

Aging & Disability Issues 2024

A Guide for Hawai'i's Legislators, Organizations & Citizens





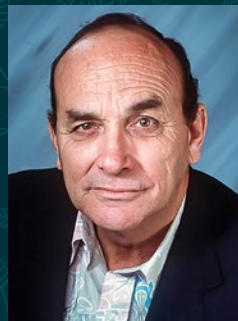
Cover photo: Hawai'i Island sunset

In Memoriam

The 101 confirmed lives lost
in the Lahaina Wildfires

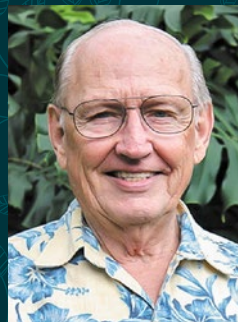


State Senator Whitney Anderson
Dec. 8, 1931 – Nov. 25, 2023



First Lady Rosalynn Carter
Founder, Rosalynn Carter
Institute for Caregivers
Aug. 18, 1927 – Nov. 19, 2023

The Reverend Samuel "Sam" Cox
Feb. 24, 1933 – Aug. 17, 2023



State Senator Sam Slom
Apr. 13, 1942 – May 21, 2023

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**About AARP Hawai'i,
the Hawai'i Family Caregiver Coalition,
& the Hawai'i Pacific Gerontological Society**



AARP is a social mission membership organization serving the needs of adult residents and their families. Serving 150,000 members in Hawai'i, AARP Hawai'i advocates at the state legislature, offers access to information and resources, and provides meaningful volunteer opportunities that empower people to create positive change in their lives.



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 kwyatt@aol.com, or visit hfccoalition.org.



hawaii pacific gerontological society

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 in which to support the creation of needed policies and programs that will enhance the quality and age-friendly services to our Kūpuna in Hawai'i."

If you are interested in pursuing this mission, you are invited to join HPGS by visiting us online 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.

Introduction & Overview

By **Kathy Wyatt, RN, MSN, MBA, LNHA**, President, Hawai'i Family Caregiver Coalition; Member, Policy Advisory Board for Elder Affairs

This 2024 issue of the Aging and Disability Issues report is the 19th 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 serious attention of our lawmakers, advocates, and the public. It is a joint project of the Hawai'i Family Caregiver Coalition (HFCC), AARP Hawai'i, the Policy Advisory Board for Elder Affairs (PABEA), the Executive Office on Aging (EOA), the Hawai'i Pacific Gerontological Society (HPGS), and the Maui County Office on Aging (MCOA). Their support is gratefully acknowledged.

This report has seven sections:

Section 1 provides an overview of the report, as well as general observations of the political and economic changes in Hawai'i in 2024.

Sections 2 through 5

discusses the priority issues for the Legislature in the 2024 session as designated by the major groups that advocate for the frail elder and disabled populations and their caregivers. Among these groups are the Hawai'i Family Caregiver Coalition, AARP, Policy Advisory Board for Elder Affairs, and Kupuna Caucus. These sections explain why they are critical issues and offer background information concerning these issues. Also discussed are the specific bills that address the priority areas and their status at the time of this writing.

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.

Additionally, personal stories from caregivers regarding the issues they face to care for their loved ones can be found

throughout the report. These stories demonstrate the emotional strains and rewards experienced by our struggling caregivers and describe the difficulties any of us could experience when faced with aging or disability. These poignant 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 2024

In Governor Josh Green's State of the State address, he stated, "although we have faced great challenges and suffered even greater loss over the past year, we have come together as one 'ohana to recover and heal. The state of Hawai'i is strong." These are poignant words, and Hawai'i has shown the true spirit of aloha.

The economic projection was down to 1.3 percent growth, but because the decision was made to reopen West Maui, the
(Continued on next page.)

projection rose to an amazing 4 percent growth! That decision resulted in almost \$500 million in revenue to our state to help meet the challenges Hawai‘i faces and will face in the near future. These challenges include but are not limited to housing for the displaced survivors on Maui, programs addressing the healthcare workforce shortage, homelessness, and making Hawai‘i and the housing market more affordable.

While the general outlook toward Hawai‘i’s economy is positive and the post-pandemic recovery is largely complete, the Maui wildfires will affect legislative outcomes this year. So much is needed to help rebuild the Lahaina community, find housing for those displaced, and reestablish services needed by the community in general that legislative priorities will most certainly be focused on appropriating funding for these areas. Rebuilding Lahaina will take a long time, and how this will happen is still not clear. However, there are funding needs for other issues in Hawai‘i as well, and these will be discussed in the articles found in Sections 2 – 5.

According to a report by Carl S. Bonham from the Economic Research Organization at the University of Hawai‘i (UHERO), “the economy will downshift this year, and support for growth will increasingly come from local sources, including a robust construction sector that will be bolstered by Maui rebuilding.”

Hawai‘i’s annual tourism numbers in 2023 were up slightly over 2022 and strong visitor spending has helped Hawai‘i’s economy show positive performance. Looking forward, though, growth rates will be constrained by slow population and labor force growth. The shortage of labor continues to be a challenge for Hawai‘i’s economy. Interest rates and mortgage rates remain high, which will cause sales in the real estate market to remain low. The Maui wildfires have had an enormous impact on our economy, but Hawai‘i remains strong. As a community that works together, we can look optimistically to the future for positive outcomes.

This year, there is emphasis on issues related to kūpuna and caregivers. Investments in critical services for our rapidly aging population, those with disabilities,



and family caregivers are top priorities. Family caregivers, who Senator Mazie Hirono says, “are the backbone of our long-term care system,” provide \$600 billion in unpaid labor each year. There are 65.7 million caregivers in the United States, including 154,000 here in the state of Hawai‘i. Family caregivers save the state millions of dollars by helping to keep kūpuna out of expensive care homes, assisted living facilities, and skilled nursing homes. For these reasons, caregivers will be the beneficiaries of legislation that is being passed through. One such bill is **HB 1769**, relating to a refundable Family Caregiver Tax Credit. Family caregivers spend thousands of dollars out of pocket caring for their loved ones and could use help. **HB 1768**, which establishes a Family Leave Insurance Program would extend family leave benefits to 16 weeks for those employed by small businesses. The elderly population, which continues to rise at an alarming rate, will benefit from several bills that are being discussed. **HB 1771** appropriates funds for the Hawai‘i Healthy Aging Partnership. **HB 1772** appropriates funds to support a Senior Fall Prevention Campaign. **HB 1773** requires that law enforcement be given training materials on dementia so they can better handle emergencies that occur with those suffering from dementia. **HB 1774** establishes a Silver Alert Program—much like Amber Alert—which will help locate missing persons who are 60 years or older, those suffering

from dementia, are cognitively impaired, or are developmentally disabled.

The Executive Office on Aging is co-leading an effort on long-term care reform with State Senator Sharon Moriawaki. The Council of State Governments (CSG) has a contract to support states that want to advance long-term care workforce issues. A gathering of long-term care champions will come together to discuss: best practices around system reform for both home and community long-term care services and supports as well as institutional care; innovative approaches to person-centered long-term care; and workforce models and practices. Bills supporting these efforts include **SB 2343**, which is a long-term care master plan; **SB 3224**, which addresses state supplemental payment for care homes; and **SB 3225**, concerning healthcare workforce development. Additionally, the EOA issued its 2023 – 2027 State Plan on Aging, which is directed at enabling seniors to age well.

The Legislature’s Kupuna Caucus, convened by Senator Moriawaki and co-convened by Representative Cory Chun, are strongly supporting many of the bills favoring kūpuna and caregivers. Their leadership will be instrumental in our efforts to encourage other elected officials at all levels of government to be committed to our elders and those with disabilities, even as they face other issues being brought before the Legislature this session.

Keeping Kūpuna Healthy

THREE SERVICES KEEP THE ELDERLY HEALTHY & ACTIVE

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 rapidly and living longer than any other state. By 2030, when all baby boomers are 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 changes, so does how we care for our kūpuna. A wide range of services has been developed to keep older people healthy, active, and safe, and supporting them to live in their homes and communities regardless of their ability level. Federal and state agencies initiated many of these service programs, while others evolved through local private and public partnerships. Much of the funding for these programs comes from federal and state governments, although in Hawai'i, county governments also provide funding.

Kupuna Care Program & Kupuna Caregivers

Hawai'i's Kupuna Care (KC) program was established in 1999 to provide long-term services and supports (LTSS) to adults age 60 and over with a disability such as cognitive impairment or lack of access to comparable services. The program aims to enable older adults to remain in their homes and communities, delaying premature placement to expensive residential care facilities. In 2017, a new Kupuna Caregivers (KCG) program was established to support working caregivers. The KCG helps make LTSS for kūpuna more affordable and provides the help caregivers so desperately need. It enables caregivers to continue earning their retirement benefits, helps businesses retain experienced workers, and provides peace of mind to the caregiver that their loved one is being



cared for while they work. In 2022, KCG was incorporated into the KC program to improve administrative efficiency.

KC/KCG is administered by the state's Executive Office on Aging (EOA) through the Area Agency on Aging (AAA) in each county, with non-profit and for-profit organizations providing program services. The program offers nine core services: adult day care, assisted transportation, attendant care, case management, chores, home-delivered meals, homemaker, personal care, and transportation.

In FY23, about 6,100 older adults were served through KC, a 22% decrease from the previous year. Workforce shortages continued to pose challenges to the delivery of LTSS, as reflected in the reductions in the annual number of people receiving personal care (-7%); homemaker services (-7%); chore services (-35%); and adult day care (-17%). Home-delivered meals decreased 95% due to the reopening of congregate meal sites and the end of state fiscal recovery funds. KC saw an increase in case management (31%); assisted transportation (10%);

and transportation services (9%) in FY23. The increases were attributed to family members returning to work post-pandemic, improved acceptance by older adults, and the enhanced capacity of these specific services.

In FY23, Kupuna Care received \$8.5 million in EOA's base budget. The Governor's biennium budget (FY24 – FY25) will provide the same amount of funding in FY25, pending the Legislature's decision on whether 10% or 15% budget cuts across departments is necessary.

Aging & Disability Resource Centers (ADRC)

Older adults, 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 needing long-term services and supports (LTSS), families find navigating the care systems challenging.

