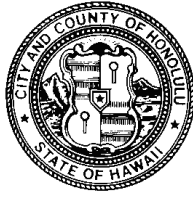


DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR

PAMELA A. WITTY-OAKLAND
DIRECTOR DESIGNATE

GARY K. NAKATA
DEPUTY DIRECTOR

TESTIMONY OF PAMELA A. WITTY OAKLAND, DIRECTOR DESIGNATE
DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU
BEFORE THE HOUSE
COMMITTEE ON HEALTH

Wednesday, March 13, 2013, 8:30 a.m., Conference Room 329

SENATE Bill 106, SD1 “RELATING TO AGING”

Position: Supports

To: The Honorable Della Au Belatti, Chair
and Members of the Committee on Health

The Elderly Affairs Division (EAD) is Honolulu’s designated Area Agency on Aging and operates in accordance with the Older Americans Act of 1965 to coordinate, advocate and improve services to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

This bill includes funding for important programs that support the needs of the increasing population of elderly residents in Hawaii. The funding included in this bill is essential to maintain the health and welfare of our most vulnerable seniors and their caregivers. We strongly support funding for the following programs:

Kupuna Care. The Kupuna Care program includes essential services that support the needs of the increasing population of frail elderly residents in Hawaii. These services provide assistance to frail older adults who cannot live at home without adequate help from family or formal services. They include services such as attendant care, case management, chore, home-delivered meals, homemaker, personal care, and transportation.

Healthy Aging Partnership Program. Through the Healthy Aging Partnership, EAD implements Stanford University’s Chronic Disease Self-Management Program, an evidence-based program that provides education, training and support groups to persons with chronic conditions to assist them in managing their own care. The Enhance Fitness is an exercise program and focuses on maintaining strength, flexibility and balance to maintain health and function of older adults. The results of both programs have been overwhelmingly positive. In addition, other evidence-based self-management programs

The Honorable Della Au Belatti, Chair
and Members of Committee on Health
March 12, 2013
Page 2

have been introduced for arthritis and diabetes. We would urge the committee to consider funding these programs in light of the rising healthcare costs associated with the rapidly growing elder population in Hawaii.

Senior Centers. Home and Community-Based Supportive Services enable seniors to remain in their homes for as long as possible. These services include multi-purpose senior centers that coordinate and integrate services for older adults, such as congregate meals, community education, health screening, exercise/health promotion programs, and transportation. The socialization and recreation opportunities offered by senior centers are crucial in keeping seniors active and engaged, one of the most effective ways of preventing or delaying loneliness, isolation, depression and related declines in mental and physical health.

Alzheimer's Disease and Related Disorders. EAD recognizes the need to develop services to meet the needs of the rapidly growing cohort of individuals afflicted with this condition. EAD supports the appropriation contained in this bill to establish and fund an Alzheimer's disease and related dementia services coordinator within the Executive Office on Aging.

We urge the committee on Health to support funding of these vital programs. Thank you for the opportunity to provide this testimony.



To: Committee on Health
Representative Della Au Belatti, Chair

Date: March 13, 2013, Conference Room 329, 8:30 a.m.

Re: **SB106 SD1 – RELATING TO AGING**

Chair Belatti and Committee Members:

My name is Steve Tam, Director of Advocacy for AARP Hawaii. AARP is a membership organization of people 50 and older with nearly 150,000 members in Hawaii. AARP fights on issues that matter to Hawaii families, including the high cost of long-term care; access to affordable, quality health care for all generations; providing the tools needed to save for retirement; and serving as a reliable information source on issues critical to Americans age 50+.

AARP strongly supports SB106 SD1 - Relating to Aging. This bill appropriates funds for the Kupuna Care Program, the Aging and Disability Resource Center (ADRC), Healthy Aging Partnership programs, senior centers, and the Alzheimers Disease and Dementia Services Coordinator. AARP especially supports the provisions of the bill as it relates to the appropriation of funds for the Kupuna Care Program, and the Aging and Disability Resource Center (ADRC) from the general revenues for the fiscal year 2013-2014, and the same sum for fiscal year 2014-2015.

