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As caregiving touches everyone, the mission of the Hawai’i Family Caregiver Coalition (HFCC) is to improve the quality-of-life of those who give and receive care by increasing community awareness of caregiver issues through continuing advocacy, education, and training.

Over the years, the Hawai’i Family Caregiver Coalition has supported our community by sponsoring the annual Aging & Disability Issues report, Family Caregiver Awareness Day at the State Capitol, and the annual HFCC Members and Friends Luncheon.

For more information, please email Kathy Wyatt, President, at kwyatt01@aol.com or visit hfccoalition.org.

The Maui County Office on Aging (MCOA) takes the lead role in aging issues on behalf of older persons in Maui County.

As the designated lead agency at the local level, MCOA promotes and protects the well-being of elderly individuals in Maui County.

For more information about MCOA or to request assistance, please call 808-270-7774. MCOA's mailing address is: Maui County Office on Aging, J. Walter Cameron Center, 95 Mahalani Street, Room 20, Wailuku, Hawai’i 96793.

Organized in 1979, the Hawai’i Pacific Gerontological Society (HPGS) is a not-for-profit organization whose mission is “to increase awareness of and interest in the field of gerontology by providing networking and educational opportunities, as well as scholarships to Hawai’i’s workforce or other interested parties to support the creation of needed policies and programs that will enhance the quality and age-friendly services to our kupuna in Hawai’i.”

If you are interested in pursuing this mission, you are invited to join HPGS by visiting at www.hpgs.org. You may also mail inquiries to P.O. Box 3714; Honolulu, Hawai’i 96812, or call Sherry Goya, HPGS Executive Director, at (808) 722-8487.

St. Francis Healthcare System offers a growing spectrum of home- and community-based services to meet the medical and social needs of seniors and family members. Our team is dedicated to caring for Hawai’i’s seniors and families with the following services:

- Adult Day Care (Diamond Head, Manoa, and ‘Ewa)
- Care Coordination (Case Management)
- Caregiver Education and Wellness Classes
- Bathing and Personal Care Services
- St. Francis Hospice
- St. Francis Preschool
- Hale O Meleana (Senior community with memory care at the St. Francis Kūpuna Village)
- Transportation Services
- Outreach to the Homeless in Waianae

We consider it a privilege to carry on the legacy of caring and compassion that began with Saint Marianne Cope and the Sisters of St. Francis, who came to Hawai’i to care for those with Hansen’s disease in 1883.

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By Kathy Wyatt, RN, MSN, MBA, LNHA, President, Hawai‘i Family Caregiver Coalition, Member of the Policy Advisory Board for Elder Affairs

This 2022 issue of Aging & Disabilities Issues is the 17th annual publication that offers an overview of legislative issues dealing with aging, disability, caregiving, and long-term care services and supports in Hawai‘i. This report calls attention to the priority issues that deserve the earnest attention of our lawmakers, advocates, and the public. It is a joint project of the Hawai‘i Family Caregiver Coalition (HPCC), the Policy Advisory Board for Elder Affairs (PABEA), the Executive Office on Aging (EOA), the Hawai‘i Pacific Gerontological Society (HPGS), the Maui County Office on Aging (MCOA), and St. Francis Healthcare System of Hawaii. Their support is gratefully acknowledged.

This report has seven sections:

Section 1 offers an overview of the report, as well as some general observations of the political and economic changes in Hawai‘i in 2022.

Sections 2 through 5 describe the priority issues for the legislature in the 2022 session as designated by the major groups that advocate for the frail elder and disabled populations and their caregivers. The sections explain why these are important issues, and offer background information concerning these issues. The four sections also discuss the specific bills that address these priority areas and their status at the time of writing this report.

Section 6, the Conclusion, provides a brief summary and a look ahead.

Section 7 contains a listing of information, education, and research resources relevant to aging and disability issues that may be helpful to those seeking additional information and education on these topics.

Additionally, personal stories from caregivers regarding the issues they face and the significance of public policies in enabling them to care for their loved ones can be found throughout the report. The stories demonstrate the emotional strains and rewards experienced by our beleaguered caregivers and describe the difficulties any of us could experience when faced with aging or disability. These stories provide a human face to legislative issues by illustrating how they are embodied in the very human experiences of individuals and families.

The Political Context of 2022

As was 2021, 2022 continues to be an enigma. Many continue to work remotely from home, attending numerous virtual meetings to make the virtual world as close to reality as possible and to keep business moving. Many times, we hear, “this is our new reality!” Most of us are staying sequestered in our homes for safety’s sake and have quality time with our loved ones, but other loved ones in care facilities continue to be isolated from us most of the time. We are encouraged to maintain our social connections, but we are instructed to do so either from six feet away or by phone. We’ve been required to walk into restaurants wearing our masks, and can then remove them when our meals arrive, conversing with each other without our masks as we eat our meal. We did have more time for physical activity, but there were and still are restrictions for our parks, beaches, gyms, and recreation areas. At the beginning of the pandemic, there was hoarding and stockpiling of groceries and household supplies as people panicked, not knowing when they would be able to get those items again. Luckily, hoarding and stockpiling has subsided. However, throughout the two years of the pandemic so far, the citizens of Hawai‘i have been admirably generous to those experiencing hardship. This was demonstrated by the tremendous outpouring of food donations on all islands for those who lost jobs and needed to feed their families. Volunteers helped distribute the food by the thousands. Business and healthcare leaders came together to form the Kupuna Vaccination Outreach Group (KVOG), whose purpose was centered around the health and wellbeing of kupuna and other underserved populations by ensuring equitable access to COVID-19 vacci-
nations. They actively worked to minimize disparities and ensure each vaccination strategy was equitable for our communities served, regardless of geographic location, language proficiency, physical or mental abilities, and economic status. Beginning in February 2021, KVOG met weekly to leverage collective resources and organize vaccination efforts to ensure that no kūpuna were left behind. Their efforts were extraordinary and reached many kūpuna that would otherwise have been overlooked. The COVID vaccine supply chain began working smoothly, testing sites were plentiful, and the citizens of Hawai‘i began their climb back to public safety.

Fortunately, programs benefiting kūpuna and persons with disabilities, as well as their caregivers, continued to provide needed services, as we were united in protecting their health and welfare. In 2021, our purpose was to maintain and fortify the foundation built over the last 30 years. In 2022, we will continue to maintain what we have been able to fortify.

According to Caregiving in the U.S. 2020, a report by the National Alliance for Caregiving and AARP, an estimated 53 million family caregivers provide care to a loved one in the United States. In Hawai‘i, there are over 51,000 family caregivers, according to the Alzheimer’s Association. AARP’s 2019 Valuing the Invaluable report notes that caregivers provided approximately 34 billion hours of care valued at $470 billion — more than total out-of-pocket spending on healthcare in the U.S. that year ($366 billion) or all money spent on paid caregiving in 2016 (also $366 billion). In Hawai‘i, caregivers provided approximately 81 million hours of unpaid care, a value of $1.6 billion. The AARP report also notes that, in 2016, family caregivers spent an average of nearly $7,000 on caregiving expenses, such as transportation and home modifications. Research has shown family caregivers report higher rates of loneliness than their non-caregiving peers in midlife and beyond.

Family caregiver support is now firmly established as a national priority with the formation of the RAISE Family Caregiving Advisory Council, which acknowledges that everyone’s quality-of-life is positively impacted by providing support to our often emotionally, financially, and physically exhausted family caregivers. Established by the bipartisan RAISE Family Caregiver Act for which the Hawai‘i Family Caregiver Coalition advocated, the Council has adopted 26 recommendations aimed at establishing a national approach to addressing the needs of family caregivers of all ages and circumstances. The recommendations were included in the Council’s initial report to Congress last year, and serves as the foundation for the National Family Caregiving Strategy that also began last year. The Strategy outlines critical actions that can be taken at federal and state levels by local communities, as well as by health, long-term care services providers, and others to better support family caregivers in ways that reflect their diverse needs. The Strategy focused on areas such as person and family-centered care; assessment and service planning; information, education, and training supports; respite options; and financial and workplace security issues.
The Strategy provides a road map for the nation to strengthen its support and recognition of the critical role family caregivers play in our healthcare and long-term care support systems.

The Hawai‘i Family Caregiver Coalition was pleased to work with the U.S. Department of Health and Human Services to advocate for the appointment of Deborah Stone-Walls, formerly of the Executive on Aging for the Maui County Office on Aging, to the Family Caregiving Advisory Council.

Also, on the federal front, Congress reauthorized the Older American’s Act (OAA) in 2020. This vital federal program serves every community in the country. The OAA connects older adults and their caregivers to services that help older adults age with health, dignity, and independence in their homes and communities. The OAA funds critical services that keep older adults healthy and independent — services like meals, job training, senior centers, caregiver support, transportation, health promotion, benefits enrollment, and more.

