Hello everyone, this is Lori, thank you for joining us today and please note, this webinar is being recorded in the materials including a transcript will be placed in the national disability institutes assistive technology loan program site along with our other assistive technology Spotlight webinars that are posted there already. Next, as you have questions, please submit your questions or if you are having technical difficulties in the Q&A box, to send any questions during the webinar.  
If you are listening by phone and not logged in to the webinar, you may also ask questions by emailing H price at N D I – I N C.org.  
Next.

Welcome to today's presentation, this is national disability Institute Assistive Technology Loan Program and the session today is ensuring your loan works for you, helping you to age in place.  
Next slide.  
National Disability Institute or NDI, we envision a society in which people with disabilities have the same opportunities to achieve financial stability and independence as people who do not have a disability.  
Our mission is to collaborate and innovate to build a better financial future for people with disabilities and their families.  
Next.

So, I represent National Disability Institute Assistive Technology Loan Program . We received a grant through the US Department of Education's rehabilitation services administration back in 2014.  
Our services include outreach and promotional webinars, financial education, and guidance on spending plan development.  
And we provide referrals to financial counseling or other programs that can help people get the assistive technology that they need.  
Next slide.

So, today we spotlight home accessibility features and services that can help people live in their community and age in place. We will review terms such as universal design, we will provide examples of home modifications, and also what is augmented caregiving services, and examples of telehealth medicine as well.  
Next slide.

I would like to introduce our first presenter today, that is Sheena Jaffer, she has a bachelor of arts degree in economics from the University of Alberta.  
And a certificate on aging from Johns Hopkins University.  
Sheena is a graduate of the inaugural class of the 2012 leadership Academy of the American Society on aging and has acquired the task certified aging services professional designation.  
From the University of North Texas. A certificate in gerontology from the University of Southern California as well.  
A certified aging in place specialists, through the national Association of homebuilders located in Washington DC.  
Welcome Sheena.  
Next slide.

Sheena, can you unmute?  
>> Sheena Jaffer:Good afternoon everyone, aging in place, universal design, and assistive technology have become my passions over the last decade plus. And it is an honor to have this opportunity to you all today.  
As you will note on the slide, we definitely have a rapidly aging population in the US.  
In fact, all around the globe.  
The statistics on this slide tell us that unless – less than 20 years, 1/5 Americans will be age 65 or older.  
And, the number of adults ages 85 and older which is the group that most often needs help with daily activities and personal care will triple.  
These numbers highlight important implications about how best we can continue to stay in the homes of our choice.  
Next slide.

So what is aging in place?  
Aging in place has been and remains a hot topic since I got into this field more than a decade ago.  
Many of you here may already be familiar with this term.  
Which the US centers for disease control and prevention defines as the ability to live in one's home – own home community for a lifetime or as long as possible.  
Safely, independently, and comfortably regardless of age, income, or ability level.  
Many studies and research over the years keeps revealing the strong desire for both older adults as well as persons with disabilities to continue to live in their own homes and communities.  
Yes, aging in place can provide more independence and autonomy and remaining in our setting in a familiar home and community has shown to positively impact overall health and happiness.  
Ultimately, the goal of aging in place is to maintain or improve your quality of life.  
One thing that I have kept learning over the years through my interactions with a number of older adults and persons with disabilities is yes, everyone wants to continue living in their own home and community, but often there is little or no planning for any future needs or eventualities.  
And here I speak from my own experience, when I was a caregiver to both of my parents.  
We lived in a three level home.  
And, with no bathroom or bedroom on the main level. Suddenly, one day my father had a stroke.  
And we found ourselves totally unprepared.  
Next slide.