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Aging and Disability Resource Centers (ADRCs) are designed to simplify obtaining information and accessing services. ADRCs also reduce the fragmentation of care systems, recognizing that the care needs of older adults and people with disabilities are often similar. Through a single coordinated system, a county's ADRC can ensure access to high-quality 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 the counties' Area Agencies on Aging (AAAs). ADRCs started in 2006 when the EOA received a federal grant to pilot the system, which was subsequently supported by funding from several federal grants and state legislative appropriations. 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; assesses 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 FY23, the ADRCs received approximately 41,600 contacts through phone calls, emails, and walk-ins. The number

went up 82% from the previous year (FY22), approaching the number of contacts (87%) reported in FY21. However, the demand for LTSS assessments decreased by 13% from its peak in FY22. The ADRCs conducted more than 3,800 assessments and authorized services for individuals who needed community-based long-term care. The need for ADRC assessments is expected to increase as the state's aging population grows. The Governor's biennium budget (FY24 – FY25) will provide \$3.1 million for ADRCs in FY25, pending the Legislature's decision on whether a 10% or 15% budget cut across departments is necessary.

Healthy Aging Partnership Program

By Michiyo Tomioka, PhD

The Hawai'i Healthy Aging Partnership (HAP) was established in 2003 to improve the health status of older adults by empowering residents to make healthy decisions and engage in healthier lifestyles. Hawai'i HAP was nationally recognized in 2013 and received the Network on Multicultural Aging (NOMA) Award for Excellence in Multicultural Aging from the American Society on Aging. The Partnership has received support from multiple funding streams, including grants and state and county budgets. It is a public-private partnership with primarily public funding of private providers who offer the programs to the public. Hawai'i HAP offers two evidence-based health promotion and disease prevention programs—Better Choices, Better Health (Ke Ola Pono) and Enhance®Fitness—for the multicultural population of Hawai'i. Ongoing evaluation of these programs ensures that they are delivered as intended (*i.e.*, implemented with fidelity) and achieve expected outcomes.

Better Choices, Better Health (BCBH)

Also known as Stanford's Chronic Disease Self-Management Education, BCBH is an evidence-based program where individuals with chronic or ongoing medical conditions learn how to manage their health conditions better and im-

prove their quality-of-life. A six-week self-management workshop developed and tested by Stanford University, the workshop does not replace professional medical treatments, but complements and supports them. Participants learn to manage their health conditions and interact with their healthcare providers. The Hawai'i Healthy Aging Partnership offers BCBH via in-person, phone, and virtual (synchronous) formats. Over the years, the BCBH has served a total of 3,223 participants. Six months after completing the program, participants reported doing more exercise (increased from 50 minutes to 66 min-



Hawai'i County BCBH workshop

utes in stretch/strengthening exercises, and from 106 minutes to 132 minutes in aerobic exercises); had less aversive symptoms (reduced 22% in pain, 22% in fatigue, 32% in shortness of breath, and 13% in stress); and had fewer ER visits (decreased by 15%). The cost-savings analysis estimated a net savings of \$655 in healthcare spending per participant.

EnhanceFitness

EnhanceFitness is an evidence-based group exercise program to prevent falls and functional decline in older adults. Classes are interactive and consist of one-hour sessions conducted three times a week by certified fitness-specialized trainers. The program aims to improve participants' cardiovascular fitness, strength, flexibility, and balance, and motivates regular attendance by creating a fun and friendly exercise environment. The Hawai'i Healthy Aging Partnership offers EnhanceFitness via in-person and virtual formats, and has served 1,873 older adults since its inception. The program serves many returning participants as they enjoy spending time with their class-

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CAREGIVER STORY

A Caring Daughter, Wife, & Mother

Submitted by Gimme a Break

Roseline "Rosie" Alipio-Young is our 2023 Caregiver of the Year! Rosie's entry helped to raise over one hundred dollars for Gimme a Break, a non-profit organization whose mission is to care for caregivers by giving an emotional and physical break, as well as resources for continued well-being

Rosie is a mother, daughter, and wife. She is a caregiver who always has a kind heart and a beautiful smile. When her husband Daron had to have his leg amputated, she became the rock that held her family together.

"Caring for my husband has been a challenge for us both," shared Rosie, "especially since he lost his leg and getting up and down stairs to our place is a struggle. He's the love of my life and I would do anything for him!"



As a mother, Rosie has been a constant support and haven to her children, and as a daughter, she always makes herself available to her parents. After years of caregiving, she continued to gather strength by attending weekly support sessions with Gimme a Break, which helped keep her wellness in balance, to survive and to hold her marriage together through stressful times.

Rosie is truly a caregiving angel who has been a volunteer for Gimme a Break for the past four years and is joined by Daron as well. Did you know that Daron is really Santa Claus? Both he and Rosie [his trusty reindeer!] brighten everyone's holiday at Gimme a Break's yearly Caregiver of the Year Gala.

Today, both Rosie and Daron give from their hearts to caregivers in so many ways, paying it forward with love and kindness. They are an AMAZING pair, with a strong faith and love for each other. They are living examples of caregiver survivors on a mission. It is truly an honor to award Rosie as the Gimme a Break Caregiver of the Year!

We are all caregivers; we all have a story that can inspire others to continue learning and to be better. Your story matters! Join the community of caregivers at Gimme a Break today and learn to survive your journey with a beautiful smile, like Rosie's!



mates. Kūpuna showed improvements in their fitness checks: 20% increase in lower-body strength, 18% increase in upper-body strength, and 13% increase in transferability. The estimated net health-care savings was \$544 per participant.

Legislative proposals

Despite the proven achievements, Hawai'i HAP struggles to obtain funding from the State Legislature. The Legislature has been sporadic in supporting the Hawai'i HAP and has yet to provide resources to allow the programs to expand. The Legislature has not passed any appropriations for Hawai'i HAP for four years since the 2020 legislative session.

The lack of funding inhibits Hawai'i HAP from returning the programs to maximum capacity and reaching more kūpuna and their caregivers to keep them healthy in the community. Hawai'i HAP is in a critical situation. Without these programs, more kūpuna will access emer-



Kaua'i County EnhanceFitness Class

gency 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 kūpuna maintain good health and age in place. With the urging of senior advocacy groups, the Kupuna Caucus has introduced two bills in the 2024 session to fund the HAP.

Two Healthy Aging Partnership-related bills are **SB 2470** and **HB 1771**, which request \$600,000 for FY25. This appropriation is urgently needed for Hawai'i HAP to retain the statewide coordinator, evaluator, trainers, and instructors. These personnel are critical in sustaining Hawai'i HAP and its impactful evidence-based programs.

Retirement Years

AN AGE-FRIENDLY HAWAII

Workforce Innovations for Hawai'i's Economic Resilience: Eldercare Workforce Planning for 2030 & Beyond

By Kendi Ho, Christy Nishita, PhD, Cullen Hayashida, PhD, & Caroline Cadirao

The U.S. is continuing to experience a dramatic global population shift where for the first time, the number of older adults match and will eventually exceed the younger generation of millennials. In Hawai'i's Generational Economy, 2021 projections show 25.3% of Hawai'i's population will be 65 and older by 2060 (Mason and Abrigo, 2020). Older adults in Hawai'i will need more intensive and focused attention as Hawai'i outpaces U.S. longevity rates. In 2018, Hawai'i's life expectancy from birth was 82.3 years versus 78.7 years for the U.S.

At the same time, the general U.S. fertility rate has been declining for decades (CDC, 2022), which has consequential repercussions for eldercare. Fewer children are being born who can later serve as family caregivers, and therefore, there is an even greater need for a qualified workforce. This confluence of demographic factors will result in ever growing numbers of elders and their advocates seeking acute, long-term, and home-based care. Hawai'i needs bold, innovative, and sustainable planning to meet the workforce needs of older adults within the continuum of care and across all industry sectors. Hawai'i should also assure the continued health and engagement of active agers to marshal this growing human resource and moderate the demand for long-term care services.

Workforce Needs To Support Aging Well In Hawai'i

Workforce development is sorely needed in two broad categories: 1) in the continuum of care and; 2) in the emerging employment areas that support active aging. The Healthcare Association of Ha-

wai'i's (AHA) workforce initiative report (2022) identified 3,873 non-physician clinical job vacancies in their hospitals, skilled nursing facilities, assisted living, home health, and hospice care facilities. Home health had the leading percentage of vacancies with 39% of total openings.

A number of organizations in Hawai'i have already created workgroups or task forces around the topic of workforce development in the healthcare industry,

problem is so great that an "all hands on deck" response is warranted, especially as the COVID-19 pandemic worsened an already critical healthcare workforce shortage that long predated it.

A statewide LTC workforce plan focused on aging concerns could advance task force recommendations and fill the gap in current workforce development goals. It could actively plan and implement training initiatives to meet the needs of older adults.



reflecting an awareness of the need to effectively recruit and retain direct care workers, community health workers, nurses, physicians, geriatric specialists, and others to reinforce and expand Hawai'i's current system of care. Examples of organizations with workforce development working groups already in existence include the Hawai'i Pacific Gerontological Society (HPGS), Kupuna Collective, Hawai'i Healthcare Workforce Advisory Board, Hui Pohala, National Conference of State Legislatures (Hawai'i is a member), Hawai'i Health Workforce Summit, and CDC BOLD Hawai'i Workforce Development Workgroup. The magnitude and scope of the

Proposed Legislation

Legislative bills **SB 3383** (Relating to LTC) and **SB 3225/HB 1827 HD 1** (Relating to Healthcare Workforce), could become foundational steps in building the infrastructure for LTC workforce development by creating 1) a long-awaited statewide needs assessment for LTC workforce development; and 2) a private-public partnership to build state-of-the-art LTC classrooms in selected high schools and continue HAH's "glide path" for CNA to LPN. A comprehensive LTC workforce plan is imperative to set statewide goals to support innovative work and partnerships that are sustainable in both urban and rural areas in Hawai'i. Although glide

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paths from CNA to LPN are not necessarily targeted to LTC work contexts, HAH does work with LTC partners in the “earn and learn,” or apprenticeship model.

Gap in the Caregiving Pathway: Institutional Care vs. Home Care

Current workforce development programs in the healthcare sector, such as the health industry’s partnership in Good Jobs Hawai‘i, focuses mainly on clinical or institutional careers that require professional licensures, such as the nursing career ladder from Certified Nursing Assistant (CNA) and Licensed Professional Nurses (LPN) to Registered Nurses (RN). Because clinical care receives insurance reimbursements, work requirements are standardized with a living wage.

