

**PREVENTING TRAGEDIES AND
PROMOTING SAFE, ACCESSIBLE,
AND AFFORDABLE HOMES**

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THURSDAY, MARCH 31, 2022

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The Committee met, pursuant to notice, at 10:04 a.m., via Webex, Hon. Robert P. Casey, Jr., Chairman of the Committee, presiding.

Present: Senators Casey, Gillibrand, Blumenthal, Rosen, Kelly, Warnock, Tim Scott, Braun, and Rick Scott.

**OPENING STATEMENT OF SENATOR
ROBERT P. CASEY, JR., CHAIRMAN**

The CHAIRMAN. Good morning. The hearing will come to order.

Today, we will discuss a topic of bipartisan interest: promoting home safety for seniors, children and people with disabilities, as well as families in general. This has been a longstanding priority of the Special Committee on Aging. In October 2019, the Committee released a bipartisan report on falls and held a hearing on the same topic.

We know that a quarter of all older adults, one quarter, fall every year, and that the majority of these falls occur within the home. I witnessed the struggles that accompany a fall firsthand when my mother experienced a fall just December 2021, early December. She is doing well now and recovered, but it was two long and difficult months between and among surgery, and then rehabilitation, and then returning home, so many families have had this experience.

For some, a fall can be prevented by installing a grab bar in their home or making other modifications. For others, it might be participating in, for example, evidence-based programs, like a program called a Matter of Balance, which offers small group activities and exercise training.

Investments in home modifications and prevention programs are a really small price to pay, considering that senior falls contribute to \$50 billion, that is 50 with a B, \$50 billion, in medical costs per year and unfortunately lead to 34,000 deaths among seniors.

In some cases, home modifications alone are not enough. Every year, emergency rooms across the country treat over 22,000 preventable injuries caused by falling furniture, like dressers or television sets. Annually, over 3,000 of those injured by tip-overs are

older adults. It is not only seniors, of course, who are harmed. Children are also put at great risk, and tragically, of those killed by furniture tip-overs, 81 percent are children.

My home State of Pennsylvania was touched by these devastating losses. We lost Katie Lambert and Curren Collas to these tip-overs. Katie was 3 years old when she died due to injuries sustained from a furniture tip-over in her family's home in Huntingdon Valley, Pennsylvania, just outside of Philadelphia, and Curren, from West Chester, Pennsylvania as well, close to the city of Philadelphia, outside of the city. Curren, when he passed away, was only 2 years old.

There is no reason for any family to endure this unspeakable loss. Compounding the grief and the loss for these families and what they experience is the fact that these deaths might have been prevented by stronger standards. We will talk more about this today. Mandatory stability standards would make our homes safer overall, but especially for children.

I am proud to lead a bipartisan bill, the STURDY Act, alongside Senators Klobuchar, Blumenthal and Cotton. This Act would require the Consumer Product Safety Commission to create a mandatory stability standard for furniture. It would require companies to ensure their products are tested for safety before that product is sold. It is a simple, commonsense requirement that will save lives.

Today, we will learn more about what Congress can do to keep our children, our seniors and our families safer.

Let me turn now to our Ranking Member for his opening remarks.

**OPENING STATEMENT OF SENATOR
TIM SCOTT, RANKING MEMBER**

Senator TIM SCOTT. Thank you, Chairman Casey, for holding another truly important hearing and thank you to each and every witness for investing your time, your energy and, frankly, your expertise on a topic that is so important to all Americans, but specifically our senior population.

I remember one of my earliest goals in life was to make sure that my mother had a safe place to live, with a garage, and so I spent a lot of time and energy trying to make sure that instead of living in apartments or, as she did growing up, in the projects, that she would have an opportunity to own her own home, live in it, and feel the safety and the security that comes with home ownership.

In addition to that, I wanted to make sure that not only did she have that opportunity, but so many others in communities that are too often living from paycheck to paycheck or are living in marginalized communities, they would have that opportunity as well.

Over half of public housing today, public housing residents, are seniors or people with disabilities, but less than 20 percent live in accessible units. All residents deserve the choice to have housing that meets their needs.

I am working on a bill to give older Americans and those with disabilities the resources they need to leave their public housing units and find a home on the market if they want, also releasing a report, this is the report here, Housing for the Golden Years, that

explores senior housing needs and what we can do to help seniors meet those needs that they have in a way that shows dignity and respect for our seniors during their golden years.

South Carolina is one of the most popular retirement destinations in the country. I am sure that it will continue to grow in its popularity, but seniors in our State still face an uphill climb in so many ways as it relates to housing and we want to find ways to bridge that gap.

I am inspired by the efforts to help older Americans in my home State of South Carolina. A group called Homes of Hope in Greenville builds affordable houses for working people in need. They strive to integrate seniors and people with disabilities into communities with younger adults so they can also help support each other. Daniel Holloway was his family's primary earner until he, unfortunately, developed kidney failure, because of that, he could no longer afford the place that he was living, so you can imagine the bread winner, supporting a family, no longer being able to do so. Thankfully for him, Homes of Hope, they were able to step in to help him out during the challenging times that he went through.

The good news is that he was able to see his health improve, and as his health improved, he was able to, once again, take on the responsibilities of caring for his family and providing the resources necessary for his home.

Thank God there was an organization, however, that was there during the most challenging and difficult times of his adult life. There needs to be more organizations like the Homes of Hope in Greenville to help support our older Americans.

For older Americans and people with disabilities, falls are one of the largest threats in the home. Over 30,000 folks, somewhere around 36,000 falls a year, are seniors and people with disabilities experience every single year.

Home modifications can help prevent this from happening, so the focus on making sure that homes are equipped with the necessary support systems is so vitally important for longevity and health.

I am so thankful that the Chairman's mother was able to overcome the fall and Bob, I am so thankful that she is doing well and seems like her recovery has been complete. That is a blessing and it is good to hear, Chairman Casey.

For example, in Charleston, South Carolina, we are now building something called the "granny flats" which allows for people to use a part of their property to build a place accommodating their seniors, typically their parents or their grandparents, on their property. This actually adds more stock to a very scarce resource which, of course, are the homes that people can live in.

I am looking forward to seeing more innovation and more creativity in the marketplace so that we can take advantage of the opportunity to love and to care for our family members on our own property.

In addition to that, opportunity zones we passed just a few years ago now provides another opportunity for the utilization of real estate in a cost effective way to provide more senior housing. The fact is that in just 2019 we saw nearly \$30 billion invested in opportunity zones in America. That is a great opportunity for us to pro-

vide senior housing at a lower price point and something that I look forward to discussing throughout this hearing.

Thank you, so much, Chairman Casey, for holding this hearing and I look forward to hearing the testimonies of our witnesses.

The CHAIRMAN. Ranking member Scott, thank you for your opening statement. I want folks listening or watching this hearing today, as well as our witnesses, to know that we will have various senators in and out. It is a day when senators have other hearings or other commitments, so they are in and out, but I know earlier, and he might still be with us, we were joined by Senator Rick Scott and so as we go we will try to weave in senators and their questions when they are available.

I wanted to start with our witness introductions. I will do the first one and then I will turn to Ranking Member Scott to introduce our second witness. Our first witness is Dr. Anand Parekh, who is the Chief Medical Advisor of the Bipartisan Policy Center. Dr. Parekh is a board-certified internal medicine physician. Prior to joining the Bipartisan Policy Center, he served as Deputy Assistant Secretary in the Department of Health and Human Services in the Senior Executive Service at the Department from 2008 to 2015. Dr. Parekh will share his medical and public health expertise today on topics of home safety and unintentional injury prevention.

Ranking Member Scott?

Senator TIM SCOTT. Thank you, Chairman Casey. It is my privilege to introduce today Ms. Denise Cleveland-Leggett. She is the Senior Vice President of Business Development for Integral, an Atlanta real estate development organization. Integral is an innovative enterprise helping connect people to the American dream, as well as focusing some of the time that she has and her expertise on seniors reaching their American dream, too.

I am really excited to have her with us today. Ms. Cleveland-Leggett previously served as a Southeast Region Administrator for Dept of HUD and managed over 800 employees while overseeing programs throughout South Carolina and 11 states. She has wide ranging insights into housing policy at every level, from the Federal Government to on-the-ground needs and how our policies impact real estate.

She has also been widely recognized for the many talents and gifts she brings to the community. She received in 2021 the Women of Influence award and the Justice Robert Benham Award for Exemplary and Unparalleled Community Service and was recognized in Who's Who in Black Atlanta. Under her thoughtful and dedicated guidance, HUD was better able to meet the needs, the housing needs, of seniors and people with disabilities across the entire region, including the Palmetto State.

We look forward to hearing your testimony and thank you for investing your time in this hearing.

The CHAIRMAN. Thank you, Ranking Member Scott.

Our third witness today is Ms. Tracey Kelly, who is Director of Corporate Communications and Public Affairs for IKEA USA. Ms. Kelly leads IDEA's Safer Life at Home Initiative focusing on development and innovation related to product safety.

I must acknowledge Ms. Kelly's Pennsylvania connection. She graduated from Penn State University and currently lives in

Trappe, Pennsylvania. She will testify to Ikea's work and support of initiatives to increase home safety.

Our fourth and final witness today is Ms. Janet McGee. Janet is joining us from St. Paul, Minnesota. She is the director of Parents Against Tip-overs, a nationwide network of parents founded in 2018 to advocate for an end to furniture tip-overs. Ms. McGee's testimony will shed light on the urgent need to pass the STURDY Act to make our children in our homes safer.

Now we will turn to our witnesses for their statements, and I will just call on each witness in the order we introduced them. I will start with Dr. Parekh.

**STATEMENT OF ANAND PAREKH, M.D.,
CHIEF MEDICAL ADVISOR, BIPARTISAN
POLICY CENTER, WASHINGTON, D.C.**

Dr. PAREKH. Chairman Casey, Ranking Member Scott and members of the Committee, thank you for the opportunity to appear before you.

I applaud the Committee for hosting this hearing this morning to shine a light on preventable harm to vulnerable Americans in the home setting.

My testimony today is based on my perspective as a physician, former public servant, and currently Chief Medical Advisor at the Bipartisan Policy Center where I, along with my colleagues, have spent the last several years concentrating on the intersection between housing and health. I have concluded, based on my experience, that housing is health, given the significant evidence that housing affordability, neighborhood conditions, and conditions within the home impact health outcomes.

With respect to the safety and accessibility of the home setting, I would like to start out by recognizing that this is an important issue across the life span, from childhood to old age, and thus I appreciate the Committee's broad focus today. That being said, I will concentrate my testimony on the older adult population.

BPC's past report *Healthy Aging Begins at Home* noted that while virtually all seniors would like to stay in their homes for as long as possible, only 1 percent of homes today have the five universal design features necessary to make them accessible for those with impaired mobility: no-step entries, single-floor living, accessible electrical controls and switches, extra-wide doorways and halls, and lever-style door and faucet handles. This is despite 38 percent of households 65 and older having at least one person living with a disability.

The reason that home modifications are so important is they, as the Chairman said, contribute to reductions of tragic events such as falls. Each year millions of Americans over the age of 65, more than one out of four, experience a fall. Tens of thousands of adults die from falls each year, making it the leading cause of injury-related death in older adults. The estimated medical costs attributable to fatal and non-fatal falls is approximately \$50 billion.

In sum, most falls happen in the home and most falls are preventable. In spite of this, there are no comprehensive programs or policies currently in place across the Federal Government to tackle this public health challenge.

Given these findings, I offer two recommendations to the Committee on how the Federal Government can be a better partner to states, localities, families and individuals in reducing older adult injuries in the home setting.

First, the Administration should better coordinate Federal home modification programs to maximize their impact. Given that multiple departments such as HUD, HHS, USDA, the VA, the Department of Energy have a role across the executive branch, the White House should take the lead and create a new interdepartmental home modification task force.

In recent years, Congress has authorized home modification grants through HUD and directed GAO to conduct a study of Federal programs which support home assessments and modifications for older individuals and individuals with disabilities.

In addition, the Administration for Community Living at HHS awarded a grant to the University of Southern California to create and implement a Home Modification Information Network, an on-line searchable data base of home modification tools and resources.

All of these actions align with or were recommended in BPC's previous report and we are pleased to see recent progress to date. That being said, it will be incumbent upon Congress and the Administration to act on the GAO's upcoming findings as well as take stock of the work done to date to ensure that Federal home modification initiatives are coordinated and yielding maximum impact.

An analysis of these discretionary programs should also be coupled with a review of how public insurance programs such as Medicare and Medicaid are covering home modifications.

Finally, a new national partnership with states, localities, the national Aging Network, and private sector entities offering modification services should also be launched. Second, the U.S. Department of Health and Human Services should make falls prevention a top departmental priority. A coordinated action plan should be developed to catalyze research, surveillance, implementation of evidence-based programs, and a delivery and financing of proven interventions. This will require building on existing evidence-based falls prevention programs and necessitate strengthening partnerships between agencies such as ACL, CDC, NIH, and CMS. The plan should also include a public awareness component and could build upon the CDC's Still Going Strong campaign and the National Council on Aging's National Falls Prevention Resource Center.