So there is a very strong case for aging in place planning.  
Today, only 1% of homes in the United States are conducive to aging in place.  
However, more than 90% of older Americans want to continue living in their own homes as long as possible.  
According to the U.S. Census Bureau only 10% of US housing units have stepped free entry, a first-floor bedroom, and bathroom.  
Or, at least one other accessibility feature.  
And, according to the national Association of homebuilders, more than half of US owner occupied homes were built before 1980, and almost 40% were built before 1970.  
It appears when a vast majority of these homes were built they did not take into account the concept of aging in place.  
Disabilities, functional limitations or longevity.  
Throughout 99% of our human history the average life expectancy is not what we have today.  
We have leapt from 47 years in 1900 to about 70 years or 78 years today.  
We are actually living for decades longer than the population a century ago.  
And we are witnessing an unprecedented longevity dividend for which we need to be better prepared.  
Since most housing does not meet these needs, being proactive about retrofitting for aging in place makes perfect sense, yet many times it is a reactionary decision due to a fault or injury, losing mobility, or being diagnosed with a chronic disease.  
The Covid-19 19 pandemic has also shed a valuable spotlight for the need of more accessible homes, as well as help services and technology solutions. And, finally studies have shown that aging in place is a more cost-effective option and provides better health outcomes and overall quality of life than being in institutional care. Next.

So why is it important for all of us to plan ahead?  
According to statistics, out of every 100 people, 21 will have arthritis, seven will have diabetes, 17 will have respiratory challenges, five will have orthopedic issues, three will have a fax from strokes, three will have multiple sclerosis, Parkinson's, or ALS.  
As well, according to the US Census Bureau, almost 30% of the 65+ households have at least one person who has difficulty using some feature of the home such as climbing stairs, or using a bath tub.  
To ensure your home works for you, the key is to plan ahead and start thinking about where and how you want to live as you age.  
And what steps you need to take to achieve that lifestyle.  
As you plan, you should consider the unexpected.  
This includes taking into account what you would do if you had a sudden onset of a chronic illness, a disability, or even a change in resources. The earlier you start planning, the more prepared you will be to respond to changes that may occur in your health, mobility, resources, or social support, and connections. So making appropriate modifications to features such as front steps or endorsed or cases.  
Integrating rolling showers or to lowering lighting and thresholds, these types of improvements and how they contribute towards your desire to stay in your home safely and independently.  
Next slide.

As you will note from this slide, there are a wide range of factors that need to be taken into consideration when planning for aging in place.  
Everything from your neighborhood to finances to transportation.  
Are important aspects for preparing for the future.  
Each of these areas is a topic you not to himself.  
For our purposes today, we will focus on the actual house or home.  
Ensuring your home works for you as long as possible.  
Because the home serves as the focal point and the foundation for successful aging in place.  
We often reference our residences as home sweet home.  
It is really where we tend to be most comfortable, happy, and at peace.  
Surrounded with personal preferences, and all kinds of special and cherished memories.  
The level of readiness of a home is key to allow you to continue to stay in it as your health, abilities, or needs change. Your home can also be the delivery site for caregiving and other home and community-based services, and so the homes design features and condition not only impact your own self-care, but also the providers ability to deliver care.  
So, as you plan ahead, it is important that your home is equipped to accommodate all possible scenarios.  
Next slide.

So, what do we mean by modifications?  
On this slide, we have an image of a home.  
And, according to the American Occupational Therapy Association, home modifications are changes to adopt living spaces to increase usage, safety, security, and independence.  
Home modifications are integral to aging in place.  
As noted earlier, our housing stock was not constructed with aging or disabilities in mind.  
So, with appropriate modifications, we can reduce physical barriers from the home environment, and enable safe access around the house.  
Home modifications are a particularly important component of fall prevention.  
Every second of every day an older adult age 65+ suffers a fall in the US.  
Making false the leading cause of injury and death in this age group.  
Also, more than 95% of hip fractures are caused by falling.  
Home modifications and repairs have the potential to greatly reduce the risk of falls, and so there are a number of benefits of home modifications which include making your home safer to reduce falls and injuries, making your daily and instrumental activities of daily living possible as well as to support needed caregiving.  
Considering we have an older housing stock throughout the nation, most homes require some modifications to achieve this.  
Undertaking home modifications is a process, it begins with educating yourself, doing an assessment, setting personal priorities, securing funding, arranging installation, and following up. And, all these steps are important.  
Examples of home modifications range from removing clutter and throw rugs, enhancing lighting, rearranging furniture, installing grab bars, handrails, or ramps.  
Widening doorways that allow access by a walker or wheelchair, or installing a chairlift, or elevator and much more.  
The rehabilitation engineering Society of North America has a list of home modifications, has a list of what home modifications should consist of such as accessibility, adaptability, universal design, and visit ability.  
Retrofitting your home to make it more accessible and adaptable offers many advantages.  
And in some cases could be the difference between staying in your home and having to move.  
Next slide.