On the other hand, community-based care is provided by both formal and informal caregivers. Formal caregivers—nursing assistants, personal care assistants, and companion aides—are paraprofessionals who are essential to support care in the activities of daily living, such as showering and cooking. The lack of home care workers is well-documented, due to the intensity of the work, low wages, lack of standardized training requirements, and lack of respect. Given the need for better coordination of paraprofessional care of older adults, the bulk of the coordination often falls under the informal care of a family or community member. Additionally, there is also the need to complement this with family caregiver training.

Clearly, a sustained effort is needed to assess, plan, and cultivate the quality of in-home care through the continued education, training, and professional development of paraprofessionals and family caregivers. Community colleges (e.g., Windward Community College) have an established career ladder from CNA to LPN to RN, but pathways are needed to support paraprofessionals in becoming CNAs.

Care for Kūpuna: Changing Mindsets

Ageism is a concerning issue in the healthcare field. It impacts the perception that older adults are not worth additional assessments or treatment and leaves old-



er patients feeling unheard and undervalued (Span, 2018). Students training for a health profession may receive only a few hours of training on aging topics and usually only see older adults in facilities who are frail or have dementia.

A handful of medical schools in the U.S. have included healthy and active older adults in the classroom to share their interests and passions so they could show they have value and can live full lives (Span, 2018). Intergenerational contact has demonstrated benefits for both old and young, and is particularly effective in reducing ageist stereotypes (Burnes *et. al.*, 2019). This awareness and exposure to aging issues also needs to occur at younger ages, and high school students exploring possible healthcare careers are a critical target.

The Center on Aging at the University of Hawai‘i (COA) has focused on developing an eldercare curricula that focuses on changing mindsets on aging, building appreciation for the role of older adults in our society, and understanding the impact of the social and built environment in promoting health. Through intergenerational activities, empathy challenges, and age-friendly neighborhood audits, students learn empathy, and communication strategies, ensuring students approach care for our kūpuna in the right way. COA strives to reframe aging from a strengths-based approach in its training of both high school and university students in preparation for future careers.

These approaches are innovative and needed, especially in our local context

with isolated populations that do not lend themselves to specialty training and care. There is a need to build capacity within the community to engage all students and trainees in aging issues as a part of their health career training and empower youth to be better caregivers to family and neighbors.

Active Aging: Tapping Hawai‘i’s Growing Human Resource

Workforce development needs in aging careers could be sustained by a state masterplan that is not limited to clinical workforce needs. Moreover, active aging could become key to maintaining health outcomes as well as become an unexplored area of the industry. Additionally, there are many new paid and unpaid examples of programs that engage older adults to continue remaining healthy, engaged, and continuously contributing. Those efforts need to be explored, developed, and promoted as explained in the “Active Aging in the 21st Century” article in this report (see page 13).

A Multi-Pronged Strategy Needed

The solution to the eldercare staffing shortage is complex and requires a diverse set of strategies to support ongoing recruitment and retention. In addition to the approaches noted above, other solutions may include the initiation or continuation of rural health training programs, more attractive medical reimbursement rates, favorable tax incentives for healthcare providers, and scholarships for students interested in pursuing careers in healthcare. Across all strategies, it is imperative

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that all eldercare workers see aging from a strengths-based lens and approach care with empathy, and are skilled at communication, particularly in interacting with those with dementia. At the same time, Hawai'i can re-examine its policies and approaches to keep older adults in the workforce and offer opportunities for continued active engagement and empowerment of kūpuna in our communities.

References

Burnes, D., Sheppard, C., Henderson, C.R., Wassel, M., Cope, R., Barber, C., and Pillemer, K. (2019). Interventions to Reduce Ageism Against Older Adults: A Systematic Review and Meta-Analysis. *American Journal of Public Health*, 109(e1-e9), doi.org/10.2105/AJPH.2019.305123

Centers for Disease Control and Prevention (2022, February 7). National Vital Statistics Reports, 70(17). Accessed January 11, 2023. www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf

Healthcare Association of Hawaii (2022). Healthcare Workforce Initiative Report. Honolulu, Hawai'i: Healthcare Association of Hawaii.

Mason, A. and Abrigo, M. Hawai'i's Generational Economy. Prepared for the Department of Business, Economic Development, and Tourism. Oct. 2020. files.hawaii.gov/dbedt/economic/reports/Hawaii_Generational_Economy_Oct2020.pdf

Span, P. (2018, Oct 12). Every older patient has a story. Medical students need to hear it. *The New York Times*. Accessed Dec. 2, 2022 from: www.nytimes.com/2018/10/12/health/elderly-patients-medical-training.html

The Gift of Hearing For a Life Well Lived

By Rick Tabor, MS, LMHC, CDDS

A husband asked his wife, “What would you like for Christmas?” She smiled and replied, “for you to get hearing aids.”

The average person waits 20 years before realizing they have a hearing issue. According to 2021 research from the National Institute for Deafness and Other Communication Disorders (published August 2023), about 28.8 million American adults need hearing aids, but only 16% of people between the ages of 20 and 69 use them.



One in three people between the ages of 65 and 74 experience hearing loss, and about half of those over 75 do. Age is the strongest predictor of hearing loss among adults age 20 to 69, with the greatest amount of hearing loss in the 60 to 69 age group. Men are almost twice as likely as women to have hearing loss among adults age 20 to 69.

While some shrinking of our social circle may occur naturally with age, it is more pronounced for people with hearing impairments. Humans are social beings. Life does not go well for those who are isolated. A lack of face-to-face contact tends to be worse for people living with hearing loss, which causes social isolation and loneliness. In May 2023, U.S. Surgeon General Vivek Murthy’s advisory report found that loneliness increases the risk of premature death by 26%, and isolation by 29%. Murthy said in terms of your lifespan, continuing to live in loneliness and isolation is equivalent to smoking up to 15 cigarettes a day.

Untreated hearing loss and isolation is associated with health problems, such as strokes, heart disease, cognitive decline, dementia, diabetes, depression, and falls. An often overlooked cause of falls is uncorrected hearing loss. Falls are the leading cause of fatal and nonfatal injuries among older adults. In the U.S., over 14

million, or one in four adults age 65 and older, report falling each year.

Despite what you might think, medical insurance, Medicaid, and Medicare do not adequately cover hearing aids. Insurance spokespersons claim premiums would be astronomical if insurance covered them. Another reason insurance companies say they don’t offer coverage for hearing aids is because, according to them, hearing aids are not an essential medical device—they are considered an “elective.”

Historically, when Medicare was signed into law in 1965, it did not include any coverage for hearing aids. They were considered “routinely needed and low in cost,” and most Americans didn’t live long enough to actually need them. Even though average lifespans are longer today, the cost is now high, and the need great, Medicare still does not adequately cover hearing aids.

Recent federal regulatory clarifications have further reinforced state Medicaid programs’ obligation to cover hearing aids for adults. As of 2016, however, only 28 state Medicaid programs cover hearing aids and related services for qualifying adults. Hawai'i is currently not one of those states.

So what’s the problem with a world living with hearing issues? Hearing loss can be a catastrophic life event affecting people’s ability to interact with friends and family, severely impacting their work and resulting in loss of income and unemployment. Hearing loss can cause

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grief, anger, and anxiety, and people can become isolated and involved in fewer social activities, have increased substance abuse, domestic violence, and commit suicides related to co-morbid outcomes.

Physiologically, brain scans show us that hearing loss may contribute to a faster rate of atrophy in the brain, cognitive decline, and tau pathology. Hearing impairment may reflect the risk for cognitive decline and issues with dementia as it is related to brain atrophy and tau accumulation in brain. Dementia, and mental and physical health issues increase, and the hearing-impaired lifespan decreases if untreated.

In a study that tracked 639 adults for nearly 12 years, Johns Hopkins expert Frank Lin, MD, PhD, Director of the Johns Hopkins Cochlear Center for Hearing and Public Health, and his colleagues found that mild hearing loss doubled dementia risk. Moderate loss tripled risk, and people with a severe hearing impairment were five times more likely to develop dementia.

On October 17, 2023, the FDA approved the sale of over-the-counter (OTC) hearing aids for mild to moderate hearing-impaired individuals, though experts warn “it may be the Wild West for the next few years.” Barbara Kelley, Executive Director, Hearing Loss Association of America, cautions, “It’s a new frontier, and it is confusing. We need time to see how the market settles out.”

In an ideal scenario, a person would be able to walk into almost any pharmacy or big-box store and buy a pair of hearing aids for a few hundred dollars, no prescription, assessment, or awareness of severity of need required. That said, the shift to OTC hearing aids won’t materialize right away, experts say.

In 2017, Congress granted the FDA three years to develop standards for safe and effective OTC hearing aids. The agency took five years instead, and the long delay and continued industry opposition made manufacturers skittish about investing, said Dr. Lin. In addition to a long list of safety concerns, COVID-19 pandemic-related shortages and supply chain disruptions have not helped.



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As the author of this article, I would caution people to start with a hearing assessment before pursuing an OTC remedy. We only get one shot at hearing, and for many, hearing is the most precious of all senses. Once gone, it’s gone forever. It is well worth our time to know the problem and how best to correct the issue.

Hearing is a physical ability. Listening is the skill that connects us to awareness, appreciation, knowledge, and solutions. Actively participating in conversations is what bridges our well-being, our balance in life. Earlier today, I woke to the sounds of birds chirping and palm trees swaying, followed by rain falling. I opened my eyes to a double rainbow and puppy saying, “let’s go for our walk.” I hope for a day when everyone can hear the beautiful world and all that is said. For too many, the costs of a hearing cure is out of reach, yet the solution is relatively simple. It will take some time and compassion to accomplish, but change is possible.

What to Do, What to Do?

The American Speech-Language-Hearing Association recommends that adults be screened by an audiologist once per decade and every three years after age 50, and more frequently for those with known exposures or risk factors associated with hearing loss. An awareness campaign is needed.

The bottom line reality is, medical insurance, Medicaid, and Medicare need

to adequately cover hearing aids. Bills have come and gone, and we will continue to advocate for hearing aid coverage. Imagine how much it costs insurance, Medicaid, and Medicare to not adequately cover hearing aids? Is the pain and suffering inflicted on individuals and their families worth the savings? Note: eye care, and until recently dental work, was also not adequately covered.

