Economic Stimulus Act: What’s in it For Hawai‘i Boomers?

by Jeanine Yonashiro, MSG

Health care reform has been a major focus of the Obama campaign platform and policy agenda. Under the American Recovery and Reinvestment Act (ARRA) of 2009, Congress established a Prevention and Wellness fund to provide funding and support for health programs designed to promote the health of Americans through preventive measures. $650,000,000 has been set aside for evidence-based clinical and community programs that use evidence-based strategies to promote measurable health outcomes.

In Hawai‘i, thousands of individuals suffer from chronic diseases such as diabetes, arthritis, high blood pressure, and asthma. The Hawai‘i Healthy Aging Partnership offers programs to serve these individuals and promote better health and strength to seniors at-large. The EnhanceFitness Program and the Ke Ola Pono Disease Self-Management Programs encourage and empower seniors to live healthier lifestyles. Hundreds of Hawai‘i residents have participated in these programs and have experienced the positive, measurable health outcomes sought after under the ARRA legislation.

Chronic Disease Self-Management

A few years ago, Jo Reyes was contemplating taking early disability retirement. Twenty-five years of suffering with asthma, arthritis, diabetes, heart condition, gout, high blood pressure, neuropathy, and related consequences was taking its toll on her, physically, psychologically, socially, and financially. Although she had taken steps toward living healthier, Reyes plateaued, unable to progress further in her goal of losing weight and managing her many conditions.

Reyes is just one of many of boomers in Hawai‘i facing these challenges today. According to Dr. George Mensah and the Centers for Disease Control and Prevention, more than 1.7 million Americans die of chronic disease each year. Nationally, chronic conditions account for 75% of the $1.4 trillion spent on health care. Among spending for older adults, chronic conditions account for 95% of health care costs. As the U.S. population grows older, expenditures associated with chronic diseases are expected to increase significantly.

Unfortunately, taking control of one’s health and managing chronic conditions are easier said than done. Despite efforts toward living healthier lifestyles, many individuals find themselves unable to achieve lasting

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The Executive Office on Aging is the state agency whose mission is to promote dignity and independence of older adults, and to help prepare for the rapid expansion of Hawaii's aging population.

Phone: 808-586-0100
www4.hawaii.gov/eoa

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Upcoming & etc…

Honolulu Caregiver Series
The first of four caregiver seminars sponsored by AARP Hawaii and the Elderly Affairs Division dealing with long-term care issues was held on March 7, 2009. Speaker Lei Shimizu provided helpful tips on how to access and navigate available community resources.

The following three sessions of the series include:

Practical and Fun Skills for Caregiving.
Saturday, June 20, 2009
Kapiolani Community College, Ohia 118

What Do We Do About Mom?
Saturday, August 15, 2009
Explore family dynamics in decision making. Learn about finding and providing appropriate care at different stages in caregiving.

Legal Issues in Caregiving
Saturday, October 17, 2009
An overview of guardianship, power of attorney, living wills and trusts and more.

These seminars are free, but you need to register as space is limited. Call the Senior Helpline (808) 768-7700 for more information.

The Graying of Hawaii – A Documentary
The broadcast premiere of “The Graying of Hawai’i” was aired on June 18, 2009 at 7:30pm on Insights on PBS Hawaii. The 56 minute independent documentary, produced by filmmaker Marc Delorme and Audrey Kubota, explores long-term care, aging in place, family caregiving, and our state’s plans to meet the enormous demographic growth of our elder population.

Aaging in Place Workshop
The 3rd Annual Aging in Place Workshop will be held on August 29, 2009 from 9:00am – 3:00pm at the Ala Moana Hotel Hibiscus Room. This free event is being hosted by KHON2’s Morning News Anchor Kirk Matthews. For more information, please contact Percy Ihara at (808) 368-6747.

A Capitol Family Caregiver Awareness Day
As part of a year-long celebration of caregiving, the Elderly Affairs Division recently participated in the Hawai’i Family Caregiver Coalition’s annual Family Caregiver Day at the Capitol. The successful event was held on March 12, 2009. More than 50 community exhibitors were able to provide information about their resources and services. It was also an opportunity for family caregivers of elders and grandparents raising grandchildren to educate legislators about their most pressing issues and urged them to provide vital assistance. An “Aging Issues” guide was made available to the legislators, organizations, and general public. The report focuses on public policy and legislative issues dealing with aging, caregiving, and long-term care.

The Hawai’i Family Caregiver Coalition is a group of over 40 organizations and individuals that collaborates to address the needs of Hawaii’s family caregivers and to improve the quality of life of those who give and receive care by increasing community awareness of caregiver issues through advocacy, education, and training.

If you would like to join the Coalition or would like more information contact Wes Lum at (808) 586-0100.