The info graphic of the home on this slide points to various recommendations throughout the house. Such as installing a ramp, with handrails to the front door.  
Reducing fall hazards by placing no slip strips, or nonskid mats on tile and wood floors that may get wet, eliminating area rugs, and ensuring carpets are fixed firmly to the floor placing light switches on top and bottom of stairs.  
And remembering to turn on nightlights.  
As well as installing grab bars in your toilets in the tub or shower and replacing handles on doors or faucets, with those that are much easier to use.  
The bathroom tends to be a high risk area for slips and falls.  
55% of falls occur inside the home and about 80% of falls occur in the bathroom.  
Falls can be prevented by adding grab bars inside, inside the tub or shower and next to the toilet.  
It is important to ensure your surroundings are hazard free, they key is really to remove anything on the floor that can increase the risk of falling such as wires or rugs.  
Next slide.

As you can see on the slide, there are different types of home modifications you can undertake.  
Major home modifications are generally larger changes you make to your home such as adding a ramp, a zero step entry shower, or grab bars.  
We can also do minor modifications, or modifications you can do your self.  
Which can include things like door handles, nightlights, easily wall-mounted cordless lights, bath benches, shower seats, removing throw rugs or adding Lazy Susan shelves. And, there are regular requirements such as roofing, replacing a furnace, things you do to regularly to ensure your house is in good order.  
Often times there are cracks in the sidewalk that need to be repaired and all of these things fall under the category of regular repairs which are very important to be taken care of.  
In addition to home modifications, assistive technology and durable medical equipment can add much value which my colleagues Vicki and Aaron will you.  
These technologies and equipment can really supplement aging in place.  
Next slide.  
Next slide.

So what is universal design.  
According to the Center for excellence in universal design, universal design which is sometimes called inclusive design or barrier free design.  
Is that design and structure of an environment so that it can be understood, accessed, and used to the greatest extent possible by all people regardless of their age or ability.  
There is an urgency for accessible and inclusive communities as our population continues to age.  
With functional limitations that may arise with aging related to mobility, vision, hearing, and other challenges, universally designed spaces are paramount for all of us to continue to live in our communities to our full potential.  
There are seven principles, for universal design.  
And let's now have a look at one example for each of these principles.  
Next slide.

The first universal design is equitable use.  
When we say equitable use, it should be useful to people with a diverse range of abilities.  
An example as seen on the image of this slide, is a front door entry with no step which can be very useful for persons using wheelchairs or other mobility devices.  
Next slide.

Universal design principle two is flexibility in use.  
It accommodates a wide range of individual preferences and abilities.  
In the example is for the image on this slide is a pair of scissors designed for both right or left hand users.  
Next slide.

Universal design principle three is simple and intuitive use.  
The design should be easy to understand regardless of the user's experience, knowledge, language skills, or current concentration level.  
The example as shown on the images on the slide as a single handle lever faucet, or a touchless faucet which facilitates practical and automatic water flow and tends to stop after a few seconds of inactivity. Next slide.

Universal design principle for his perceptible information, this communicates necessary information effectively to the user regardless of conditions, or sensory abilities.  
The example shown on the image in the slide is a round thermostat which incorporates large visual information, tactile lettering, image texture, and audible click stops at specific degree intervals.  
Next slide.