The U.S. ranks last in hearing aid coverage, despite spending far more of its gross domestic product on healthcare. The U.S. spends dramatically more on healthcare than other high-income nations but has the worst health outcomes on nearly every metric, a January 31, 2023 report shows.

Here’s what Kupuna Care provider advocates deal with: In 2022, the pharmaceutical and health insurance industry in the U.S. spent the most on lobbying efforts, totaling \$373.74 million. In the same year, the insurance industry spent \$158.45 million on lobbying, according to a November 3, 2023 report.

Can you hear us now? Think about it. Then, please contact your state and federal legislators to discuss this serious issue. We’re all someone and everyone should hear it and say something.

Medicaid Reimbursement: An Issue for Providers

By **Kathy Wyatt, RN**, President, Hawai'i Family Caregiver Coalition; President, Adult Day Centers Hawai'i; Member, Policy Advisory Board for Elder Affairs

S B 1474/HB 1341 was submitted last year and has been resubmitted this year due to its importance and overwhelming need. The bills appropriate funds for the Department of Human Services for full funding, including estimated payment increases for Medicaid Home and Community-Based Services. As an aside, there hasn’t been a cost-of-living increase to providers for over seven years.

As a community-based service, adult day care is a vital rung in the long-term care ladder. It is the most economical service for kūpuna who wish to age in place but
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need supervision, socialization, and mind/body stimulation while their caregivers are at work or running errands. There are 27 adult day care centers in Hawai‘i, including all counties. Many of them can’t accept Medicaid recipients in need of service due to poor reimbursement from Medicaid. It is impossible to sustain a business if the reimbursement rate is almost half of what the average cost is for attendance in an adult day care. Directors of adult day care centers want to serve every kupuna who needs services, but unfortunately, more funds are needed to offer services. Some do admit Medicaid recipients, but the number accepted is limited due to the poor reimbursement rate, which leaves a lot of kūpuna without service. The two bills do not state what the increases will be, but hopefully Med-QUEST will see the necessity of making the increases appropriately high enough so providers can offer the needed services to kūpuna on Medicaid.

Title XIX of the Social Security Act is a federal and state entitlement program that pays for medical assistance for certain individuals and families with low incomes and resources. This program, known as Medicaid, became law in 1965 as a cooperative venture jointly funded by the federal and state governments to assist states in furnishing medical assistance to eligible needy persons. Medicaid is the largest source of funding for medical and health-related services for America’s poorest people.

Within broad national guidelines established by federal statutes, regulations, and policies, each state establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program. Medicaid policies for eligibility, services, and payment are complex and vary considerably, even among states of similar size or geographic proximity. Additionally, state legislatures may change Medicaid eligibility, services, and/or reimbursements at any time.

Because each state sets its own Medicaid guidelines, it begs the question as to why there is no standardization in the



Hawai‘i Medicaid system. Of the five managed care organizations that are contracted with Med-QUEST, Hawai‘i’s Medicaid program, each makes its own rules. One company may say a client is eligible, while they may not qualify at another company. Each company employs their own case managers who do assessments to decide whether someone is eligible, and can make arbitrary decisions on the levels a client may qualify for. There is no consistency on assessment levels, and then each company reimburses at their own rates. If the state of Hawai‘i sets eligibility requirements and reimbursements, then why is there no consistency among Med-QUEST contracted companies? Why can each company set different reimbursement rates when all the funding comes out of one pot at the state level?

In conclusion, if each state establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program, why is there no consistency in our Medicaid program? All of the issues could be easily remedied if the State Legislature standardizes the of assessment criteria and reimbursement rates. Support of **SB 1474/HB 1341** is highly encouraged for the sake of kūpuna who are Medicaid recipients and for providers who wish to care for these kūpuna.

Long-Term Care: We Got Trouble!

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

“Ya Got Trouble”

*Well if so, my friends, you got trouble
(oh we got trouble)*

*Right here in River City
(right here in River City)*

*With a capital “T” and that rhymes with “P”
and that stands for pool
(that stands for pool)*

So sings Professor Harold Hill (Robert Preston) in Meredith Wilson’s 1957 Broadway hit “The Music Man.” But for my purposes, that “P” stands for pandemic. The COVID-19 pandemic is no longer front-page news, but people are still catching the virus...and spreading the virus. How quickly memories fade and all those infection control precautions we eventually accepted fall by the wayside.

COVID accelerated an already deteriorating healthcare system. Sadly, some caregivers died, some quit, many started considering a career change, and all felt burned out (overworked and underpaid). Where will the next workforce come from?

In the past few years, we have seen several long-term care (LTC) facilities close or bought out by mainland companies. Many

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facilities have had staff shortages severe enough that they stopped admitting new residents because they didn't have enough staff. Obviously, this impacts their bottom line, but it also jams up our hospitals if they have no place to discharge their patients who are no longer in need of acute care. The lack of affordable housing has resulted in a growing exodus of our young people and the reluctance of healthcare workers from other states to move to Hawai'i.

Historically, the extended 'ohana provided much of the healthcare needs to our kūpuna for free. It's part of our culture to honor and cherish our elders and it's mutually beneficial. Tutu may own the house we all live in—and is generous with her social security check and other income—but she also benefits from caregivers who surround her with aloha, keep her safe, and provide her with lots of mental stimulation.

When our family members make the difficult decision to leave Hawai'i, of course they want their kūpuna to come with them, but many will say, no thank you. "Hawai'i is my home. My place. My food. My language. My culture. My roots. My rainbows. This is where I want to live and die." We all can feel their pain. It's tragic.

LTC facilities need more staff. Time to require a minimum staffing ratio? I would argue that is long past-due, but "the industry" may disagree. That's okay, we still must find solutions together.

We are in the middle of the Pacific, so counting on other states to provide staffing for Hawai'i is very expensive and very temporary. Not being "local," communication can also be challenging. We talk with our eyebrows here.

In the past, many of our health care workers have come from the Philippines, but that has also been on the decline. These very valuable caregivers can get paid more working in Dubai, or Japan, or South Korea. Our salaries are not enough to compensate for the high cost of living.

Our homeless population is also increasing, and many end up in emergency rooms where they are later discharged to our nursing homes for therapy. Once therapy is completed, it's time to be discharged, but to where? Back to the streets where they



came from? Is that a "safe" discharge? Some refuse to leave. They like having a soft bed, a bathroom, a sense of safety, and all the "hotel accommodations" that nursing homes offer when compared to our Institute for Human Services (IHS). But Medicare, Medicaid, and every other type of insurance does not allow folks to stay in a LTC facility unless they meet LTC qualifications to be there. And if we did allow the homeless to stay in our LTC facilities, that would again jam up the hospitals trying to discharge their patients. We need more options.

When residents are discharged from a LTC facility, those who have a home to go to may also need home health or home care services. Our county Aging and Disability Resource Centers (ADRC) do provide support services to keep folks at home, but there are waiting lists for many of these services, and the agencies they contract with are also experiencing staff shortages, so if a resident can't go home without that support, they may have to stay longer than expected at the nursing home and be charged privately, which many can't afford to pay. This is today's domino effect—everything impacts everything else. Yes, we got trouble.

This year, our Legislature is focused on the aftermath of the Lahaina wildfires and the homeless crisis, but [good news!] a task force has been working behind the scenes to reinvent LTC in Hawai'i. Spearheaded by Senator Sharon Moriwaki, various stakeholders are proposing solutions to increase our workforce; get our young peo-

ple more motivated to enter the healthcare field; increase the Medicaid reimbursement (which is especially long overdue for our community care foster family homes); bring in more federal dollars and more assistance for veterans; provide family leave so family caregivers can care for loved ones without losing their jobs; and make sure the full continuum of institutional and community-based services are supported. It's a lot of work, but it must be done.

Rosalynn Carter was right when she wrote, "There are four kinds of people in the world—those who have been caregivers, those who currently are caregivers, those who will be caregivers, and those who will need caregivers."

We are all in this together, so let's get to work. Imua!

Active Aging in the 21st Century

By Kendi Ho, PhD, & Cullen Hayashida, PhD

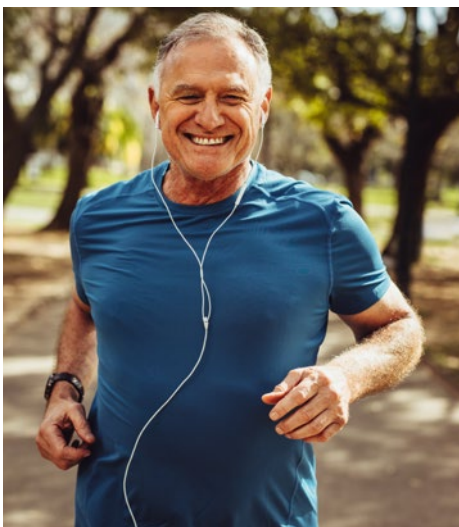
Hawai'i is at a critical turning point in re-examining our values and navigating the 21st century. The destruction of Lahaina, contamination of our water supply, and rethinking tourism has highlighted the vulnerability of our community's infrastructure. Decisive action to restore and maintain our islands for future generations needs to account for the aging of baby boomers. A

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key facet of our population’s health and well-being is active aging. As more and more adults enter a new life phase, there is an unprecedented opportunity to harness the power of their lived experiences. In this article, we will advocate for the inclusion of active aging in current public health initiatives, such as the five-year CDC grant to improve the public health infrastructure to build out the Department of Health (DOH) workforce infrastructure and data monitoring. Moreover, we support increased funding for sustaining community well-being by engaging older adults with a social network of intergenerational community activities and organizations.

Building Our Social Network & Infrastructure

The population shift we face needs to be understood in light of the value and critical role of older adults in Hawai‘i. While 10,000 people across the country have turned 65 per day since 2011, Hawai‘i has shown a larger proportion of older adults due to a longer life expectancy. Moreover, with the high cost of living added to the housing crisis, families in the islands rely on kūpuna to survive (Islander Institute, 2018).



