home ownership, fair housing and home modification for persons with disabilities in Indiana. The funding allocated to this effort would, among other goals, provide accurate data to public policy planners and advocates regarding the scope, character and status of public and private home modification services and programs in Indiana, for inclusion in the Consolidated Plan.

With contracts from the above two agencies, the Center on Aging and Community of the Indiana Institute on Disability and Community (IIDC) developed and conducted a statewide "state of the art" survey of home modification activities, both public and private, throughout Indiana.

Initial consultation and a template for a potential survey was provided graciously by the National Center on Supportive Housing and Home Modification at the University of Southern California's Andrus Gerontology Center. While definitions of the phrase "home modification" vary in the literature, a clear definition for the survey was needed in order to assure that respondents would share a common understanding. An advisory group was established for the project and reviewed the proposed definitions as well as iterations of the survey(s) as they developed. For purposes of this project, the following definitions were used:

HOME MODIFICATION *includes major or minor adaptations to the interior or exterior home environments that make it possible to carry out daily activities more safely and independently, for example, building a ramp, lowering light switches, or installing non-skid strips on stairs.*

REPAIRS *include changes to the home's physical structure to fix or improve its condition, changes which enhance accessibility and facilitate independence, for example electrical or plumbing repairs.*

In late summer and early fall of 2002, the survey gradually evolved in scope and character with the assistance of the advisory group. In addition, project staff began gathering mailing lists of potential respondents and established an effective relationship with the Indiana Builders Association, the state chapter of the National Association of Home Builders, and the Indiana Association of Area Agencies on Aging. A telephone survey of AAA contacts provided additional names and useful recommendations for the dissemination of the survey.

In the fall of 2002 the first survey, a web-based survey, was posted to The Polling Place website operated by the Institute's Center for Planning and Policy Studies.

E-mails and other forms of contact alerted potential respondents to the formal posting of the survey. Follow-up calls to potential respondents throughout the survey period were necessary to recruit an adequate response. The survey remained on-line for a period of approximately two months. The survey required a minimum of twenty minutes to complete. Survey responses were anonymous, though a second survey component, on-line, enabled respondents to identify themselves as desiring follow-up information about the survey and about training opportunities. Over half of the respondents desired to be contacted for follow-up information and, of those, 80% desired to be listed in a state directory of services and 63% expressed an interest in sharing best-practices information. A total of 45 respondents completed the on-line survey, representing services in 91 of Indiana's 92 counties.

In order to learn more about the role of private industry in the provision of home modification services in Indiana, a second survey was conducted by mail in March of 2003. With the assistance of the Indiana Builders Association, a brief survey was mailed to 1700 private industry representatives. News articles in the *Indiana Bildor* trade newspaper helped create awareness of the survey. 150 responses were obtained in the private industry survey and provided additional important information about perceived barriers to the expansion of home modification and educational needs of the industry.

An analysis of the survey results was conducted by the staff of the Institute and is reported upon in the following section. Copies of the survey instruments are not included in the report but can be made available to interested parties.

Who provides home modifications in Indiana?

Types of Providers. Entities providing or facilitating home modification services in the state vary widely in size, type, and geographical scope of service, including businesses, public/government agencies, and not-for-profit organizations. The categories of home modification providers/facilitators with the greatest representation among the survey respondents are Area Agencies on Aging (29%), construction/remodeling businesses (17%), disability service agencies (13%), and Independent Living Centers (9%).

The survey identified the following additional entities that provide or facilitate home modification services in Indiana:

- Occupational therapy providers
- Community development corporations
- Municipal and county government agencies
- Community action agencies
- Volunteer organizations such as Rebuilding Together/Christmas in April
- Volunteer efforts organized by groups such as churches and local religious charities, United Way, Retired Senior Volunteer Programs, service clubs, trade unions, and retail businesses such as Lowe's
- Vocational Rehabilitation agencies
- Aging social service agencies
- Non-profit housing corporations
- Home health agencies
- Independent case managers

Types of modifications/repairs provided or facilitated. 80% or more of the respondents reported that they make available the following types of modifications:

- Install ramp
- Install grab bars, handrails, push bars or kick plates on doors, lever door handles; change cabinetry hardware
- Hand-held showers (portable or permanently affixed), raised toilet seats, modified faucets, install anti-scalding devices

More than 50% of respondents make available the following types of modifications or repairs:

- Widen doorways, adjust cabinet countertop or appliance heights, change kitchen appliances
- Install roll-in shower, make bathtub alterations
- Install security lighting, locks, security alarm system, smoke or carbon monoxide detectors; lower door viewer (peep hole)
- Make minor repairs
- Install light switches, modified electrical outlets

- Install or add on first floor bathroom, bedroom, laundry
- Provide winterization, energy conservation

Other services frequently (35–46%) provided or facilitated include the following:

- Make major repairs
- Install elevator or stair lift, platform lift, shower or bed hydraulic lift
- Computerized environmental controls, automatic door openers
- Maintain and repair heating and air conditioning
- Install flashing light system for hearing impaired residents, TTY telephone
- Upgrade electrical or cooling system

Where Providers Offer Services. 11% of home modification providers reported that they serve the entire state. The remaining providers indicated serving smaller geographic areas, collectively covering 91 of the 92 counties.

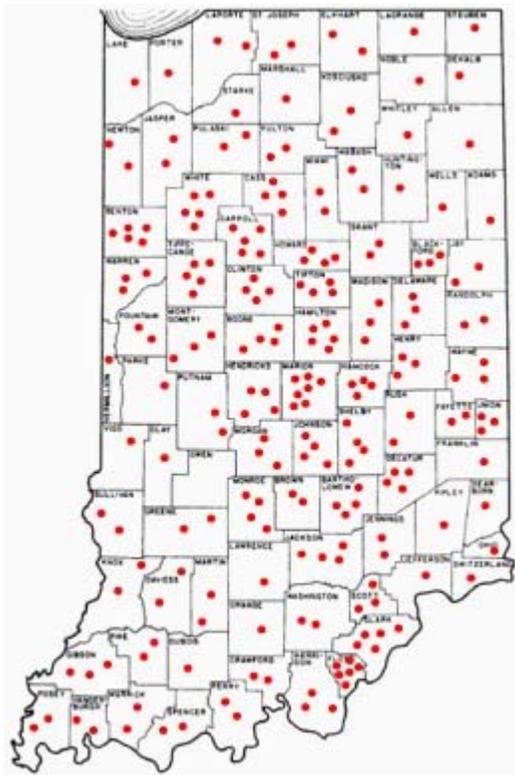


Figure 1
 Each dot represents a service provider who makes home modifications available in that county. In addition, five respondents not represented on this map reported that they offer home modifications services statewide (in all counties). Exact locations within each county are not depicted.