Here in Hawai‘i, Governor David Ige and the state legislature supported innovations such as the Kupuna Caregivers Program. The first program of its kind in the nation, Kupuna Caregivers is designed to provide working family caregivers with financial assistance to help pay for costs associated with caring for their elders. The Executive Office on Aging (EOA) is asking the legislature to pass a bill that will combine the Kupuna Caregivers Program with the Kupuna Care Program so both can expand the services they offer and continue to be able to offer working caregivers financial support for the care of their loved ones.

In its Outlook for the Economy 1st Quarter 2022 Report, the Hawai‘i State Department of Business, Economic Development, and Tourism projects that Hawai‘i’s economic growth rate, as measured by real gross domestic product (GDP), will increase by 5.5 percent from $88.185 billion in 2021 to $93.009 billion in 2022. On January 6, 2022, the state of Hawai‘i’s Council on Revenues forecasted State General Fund tax revenues for Fiscal Year 2022 (FY2022) would increase by 15% to $8.338 billion.

Considering the robust economic recovery forecast, the governor and state legislators are exploring initiatives that would provide refund checks of $100 for every taxpayer and each of their dependents; increase the number of doctors doing their residencies on the neighbor islands from five to 50; provide healthcare for another 110,000 residents under Medicaid; build another 3,000 affordable homes by the end of the year; and expand broadband service to rural areas and the neighbor islands.

However, investments in critical services for our rapidly aging population and those with disabilities remain priorities. The efforts of the legislature’s Kupuna Caucus are vital. Representative Troy Hashimoto joined Senator Sharon Moriwaki as co-convenor of the Kupuna Caucus. Their leadership will be instrumental in our endeavors. Now more than ever, aging and disability advocates must be steadfast in ensuring elected officials at all levels of government are committed to our elders and those with disabilities.
Keeping Kūpuna Healthy

Three Services Keep the Elderly Healthy & Active

By Sarah Yuan, PhD
Legislative Committee Member, Policy Advisory Board for Elder Affairs

In our rapidly aging society, a wide range of services has evolved to keep older people healthy and active, and to support them in living in their own homes and community regardless of their ability level. Many of these service programs were initiated by federal and state agencies, while others were developed locally through private and public entities. Much of the funding for these programs comes from federal and state governments, although in Hawai‘i, county governments also provide funding. This section will discuss three such programs:

• Kupuna Care Program
• Aging and Disability Resource Centers
• Healthy Aging Partnership Program

Kupuna Care Program

Hawai‘i’s Kupuna Care Program was established in 1999 to provide long-term services and supports (LTSS) to adults age 60 and over who have a disability such as cognitive impairment and lack access to other comparable services. The program aims to enable older adults to remain in their homes and communities, delaying premature placement to expensive care facilities. Kupuna Care is administered by the state’s Executive Office on Aging (EOA) through the Area Agency on Aging (AAA) in each county, with program services provided by non-profit and for-profit organizations. The program offers nine core services: adult daycare, assisted transportation, attendant care, case management, chores, home-delivered meals, homemaker services, personal care, and transportation. In FY21, the Kupuna Care Program received $8.73 million from state general funds. Currently, the funding has returned to the pre-pandemic level of $9 million and is expected to stay the same next year.

Due to the COVID-19 pandemic and the resulting social distancing and other public health measures, fewer people received Kupuna Care services in FY21. Personal care, homemaker, and adult day care services each dropped about 30%; assisted transportation decreased more than 40%; and chore services reduced by 17%. The exceptions were case management and home-delivered meals, which showed an increase of 2% and 27%, respectively. More than 865,000 meals (an 82% increase) were delivered to nearly 5,000 kūpuna. Many program participants chose to self-quarantine and stop receiving services they still needed. The service delivery system has also seen a significant reduction in its capacity to serve during the pandemic, with many service agencies struggling with financial survival and workforce availability.

The pandemic has put our frail and vulnerable kupuna at increased risks for unmet long-term services and supports (LTSS) needs, social isolation, and loneliness. As Hawai‘i recovers and adapts to new realities, the Kupuna Care Program must be proactive and innovative in responding to the changing landscape of home-and community-based LTSS to support kupuna and their family caregivers. One major change proposed in this legislative session (SB 3113 and HB 2145) is to incorporate the Kupuna Caregivers Program into Kupuna Care to improve administrative efficiency. No additional appropriation is requested for the change.

Aging and Disability Resource Centers (ADRCs)

Older adults, and people with disabilities and their families, are often unprepared when the sudden onset of a severe health condition or sudden decline in functioning occurs. Once faced with the need for LTSS, families find it challenging to navigate the complexities of care systems. ADRCs are designed to simplify the process of obtaining information and accessing services. They reduce the fragmentation of care systems, allowing families to find the care they need without having to sort through the complexities of available services. In Hawai‘i, county ADRCs ensure access to high-qual-
ity care and person-centered services, optimize choice and independence, encourage personal responsibility, and provide support so individuals and their families can make informed decisions about LTSS.

Hawai‘i’s ADRCs are administered by the state’s Executive Office on Aging (EOA) and implemented by each county’s Area Agencies on Aging (AAAs). ADRCs started in 2006 when the EOA received a federal grant to pilot the system and was subsequently supported by funding from several federal grants and Hawai‘i’s state legislature. Since 2016, the ADRC system has been fully implemented statewide, with customized operation by each AAA while adhering to a standard set of functional criteria across counties. The system offers a full range of information on long-term support programs and benefits, conducts the assessment on individuals’ needs for services to maintain independent living in the community, and is a single entry point for Kupuna Care and Older Americans Act (OAA) services.

In FY21, the state’s funding for ADRCs was $3.1 million. The ADRCs received more than 63,000 contacts and conducted nearly 3,000 participant assessments. The pandemic’s impact on ADRCs were mixed: From FY20 to FY21, the number of contacts increased by 29%, but assessments decreased by 28%. As the state continues to recover from the pandemic with more people getting vaccinated, in-home assessments and LTSS authorization and usage are expected to increase in FY22. The EOA has been working on improving ADRC websites for improved outreach and obtaining reimbursements for Medicaid-related activities performed. The state’s biennium budget (FY22 and FY23) for ADRCs was approved for $3.1 million.

Healthy Aging Partnership Program
By Michiyo Tomioka, PhD

The Hawai‘i Healthy Aging Partnership (HHAP) was established in 2003 to improve the health status of older adults by empowering residents to make healthy decisions and engage in healthier lifestyles. HHAP was nationally recognized in 2013 and received the NOMA Award for Excellence in Multicultural Aging from the American Society on Aging. They have received support from multiple funding streams, including grants and state and county budgets. HHAP is a public-private partnership, with largely public funding of private providers who offer the programs to the public. HHAP successfully adapted evidence-based health promotion and disease prevention programs for the multicultural population in Hawai‘i, and has conducted a continuous evaluation of program outcomes. HHAP offers two evidence-based programs: 1) Better Choices, Better Health – Ke Ola Pono (BCBH), a six-week program on the self-management of chronic disease; and 2) Enhance®Fitness, a three-times a week ongoing exercise program designed for older adults.

At the beginning of the COVID-19 pandemic and the statewide stay-at-home order, HHAP had to close all Enhance®Fitness sites and cancel BCBH workshops and training as they were all in-person classes. The HHAP surveyed Enhance®Fitness participants on COVID-19 impacts and found nearly all participants were negatively impacted by the pandemic, and their health status had declined. The findings also showed that kūpuna lacked access to safe and effective health promotion activities. To overcome the challenges caused by the pandemic, HHAP started to offer the programs virtually online or by phone.

Better Choices, Better Health – Ke Ola Pono, also known nationwide as Stanford’s Chronic Disease Self-Management Education, is an evidence-based program where individuals with a chronic or ongoing medical conditions can learn how to manage their health conditions better and improve their quality-of-life. A six-week self-management workshop developed and tested by Stanford University, the workshop does not replace professional medical treatments; instead, it complements and supports them. Participants learn skills in managing their health conditions and interacting with their health care providers. The HHAP offers BCBH via in-person, phone, virtual (synchronous), and online (asynchronous) formats. Over the years, the BCBH has served a total of 3,143 participants. Six-months after completing the (Continued on next page.)
program, the participants reported doing more exercise (increased from 50 minutes to 65 minutes in stretch/strengthening exercise and from 108 minutes to 134 minutes in aerobic exercise); had less aversive symptoms (reduced pain for 23% participants, fatigue 21%, and shortness of breath 32%); and had fewer ER visits (19% decrease). HHAP’s cost-savings analysis estimated a net of $625 per participant.

Enhance®Fitness is an evidence-based group exercise that combines cardiovascular and balance exercises, strength training, and stretching to prevent functional decline in older adults. Classes are interactive and consist of one-hour sessions conducted three times a week by certified fitness-specialized trainers. EnhanceFitness improves cardiovascular fitness, strength, flexibility, and balance, and motivates regular attendance by creating a fun and friendly exercise environment that nurtures relationships among participants. The HHAP offers the program via in-person and virtual formats and has served 1,969 older adults since its inception. The majority of EnhanceFitness participants reported improved lower-body strength (81%), upper-body strength (80%), and transferability (67%). A national EnhanceFitness study estimated a net savings of $945 per participant.