Hawai‘i State Department of Health (DOH) and the Department of Business, Economic Development and Tourism (DBEDT) should recognize the resources that older adults bring in various roles in their families,

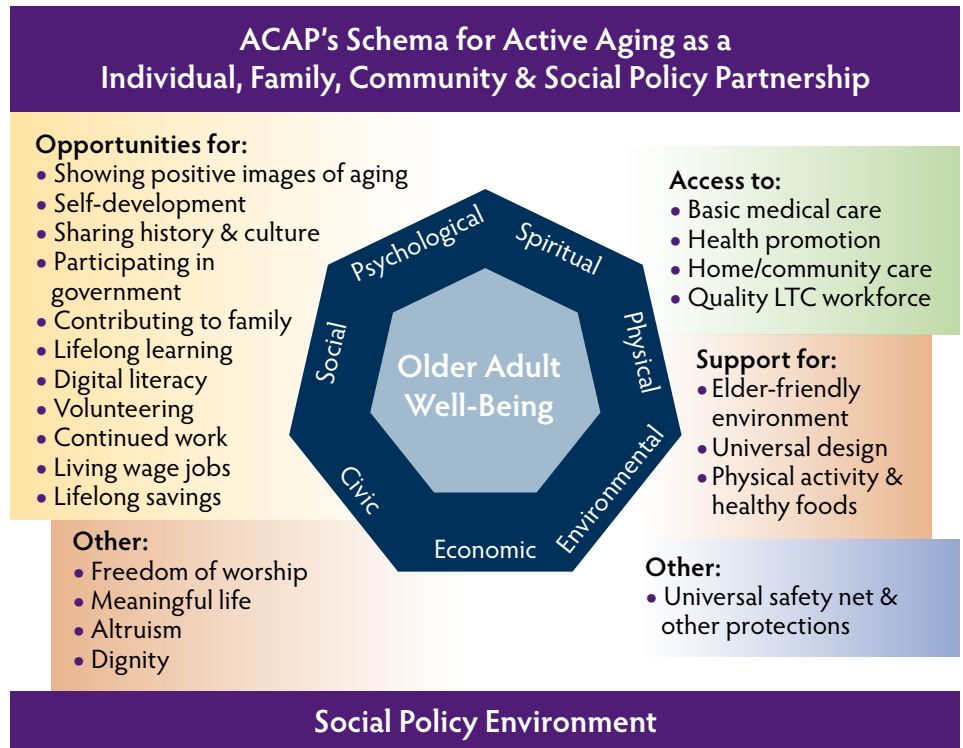


Figure 1. Active Aging Framework in the Social Policy Environment

communities, and the economy in contrast to the conventional view of aging as “sick care.” To prevent overburdening our fragile long-term care (LTC) system, the DOH should also consider active aging in developing our public infrastructure and system of data monitoring. Although it is often seen as financial preparation, an active aging framework views the whole person to include social, psychological, spiritual, physical, civic, economic, and environmental domains, as seen in Figure 1 (above). Social policy support of older adults in all these domains will maintain their well-being and physical health, and therefore support aging for the entire community as kūpuna interact with all ages.

Older adults who are more engaged in their families, second careers, volunteering, and community will enhance their lasting contributions to Hawai‘i. For example, after participating in a local workshop series created to reflect on past careers and look forward to new opportunities for a new, meaningful role in their community, survey respondents commented, “...age has no limitation,” and that the workshop has “open[ed] eyes about possibilities” (Tomioka *et. al.*, 2021).

In addition to reducing anxiety and creating more enthusiasm for the future, active aging programs are essential for developing Hawai‘i’s economy across industry sectors.

Building Economic Resilience Across Industry Sectors

Hawai‘i has an opportunity to build capacity for supporting active aging across industry sectors and increase economic resilience. Figure 2 (see p. 15) below shows how the Hawai‘i Tourism Authority could encourage more active aging conferences and person-directed aging being developed in communities. The University of Hawai‘i and the UH community college system could develop entrepreneur career pathways to market tailored packages across industry sectors to older adults. Private industries and public sectors need to strengthen their mentorship and leadership programs as more older adults retire. Finally, the state should fund non-profit organizations that encourage active aging that engages older adults in the community.

In this time of unprecedented shift in the population, active aging initiatives must

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be included in current policy, planning, and legislation to build our social infrastructure to strengthen communities and build economic sustainability, resilience, and community well-being. In examining workforce needs to support older adults (e.g., **SB 3383** for LTC Workforce Needs Assessment), active aging should be considered in the continuum of care since having opportunities to engage the whole self would lead to better health outcomes and prevent overburdening the LTC system. Finally, creating careers to strengthen the social network to engage older adults in their communities with an active aging perspective may also keep future workers here in our islands and increase economic resilience for our keiki.

References

Islander Institute (2018). Healthcare Association of Hawai'i Community Health Needs Assessment for the People and Islands of Hawai'i.
 Tomioka, M., Hayashida, C., Yuan, S., Nitz, L. and Jones, N. (2021). "Youthful to Useful: An Evaluation of Non-Financial Pre-Retirement Workshops in Hawaii" (unpublished).

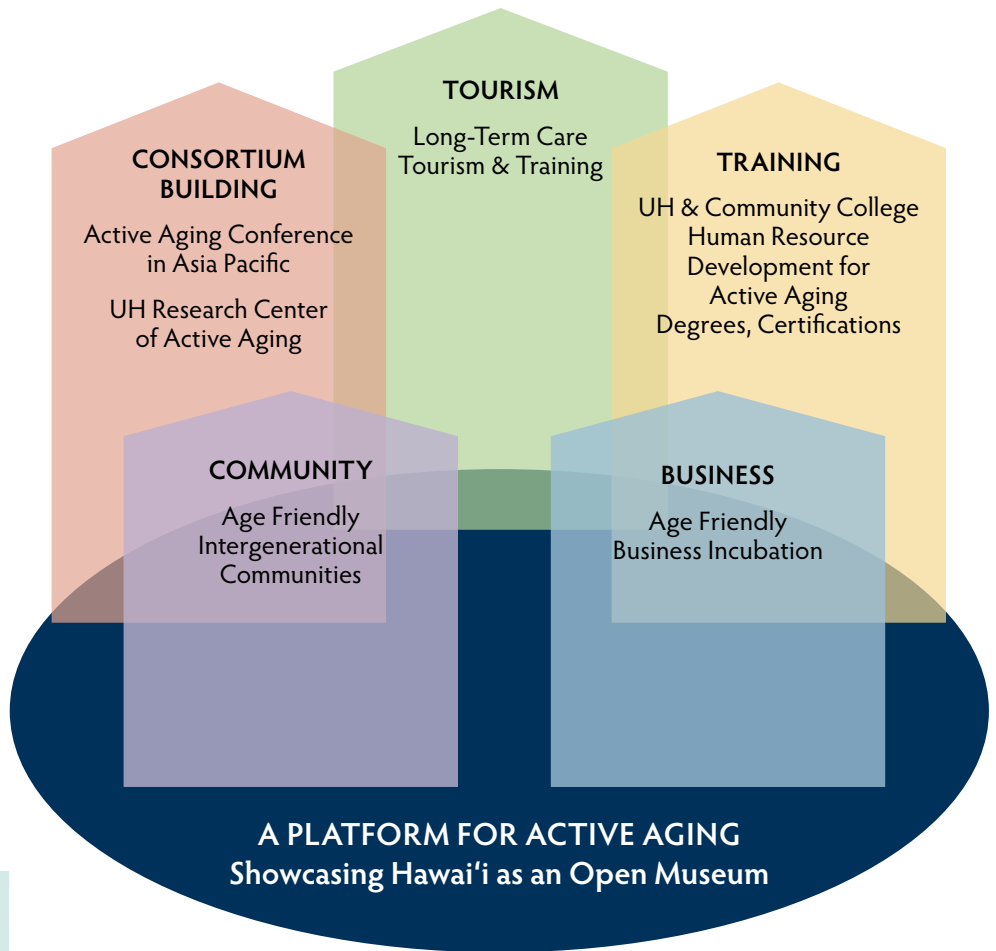


Figure 2. Industry Sector Platform for Active Aging

Adapted Source: Takeo Ogawa, Asian Ageing Business Center, Fukuoka, Japan, 2009

CAREGIVER STORY

Caregiving Journey of Vera Asato

Submitted by Gimme a Break

Vera Marie Asato has been on her caregiving journey since August of 2022 when her 86-year-old mother was diagnosed with dementia. Vera works full-time caring for others and has had to make many adjustments, including taking a huge pay cut. Seventy percent of caregivers lose their jobs due to the weight of caregiving. Many like Vera also have to cut hours, taking a pay cut. In fact, her entire family has also made many accommodations, changes, and sacrifices for mom to get the best quality care.

The priority to plan for your care receiving cannot be set aside till later! "One will never know unless they go through it themselves," cautions Vera, sending out a warning to plan and be prepared for the expense of caregiving. Since caregivers may give so much of themselves and their time to others, Vera's



Vera (right) takes mom on an outing.

story helps us to remember the importance of 'ohana (family) and planning.

Your Care-RECEIVING plan needs to start NOW! Gimme a Break is here to connect

you to community and resources, and guide you through your caregiving journey. We are all caregivers—we either were, are, or will be, and Gimme a Break needs your support!

Aid to Caregivers

Tax Credits for Caregivers

By Craig Gima,

Communications Director, AARP-Hawai'i

In caring for her mom for 10 years in her home, Sanae Tokumura at one point drained her personal savings. She and her husband also took hundreds of hours off of work to make sure her mother could be with family and with people who loved her as her dementia progressed.

“Of course I would pay for my mom,” Tokumura said. “Thank God we were able to help my mom.” Money was always a concern, but there was no question that she and her family would care for mom at home for as long as they could, rather than put her in a nursing home.



Sanae Tokumura (right) and her mom

Family caregivers like Tokumura are the backbone of Hawai'i's broken long-term care system. They take care of loved ones at home where kūpuna want to live, and keep them out of expensive, taxpayer-supported nursing homes.

There are about 154,000 family caregivers in Hawai'i who spend an estimated 144 million unpaid hours caring for loved ones. If they were paid, it would add up to \$2.6 billion. They often put their financial security at risk and retire early or quit their jobs to be a caregiver.

That's why AARP Hawai'i is fighting for common sense legislation to support family caregivers. Among other things, AARP Hawai'i supports the governor's



proposal to expand the state's adult dependent care tax credit and bills to create a paid family leave insurance program. But our top priorities are federal and state tax credits for caregivers.

The Credit for Caring Act would create a \$5,000 federal tax credit for working family caregivers. In the Legislature, AARP is pushing for a similar tax credit that can be deducted off state taxes.