Kupuna Care

Kupuna Care is a state funded program designed to help non-Medicaid eligible, elderly residents so that they can continue living at home instead of institutional facilities. Kupuna Care assists families by providing a variety of different caregiving and support services.

We support the appropriation of \$9.0 million for the Kupuna Care Program for each of fiscal years 2013-2014 and 2014-2015. This amount is the same as the appropriation for fiscal year 2012-2013, which included the current \$4.8 million Executive Office on Aging base budget appropriation for Kupuna Care that has remained unchanged since 2002, and an additional \$4.2 million as appropriated by Act 238, SLH 2012 for fiscal year 2012-2013.

The proposed Kupuna Care appropriation is an acknowledgement of the increasing demand for services by Hawaii's rapidly aging population. However, it still falls short of meeting the demand. In 2012 the Kupuna Care program served approximately 6,981 people (unduplicated persons served as reported by EOA). There are approximately 277,000 individuals over age 60 in Hawaii.¹ However, by some estimates, 80% of seniors have at least one chronic health condition and 50% have at least two² who would also be eligible to use these services.

Aging and Disability Resource Center (ADRC)

ADRCs are intended to streamline access to long-term supports and services for older adults, persons with disabilities, and caregivers. The ADRC is a navigational tool that connects individuals to appropriate long-term care options. Hawaii's ADRC program is in various stages of

development in each county. ADRCs are operational in Hilo and Maui, and are scheduled for implementation in Kauai later this year, and expansion to Kona and Oahu in 2015/2016.

We support the appropriation of \$1.8 million for the continued implementation and expansion of ADRCs for each of fiscal years 2013-2014 and 2014-2015.

ADRCs are in need of improvement. AARP's recently published State Long-Term Services and Support Scorecard ranks Hawaii 41st in ability to access long-term care through an ADRC.³ The ADRCs need to be properly resourced and funded to make ADRCs an effective single point of entry for individuals seeking information on their long-term care options. Critical to the success of an ADRC is ensuring the availability of services (e.g., Kupuna Care) when individuals are directed to them. Otherwise, consumers will be increasingly frustrated when referred to services, and only to find out that they are not available.

The passage of this bill is vital as it provides seniors and caregivers with assurances that they will continue receiving occasional, yet critical respite services that enables them to live in their homes as long as possible.

The Kupuna Care and ADRC programs are helping only a fraction of Hawaii seniors and caregivers. However, the situation is made more urgent in that demand for services will increase with our rapidly aging population:

- Approximately one out of every five (20%) Hawaii residents are over 60 years old.¹
- Hawaii's population over age 65 is increasing rapidly and projected to increase by 61% between 2012 and 2032.⁴
- Approximately 247,000 family caregivers are the backbone of Hawaii's long-term care system and currently provide nearly \$2 billion a year of unpaid caregiving services.⁵
- The number of family caregivers is declining. The primary family caregiver group is 50-64 years old. This group accounts for 19.1% of the population in 2012, but will account for only 16.1% of the population by 2032 and cause further strain on seniors and remaining caregivers.⁴

We urge you to support seniors by passing SB 106 SD1 as it funds safety net programs that support our most vulnerable population – the elderly, caregivers, and seniors.

Thank you for the opportunity to provide testimony.

¹ U.S. Census Bureau, 2010 Demographic Profile Data

² Centers for Disease Control, Healthy Aging: Preventing Disease and Improving Quality of Live Among Older Americans 2003, At a Glance, Department of Human Services

³ AARP 2011 State Long-Term Services and Supports Scorecard

⁴ AARP Across the States, 2012, Profiles of Long-Term Services and Supports

⁵ AARP Valuing the Invaluable, 2011 Update, The Growing Contributions and Costs of Family Caregiving

HOUSE COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair

March 13, 2013 at 8:30 a.m.
Conference Room 329

Supporting SB 106 SD 1: Relating to Aging

The Healthcare Association of Hawaii advocates for its member organizations that span the entire spectrum of health care, including all acute care hospitals, a majority of home health agencies and hospices, as well as long term care facilities and other health care organizations. Our members contribute significantly to Hawaii's economy by employing nearly 20,000 people statewide, delivering quality care to the people of Hawaii.