In addition to facilitating home modification, there are a number of key actions that should be taken, many of which will require leadership from CMS. First, CMS should require that CDC's STEADI falls prevention screening tool, which assesses for difficulty with walking, balance, or vision and reviews medication lists, is used by providers conducting an annual wellness visit for Medicare beneficiaries. Second, CMS should also include the number of falls-related admissions, as opposed to simply the number of patients screened, as a quality measure for alternative payment models and Medicare Advantage plans. This will further incentive health care entities to focus on falls prevention, and third, Medicare and Medicaid should identify ways to scale evidence-based community falls preventions programs such as the CAPABLE model and A Matter of Balance through new or existing alternative payment models for the Medicare Advantage program.

In conclusion, thank you for your leadership in addressing these issues and I look forward to your questions.

The CHAIRMAN. Doctor, thanks very much. Before turning to our second witness, I want to acknowledge Senator Blumenthal has joined our hearing. We are grateful for his presence.

Our next witness, our second witness will be Ms. Cleveland-Leggett.

**STATEMENT OF DENISE CLEVELAND-LEGGETT,
SENIOR VICE PRESIDENT OF BUSINESS
DEVELOPMENT, THE INTEGRAL GROUP, ATLANTA, GEORGIA**

Ms. CLEVELAND-LEGGETT. Good morning, Chairman Casey and Ranking Member Scott and other members of the Special Committee on Aging.

Thank you for the introduction, Senator Scott. I am very proud and happy to be with you today.

I am happy to be with you for a number of reasons, one of which, I lost in December 2021 my 94-year-old mother. She lived a life of dignity. Like many people, she met and married the love of her life. He, unfortunately, passed in 2007. After that, we had to make a decision. My father wanted my mother to live in her house as long as she was able to, but as many people face, failing health makes you have to make changes and makes you make decisions as to where your parents go, and so we had to make a decision. We were fortunate as a family to provide her with fantastic living arrangements until her death.

As we stood around her casket, my siblings and I held hands and we said we did mom proud. She would have been happy the way that we allowed her to live out her life with dignity. Unfortunately, there are many Americans who do not have that privilege, who do not have the opportunity, not from any fault of their own, not from any mistakes that they made, because life happens sometimes unfairly, but life happens and does not give you the options and the choices that you would want to make for your loved ones.

I want to tell you a little bit about my company, Integral. Integral was founded in 1993 by a gentleman by the name of Egbert Perry. The thing that is so amazing about Integral is that it is a company that is a development company but it is one that pushes changing the trajectory and the lives of people, not just free houses but it is built to make things better and change the lives of the individuals that they serve.

What they did in 1993 was unparalleled. There was, in this country, many people who lived in the cities. There was concentrated poverty and people did not know really what to do. Through innovation and working with the Housing Authority Director Renee Glover, they worked to build public-private partnerships that would change people's lives so that you now have the public sector and the private sector working together to make a change.

With that change, they created something called the Atlanta Model. That Atlanta Model is a community development strategy, incorporates multiple public-private partnerships to deliver several elements to planned communities. It was such an amazing feat that then-Secretary Cisneros took the Atlanta model and codified it into HUD's programs and pushed it out to over 3,400 housing authorities for them to implement.

At HUD, I was able to see tremendous work that had come about, not just from the Atlanta Model but things like the Opportunity Zones.

A non-partisan Joint Committee on Taxation found 42.4 percent of \$24 billion invested in Opportunity Zone funds went to low-income housing and developments and communities in 2019.

I also was able to see the benefits of Choice Neighborhoods and what that funding does. It changes the lives of people. I have gone from house to house and the opportunities that I have had with seniors who have come up to me, given me a hug, and said thank you, I never thought that this was possible. I never thought these living conditions were possible. They showed me their kitchens, where they now can walk in because the kitchens were made appropriate. They had hallways that were wide enough to get a wheelchair through. They had showers that did not have barriers for them to get in and out of.

We saw a number of different amazing things happen while I was at HUD, but despite all of that, and the things that were accomplished, \$70 billion in backlog repairs still existing in most public housing units. Much of the public infrastructure is more than 80 years old and has been utilized for decades and has weathered many years of normal wear and tear with fluctuating levels of funding for maintenance and rehabilitation. Only 20 percent of housing units are accessible to persons who use walkers, canes and wheelchairs.

We are on a collision course with reality. In 1950, when much of the Nation's current public housing stock was constructed, only 8 percent of the U.S. population was 65 or older. By 2019, the number more than doubled, to 16.5 percent. By 2050, the population over the age of 65 is expected to be at least 22 percent. In the next 30 years, one in five Americans will be a senior citizen and a significant portion of them will be on fixed incomes.

Some estimates calculate 53 percent of all of today's public housing residents are either elderly or disabled. It is becoming increasingly apparent that our Nation's public housing asset, as fragile as it is, has become one of the Nation's largest senior housing programs and catering to the market niche of low-income housing. I am speaking of the many teachers, of clerks, mechanics, and others who find themselves in their communities and their governments, their tax dollars to support when they retire.

Many of them, as I said earlier, this is nothing due to any negative things that they did or they did not do. There are so many things such as health, loss of job, loss of income, lower income that allows these circumstances to overtake our seniors. It is up to us to make a difference.

Older adults are looking for safe homes on private markets where onerous zoning regulations sometimes prevent that housing from occurring. For seniors on fixed incomes looking to age in place, these regulations can leave them with too few options.

I believe that these individuals look to us, look to you as their legislators, look to us who participate today as their voice. We are the voice of the voiceless. We are the voice of those people who need assistance and there are many mechanisms that we can utilize to make things better. Working together collectively public-pri-

vate partnerships can make a difference, can make a change, which I have seen through my time at HUD and now in the private sector. I believe that we, again, have to be the voice of the voiceless. Thank you very much.

The CHAIRMAN. Thank you, Ms. Cleveland-Leggett, for your testimony.

We will turn next to Ms. Kelly.

**STATEMENT OF TRACEY KELLY, US SAFER LIFE
AT HOME DEVELOPMENT MANAGER, IKEA USA,
TRAPPE, PENNSYLVANIA**

Ms. KELLY. Thank you, Chairman Casey, Ranking Member Scott, and the Senate Special Committee on Aging, for inviting IKEA to join in this important conversation.

We share your commitment to creating a safer home for everyone, especially the most vulnerable: young children and seniors. That is why we support the STURDY Act. This legislation will decrease the risk of furniture-related tip-over incidents and make homes safer by strengthening safety standards for clothing storage units, and it will accomplish two important objections.

First, it encourages industry to invest in research and the development of furniture safety innovations and it ensures that safety and testing standards can be adapted to incorporate such innovations in the future. That is a vital component of a comprehensive approach to reduce the risk of tip-over.

Second, STURDY provides a rulemaking process that has proven to produce final rules at the Consumer Product Safety Commission without delay. By avoiding delays of 2 years or more, brands like IKEA will be able to introduce new safety innovations and bring new products to market with confidence.

In short, the STURDY Act promotes innovation and regulatory clarity. This will be good for families, parents, children, and seniors. This will be good for business, for our business and other businesses. Most importantly, this will be good for safety.

IKEA has been engaged in the prevention of furniture tip-over for years. This is not just an issue for IKEA. It is an industry-wide issue. It is a worldwide issue and it is an issue for all ages.

When we look at furniture related accidents across all age groups, more children tragically lose their lives, but as was mentioned before, far too many people age 60 and over also fatally are injured by falling furniture and appliances. From 2000 to 2019, seniors were the second largest age group who sustained a fatal injury caused by tip-over accidents, 14 percent of all reported fatalities. A total of 3,200 seniors, an average of 60 a week, were seriously injured by tip-over accidents and required medical attention.

At IKEA, we believe that everyone has the right to feel safe at home, from children to seniors and everyone in between. We are investing in research, innovation, product development, and testing for furniture stability. For us, as for so many others, our interest and our innovations are intensely personal.

When one of our furniture designers was recovering from a debilitating stroke, she gained a new perspective on maintaining an independent life at home. Her life-altering event inspired our collection OMT'NKSAM. That is a mouthful, but it is Swedish for car-

ing. The products in this collection are designed to help seniors to remain in their homes and includes a beautiful wing-backed chair that would look great in any house. The hidden feature is in the design, as the chair makes it easier to both sit and to stand.

Promoting safety is a big job and none of us can do it alone. IKEA has a long history of collaborating with others on challenging topics. To introduce another Swedish word, our term for togetherness is KRAFTSAMLÅ. We collaborate with others on standard-setting, solution development, and with STURDY, advocating for important legislation.

We are grateful for our partnership with organizations such as Parents Against Tip-Overs, Kids in Danger, and the Consumer Federation of America who share the same goal to make homes safer.

From our retail stores and website, through to our social media channels, we regularly update and inform our customers on how we can help them reduce safety risks in the homes.

During this pandemic, we have all been reminded that everyone deserves a home where they are safe and where their loved ones are safe. Let us work together to pass the STURDY Act and let us continue to work together to create a safer home for everyone, from children to seniors.

Thank you for your time today and for bringing us together around this important topic.

The CHAIRMAN. Ms. Kelly, thanks for your testimony.

We will turn now to our fourth and final witness, Janet McGee. Ms. McGee, you may begin.

**STATEMENT OF JANET MCGEE, DIRECTOR,
PARENTS AGAINST TIP-OVERS, EAGAN, MINNESOTA**

Ms. MCGEE. Chairman Casey, Ranking Member Scott, and members of the Special Committee on Aging, thank you for allowing me to share my story with you today.

My name is Janet McGee and I am a mom from Minnesota.

When I was 20 years old, I graduated from the University of Minnesota with my degree in Mortuary Science. I served families for many years as a mortician. You might imagine the schedule of night calls, embalmings, night and weekend funerals.

When the call schedule became too much for me, a single mom at the time, I decided to change careers to create a more consistent and stable lifestyle for my son.

I started working at a Fortune 500 company, worked my way through attaining my MBA, and grew a whole new career. By 2016, I finally had what I had always wanted, a stable career, a balanced life, a husband, and a precious new child, Ted, who was born in 2014. Life was finally good.

On Sunday, February 14, 2016, I put Teddy down for a nap while the rest of our family went about our quiet Sunday afternoon. I was checking on him every 15 to 20 minutes, waiting for him to finally fall asleep. When I did not hear him after a while, I went into his room to confirm he had finally drifted off. What I saw next is something I cannot unsee. Ted was not in his bed and the dresser in this bedroom had fallen forward.

In a panic, I screamed for someone to call 911, somehow stood the dresser back up, and started digging through a pile of drawers and clothes. My dear 22-month-old son Ted was at the bottom of the pile. His face was purple. He had blood coming out of his nose and mouth and his feet were starting to feel cold.

I started CPR immediately while my 11-year-old son, the one that I had worked so hard to create a better life for, ran into the room, saw Ted in this State, and called 911. Despite being near his room this whole time, I did not hear his dresser fall and I could not understand how this happened.

The paramedics got Ted to the hospital and while they found a faint heartbeat, there was simply nothing more that could be done. Ted died that day, about 4 hours after I found him, from what I came to know as a furniture tip-over incident.

Being a former mortician, I put on his last diaper, I dressed him, I put on his Thomas the Train light-up shoes, and I placed him in his casket at the funeral home. His shoes would never light up again and all I could think is that I should be planning his second birthday party, not his funeral.

While I thought Ted's death was a completely isolated incident, I learned shortly after he died that he was not alone. His dresser did not meet the safety standard for clothing storage units and, worse yet, it did not have to because it is a voluntary standard.

Thousands of children, adults, and seniors are sent to the ER every year from tip-over related incidents and sadly, over 570 people have died from tip-overs in the last two decades. According to the Consumer Product Safety Commission, 82 percent of these fatalities were children and 14 percent were seniors.

In 2014, I helped form a national parent coalition called Parents Against Tip-Overs, which is comprised of parents from across the Nation who have all lost their children to tip-overs. Each one of us thought our child was the only one this had happened to, and each one of us learned shortly after their death that they were not.

While you are hearing my story today, I hope you can understand my voice is one of many. Today, I represent the parents out there who cannot bring themselves to speak publicly about their tip-over incident or have been shamed, sometimes publicly, by others to believe they are somehow responsible for their child's death.

I represent all the parents out there who are now full-time caregivers for their children because of a brain trauma or loss of oxygen caused by a tip-over, and I represent adults who are helping care for their elderly parents due to medical issues stemming from a tip-over.

While the ASTM F15.42 Subcommittee that sets the safety standard for clothing storage units has been in existence for over two decades, very little has changed with the way these units are tested. The safety standard remains voluntary, not mandatory. The testing does not account for real-world use scenarios such as multiple drawers being open at once or a unit being used on a carpeted surface.

Additionally, it does not test for drawers being loaded with clothing and does not account for the dynamic force a child might put on a dresser while they yank out drawers to get dressed.

Today, I come before you to ask for your support in passing the STURDY Act. This piece of legislation would require these gaps between real-world use and current testing to be accounted for and would finally make the safety standard mandatory. It would give power back to the CPSC to do what it was designed to do, which is protect the public from unreasonable risks of injury or death associated with consumer products, especially when the standard setting process has proven to be insufficient.

We are on a race against the clock to get more stable clothing storage units on the market. Since my son died in 2016, 52 more people that we know of have been killed by a tip-over and this, unfortunately, will continue to happen until clothing storage units can be designed inherently stable following the passage of the STURDY Act. After years of hard work, all stakeholders are finally in agreement on the language of the STURDY Act. We have done the legwork for you, now I urge you to offer your full support for this life saving bill.