A recent AARP survey found caregivers spend about 26% of their income on transportation, medication, respite care, diapers, medical equipment, home renovations, and other costs of caregiving. It adds up to an average annual cost of more than \$7,200. A dependent care tax credit would help working caregivers who take care of loved ones at home. A caregiver tax credit would help other caregivers who share responsibilities with other family members or who care for loved ones who are still able to live in their own homes.

In many ways, a tax credit is the appropriate and easiest way to help caregivers because families can keep receipts. A grant administered through a government agency would likely require much more paperwork and higher administrative expenses.

Caring for your mother or other loved one is physically and emotionally draining. Lawmakers can help families by reducing the financial strain through a fair tax credit.

Paid Family Leave

By Nicole Woo

We know families in Hawai'i are strongest when they have time to heal from serious illness, welcome a new child, or help a loved one recover or ease their passing. Everyone should be able to take time off to care for a loved one without risking their job or paycheck.

We have been expecting Hawai'i workers to just cobble together family care. We need paid family leave so that Hawai'i families and businesses are never scrambling for piecemeal solutions when illness strikes, a serious caregiving need arises, or a new child arrives.

Paid family leave allows workers to take time off and still receive part of their income when they need to care for their own serious health needs or those of a loved one, or to bond with a new child. The U.S. is the only developed country without national paid family leave.¹ To fill that gap, 13 states plus the District of Columbia have passed paid family leave laws.² Hawai'i should join them.

Currently, only one in four private sector workers in Hawai'i has access to paid family leave. The federal Family Medical Leave Act (FMLA) and Hawai'i Family Leave Law (HFL) protect employees from losing their jobs while they are caring for a

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sick relative or bonding with a new child, but that leave is unpaid. And since the FMLA and HFLA apply only to very large employers, most Hawai‘i workers are not even eligible for unpaid leave.³

Most working mothers who give birth can receive partial pay through Hawai‘i Temporary Disability Insurance (TDI) to recover from childbirth, but TDI cannot be used by non-birth parents or to care for other family members. Meanwhile, Hawai‘i has 154,000 unpaid caregivers of adult family members, providing 144 million hours of care worth \$2.6 billion per year,⁴ and those numbers will continue to increase as our population ages.

Research has found that states with paid family leave have seen significant health, social, and economic benefits. Families who have access to paid leave—especially working women—are healthier, more economically secure, more likely to stay in the workforce, and less likely to need public benefits.⁵

It’s no mystery why: Paid leave helps children by helping their parents. New parents

with paid family leave spend more time bonding with their children, improving health and education outcomes. And paid family leave allows workers to stay home to care for themselves or their loved ones without the economic and mental stress of losing their jobs or falling into poverty.

With a statewide paid family leave program, small payroll deductions would go into a state fund, which workers would apply to when they need to take leave. Since employees would be paid from the state fund while taking family leave, employers would not need to pay them while they are on leave, freeing up funds to hire temporary help or otherwise cover the work.

Enabling small businesses to provide paid family leave through a state program helps them compete for the best workers. Currently, most small businesses cannot afford to offer adequate paid family leave to their employees, which puts them at a disadvantage when it comes to attracting and retaining the best workers.

Similarly, as Hawai‘i struggles to keep working age families from moving away,

it is competing with states that have paid family leave—including California, Washington, and Oregon—for the best workers. When young couples are deciding where to start a family, paid family leave may be an important deciding factor for them.

The paid family leave bills that were still alive at the State Legislature as of this writing were **HB 2757** and **SB 2474**. We hope our lawmakers and governor will pass and sign into law a paid family leave program this year. No one in Hawai‘i should ever have to choose between their loved ones and their paycheck. It’s time for paid family leave in Hawai‘i.

References

- ¹bipartisanpolicy.org/explainer/paid-family-leave-across-ocd-countries/
- ²bipartisanpolicy.org/explainer/state-paid-family-leave-laws-across-the-u-s/
- ³nationalpartnership.org/wp-content/uploads/2023/02/paid-leave-means-a-stronger-hawaii.pdf
- ⁴www.aarp.org/pri/topics/lts/family-caregiving/valuing-the-invaluable-2015-update/
- ⁵www.abetterbalance.org/wp-content/uploads/2021/09/PFML_Health-Case_Fact-Sheet_11.30.21.pdf

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Writing a Bill That Cares

By Savy Makalena

Did you know that 70% of family caregivers will lose their jobs due to the weight of duties in caring for a family member? Some will be terminated, some will have to resign, and some will take a cut in pay to work less hours. They will not be able to recover these lost wages as there is currently no federal, state, or private system to provide financial assistance for caregivers.

We have a system that provides income for people who have lost their jobs: unemployment insurance with the Department of Labor. Unfortunately, Caregivers cannot qualify for this benefit. They are disqualified because of one vital question: “Are you available to work?”

Answer “no” to this question and you are disqualified. There is no caregiver that can honestly answer this question with “yes,” as they have to prioritize their caregiving—which is the reason they are out of a job to begin with.

A proposed bill simply requests one revision to this system. When answering “no” to this vital question, insert an amendment that allows a caregiver to show proof of their inability to work at the present time. When the documentation is verified, the caregiver becomes eligible:

SECTION 1.

(a) The U.S. Department of Health and Human Services (HHS) shall make an amendment to the unemployment compensation qualifying question in regards availability for work with the purpose of allowing for Family Caregiver compensation.

(b) The U.S. Department of Health and

Human Services (HHS) shall establish an exception for full and part-time Family Caregivers that are not available for work and will answer “no”, an exception to qualify for benefits based on providing required documents as proof of assignment as the designated, primary, and/or secondary Family Caregivers.

(c) The U.S. Department of Health and Human Services (HHS) shall establish an appropriate time period for evaluation of qualification and/or the need for continued job placement service. Reflecting on the



current National statistic being that 50% of all Family Caregivers will pass before the one(s) they are caring for and if over the age of 70 the statistic is 70%, the evaluation process should also include the need for social services as well as physical and mental capabilities with consideration to caregiver burn-out and other health issues brought on by fulfillment of caregiving duties.

SECTION 2.

The U.S. Department of Health and Human Services (HHS) shall prescribe rules, qualification documentation and compensation amount in accordance with current standards.

Report Title: Family Caregiver; Unemployment Compensation qualification.

The beauty of working within this particular system is that it comes with job placement services. Every caregiving journey has an end, and at that time, the caregiver will have the support and assistance to re-enter the job market. Most often, caregivers are isolated and depressed at the end of their journey. Knowing that they will have placement services available is an assurance that they are a members of a society that supports them.

This is just a quick fix. There is much more work to do to support caregivers, and in

time, this can all happen. This amendment will lessen the financial burden of caregivers right now. With 50% of caregivers in the U.S. passing before the one who they care for, we need to make small, yet effective changes, like this simple amendment to an already existing system. One amendment, one vote, will give aid to many!

Silver Alert & Law Enforcement Dementia Training

By Ron Shimabuku, Director of Public Policy & Advocacy, Alzheimer’s Association

Alzheimer’s disease is a public health crisis across the country. In Hawai’i, approximately 29,000 individuals age 65 and older live with Alz-
(Continued on next page.)

heimer's disease. This figure is projected to increase to over 35,000 by next year. A person with dementia may not remember his or her name or address, and can become disoriented even in familiar places. Six in 10 people with dementia will wander at some point. When individuals with dementia are lost, they may show signs of anxiety, fear, or hostility—all of which can escalate to more aggressive behaviors. As the disease progresses and individuals with dementia forget family members and societal norms, there may be cases of false reports and victimization, indecent exposure, and shoplifting.

In September 2023, the Hawai'i 2035 State Strategic Plan on Alzheimer's Disease & Related Dementias was released. This is a culmination of work and feedback from various community partners and stakeholders led by the Hawai'i Ex-

There are numerous silver alert programs nationwide. Hawai'i remains the only state without a formalized program.

ecutive Office on Aging. It sets a framework to address the needs of caregivers and those living with Alzheimer's disease and related dementias. A goal within the plan focuses on encouraging the dignity and safety of persons with dementia. The strategy is to enact policies and protocols for crises and natural disasters inclusive of persons with various stages of cognitive impairment. This would include infrastructure to support the prevention of wandering and to assist in locating missing persons with cognitive impairments.

In contributing to this strategy, the Alzheimer's Association is leading an effort in the Hawai'i State Thirty-Second Legislature, 2024 Regular Session, to establish a silver alert in Hawai'i under **SB 2305**, **SB 2486**, and **HB 1774**. The Alzheimer's Association also proposes requiring law enforcement officers to receive annual dementia training under **SB 2552**, **SB 2567**, and **HB 1773**. These initiatives, in relation to each other, are critical to

Hawai'i's growing aging population and prevalence of the disease. Equipping law enforcement officers with the foundational tools to recognize the signs and communicate and intervene in crises for persons living with Alzheimer's disease and related dementias is of the utmost importance.

There are numerous silver alert programs established nationwide. Hawai'i remains the only state without a formalized program. This may be partly due to the need for federal funding or a mandate to require it. It is the onus of the state or jurisdiction to establish silver alert whether it be in statute, policy, or procedure. Ultimately, this results in various agencies administering the program and population criteria used, including an age requirement or the presence of a developmental disability or cognitive impairment like Alzheimer's disease and related dementias.

The Alzheimer's Association had discussions with numerous community and business organizations, government agencies, and public and private sector unions to present to the Hawai'i State Legislature its proposals for a silver alert statute and law enforcement dementia training. The Hawai'i Department of Law Enforcement, in particular, is greatly commended for recognizing the significance of these issues for law enforcement officers and the community. The goal is that this will be reflected in the legislative process through enactment.

Caregiver Education & Resources

By **Kathy Wyatt**, RN, MSN, MBA, LNHA,
President, Hale Hau'oli Hawai'i

Providing care for a loved one can be challenging, especially caring for someone with Alzheimer's disease or other dementias. Family caregivers frequently begin their caregiving journey with no experience and little or no training, and 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 and no education, 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 and making sure that all the resources available to caregivers are easily accessible. Learning about the disease and knowing what to expect can help caregivers feel more in control and better able to cope and plan ahead. Knowing where to turn to for help is crucial to help caregivers in their caregiving journeys.