Currently, HHAP partners are also working on getting reimbursement for providing EnhanceFitness to United Health Care members and exploring the possibility of BCBH reimbursement. However, limited funding for HHAP inhibits these programs from continuing and expanding to meet the needs of kupuna.

Despite HHAP’s achievements, state legislature support has been sporadic and has not provided resources to allow the Better Choices, Better Health and EnhanceFitness programs to expand. No appropriation was passed for HHAP in the 2020 and 2021 legislative sessions. Consequently, HHAP is stretching the state appropriation for FY2020, with a small amount of supplemental funding from county appropriations and federal funds through Title IIID, to maintain some program activities. The lack of funding inhibits HHAP from bringing the programs back to full capacity and reaching more older adults and their caregivers to keep them healthy in the community. HHAP is in a critical situation. Without these programs, more older adults will access emergency and acute health services due to falls and chronic diseases. While Hawai’i continues to be the state with the longest life expectancy, the state needs to invest in helping our kupuna maintain good health and age in place.

The same appropriation of $500,000 is requested for the coming fiscal year through SB 2461 SD 1. This appropriation is critically needed to help HHAP keep the statewide coordinator, evaluator, trainers, and instructors. They play critical roles in sustaining HHAP and these successful evidence-based programs.

The HHAP has demonstrated its value to the quality-of-life of our disabled and frail kupuna. It has concrete evidence of financial savings to health care services and public programs serving our community’s frail and disabled members. If these preventive services are reduced or lost due to lack of funding, it will have negative impacts on our vulnerable population and lead to increases in avoidable public expenditures.

**Long-Term Care Ombudsman Program**

By John G. McDermott, LSW, ACSW, M.Div, State Long-Term Care Ombudsman

**Strong Support for SB 2676 and HB 1824**

Our long-term care kupuna are the most vulnerable. Many of them are alone. Family members have moved to another island or the mainland or died. Many are afraid to complain for fear of retaliation. Everything we have we owe to them, but they seem to be for-
complainant doesn’t meet those requirements, there is no investigation. OHCA’s focus is on annual inspections, which clear facilities for a year. OHCA will go in if they receive a complaint but when family and friends couldn’t visit during the COVID-19 pandemic—and confused residents only became more confused—there was no one to make a complaint.

Until recently, the LTCOP had just one SLTCO and a volunteer coordinator. An ombudsman for O’ahu was recently hired and started March 1. While the LTCOP has wonderful volunteers and three neighbor island part-time contractors, volunteers and contractors are not a substitute for staff.

A local ombudsman who lives on the island they serve would be there for evening investigations when called for; there for family councils that meet on the weekends; there for senior fairs; there for multiple, timely, follow-up visits if needed for a complaint investigation; there on a regular basis to establish a rapport and trust with the residents; there to recruit local volunteers; and there to explain the program to the mayor, the county council members, local media outlets, and local senior advocacy groups looking for guest speakers.

The LTCOP started as a demonstration project in 1975. It became federal law in 1978 and a state law in 1979. In 1995, the National Institutes of Medicine recommended a minimum of one full-time ombudsman per every 2,000 residents. Hawai‘i has almost 13,000 LTC residents in 1,779 facilities spread across six islands. For one SLTCO to visit every facility quarterly (the federal requirement) he must be at 30 facilities a day, every day.

SB 2676 and HB 1824 asks for five positions: a full-time, permanent “local” ombudsman for Kaua‘i; for Maui; for the Hilo side and Kona side of Hawai‘i Island; and one more for O‘ahu, which has over 10,000 LTC residents. If this bill passes, the neighbor islands will each have their own local ombudsman after 43 years of waiting, and Hawai‘i will finally meet the 1995 recommended standard which many other states have already achieved.

(Continued on next page.)
COVID-19 Clarifies the Need

Because family and friends were not allowed to visit during the COVID-19 pandemic, many residents with dementia declined dramatically. An ombudsman has access to residents 24/7 to ensure kupuna needs are being met.

COVID-19 also made it very clear why having an ombudsman on each island is the right thing to do. There were no flights to the neighbor islands during the worst of the pandemic. Car rentals were difficult to find and expensive. The SLTCO couldn’t get to facilities to check on our kupuna.

When the SLTCO flies to a neighbor island, TSA security protocols require he be at the airport 90 minutes before departure, which wastes three hours on a roundtrip, not including time for the flight itself, time to pick up a rental car, and time to drive to the facilities. All of this leaves less than four hours on the island. If the SLTCO wants to talk to as many residents as possible, he needs at least two hours in each facility. Much of the time wasted would be recouped by an ombudsman who lives there.

Our O‘ahu kupuna need more staff to advocate for them. Our Neighbor Island kupuna and their families have been waiting a long time for a local SLTCO. Let’s not make them wait any longer.

COVID-19: What’s Next?

By Kathy Wyatt, RN, MSN, MBA, LNHA, President, Hawai‘i Family Caregiver Coalition, Member of the Policy Advisory Board for Elder Affairs

In the early part of 2021, as COVID-19 vaccines were being developed and distributed, an amazing partnership was formed under the leadership of Keali‘i Lopez (AARP), Derrick Onishi (Elderly Affairs Division), and Caroline Cardirao (Executive Office on Aging), with Lindsey Illigan (Hawaii Public Health Institute) as facilitator and convener. The partnership provided vaccine barrier reduction services to over 10,000 kupuna, which included appointment scheduling and registration, transportation, translation/interpretation, on-site/in-home vaccine administration, and more. The partnership included 43 members from state organizations, healthcare, charitable and non-profit organizations, and many more. For a complete list of members, visit hiphi.org/kupuna-vaccination-outreach-group. The group met weekly for many months, coming together as the Kupuna Vaccine Outreach Group (KVOG) to gain a better situational awareness of kupuna-related vaccine efforts, allocate resources, identify gaps and opportunities, coordinate across groups, and propose solutions. As a result, 100% of kupuna 65 and older statewide have been “fully vaccinated,” and over 72% have had a third dose.

The partners continue to share lessons learned and best practices with other groups, recognizing solutions that work for kupuna may also benefit other disproportionately affected populations and the community at-large. A sub-group of KVOG also continues to coordinate in-home vaccinations, both initial and boosters, through March 2022, meeting kupuna where they are.

Because of the tremendous success of the KVOG partners, they joined other kupuna-serving coalitions to form the Kupuna Collective, which brings together a collaborative network of partners who elevate critical issues, mobilize community assets, and drive innovative solutions that support and empower kupuna. The Kupuna Collective envisions all generations in Hawai‘i thriving in a vibrant, age-empowered society that maximizes health, independence, and engagement of kupuna. Through the Kupuna Collective, the group continues to stay connected, and is ready to respond to future COVID-19 needs related to kupuna vaccine access and beyond.

Because of these efforts, what has been relearned is that we are all ‘ohana here in Hawai‘i, and we will go to great lengths to make sure we take care of our kupuna. As such, legislators are encouraged to carefully consider all bills during the current session related to the services and care of our kupuna, as all of these bills are important.

What’s next with Covid-19? Nobody on earth can really predict where it will go next. New variants are reported almost daily, some worse than what we’ve seen and some milder. No matter the case, Hawai‘i is prepared to face whatever comes at us in the future.
Feeding Maui Nui: AlohaPlates2GO

A Food Security Partnership

By Kevin Dusenbury
Maui County Office on Aging

Due to the COVID-19 pandemic, the staff at the Maui County Office on Aging (MCOA) quickly recognized an increased demand for food security within the older adult population across Maui County. Response activities included the authorization of home-delivered meals; transition of congregate dining to home delivered meals; and the procurement of Meals Ready to Eat (MREs) for program participants and caregivers within the community. The meal service providers, which include Kaunoa Senior Services and Mom’s Meals, pivoted incredibly quickly to meet the increased demands.

As the pandemic pressed on and concerns regarding food security continued to be shared with the staff at MCOA, the leadership team developed an innovative approach to aid the community’s older adults as well as local food establishments. In collaboration with the Maui Food Technology Center, MCOA developed Feeding Maui Nui: AlohaPlates2GO.

Eligibility was based on age and program participants were targeted based on the greatest social, economic, and food security needs. Those who qualified and registered for the program received vouchers for participating food trucks on a monthly basis. Program participants were also provided information about nutrition and exercise with their packet of vouchers. From July 2020 through December 2021, a total of 919 participants received 50,559 meals at 34 food trucks across Maui and Moloka’i through this innovative program. Eligible residents on Lāna’i were provided home-delivered meals through Kaunoa Senior Services and Mom’s Meals. Of those served, 68% were at high nutrition risk per the nutrition screen completed prior to participation in the program. Of program participants, 35.9% were at or below federal poverty guidelines. Feeding Maui Nui also provided an economic stimulus to local food establishments that were impacted financially by the pandemic. The meals served had a value of $500,465. According to service delivery data, the top five most popular food establishments over the course of the program were Mrs. K’s Concession, Kalei’s Lunch Box, Mike’s Catering, A Taste of Molokai, and Kanemitsu Bakery.