Thank you for this opportunity to testify in support of SB 106 SD 1, which strengthens Hawaii's infrastructure of care for the elderly and appropriates funds for programs that support them as they age.

Hawaii's considerable aging population is growing. According to the Department of Business, Economic Development and Tourism (DBEDT), 195,000 people in Hawaii were 65 years of age or older in 2010. DBEDT projects that by 2025 the number will increase to 238,000, or 17% of the population.

Our large elderly population indicates that Hawaii is a healthy state. But at the same time, there is a clear relationship between age and the prevalence of chronic conditions and level of disability. The elderly are the heaviest users of health care resources. Unfortunately, however, Hawaii's existing infrastructure and the current resources dedicated to caring for the elderly are not sufficient to satisfy the current high demand. The future demand is expected to increase substantially.

This bill moves toward addressing that demand. Alzheimer's disease and dementia are increasing among the elderly. Services are available, but they are fragmented, and this bill creates a coordinator of services for this population. The Kupuna Care program has demonstrated its effectiveness in providing home- and community-based services to the disabled elderly, and this bill appropriates funds for it. This bill also provides grants to three senior centers because private contributions are not enough to fully support them. Finally, this bill appropriates funds for the Healthy Aging Partnership Program, a statewide coalition designed to improve the well-being of older adults by adapting evidence-based health promotion programs to the State's multi-cultural population. This bill supplements efforts in the private sector to support the elderly as they age and works hand-in-hand with them through public/private partnerships.

Thank you for the opportunity to testify in support of SB 106 SD 1.

Twenty-Seventh Legislature
Regular Session of 2013

HOUSE OF REPRESENTATIVES
Committee on Health
Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair
State Capitol, Conference Room 329
Wednesday, March 13, 2013; 8:30 a.m.

**STATEMENT OF THE ILWU LOCAL 142 ON S.B. 106, SD1
RELATING TO AGING**

The ILWU Local 142 strongly supports S.B. 106, SD1, which appropriates funds for programs and services that support the State's elderly population, including Kupuna Care, the Aging and Disability Resource Center, senior centers (Lanakila, Moiliili and Waikiki), and the Healthy Aging Partnership program. The bill also establishes and funds a position for an Alzheimer's disease and related dementia services coordinator within the Executive Office on Aging.

Hawaii's population is growing older. In a few years, if not already, we will have more people over the age of 65 than under the age of 18. As people age, there is a greater likelihood that they will need more services to remain independent and in the community. The programs being funded by Kupuna Care, the senior centers, and the Healthy Aging Partnership are designed to help keep the elderly living in their own homes and not becoming institutionalized. The ADRC also provides much-needed support for the elderly and their families to find the resources they need to avoid becoming entirely dependent on others.

The funding proposed under S.B. 106, SD1 represents a good investment of public dollars. The alternative is more costly in terms of real dollars and human capital—more people becoming institutionalized, unable to pay the exorbitant costs of nursing home care, and forced to rely on Medicaid, which taxpayers must fund anyway.


The ILWU urges passage of S.B. 106, SD1. Thank you for the opportunity to share our views.

Ka'u Rural Health Community Association, Inc.

Mission: "Doing Whatever It Takes To Keep Ka'u Healthy"
 P.O. Box 878 Pahala, Hi 96777
 Phone: (808) 928-0101

March 12, 2013

TO: House Committee on Health
 Representative Della Au Belatti, Chair
 Representative Dee Morikawa, Vice Chair

FROM: Jessanie Marques, Executive Director 
 Ka'u Rural Health Community Association, Inc.

RE: Testimony in Support of SB 106, SD1

I am offering testimony on behalf of Ka'u Rural Health Community Association Inc. (KRHCAI), in support of SB 106, SD1 Relating to Aging. This bill, in part, supports evidenced based programs to improve the health of older adults through two evidenced based programs., Stanford University Chronic Disease Self Management Program (Better Choices, Better Health Ke Ola Pono) and Enhance Fitness.