Thank you for hearing my testimony today.

The CHAIRMAN. Ms. McGee, thank you for your testimony and your courage in coming forward to talk not only today but I know on many other days to stand up for other children and to stand up for families.

The fact that you are willing to share your son Ted's story I know will give and continue to give inspiration to other families, but it has also helped us with policy changes and advancing legislation so I want to thank you for that.

I cannot even begin to imagine what you and your family have lived through but we are grateful to you for your willingness to be here today and on so many other days to help move this legislation forward.

I know that just last night I was talking to one of my colleagues here, one of your two home State senators, Senator Klobuchar, who has been working with us since the beginning of this legislation to move it forward and I want to thank you for working with her and working with so many others to make this happen.

As you said in your statement, you said that you hoped that we could understand that "my voice is one of many." And that is true. Your voice and the voices of those families have not been fully heard yet, but they are about to be because we are going to get this legislation passed.

I wanted to ask you just a basic question about the nature of the bill and why passage of the legislation is important. I know you have addressed that already in your statement, but what passage of this bill would mean to you and the families you work with through Parents Against Tip-Overs.

Ms. MCGEE. Thank you for that question, Chairman Casey.

For all of us parents in PAT, passing the STURDY Act would be a huge milestone in the fight to finally stop tip-overs. Some of the parents in our group have been advocating for tip-over prevention for well over a decade, some almost two, and it would mean we finally will have a timeline for when we can expect to see more stable clothing storage units on the market.

It would mean that we can finally rest, knowing that all manufacturers are going to be held accountable to the new mandatory

standard, so essentially, it will finally mean that we can see a light at the end of the tunnel.

The CHAIRMAN. Again, I want to thank you. As you and others will note today, we have had a breakthrough recently to get agreement so we are working with senators in both parties. The House has already acted, as you know.

We are on a pathway. We are not done yet, but we are going to get there. Again, I want to thank you for that help.

I wanted to turn, in the remaining time that I have in this block of questions to Dr. Parekh. As you know, it is estimated that a quarter of all adults ages 65 and older will fall each year. As I mentioned, the death number that is related to these falls among seniors is 34,000 seniors pass away due to complications from falls every year. We know that most of the falls occur within the home. We also know that evidence-based programs can prevent the harms that result from these falls.

I am a cosponsor of a piece of legislation introduced by Senator Angus King of Maine, the Preventive Home Visit Act, Senate Bill 2175, which would enable people with Medicare to receive personalized home and safety recommendations from a trained medical professional and it may reduce falls.

Doctor, in your written testimony you State that "housing is health." Why is it important for us to promote home safety for older adults.

Dr. PAREKH. Senator, thank you so much for that question.

You know, I think the answer is this is an opportunity for all of us to save lives, to save lives, reduce suffering, increase independence. The demographics warranted with the rise of seniors, aging of the U.S. population, more seniors living alone, more seniors living in rural America, more seniors with disabilities needing long-term services and supports, home modifications is just so critical to reduce injury and to save lives.

I think home modifications and falls prevention go together. Low-cost, high-impact home modifications can reduce falls. Community-based programs like A Matter of Balance, which you alluded to, the Capable Program, those can also reduce falls, and then there are things that we can do in terms of clinically, better screening and assessing individuals at high risk for falls.

The legislation that you have mentioned, I think that can be important, particularly having qualified providers like an occupational therapist being able to assess inside the home, individuals at high risk for falls, you can certainly see how that could reduce suffering, reduce falls, as well as save lives.

I think making sure we get the right qualified professional, making sure we focus on high-risk individuals, and then connecting them with the home modifications they need, as well as the medical care they need, I think is critical.

The CHAIRMAN. Doctor, thanks very much.

I will turn next to Ranking Member Scott.

Senator TIM SCOTT. Thank you, Chairman Casey.

Ms. Cleveland-Leggett, a question for you as relates to achieving the American dream. It seems like the American dream is synonymous with home ownership and the fact of the matter is as we watch down payments, the value of home goes up, therefore the

amount of the down payment also goes up. We see that, without any question, seniors and families who struggle to afford a home seem to be heading in the same direction, higher, and higher, and higher.

Can you talk about the critical role Opportunity Zones can play in expanding access to safe, affordable housing?

Ms. CLEVELAND-LEGGETT. Yes, Senator.

The Opportunity Zones can play an absolutely critical role. When you have the public and private partnerships, when you have private developers at the table trying to do what they can in order to increase housing, it makes a difference. I have seen it. I have seen housing that has come about through Opportunity Zones, allows people to live in a dignified location in a manner—not only seniors but non-seniors have housing now because of the Opportunity Zones and the investment that developers are willing to make into these communities.

As I said earlier, the finding from the nonpartisan Joint Committee found that 24 percent of the \$24 billion invested in Opportunity Zone Funds went to low-income communities, and it is not just low-income communities. I have seen where they are invested in workforce housing in a city like Birmingham where there is an old factory and an Opportunity Zone developer came in, tore well, did not tear it down but revitalized it. It became a beautiful workforce housing development.

Housing is critical and Opportunity Zones allows this to happen through developers who are allowed to invest and create new housing in these communities.

Senator TIM SCOTT. Thank you, ma'am.

Another question for you. I served on County Council in a prior life it feels like at this point in my career. In that life, I will say without any question, watching the zoning decisions and land use restrictions that are sometimes placed from the local level, whether it is the municipal or the county levels, really does restrict the amount of homes on the market, so to speak. 39 percent of seniors say that unaffordable housing is a major problem and a reality, and you cannot have a safe home if you cannot afford a home at all.

Could you explain how land use regulations hurt the poorest and most vulnerable Americans and what impact reforms like accessory dwelling units can have on vulnerable populations?

Ms. CLEVELAND-LEGGETT. Yes, Senator.

Zoning which, as you have indicated, is a local issue, it is a State and municipal and local issue, they make the zoning rules but they can have long-term and wide reaching effects. I have seen communities, and particularly when you are dealing with low-income and even the homeless population where you have restrictions on the type of dwellings that can go in a particular location. It does not allow certain multifamily housing to come up, which would be beneficial to seniors and, as I said, even the homeless population.

Cities where you see the homeless population burgeoning, which could include seniors who no longer have a place to dwell, are limited because of the zoning regulations that limit what kind of dwelling can be erected, so absolutely.

It would behoove us to reach out to our local communities, local decisionmakers, to understand what wide-reaching effect their regulations have on the ability of individuals to sustain a life. Housing is critical for our seniors. Everyone is not in a position to have their relatives live with them, but the ADUs or accessory development units can be beneficial. That also is regulated locally, so where you can put them, what you can do—but for those of you who do not know what they are, they are basically additions in your home.

Say I had a house and I want to widen my house and to create new housing for someone to come in and live, those accessory dwelling units are permissible if the local legislators allow this to happen. More and more, it is an option. If you have got the land, or if you can even rehabilitate your own existing house where you could create something, it could create an ADU, as well.

Things like that are important. Changing the regulations and also expanding the regulations so that they allow for ADUs in our communities.

Senator TIM SCOTT. Thank you so much.

Chairman Casey, I turn it back to you, sir.

The CHAIRMAN. Thank you, Ranking Member Scott.

I know we are awaiting one or two senators right now but in the interim, maybe I will get a question and then we will transition as we go.

I wanted to turn to Ms. Kelly regarding the work that you have done at IKEA. You made reference in your testimony to IKEA's Safer Life at Home initiative, focusing on safety and innovation. Part of this work includes IKEA's work to advance the legislation I made reference to, the STURDY Act, and promote furniture stability.

As you note in your testimony, IKEA believes the STURDY Act promotes "innovation and regulatory clarity" and is good for families and businesses alike. I want to thank IKEA for the work you have done and the partnership in this effort.

Here is a two-part question. What has driven IKEA's interest in leading by example on these product safety issues and innovation? That is kind of part one of the question.

Part two is why is it important for the industry more broadly to be involved in this kind of work?

Ms. KELLY. Thank you, Chairman Casey.

Our knowledge at IKEA about life at home and the resources that we have in product development and design and our understanding of how customers engage lets us contribute to these topics and, in some cases, we can lead. As a major retailer and manufacturer, we feel it is our responsibility to do that. We have a reach of millions of customers around the world, so when we decide to take action we can actually make a meaningful difference, but while we continue to improve in our own business, we know that if we want to make change that is wider, that is industry wide, then we need to work with other stakeholders and we need to work with stakeholders who are leaders in this area. We believe that the best solutions happen when you bring together a diverse group with different perspectives, sometimes unlikely groups of people and organizations, but with a common goal.

We believe that as a business we have an important perspective to bring to these conversations and that, by working together, we can come to solutions that work to promote safety but at the same time work for business.

Thank you.

The CHAIRMAN. Ms. Kelly, thanks very much.

I wanted to turn to our next senator, but I also want to acknowledge that Senator Warner has joined us.

I will now turn to Senator Gillibrand.

Senator GILLIBRAND. Thank you so much, Mr. Chairman.

In comparison to the population at large starting at age 65, older Americans are more than twice as likely to be killed or injured by fires. Many older Americans experience poor eyesight, loss of hearing, arthritis, dementia, and side effects from medicine that can make it difficult to react to a fire.

I have introduced legislation, the Housing Temperature Safety Act, which would require the installation of heat sensors in federally subsidized housing. I am also a cosponsor of the Public Housing Fire Safety Act, which would provide funding for public housing agencies to install automatic sprinkler systems.

Dr. Parekh, what impact would requiring installations of fire prevention mechanisms such as heat sensors and sprinklers have on older Americans? Second, do you believe it would be significantly and meaningfully helpful to increase the safety of older Americans toward housing fire dangers?

Dr. PAREKH. Senator Gillibrand, thank you for that question and this important public health issue.

I think certainly, there is data to support automatic sprinkler systems. Heat sensors also can be a sensitive way to detect a fire, so I do think that these interventions should be looked at, certainly the feasibility, the cost studies, as well.

I will also say that, more broadly in terms of fire prevention if you look at older adults, the most common cause of home fire deaths in the elderly still is smoking, so smoking cessation I think is critical here, ensuring that their smoke alarms are battery operated, ensuring that there is cooking safety, space heater safety, the use of space heaters, all of these prevention tools in addition to the interventions that you are articulating I think could make a big difference in reducing fire deaths in the elderly population.

Senator GILLIBRAND. Most older adults prefer to remain in their homes and communities as they age, yet many older adults face significant challenges to safety and independence because of modifiable risk factors in their homes. Unintentional home injuries cause more than 30,000 deaths and 12 million non-fatal injuries annually in the United States. Home improvements, modifications, and repairs can enhance home accessibility over a person's life span and reduce the risk of unintentional injuries.

These improvements may include addressing unsafe furniture or appliances or supporting balance to reduce risk of falls.

For Ms. McGee, thank you for sharing your story. I know that it cannot be easy but I appreciate you bringing the awareness to this issue.

You mentioned the STURDY Act that would help prevent injuries and harm from furniture tipping over. Can you please describe

the standards this legislation would set to stabilize furniture and how it would help prevent dangerous incidents of future furniture tipping?

Ms. MCGEE. Absolutely. Thank you for this question, Senator.

As many people on the call know, the Consumer Product Safety Commission released an NPR last year after four-plus of investing the tip-over issue. Their 1,200 page document was a lot to read but it does say one thing very clearly, and that is that the current safety standard is woefully inadequate.

We, as parents, already knew this. We knew of units that meet today's safety standards that have fallen over. We actually have a parent in our group who lost her son in 2017 from a dresser that meets today's safety standard and is still being sold in stores today.

We know that change is coming. Manufacturers know change is coming. We stakeholders are all in agreement that STURDY is the best way to get this done. The STURDY Act requirements would hold manufacturers accountable not only because it would be a mandatory standard rather than voluntary, but also because it would test for those real-world use scenarios that I had mentioned that are not being tested for today, so dressers being loaded with clothes, which is how we use them, multiple drawers being open at once, dressers being used on carpeted surfaces, and the dynamic force being put on dressers during real use scenarios.

Senator GILLIBRAND. Yes.

Thank you very much, and thank you, Mr. Chairman, for this important hearing.

The CHAIRMAN. Thank you, Senator Gillibrand.

We will next turn to Senator Braun.

Senator BRAUN. Thank you, Mr. Chairman.

I have had a lot of interaction with builders back in Indiana and their main concern, in fact one that is trying to find that sweet spot of where you abide by the regulations but still can build something affordable, whether it is regular housing, elderly, kind of low-income housing.

I would be interested to hear from each panelist, each witness, the one or two regulations out there that you most often hear about that well-intended but cause a disproportionate amount of expense and cost, and I can think of one related to WOTUS, and I am one that is very sensitive about taking care of the environment, but in talking to developers, that constantly was an issue that could raise the cost of any development.

I would like to start with Ms. Cleveland-Leggett and let us go through to where each of you take maybe a minute or so and tell me what you hear most often, the regulations that need to be maybe changed, that would give us the biggest bang for our buck to find a sweeter spot, especially on individual housing but I think it would across the board.

Go ahead, Ms. Cleveland-Leggett, to start off.

Ms. CLEVELAND-LEGGETT. Yes.

There is not a specific regulation that comes to mind but I do think it is so critical that there be public-private partnerships involved. One of the things that most developers that do low-income housing, the talk about the tax credits. That is something that is issued by the Treasury Department and ultimately utilized and

distributed by the State, so each State is allocated a certain number of tax credits. That is a must in developing low-income housing. They need those tax credits, so that is not really a regulation, but it is a necessary component to developing low-income housing.