Universal design principle five is tolerance for error.  
Tolerance for air minimizes hazards and adverse consequences of accidental or unintended actions.  
The example shown on the slide is an undo feature in computer software that allows users.  
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Next slide.

Universal design number six is no physical effort.  
This is as per the image on the slide can be used efficiently and comfortably with a minimum of 58.  
The example is if a leather – a lever or loop handle on drawers.  
Next slide.

Universal design principles seven is size and approach and use.  
Appropriate size and space is supposed to provide reach manipulation and use regardless of the user's body size, posture, or mobility.  
In the example on this image is a bathroom with universal design features.  
Next slide.  
The chart on this slide shows some of the most commonly completed projects by homeowners that desire to age in place.  
And, as you will note adding grab bars, ramps, widening doorways, and adding a bathroom to the first floor are some of the most popular items that are undertaken by homeowners. Next slide.  
The smart home.  
Smart home technology is fast earning a important placing the aging in place and assistive technology ecosystem. The Internet of things which provides possibilities to utilize Wi-Fi on just about everything can potentially increase independence, productivity, safety and health in your home.  
There is already an increasing number of older adults as well as persons with disabilities using generic smart technology which is readily available to control lights, fans, thermostats, Access entertainment, TV, music, security monitoring, smart appliances, beds, toilets, voice assistance, health monitoring, and much much more.  
And all of these devices are intended to make the lives of those aging in place much better.  
Next slide.  
Next slide.

So to me, proactive planning to age in place means you plan your anticipated needs as you age and provide yourself with the options of staying in her home as long as you choose.  
Assessing your home to determine deceive you can meet your changing needs as you age.  
Just as we think about other considerations for retirement, home modifications, and making her home accessible should be a priority as well.  
Considering the longevity we are all seeing, it is extremely useful for all of us to invest some time in learning more about home accessibility and retrofitting our homes for aging in place.  
And in this process, it is worthwhile, and it's definitely a worthwhile investment to retain a certified specialist or a professional who can guide you along the way.  
Shopping around is beneficial.  
We live in times of scams, and you absolutely want to ensure you are getting the best deal by vetted and trusted contractors to perform the changes that you wish to make.  
And, given all the resources available, it's important to take the time to find out about the different programs in your city and state.  
Next slide.

How to pay for all modifications?  
I have listed a number of possibilities on this slide.  
But, this is not an exhaustive list of avenues.  
There seems to be a general assumption that all modifications for aging in place are expensive.  
However, some can range from a few thousand dollars, others are fairly affordable and you can do them yourself.  
Depending on the scope and cost of modifications, that you may be undertaken, it is important to do your homework to allow you to make informed decisions.  
So, whether it is a simple installation of nonslip tiles, are a major accommodation . The time to do those renovations is before the need arises. In speaking from my own experience, proactive renovations for aging employees are more likely to be well thought out rather than rushed.  
What you do now whether you are 36 or 66 could give you more control over your future changes, and help you avoid making hasty decisions.  
The number of programs offering grants and assistance has significantly grown over the last decade.  
Some may also be covered by Medicare, Medicaid or private insurance.  
A good place to start is with your local area agency on aging or state housing finance agency.  
To learn more about the programs and financial assistance offered for aging in place in your county, city, or state.  
While retrofitting your home to be barrier free can seem challenging, it is hard to put a price on the safety, independence, and sense of well-being you can gain from aging in the right place for you.  
Efforts you make to keep learning and exploring all possible options related to home modifications, universal design, and assistive technology will definitely go a long way.  
Aging and disabilities are a fact of life that we need to recognize and address.  
Next slide.