The survey data do not tell us how many customers or clients are actually being served in a particular county. However, it appears that home modification services are not equally accessible in all regions of the state. Areas that appear to be particularly underserved include northern and southwestern Indiana.

Annual Budgets/Sales of Provider Organizations. Almost half (18) of the respondents indicated that their previous year’s total budget or sales for home modifications was \$10,000 or less, with seven of those programs or businesses

reporting a zero budget or sales for the year. Most of the remaining respondents reported budgets/sales of \$100,000 or less for modifications.

Eleven (30%) responding programs or businesses have no budget/sales for home repairs, while nine (24%) respondents report annual amounts of \$200,000 and higher for repairs.

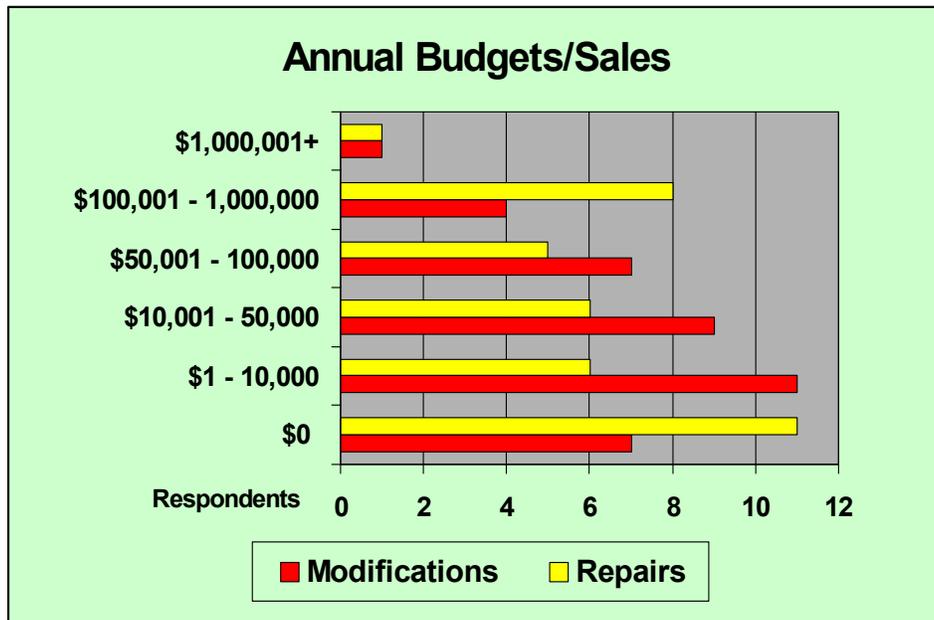


Chart 1

Size and Type of Staff Employed. 80% of respondents have at least one paid, full-time staff member providing or facilitating home modifications/repairs. The most frequent number of paid, full-time workers reported was two. Almost a fifth of the respondents reported having regular staff who serve on a volunteer basis.

Longevity of Provider Organizations. The average length of time these programs or businesses have offered home modification services is 13.5 years.

How are home modifications financed?

Range of Funding Sources. Provider programs and businesses in Indiana draw from a broad spectrum of resources to finance their clients' and customers' home modifications. Survey respondents utilize the following public and private sources. The sources that were cited by the greatest number of respondents are listed first, descending in order to those cited by the smallest number of respondents:

- Medicaid/ Medicaid Waiver program
- Client/customer out-of-pocket
- CHOICE program
- Vocational Rehabilitation
- Older Americans Act Funds/ Title III
- Fundraising
- Donations from foundations and other charitable organizations
- Community Development Block Grant, city-funded
- Title XX Social Services Block Grant
- Community Development Block Grant, state funded
- Private health insurance/ long-term care insurance
- Veterans Administration Home Adaptation Grants
- Low Income Home Energy Assistance program (LIHEAP)
- Winterization Assistance Program (WAP)
- USDA Rural Development Section 502 and 504 loans/grants
- Donations from corporations
- HUD HOME Program, city funded
- Neighborhood Assistance Program (NAP)
- Federal Home Loan Bank
- HUD HOME Program, state funded
- Township Trustees

Charitable organizations such as United Way, churches, and local religious charities were cited as monetary sources by many respondents. Individual and corporate donations are used, as well as funding from community foundations. Many providers are able to offer home modifications through the voluntary efforts of local services organizations, churches, and labor unions whose members donate their time and labor. Funds for building materials is then solicited elsewhere.

Sources Most Often Drawn Upon. Providers/facilitators reported that, of the sources listed above, they most frequently use Medicaid and Medicaid Waiver monies, out-of-pocket funds from clients and customers, and the CHOICE program to finance modifications and repairs. Commonly used sources of support are also derived by fundraising or obtaining grants from foundations, charitable organizations, and individual and corporate donations.

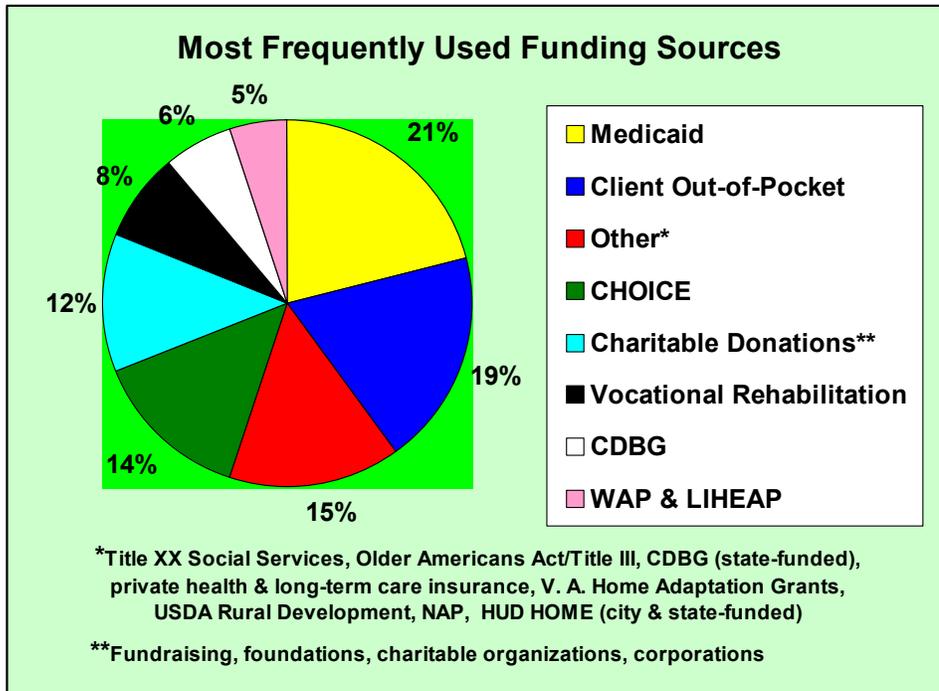


Chart 2

Under-utilized monies. Although Indiana providers draw upon a wide variety of funding supports, some are used very infrequently, such as the Federal Home Loan Bank, USDA, Department of Commerce NAP credits, CDBG (particularly state-funded), and HUD HOME funds.