In addition to Feeding Maui Nui, the MCOA leadership team worked with the Maui Food Technology Center to provide Mahalo Meal vouchers to caregivers on Maui and Moloka’i in recognition of National Family Caregivers Month in November 2021. Registered caregivers on Lāna’i received gift cards for groceries at the two local markets on the island. Mahalo Meals and the grocery gift certificates on Lāna’i provided family caregivers with nutritious food and recognition for the care they provide to their loved ones. While family caregivers are traditionally recognized during the MCOA’s Annual Caregivers Conference, the event was postponed again in 2021 due to the pandemic.

To learn more about the Maui County Office on Aging, our services, or general program eligibility, please visit www.mauicountyadrc.org or call us at (808) 270-7774.

Chronic Family Health Issues the Norm

By Evan Kharrazi, Lifelong caregiver; Founder, ChillTime TV; Co-Host, Caring Podcast; Kidney Fund Ambassador; Professional Dancer, Certified Integrative Nutrition Health Coach

From the day I was born, my bunk buddy was my brother, who had daily treatments for cystic fibrosis. When I was 17, my mom started receiving chemotherapy for breast cancer. And in 2017, I got a call that my dad had a seizure 3,000 miles away from home, unrelated to his diabetic seizures — he was diagnosed with brain cancer. Taking care of someone else was just a way of life, and thankfully, my brother, mom, and dad are still here today.

At the start of COVID, I lost my job in the hotel industry, but there a silver lining. I finally had the time to recover my health from balancing caregiving and my professional career. I put dance back into my life and set out on a mission to uncover how diet can reverse chronic conditions.

I started [studying] nutritional science, and regained a sense of autonomy for my health. Uncovering how purposefully misinformed we are as consumers led me to pursue my nutritional coaching certification.

I am here to take my life experience and education to give caregivers the tools and guidance to rebound your health, even when life seems to throw you off track.
Aid to Caregivers

Kupuna Caregivers Program
By Sarah Yuan, PhD
Legislative Committee Member, Policy Advisory Board for Elder Affairs

About seven baby boomers are turning 65 every minute in the U.S. Our local population is aging even more rapidly and living longer than any other state. In 2016, 17% (or about 244,000) of Hawai‘i residents were age 65 years or older. By 2030, when all baby boomers are age 65 or older, Hawai‘i’s older adult population is projected to increase to 23% (or nearly 369,000). As our state’s demographic makeup is changing, so is the way we provide care for our kupuna.

When given a choice, most kupuna prefer aging at home. Our extended ‘ohana are often incredible caregivers, but providing that care can create financial and emotional stress. In 2021, the annual median cost of home health care in Hawai‘i was $68,640, 11% higher than the national average (Genworth Cost of Care Survey). Our caregivers need assistance too. Many caregivers make the difficult decision to leave their job or reduce work hours to care for an aging family member.

In 2017, our legislators passed HB 607, which Governor Ige signed into law as the Kupuna Caregivers Program (KCGP), (Act 102, 7/6/2017). In the current legislative session, a major program change has been proposed in SB 3113 and HB 2145 to incorporate KCGP into the Kupuna Care Program to improve administrative efficiency. The KCGP is administered by the Executive Office on Aging (EOA), with services delivered by the county Area Agencies on Aging (AAAs) and their contracted service providers.

Purpose: The KCGP helps make long-term care for our kupuna more affordable and provides the helping hand caregivers so desperately need. The program helps working caregivers pay for adult daycare, assisted transportation, homemaker services, personal care, or other designated services. It allows caregivers to continue earning their retirement benefits, helps businesses retain experienced workers, and provides caregiver peace-of-mind that their loved one is being cared for while working.

Qualifications: Currently, eligible caregivers must be employed at least 30 hours a week by one or more employers and provide direct care to a care recipient who is a U.S. citizen or a qualified alien 60 years of age or older. The bills SB 3113/HB 2145 propose lowering the hours employed to 20. Criteria for care recipients remain the same: they must not be covered by any comparable government or private home- or community-based care service (excluding Kupuna Care) or reside in a long-term care facility. They must have impairments of at least two activities of daily living (ADLs), or instrumental activities of daily living (IADLs), or a combination of both; or substantive cognitive impairment requiring substantial supervision.

Program Funding: The program was funded at $0.6 million for the second-half year of FY18; $1.2 million for FY19; and $1.5 million for FY20. Due to the COVID-19 pandemic, the 2020 legislative session was interrupted and ended without passing the KCGP funding bill. No appropriation bill for KCGP was introduced in 2021 and 2022, and EOA intends to use Kupuna Care funding to support the continuation of KCGP. Currently, KCGP service coverage is a maximum of $210 per week per participant, reduced from the original $70 per day so that the program may serve more working caregivers (Act 126, enacted in 2019). Bills SB 3113/HB 2145 propose to remove the weekly rate to align with the Kupuna Care Program.

Program Impacts: In FY20, the KCGP served 125 working caregivers—a 9% increase from the previous year. An evaluation study showed that at the time of program application, 40% of caregivers reported having provided care for five or more years; half spent 40 or more hours in caregiving during the past week; and 40% were sole caregivers. These caregivers’ average age was 57 years old, and almost 80% lived with the care recipients. The findings showed the caregivers had a significant decrease in the “objective” and “stress” burden scores from intake to follow-up (6 – 12 months later). Overall, the KCGP has shown to effectively keep working caregivers in the workforce while reducing their caregiving burdens.
Paid Family Leave
By Gary Simon, Past President, Hawai‘i Family Caregiver Coalition & Chair, Policy Advisory Board for Elder Affairs

Why Paid Family Leave? Demographic data helps identify the problem in Hawai‘i. Forty percent of Hawai‘i’s workforce provides care for older parents, and family caregivers provide 70% of all care for frail elderly persons. Furthermore, unpaid leave under the federal Family and Medical Leave Act is inaccessible for 56% of Hawai‘i residents.¹

In November of 2019, the Hawai‘i State Legislature released a legislatively-mandated report on the viability of creating a paid family leave program in Hawai‘i. A revised version of the report was released in December of 2019.² The report has helped inform proposals by legislators in the 2022 legislative session.

SB 3316, introduced by Senator Brian Taniguchi, Chair of the Senate Committee on Labor, Culture, and the Arts, and HB 2407, introduced by Representative Aaron Ling Johanson, Chair of the House Committee on Consumer Protection and Commerce, propose providing employees with up to eight weeks of paid family leave during the first year after the birth, adoption, or foster care placement of a child; and eight weeks of paid family leave to care for an employee’s family member with a serious health condition during any benefit year, paid through an employer-based private insurance program currently used to provide temporary disability benefits. SB 2312 and HB 1506 propose requiring the Department of Labor and Industrial Relations to establish and administer a family leave insurance program. SB 2312 and HB 1506 also propose providing family leave insurance benefits and extending the period of family leave to 16 weeks for businesses that employ one or more employees who meet the hourly qualifications.

We strongly encourage the legislature and the governor to pass a strong paid family leave law. Employees need subsidized time off to care for a newborn, newly adopted, or foster child, or for an ill or disabled family member. Paid family leave guarantees that employees can cover the basic costs of living while providing care to family members when they need it most.

References

Caregiver Education: You Don’t Know What You Don’t Know
By Kathy Wyatt, RN, MSN, MBA, LNHA
President, Hale Hau’oli Hawai‘i

Providing care for a loved one can be challenging, especially for someone with Alzheimer’s disease or other dementias. Frequently beginning their caregiving journey with no experience and little or no training, family caregivers can be understandably overwhelmed by their new responsibilities. They don’t know what to expect as their loved one’s dementia progresses, so they don’t know what questions to ask to prepare themselves for what lies ahead. With no experience or education on the issues, the caregiver will experience stress, uncertainty, fear, frustration, and a myriad of other emotions. One of the most effective ways to help ensure the highest quality of care for those with dementia is through caregiver education. Learning about the disease and knowing what to expect can help caregivers feel more in control and better able to cope and plan ahead.

Current statistics issued by the Alzheimer’s Association show that 29,000 people age 65 and older are living with Alzheimer’s disease in Hawai‘i. For people age 45 and older, 8.5% have subjective cognitive decline. There are 51,000 family caregivers caring for someone with Alzheimer’s, so they bear the brunt of the disease in Hawai‘i. These caregivers provide 81 million hours of unpaid care at a value of $1.6 billion. The cost of Alzheimer’s disease to the state Medicaid program is $240 million. Imagine what it would cost the state without the contribution of family caregivers!

There are many organizations that offer quality caregiver education. Educational sessions have continued to be offered to family caregivers at no cost to the caregiver throughout the pandemic via Zoom and other virtual venues. Hale Hau’oli Hawai‘i, the Alzheimer’s Association, The Caregiver Foundation, the Hawai‘i Parkinson Association, and AARP offer online training. Hale Hau’oli Hawai‘i (Continued on next page.)
and AARP collaborated to offer weekly one-hour sessions in November 2021 to caregivers on all islands.