I believe that putting our minds together, one of the things that we have been able to do in the past is work together to come up with what works. There are some situations where it does not necessarily work, but most developers who are in this space have come up with ways to make it work and that primary way is through low-income tax credits.

Senator BRAUN. Thank you there. We have got about maybe 30 to 40 seconds for the other witnesses to chime in, as well. Go ahead.

Dr. PAREKH. I will just say very briefly, Senator, our Senior Health and Housing Task Force at the Bipartisan Policy Center was very much in support of the Low-Income Housing Tax Credit and also made a recommendation in line with what Ms. Cleveland-Leggett talked about but reforming zoning laws to allow for accessory dwelling units.

The long and the short of it is that seniors, there is a dearth of affordable housing out there and we need to look at all ways where we can ensure that seniors have accessible, affordable housing and looking at those zoning laws locally, I think, is one path forward.

Senator BRAUN. Anyone else want to weigh in?

If not, I think that whenever you are looking at regulations, zoning ordinances, there is always I think the lack of maybe trying to quantify how much that actually costs, but it all gets, in kind of a nebulous way, built into the cost of trying to get what we are after, something that is more practical to make it affordable, so I think that most agencies know that it adds to the cost, never take the time to maybe figure out exactly how much that is per square foot.

I think it would be smart to do because a lot of what I hear, in terms of getting the sweet spot, especially on entry level single-family homes, it is about \$30,000 to \$40,000 away from where it should be. In many instances, they think about half of that cost could be due to regulations that they are uncertain the value to say the eventual home owner or the process and that there needs to be more attention paid on actually when we do regulate what it costs even per board foot.

Observation here and a lot out in the field. Thanks for taking the time to respond to the question. I appreciate it.

The CHAIRMAN. Thank you, Senator Braun.

Before moving to our next Senator, I want to acknowledge Senator Kelly has joined the hearing.

Now we will turn to Senator Rosen.

Senator ROSEN. Well, thank you, Chairman Casey and I am not in the room but Ranking Member Scott, if you are there, thank you as well for holding, of course, this really important hearing, and the witnesses, thank you all for being here today. We really appreciate you.

I just want to talk a little bit about enhancing assistive technology for seniors at home. We know it is important to age in place and we are increasingly seeing the benefits of new and innovative

technology changing the way seniors are living, aging at home. Technology offers greater security and independence for seniors, ultimately really preserving their quality of life.

In Nevada, we are helping to lead the way in some of those innovative work. For example, in 2017, members of UNLV's student engineering team won first place in an Department of Energy competition when they worked directly with Nevada seniors to build a home designed to help older adults age in place powered entirely by solar energy with smart homes and health monitoring technology.

Dr. Parekh, as a clinician and a public health expert, how do you think we can adapt the existing technology we have, upgrade it however we need to, to meet the needs of seniors, older adults, or as we age in place in our own home how can we continue to upgrade?

Dr. PAREKH. Senator, thank you for that question. Congratulations to the UNLV team. Certainly technology is a solution here. I think we have to meet seniors where they are in realizing that many seniors may have vision or balance or movement challenges. I think technologies that are easy to use, user-friendly, that they can see, they can interface with their health care provider or others, I think are going to be absolutely critical.

There are so many technologies out there, so also ensuring that we have research so that we know which of these interventions and technologies lead to the best outcomes, I think is really important.

Broadband is absolutely going to be critical, as well, here, and then we need to increase awareness of those technologies, ensure that they are accessible. That could be reimbursement through insurance or that could be through tax credits or grants in the private sector taking the lead.

I think there are a number of things here. We have to make them user-friendly. We have to make the research is there, make sure that there is awareness, and make sure, particularly for low-income Americans, that the public and private sector are supporting access for them.

Senator ROSEN. That is great.

I want to build on that because I stepped away from my career to take care of my parents and in-laws, and so I want to be sure that we have to ensure that families caring for their aging relatives like I did have access and aware about the new technologies.

You talked about broadband. It is particularly important for low-income families and for telehealth for those families that do not have easy access to health care providers.

Do you have any ideas about what more we can do to help the caregivers and ensure that families have access to health care?

Dr. PAREKH. Well, I think the telehealth piece is so critical. We have seen the importance of telemedicine during this pandemic. Remote monitoring technologies are so important, as well. There are many consumer-facing apps that are evidence-based that promote self-management, so I think we have to continue pushing the envelope on telehealth.

I would say it is not only important from a directed health perspective but, Senator, we are also facing a significant public health challenge in this country of social isolation and loneliness amongst

elders, Social isolation increases mortality by 29 percent, increases the risk of chronic conditions, leads to the cost to the Medicare program. Connectivity through broadband, connecting seniors or loved ones with family, friends, the resources and supports they need, I think are going to be so critical moving forward.

Senator ROSEN. Well, I am actually glad you brought that up because that was actually my next question was senior isolation and some of the safety issues around senior isolation like preventing falls, so you set me right up for the next question because falls are the leading safety concern for older Americans. A quarter of Americans aged 65 and older fall each year, billions of visits to the emergency room, 34,000 deaths among adults aged 65 years and older annually from falls.

We also know COVID, seniors were so isolated. It really has an impact on your mental health and then your physical health. I am curious to learn a little bit more about the creative ways communities are responding the prevent falls in the home and also to address the social isolation.

How do you think—have you seen some research? Or what can we do to be sure that we increase the safety from falls specifically and really try to decrease that feeling of social isolation?

Dr. PAREKH. Yes, I think the most important thing we can do is to support seniors in ensuring that they are physically active and that they are seen and can be seen.

The best data I have seen is from the National Poll on Healthy Aging out of the University of Michigan. It does appear that during the pandemic more seniors were less active, their physical conditioning decreased, they experienced more falls. This was more common in women and those who lack companionship, so all of this social isolation, falls, they are all connected.

I do not know how families have mitigated this but my hypothesis, Senator, would be that what we need to do is ensure that they feel connected, that they are seen, that they are visited, and they are engaged physically. Physical activity is also critical to reducing falls.

Senator ROSEN. Well, improving access to broadband and telemedicine and visitation, community, other kind of engagement are really important.

Thank you so much. I yield bank.

The CHAIRMAN. Senator Rosen, thanks very much for your questions.

I will turn next to Ranking Member Scott.

Senator TIM SCOTT. Thank you, Mr. Chairman.

What an interesting hearing, by the way, and I think are panelists are doing a really good job of distilling some of the important issues, from health care to housing, that we all see our seniors facing and looking for ways to overcome them, so thank you very much for holding this hearing. I am so thankful for the panelists for bringing your expertise to bear against a very important issue.

Ms. Cleveland-Leggett, seniors are a growing share of the housing market as our population ages. I think you said something that caught my attention, that one out of five Americans in the years coming will be seniors. I have also heard statistics that we are on the verge of having more people becoming seniors than we have

births in our Nation. That is a challenge for a nation that is not yet replacing ourselves, so we have a lot of work that needs to be done.

The private sector is increasingly recognizing the trend in the aging of our population. Some companies are starting to offer expanded home modification and assistive technology services and expertise.

Could you help us understand the role of the private sector and innovative small businesses in meeting seniors' housing needs?

Ms. CLEVELAND-LEGGETT. The private sector is critical for a number of different reasons. The public sector does not have the wherewithal to bear the burden by itself. You have got HUD, you have got HHS, you have got the VA with VASH Vouchers. You have got other Federal organizations.

However, alone they cannot bear the burden, and so it is a necessary component, the private sector is critical not only for innovation but also their dollars. Them putting forth the backbone, the backup financially, and then bringing that to the table, because the private sector dollars coupled with the public sector dollars makes a difference.

I have seen from organizations that come to play with public dollars, with Choice Neighborhoods grants, \$30 million. That sounds like a lot of money, but when you start building and putting together the kind of communities that we need, the \$30 million in a Choice Neighborhood grant is also enhanced when you have got a private developer coming in and adding to that financially and adding their ability to put together innovative housing.

The private sector is critical. We cannot continue and we cannot develop the way that we want to just on government funding. It really will not work.

I have seen it time and time again in the places that I have visited and it is critical. From every State that I oversaw to Puerto Rico to the USVI it is absolutely an essential component to have the private sector as partners in this.

As I said earlier, what are some of the things that brings them to the table? Bringing them to the table are the tax credits. That helps them pencil out, that helps them make sense of what they want to do because, of course, they are there to—they are not non-profit, so they are there to make money, which is not a bad thing. However, many of them have come to the table with the right mission.

That is why I am with Integral, because of their mission. They are mission oriented. Yes, they are a private developer, but they have also incorporated in their mission that they are going to change the trajectory of the lives of the people that they serve, whether it is elderly, whether it is low-income, no matter who it is, and there are other developers who have done that, but in my estimation, no one has done it as well as Integral.

Senator TIM SCOTT. Thank you very much for the answer.

Mr. Chairman, I will certainly have answers for another round perhaps, depending on time. I will use my last 10 seconds to just acknowledge the fact that you think about public housing for our seniors. The backlog for repairs is over \$70 billion, so we have a

lot of work that needs to be done to make sure that even accessible and safe public housing is up to code for our seniors, so to speak.

Thank you for the time.

The CHAIRMAN. Ranking Member Scott, thanks very much for your questions in the second round. We are going to have to conclude but I wanted to just have some closing comments before turning again to the Ranking Member.

Today, in this hearing, our witnesses helped us better understanding both health and safety issues within the home. Our witnesses of course, and we are grateful for their testimony and their presence today, our witnesses demonstrated that Congress must do more to prevent tragedies caused by unintentional home injuries.

I believe we must support older adults aging safely in their homes through passage of bills like the Preventive Home Visit Act that I mentioned earlier, Senator King's legislation.

We learned that falls can be prevented through common sense and cost effective home modifications and evidence-based programs.

We also have to ensure furniture sold to consumers is tested for both safety and stability. I believe we owe this to children like Teddy McGee, Katie Lambert, Curren Collas, and so many other children and to their families, and to every family who last lost a loved one from a preventable injury like a fall or a furniture tip-over, whether that individual is a child or a senior.

This starts with passage of the bipartisan STURDY Act, a bill that will save children's lives. As Ms. McGee noted in her testimony, a coalition of consumer groups, parents, and industry partners have come to an agreement on advancing the STURDY Act legislation. They have done the hard work for us, all these months—longer than months now—working on an agreement, so now it is time for the Senate to take on its responsibility to ensure that our homes are safe.

I will turn next to Ranking Member Scott for his closing remarks.

Senator TIM SCOTT. Let me just thank each and every person who provided testimony in today's hearing, so valuable was the testimonies that we have heard, the answers to the questions provided more light into solutions.

I am always a fan of public-private partnerships to meet the problems and the challenges of this country, especially in the housing area. I think we heard excellent testimony, heart-wrenching testimony around the challenges of falls and furniture falling on kids particularly and overall falls by seniors, more than 36,000 a year.

You all provided us a number of solutions. I also want to note the fact that the use of virtual health or telemedicine is becoming an important part of senior living and one that we should all be excited about and look forward to having more hearings and more discussions around providing excellent quality health care without seniors having to necessarily drive to appointments but having the opportunity to have those appointments from where they live.

In fact, as we think about where they live, making sure that affordable, safe housing is a part of the primary responsibility as we think about the golden years of our seniors would be an incredibly important part of the engagement.

Thank you all for being here.

Mr. Chairman, I yield back.

The CHAIRMAN. Ranking Member Scott, thanks very much.

I want to note, for the record, that we may have set a record this month. We have had three Committee hearings. I want to thank Ranking Member Scott for his work and his cooperation, as well as the staffs of both of our teams, all of the hours that they put into have three hearings in a month. Ranking Member Scott, I think it is a record but it is probably not a record we want to set every month. Scott

Senator TIM SCOTT. Some records should lie, they should stay set forever.

The CHAIRMAN. But it is, we are grateful for all of the work that they did.

Senator TIM SCOTT. Indeed.

The CHAIRMAN. For today's hearing, I want to once again thank all our witnesses for contributing both their time and their expertise and their personal experiences that bring to bear on so many of these issues that involve safety.

For the record, if any Senator has additional questions for witnesses or statements to be added to the record, the hearing record will be kept open for 7 days until next Thursday, April 7th.

Thank you again everyone for participating.

This concludes today's hearing.

[Whereupon, at 11:25 a.m., the Committee was adjourned.]

APPENDIX

Prepared Witness Statements



Preventing Tragedies and Promoting Safe, Accessible, and Affordable Homes

**Written Testimony by Anand K. Parekh, M.D., M.P.H.
Chief Medical Advisor
Bipartisan Policy Center**

**U.S. Senate Special Committee on Aging
March 31, 2022**

Chairman Casey, Ranking Member Scott, and members of the committee, thank you for the opportunity to appear before the committee. I applaud the committee for hosting this hearing to shine a light on preventable harm to vulnerable Americans in the home setting.

My testimony today is based on my perspective as a physician, former public servant, and currently, chief medical advisor at the Bipartisan Policy Center, where I, along with my colleagues, have spent the last several years concentrating on the intersection between housing and health.

