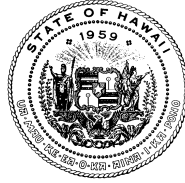


DAVID Y. IGE
GOVERNOR OF HAWAII



CAROLINE CADIRAO
DIRECTOR

BRUCE ANDERSON
DIRECTOR OF HEALTH

STATE OF HAWAII
EXECUTIVE OFFICE ON AGING
NO. 1 CAPITOL DISTRICT
250 SOUTH HOTEL STREET, SUITE 406
HONOLULU, HAWAII 96813-2831
eoa@doh.hawaii.gov

**Testimony COMMENTING on SB 2339, SD1
Relating to Alzheimer's Disease and Related Dementia**

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Testimony of Caroline Cadirao
Director, Executive Office on Aging
Attached Agency to the Department of Health

Hearing Date: February 19, 2020 Room Number: 229
10:00 AM

- 1 **EOA's Position:** The Executive Office on Aging (EOA), an attached agency to the Department
- 2 of Health, is providing comments for SB 2339, SD1 Relating to Alzheimer's Disease and Related
- 3 Dementia (ADRD) and defers to the Department of Health (DOH) as the implementing agency.
- 4 **Fiscal Implications:** This bill is an unfunded mandate. It does not appropriate funds to DOH to
- 5 develop and coordinate the ADRD training program.
- 6 **Purpose and Justification:** Alzheimer's disease is the sixth leading cause of death in the
- 7 United States and it affects 27,000 Hawaii residents, a number that will increase to 35,000 by the
- 8 year 2025. According to the Alzheimer's Association statistics, one in nine individuals over the
- 9 age of 65 years old have Alzheimer's disease and one in three individuals over the age of 85
- 10 years have Alzheimer's disease. Sadly, there is no cure for this disease.
- 11 For persons suffering from ADRD, there is a high demand for in-home care, adult day care,
- 12 assisted living facilities and care homes. There is also a need for skilled nursing facilities,

1 nursing homes, intermediate care facilities, assisted living facilities, respite care, adult foster
2 care, adult day programs, home health care, in-home care, and hospice care. It is important that
3 the staff at these programs and facilities are trained about the basics of dementia and how to
4 work with people with ADRD. With more education and knowledge about the disease, staff will
5 have a better understanding of what individuals with dementia are experiencing and will be more
6 compassionate in caring for them. Our vision for Hawaii is to be a dementia capable and
7 dementia friendly state.

8 **Recommendation:** Rather than requiring DOH to establish a training program as proposed by
9 this bill, EOA recommends that the workgroups who are convening to update the ADRD State
10 Plan include this in their discussions and planning. The workgroups are comprised of many
11 stakeholders from the private and public sectors who will be able to contribute to this objective.
12 We should allow them to build this into their current work.
13 Thank you for the opportunity to testify.



February 19, 2020 at 10:00 am
Conference Room 229

Senate Committee on Commerce, Consumer Protection, and Health

To: Chair Rosalyn H. Baker
Vice Chair Stanley Chang

From: Paige Heckathorn Choy
Director of Government Affairs
Healthcare Association of Hawaii

Re: Submitting Comments
HB 2339 HD 1, Relating to Alzheimer's Disease and Related Dementia

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

We appreciate the opportunity to provide **comments** on this measure. We appreciate the intent of this measure, which is to ensure that healthcare providers are trained to treat patients with Alzheimer's and related dementia. In fact, many of our organizations do provide this training to their workers on age-related, Alzheimer's, and dementia-related care. Our organization has brought in well-regarded experts from the mainland to train our post-acute care members and has hosted several training webinars on this subject. Individual members have also invested in training their staff on this matter, in part because the Centers for Medicare and Medicaid Services requires this training for nurse aides in skilled nursing facilities under 42 CFR 483.95. Since many facilities already provide this training to nurse aides and others, requiring government-mandated training will be redundant in these cases.