A non-profit organization, Hale Hau’oli Hawai’i has educational workshops and caregiver support groups. It also acts as a resource hub for other educational opportunities with other organizations.

Previous Hale Hau’oli Hawai’i educational workshops were recorded and are available on their website at www.halehauolihawaii.org, where caregivers can go to refresh their memories any time they feel stressed.

The Caregiver Foundation provides seniors, disabled adults, and their caregivers training on caregiving, aging, and financial management, as well as island-wide caregiving support with educational components. Many resources can be found on their website at www.thecaregiverfoundation.org.

The Alzheimer’s Association – Aloha Chapter provides a wide variety of programs and services, including educational programs for caregivers, community groups, and professionals, as well as online caregiving training. The Aloha Chapter also offers caregiver support groups that include educational components. Their website is www.alz.org/hawaii.

On a national level, the Alzheimer’s association is sponsoring a bill to provide caregiver education through qualified organizations that would receive grants to develop and offer caregiver education.

The Hawai’i Parkinson Association has annual symposiums where a leading specialist on the disease answers patient and caregiver questions. The organization also provides caregiver support with educational components. Their website, www.parkinsonshawaii.org, lists education and caregiver support group locations.

AARP offers caregiver education programs and online training and education for both new and experienced caregivers. Educational topics can be found on their website at www.aarp.org.

Another excellent resource for family caregivers is the Senior Information and Assistance Handbook, a publication of the Elderly Affairs Division, Department of Community Services, City and County of Honolulu. The handbook is updated periodically.

Receiving education and training for caregiving, learning practical caregiving approaches, and using local caregiving resources are important strategies. A caregiver once said that she was exhausted taking care of a family member who had dementia and was very frustrated. It seemed it was a continuous battle to get their loved one to do anything. After she went through a caregiver educational session, she learned that arguing with someone with dementia is pointless and just causes stress for them and for the caregiver. She learned so many coping skills and life got a lot easier. Armed with the resources needed to continue to provide safe, effective care for their loved ones, and the knowledge that there is help in the community to assist them, caregivers can be successful in their caregiving jour-
CAREGIVER STORY

From Hurt to Healing

By Taryn Moura

Being a caregiver isn’t easy. But sometimes we have no choice. Growing up, I wasn’t aware I was caregiver. When I was age 6, my younger sister was born with a birth defect called a bilateral cleft lip, which led to numerous surgeries under the age of 3 and lots of care after. To me, I helped where I needed because that’s how we were raised. Sometimes, it was just simple chores around the house. Other times, I would even help my mom cook dinner. It wasn’t easy raising two young ones while my dad was working. Things got more complicated when my mom got into a car accident. The vehicle behind her had rammed into the back of her car. She suffered back injuries that led to surgery, and that was the start of the hardest part of my caregiving journey. As a teenager, I would attend school, then once I came home, I would help my mom with things around the house, make sure my sister was taken care of when she wasn’t feeling well. Again, I didn’t think anything of it; I thought it was normal.

Over a period of 15 years, my sister would spend days and up to weeks in the hospital off and on. I would attend numerous doctors’ appointments with her. I would speak with nurses constantly, to ask questions about the medications. Those were the difficult moments in my caregiving journey because I still had a hard time understanding some things. I always had to make sure she wasn’t mixing medications that could potentially make her sicker—all that added to the other health issues she dealt with on a daily basis, for she was also a type 2 diabetic, which already required a bunch of different medications. To top it off, she was a drug addict. So, the situation wasn’t easy to deal with when you’re only 17. For the next eight years, I would go through emotional ups and downs from arguments not just with her, but with doctors as well. But through those moments, I learned a lot of great lessons that helps me every day to be a parent.

I found I was pregnant with my daughter in October, just six months after my mom had passed, and although I was so happy and overjoyed, I was also extremely scared and emotionally lonely. I wasn’t able to call her when I needed the “mom can I ask you something?” moments. Our family had a hard time getting through Mother’s Day in May and my birthday in July. So to find out we were having a baby will still be one of the greatest moments I will hold. It gave me a small sense of closure to such a sad loss during that time.

I just can’t believe so much time has passed. We celebrated mom’s 10-year anniversary on April 27, 2021. I know how proud she would be of me today. She was one of the most giving people I knew, even though she didn’t have much. That resonates with me till this day. I wanted to give back, but I didn’t know how. They say God works in mysterious ways, and he sure did when the opportunity came to start a home business with a direct sales company in 2019 selling skin care and makeup. I said yes not knowing one year later we would be at the start of a worldwide pandemic. It was such a crazy time and brought me back to those moments of being in a caregiver role. Not being able to see your loved ones just broke my heart—I’m not sure if I would have been able to handle that. Then I thought about the doctors and nurses that cared for my mom, that still work at the hospital my mom joked was her “other home.” I wanted to say thank you in any way I could, so I created “Mahalo Box” sets to gift to different departments at the hospital to thank the caregivers for what they do. It was the first big thing I did to honor my mom and it was a success. Other opportunities have opened, like the event in which I collaborated with Gimme a Break Hawaii. I’m so happy I can continue to give back to caregivers at various events in person and virtually. I have also been able to start a chapter on the Island of Kaua‘i and share my caregiving story. You know the saying, “time heals everything”—well, it’s true. I heal every time I meet someone I can help.
Disability Issues

By Gary Simon, Past President, Hawai‘i Family Caregiver Coalition & Chair, Policy Advisory Board for Elder Affairs

Issues that affect both people with disabilities and older adults exist. Members of the Hawai‘i Family Caregiver Coalition (HFCC) have joined forces to address these issues. Issues that affect only older adults, or only people with disabilities, also exist. HFCC advocates for these two individual populations as well. This section describes measures being discussed in the 2022 legislature that may not be addressed in other sections of this report.

Service Animals

The regulation, or lack thereof, of service and other emotional, comfort, and support animals continues to be a major problem for many in the community. The proliferation of fake service animals by individuals wishing to access environments that prohibit the presence of pets is well documented. Act 217 of 2018 established a civil penalty for knowingly misrepresenting an animal as a service animal and conformed Hawai‘i law with the definition of “service animal” under the Americans with Disabilities Act of 1990. In 2022, bills have been introduced to offer more clarity to the service/assistance/emotional support animal issue.

SB 2002, introduced by Senator Karl Rhoads, Chair of the Senate Judiciary Committee, proposes to codify the administrative rule definition of “assistance animal”; clarify the type of verification an individual may provide to substantiate a reasonable accommodation request for a specific assistance animal; and specify that possession of a vest or other distinguishing animal garment, tag, or registration document commonly purchased online and purporting to identify an animal as a service animal or assistance animal does not constitute valid verification of a disability-related need for an assistance animal as a reasonable housing accommodation.

SB 2438 and HB 1944 propose requiring that a disclaimer be provided by sellers or providers of emotional support animals or certificates, identifications, tags, vests, leashes, and harnesses for emotional support animals that the animal is not a service animal. HB 2271, introduced by Representative James Kunane Tokioka, defines “assistance animal” for purposes of the state’s fair housing laws and clarifies the type of verification a person with a disability must provide to request an assistance animal as a reasonable housing accommodation.

Community Living

Several bills have been introduced to improve the lives of people with disabilities. SB 2437 and HB 1945 require the Department of Human Services to establish a blind and visually impaired service pilot program that provides training and other services to blind or visually impaired individuals residing on the neighbor islands.

SB 2540 requires private businesses selling goods and services to the public, including retail malls and shopping centers, to provide a minimum of six percent of its parking spaces for persons with disabilities.

Employment First is a framework for systems change centered on the premise that all citizens, including individuals with significant disabilities, are capable of full participation in integrated employment and community life. SB 2875, HB 1622, and HB 1787 propose establishing Employment First as a state policy with respect to persons with disabilities; requiring state and county agencies to implement this policy in hiring and all programs and services administered or funded by the state or counties; and applying Employment First principles to Medicaid home- and community-based waiver programs.

The casual observer might think the worst consequence of poor dental health would be lost teeth. But some studies have linked common oral problems to illnesses, including heart disease, stroke, diabetes, premature birth, osteoporosis, and even Alzheimer’s disease. In most cases, the strength and exact nature of the link is unclear, but they suggest dental health is important for preserving overall health.

SB 1294 and HB 1754 appropriate funds to reinstate the basic package of diagnostic, preventive, and restorative dental benefits to adult Medicaid enrollees.

Individuals who are deaf or hard of hearing at any age face many challenges in receiving information conveyed in an auditory manner. Hearing impairment can impose a social and economic burden on individuals and families. In adults, hearing impairment often makes it difficult to obtain, perform, and maintain employment. It also makes it difficult to respond to warnings or hear doorbells and alarms, as well as to understand and follow a physician’s advice and directions.
Hearing impairment can lead to depression, withdrawal, or isolation, as it can be hard to make conversation with friends and family, leading to frustration or embarrassment.\(^3\) **SB 1140** amends the newborn hearing screening statute to mandate reporting of diagnostic audiologic evaluation results to improve hearing follow-up of infants. **SB 2024**, introduced by Senator Jarrett Keohokalole, Chair of the Senate Health Committee, and **HB 986 HD 1 SD 1** require diagnostic audiologic evaluation results of newborn hearing screening evaluations, or for infants whose hearing status changes, to be provided to the Hawai‘i State Department of Health. **SB 2439 SD 1** proposes requiring health insurance policies and contracts issued after December 31, 2022 to provide coverage for purchases of medically necessary hearing aid models, including analog, digital, and digitally programmable with standard features per hearing impaired ear every 36 months.