On this slide I have a number of resources that you may find useful.  
Thank you, and with that I will now handed over to my colleagues Vicki and Aaron.  
>> Thank you, appreciate that.  
Appreciate that.  
>> This is Lori, I would like to introduce Vicki Spraul. The founder and president of gray matter and not Lance LLC and is more than 30 years of experience in various interests, and she holds a bachelors in business administration, her passion for the older population letter to create great matters alliance in 2014.  
It was down the road that she discovered our disabled population shares a lot of the same trials and tribulations as our seniors.  
And wanted to serve those individuals as well.  
And also, Vicki's colleague Aaron Milligan is with us today a certified and licensed occupational therapy assistant, he graduated from Merrimack community college with an Associates degree in applied sciences.  
And while working through school Aaron began working as a rehabilitation technician and continued his work through the years in acute hospital rehabilitation geriatric rehabilitation, long-term care, home health and administration rehab facilities since 1996.  
So, we welcome you Vicki and Aaron for sharing your important information. Next slide.  
>> Vicki Spraul:Thank you Lori, appreciated and thank you for having us today. We will dive into assistive technology, we feel like it goes hand-in-hand with universal design.  
Everybody's mission is to allow people to have and remain independent as long as they can.  
So, really what is assistive technology?  
It is a term that is thrown around a lot. We also like to call enabling technology because we feel that in the world for our seniors and persons with disabilities it enables them to live independently become more safe in their home. And provide a lot of peace of mind for those that love them and take care of them. So really, assistive technology products, equipment, systems, it really enhances learning, it creates activities of daily living for persons with disabilities and seniors. And it can really be any kind of assistive technology, a piece of equipment, software programs, and it can be low-tech or high-tech . You might have things like wheelchairs or walkers, braces, you might have different things that can work, communication boards or screen readers. Different eye tracking devices. ADL assist.  
Learning materials, tutorials and those sorts of things.  
Next slide please.

So there are a lot of assistive technology myths out there.  
Misnomer's as we like to call them.  
People's first reaction, if they are not familiar with technology at all is this will replace the human caregiver. That kid could not be further from the truth, it will really enhance them.  
It is too intrusive, they feel like things might be spying on them all of the time. That is also false.  
There is risk of hacking which is true which is why I'll get into that further down the road here.  
Mom or my son or whomever it is won't be able to use it, they never use technology before.  
A lot of people in the staffing agency, the healthcare industry also feel a little threatened that they will lose their job, that technology will ultimately replace what they do and we very much need humans in our lives.  
If it's too complicated to learn, I'll do it the old way, because a lot of people don't like change or feel it's expensive or too hard to manage and administer.  
All of these are false.  
Next slide please.

What we like to call this is augmented caregiving, so this will not take the place of a human.  
Staff and healthcare workers will not lose their jobs, because humans are needed, obviously.  
On this slide, there is an example of someone monitoring someone from afar.  
So they keep track of them and make sure everything is safe and needs are being met.  
Next slide please.  
What has caused assistive technology to be in the forefront right now.  
We've all lived with a little technology there there.  
People live with technology, or maybe they don't want to do something themselves so they have technology to do it for them. But there's a great need for. As Sheena pointed out about our aging population, we have 10,000 seniors turning 65 every day and they will until 2030, that is a lot of seniors coming on.  
In the caregiver pull out there is shared by both our seniors and persons with disabilities, so the staffing pool has really shrunk.  
There are people out there raising and age, their last options to go living a hungrier living.  
But really assistive technology helps people manage their chronic illnesses and prevent 30 day readmissions into hospital, prevent ER visits, and hospital emergency revisits.  
And then of course came along covered, which we all experience in our own way, we had a lot of people that became isolated at home and had no care or even human interaction we talked about before. And, a lot of this technology telehealth and so on really came to the forefront because of coven.  
It really push the issue.  
And it was a good thing.  
In the long run.  
Next slide please.

Sue talking about chronic disease prevention, that's a big one putting people in the hospital, it is very costly as well. That's the other thing about assistive technology, one of the misnomer's on that priors load is that it is expensive.  
It can be and may be in the short term and the upfront cost, a lot of it is low cost, but think about hospital visits, our insurance premiums going up and that sort of thing. So chronic disease, it's responsible for 60% of deaths worldwide.  
The three common ones we see a lot is congestive heart failure, chronic COPD and diabetes.  
Those are the top costly hospital services.  
Next slide.