We would also appreciate some clarity on a few points, including which facilities this will affect. As written, the bill lists facilities that seem to be the focus of this legislation in the preamble, but there is no definition of who will be included. This would mean that community health centers, acute care hospitals, and outpatient clinics could fall under these requirements. Further, we would appreciate more clarification on how the trainings would be funded, and who would be liable to pay for the trainings. Currently, there is no funding available to run this program at DOH or to help providers cover their increases costs to comply. This program could be very costly to run, especially for post-acute care providers who may be struggling with very narrow profit margins as they care for our vulnerable, under-served populations, such as seniors and homeless individuals.

Phone: (808) 521-8961 | Fax: (808) 599-2879 | HAH.org | 707 Richards Street, PH2 - Honolulu, HI 96813

Our members strive to provide the highest quality of care for patients and their families. We support ensuring that appropriate training and education opportunities are available for healthcare professionals but acknowledge that the funding and resources to provide it are often a constraining factor. We would appreciate further conversation on this measure with all partners to identify the needs and potential steps forward before creating additional requirements.

Our members remain committed to ensuring all patients, including those with Alzheimer's and related dementia, are treated at the highest level. Thank you for the opportunity to comment on this legislation.

alzheimer's association®

ALOHA CHAPTER

1130 N. Nimitz Highway Suite A-265, Honolulu, Hawaii 96817
Phone: 808.591.2771 Fax: 808.591.9071 www.alz.org/hawaii

February 19th, 2020

Honorable Senator Rosalyn H. Baker
Senate Committee on Commerce, Consumer Protection, and Health
Hawaii State Capitol, Conference Room 229, 10:00 A.M.
415 South Beretania Street
Honolulu, HI 96813

RE: SB2339 RELATING TO ALZHEIMER'S DISEASE AND RELATED DEMENTIA.

Dear Chair Rosalyn H. Baker, Vice Chair Stanley Chang, and members of the Committee:

On behalf of the Alzheimer's Association, Aloha Chapter, I am pleased to extend our **support with amendments** for Senate Bill 2339. This measure requires the Department of Health to establish an Alzheimer's disease and related dementia training program for care workers whose work involves extensive contact with participants or residents and specifies training curriculum and continuing education requirements.

At the age of 80, 75 percent of people with Alzheimer's are expected to be admitted to nursing homes, compared with just 4 percent of the general population. People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Here in Hawaii, more than 29,000 individuals live with Alzheimer's disease or a related dementia. This number is estimated to grow to 35,000 by 2025. It is imperative that we address this large and growing need.

We recommend the following amendments:

- Add language from goal 2 of the Hawaii 2025: State Plan on Alzheimer's Disease & Related Dementia to section 1;
- Remove sections 2; and
- Insert language permitting but not requiring that the Executive Office on Aging convene a working group to:
 - Review the best practices of other states as they relate to dementia training requirements in care facilities;

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ALOHA CHAPTER

1130 N. Nimitz Highway Suite A-265, Honolulu, Hawaii 96817
Phone: 808.591.2771 Fax: 808.591.9071 www.alz.org/hawaii

- Make recommendations on standards of training as it relates to hours, learning objectives, which staff the standards should apply to, which care facilities the standards should apply to, and other relevant criteria determined by the working group; and
- Further, permitting the working group to make recommendations on strategies to implement these standards.

I appreciate the opportunity to testify in **support with amendments** of this legislation and applaud your leadership in bringing it forward.

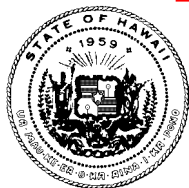
Ian Ross

Public Policy and Advocacy Manager

iaross@alz.org | Phone: (808) 591-2771 x1333

LATE

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 18, 2020

TO: The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 2339 SD1 - RELATING TO ALZHEIMER'S DISEASE AND RELATED DEMENTIA**

Hearing: February 19, 2020, 10:00 a.m.
Conference Room 229, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill and offers comments.

PURPOSE: The purpose of this bill requires the Department of Health to establish an Alzheimer's disease and related dementia training program for care workers with extensive contact with affected participants or residents. This bill specifies training curriculum and continuing education requirements.