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We provide access to our activities without regard to race, color, national origin (including language), age, sex, religion, or disability. Write or call EOA or the DOH Affirmative Action Officer at Box 2278, Honolulu, HI 96801 or at 808-586-4616 (voice/tty) within 180 days of a problem.
Know the 10 Signs of Alzheimer’s Disease

Have you noticed any of these warning signs? (Note: This list is for information only and not a substitute for a consultation with a qualified professional.)

Memory changes that disrupt daily life. One of the most common signs of Alzheimer’s, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; relying on memory aids (e.g., reminder notes or electronic devices) or family members for things they use to handle on their own. What’s typical? Sometimes forgetting names or appointments, but remembering them later.

Challenges in planning or solving problems. Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before. What’s typical? Making occasional errors when balancing a checkbook.

Difficulty completing familiar tasks at home, at work or at leisure. People with Alzheimer’s often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game. What’s typical? Occasionally needing help to use the settings on a microwave or to record a TV show.

Confusion with time or place. People with Alzheimer’s can lose track of dates, seasons, and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there. What’s typical? Getting confused about the day of the week but figuring it out later.

Trouble understanding visual images and spatial relationships. For some people, having vision problems is a sign of Alzheimer’s. They may have difficulty reading, judging distance and determining color or contrast. In terms of perception, they may pass a mirror and think someone else is in the room. They may not recognize their own reflection. What’s typical? Vision changes related to cataracts.

New problems with words in speaking or writing. People with Alzheimer’s may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a “watch” a “hand-clock”). What’s typical? Sometimes having trouble finding the right word.

Misplacing things and losing the ability to retrace steps. A person with Alzheimer’s disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time. What’s typical? Misplacing things from time to time, such as a pair of glasses or the remote control.

Decreased or poor judgment. People with Alzheimer’s may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean. What’s typical? Making a bad decision once in a while.

Withdrawal from work or social activities. A person with Alzheimer’s may start to remove themselves from hobbies, social activities, work projects, or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced. What’s typical? Sometimes feeling weary of work, family and social obligations.

Changes in mood and personality. The mood and personalities of people with Alzheimer’s can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone. What’s typical? Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

If you have questions about any of these warning signs, consult a physician. Early diagnosis provides the best opportunities for treatment, support, and future planning.
Economic Stimulus
Act and Health

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change, resulting in progression of disease, disability, discouragement, and high medical costs.

Developed at Stanford University by Dr. Kate Lorig, the Ke Ola Pono Disease Self-Management Programs empower individuals to take control of their health by teaching skills that help participants work toward achieving their personal health and lifestyle goals.

“The self-management programs differ from other programs because the programs encourage participants to build upon everyday success,” explained Leslie Tanoue, the Partnership’s Statewide CDSMP Coordinator. “Start where you are, and figure out what is important to you and work accordingly. No one is told what they should do, rather they are provided the tools to make their own choices and manage their health accordingly.”

“The programs are designed to complement and enhance medical treatment and disease management and do not conflict with participants’ existing programs and treatment. Workshops are interactive, teaching practical skills for living a healthy life with an ongoing health condition. Participants learn to celebrate and manage their health accordingly.”

While the Chronic Disease Self-Management Program (CDSMP) provides skills, support, and training for individuals with all types of chronic conditions, the Diabetes Self-Management (DSMP) and Arthritis Self-Management Programs (ASMP) focus their classes and content on managing these specific conditions.

Each program consists of weekly, two-and-a-half hour classes that meet over a period of six weeks. Often, classes are facilitated by community leaders with chronic conditions who can share their experiences and relate with class participants. During the course of the program, participants learn how to set achievable goals for themselves, create personal action plans, cope with symptoms and pain, and communicate effectively with their physicians. Beyond a typical patient education course, the Ke Ola Pono programs encourage interaction, support, and dialogue between participants. The regular interaction and group problem-solving activities grow relationships between attendees and lead to encouragement and social support for participants as they strive to achieve their personally-set and defined goals.

Evaluation of the CDSMP program conducted by Dr. Lorig reveals that program participation yields significant improvement in health status, reductions in Emergency Room and physician’s office visits, and overall cost savings for program participants. Even after accounting for program costs, the study estimated that the 2-year net cost savings per person ranged between $390 and $520.

“It was the best thing I’ve ever committed to,” Reyes says. “The support group approach, the tools I’ve learned, most especially the action plans, (and) the book developed by Kate Lorig. By implementing all of it, over time, (my health) progressively (got) better through trial and study. All of it has indeed been a blessing to me.”