How does assistive technology work?  
There's a lot of low technology, and a lot of high-technology and you can get real fancy with this stuff.  
So caregiver Zen family members and support that kind of thing can really monitor Vasily from afar into anybody's home or where they live.  
It's a good way to keep track to make sure they are safe and taking their medications, if they haven't fallen. That sort of thing. Keep them socially engaged.  
Next slide please.

So assistive technology can really be used for daily living.  
Medication management.  
Providing some tutorials for lifestyle changes.  
Her milestones and goals that somebody might be working on.  
It is good for exercise, at home safety. So if you have somebody who is going through therapy, or something like that, it really does provide a lot of peace of mind for those people caring for somebody.  
There's a little visual on here for people in your like bathing eating, dressing, toileting, walking, moving about, that sort of thing.  
Next slide please.

So when we talk about the first thing we talked about there were vitals, a lot of people have different ailments that they need to keep track of whether that is blood pressure or blood sugar, so Bluetooth technology is really very cool, what it can do is take your blood pressure for example and it will automatically upload those numbers into a system where somebody can check it.  
Maybe it's a doctor or healthcare worker, that sort of thing.  
It is really trying to catch something before it comes a mess and becomes troublesome where will not put you into the hospital. Next slide please.  
Medication is a big one, a lot of people around medications and they need as reminders, a lot of people are very noncompliant which again will cause issues and you end up in the hospital. So you want to make sure that if you are on medication you get reminders, and assistive technology can help with that, you can get very granular.  
You can talk about what your medications are, what they look like, how to take them, instructions.  
And trying to avoid adverse reactions and side effects.  
Next slide please.

And again, this screen really just shows some data.  
And some compliance reports.  
That would be useful for any kind of staff or administration on the backend.  
Next slide please.

Home safety is a really big component about living independently and safely.  
No matter where you live.  
You have a lot of people who are fall risks.  
Some people do not – some people are not safe in their home as far as letting strangers and, locking the door at night, leaving windows open, so assistive technology, there are all sorts of things out there to keep people safe in their home, anywhere from motion or contact sensors going on different items to just determine if someone is safe or if they wanted out of their home or not.  
Environmental sensors, stove safety is a big one. But the people like to cook in the home which is great but they will walk away from the stove and the something on which is a fire hazard.  
A lot of older folks do not have sensitivity to temperature so sometimes that house may be way too hot or cold. So there are temperature technologies that can be put in there, so somebody can remotely see if mom or dad's house is at the right temperature.  
There are things like emergency pendants.  
It can be worn on the body or placed on a wall so somebody needs emergency service they have it right away.  
Also things, fall risks, you can do pathway lighting, you can have smart plugs.  
We like to see security parameter cameras.  
We are not huge advocates of cameras in the home because we do not want to be intrusive and we want people to feel secure in their own home.  
All sorts of home safety smart home stuff.  
Next slide please.

And, if you have a loved one that is aging in place at home alone, or persons with disabilities that are trying to live independently out in the community, you always like that piece of mine and you want to know things are going well so assistive technology can give the family members that piece of mind. A lot of the assistive technologies, they allow someone to check in remotely with the push of a button.  
Or a text or a phone call.  
Next slide please.

Okay, and going back to that activity and monitoring.  
You just want to make sure people are moving about what they are supposed to, are they accessing or accessing the refrigerator too often.  
Is there no movement at all which is even more scary, get the door open at 1 AM.  
Etc. Next slide please.

Okay, we will talk a little more on socialization and engagement.  
We can push the socialization aspect of what technology can bring for people, and coming back to the Covid-19 scenario, where people are shut off from loved ones and friends and family. All sorts of assistive technologies out there to allow to its communications.  
To socialize and visit but also for medical, telehealth visits are very important these days. You have people with transportation issues.  
Maybe it's just a follow up visit and they don't want to get exposed in a doctor's office. So, telehealth visits are very big. And again you can always initiate calls one way or the other.  
And communicate that way. The only other thing I would encourage is whatever system you do use, it is HEPA compliant, software can be hack appropriate that's why you want to go with a system that is secure.  
Next slide.