DHS appreciates the Legislature's support to address the need for standardized training of "direct service staff" who have extensive contact with participants or residents diagnosed with Alzheimer's Disease and related dementias. As drafted, this bill will negatively impact Certified Nurse Aides (CNAs) employed in state-licensed or state-certified health care settings, or Group 2 employers, who presently receive 24 hours of Continuing Education training hours from certified nurse aide training and competency programs and approved Registered Nurse (RN) Evaluators for biennial re-certification. These two training groups provide Continuing Education trainings on topics relevant to the employment of Group 2

CNAs. Topics include, but are not limited to, personal care skills to maintain elderly, disabled and cognitively impaired (such as Alzheimer's Disease and related dementias), clients in home-like settings, mental health and social service needs and resources, and best practice in the care of clients with diabetes, end-stage renal disease, and clients who are terminally ill. Training programs and RN Evaluators present current dementia trainings to educate Group 2 CNAs how best to work with their residents and participants on a daily basis.

Seeking training and supervision from a third, separate DOH entity only on the topic of Alzheimer's Disease or related dementia will fragment the training resources and be disruptive for the Group 2 CNAs.

DHS suggests that the bill recognize overlapping existing continuing education requirements of CNAs and potentially other professions.

Thank you for the opportunity to provide testimony on this bill.

SB-2339-SD-1

Submitted on: 2/14/2020 10:18:26 PM

Testimony for CPH on 2/19/2020 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lois Crozer	Individual	Support	No

Comments:

SB-2339-SD-1

Submitted on: 2/17/2020 2:35:08 PM

Testimony for CPH on 2/19/2020 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rynette Keen	Individual	Support	No

Comments:

Aloha Mai Kakou:

I am writing in regards to SB2339 SD1, which would require the department of health to establish an Alzheimer's disease and related dementia training program for care workers whose work involves extensive contact with participants or residents through specific training curriculum and continuing education requirements. (SD1)

I took care of my mother, who had both dementia and then Alzheimer's for a total of seven (7) years, until her death in February 2007. At the time, Alzheimer's was just coming into the public arena, and it was challenging to find some that could help me care for her. Training for patient care for these two diseases is essential to provide the patient with the best possible quality of life. Additionally, this training is vital for caregivers to understand the reactions and treatment of such afflicted patients. I firmly ask that you vote in favor of this measure, SB 2339 SD1.

Mahalo,

Rynette K. Keen

Myron B. Thompson School of Social Work

University of Hawaii - Manoa DE

LATE

From: [Rebecca Halloran](#)
To: [CPH Testimony](#)
Subject: Testimony in support of SB2339
Date: Tuesday, February 18, 2020 4:03:28 PM

Dear Chair Baker and members of the Committee,

I am submitting testimony in support of Senate Bill 2339.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

Thank you for the opportunity to testify in support of this bill.

Regards,
Rebecca Halloran

From: [Emily Bustard](#)
To: [CPH Testimony](#)
Subject: Testimony in support of SB2339
Date: Tuesday, February 18, 2020 4:04:01 PM



Dear Chair Baker and members of the Committee,

I am submitting testimony in support of Senate Bill 2339.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

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Thank you for the opportunity to testify in support of this bill.

Regards,
Emily Bustard

LATE

From: [Ashley Curry](#)
To: [CPH Testimony](#)
Subject: Testimony in support of SB2339
Date: Tuesday, February 18, 2020 4:05:21 PM

Dear Chair Baker and members of the Committee,

I am submitting testimony in support of Senate Bill 2339.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

Thank you for the opportunity to testify in support of this bill.

Regards,
Ashley Curry



From: [Joanne foxxe](#)
To: [CPH Testimony](#)
Subject: Testimony in support of SB2339
Date: Tuesday, February 18, 2020 4:08:58 PM

Dear Chair Baker and members of the Committee,

I am submitting testimony in support of Senate Bill 2339.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

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Thank you for the opportunity to testify in support of this bill.

