Testimony to the House of Representatives, Committee on Higher Education
Tuesday, January 22, 2008
Conference Room 309, 2:00 p.m.
HB 2116 Appropriation: Center on Aging Research and Education

Dear Chairperson Representative Chang and Vice Chair Representative Bertram III,

My name is Barbara Yee, a Professor at UH Manoa. I am testifying in support of an appropriation for the **UH Manoa's Center on Aging Research and Education .** Hawaii has a greater proportion of citizens 55 and older in comparison to other states and the graying of Baby Boomers (i.e., age cohorts born between 1946 to 1964) in Hawaii, Asia, and Pacific Islander countries will become a significant issue in the near future.

I have been an aging scholar for 28 years and in 2002 returned to Hawaii to provide live-in support for my elderly father. Through my academic training, research, and personal challenges in family caregiving, I enthusiastically support the University of Hawaii at Mānoa proposal to launch a center on aging like no other in the world. If given the resources, the University of Hawaii at Mānoa can create important intellectual capital and provide support for the development and implementation of public policy for multicultural elders in our state. The creation of sustainable aging solutions must incorporate our Hawaiian, Asian, and multicultural traditions, but it will require study, gerontological workforce development, and public policy action to address the unique needs of our multicultural families. In 2008, the University of Hawaii system does have adequate support for a vital aging center that focuses upon the needs of our kupunas, their families, and communities throughout.

Ongoing synergy and multidisciplinary interactions between the community, policy makers, faculty, students, and elders lay the foundation for the creation of innovative, but sustainable solutions to our aging dilemma in Hawaii and the Pacific Region. The **UHM Center on Aging Research and Education** can become a forum for ongoing dialog about aging solutions, training of our aging workforce, and stimulate the civic engagement of senior volunteers throughout our communities. The **UHM Center on Aging Research and Education** must be financially supported and is uniquely positioned to address this aging mandate in the State of Hawaii. Not only must we prepare for the growing numbers of frail elders, but we must shape effective supports for our families struggling to provide elder care without eroding the financial, emotional and resiliency of our families. We can also mobilize our healthy and active kupunas to lend their wisdom, talents, and resources in communities throughout Hawaii.

I urge you to provide an appropriation for HB2116 to support faculty positions and aging program appropriations for the **UHM Center on Aging Research and Education.** Mahalo for this opportunity to testify.

Barbara (AKA Bobbie)Yee, Ph.D.
dragonboomer@aol.com

TESTIMONY BY JIM SHON

SUBMITTED: January 21, 2008 VIA EMAIL
FOR: House Committee on Higher Education
RE: HB 2110, HB 2116

POSITION: STRONGLY SUPPORT

DATE: Tuesday, January 22, 2008
TIME: 2:00 p.m.
PLACE: Conference Room 309
State Capitol
415 South Beretania Street

AGENDA

HB 2110	RELATING TO AGING. Establishes four additional full-time equivalent faculty positions at the University of Hawaii's center on aging research and education to assist in the fulfillment of its mission. Makes an appropriation.	HED, HLT, FIN
HB 2116	RELATING TO THE UNIVERSITY OF HAWAII CENTER ON AGING EDUCATION AND RESEARCH. Appropriates funds to the University of Hawaii center on aging research and education faculty positions and program expenses.	HED, HLT/HSH, FIN

MEMBERS OF THE COMMITTEE,

I Support both bills.

Hawaii remains oddly unfocused when it comes to addressing the growing demographic tidal wave of senior citizens in Hawaii. Hawaii has no long term care plan, no objective or autonomous policy analysis over aging issues, and no response to the retirement of the baby boomers.

As policy makers, you do not have a steady stream of research-based advice on aging issues. You do not have any entity that is independent of the more focused and narrower agendas of the University, or the various executive departments.

You as policy makers deserve and need independent analysis and advice. The UH Center on Aging is the one organization that could truly play that role.