Who is being served with home modifications in Indiana?

Numbers of clients served by home modification programs. There is wide variation across providers in the numbers of persons served, ranging from one organization that served one individual in the previous year to one organization reporting that it served 900 individuals. The average number of individuals served, 77, is one indicator of typical levels of activity. The following chart provides a better overview of the range of activity across Indiana.

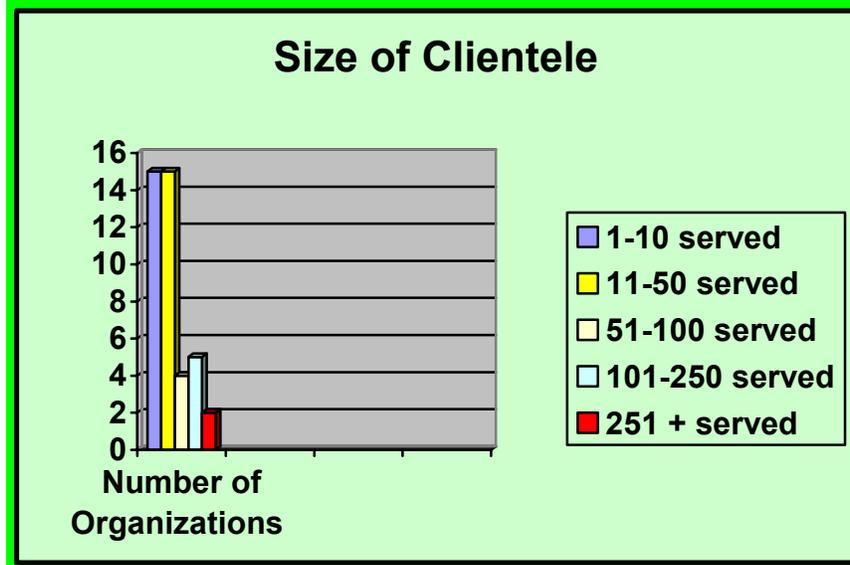


Chart 3

Characteristics of persons being served with home modifications. The survey inquired about income levels, household size, and household type of those being served with home modification.

Respondents to the survey appear to be doing the most effective job in serving households at lower income levels. 49% of the households served are estimated to have annual incomes less than \$10,000. 37% are estimated to have incomes ranging from \$10,000 to \$25,000 annually.

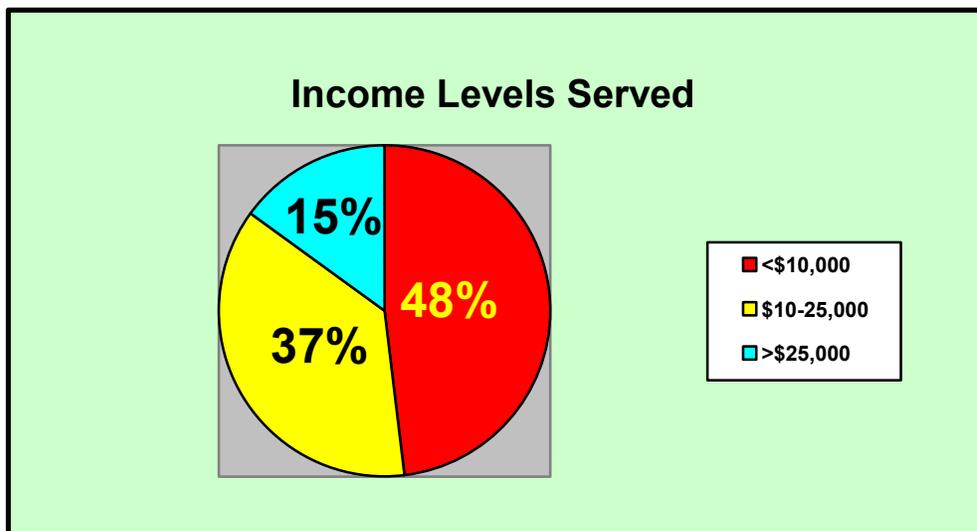


Chart 4

While multiple home modification programs target older adults for services, it would be inaccurate to state that most households served are single-person households. 42% of the households served are, indeed, single person, but a large percentage of households are multiple person, with 34% two-person households and 24% households of three or more persons. This suggests that home modification services are being provided across the lifespan and not uniformly targeting older persons who live alone.

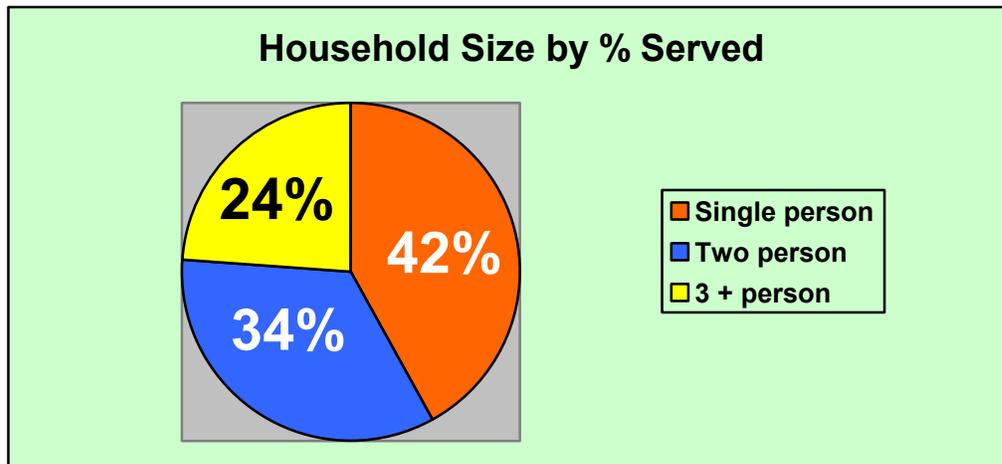


Chart 5

Not surprisingly, most home modifications are provided to owner-occupied households, where the owner has the freedom and authority to direct what changes might be made to the physical environment. 75% of the respondents indicated that owner-occupied households constituted more than 80% of their clientele. Conversely, 82% of the respondents indicated that rental houses constituted no more than 10% of their clientele (86% for rental apartments).