I have concluded based on my experience that housing is health. Of all the drivers of health, none may be more significant than housing, or the lack thereof. After all, each one of us spends as much or more time in the home setting than anywhere else. Significant evidence exists that housing affordability, neighborhood conditions, and conditions within the home impact health.

Background

With respect to affordability, BPC's previous report *Healthy Aging Begins at Home*, led by former HUD Secretaries Henry Cisneros and Senator Mel Martinez and members of Congress, Allyson Schwartz and Vin Weber, noted that over the next 20 years, nearly 40% of individuals over the age of 62 are projected to have financial assets of \$25,000 or less, and 20% will have assets of \$5,000 or less. For many, this level of savings will be woefully inadequate to cover the expenses of daily living, necessary long-term services and supports which 70% of the elderly will eventually need, or the modifications necessary to make living independently at home safe and secure. This is especially true given that 80% of home modifications are paid for out of pocket.¹

With respect to safety and accessibility of the home setting, I would like to start out by recognizing that this is an important issue across the lifespan—from childhood to old age—and thus, I appreciate the committee's broad focus today.

¹ Bipartisan Policy Center. *Healthy Aging Begins at Home*, 2016, <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2019/03/BPC-Healthy-Aging.pdf>.

That being said, I will concentrate my testimony on the older adult population. Most homes in this country, particularly those that are older, are not uniformly healthy, with hazards such as lead, radon, carbon monoxide, and asthma irritants commonplace, particularly in low-income communities. Further, BPC's previous report noted that while virtually all seniors would like to stay in their homes for as long as possible, only 1% of homes today have the five "universal design" features necessary to make them accessible for those with impaired mobility (no-step entries, single-floor living, accessible electrical controls and switches, extra-wide doorways and halls, and lever-style door and faucet handles).² This is despite 38% of households 65 and older having at least one person living with a disability.³ Many home modifications are no-cost, such as removing hazards such as throw rugs and moving furnishings; others are low-cost, such as installing grab bars and improving lighting; and others are more complex and expensive, such as installing ramps or widening doorways.

The reason that home modifications are so important is that they can contribute to reductions of tragic events such as falls. Each year, millions of Americans over the age of 65, more than one out of four, experience a fall, resulting in 3 million emergency department visits and 800,000 hospitalizations. Most of the injuries occur from broken bones, such as hip fractures, and head injuries, such as traumatic brain injuries.⁴ All told, 27,000 adults die from falls each year, making it the leading cause of injury-related death in older adults. The estimated medical costs attributable to fatal and nonfatal falls is approximately \$50 billion⁵; data suggest that falls cost the Medicare program over \$31 billion annually (as a comparison, cancer costs Medicare \$36 billion annually). In sum, most falls happen in the home, and most falls are preventable. In spite of this, there are no comprehensive programs or policies currently in place across the federal government to tackle this public health challenge.

In 2016, the first randomized controlled trial examining the benefits of home modifications for reducing fall injury costs was published. Compared to unmodified homes, modified homes showed a reduction in the costs of home fall injuries by 33%. Societal benefits of injuries prevented were estimated to be at least six times the costs of the intervention. The cost-benefit ratio was found to be at least double for older people and increased by 60% for those with a prior history of fall injuries.⁶

² Joint Center for Housing Studies of Harvard University, *Housing America's Older Adults*, http://www.jchs.harvard.edu/sites/default/files/jchs-housing_americas_older_adults_2014_1.pdf.

³ Wan He & Luke J. Larsen, *Older Americans with a Disability: 2008-2012 American Community Survey Reports*, US Department of Health and Human Services and US Department of Commerce, 2013, <https://www2.census.gov/library/publications/2014/acs/acs-29.pdf>.

⁴ "Older Adult Fall Prevention," Centers for Disease Control and Prevention, last reviewed August 6, 2021, <https://www.cdc.gov/falls/facts.html>.

⁵ Curtis S. Florence, Gwen Bergen, Adam Atherly, Elizabeth Burns, Judy Stevens, and Cynthia Drake, "Medical Costs of Fatal and Nonfatal Falls in Older Adults," *J Am Geriatr Soc* 66, no. 4 (2018) 693-698.

⁶ Michael D. Keall, Nevil Pierse, Philippa Howden-Chapman, Jagadish Guria, Chris W. Cunningham, and Michael G. Baker, "Cost-Benefit Analysis of Fall Injuries Prevented by a Program of Home Modifications: A Cluster Randomized Controlled Trial," *Injury Prevention* 23, no. 1 (2017): 22-26.

Recommendations

Given these findings, I offer two recommendations to the committee on how the federal government can be a better partner to states, localities, families, and individuals in reducing older adult injuries in the home setting.

1. Home Modifications

The administration should better coordinate federal home modification programs to maximize their impact. Given that multiple departments such as HUD, HHS, USDA, VA, and DOE have a role across the executive branch, the White House should take the lead and create a new interdepartmental home modifications task force. BPC's previous report recommended that Congress authorize a Modification Assistance Initiative that would work on an interagency basis to coordinate federal resources available for home modifications to support aging with options.

In the Fiscal Year 2019 appropriations bill, Congress first authorized Aging-in-Place Home Modification grants designed to enable low-income older adults to remain in their homes through low-cost, high-impact home modifications. In August 2021, HUD announced the program's first funding awards—\$30 million in grants to 32 nonprofits and other entities to help low-income seniors stay in their homes through low-cost home modifications that will reduce older adults' risk of falling.⁷

Congress subsequently considered the Senior and Disability Home Modification Assistance Initiative Act, a bill which many of you championed and was subsequently and largely incorporated into the Supporting Older Americans Act, which became law in March 2020. This act required the GAO to conduct a study and issue a report that includes:

- An inventory of federal programs which support evidence-based falls prevention, home assessments, and home modifications for older individuals and individuals with disabilities;
- Statistical data on the number of older individuals and individuals with disabilities served by each federal program described and the approximate amount of federal funding invested in each such program;
- A demographic analysis of individuals served by each and an analysis of duplication and gaps in populations supported by the federal programs;
- What is known about the impact of these federal programs on health status and health outcomes;

⁷ "HUD Awards \$30 Million To Help Low-Income Elderly Homeowners Age in Place," U.S. Department of Housing and Urban Development, August 6, 2021, https://www.hud.gov/press/press_releases_media_advisories/HUD_No_21_119.

- A review of federal efforts to coordinate federal programs that support evidence-based falls prevention, home assessments, and home modifications for older individuals and individuals with disabilities and any considerations for improving coordination, which may include an indication of the federal agency or department that is best suited to coordinate such federal programs; and
- Information on the extent to which consumer-friendly resources are available through the National Eldercare Locator Service, are accessible to all area agencies on aging, and contain information on evidence-based falls prevention, home assessments, and home modifications for older individuals attempting to live independently and safely in their homes and for the caregivers of such individuals.⁸

Simultaneously, the Administration for Community Living at HHS awarded a grant⁹ to the University of Southern California to create and implement a Home Modification Information Network, an online searchable database of home modification tools and resources at homemods.org; develop a new home modification training program to educate members of the Aging network and others on how to better connect older adults to resources and funding; and research and evaluate home modification best practices to serve as the basis for training, consumer education, and a toolkit.

All of these actions align with, or were recommended by, BPC's *Healthy Aging Begins at Home* report, and we are pleased to see recent progress to date. That being said, it will be incumbent upon Congress and the administration to act on the GAO's upcoming findings as well as take stock of the work done to date to ensure that federal home modification initiatives are coordinated and yielding maximum impact. An analysis of these discretionary programs should also be coupled with a review of how public insurance programs such as Medicare and Medicaid are covering home modifications. For example, Medicare Advantage plans can provide social supports such as minor home modifications as supplemental benefits¹⁰; state Medicaid programs can also cover home modifications through specific home and community-based services (HCBS) waivers.¹¹ Finally, a new national partnership with states, localities, and private-sector entities offering modification services should also be launched. Ensuring that the National Aging Network is central to these efforts will be critical given their reach to millions of older Americans and their families, homeowners and renters alike.

⁸ "H.R. 4334 – Supporting Older Americans Act of 2020," Congress.Gov, accessed March 28, 2022, <https://www.congress.gov/bill/116th-congress/house-bill/4334/text>.

⁹ "Promoting Aging in Place by Enhancing Access to Home Modifications," Administration for Community Living, accessed March 28, 2022, <https://acl.gov/grants/promoting-aging-place-enhancing-access-home-modifications>.

¹⁰ Anand Parekh & Katherine Hayes, "Medicare's \$31 billion challenge: preventing older adult falls," *The Hill*, May 24, 2017.

¹¹ "CMCS Informational Bulletin," Centers for Medicare and Medicaid Services, accessed March 28, 2022, <https://www.medicaid.gov/federal-policy-guidance/downloads/cib-06-26-2015.pdf>.

2. Falls Prevention

The U.S. Department of Health and Human Services should make falls prevention a top departmental priority. A coordinated action plan should be developed to catalyze research, surveillance, implementation of evidence-based programs, and the delivery and financing of proven interventions. The goals of such a plan should be aligned with the Healthy People 2030 goals to 1) reduce fall-related deaths among older adults and 2) reduce the rate of emergency department visits due to falls among older adults.¹² This will require building on existing evidence-based federal falls prevention programs and necessitate strengthened partnership between agencies such as ACL, CDC, NIH, and CMS. The plan should also include a public awareness component and could build upon the CDC's Still Going Strong campaign¹³ and the National Council on Aging's National Falls Prevention Resource Center.

In addition to facilitating home modifications by qualified health professionals such as occupational therapists¹⁴, there are a number of key actions that should be taken, many of which will require leadership from CMS.

First, the CDC's STEADI (Stopping Elderly Accidents, Deaths, and Injuries) Initiative has established guidelines for healthcare providers who treat older adults at risk of falling, as well as those who have fallen in the past. Central to this is assessing for difficulty with walking, balance, or vision and reviewing medication lists. The CDC estimates that for every 5,000 healthcare providers who adopt the STEADI system, over a five-year period, six million more patients could be screened for falls risk; one million falls could be prevented; and \$3.5 billion in medical costs could be saved.¹⁵ Real-world evidence has validated that STEADI fall risk screening and prevention strategies among older adults in the primary care setting can reduce fall-related hospitalizations.¹⁶ CMS should require that the STEADI tool is used by providers conducting an Annual Wellness Visit for Medicare beneficiaries. Individuals at increased risk for falls should be referred to exercise interventions and other multifactorial interventions consistent with the U.S.

¹² "Injury Prevention," Healthy People 2030, accessed March 28, 2022,

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention>.

¹³ "Still Going Strong Campaign," Centers for Disease Control and Prevention, accessed March 28, 2022,

<https://www.cdc.gov/stillgoingstrong/index.html>.

¹⁴ Judy A. Stevens & Robin Lee, "The Potential to Reduce Falls and Avert Costs by Clinically Managing Fall Risk," *Am J Prev Med* 55, no. 3 (2018): 290-297.

¹⁵ Grant Baldwin, Matt Breiding, and David Sleet, "Using the Public Health Model to Address Unintentional Injuries and TBI: A Perspective from the Centers for Disease Control and Prevention (CDC)," *NeuroRehabilitation* 39, no. 3 (2016): 345-349.

¹⁶ Yvonne A. Johnston, Gwen Bergen, Michael Bauer, et al. "Implementation of the Stopping Elderly Accidents, Deaths, and Injuries Initiative in Primary Care: An Outcome Evaluation," *The Gerontologist* (2018):

doi:10.1093/geront/gny101.

Preventive Services Task Force recommendations on falls prevention in community-dwelling older adults.¹⁷

Second, CMS should also include the number of falls-related admissions, as opposed to simply the number of patients screened, as a quality measure for alternative payment models and Medicare Advantage plans. This will further incentivize health care entities to focus on falls prevention.

Third, evidence-based community falls prevention programs have the potential to be an important complement to clinical interventions. One program, for example, a Matter of Balance, focuses on reducing fall risk and fear of falling and improving falls self-management. The target audience is adults over the age of 60, who are led by volunteer lay leaders in a structure group intervention that includes problem-solving, skill building, and exercise training over several weeks.¹⁸ An analysis of this program showed that for every 20 program participants, one planned admission for a fall was prevented and overall, participation was associated with a \$938 decrease in total medical costs per year.¹⁹ This program has been supported over the last several years through ACL's Falls Prevention program but could be further scaled.

Perhaps most innovative is the CAPABLE model, which is a home-based program that integrates services from an occupational therapist (OT), a registered nurse (RN), and a handy worker who work together with the older adult to change behaviors, learn new skills and exercises, and modify the home to improve function and safety. More than a decade of research has shown that the model decreases hospitalization and nursing home stays saving medical costs and reduces symptoms of depression.²⁰ It is listed as an evidence-based falls prevention program by the National Council on Aging.²¹

Both Medicare and Medicaid should identify ways to scale these evidence-based programs either through new or existing alternative payment models or through the Medicare Advantage program.

¹⁷ "Falls Prevention in Community-Dwelling Older Adults," U.S. Preventive Services Task Force, accessed March 28, 2022, <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/falls-prevention-in-older-adults-interventions>.

¹⁸ "Highest Tier Evidence-Based Health Promotion/Disease Prevention Programs," accessed March 28, 2022, <https://www.o3a.org/files/2019/06/CHART-Highest-Tier-EBPs-January-2019.pdf>.

¹⁹ Centers for Medicare and Medicaid Services, Report to Congress, <https://innovation.cms.gov/Files/reports/CommunityWellnessRTC.pdf>.