**Health, Education, and Human Services**

Several bills also have been introduced to advance programs and services to improve the health, education, and welfare of people with disabilities.

**HB 1814** and **SB 2647** propose establishing a temporary fetal alcohol spectrum disorders task force within the Department of Health; requiring a report to the legislature; and establishing a fetal alcohol spectrum disorders special fund consisting of federal funds and interest earned on those funds, which would be administered by the Department of Human Services. The task force will develop guidelines and recommendations for governmental support of individuals having fetal alcohol spectrum disorders, including guidelines and recommendations for outreach, treatment, and resource identification; teaching protocols, with assistance from the Department of Education; pathways by which state departments may implement policies and procedures to the foregoing guidelines, recommendations, and teaching protocols.

**HB 2498**, introduced by Representative Tokioka, and **SB 2748**, require the Department of Health to submit a request as allowed by federal code to the U.S. Department of Education to allow parents of children with a disability to continue receiving early intervention services after the child turns three years of age and until the child enters kindergarten.

**SB 2919** requires the State Council on Developmental Disabilities to submit a report focused on health disparities experienced by individuals with disabilities in Hawai‘i to the legislature before the regular session of 2023.

**HB 1914** requires the Department of Education to construct and implement sensory rooms for children diagnosed with autism spectrum disorder in all public schools.

**Information Technology Accessibility**

As society, including government programs and services, becomes increasingly digital, persons with disabilities are at risk of being left behind. Many could be forced out of fully participating in their communities and in state programs and services. Implementation of new digital technologies and procedures must be consistent and ensure that these technologies are accessible to individuals with disabilities.

**SB 2144** requires all electronic information technology developed, purchased, used, or provided by a state entity will be made accessible to persons with disabilities. **SB 2381** proposes that by state policy, electronic information technology developed, purchased, or provided by the state shall be accessible to and usable by individuals with disabilities equivalent to access and use by individuals without disabilities; requiring the Disability and Communication Access Board to develop, review, and revise electronic information technology disability access standards; and, requiring all state entities to incorporate the disability access standards into their development and procurement policies and processes within a specific timeframe. **SB 2436** and **HB 1542** requires each house of the legislature to establish procedures that enables the legislature to use remote testimony at legislative committee hearings; enable the public to present oral testimony at legislative committee hearings through remote testimony; and accommodate persons with disabilities though remote testimony.

**Recognition and Awareness**

More than 66,000 working age persons with disabilities reside in the state of Hawai‘i. Almost 40% of these residents are currently employed. **HB 2289** proposes designating the month of October as “Disability Awareness Month: Employment, Enrichment, and Inclusion” in recognition of the employment challenges and success stories of persons with disabilities in our state.

We strongly encourage our lawmakers to pass legislation promoting the inclusion, involvement, and independence of Hawai‘i’s persons with disabilities. Let us ensure these individuals and their families have access to the services and supports they need to grow, develop, and participate in our island communities.

**References**


Retirement Years

SB 3289: A Common Sense Proposal to Keep Kūpuna from Retiring into Poverty

By Craig Gima
AARP Communications Director

My first job out of college paid just $12,000 a year. But it had a 401K, which allowed me to save money for retirement — maybe $25 to $50 a paycheck — because the money was taken out before I got a chance to spend it. And believe me — I was in my early 20s and single — I spent every cent of what was left in my paycheck.

It’s just common sense. If we give more workers the ability to save money for retirement through payroll deduction, more people will save and all of us will be better off — especially taxpayers, because more kupuna with savings means less spending on expensive government social programs to help kupuna without savings.

A Hawai‘i Retirement Savings Task Force report confirms this. Appointed by the legislature, the task force heard from national experts and local small businesses and recommended that the state create a state-facilitated retirement savings program. The report estimates there are 215,000 workers in Hawai‘i who don’t have the ability to easily save at work through payroll deduction.

Lack of retirement savings is a huge problem across the country and in Hawai‘i. A survey done for the task force found that 72% of Hawai‘i working voters are concerned about having enough savings for retirement and 83% are concerned a lack of savings will lead to more kupuna being on public assistance.

If we don’t do something to improve savings rates, Hawai‘i is looking at $1 billion to $2 billion in increased social services costs over the next 15 years, according to a University of Hawai‘i study. Let’s say that again — $1 billion to $2 billion — in increased taxpayer costs.

Doing nothing is not an option. It will lead to increased pressure on the legislature to increase taxes or cut essential services.

The 2022 state legislature is considering SB 3289, which would implement the recommendations of the task force and create a state-facilitated automatic IRA savings program. The program would be a public-private partnership, much like existing college 529 payroll savings programs. The state’s responsibility is to pass legislation to establish the program and create a board to oversee it. The state would not hold nor invest worker’s money. The funds would be held and invested by experienced private financial services companies. Workers would have individual Roth IRA accounts that would go with them if they change jobs.

What’s being proposed is not new and has been proven to work in other states. Oregon, California, and Illinois have established auto-IRA programs. So far, about 440,000 workers have saved more than $410 million that they wouldn’t have saved without payroll deduction. Maryland and Connecticut are scheduled to launch this year, and Virginia, New York, New Jersey, Maine, Colorado, and New Mexico are not far behind.

Oregon’s program, the first in the nation, has been in operation since 2017. Roughly 70% of workers offered a chance to save at work open retirement savings accounts. Even lower-income workers start saving when offered an easy way to save. The average amount saved each month is $166, and the average income of savers is less than $29,000 a year. In California, a higher cost of living state, participants save an average of $150 a month and the average income of savers is $25,000.
ings for our employees,” said Eric Wong, co-owner of Loco Moco Ewa Beach and Wiki Wiki Drive Inn. “The program proposed for Hawai‘i makes sense for the employer and the employee.”

A survey done for the task force found eight out of 10 small businesses think the legislature should create an auto-IRA savings program and would participate if a program was offered to them.

SB 3289 is crossing over to the House. The only way we can get legislation to pass is to show lawmakers their constituents want something done. We’re asking other kupuna nonprofits and voters to email or call their house representative and tell them to pass SB 3289 this year. Interested voters can go to action.aarp.org/hisaves to send an email.

To us, passing SB 3289 is a no-brainer. The estimated cost is just $4 million to $5 million spent over seven years with the potential to save the state more than $1 billion over the next two decades. After seven years, program fees should cover the operating cost going forward so the state shouldn’t have to spend any more money. The return on investment is huge.

Small businesses benefit because they can offer a savings program that can help them keep workers. Taxpayers benefit because increased savings means fewer kupuna will need taxpayer-funded social services. Most importantly, workers and their families will get a chance to save their own money for a secure financial future. Giving them the ability to easily save at work means they will be able spend time with their grandchildren and travel, and not have to worry about retiring into poverty.

CAREGIVER STORY

It’s All About ‘Ohana

By Jennifer Andres

I am a wife, a mom of four, a grandma to one, and a caregiver to my parents. I would like to share with you my caregiving journey. In 2020 when this pandemic hit, I was thrown for a loop just as a lot of you probably were. Schools shut down and I was out of work. I immediately became a teacher, counselor, caregiver, taxi driver, business owner, and served as mom, and wife, and the list goes on!

During the pandemic, I was schooling my two children, caring for my toddler, my mom (who was diagnosed with lung cancer), and my dad (who suffered from multiple strokes as well as hip surgery). Days were overwhelming at times and restless nights were plenty.

In April 2020, I signed up as a consultant with Rodan & Fields to make income as I could not leave my parents or family’s side. I am so grateful as that side business helped us through some really rough patches! Caregiving is not easy, but at the same time, it is so rewarding.

Since August of 2021, I had to make a hard decision and return to my profession as a school nurse. Although I miss caregiving for my parents, I believe there is a season for everything. I am blessed to have had the opportunity and time I would never have had. I’ve witnessed their highs and their lows. I’ve been able to be that shoulder they could lean on, cry on, and so much more. For that I am truly grateful! The memories will last me a lifetime! Thank you to my heavenly Father, Gimme A Break,” my husband, and my children for being that strength for me when my vessel was empty. To all of my fellow caregivers…reach out and talk to someone. We are all in this together.

