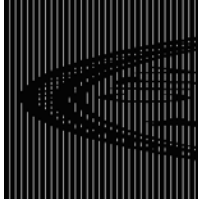


DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

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TESTIMONY OF PAMELA A. WITTY OAKLAND, DIRECTOR DESIGNATE
DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU
BEFORE THE SENATE
COMMITTEE ON WAYS AND MEANS
Friday, February 22, 2013, 9:00 a.m., Conference Room 211

SENATE Bill 106, "RELATING TO AGING"

Position: Comment

To: The Honorable David Y. Ige, Chair
and Members of the Committee on Ways and Means

The Department of Community Services strongly supports this bill.

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 have been introduced for arthritis and diabetes.

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 Ways and Means to pass S.B. 106. Thank you for the opportunity to provide this testimony.

SENATE COMMITTEE ON WAYS AND MEANS
Senator David Ige, Chair

February 22, 2013 at 9:00 a.m.
Conference Room 211

Supporting SB 106: 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, as well as long term care facilities, home care agencies, and hospices. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 40,000 people. Thank you for this opportunity to comment in support of SB 106, 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 takes steps 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 comment in support of SB 106.



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To: Committee on Ways and Means, Senator David Ige, Chair

Date: Friday, February 22, 2013, Conference Room 211, 9:00 a.m.

Re: SB 106 - Relating to Aging

Chair Ige and Committee Members:

Thank you for the opportunity to submit written testimony in STRONG SUPPORT of SB 106 Relating to Aging. My name is Jody Mishan and I am a former primary family caregiver for my father who suffered from Alzheimer's Disease for eight years before passing in 2006. I now coordinate the State Task Force for Alzheimer's Disease & Related Dementias (ADRD); this testimony represents my personal position and not that of the Task Force. The Task Force will be submitting recommendations to the 2014 Legislature for the first State Plan on ADRD.

Over 20 other states have already submitted plans, and the first National Plan to Address Alzheimer's Disease was released in May, 2012. There is great momentum nationwide and worldwide to establish and sustain local efforts, partner with national and international efforts to achieve effective collaboration and affect positive change in our communities to improve the quality of life of those afflicted with dementia and their caregivers.

I am in support of the whole Senate Bill SB 106, but particularly to SECTION 1, to establish within the Executive Office on Aging an Alzheimer's disease and related dementias coordinator to coordinate the provision of public and private ADRD services.

The passage of this bill is vital:

To assure implementation of the Task Force recommendations, a position devoted solely to ADRD is needed. Other states have already created such a position in state offices, to oversee the growing community collaborations and efforts to create an infrastructure, workforce, and home and community-based services that are dementia capable.

A coordinator would also build public awareness and media relationships, convene experts and stakeholders to partner with the state in achieving short- and long-range goals including supporting the Hawaii Aging and Disability Resource Centers in becoming dementia capable.

A coordinator would inventory and disseminate current information on dementia to an emerging Dementia Coalition, which includes government, healthcare professionals, service providers, non-profits, the faith-based community, universities and schools, caregivers, business sector, legal and financial professionals, first responders and the public.

Areas to address are state infrastructure, quality of care, support for family caregivers (who provide 70% of dementia care), legal and financial issues, public awareness and education, improved data collection and analysis, and medical imperatives like earlier diagnosis, treatment and research efforts.

Without a backbone of state leadership, oversight, and ongoing diligence in implementing and sustaining the Task Force recommendations, this effort would flounder. To prepare to face what is now considered an epidemic or public health crisis, the state's oversight, guidance and facilitation is crucial and requires sustained commitment and full-time attention.

It is essential to aim for no less than the ability of a person diagnosed with dementia, their family and ohana – to find affordable, immediate and coordinated care and services upon diagnosis, until the end of life. There are barriers to this presently, but with collaboration and vital leadership and support, it can be accomplished in our state. The Affordable Care Act and the emerging Person-Centered Care models will help with our efforts to make Hawaii's services, infrastructure and community dementia capable.

I urge you to support all those affected by dementia in Hawaii by voting yes on SB 106.

Thank you and Aloha,

Jody Mishan, Niu Valley