KRHCAI was first introduced to "Better Choices, Better Health Ke Ola Pono" by Pauline Fukunaga, Hawaii County Office of Aging Planner, and participated in several Chronic Disease Self Management Lay Leaders training and workshops in the rural underserved Ka'u District on the Big Island of Hawaii.

Both Lay Leader training and workshops benefitted our rural underserved and geographically isolated community, by raising awareness of chronic disease self management and prevention. The University of Hawaii Fidelity evaluation associated the decrease of emergency room visits hospitalization and healthcare costs with the programs.

As a community based non profit organization, KRHCAI recognizes not only the importance of Healthy Aging Partnership, but the effectiveness of Better Choices, Better Health Ke Ola Pono Chronic Disease Self Management Program / Enhance Fitness in our rural underserved community.

Therefore, KRHCAI strongly urges you to provide sufficient funding support (SB 106, SD1) so the Healthy Aging Partnership can continue to provide Kupuna with these kinds of "meaningful" programs to maintain their healthy and independent lifestyles.

Mahalo for this opportunity to share our mana'o



State of Hawaii
House Committee on Health
The Honorable Representative Della Au Belatti, Chair
The Honorable Representative Dee Morikawa, Vice Chair
Hawaii State Legislature

March 13, 2013; 8:30 AM
Room 329

SB 106, SD 1, Relating to Aging

Re: Support for Kupuna Care, Dementia Services Coordinator, Senior Centers, and the Healthy Aging Partnership program.

Support for ADRC in concept, however, concern for implementation

Dear Chair Belatti, Vice Chair Morikawa, and Members of the House Committee on Health,

We represent five non-profits who work with kupuna and/or individuals with disabilities. As you know, the senior population in Hawaii continues to grow at a rate that outpaces the mainland. The 2010 U.S. Census estimated there were 277,360 adults 60 years and older living in Hawaii. This portion of the population comprises 20.4% of the total population. By the year 2020, this number is projected to increase to 382,779 or 25.8% of the total population. Unfortunately, there are hundreds of seniors on wait lists due to 11 years of flat funding that hasn't kept pace with inflation, let alone the spike in the elderly population.

While more long-term support is needed to meet the growing needs, this measure is a vital part of keeping our seniors as healthy as possible, and providing the supports necessary to age in place and avoid costly institutionalization. These are the goals of Kupuna Care, Dementia Services, Senior Centers and the Healthy Aging Partnership Program.

While we support the concept of an Aging and Disability Resource Center (ADRC), we are very concerned with the manner in which it is being implemented. Our concerns reflect:

- County differences. Each of the islands is very unique with different challenges. The Hawaii implementation plan takes a "one size fits all approach." Clearly, the challenges on Oahu will be very different from those on Kauai.

- Disability community. The ADRC is targeted for both seniors and individuals with disabilities. The disability community has not been engaged in the planning of these “one stops.” While some seniors also have disabilities, and some individuals with disabilities are also over the age of 60, not all seniors have disabilities and not all individuals with disabilities are seniors. Both the senior and disability communities must be equally engaged as partners of the ADRC.
- The provider community. Community based organizations that actually provide the services to the seniors or adults with disabilities have not been engaged in the planning process. Listening to the people who actually work with the affected populations could provide meaningful operational insight.
- Cost. On Oahu, the planned implementation shifts case management responsibilities from a non-profit provider to the City & County of Honolulu’s Elderly Affairs Division. Why add to county government (on Oahu) when the nonprofit delivery model has already been proven to be a cost effective method?

We are all supportive of empowering seniors and individuals with disabilities, and their caretakers with the information and resources to access long term services and supports. Let’s do this in partnership with government, non-profits, and all the stakeholders.

Sincerely,

Jerry Rauckhorst
President & CEO
Catholic Charities Hawaii

Howard S. Garval
President & CEO
Child & Family Service

Laura Robertson Smith
President & CEO
Goodwill Industries of Hawaii

Marian E. Tsuji
President & CEO
Lanakila Pacific

Jan E. Hanohano Dill
President & Chairman
Partners in Development Foundation