*Gimme a Break Hawaii (gab808.com) is a non-profit whose mission is to care for caregivers by giving an emotional and physical break, as well as resources for well-being, including weekly support sessions and education on wellness, counseling, nutrition, fitness, legal assistance, etc.
Conclusion: Positive Actions Bring Positive Outcomes

By Kathy Wyatt, RN, MSN, MBA, LNHA, President, Hawai‘i Family Caregiver Coalition & President of Hale Hau‘oli Hawai‘i

The Legislative Process

Sections 2 through 6 of this publication illustrate the kinds of aging and disabilities issues legislators face each and every year. At the beginning of each legislative session, a great number of bills are presented in these subject areas. However, within a brief period of time, the number of viable bills rapidly decreases as they are either not heard by committees or are deferred indefinitely. Advocates must be prepared at the very beginning of a legislative session to respond rapidly to identify and support favorable legislation and to testify rationally and robustly in opposition to legislation deemed harmful to kūpuna or persons with disabilities.

Advocacy

Effective, successful advocacy is comprised of six key elements:

1. **Teamwork.** As an individual, an advocate needs to join organizations effective in creating changes aligned with the individual’s goals and welcoming of the individual’s contributions, no matter how great or limited those contributions might be. Similarly, stakeholder agencies and organizations need to ally, collaborate, and partner to effect change. Advocacy is a joint venture. Find allies and work with them. The potential for success is much greater when a number of organizations and people are on your side. Ensure that you and your allies have the same message. The collective voices of multiple groups can be the fundamental and vital difference in demonstrating the critical mass demanding change. Avoid completely dismissing an organization which might disagree with some items on your legislative agenda. If the organization is in favor of any of your issues, then it is an ally. The relationship you build may benefit your future advocacy efforts. Additionally, representatives of the organization might be inclined to hear your rationale on issues where your positions differ.

2. **Relationships with legislators and their staff.** Nurture relationships. The difference between success and failure is personal, face-to-face contact (if possible during this time of pandemic) or personal phone contact with key legislators and their legislative staff to educate them about important issues. Make your voice heard. Say mahalo. Remember that our legislators and their staff are busy during the legislative session and that their time is limited and valuable.

3. **Testimony.** Demonstrate broad support for bills being heard with a substantial number of clear, concise, compelling, and convincing written testimonies and attendance at legislative committee hearings, either in person or virtually.

4. **Statistics.** Know and use the facts. Increasingly, the need for services and the effectiveness of programs must be demonstrated clearly via solid scientific evidence and reliable data.

5. **Personal stories.** Personal stories can matter as much as statistics. Dramatic stories spark change effectively and can be a great source of clout for advocates. Presenting real life stories of actual people and putting faces on kūpuna or persons with disabilities is the most powerful method to influence legislators and have them seriously deliberate the consequences of their actions. The effectiveness of personal stories is amplified if the person telling the story is a constituent or is someone the legislator personally knows.

6. **Incremental change.** Advocates must take advantage of opportunities for incremental change and then build upon these. Press for whatever incremental advances are politically possible at any given time. Never give up. Continue to push. Exercise strategic patience. Prepare for the eventuality when the window of opportunity that change agents have been cultivating arises.

The Silver Tsunami, with its many thousands of additional elders and unprecedented numbers of the very old, arrived in the 1990s. This tsunami has not yet peaked. Thirty percent of Hawai‘i’s total population, (approximately 475,000
individuals) will be 60 or older by the year 2035. The fastest growing segment of the population are those who are 85 and older. They are the ones who will have the larger number of chronic conditions because these accumulate over time and with age. These kūpuna are at risk for the highest rates of Alzheimer’s disease and other dementias, and have the highest care needs. Fewer caregivers will be available. Tremendous stress will be placed on the system of care. The majority of the care that the “oldest old” currently receive outside of institutional settings is informal care from family.

The state and federal governments have taken significant leaps with the establishment of the Kupuna Caregivers Program and the RAISE Family Caregiver Advisory Council in the recent past. However, even if all the legislation described in this report were enacted, it would not meet all the needs of Hawai‘i’s next generation of elders and persons with disabilities. We must continue to think five to 10 years ahead, and beyond.

The Challenges
We must strongly consider and robustly address five challenges:

1. How do we create cohesive, comprehensive, coordinated, efficient, purposefully-built wide networks and systems of support for caregivers and their care recipients, ones that will meet the needs of all our island populations, especially in rural areas which are often inadequately and poorly served?

2. How many professionals and paraprofessionals are required to meet the care needs of our kūpuna and disabled?

3. How will we develop (i.e., recruit, educate, continuously educate, retain) the necessary numbers of professionals and paraprofessionals, as well as provide appropriate training for family caregivers?

4. Given the limitations of both state and federal government ability to finance programs and services, how can government develop more extensive and effective partnerships with the private, for-profit sector to meet colossal and enormous future needs?

5. We recognize that older adults play a key role in building strong, resilient communities. Community members learn from the successes, failures, joys, and difficulties of kūpuna. How can we encourage kūpuna to connect and engage with the community to support and inspire others?

We are called to:

- Intensify our work to overcome the challenges of the Silver Tsunami;
- Advance, enact, and (when prudent) adjust policies and programs that work not just for the present, but for a future where never have so many lived so long; and
- Develop strategies and implement systems that support the health, safety, and independence of our aged and disabled, and their family caregivers.

Currently, the COVID-19 pandemic threatens the policies and programs that protect the welfare of our kūpuna and persons with disabilities. Regardless of the crisis at hand, their health and well-being must always be secured as a continuing facet of a just society.

References


* Ibid.

* Ibid.


In July of 2019, my wife Beverly had a stroke. After several months, she recovered well enough to get around on her own, walking, and taking the bus. In December of 2020, she became disoriented and fell three times while walking. Bev was hospitalized for four days under observation and diagnosed with a neuro cognitive condition. She was discharged and came home, and I began my rookie year as a caregiver. Our daughter Gillian is our primary backup. We have ongoing support from friends and family in Hawai‘i and Massachusetts. Since I was of retirement age, I quit my job and retired.

I knew we needed a lot of help. Our healthcare system was the starting point. We met with Bev’s geriatrician for two hours and left with a thick packet of informational brochures from service providers both local and national. One of my first contacts was with Project Dana, an organization which provides support and services to Hawai‘i’s kūpuna and their caregivers. Maria Morales and Germaine Kiyomoto-Isara jointly coordinate the caregiver support group. The group is made up of active caregivers and graduates whose loved ones have passed on.

Soon I was participating in Zoom meetings, learning about topics such as home health care, respite and residential care, cancer prevention, health care fraud, end-of-life preparation, and many other things.

Meanwhile, we were in year two of the Covid-19 pandemic. Isolation was a problem. We had put in an application for adult daycare in our neighborhood, but there was a waiting list. In June of 2021, Kathy Wyatt of Hale Hau‘oli Hawai‘i spoke to our support group. She provided a list of adult daycare centers on O‘ahu. As a result, we were able to place Bev in day care in Nu‘uanu Valley, where she grew up. She started daycare in July four days a week, meeting her needs for socialization, exercise, singing, and arts and crafts — even origami!

The daycare is 13 miles away so we use the drive time to listen to golden oldies and Bev sings along. When by myself, I listen to audiobooks like *The 36-Hour Day*, which is about caregiving.

Beverly and I are so grateful for the support we’ve had from all sectors of our community. We trust that support will always be there for future caregivers and their loved ones.
By Walter Kuwasaki

My mom, Yoshie Kuwasaki, was still working full-time in her 60s when she was diagnosed with dementia. She would be in and out of work until she eventually had to quit because she could not keep up when the company switched to using computers. I recall her having to write down people’s names and dates when we visited the graveyard to help herself remember. Mom also did not learn to use a microwave or phone on her own. She has lived with me since her diagnosis, and her safety at home is a priority. I slowly fixed our home to add grab bars and railings since mom kept falling. I stopped her from cooking after she left the stove on.

Mom has slowly declined for the past 30 years since her diagnosis. Medication has helped manage the symptoms of dementia, but now, she cannot complete the puzzles she likes to do. I also see her smiling at other people at church, but I know she cannot recognize their faces and doesn’t know their names anymore.

I was also the primary caregiver for my aunt for four years. She lived alone in her own home and kept falling, so I convinced her to move in with me and mom after a second hospitalization. For a while, my aunt was able to help care for mom by helping with meals and keeping her company. She quickly declined, however, until she could not walk. I reached out for help and secured Meals on Wheels and bathing services for my aunt. I was working full-time at the time, so the nutritious prepared meals eased my burden. I did not have to use my lunch hour to return home and serve their meal.

Juggling caregiving for two people and working full-time became overwhelming. We were able to afford in-home care services, but the stress and burden led me to retire from my job in March 2020. We also decided to place my aunt in a foster care home where she lived until her death in November 2020. Now, I am solely caregiving for mom. I decided to join Project Dana’s “Caring for the Caregiver” support group program, where I engage and connect with other caregivers. I especially value learning and applying strategies other caregivers have shared in group meetings. Various professionals and organizations also visit group meetings and their presentations have broadened my knowledge of caregiving. I am incredibly grateful for Project Dana for the services and support they provide to caregivers.