Scheduling into dues, appointments, that sort of thing will allow someone to remain independent because it keeps them on task. They make sure they get to their appointments on time or somebody's coming to their home.  
It's a different way to keep track of your daily events.  
And you can even take it further where there are breakdowns of tasks to do.  
So if there are things you can't remember you can have your technology take you step-by-step by step or maybe even show a video as you do it and that will help to learn independence and how to cook and that sort of thing.  
  
Please.  
And you also want assistive technology to provide reminders and messages so people don't forget their medicines, what appointments are coming up and he was come into the house and so on.  
In this screen has a lot going on on it but it shows different examples of alerts. Different examples of reminders.  
Next slide.

Here we have a case study, I will not get real detailed.  
There is a lot of words on this page.  
But, basically you have somebody married he was 80 years old living in her house and been there for 50 years and will not move out. She loves to cook, she has diabetes.  
But she still likes to go into the community.  
And the really good thing about assisted technology is now not only can help you in your home or through the continuance of care, but you can also take neck technology with you so you are not isolated to your house.  
You can go out and make friends all go to appointments or what have you.  
So in this particular case, Mary has a scheduler with reminders to tell her about appointments that reminder to take medications.  
In the home she has contact sensors and Windows to alert if anybody's coming and going.  
And if there's no motion at all, did Mary fall?  
Stove safety because Mary does like to cook. We want to make sure she does not burn the house them.  
She is diabetic so she would have a Bluetooth to input her blood sugar readings.  
If you provide some tutorials to help her manage her diabetes, recipes, and how to take your insulin shots and those sorts of things.  
Maybe she goes out to the community, and likes to be with her friends and family but we want to make sure she is safe on the community.  
May be she wears a device with a GPS tracker, so if she gets lost or summary can hold of her.  
Assistive technology, there are so many different parts to it.  
It really can allow someone to remain in the home, but also in the community as well.  
Next slide.

And really just lastly, I want to follow up with despite having a lot on it as well.  
It has different remote monitoring existence, it has smart watches, the GPS tracker, stove safety, there is even things like a robotic feeder, so somebody can't feed themselves, this little gadget is awesome, we have little things for low vision, no vision, and I can help with somebody reading text, or seeing faces etc. So, there is a ton of assistive technology out there, and you want to make sure it is the safe kind, and not taxable, and you want to talk to a professional when trying to decide which assistive technology is right for you and the home and out the community.  
So, really, that's a quick rundown on what assistive technology is all about.  
Thank you.  
And yes, that is our information.  
Please take that down. Thank you.

Lex this is Lori, a question came in and maybe Aaron you can help to address this.  
One participant is asking, how do you find a local contractor that can make these modifications to our home so we can continue living safely in our home?  
Like, adjusting the light switch height, you know, and in particular I think this person wants adaptations that are suitable for a person who has a wheelchair user.