To date, most health care policy issues focus on acute care and insurance access, children's health, the shortage of doctors, etc.. But for those who are challenged by chronic care, those who are too wealthy to qualify for Medicaid, yet not wealthy enough

to afford assisted living arrangements, they need support for their continued aging in their homes.

Without a well funded Center on Aging, you will seldom have this strategy put before you.

Sincerely,

Jim Shon
jshon@hawaii.edu

PS See attached information on the crucial need for program that support aging at home, and what has already been accomplished

An Initiative for Aging At Home

One of the important thinkers in long-term care in Hawaii had been the late Professor Oscar Kurren, (former University of Hawaii Professor Emeritus, School of Social Work), who, in 1997, was increasingly interested in stimulating policies that would promote wellness and independence. In the fall of 1997, Kurren was enthused about a project in New York City proposed by the Independence Care System, Inc. (ICS). Kurren was touting an ICS business plan that sought to develop a new model of home and community-based care for 800 adults and children who were disabled. The ICS plan had four key elements: **consumer participation, emphasis on home and community-based care, a full range of services provide by a care team, and a truly integrated network to coordinate care over time, with multiple providers**. (ICS, 1997, p.ii) The stated goal of Independence Care was "to enable the severely disabled to remain at home or in the least restrictive setting possible, using the flexibility of risk-based capitation to substitute primary care, home care and community-based services for hospital and nursing home care." (ICS, 1997, p.1) Quite rightly, ICS characterized its model as "A Chronic Care Management Demonstration Program" with a specially designed element of training for entry-level health and social service positions.

Kurren was tapping into the managed care mania that had also infected Hawaii's Medicaid officials, but was offering an interesting twist: to redesign the system along chronic care and home care lines. He was able to recognize that in targeting the disabled populations, federal and state funding for disabled programs could be utilized to drive this new model.

Kurren's model fit well with an early concept I'd developed while representing the Makiki district in the State House. Located in Makiki is of the most prominent residential facilities for elders in the State, Arcadia. Arcadia provided upscale apartments for healthy residents, and progressively supportive facilities, as people grew frailer. I had noticed, however, that Arcadia was a relatively limited and expensive alternative not open to many of the other residents of Makiki who lived in condominiums within blocks of Arcadia. My first working title for what was needed was: *Condo Care*. (Shon, FN, 1996)

Condo Care - 1996

Condo Care emerged as a response to the demise of the State's sponsored long term care plan: the Family Hope Program, which sought to provide funding for both community and institutional care. Calculated at approximately $300 of taxes per working resident of Hawaii per year, the Family Hope proposal was just too complicated and government-driven for the post-Reagan era. Condo Care began with the question: *What could we afford if we assumed that people already had housing, and only needed services delivered to their homes?*

A brief sketch of the *Condo Care* concept included the following basic components: (Shon, FN, 1997)

1) The use of co-op or so-called sweat equity to control costs;
2) Targeting concentrated independent living arrangements, such as an apartment district in urban Honolulu;

3) Utilizing an already developed interfaith ministries serving elders;
4) A focus on sub-acute care services only, such as financial planning, custodial care, home maintenance, transportation, recreation, buddy systems, hot meals, care management, health services referrals, and a purchasing pool for health aids and assistive technology;
5) Development of a regular income stream to sustain the operation, such as insurance premiums or subscription rates;
6) Affordability for the middle and lower middle class;
7) Avoidance of strong links to the Medicare or Medicaid systems.

The Wisteria Project 2000 - Components

To identify and develop its components, The Wisteria Project, challenged the participants to explore the following questions:

1. How to facilitate and nurture new partnerships without reliance on government leadership?
2. How to tease out of the public bureaucracies and private foundations start-up funding that recognizes complex networks of partners and interventions rather than safer, single-intervention experiments?
3. How to overcome structural or cultural barriers to college and university participation in an ongoing, sustainable partnership that delivers needed community-based research and services while providing valuable real-world education?
4. How to utilize our understandings of Third Wave organizational management and networks to organize such a system?
5. How to utilize current and futuristic techniques in gathering meaningful data, designing appropriate benefits, and evaluating the effectiveness of the alternative system?
6. How to design an alternative delivery system that is theoretically capable of achieving the following goals:
    a. To prevent or delay significant numbers of elders from becoming physically and fiscally dependent on the state;
    b. To utilize existing community assets such as individual equity in homes, the interests and needs of seniors to remain active and engaged in productive activity, and the potential to partner institutions such as high school and college service learning programs;
    c. To meet the needs of a substantial number of elders who are too rich for Medicaid, yet too poor for privately funded assisted living;
    d. To recognize naturally occurring communities, as well as client-designed, driven and participation in non-medical, wellness activities and services; and,
    e. To create a system that is economically self-sufficient and sustainable through client-based subscriptions.

Key elements of the Wisteria Model that evolved from the attempts to answer these questions included:

- The creation of a non-profit agency governed by a power sharing partnership board representing the university, key community-based agencies, government, and consumers;

- The mission of such a non-profit agency to deliver a case-management-driven benefit package of non-medical services through a service delivery team for affordable subscription fees;

- An intergenerational institutional link with the university system through structured service-learning supports to the delivery teams, including assignment of practicum students to the teams and class projects that would evaluate community needs and delivery effectiveness;

- A "closed-system" model of service banking that encouraged community clients of the teams to be active in contributing to the network and who could, in exchange, receive various benefits such as reduced subscription rates and the right to transfer service banking credits to family and friends.

- Initial recruitment of network members through a limited grant that would allow them to sample the benefits of the network, as well as participate in the development and refinement of the delivery system.

Fast-forward to 2007

Two Promising mainland program models

The *Beacon Hill Village* in Boston program provides the following services:

Household Services
- Home repair and adaptation
- Household cleaning–routine and heavy
- Errands... organize closets, mail packages
- Home office: computer problem solving, bill paying, etc.

Transportation
- Individual and group rides to anywhere–doctors, airport, friends, cultural events

Meals and Groceries
- Weekly grocery shopping
- Home-delivered meals, elegant or casual
- Dining groups

Volunteer programs
- Opportunities for members to help each other
- BHV members assist in the community and local non-profit groups

Concierge Service
- Delivered exclusively by HouseWorks, an excellent in-home service provider
- Rides to the grocery store, local errands, and appointments
- Pick up a prescription, dry cleaning
- Hang curtains, rearrange furniture
- Pack boxes
- Mail a package
- Wait for a repair person
- Pick up theatre and symphony tickets
- Take in computer for repairs
- Water plants & pick up mail during a vacation
- Bring in car for repairs

The **Beacon Hill Village** membership, open to those 50 years and above, costs $580 for individuals and $780 for households.

About to launch a similar program nearby is ***Cambridge at Home***. Cambridge At Home was founded by Cambridge residents on the model of the path-breaking Beacon Hill Village in Boston. "Cambridge At Home is a cooperative community formed to ensure the timely availability of services similar to those of a retirement community. We have a professional staff that will provide members with access to evaluated suppliers who will provide prompt service at known costs. This centralized service means that members have timely help available as challenges or emergencies arise at home. With a phone call or an email, CAH members will get help from friendly, competent staff in areas like transportation, health, social activities and home maintenance so they can remain safely and confidently in their homes as they age."

Cambridge at Home provides services relating to daily living (shopping, electrical transportation, plumbing, house cleaning, laundry, meal preparation, checking account, home maintenance, tax returns) health and fitness (yoga/meditation, skilled nursing, physical therapy, organizing medication, schedule

exercise, home health care, nutrition and diet, medical equipment, personal trainer, filing claim forms) and, the most popular with seniors, organized activities (walking groups, discussion groups, trips, how-to classes, volunteering, music groups, art classes and sports).

Cambridge at Home membership fees are $1,200 per couple, or $900 for individuals. Specific services such as field trips have additional fees. A bus trip to a museum might cost $95 for members and $120 for guests, which also includes meals.