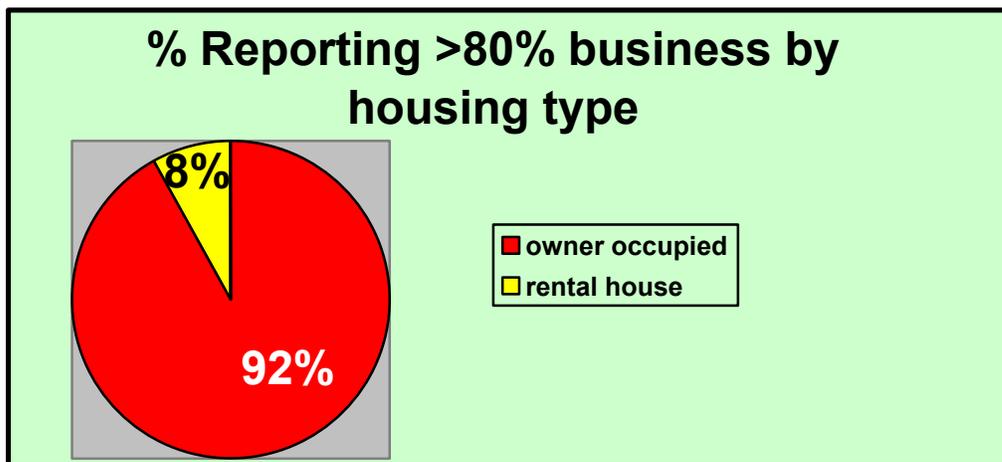


Chart 6

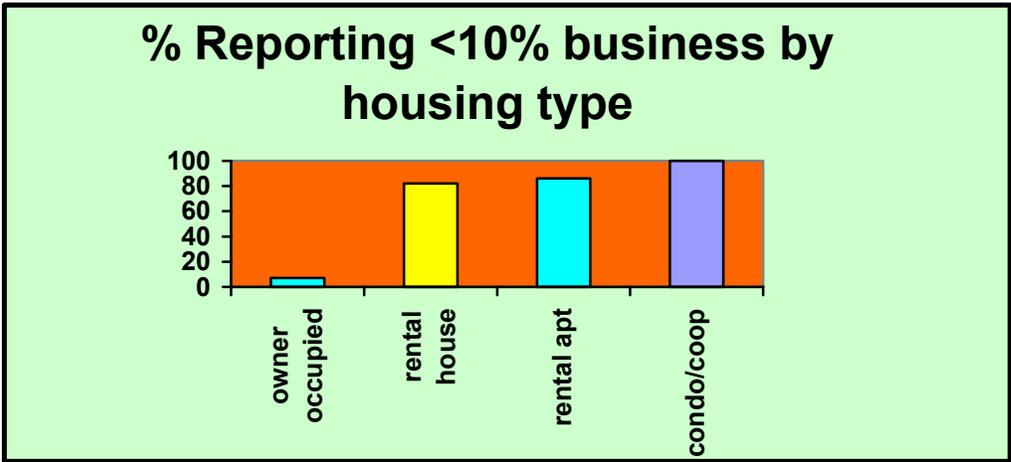


Chart 7

Referrals to and from home modification providers. Generally speaking, when providers are not able to serve clients, they will provide support for information about and referral to other resources. 90% of the respondents reported the provision of this service. When asked about common referral sources **to** their home modification services, respondents reported a wide range of responses, with direct referrals from clients or families and Agency on Aging referrals topping the list. Housing and health care providers were less likely to be common referral sources to home modification resources and Independent Living Centers were only rarely cited as referral sources.

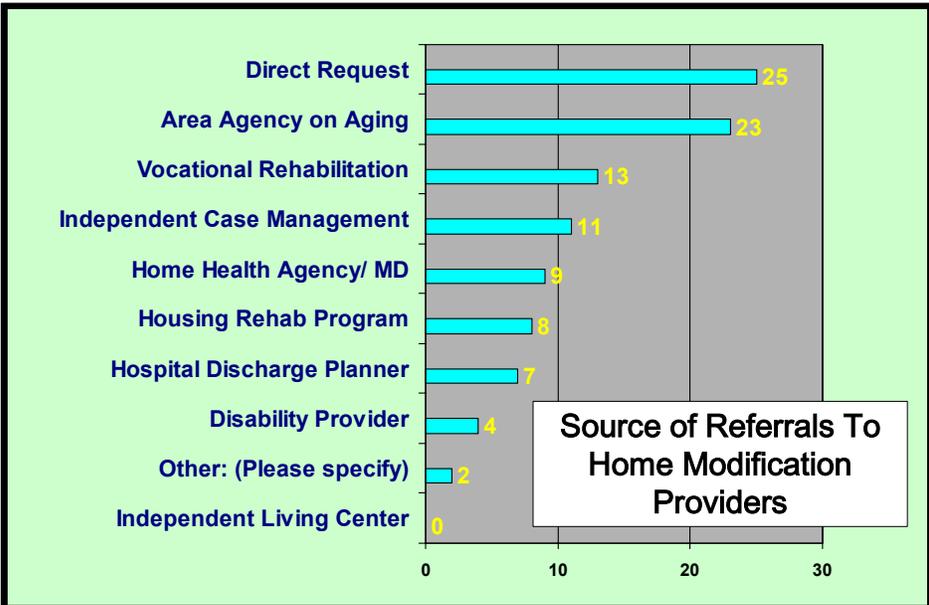


Chart 8
The chart illustrates the number of respondents who selected the referral sources listed on the left. Respondents were able to choose up to three sources.

How are services being provided by home modification organizations in Indiana?

In-home assessment services. It is not surprising that home modification providers routinely conduct assessments of need prior to the delivery of services. 91% reported that an assessment is always conducted; 9% reported that an assessment is sometimes performed. In the large majority of instances, these assessments are conducted by the organization and not referred to third parties. 90% of the respondents reported that the assessment is done in-house.

There is, however, a wide range of methods used and disciplines represented among those who provide in-home assessments of need for home modification. 31% of the respondents indicated that, among other approaches utilized, a self-administered assessment by the client is performed (27% by a family member or friend). While these non-professional assessments are common, it is more typically the case that individuals with professional knowledge or training are utilized to perform in-home assessments of need. Yet, the disciplines providing this service vary widely by profession and background. They range from design and construction professionals to allied health professionals (occupational therapists, physical therapists, social workers, etc.) to certified assistive technology specialists, as the following chart demonstrates.