>> Aaron Milligan:Sure, there are a couple different ways states work. For instance here here in Missouri, there is what's called home modification.  
And then there is assistive technology, so they separate the two.  
So, if someone needs a door widened or light switch is moved, things like that, that requires a contractor, there are places under the Medicaid, understate waivers, that if you are on a waiver it will cover those expenses.  
Assistive technology, like for instance, us, we are a nationwide company, so we actually develop our systems that are plug-and-play ready.  
And at most, and in some situations they have a caregiver or someone like our motion sensors and contact sensors are really just peel and stick. I had to have them synced up and ready to go. There's nothing to do but plug it in that we walk you through the start up.  
If we do need someone to actually make assistive technology such as may be installing our smart locks, garage door openers, door openers, we have people across the country where we have negotiated deals that come out to the house and do the installs for video cameras or in-home monitoring. The motion contact sensors.  
We have people, there are companies across the country that just do that.  
They are just there to help with installations and assist with technology.  
The other thing of course is a contractor, just a little bit of my background, my father was a traumatic brain injury victim when I was 11 years old, he was 36.  
So, the time I was 11, I have been doing rehab and caregiving.  
Dealing with disabilities my entire life.  
Geriatrics guilt we have with what I did for 27 years.  
I have done more home safety assessments – I don't know, I've done thousands at least over the last 30 years.  
Having resources such as people that would do the home modifications, outdoor lighting, a lot of times we can ship an aluminum ramp if someone needs access to the house.  
We have companies, I used to work for a company, that will use Google Earth to take a look and get an estimate of how they could build a ramp that would have to be something that was modular or could we just do an aluminum ramp.  
I figured out how to help people and assist people using face time even.  
Google Earth.  
So, there are many many options out there, and in our situation, we like to meet with the individual, talk about it, get a look at the home.  
And again, those are things that can be done remotely if need be.  
And we assess the situation and make recommendations and find resources for them.  
So most companies will put the work in, you just need to let them know for instance, here Gray matters alliance, we have occupational therapists on staff, I am an OT assistant, but we have OT on staff that can make any kind of recommendations from what size wheelchair you should have two what kind of entryway.  
Thresholds we could build out or create for you.  
Many many roads to take.

I just wanted to share with people some of the information on the next couple of slides are.  
If a person has a disability in their receiving SSI and/or SSDI benefits and they are working, there are supports that help a person to pay for the assistive technology that they may need associated with their employment.  
So I invite people to explore that.  
Next slide.

There are able accounts for individuals who had a disability, that began before age 6. Family and friends can contribute into enable account for the able account and then those funds may be used to purchase assistive technology or for a modified vehicle or to make modifications within that individual's home.  
Next slide.  
Next slide.

So, National Disability Institute is one of the more than 40 assistive technology loan programs located across the United States.  
And I put the link to these programs in the chat box.  
And it is also posted on our website.  
So we have negotiated with banks to offer people that need to purchase their own assisted technology, we cannot help them to find a grant, to maybe modify their home or to purchase assistive technology, we can offer a loan and the loan interest rates are low.  
Our interest rate is 6% or less even if the person has no credit history. An effect by getting this loan that person he was age 18 or older has the opportunity by paying that loan on time each month to develop a good credit history.  
So you are welcome to explore the list of alternative finance programs located across the United States, and we have a we care on the slide about other assistive technology that we have spotlighted in our webinar series month to month.  
Next slide.

And we have prepared assistive technology resource guides, so you are welcome to take a look at these guides even if you do not live in the state of New York or New Jersey.  
You may find for example that HUD, often has beds available to provide for home modification, so a person who continues to live in that home for four or five years longer does not even need to pay back the cost of making their home accessible.  
So, you are welcome to explore those guides.  
Next slide please.

We have a financial resilience center website here at National Disability Institute. And there are many resources around money for people who have a family member who has a disability.  
Next slide.

And if you have any questions, please put them in they Q&A, and we have a couple questions for you while we stay on the line for just a couple more minutes.  
Can you post the survey?  
You are welcome to give me a call.  
I have a couple meetings later this afternoon, but my number is 202-449-9521. If you have questions for me I'm a this is Lori. So we wanted to ask you, what information from today's presentation, was most helpful.  
Question two, do you need help finding a job?  
We have resources available to the National Disability Institute to help you with that.  
Do you have other questions about assistive technology, would you like us to spotlight another type of assistive technology, in an upcoming webinar. For example, someone asked if we could do a webinar presentation on service animals.  
We will make sure to set that up very soon.  
And, let's see, I'm looking to see if we have questions in they Q&A. And yes, we can send a covey of the slide deck out to participants, although it is posted on our website . And that will be up within the next two weeks.  
The slide deck is accessible, and we thank everyone for participating today, Sheena, Vickie and Aaron thank you so much . And, we encourage everyone to reach out to you if you have questions.  
Thank you very much, and have a great day.  
Thank you.