Current statistics issued by the Alzheimer's Association show that 29,000 people age

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65 and older, are living with Alzheimer's in Hawai'i. For people age 45 and older, 8.5% have subjective cognitive decline. There are 51,000 family caregivers in Hawai'i caring for someone with Alzheimer's, so they bear the brunt of the disease along with their care recipients. 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, and just imagine the cost to the state without the contribution of family caregivers! Considering these statistics, there are bills that have been introduced to help caregivers. **HB 1769/SB 2473** is the Family Caregiver Tax Credit. Caring for a loved one with health issues can be draining on the family's budget and this would at least help that burden. **HB 1658/SB 2474** is the Paid Family and Medical Leave program, which would ensure that caregivers could still receive part of their income when they need to care for the serious health needs of a loved one.

There are many organizations that offer quality caregiver education. Educational sessions have continued to be offered to family caregivers at no cost 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 all offer online training. Hale Hau'oli Hawai'i and AARP collaborated to bring weekly one-hour sessions in November 2021 to caregivers on all islands.

A non-profit organization, Hale Hau'oli Hawai'i offers educational workshops and caregiver support groups, as well as 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.halehauoli.hawaii.org, where caregivers can go to refresh their memories any time they are feeling 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

CAREGIVER STORY

Loving Her Mom & Best Friend

Submitted by Gimme a Break

Sherry Nakoia cares for her 94-year-old mother. About two years ago, her last sibling passed and she moved back to Hawai'i to care for mom. Sherry was excited to spend time with her best friend again! However, within a few months, her mom suffered a stroke and though not completely debilitating, she had some vision and memory loss. More recently, she has been diagnosed with dementia and everything is now changed.

In her role as a daughter and friend, Sherry and her mom shared so many happy and wonderful times together. Now as her caregiver, each day comes with new challenges and their roles are now reversed. Some days are better than others and some are really



tough. Sherry tries to find the laughter in some part of the day and always remembers that she is blessed to have a mom who is and will always be her best friend.

Caregivers go from calm to chaos in a heartbeat. Holding on to the ones we love and the memories we have with them keeps us strong and gives us hope knowing, like Sherry, that we are blessed. Thankfully, Sherry also has a community of caregivers that she connects with at the Gimme a break support session every Tuesday evening, where she finds community and a safe space.

Gimme a Break is here to connect you to community and resources, and guide you through your caregiving journey!



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.

The Hawai'i Parkinson Association has annual symposiums where a leading spe-

cialist on the disease answers patient and caregiver questions. The organization also offers caregiver support with educational components. Their website, www.parkinsonshawaii.org, provides 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

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and Assistance Handbook, a publication of the Elderly Affairs Division, Department of Community Services, City and County of Honolulu. This handbook is updated periodically.

The old saying, “being forewarned is to be forearmed” makes sense for providing the public with information about Alzheimer’s disease and related dementias. 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 she was very frustrated. It seemed that 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 journeys, and their loved ones can remain at home and in their communities. Our goal is to reach as many people as possible to share invaluable information to make their lives

and the lives of their loved ones better and easier. Caregiver education also leads to improved health outcomes, not only for the kūpuna, but also for their caregivers. Supporting **HB 1769/SB 2473** and **HB 1658/SB 2474** would benefit current caregivers, future caregivers, and health-care providers.



Disability Issues

By **Gary Simon**, Past President, Hawai'i Family Caregiver Coalition and Past Chair, Policy Advisory Board for Elder Affairs

Issues exist that affect both people with disabilities and older adults. Members of the Hawai'i Family Caregiver Coalition (HFCC) joined forces to address these issues. Issues that affect only older adults or only people with disabilities also exist. HFCC advocates for both individual populations. This section describes legislative measures that are being discussed in the 2024 Legislature and that might not be addressed in other sections of this report.

The National Context

The Administration for Community Living (ACL) released the 2024 – 2028 Long-Range Plan (LRP) for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). Mandated by Congress, NIDILRR's LRP provides a five-year agenda for advancing the vital work being done in applied disability, independent living, and rehabilitation research and development. The new LRP continues to emphasize scientific rigor and the need for research highly relevant to the lives of people with disabilities. The LRP also emphasizes the inclusion of people with disabilities as critical to advancing NIDILRR-funded research and development efforts.¹

Community Living

Several bills have been introduced to improve the lives of people with disabilities.

SB 2179 and **SB 3002** appropriate funds to the Department of Transportation to implement the recommendations of the statewide Mobility Management Task Force established pursuant to **Act 214**, Session Laws of Hawai'i 2013, in consultation with the Aging and Disability Resource Center of the Executive Office on Aging and other stakeholder groups. Tasked by the 2013 Hawai'i State Legislature, the Department of Health's Executive Office on Aging convened the statewide task force to address the



mobility needs of Hawai'i's kūpuna and people with disabilities.²

HB 1770 and **SB 2472**, **HB 1974**, **HB 2110** and **SB 2785**, and **HB 2558** increase the monthly needs allowance for individuals residing in long-term care facilities from \$50 to \$75 and requires certain long-term care facility operators to pay for generic toiletries, linens, meals, and snacks. **SB 849** also increases the monthly needs allowance from \$50 to \$75.

SB 2503 requires all places of public accommodation constructed after January 31, 2024 and state building construction completed after January 31, 2024 to provide universal changing accommodations that are equally accessible regardless of gender.

HB 2284 and **SB 3003** repeal language that gives the Director of Finance discretion to use moneys in the Hawai'i ABLÉ (Achieving a Better Life Experience) Savings Program Trust Fund if the Director elects to accept deposits from contributors instead of sending deposits directly to the ABLÉ program manager; authorizes the Director of Finance to expend moneys in the Hawai'i ABLÉ Savings Program Trust Fund to provide incentive payments to Hawai'i public school ABLÉ account owners; makes an appropriation to the Department of Budget and Finance to fund the incentive payments; and

makes an appropriation to the Department of Health for one full-time equivalent (1.0 FTE) permanent position within the State Council on Developmental Disabilities to provide statewide outreach, advocacy, and relationship management for the Hawai'i ABLÉ savings program. The ABLÉ Act of 2014³ allows states to create tax-advantaged savings programs for eligible people with disabilities (designated beneficiaries). Funds from these 529A ABLÉ accounts can help designated beneficiaries pay for qualified disability expenses. Distributions from ABLÉ accounts are tax-free if used for qualified disability expenses. ABLÉ accounts allow people with qualifying disabilities to save money without losing their state and federal benefits. Money saved in ABLÉ accounts does not count against asset limits in some federal programs, for example for Supplemental Security Income (SSI) and Medicaid.⁴

HB 2556 amends the sources of funding for the Hawai'i ABLÉ Saving Program Trust Fund, amends the authorized uses of moneys in the trust fund, including providing incentive payments to Hawai'i public school ABLÉ account owners, and appropriates funds.

SB 2771 requires the Hawai'i Emergency Management Agency, in collaboration

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with the county emergency management agencies, to conduct a study researching the effectiveness of using distinct sounds or tones emitted by outdoor warning sirens to warn the public of different types of emergencies and indicate whether evacuation is necessary; and requires a report to the Legislature before the 2025 Regular Session.

SB 3311, introduced by Senators Joy San Buenaventura, Troy Hashimoto, and Dru Mamo Kanuha, establishes that it is an unlawful discriminatory practice for public accommodations to deny a person with a disability full and equal enjoyment of information related to their services, facilities, privileges, advantages, or accommodations using information and communication technology intended for use by the general public as applicants, participants, customers, clients, or visitors.

HB 2447 and **SB 3136** establish a travel placard to be issued to an existing permittee, allowing the person to park a vehicle at a Hawai'i airport or port reserved accessible parking space and take the second placard for use at the travel destination.

HB 2446 authorizes the Examiner of Drivers to suspend the driver's license of a person who violates certain regulations relating to the use of disability parking permits; authorizes each county to enact ordinances to enforce the design and construction requirements for the provision of accessible parking spaces, including the establishment of penalties for failure to comply with ordinances; authorizes officials appointed by a county to enter the property of places of public accommodation to enforce violations of the county ordinances; and requires the court to distribute 50% of any fine imposed on a person who violates certain regulations for the use of disability parking permits to the law enforcement agency that issued the citation.

SB 3135 authorizes the Examiner of Drivers to suspend the driver's license of a person using a parking permit issued to a deceased person who was deceased

when the permit was issued to obtain parking privileges; provides that 50 % of any fine imposed for violating part III of chapter 291, HRS, is remitted to the law enforcement agency that issued the citation; authorizes each county to enact ordinances to enforce the design and construction requirements for the provision of accessible parking spaces, including the establishment of penalties for failure to comply with the ordinances; and authorizes officials appointed by a county to enter the property of places of public accommodation to enforce violations of the county ordinances.



Health, Education & 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 2160 requires the State Council on Developmental Disabilities to submit a report to the Legislature that focuses on the health disparities experienced by persons in the state with developmental or intellectual disabilities and appropriates funds.

SB 2051 requires the State Council on Developmental Disabilities to collect data and submit to the Legislature a report focused on the health disparities experienced by individuals with intellectual or developmental disabilities in the state prior to the convening of the Regular Session of 2026.

HB 1657 requires all public schools to implement universal screenings for students in kindergarten through third grade to identify and support students who are at risk of dyslexia and other learning disabilities.

HB 1977 and **SB 2750** establish state policy to promote braille literacy for blind students; require the individualized education programs of eligible blind students to include the instruction of Braille and provision of Braille instructional materials under certain circumstances; require the Department of Education to establish a Braille literacy resource center; and make an appropriation.

HB 2712 and **SB 3001** appropriate funds to increase the funding for applied behavioral analysis services for persons with autism and requires the Department of Human Services to obtain maximum federal matching funds and pursue all other funding sources.

SB 3290 requires the Disability and Communication Access Board to convene a working group to study the state of American Sign Language in Hawai'i and requires the Department of Health to assist the working group in the preparation of a report to submit to the Legislature.

HB 1774 and **SB 2305** establish a silver alert program within the Department of Law Enforcement to help locate and safeguard missing persons who are 60 years of age or older, cognitively impaired, or developmentally disabled.

SB 2486 establishes a silver alert program within the Department of Law Enforcement to help locate and safeguard missing vulnerable adults with developmental disabilities or mental impairments that pose a credible threat to themselves or the health and safety of others.

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
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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 must ensure that these technologies are accessible to individuals with disabilities.