²⁰ "Community Aging in Place-Advancing Better Living for Elders (CAPABLE)," Johns Hopkins School of Nursing, https://nursing.jhu.edu/faculty_research/research/projects/capable/.

²¹ "Evidence-Based Falls Prevention Programs," NCOA, last modified January 1, 2021, <https://www.ncoa.org/article/evidence-based-falls-prevention-programs>.

Conclusion

Thank you for your leadership in addressing these issues. With the share of elderly Americans continuing to grow in this country, it will be more important than ever to strengthen public-private partnerships to prevent home-related injuries. This will be especially important for the Americans who are very elderly, frail, low-income, and residents of older housing stock. Please let me know if I, or the Bipartisan Policy Center, can be of further assistance.

U.S. Senate's Special Committee on Aging
Dirksen Senate Office Building 562
10:00 AM, Thursday, March 31, 2022

Testimony of Denise Cleveland-Leggett

Good morning, Chairman Casey, Ranking Member Scott, and Members of the Special Committee on Aging.

My name is Denise Cleveland-Leggett. I am a senior vice president at The Integral Group, a commercial and residential development and investment company. Before joining Integral in 2021, I served as administrator of the Southeast Region of the U.S. Department of Housing and Urban Development, the Department's largest region. I have more than 30 years of leadership and legal experience and I have been a trustee and chaired several nonprofit boards.

In the fall of 2021, I joined Integral, a company founded with a mission to revitalize urban America and to change the trajectory of the citizens living in American cities. Integral was founded in 1993, at a time when most urban centers were still experiencing a thirty-year movement by investors, developers, and consumers out of America's urban centers and into the suburbs. Contrary to the trends of that period, Integral's founders saw something on the horizon, and they acted.

They introduced a new financing and development strategy that invited investors and consumers to reimagine what "downtown living" could mean. The "Atlanta Model" is a community development strategy that incorporates multiple public/private partnerships to deliver several elements to a planned community. Specifically, the model incorporates mixed-income rental housing, mixed-income homeownership, early childhood education, K-12 Public Education, commercial development, recreation, infrastructure improvements, and human development services.

As a former Administrator of the Southeast Region of the U.S. Department of Housing and Urban Development, it should come as no surprise to hear that I saw tremendous work like this being completed in cities across the region. The progress included Opportunity Zones, the bipartisan economic development tool that facilitates private investment in distressed areas. They have helped increase the supply of affordable housing in some of the communities that need it most. In city after city, I had conversations with residents, young and old, who expressed their deep satisfaction and gratitude to be living in safe and modern housing provided, in partnership with the private sector, by the federal government. I can report to you that during my tenure at HUD I gained a new appreciation for the local public housing agencies and the work they do. I was able to see first-hand how private industry, local governments, and the US Department of Housing and Urban Development worked hand-in-glove when building housing communities.

Hundreds of communities have been revitalized over the last four Administrations. Despite all that's been accomplished, an estimated \$70 Billion in backlogged repairs still exists in older units. The problem is widespread, deep, and widely reported. No single Congress, Administration, or person is to blame for these conditions. Much of this public infrastructure – public housing – is more than 80-years old, has been well-utilized for decades, and has weathered many years of normal wear and tear with fluctuating levels of funding for maintenance and rehabilitation.

Complicating this condition is that some experts estimate that only 20-percent of the housing units are accessible to persons who use walkers, canes, wheelchairs, etc. You can imagine the problems presented if you are an elderly person who relies on a walker, and your elevators are regularly breaking down or if you use a wheelchair but only have a bathtub in your apartment.

A storm is gathering when it comes to housing the nation's senior population. In 1950, when much of the nation's current public housing stock was constructed, only eight percent of the U.S. population was 65 or older. By 2019, the number more than doubled to 16.5%. By 2050 the population over the age of 65 is expected to be at least 22%. In sum, in the next thirty years, one in five Americans will be a senior citizen¹ and a significant portion of them will be on a fixed income at or below the poverty line.

Some estimates calculate 53% of all of today's public housing residents are either elderly or disabled. It's becoming increasingly apparent that our nation's public housing asset – as fragile as it is – has become one of the nation's largest senior housing programs catering to a market niche, low-income seniors.

I am speaking of the many teachers, store clerks, mechanics and others who find themselves looking to their communities, their government, their tax dollars to support them when they retire because they do not have family support systems or the financial wherewithal to do so themselves. If you've followed the rules and lived a good honest life then you should not be condemned to a lonely, dank, and understaffed industrial-styled living environment and existence just because you've grown older.

They deserve more effective support. As the Regional Administrator, I saw how Opportunity Zones are a great example of the innovative, public-private, bipartisan work that can build more housing for vulnerable residents like seniors in lower-income communities, the people who need it most.

My husband and I, along with our children, have conversations about our future. He and I talk about those "...what happens if..." moments that all families must consider. What happens if my husband or I can no longer work? What happens if he or I need daily medical care? What happens if we can no longer take care of ourselves or each other. These are real questions facing all families regardless of financial stability and wherewithal.

Not all seniors are financially secure enough to live in a senior residential community. While some seniors can absorb increased costs and still report high satisfaction, 100% of the seniors living in public housing are impoverished and unable to pay more for rents and services.

Other older adults are looking for safer, more affordable homes on the private market, where onerous zoning regulations too often drive up the cost of housing and push working people to the margins. For seniors on fixed incomes looking to age in place, these regulations can be punishing, and leave them with too few options for quality homes. At Integral we recognize that each community is unique, and we work to help local officials understand the impact of

¹ <https://www.statista.com/statistics/457822/share-of-old-age-population-in-the-total-us-population/>

unintended consequences that burdensome regulations can have on the development of affordable housing.

In closing, I want to thank you for the opportunity to share my thoughts with you today. I came here with the intent to share my perspective on the need for innovative, targeted investment in Senior Housing. For more than three decades, the Congress has meaningfully invested in the redevelopment of family public housing assets. The opportunity has arrived to broaden the priorities to support the growing population of fixed-income seniors.

Thank you.

Senate Special Committee on Aging

Thursday, March 31st, 10:00 am EDT

IKEA Statement from Tracey Kelly

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I. Introduction

Thank you to Chairman Casey, Senator Scott, and the Senate Special Committee on Aging for inviting IKEA to join this important conversation.

At IKEA, our understanding of life at home is the core of our business. Our mission is to help our customers live better lives, giving them the products, knowledge, and resources, they need. A better life at home begins with safety, especially for the most vulnerable – young children and older people.

Through many years of experience, we know how people live and use the products in their home. We want to know how people live, and what their frustrations, needs, and dreams are. Each year, IKEA co-workers do hundreds of home visits to build our knowledge base and stay current in an ever-changing world. Naturally, what we have learned has given us the insight to develop better and safer products. But it also allows us to share the knowledge that can contribute to a safer life at home.

IKEA is committed to working with safety organizations and industry stakeholders to advocate for setting mandatory stability requirements for clothing storage furniture to keep homes safer. We have launched initiatives that focus on creating a safer environment in the home. And we are collaborating with others in this space to drive change in home safety.

II. IKEA Support for STURDY Act

Furniture tip-over incidents are an industry-wide issue, and remain a serious home safety challenge. At IKEA, we continue our commitment to playing a collaborative role within the industry to reduce tip-overs by working with legislators, regulators, standard-setting committees, consumer safety advocates, and customers. We have long advocated for setting mandatory stability requirements for clothing storage furniture. This is why we support the Stop Tip-Overs of Unstable, Risky Dressers on Youth (“STURDY”) Act. We believe that the STURDY Act can significantly advance industry-wide progress on furniture stability. And we appreciate all opportunities to engage with our stakeholders on this important legislation.

This legislation will decrease the risk of furniture-related tip-over incidents through mandatory furniture stability requirements – making homes safer. In addition to strengthening safety standards for clothing storage units, the STURDY Act also accomplishes two important objectives.

First, it encourages industry to invest in research and the development of furniture safety innovations and ensures that safety and testing standards can be adapted to incorporate such innovations in the future – a vital component of a comprehensive approach to reduce the risk of tip-over.

Second, STURDY provides regulatory certainty for businesses in an expedited timeframe. It allows for a rulemaking process that is proven to produce final rules at the Consumer Product Safety Commission (CPSC) without delay – which can often take years. This will help brands like IKEA introduce new safety innovations and bring new products to market with confidence.

We are not alone on this journey, and we are humbled and grateful for our partnership with organizations such as Parents Against Tip-Overs (“PAT”), Kids in Danger (“KID”), and the Consumer Federation of America. We appreciate the support and participation of other retailers and furniture industry organizations who have joined with us in the work advancing the STURDY Act. IKEA also

applauds Senators Casey, Blumenthal, Klobuchar, and Rep. Schakowsky for their support of the STURDY Act.

IKEA looks forward to continuing to play a collaborative role within the industry, as well as with legislators, regulators, standard-setting committees, consumer safety advocates, and our customers to promote safe furniture use through the passage of the STURDY Act.

III. Creating a Safer Life at Home

At IKEA, our vision is to create a better everyday life for people, and we believe that everyone has the right to feel safe at home – from children to the elderly and everyone in between.

Unfortunately, every year, too many people are injured in their own homes. We want to do what we can to change that – and make home a safer place for everyone – through an initiative we call IKEA Safer Life at Home. This initiative builds on the robust work that IKEA is already doing across the value chain and is focused on innovation and development in the area of safety.

A. Innovation

We believe innovations are the long-term solution to minimize the risks, for example of furniture tip-over. IKEA makes significant investments in research, testing, and product design and development, leading to innovative solutions in product safety.

These innovations are often inspired by personal experiences. When one of our furniture designers was recovering from a debilitating stroke, she gained a new perspective on what it means to maintain an independent life at home. This life-altering event inspired and informed the OMTÄNKSAM (Swedish for “caring”) collection, with products designed to help support an aging population to remain in their homes. OMTÄNKSAM includes jar grippers that help unscrew lids, cushions that provide support, and chairs that make it easier to both sit and stand. This award-winning collection is sold in IKEA stores around the world, with plans to further develop products that provide comfort, functionality, and safety for those with different physical needs and challenges.

IV. The Tip-Over Issue

IKEA has been engaged in prevention of furniture tip-over for years. However, this is not just an issue for IKEA, it is an industry-wide issue. We are fully committed to working together with other stakeholders to drive change in this area.

We are investing heavily in research, innovation, product development and testing, leading to new technical solutions for furniture stability. The work is a top priority, it is ongoing, and while we are making progress, this work will never be completely finished. New furniture and new behaviors in our homes will always require innovation.

A. The number of seniors injured by tip-over

With tip-over accidents involving furniture in the home, much of the focus has been on accidents involving children. When we look at the total number of furniture-related

accidents across age groups, more children tragically lose their lives when a tip-over accident occurs.

But a story that is less frequently told is the number of people aged 60 and over who are fatally injured by falling furniture. According to data compiled by the CPSC, from 2000 to 2019 seniors are the second-largest age group who sustain a fatal injury caused by tip-over accidents (14% of all reported fatalities). Even more dramatic is how many seniors seek emergency treatment for injuries caused by furniture tip-over accidents. From 2017 – 2019, the CPSC reported a total of 3200 seniors – an average of 60 a week -- who were seriously injured by tip-over accidents and required medical attention. These statistics emphasize the continuing need to raise awareness of the risk of tip-over injury for all age groups, educating consumers on how to prevent this from happening to themselves, their children, and grandchildren.

V. Leader in Consumer Protection and Home Safety

As a major retailer and manufacturer, we believe we have a responsibility to be engaged in home safety topics related to our product offering. Our knowledge about life at home, the competence and resources that we have in product development and design, and our understanding of customer engagement allow us to contribute to, and in some cases lead, on safety topics. Our reach to millions of customers across the world means that we can make a meaningful difference.

A. Collaboration

IKEA has a long history of collaboration with others on challenging topics. It is part of our culture, and we have a term for it, KRAFTSAMLA (togetherness in Swedish). In the area of safety, we collaborate with others on standard setting, solution development and in the case of STURDY, development of legislation. We believe in having open dialogue to move topics forward, including with those stakeholders that challenge us.

One example of this was our work advocating for increased safety measures for furniture flammability. We worked together with scientists, universities, manufacturing companies, a major hospital provider and several furniture trade associations to press California to amend its flammability standard. These collaborative efforts from industry experts resulted in changes to the flammability test method and enabled the entire home furnishings industry to develop and manufacture upholstered furniture without adding flame retardant chemicals that are proven harmful to people and the planet.

B. Secondhand Market

Our concern for consumers reaches beyond the primary purchaser, and extends to a secondhand purchase- furniture bought at a garage sale, flea market, or on-line marketplace. IKEA believes that wall-attachment, along with innovation in product design, mandatory safety standards and clarity in safety testing methods, are all part of a comprehensive approach to reducing furniture tip-over incidents. In line with advice

from the CPSC (through their "Anchor It" communication), we want all consumers to safely use furniture in their homes, regardless of where it was purchased.

IKEA is committed to working toward solutions that address and minimize the risk. We continue to seek the help of diverse stakeholders to identify and pursue solutions that involve public awareness, and legislative and corporate action.