Walter and his mom Yoshie Kuwasaki
Information, Education & Research Resources

Public & Nonprofit Agencies

Hawai'i Aging and Disability Resource Center
The Hawai'i Aging and Disability Resource Center (ADRC) helps older adults, individuals with disabilities, and family caregivers find options for long-term supports and services available in the state of Hawai'i. The ADRC is a highly visible and trusted source where people of all incomes and ages can turn for information. ADRC staff will help determine if you are eligible for government paid programs, assist you in finding providers you may pay for yourself, and work with you to develop an individual plan for meeting your future long-term care needs. Qualified assistance is paid for by the state and counties at no cost to you.

Phone: (808) 643-ADRC (808-643-2372)
TTY Line: (808) 643-0889
Email: adrc@doh.hawaii.gov
Website: hawaiiadrc.org

Executive Office on Aging
The Executive Office on Aging (EOA) is the designated lead agency in the coordination of a statewide system of aging and caregiver support services in the state of Hawai'i, as authorized by federal and state laws. The federal Older Americans Act establishes an Aging Network and provides federal funding for elderly caregiver support services. Chapter 349 of the Hawai'i Revised Statutes establishes the Executive Office on Aging as the focal point for all matters relating to older adult needs and the coordination and development of caregiver support services within the state of Hawai'i.

Caroline Cadirao, Director
250 South Hotel Street, Suite 406
Honolulu, Hawai'i 96813

Phone: (808) 586-0100
Email: adrc@doh.hawaii.gov
Website: health.hawaii.gov/boa

Elderly Affairs Division
City & County of Honolulu
Derrick Ariyoshi,
County Executive on Aging
Kapalama Hale
925 Dillingham, Suite 200
Honolulu, Hawai'i 96817
Information and Assistance
Senior Helpline: (808) 768-7700
Website: www.elderlyaffairs.com/site/1/home.aspx

Hawai'i County Office of Aging (HCOA)
Kahi Malama, A Place of Caring
William Horace Farr,
Acting County Executive on Aging
Website: www.hcoahawaii.org

Aging and Disability Resource Center
1055 Kino'ole Street, Suite 101
Hilo, Hawai'i 96720-3872
Phone: (808) 961-8600
Email: hcoa@hawaiiantel.net

West Hawai'i Civic Center
74-5044 Ane Keohokalole Highway
Kailua-Kona, Hawai'i 96740
Phone: (808) 323-4390

Kaua'i Agency on Elderly Affairs
Kealoha Takahashi,
County Executive on Aging
Pi'ikoi Building
444 Rice Street, Suite 330
Lihue, Hawai'i 96766
Phone: (808) 241-4470
Email: elderlyaffairs@kauai.gov
RSVP (Volunteer Program): rsvp@kauai.gov
Website: www.kauai.gov/Elderly

Maui County Office on Aging (MCOA)
Rowena Dagdag-Andaya,
County Executive on Aging
95 Mahalani Street, Room 20
Wailuku, Hawaii 96793
Phone: (808) 270-7774
Email: mcoa.adrc@mauicounty.gov
Website: www.mauicountyadrc.org

Hana Senior Center
5101 Uakea Street, Building G
Hana, Hawai'i 96713
Phone: (808) 248-8833

West Maui Senior Center
788 Pauoa Street, Suite 103
Lahaina, Hawai'i 96761
Phone: (808) 270-4387

Moloka'i
290 Koloa Place, Suite 1
Kaunakakai, Hawai'i 96748
Phone: (808) 553-5241

Lana'i Senior Center
309 Seventh Street
Lana'i City, Hawai'i 96763
Phone: (808) 565-6818

AARP Hawai'i
Keali'i Lopez, State Director
1001 Bishop Street, Suite 625
Honolulu, Hawai'i 96813
Toll-Free: 866-295-7282
Email: hiaarp@aarp.org
Website: states.aarp.org/hawaii

CareSift
Founded by healthcare professionals and social workers, CareSift takes a personalized approach to matching seniors with care providers. By working one-on-one with both caregivers and seniors, CareSift ensures the provider selection process and transition to care go smoothly from the first visit to final paperwork. CareSift works with all levels of care and offers a single source for all senior care needs.

Phone: (808) 400-9992
Toll-Free Number: (844) 559-7624
Email: placements@caresift.com

Disability and Communication Access Board
Kirby Shaw, Executive Director
1010 Richards Street, Room 118
Honolulu, Hawai'i 96813
Main Office Phone:
(808) 586-8121 (Voice)
(808) 586-8162 (TTY)
(808) 586-8129 (Fax)
Email: dcab@doh.hawaii.gov
Website: health.hawaii.gov/dcab

Call DCAB toll free from your county:
Hawai'i County: 974-4000 ext. 6-8121#
Kaua'i County: 274-3141 ext. 6-8121#
Maui County: 984-2400 ext. 6-8121#
Moloka'i & Lana'i: 1-800-468-4644 ext. 6-8121#
Gimme a Break
Gimme a Break is a non-profit whose mission is to care for caregivers by providing emotional and physical breaks, as well as resources for continued well-being.
Phone: (808) 754-3787
Email: info@gab808.com
Website: gab808.com

Hawai'i Family Caregiver Coalition
Kathy Wyatt, President
Email: kwyatt01@aol.com
Website: hfccoalition.org

Hawai'i Pacific Gerontological Society
Rick Tabor, President
P.O. Box 3714
Honolulu, Hawai'i 96812
Sherry Goya, HPGS Executive Director
Phone: (808) 722-8487
Email: sgoyallc@aol.com
Website: hpgs.org

Medicare Nursing Home Compare
Nursing Home Compare has detailed information about every Medicare- and Medicaid-certified nursing home in the country. A nursing home is a place for people who cannot be cared for at home and need 24-hour nursing care.
Website: www.medicare.gov/nursing-homecompare/search.html

National Alliance for Caregiving
Established in 1996, NAC is a dedicated to improving the quality-of-life for friend and family caregivers and those in their care by advancing research, advocacy, and innovation.
1730 Rhode Island Ave., NW, Suite 812
Washington, DC 20036
Phone: (202) 918-1013
Email: info@caregiving.org
Website: www.caregiving.org

Project Dana
Project Dana is a Faith in Action program that provides a variety of services to the frail elderly and disabled to ensure their wellbeing, independence, and dignity in an environment of their choice. Support comes from a corps of trained volunteers guided by the principle of “Dana,” which combines selfless giving and compassion without desire for recognition or reward. Project Dana recruits and trains volunteers across the state to assist the frail and elderly with:
- Friendly visits
- Respite services
- Transportation to medical appointments, grocery shopping, and religious services
- Telephone visits
- Minor home repairs, light housekeeping
- Home safety assessment/education
- Family caregivers support

Volunteers are sensitive to diverse cultures and traditions. They receive initial and continual training and education from the project and are managed by trained volunteer coordinators from partner congregations.
Cyndi Osajima, Executive Director
902 University Avenue
Honolulu, Hawai'i 96826
Phone: (808) 945-3736
Email: info@projectdana.org
Website: www.projectdana.org

St. Francis Healthcare System of Hawaii
2230 Liliha Street
Honolulu, Hawai'i 96817
Phone: (808) 547-6500
Email: info@stfrancishawaii.org
Website: www.stfrancishawaii.org

Educational & Research Institutions
The University of Hawai'i at Mānoa

Center on Disability Studies
University of Hawai'i at Mānoa
1410 Lower Campus Road, #171F
Honolulu, Hawai'i 96822
Phone: (808) 956-5142
Email: cdsweb@hawaii.edu
Website: cds.coe.hawaii.edu

Center on Aging
University of Hawai'i at Mānoa
Myron B. Thompson School of Social Work & Public Health
Gartley Hall
2430 Campus Road
Honolulu, Hawai'i 96822
Phone: (808) 956-5001
Email: uhcoa@hawaii.edu
Website: www.hawaii.edu/aging

Center on the Family
University of Hawai'i at Mānoa
2515 Campus Road, Miller Hall 103
Honolulu, Hawai'i 96822
Phone: (808) 956-4132
E-mail: cof@ctahr.hawaii.edu
Website: uhfamily.hawaii.edu

Elder Law Center
University of Hawai'i at Mānoa
William S. Richardson School of Law
Professor James H. Pietsch, Director/Attorney
2515 Dole Street, Room 201
Honolulu, Hawai'i 96822
Phone: (808) 956-6544
Web: www.hawaii.edu/uhelp/index.html

Ha Kūpuna
National Resource Center for Native Hawaiian Elders
University of Hawai'i at Mānoa
Myron B. Thompson School of Social Work & Public Health
Kathryn Braun, DrPH, Principal Investigator and Director
Rachel Burrage, PhD, Co-Investigator
Yanyan Wu, PhD, Researcher
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Website: manoa.hawaii.edu/hakupuna

Public Policy Center
College of Social Sciences - University of Hawai'i at Mānoa
Colin Moore, Director
Saunders Hall, Room 723
2424 Maile Way
Honolulu, Hawai'i 96822
Telephone: (808) 956-4237
Email: ppcsec@hawaii.edu
Website: publicpolicycenter.manoa.hawaii.edu

Image Description:
A photograph of a red flower, possibly a sunflower, with its vibrant petals spread out against a blurred background.

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