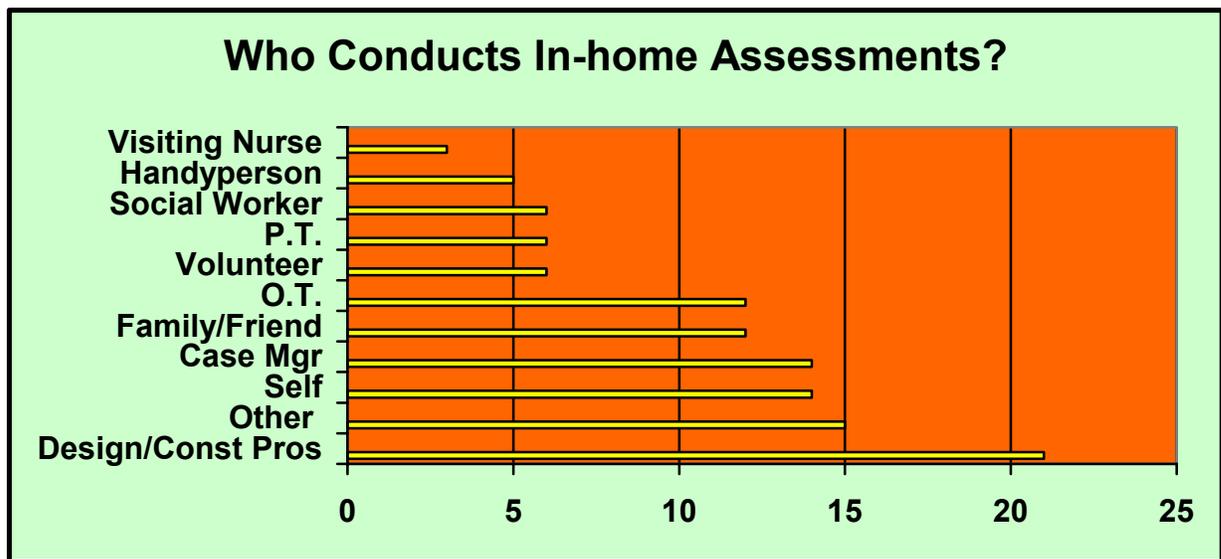


Chart 9: Chart designates the range of individuals who conduct in-home assessments. The total is greater than the number of respondents, suggesting organizations draw upon a combination of disciplines to provide the service.

Though assessments are routinely conducted by the vast majority of providers, only 50% report the use of a standard assessment instrument, suggesting that many assessments involve informal surveys around particular, unique needs of clients and not comprehensive, “whole house” surveys available in the research literature on home modification.

Collaboration among providers. Home modification can be a complex service insofar as it involves the coordination of assistance across a range of disciplines and/or organizations. Many respondents indicated that they routinely work closely with other community organizations and businesses in order to effectively serve their clientele. Area Agencies on Aging were most frequently mentioned as an organization with which close work is required. Conversely, referring organizations such as AAA’s and others report that they frequently work closely with building and trades professionals and health care providers in order to assure that clients are served. Municipalities also play a principal role in the enhancement of services. Service clubs, churches, and housing organizations are also mentioned as important “players” in local efforts to coordinate services, as the following chart indicates.

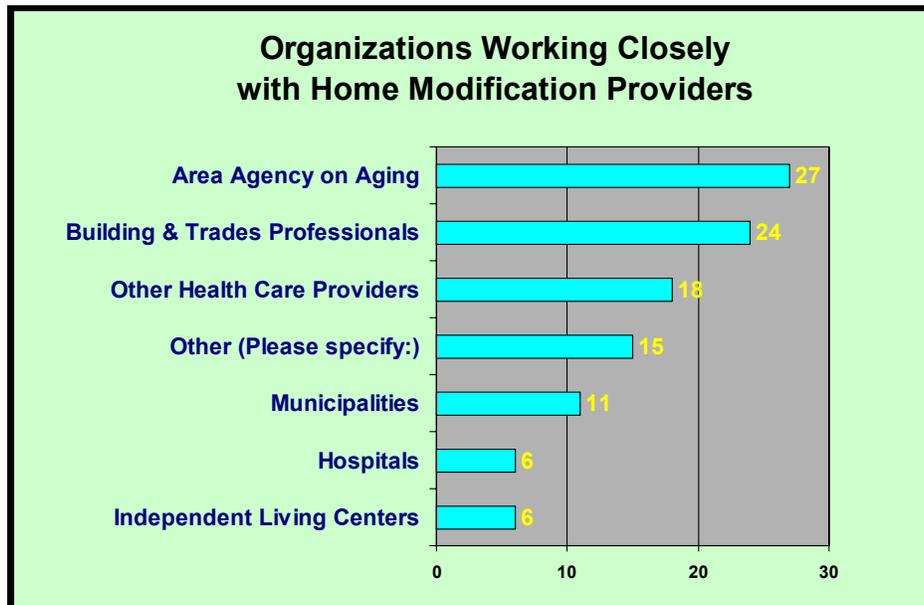


Chart 10

Education and Training. While direct home modification service appears to be the chief function of the responding organizations, a sizeable number of respondents provide additional services such as education and training in the community. 41% of the respondents provide education and training. Audiences for these services include individuals, the general public, and other professionals in the community, as noted in the following chart

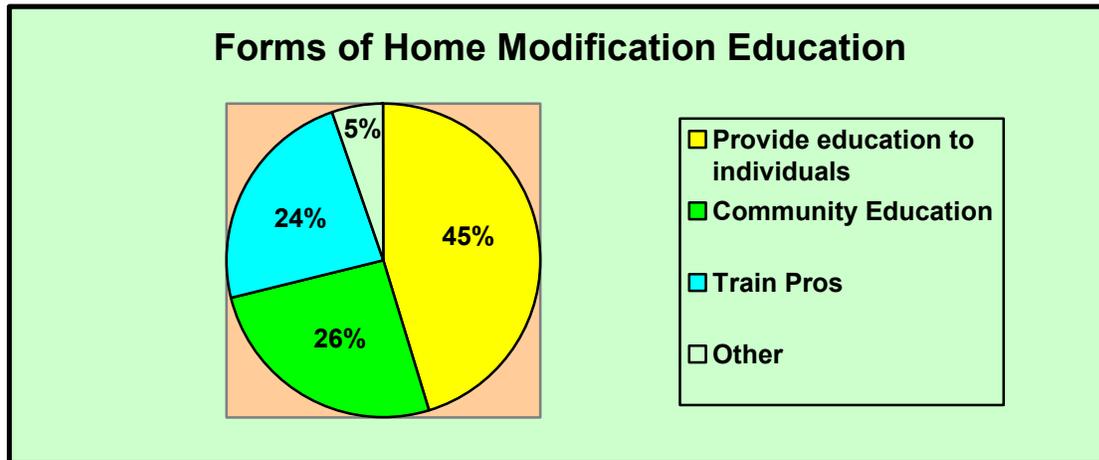


Chart 11: Among organizations that provide education, the percentages of service to a variety of audiences is shown.