C. [Customer Engagement](#)

At IKEA, we are in a unique position to leverage our voice and raise awareness for ways to establish a safer life at home. Our safety messaging is an important part of our customer communication, and appears on all customer touchpoints. From our retail stores and website, our social media channels, our "IKEA Safer Homes" app, and regular email outreach, we regularly update and inform our customers on how we can help them reduce safety risks in their homes.

In 2020, IKEA instituted a new sales requirement in which consumers who wish to purchase our chests, dressers and other select clothing storage units must acknowledge the need for wall attachment. This requirement is an important step in our journey to help our customers enjoy a safer life at home and mirrors our support for stronger regulation in the space.

VI. [Conclusion](#)

Everyone deserves a home where they and their loved ones are safe. We are committed to do our part through our product offering, the knowledge we share with our customers and by engaging with a wide range of stakeholders on these important topics.

The STURDY ACT is an important element of creating a safer home for everyone, from children to seniors. Please join us in supporting its passage and thank you for the opportunity to share our perspective on a how we, together, can help create a safer life at home for everyone.

Janet McGee

Written Testimony before the U.S. Senate Special Committee for Aging

March 31, 2022

Chairman Casey, Ranking Member Scott, and members of the Special Committee on Aging, thank you for allowing me to share my story with you today. My name is Janet McGee, and I'm a mom from Minnesota.

When I was 20 years old, I graduated from the University of Minnesota with my degree in mortuary science. I served families for many years as a mortician. You might imagine the schedule of night calls, embalmings, night and weekend funerals. When the call schedule became too much for me, a single mom at the time, I decided to change careers to create a more consistent and stable lifestyle for my son. I started working at a Fortune 500 company, worked my way through attaining my MBA, and grew a whole new career. By 2016, I finally had what I had always wanted: a stable career, a balanced life, a husband, and a precious new child, Ted, who was born in 2014. Life was finally good.

On Sunday, February 14, 2016, I put Teddy down for a nap while the rest of our family went about our quiet Sunday afternoon. I was checking on him every 15-20 minutes, waiting for him to finally fall asleep. When I didn't hear him after a while, and I went into his room to confirm he had finally drifted off. What I saw next is something I cannot unsee. Ted wasn't in his bed, and the dresser in his bedroom had fallen forward. In a panic I screamed for someone to call 911, somehow stood the dresser back up, and started digging through a pile of drawers and clothes. My dear 22-month-old son, Ted, was at the bottom of the pile. His face was purple, he had blood coming out of his nose and mouth and his feet were starting to feel cold. I started CPR immediately while my 11-year-old son, the same one I had worked so hard to create a better life for, ran into the room, saw Ted in this state and called 911. Despite being near his room this whole time, I didn't hear his dresser fall, and I couldn't understand how this happened.

The paramedics got Ted to the hospital and while they found a faint heartbeat, there was simply nothing more that could be done. Ted died that day, about 4 hours after I found him, from what I came to know as a furniture tip-over incident. Being a former mortician, I put on his last diaper, dressed him, put on his Thomas the Train shoes that lit up, and placed him in his casket at the funeral home. His shoes would never light up again. All I could think was that I should be planning his second birthday party, not his funeral.

While I thought Ted's death was a completely isolated incident, I learned shortly after his death that he was not alone. His dresser didn't meet the safety standard for clothing storage units, and worse yet, it didn't have to because it's a voluntary standard. Thousands of children, adults, and seniors are sent to the ER every year from tip-over related incidents. And sadly, over 570 people have died from tip-overs in

the last 2 decades. According to the Consumer Product Safety Commission, 82% of these fatalities were children and 14% were seniors.

In 2018, I helped form a national parent coalition called Parents Against Tip-overs, which is comprised of parents from across the nation who have all lost their children to tip-overs. Each one of us thought our child was the only one this had happened to, and each one of us learned shortly after their death that they weren't. While you are hearing my story today, I hope you can understand my voice is one of many. Today, I represent the parents out there who cannot bring themselves to speak publicly about their tip-over incident or have been shamed, sometimes publicly, by others to believe they somehow are responsible for their child's death. I represent all the parents out there who are now full-time caregivers for their child because of brain trauma or loss of oxygen caused by a tip-over. I represent adults who are helping to care for their elderly parents due to medical issues stemming from a tip-over.

While the ASTM F15.42 subcommittee that sets the safety standard for clothing storage units has been in existence for over 2 decades, very little has changed with the way these units are tested. This safety standard remains voluntary, not mandatory. The testing does not account for real world use scenarios, such as multiple drawers being open at once or the unit being used on a carpeted surface. Additionally, it does not test for drawers being loaded with clothing and does not account for the dynamic force a child might put on a dresser while they yank out drawers to get dressed.

So today I come before you to ask for your support in passing the STURDY Act. This piece of legislation would require these gaps between real world use and current testing to be accounted for and would finally make this safety standard mandatory. It would give power back to the CPSC to do what it was designed to do, which is protect the public from unreasonable risks of injury or death associated with consumer products, especially when the standards setting process has proven to be insufficient.

We are on a race against the clock to get more stable clothing storage units on the market. Since my son died in 2016, 52 more people that we know of have been killed by a tip-over. And this, unfortunately, will continue to happen until clothing storage units can be designed inherently stable following the passage of the STURDY Act. After years of hard work, all stakeholders are finally in agreement on STURDY language. We've done the leg work for you. Now I urge you to offer your full support for this life-saving bill.

Thank you for hearing my testimony today.

Questions for the Record

U.S. Senate Special Committee on Aging
“Preventing Tragedies and Promoting Safe, Accessible, and Affordable Homes”
March 31, 2022
Questions for the Record
Dr. Anand Parekh

Senator Richard Blumenthal

During your testimony you noted that over the next 20 years, nearly 40% of individuals over the age of 62 are projected to have financial assets that are inadequate to cover the expenses of daily living or the modifications necessary to make living independently at home safe and secure. In Connecticut, nearly 39% of Connecticut’s senior homeowners and 54% of senior renters had unaffordable housing costs.

I advocated for the Build Back Better Agenda which would have used tax credits and government financing to bolster affordable and resilient housing, supporting the construction or rehabilitation of more than two million homes.

Question:

How can these kinds of investments protect seniors who wish to stay in their homes?

Response:

As you cited, one of the biggest hurdles that senior households face in living independently at home as they age is inadequate household finances. Too many older adults have insufficient savings, preventing them from covering daily living expenses, let alone home modifications to make aging at home safe and secure. Federal funding and financing assistance—to facilitate and encourage the adoption of even relatively low-cost modifications—would help older adults with limited financial resources beyond their fixed incomes—and could even save the federal government money in the long run by reducing costs borne by the health care system.

Importantly, past BPC efforts—such as our Housing Commission in 2013 and Senior Health and Housing Task Force in 2016—supported additional federal funding to grow the supply of safe, decent, physically suitable, and affordable homes. Some of these recommendations were reflected in the Build Back Better Act. For example, BPC has long supported a 50% increase in support for the Low-Income Housing Tax Credit, which is one of the federal government’s most effective tools at incentivizing the development and preservation of affordable rental homes and preferencing healthy housing features as it is competitively allocated by states to project sponsors.

Question:

Would you agree that investments in home modifications and improvements are critically necessary?

Response:

Home modifications are critically important to preventing tragic events like falls. Each year, more than one out of four Americans over the age of 65 experience a fall, resulting in 3 million emergency department visits and 800,000 hospitalizations. 27,000 adults die from falls each year, making it the leading cause of injury-related death in older adults. Most falls also happen in the home and are preventable.

In 2016, the first randomized control trial examining the benefits of home modifications for reducing fall injury costs found that compared to unmodified homes, modified homes showed a reduction in the costs of home fall injuries by 33%. Investing in home modifications and improvements will therefore reduce the burden on hospitals and healthcare systems. BPC has advocated for expanding and further investing in support programs that focus on falls prevention and home support to ensure that households have the proper modifications and knowledge to avoid tragic injury and expensive rehabilitation.

Senator Mark Kelly

As you know, most older adults prefer to stay in their homes as they age. However, of the currently available housing stock for older adults, many are not accessible and equipped to handle the needs of seniors – which is particularly concerning from a safety perspective. I represent the state of Arizona, and as we head into warmer months, one of the things I'm concerned about is the risk of heat illness, which seniors are particularly vulnerable to. And in Arizona, indoor heat exposure is a major contributor to heat-related deaths in older adults. Air conditioning is a vital tool in preventing heat illness, but the costs incurred from high energy bills add an extra burden.

Although federal programs, such as the Low-Income Home Energy Assistance Program, exist to provide financial assistance to those struggling with high energy bills, there is not sufficient funding to assist everyone who needs help. As we consider how to make homes safer for those aging in place, especially while facing worsening heat events, protecting folks from indoor heat exposure is at the top of my list.

Question:

Given your expertise, what factors should be considered during housing construction to ensure that homes are capable of protecting older adults from risk of heat illness?

Response:

BPC strongly supports federal programs to support households in financing home modifications that improve home health and safety in all regards. Home assessments and modifications span a wide

array of physical characteristics that should be addressed. Programs such as the Weatherization Assistance Program and the Low-Income Home Energy Assistance Program inspect homes to ensure they meet standards for energy efficiency and proper insulation. Modifications can be targeted to address particular environmental conditions such as extreme heat waves when seniors are at highest risk. Through home- and community-based waivers, states can cover environmental modifications to install necessary accommodations for accessibility. The Centers for Medicare and Medicaid Services could also assess environmental factors that affect individuals and consider alternative payment models to pay for home modification and transportation.

In my conversations with Arizonans, one of the programs that keeps coming up as a possible solution to this issue is the Weatherization Assistance Program, which reduces energy costs and ensures health and safety for low-income households by increasing the energy efficiency of their homes. The Department of Energy reports this program has served seven million households since its creation, bringing an average of \$283 in annual energy savings for each home.

Question:

To your knowledge, is the Weatherization Assistance Program sufficient to ensure homes are best prepared to confront worsening heat events? If not sufficient, what more should we be doing?

Response:

BPC believes that the need among low-income senior households for safe and healthy homes is outpacing the funds and assistance being provided by federal programs. It is for this reason that BPC has advocated for home modification grant programs and coordination efforts to ensure that federal resources available for all types of home repairs and modifications to fully support optimal health outcomes. This includes:

- Coordination among HUD, VA, HHS, USDA, DOE
- Aging Network should identify and publish standardized information on state and local resources available for home assessments and modifications. This effort would help to encourage states and local governments to better coordinate their own existing home modification programs
- USDA should modernize Sec 504 home repair program
- States/municipalities should create programs to help fund modifications through property tax credits, grants, or forgivable loans

Question:

Can you speak more broadly about the importance of reliable housing with regard to ensuring positive health outcomes for older adults?

Response:

Housing is widely recognized as a leading determinant of physical and mental well-being, while the home can serve as a vital platform for the delivery of health care and other critical services. Seniors

spend a significant amount of time in the home setting, and health is an issue foremost on their minds. The current and future federal fiscal need that aging Americans pose to social programs such as Social Security, Medicare, and Medicaid is well known, but less discussed is the alarming shortage of housing that is safe, affordable, and physically suitable for older adults, particularly those with the least financial resources. The health and well-being of millions of older adults depend on their housing just as much as they do on health insurance and Social Security, so we need the federal programs for senior housing to be as well-coordinated and funded as other agencies are. By more tightly linking senior health and housing, the United States has the potential to improve health outcomes for older adults, reduce costs borne by the health care system, and enable millions of Americans to “age in place” in their own homes and communities.

U.S. Senate Special Committee on Aging
“Preventing Tragedies and Promoting Safe, Accessible, and Affordable Homes”
March 31, 2022
Questions for the Record
Ms. Denise Cleveland-Leggett

Senator Mark Kelly

We’re facing a severe affordable housing shortage in my state of Arizona. In fact, for every 100 renters who fall into the “extremely low-income” range—meaning less than 30% of the area median income—Arizona only has 26 affordable and available rental homes. Making matters worse, seniors make up 28 percent of extremely low-income renter households.

Arizona’s seniors are extremely cost burdened when it comes to housing. They not only face extreme difficulty affording the increasing cost of housing, but also simply finding a place to live in to begin with. Combined, these factors are resulting in older Arizonans facing an increasing risk of homelessness. In fact, a 2015 study from the Arizona Department in Economic Security found that, from 2011-14, there was a 34 percent increase in Arizonans older than 45 and a 53 percent increase in homelessness among Arizonans 62 or older.

This is unacceptable. We cannot address housing affordability without first dealing with this significant housing availability problem.

Question:

Given your experience, how can we better leverage public-private partnerships to encourage the construction of affordable housing? How can the federal government support state and local efforts to address this issue? Are you aware of any successful local initiatives that have contributed to the construction of affordable housing? What recommendations do you have for Congress to scale these programs to a national level?

Response:

To better leverage public-private partnerships to develop more affordable housing to meet the demand for housing affordability, the incentives/initiatives can be categorized as either upfront capitalized funding or operating subsidies. The projects must be sustainable, able to maintain their physical plant, remain a catalytic force for the broader neighborhood, and meet the financial requirements of the owners, lenders, and investors. The most sustainable method of delivering affordable, mixed-income, housing is to access the capitalized funding and operating subsidies and build affordable housing in desirable locations and within quality standards that will attract and retain people who could live anywhere but choose to live in the subject developments.