HB 1975, introduced by Representative Bertrand Kobayashi, and **SB 2751**, introduced by Senators Joy San Buenaventura, Dru Mamo Kanuha, and Karl Rhoads, establish accessibility standards for the distribution of public documents and media presentations by boards as defined in Section 92-2 of the Hawai‘i Revised Statutes.

HB 1976, introduced by Representative Bertrand Kobayashi, requires the Office of Elections to annually request funding for the Statewide Elections Accessibility Needs Advisory Committee and appropriates funds to the Office of Elections Statewide Elections Accessibility Needs Advisory Committee to gather information and provide outreach and voter education services for individuals with accessibility needs. **SB 2752**, introduced by Senators



San Buenaventura, Kanuha, and Rhoads, appropriates funds to the Office of Elections Statewide Elections Accessibility Needs Advisory Committee to provide voter education and outreach services for individuals with accessibility needs.

SB 2688, introduced by Senators Karl Rhoads and Carol Fukunaga, establishes the Access Hawai‘i Advisory Committee to advise the Access Hawai‘i Committee on how to improve accessibility to government information for people with diminished access to government information arising from disabilities; and requires the Access Hawai‘i Committee



to review the recommendations of the Access Hawai‘i Advisory Committee; implement appropriate action to improve access to the government; and include in its annual report the Access Hawai‘i Advisory Committee’s recommendations and the Access Hawai‘i Committee’s actions relative to the Access Hawai‘i Advisory Committee’s recommendations.

Recognition and Awareness

On July 7, 2023, Governor Josh Green, MD, signed **HB 834 HD 1 SD 1** of 2023 into law as **Act 246, Session Laws of Hawai‘i 2023**, recognizing American Sign Language as a fully developed, autonomous, natural language with its own grammar, syntax, vocabulary, and cultural heritage.⁵

More than 66,000 working age persons with disabilities reside in the state of Hawai‘i. Almost 40% of these residents currently are employed. On July 7, 2023, Governor Green signed **HB 794 HD 1 SD 1** of 2023 into law as **Act 245, Session Laws of Hawai‘i 2023**, designating the month of October as “Disability Awareness Month: Employment, Enrichment, and Inclusion” in recognition of the employment challenges and successes of persons with disabilities in our state.⁶

We strongly encourage our lawmakers to pass legislation promoting the inclusion, involvement, and independence of our 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

- ¹Interagency Committee on Disability Research. <https://mailchi.mp/a90d80bcaa69/acls-nidilrr-releases-its-20242028-long-range-plan?e=f1109ef4aa>. Accessed February 15, 2024.
- ²State of Hawai‘i Department of Health Executive Office on Aging. Statewide Mobility Management Report. Report to the Twenty Eighth- Legislature - 2015, <https://health.hawaii.gov/opppd/files/2015/06/Act-214.pdf>. Accessed February 15, 2024.
- ³Internal Revenue Service. ABLE Accounts - Tax Benefit for People with Disabilities. <https://www.irs.gov/government-entities/federal-state-local-governments/able-accounts-tax-benefit-for-people-with-disabilities>. Accessed February 15, 2024.
- ⁴State of Hawai‘i Department of Budget and Finance. Hawai‘i ABLE Savings Program. <https://budget.hawaii.gov/finance/achieving-a-better-life-experience-program-able/>. Accessed February 15, 2024.
- ⁵Hawai‘i State Legislature. https://www.capitol.hawaii.gov/sessions/session2023/bills/GM1349_.PDF. Accessed February 16, 2024.
- ⁶Hawai‘i State Legislature. https://www.capitol.hawaii.gov/sessions/session2023/bills/GM1348_.PDF. Accessed February 16, 2024.

Conclusion

FACING A BRIGHTER FUTURE THROUGH THE SUPPORT OF OUR LEGISLATORS & ADVOCACY FROM OUR COMMUNITIES

By **Kathy Wyatt**, 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 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

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.

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 that are effective in creating change 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.

- 1) The collective voices of multiple groups can be the fundamental and vital difference in demonstrating the critical mass demanding change.
- 2) 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. Personal, face-to-face contact or personal phone contact with key legislators and their legislative staff to educate them about important issues is the differ-

ence between success and failure. 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

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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 eventualities when the window of opportunity that change agents have been cultivating arises.

Hawai‘i has the fastest growing elderly population along with the longest life expectancy in the nation. The Silver Tsunami, with its many thousands of additional elders and unprecedented numbers of the very old, arrived in the 1990s and has not yet peaked. Thirty percent of Ha-

wai‘i’s total population, (approximately 475,000 individuals) will be 60 years or older by the year 2035. The fastest growing segment of the population are those 85 and older. They are the ones who will have the larger number of chronic conditions because they accumulate over time and with age. These kūpuna are at risk of having the highest rates of Alzheimer’s disease and other dementias, and to 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 members.

The state and federal governments have taken significant leaps with the establishment of the Kupuna Care Program and the RAISE Family Caregiver Advi-

sory 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.

Kudos to Senator Mazie Hirono for advocating for our family caregivers. Kudos to Caroline Cadirao, the Executive Office on Aging, and the Elderly Affairs Division for presenting their 2023 – 2027 Area Plan on Aging, promoting accessible, age-friendly, person-centered, and a caregiver supportive community that encourages active and healthy living across the aging continuum. And kudos to Senator Sharon Moriwaki for forming the Call to Action: A Meeting of Champions to address the needs, challenges and solutions for a quality long-term care system.



The Challenges

We must strongly consider and address five ongoing 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, and 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 the 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 before have so many lived so long; and

- Develop strategies and implement systems that promote and support the health, safety, and independence of our aged, disabled, and their family caregivers.

The COVID-19 pandemic threatened the policies and programs that protect the welfare of our kūpuna and persons with disabilities a few years ago. Last year, the Maui wildfires caused a need for massive funding to rebuild Lahaina, again causing a strain on what is needed to protect kūpuna and those with disabilities. Going forward, regardless of whatever crisis is at hand, their health and well-being must always be secured as a continuing facet of our caring society.

Information, Education & Research Resources

Public & Nonprofit Agencies

Hawai'i Aging and Disability Resource Center

The Hawai'i ADRC helps older adults, individuals with disabilities, and family caregivers find options for long-term supports and services available to them in the state of Hawai'i.

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

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 support services, nutrition services, preventive health services, elder rights protection, and family 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/ea

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

Hawai'i County Office of Aging (HCOA)

William Horace Farr,
County Executive on Aging
Kahi Malama – A Place of Caring
Aging and Disability Resource Center
1055 Kino'ole Street, Suite 101
Hilo, Hawai'i 96720-3872

Website: www.hcoahawaii.org
ADRC Statewide: (808) 643-2372
Hilo: (808) 961-8626
Kona: (808) 323-4392

Kauai Agency on Elderly Affairs

Kealoha Takahashi,
County Executive on Aging
Pi'ikoi Building
4444 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
J. Walter Cameron Center
95 Mahalani Street, Room 20
Wailuku, Hawai'i 96793

Phone: (808) 270-7774
Website: www.mauicountyadrc.org
Moloka'i (808) 553-5241
Lana'i (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

CareSift provides a uniquely personalized approach to matching seniors with care providers at no cost to families. CareSift works one-on-one with both caregivers and seniors to ensure a seamless process, from the first visit to the final paperwork and beyond.

Phone: (808) 400-9992
Email: info@caresift.com
Website: caresift.com

Disability and Communication Access Board (DCAB)

Kirby Shaw, Executive Director
1010 Richards Street, Room 118
Honolulu, Hawai'i 96813

Main Office Phone:
(808) 586-8121 (Voice)
(808) 586-8122 (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#
Kauai 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 501(c)3 organization whose mission is to care for caregivers by offering 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 (HPGS)

P.O. Box 3714
Honolulu, Hawai'i 96812

Website: hpgs.org
Sherry Goya, HPGS Executive Director
Phone: (808) 722-8487
Email: sgoyallc@aol.com

Medicare Nursing Home Compare

Find and compare Medicare-certified nursing homes based on a location and compare the quality of care they provide and their staffing. A nursing home is a place for people who can't be cared for at home and need 24-hour nursing care.

Website: www.medicare.gov/nursinghomecompare/search.html

National Alliance for Caregiving

The National Alliance for Caregiving is a non-profit coalition of national organizations who share a vision of a society that values, supports, and empowers family caregivers to thrive at home, work, and life. Its mission is to build partnerships in research, advocacy, and innovation to make life better for family caregivers. The Alliance conducts research, does policy analysis, develops national best-practice programs, and works to increase public awareness of family caregiving issues. Recognizing that family caregivers provide important societal and financial contributions toward maintaining the well-being of those they care for, the Alliance

supports a network of more than 80 state and local caregiving coalitions through its advocacy collaborative and engages researchers committed to caregiving through its research collaborative. NAC is a founding member of the International Alliance of Carer Organizations (IACO).

1730 Rhode Island Avenue, NW, Ste. 812
Washington, DC 20036

Phone: (202) 918-1013
Email: info@caregiving.org
Website: www.caregiving.org

Project Dana

Project Dana (pronounced: "dah-na") is a Faith In Action program that provides a variety of services to the elderly and caregivers to ensure their well-being, 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. Dana is a Sanskrit and Pali term meaning "generosity" or "giving." In Buddhism, it also refers to the practice of cultivating generosity. Ultimately, the practice culminates in one of the Perfections: the Perfection of Giving. This can be characterized by unattached and unconditional generosity, giving, and letting go.

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Phone: (808) 945-3736
Email: info@projectdana.org
Website: www.projectdana.org

St. Francis Healthcare System

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) 956-4457
Email: [cgsinfo@hawaii.edu](mailto:cdsinfo@hawaii.edu)
Website: cgs.coe.hawaii.edu

Center on Aging

University of Hawai'i at Mānoa
Myron B. Thompson School of
Social Work & Public Health

Christy Nishita, PhD, Interim Director
Gartley Hall
2430 Campus Road
Honolulu, Hawai'i 96822

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
Email: cof@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
Website: www.hawaii.edu/uhelp/index.html

Hā 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
Yeonjung (Jane) Lee, PhD, Researcher
Shelley Muneoka, MSW,
Project Coordinator
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Phone: (808) 956-7009
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Website: manoa.hawaii.edu/hakupuna



Aging & Disability Issues 2024

A Guide for Hawai'i's Legislators, Organizations & Citizens