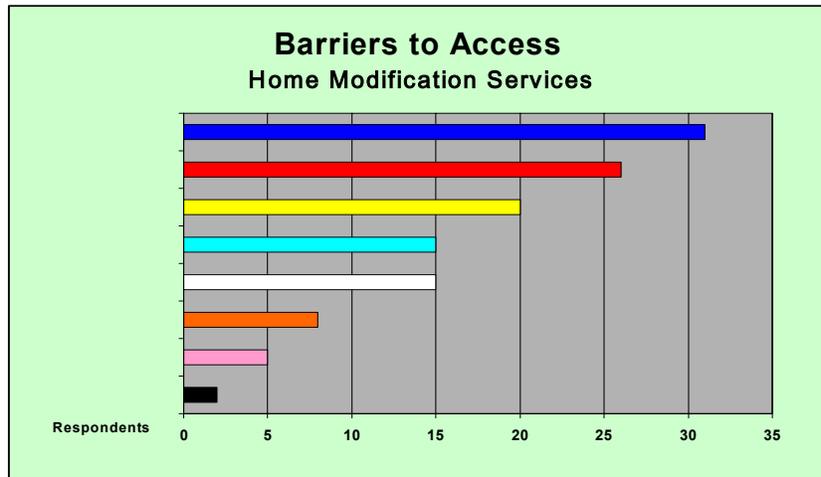
A variety of professional groups receive training from the responding home modification providers. Training is provided to other staff of the organizations, to therapists in the community, to case managers of all kinds, to building and trades professionals in the community, and to other health professionals and students.

Challenges and Solutions to Delivery of Home Modification Services

Barriers to service. Providers who responded to the survey rated inadequate public funding as the greatest barrier to getting home modification services to Indiana residents. The paperwork, regulations, and slow reimbursement associated with public funding programs were identified as another significant barrier. Survey respondents indicated that these rules and procedures cause private building contractors to be unwilling to undertake Medicaid-funded jobs, for example.

"Lack of funding is a constant problem; we use home mods as a last resort to spend money in a fiscal year. This is the biggest issue... the length of time they spend on a waiting list."

An Area Agency on Agency reported that there is only one contractor that is certified to do Medicaid work for all six of the counties they serve.



Key to Barriers

- Public \$ sources inadequate for number of people needing services
- Private contractors don't want to use public funds because of paperwork, regulation, or slow reimbursement
- Consumers lack information about available options
- Public \$ sources capped or inadequate to meet individual needs
- Private contractors don't want to do modifications because of low profit or return
- Shortage of knowledgeable contractors/remodelers in the area
- Lack of knowledgeable referral sources such as case managers, health providers, etc.
- Other

Charts 12 and 13

Other barriers. Home modification providers perceive other impediments to effective service delivery, including the following:

- Administration of the services is too costly and time-consuming
- Under the current IFHA program scoring system, some communities cannot get funds for special housing rehab
- Some professional licensure restrictions are “outrageous”
- Programs that exclude mobile homes or homes where another person is on the deed in addition to the applicant

The Private Industry Survey reveals that Indiana builders see the greatest barriers to making access features more widely available to be lack of consumer demand (64% of respondents rated this as one of the greatest barriers) and the high cost of such features (40% of respondents). In addition, lack of knowledge or proficiency in the industry was selected by 29% of the responding builders as a significant issue.

“There seems to be more awareness in the community- but there is STILL a huge need for the general population to better understand their options. Too often, people are dumped home with little or no training on care techniques or home evaluations!”

Innovative strategies and programs. Indiana organizations have creatively invented solutions to meet the challenge of making housing more accessible.

Use of volunteer labor is a strategy commonly employed to narrow the funding gap. Providers have less difficulty finding volunteers of moderate to expert skill than obtaining funds to purchase materials. An Area Agency on Aging reports that they work with a private group that coordinates volunteers to build ramps. This frees the agency’s budget for other things. “It’s quicker and you get 10 times as many ramps for your money.” Another provider focuses on a once-per-year event where 250 people repair 25 homes with elderly residents. Providers describe successfully working with groups such as Promise Keepers and Habitat for Humanity.

“In order to shorten the time it takes to pay contractors, we opened a line of credit at our bank. The county foundation donated the cost of the interest payments.”

A revolving fund and line of credit are solutions posed for the delays in reimbursement from third party funding sources to contractors. A staff member at an Area Agency on Aging reports that she equips contractors with specific information they can use when billing to insure speedier processing of the required paper work.

One responding organization said that it copes with funding shortages by directing people on its waiting list to other sources of help while they remain on the list. Another respondent mentioned a strategy to cope with unreasonable caps on allowable expenditures by working under public funding categories that have more monies available than home modification, such as assistive technology. For example, a modular ramp (which can be removed) is considered an assistive technology expense, whereas a permanently installed ramp is not.

“Tour local hardware stores to be aware of inexpensive or alternative adaptive devices available before ordering through a medical equipment service.”

Providers recommend collaboration with other entities. One organization accomplishes coordination of services through the Indianapolis Home Repair Collaborative. Coordinating with its local CHDO (Community Housing Development Organization) has greatly benefited another respondent, an Area Agency on Aging organization. A department of local government says it partners with a social service agency to successfully deliver needed home modifications within its locality.

Trends and Future Needs

Is the demand for home modification services increasing in Indiana?

Waiting lists for home modification. A significant number of organizations report that they must maintain waiting lists for services (43%). The average number of persons on organization waiting lists is 43, though the wide range (2 to 300 persons) suggests the average is not a meaningful number. The most frequently mentioned number of persons on organization waiting lists is 10 and 50% of the respondents reported waiting lists of 5-20 individuals, indicating a moderate level of need exists to expand services to serve more individuals. The majority of individuals on waiting lists are served within two months (57%), though a significant number wait longer than 6 months for service (17%).