Regards,
Joanne foxxe

LATE

From: [Mary Gadam](#)
To: [CPH Testimony](#)
Subject: Testimony in support of SB2339
Date: Tuesday, February 18, 2020 4:11:38 PM

Dear Chair Baker and members of the Committee,

I am submitting testimony in support of Senate Bill 2339.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

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Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

Thank you for the opportunity to testify in support of this bill.

Regards,
Mary Gadam

From: [Tonya Tullis](#)
To: [CPH Testimony](#)
Subject: Testimony in support of SB2339
Date: Tuesday, February 18, 2020 4:20:06 PM

Dear Chair Baker and members of the Committee,

I am submitting testimony in support of Senate Bill 2339.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

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Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

Thank you for the opportunity to testify in support of this bill.

Regards,
Tonya Tullis

LATE

From: [naomi hokama](#)
To: [CPH Testimony](#)
Subject: Testimony in support of SB2339
Date: Tuesday, February 18, 2020 4:22:19 PM

Dear Chair Baker and members of the Committee,

I am submitting testimony in support of Senate Bill 2339.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

Thank you for the opportunity to testify in support of this bill.

Regards,
naomi hokama

From: [Katrina Sudweeks](#)
To: [CPH Testimony](#)
Subject: Testimony in support of SB2339
Date: Tuesday, February 18, 2020 5:54:19 PM

Dear Chair Baker and members of the Committee,

I am submitting testimony in support of Senate Bill 2339.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

Thank you for the opportunity to testify in support of this bill.

Regards,
Katrina Sudweeks

From: [Nancy Rose](#)
To: [CPH Testimony](#)
Subject: Testimony in support of SB2339
Date: Tuesday, February 18, 2020 4:33:28 PM

Dear Chair Baker and members of the Committee,

I am submitting testimony in support of Senate Bill 2339.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

My father became violent as his dementia progressed; that sort of behavior needs people who are properly trained to be able to work with those patients.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

Thank you for the opportunity to testify in support of this bill.

Regards,
Nancy Rose

From: [POki'i Balaz](#)
To: [CPH Testimony](#)
Subject: Testimony in support of SB2339
Date: Tuesday, February 18, 2020 5:58:10 PM

Dear Chair Baker and members of the Committee,

I am submitting testimony in support of Senate Bill 2339.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

I am a caregiver to my father who has Alzheimer's disease and I care for him at home. In my experiences many paid caregivers that came into my home did not have the training required which resulted in my father not receiving the care he needed and I ended up having to train them.

The SAVVY Caregiver Program which I teach here in Hawai'i is evidence based and is very successful. This program helped me to blossom into a caregiver along with the Dealing with Dementia Program from the Rosalyn Carter Institute.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

Thank you for the opportunity to testify in support of this bill.

Regards,
POki'i Balaz

From: [Rick Tabor](#)
To: [CPH Testimony](#)
Subject: Testimony in support of SB2339
Date: Tuesday, February 18, 2020 5:27:28 PM

Dear Chair Baker and members of the Committee,

I am submitting testimony On behalf of the Alzheimer's Association, Aloha Chapter, in support of Senate Bill 2339.

I'm a licensed mental health counselor & certified cognitive issues specialist with forty-five years experience.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

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Thank you for the opportunity to testify in support of this bill.

Regards,
Rick Tabor

From: [Mark Mizuno](#)
To: [CPH Testimony](#)
Subject: Testimony in support of SB2339
Date: Wednesday, February 19, 2020 1:49:16 AM

Dear Chair Baker and members of the Committee,

I am submitting testimony in support of Senate Bill 2339.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

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Thank you for the opportunity to testify in support of this bill.

Regards,
Mark Mizuno

From: [Barbara Service](#)
To: [CPH Testimony](#)
Subject: Testimony in support of SB2339
Date: Tuesday, February 18, 2020 10:12:36 PM

Dear Chair Baker and members of the Committee,

I am submitting testimony in support of Senate Bill 2339.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

Thank you for the opportunity to testify in support of this bill.

Regards,
Barbara Service