Such desirable locations are close to high-performing schools, workplaces/employment centers, goods and services, medical facilities, public transportation, and the other elements that support a healthy and progressing lifestyle. A holistic approach to incenting and supporting the production of desirable and sustainable affordable housing will generate a heightened interest from private developers and private investment entities. Our nearly thirty years of experience developing mixed income communities, leveraging low-income housing tax credits and bond and conventional debt have taught us that affordable housing development executed during the preceding principles are the most sustainable, sound financial investment that incents further development of the surrounding land.

As mentioned in the preceding narrative, the availability to upfront capitalized funding is a vital component to incenting increased production of affordable housing. The Low-Income Housing Tax Credit (LIHTC or credits) program, created by the Tax Reform Act of 1986, is the most essential resource for creating affordable housing in the United States today. The program gives State and local housing finance agencies an annual budget authority to issue tax credits for acquiring, rehabilitation, or new construction of rental housing targeted to lower-income households.

The demand for LIHTCs, to support the production of affordable housing units, outpaces the allocation or annual budget received by the housing finance agencies. Due to these insufficient resources, state agencies suppress the number of eligible applicants that receive an allocation of 9% credits and the maximum allocation of LIHTCs awarded to each successful applicant/project. Increasing the annual budget for the LIHTC program and the subsequent authority managed by each state would facilitate an increase in affordable unit production. The other impact of an increased allocation to the state and ultimately to the projects is that it could shorten the timeframe for making the units available to households in need. The increased project allocations will likely satisfy the gaps in the funding sources often caused by an inadequate level of funding of LIHTCs, despite the projects having access eligible basis to support a more significant allocation of credits.

Regarding the 4% LIHTCs and the associated tax-exempt bond volume cap, there is no ceiling or limited pool of 4% tax credits for partnerships using tax-exempt bonds to finance their projects. However, even though there is no specific for the amount of 4% credits a state can allocate, the 4% tax credits are not “unlimited.” The total amount of 4% tax credits available is limited by the amount volume cap tax-exempt bonds allocated to LIHTC projects. The methodology for calculating the tax-exempt volume cap allocated to each state has not been revamped to align with the demand for affordable housing. Simultaneously, the complicated and inefficient deal structure of tax-exempt bonds transactions result in project expenses on affordable projects receiving less LIHTC equity (9% vs. 4%). Reduced project sources and additional project costs results in fewer dollars available for the production of units.

The LIHTC program has been highly effective and appears to have bipartisan support. Therefore, modifying the primary program aspects addressed in this narrative will go a long way to amplify the development of affordable housing, through public-private partnerships and the utilization of LIHTCs. Examination of the secondary programs that layer well with LIHTCs and assists in closing financing gaps for affordable housing developments, such as Community Development Block Grant (CDBG) and HOME are essential, and should be reviewed, enhanced, and given increased budget allocations.

In the opening paragraph we state that the incentives/initiatives critical to support the production of affordable housing can be categorized as either upfront capitalized funding or operating subsidy. We have addressed certain remedies to the need for upfront capital. As it relates to operating subsidy, we offer the following points for your consideration.

Even in a scenario where a project is fully sourced for the development of an affordable housing community, it will not be sustainable if the operating expenses exceed the income generated. Affordable projects built to a standard to attract and retain a range of residents across the income spectrum, operated and maintained efficiently and with high standards, standing as a beacon and accelerant for surrounding growth, must be financially stable. Subsidies are essential to maintaining that stability. Whether the rental assistance is provided through project-based voucher, Section 9 funding, within the RAD program, or by other means, it is essential. The rental income funded by the affordable households is often insufficient to cover the expenses adequately and the model is not sustainable. Therefore, reviewing and supporting the available funding programs, at a level to allow sufficient funding at the project level is the companion to adequate upfront capital.

Question:

When speaking about the need for increased housing for seniors, the Section 202 Program regularly comes up. This program seems well liked. From my perspective, I like that it addresses the issue of housing from the supply side—providing funding to build housing— and also from the renter side, through rental subsidies for seniors. Based on your experience, are there changes that should be considered for this program? Would you agree this program deserves more funding so it can serve more people?

Response:

Integral, as a for-profit developer, has not utilized the Section 202 Program. According to HUD's guidelines, only private nonprofit organizations and nonprofit consumer cooperatives that meet the threshold requirements contained in the General Section and the program Notice of Funding Availability (NOFA) are the eligible applicants under the Section 202 program.

Assuming that the existing non-profit pool is adequate to utilize the existing and an increase level of funding, that would be a reasonable approach to meeting the need of supportive housing for the nation's senior population. Should the pool of experience and non-profits with additional capacity be inadequate to deploy increased funding, an approach to bolster the non-profit community and perhaps open the program to for-profit entities could be explored.

However, there are certain programmatic changes are required to make the program available and attractive to for-profit developers of affordable housing. For example, a for-profit developer would require an ability to receive its developer fee out of the development budget. Further, the subsidy level would need to support the development and generate a market reasonable annual cash flow.

As stated above retention of the popular 202 program can remain in place while expanding the program with a few changes to be more inclusive to more developers not only in the non-profit arena, but in the for-profit space as well. This change would allow for the extension of much needed housing for our Senior population.

U.S. Senate Special Committee on Aging
“Preventing Tragedies and Promoting Safe, Accessible, and Affordable Homes”
March 31, 2022
Questions for the Record
Ms. Tracey Kelly

Senator Richard Blumenthal

As we all know, the IKEA MALM dresser was subject to a recall after tipping over on children. Though IKEA certainly worked in conjunction with CPSC after the recall, it took longer than it should have after your company, and CPSC became aware of deaths linked to the MALM, for the information to be made public for consumers. Reform of 6(b) through my Sunshine in Product Safety Act looks to improve this process and prevent this from happening again.

Question:

Is IKEA supportive of the Sunshine in Product Safety Act?

Response:

We are aware of the Sunshine in Product Act, but have not formed a position. The Sunshine Act involves a multitude of stakeholders. IKEA defers to the findings and determinations of Congress when balancing the interests of all affected stakeholders.

Question:

Can you share more about what IKEA has done to ensure that consumers are safe when using your products? What has the company done post-MALM recall to ensure safety across their product line?

Response:

For decades, IKEA has provided wall-attachment kits with all chest-of-drawers and included wall attachment as a necessary part of the assembly instructions. The IKEA position remains that wall-attachment, along with innovation in product design, mandatory safety standards and clarity in safety testing methods, are all part of a comprehensive approach to reducing furniture tip-over incidents. IKEA has made significant investments in a comprehensive communication program to raise awareness of the risk of tip-over and how to prevent it. This communication program has been viewed by millions since 2015, and visible on all IKEA channels. In 2020, IKEA US took an additional safety measure, requiring all customers purchasing chests and dressers to acknowledge the need for wall attachment as a condition of purchase. We follow up with these customers with additional wall attachment safety communication, support, and resources.

Question:

How has IKEA engaged with CPSC to ensure that the recall on the MALM dresser is effective years later?

Response:

We closely monitor the progress of the recall, and have regularly reported the results to the CPSC as part of the terms of the 2016 voluntary recall. We maintain an on-going dialogue with the CPSC, and periodically provide them with updates and data, to answer any questions, and respond to any individual customer concerns received by the CPSC.

Question:

Does IKEA monitor or communicate with external online marketplaces, like Facebook marketplaces, where non-compliant dressers may still be for sale?

Response:

As part of efforts to create a safer life at home, IKEA has monitored secondhand marketplace sales of recalled products and communicated with those marketplaces. We have identified recalled IKEA products on these marketplaces, and we have at times responded to individual listings. IKEA has opened a dialogue with some of the major on-line selling platforms that have been receptive to working with us in order to raise their awareness and to explore solutions.

I have been proud to work with Chairman Casey on the STURDY Act as a lead sponsor of the bill; the legislation makes long overdue and critical changes to protect children—and the elderly—from dangerous and deadly furniture tip-overs.

Question:

Why is the current process for protecting kids from tip-overs not working?

Response:

Furniture tip-over accidents are an industry-wide issue. Unfortunately, the voluntary standard has not been substantially updated in many years. A mandatory rule promulgated through passage of the STURDY Act would provide the necessary guidance for industry and peace of mind for consumers. IKEA would like to see the U.S. swiftly adopt a mandatory rule that is guided by incident data and child behavior.

U.S. Senate Special Committee on Aging
“Preventing Tragedies and Promoting Safe, Accessible, and Affordable Homes”
March 31, 2022
Questions for the Record
Ms. Janet McGee

Senator Richard Blumenthal

The Consumer Product Safety Commission is a federal agency established by Congress tasked with promoting consumer safety, but over the years, its authority has been weakened and funding has been reduced. As Chair of the Senate Commerce Subcommittee on Consumer Protection, Product Safety, and Data Security, which oversees the CPSC, I am committed to preserving and advancing the agency’s critical work protecting consumers from hazardous household products.

For years section 6(b) of the Consumer Product Safety Act has restricted the CPSC’s ability to promptly inform and warn households about dangerous products. This section, gives manufacturers a veto over the CPSC’s release of company-related information to the public, leading to unnecessary injuries and death.

My legislation, the *Sunshine in Product Safety Act* would repeal Section 6(b) and allow CPSC to share critical information about hazardous products quickly and effectively. This legislation would strengthen the CPSC’s ability to communicate vital health and safety information about potentially dangerous products to consumers without risking retaliation by the manufacturer.

Question:

Based on your personal experience, can you share for us again how advance notice and information sharing from CPSC would have helped you safeguard your home and protect your son?

Response:

Thank you for this question, Senator. The CPSC knew the dresser that killed my son had killed other children, yet they were muzzled by Section 6(b) to share that information publicly until the manufacturer would agree to a voluntary recall. Simply put, the CPSC is responsible for protecting consumers from dangerous product on the market yet have no teeth to even do that because of Section 6(b). They cannot release any manufacturer information to the public without the manufacturer’s consent. By the time my son died in 2016, there had been 6 Ikea dresser toddler deaths documented by the CPSC in the previous 27 years. Yet my family did not know about them, and we did not know that the dresser in my son’s bedroom had killed other children in the years leading up to his death. Had I known, I would have never purchased this dresser and certainly would not have kept it in his bedroom. If a product has killed a child, consumers deserve to know.

I have been proud to work with Chairman Casey on the STURDY Act as a lead sponsor of the bill; the legislation makes long overdue and critical changes to protect children—and the elderly—from dangerous and deadly furniture tip-overs.

Question:

Why is the current process for protecting kids from tip-overs not working?

Response:

Thank you for this question. The current process for setting the safety standard for clothing storage units is through the ASTM F15, 42 sub-committee. This committee meets at least twice per year. The safety standard has been modified seven times since it was first created; only twice were the updates of any significance. Despite tip-over deaths and injuries being on the rise, the ASTM safety standard has not adapted to address this dangerous trend and is said to be one of the most contentious sub-committees at ASTM. There is simply not enough data to support changes, per many manufacturers who sit on this sub-committee. They also claim it's the non-compliant dressers that are killing children, yet we simply have limited data to prove or disprove that statement. One family in our Parents Against Tipovers group lost her son from a dresser that MEETS today's ASTM safety standard. I am not a fan of Congress developing safety standards for manufacturers, but when this process has continued to fail year after year, leaving more and more children injured and killed from this preventable problem, it's time for Congress to step in. This is where we are at today.

Statements for the Record



March 29, 2022

The Honorable Bob Casey, Chairman
Special Committee on Aging
United States Senate
Washington, D.C. 20510

The Honorable Tim Scott, Ranking Member
Special Committee on Aging
United States Senate
Washington, D.C. 20510

Dear Chairman Casey and Ranking Member Scott:

On behalf of Consumer Reports, the independent, non-profit, nonpartisan member organization, we thank you for the Aging Committee’s hearing scheduled for March 31, 2022, “Preventing Tragedies and Promoting Safe, Accessible, and Affordable Homes.” CR always strives to give people the [information they need](#) to keep themselves and their families safe. We know from our testing, investigations, and advocacy that, unfortunately, many product hazards exist where people may feel the safest—in their own homes.

One critical home safety issue is common, yet unknown to many: furniture tip-overs. Addressing tip-overs is a longstanding CR priority, and we are glad to see the Committee explore solutions to this hidden home hazard.

Tip-over incidents affect people of all ages. According to data from the Consumer Product Safety Commission (CPSC), every year, an estimated [22,500](#) people suffer a medically-treated tip-over injury associated with furniture, a TV, an appliance, or some combination of these products. On average, [11 seniors](#) age 60 and older go to the emergency department per day following a tip-over incident. Many of these injuries are serious. Among seniors medically treated for tip-over injuries, approximately [20%](#) of them are admitted to the hospital.

Thankfully, a bill by Senator Casey that sits before the Senate Commerce Committee would address this long-running, preventable hazard. The STURDY Act (S. 3232) is a bipartisan bill that would require dressers and other clothing storage units—the furniture associated with the greatest number of deaths—to meet strong stability standards before being sold. CR has tested dozens of dressers at all price points, and our [results have shown consistently](#) that to prevent injuries, dressers should be manufactured to be more stable, and just as importantly, that improvements to stability are feasible.

Consumer Reports strongly supports the STURDY Act, and urges every member of the Aging Committee to cosponsor this sensible bill. Thank you for your consideration.

Sincerely,

William Wallace
Associate Director, Safety Policy

Gabe Knight
Safety Policy Analyst

cc: Members of the U.S. Senate Special Committee on Aging