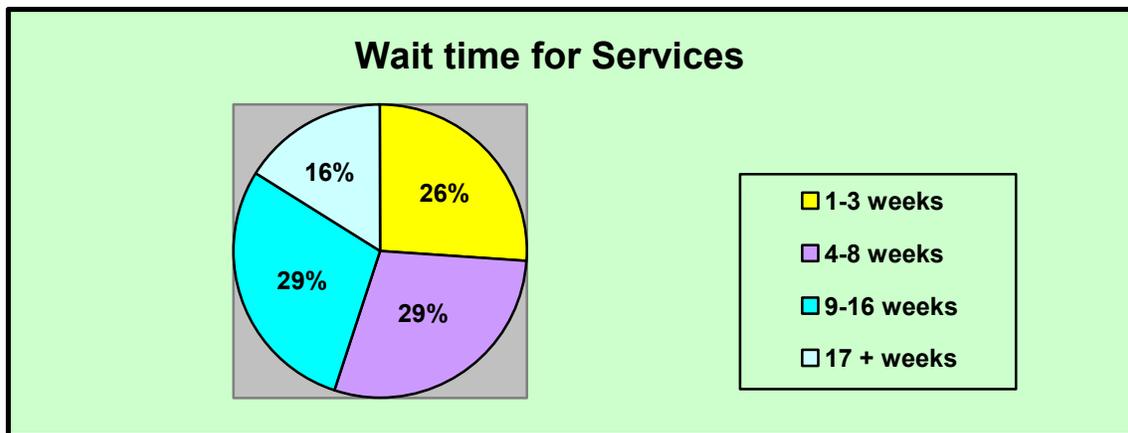


Chart 14: Shows typical number of weeks from initial contact to service for those organizations with waiting lists.

Demand for home modification services. 70% of the responding home modification providers report that demand has been increasing for their services in the past five years. Only 2% report a decrease in demand, with the balance reporting stable demand. A number of reasons are cited for this increasing demand. The most commonly cited reasons include the aging of the population itself and an increasing awareness of the availability of services, attributable partially to the marketing efforts of the organizations themselves. Other reasons cited include the increasing rates of poverty in certain areas, increasing awareness of case management professionals, and increasing rates of deinstitutionalization from nursing homes and developmental centers.

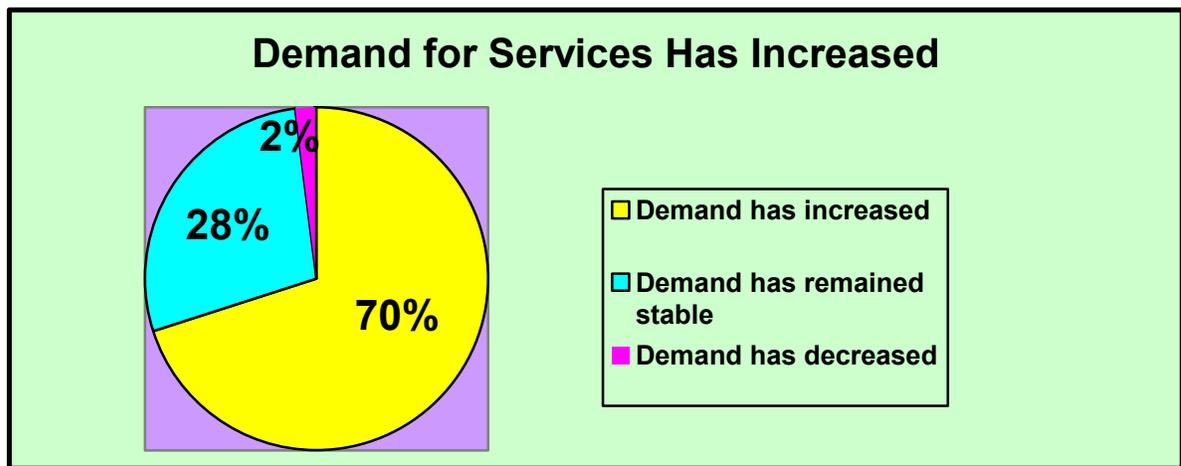


Chart 15: Reflects percentage of respondents reporting that demand has changed or remained stable over the previous five years.

Funding to meet increasing demand. In the face of increasing demand, only 20% of the respondents reported that funding for services has also increased, though nearly 50% reported stable funding. This means, however, that 30% of the respondents reported decreasing funding in the face of increasing demand. Respondents reported decreases in traditional government granting sources such as CHOICE, SSBG, LIHEAP 2, and CDBG. Respondents reporting increases in funding pointed to funding sources that grew with production, including CDBG and home-based services tied to deinstitutionalization.

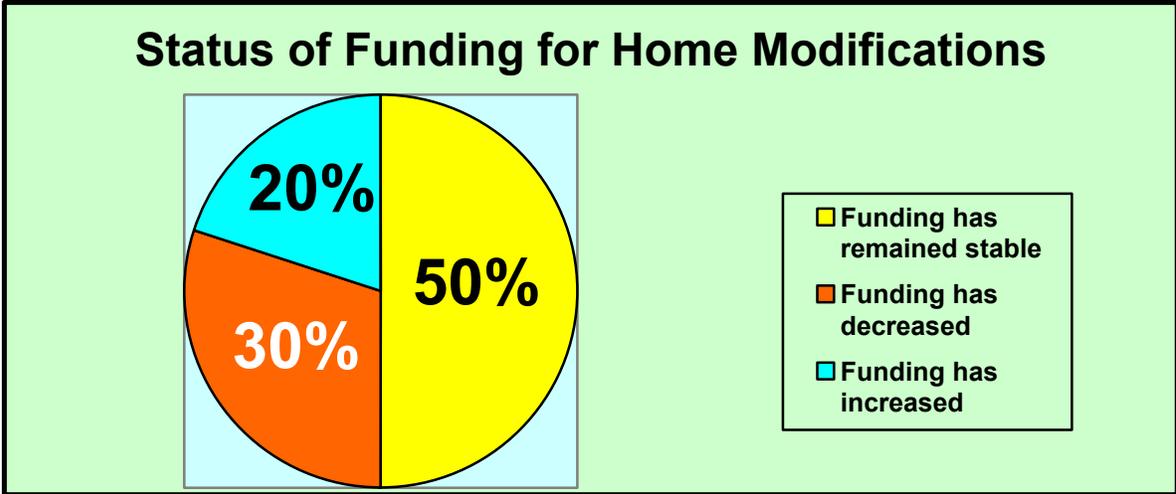


Chart 16: Shows percentage of respondents reporting on changes in funding/revenue for home modifications over the previous five years.