Hawaii

A recent governmental initiative attempting to coordinate and addressing community outreach services was the **Hawaii State Plan on Aging 2004-2007**, which, through various programs funded through the Executive Office on Aging (EOA), sought to strengthen or expand these programs. Unfortunately, the level of funding for outreach and the level of commitment to EOA has been weak in recent years.

EOA operates the ***Kupuna Care Program***, which includes the following services:

- Adult Day Care
- Assisted Transportation
- Attendant Care
- Case Management
- Chore services
- Home Delivered meals
- Homemaker
- Personal Care

In order to qualify for the program, which does not have the capacity to serve all who need such services, seniors must be impaired in two or more ADLs – Activities of Daily Living (eating, bathing, dressing, transferring from bed to chair, controlling bowel & bladder, and moving about the house safely) or significantly reduced mental capacity, or two IADLs – Instrumental Activities of Daily Living (preparing meals, shopping, taking medications, managing money, using phones, doing housework, and using public transportation).

The Hawaii State Plan on Aging: 2004-2007

This plan clearly identifies a number of key strategies and unmet needs, which clearly fits with an aging at home agenda:

- Information to make informed decisions
- Programs and Services to Live at Home
- Information on Elder rights and benefits
- Partnerships to address emerging and existing issues

The State Plan also identified estimated unmet needs by senior programs in all four counties. In the City and County of Honolulu, for example, it was estimated that over 20,333 seniors continue to need transportation, 17,844 cannot find case management, 20,661 need chore services, and 19,630 housekeeping. Needs unmet by Hawaii public or private programs also include personal care (20,710), home repairs/maintenance (24,898), interpretation/translation (26,332), letter writing/reading (16,289), money management (22,384), and meals delivered at home (23,355)

TO : **COMMITTEE ON HIGHER EDUCATION**
Rep Jerry L. Chang, Chair
Rep. Joe Bertram, III, Vice-Chair

FROM: Eldon L. Wegner, Ph.D.,
PABEA (Policy Advisory Board for Elder Affairs)

SUBJECT: HB 2116 Relating to the University of Hawaii Center on Aging Education and Research

HEARING: 2:00 pm Tuesday January 22, 2008
Conference Room 309, Hawaii State Capitol

PURPOSE: Establishes four additional faculty positions at the UH Center on Aging Research and Education (CARE) to assist in fulfillment of its mission and the needed funds.

POSITION: PABEA SUPPORTS THE APPROPRIATION FOR THE UH CENTER ON AGING RESEARCH AND EDUCATION. WE PREFER THE APPROPRIATION BE MADE AS AN ADJUSTMENT TO THE UNIVERSITY OF HAWAII BUDGET.

RATIONALE:

I am offering testimony on behalf of PABEA, the Policy Advisory Board for Elder Affairs, which is an appointed board tasked with advising the Executive Office on Aging (EOA). My testimony does not represent the views of the EOA but of the Board. I am also a professor of medical sociology at UH-Manoa who has worked with elderly services in Hawaii for more than 20 years.

- The UH Center for Aging Research and Education (CARE) is currently without a director or any faculty positions and has been unable to admit students for 3 years to its academic programs.

- Chancellor Virginia Hinshaw, who began after the UH Manoa Supplementary budget request was developed, has indicated her strong support for CARE and has drafted a plan calling for similar resources as this bill.

$ The UH Center constitutes the principal resource for technical consultation for agencies serving the elderly, including training programs and workshops for professional and paraprofessional staff working in the community. The Center faculty and staff are needed for basic research in the field of aging as well as applied research, such as needs assessments and program evaluation. The Executive Office on Aging relies on contracts with the Center for many technical reports important to carrying out its activities.

$ There are currently acute shortages in Hawaii of human resources in all the paraprofessional and professional fields in gerontology. To meet this need, the UH Center is critical for training students in this growing field and needs to provide for seamless educational opportunities from the Community College level through professional programs.

In conclusion, the UH Center on Research and Education has provided important service to the state of Hawaii and is critical to meeting the needs of our state agencies and the growing elder population in the future. Thank you for allowing me to testify.