Frequency of services provided by private contractors. In a separate survey, members of the Indiana Builders Association were asked, “How often do you provide accessibility and/or universal design features and products for your clients?” Respondents could select “Very seldom,” “Seldom,” “Often,” or “Very often.” Although at least 68% of the Indiana Builders Association (IBA) members who responded to the survey do residential work, the same percentage of those respondents (68%) reported that they seldom or very seldom provide accessibility and/or universal design features for their clients. 46 of 148 construction companies responding reported that they provide accessibility features to their clients often or very often.

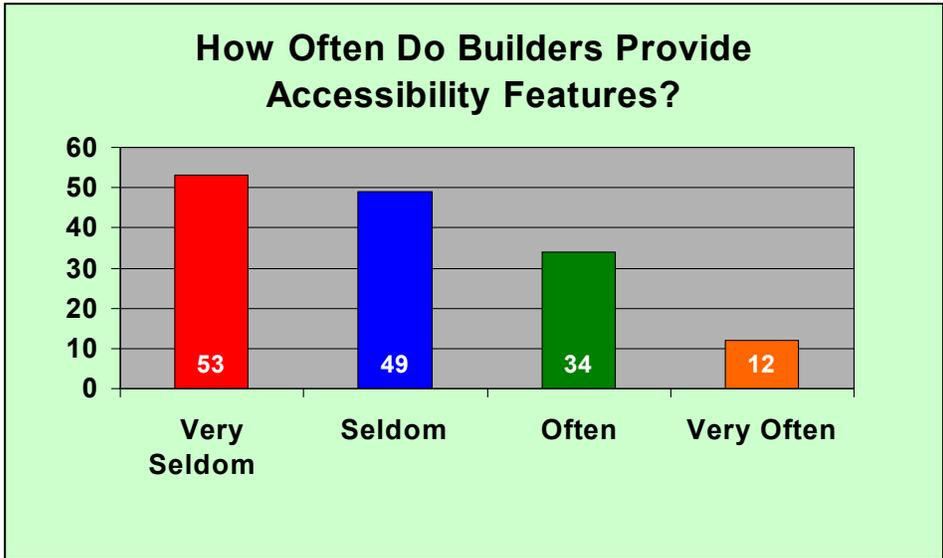


Chart 17

Respondents were also asked what types of work their firms engage in, and were instructed to check as many types as apply. The types of work offered as choices on the survey are listed in the chart below.

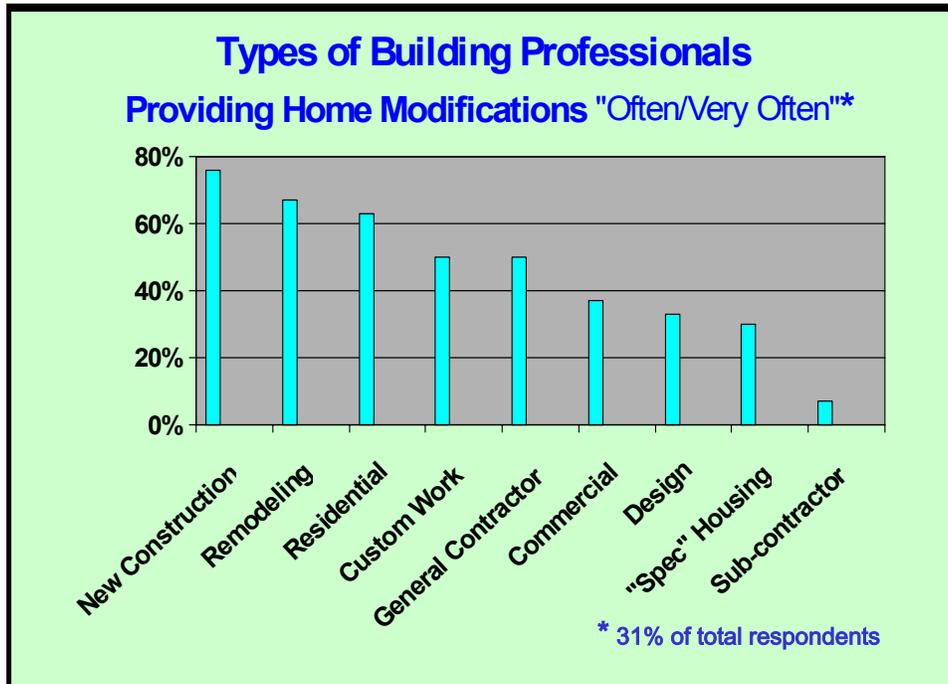


Chart 18: The chart illustrates that 76% of the 46 respondents who said they provide home modifications often or very often selected New Construction as a type of business done by their firms, 67% of the same group of respondents chose Remodeling, and so forth.

Construction businesses that often provide accessibility features were more likely to indicate that their businesses do remodeling, design, or general contracting work than were those that seldom provide accessibility features.

Level of Training of Building Professionals. 53 members of the Indiana Builders Association reported that they have received training in at least one area related to home modification issues. However, almost two-thirds of the total survey respondents did not indicate having received training in any of the three identified areas: (1) ADA (Americans with Disabilities Act), (2) Residential accessibility features and products, or (3) Universal Design.



Chart 19

Training Needs for Private Industry. Professionals who facilitate home modification services, as well as housing contractors who deliver the services, agree that specific training for builders in accessibility issues is desirable. 52% of the respondents to the survey of IBA members provided contact information to the Indiana Institute on Disability and Community so that they can receive information about home modification topics and training opportunities in the future. 58% of those respondents answered “Yes” to the question, “*Would you be interested in certification as a specialist on accessibility?*”



Chart 20

Nine Indiana building professionals to date have received designations as Certified Aging-in-Place Specialists (CAPS) from the Remodelers Council of the National Association of Home Builders.

Respondents prefer to receive training or information through a variety of methods, with printed materials in a booklet or manual format the most popular choice, followed by a seminar or workshop format.

Program and Policy Recommendations

Based on the above observations, a number of recommendations are offered to help improve the status of home modification services in Indiana and enable more Hoosiers to become and/or remain independent in their homes and active in their neighborhoods and communities.

- Public home modification services should be supported to network with one another to share best practices and collectively advocate for greater awareness of their needs and capacities.
- State and local housing and housing rehabilitation funding sources should contribute to the expansion of services through developing categorical grants for accessibility and visitability improvements to agencies that do not provide comprehensive housing development.
- Training for professionals involved with the home modification industry, both public and private, should be greatly expanded. The training should provide certification in accessibility specialties and include information to enable the effective utilization of public funding sources by private providers.
- Administrative requirements for private providers to access public funding should be streamlined and made user-friendly, with reimbursements provided on a timely basis.
- The home modification movement in Indiana should be supported to create local or regional “staying put” coalitions to build community capacity and expand awareness among consumers, policy makers, the building and trades industry and the general public.



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