Today, Reyes is a Master Trainer for Maui County. A key supporter and driving force behind Maui’s Ke Ola Pono programs, she now teaches others how to manage their chronic conditions and supports them in their progress and work. Sixty pounds lighter and free of asthma, heart problems, and diabetes, Reyes exudes a renewed energy and lease on life. She has greater personal confidence in her ability to manage her conditions and not surprisingly, her arthritis and neuropathy are less debilitating and now under her control.

Reyes concluded, “I no longer have to contend with high medical bills from frequent doctor visits, numerous meds, specialists, labs, (and) frequent hospitalizations. CDSMP has given me such freedom and energy that I am committed to sharing it with others.”

EnhanceFitness
Monday, Wednesday, and Friday mornings, Judi Murakami of Lawai accompanies her father, Tsukasa Murakami, to the EnhanceFitness class at the Kaumakani Neighborhood Center. Despite the long waiting list, Judi persisted in trying to get her dad into the class. “We just needed to get him into this thing,” she said.

The EnhanceFitness Program was designed to provide solid fitness instruction that improves and maintains balance, mobility, strength, and flexibility of program participants. The program has been tested at the University of Washington, in cooperation with Senior Services and Group Health Cooperative. A cost-benefit analysis by Dr. Ronald Ackermann, found that the average participant spent $301 less than their non-participant counterparts on health care costs associated with hospitalization and primary care costs.

Because her father has Alzheimer’s disease, Murakami helps him stay focused on completing the exercises. She explained: “I take my dad and I sit myself right next to him. I tell him, ‘Now you have to move arms or legs:’ I think the fact I’m able to go there and tell him is really great so that he doesn’t just sit there and not know what to do.”

Since joining the class, Murakami says her father doesn’t sit and lie down as much. “[EnhanceFitness] keeps him more alert and active. [A lot] of people from the area go. The people that are there, they welcome you.”

EnhanceFitness classes are offered on Kaua‘i. The Ke Ola Pono family of disease self-management programs, including the Chronic Disease Self-Management Program (CDSMP), Arthritis Self-Management Program (ASMP) and Diabetes Self-Management Program (DSMP), are offered at locations statewide.

Please contact your local Area Agency on Aging for more information on EnhanceFitness and Ke Ola Pono classes in your area.
Taking Care of Our Elders

Summoning Medical Help
While visiting with Robin, a caregiver friend, we had an opportunity to help her elderly neighbor. This woman had just returned home from shopping, went to the kitchen to fix a snack, experienced a dizzy spell, and hit her head on the counter edge as she fell.

Fortunately, her necklace was a device that she could press to summon help. Even though the volume had been turned up to the maximum level, it was a while before Robin's teenage children heard the operator's voice. Had the volume been set any lower, we might not have been able to help her.

We went next door to investigate, but because the doors were locked, we could not get into her house. She was eventually able to give us a family member's phone number, and later direct us to where she thought she had hidden a spare key. The process, however, cost precious minutes.

The story has a happy ending. The neighbor is back home and doing well. Here are some hints that we'd like to share:

If you or your loved one wears a device to summon help, check to be sure that the response box is turned up to the maximum volume.

A spare key is a great safety device. Do not hide it anywhere where the wrong person could find it. We have an agreement between several trustworthy neighbors where we exchange keys (do not attach any identifying tags), hiding the key in an outside location at a neighbor's house. This way, if the neighbor is not at home, or is incapacitated, house keys can be easily retrieved.

Leave a list of emergency contact phone numbers with a neighbor. Post a copy on the refrigerator. Take the time to list all medications, dosages, names, and phone numbers of all doctors. It will also be helpful to the emergency medical personnel if this list included all ailments. It is absolutely essential that this list be posted in a very conspicuous place.

If you are the person sending someone to the hospital emergency room, be sure to remove all valuables (especially jewelry) from your loved one. It is important to send identification card and medical insurance cards with the ambulance personnel. If you need to go through someone's purse or wallet to retrieve these items, have someone witness the process.

Have the same witness accompany you when you go through the bedroom, bathroom, or kitchen looking for prescription drugs. These should be bagged in a plastic bag and sent with the ambulance personnel.

Cutting the Cost of Drugs
Want to cut down on the cost of your prescription drugs? It might require some time and effort, but start by checking out the Internet site, entering the name of the drug (.nameofdrug.com) or the name of the manufacturing company (.companyname.com). Sometimes, a rebate coupon pops up. Be forewarned that rebate requests usually require an original cash register receipt.

Another way to cut prescription drug costs is to ask your doctor for samples. Still another possibility is to ask your doctor to prescribe generics.

Showers and Baths
If giving your loved one a shower is a challenging experience, you might find it easier to use a hand-held shower head that has a shut-off valve on the handle. This would eliminate the need to turn off, then turn on the water between shampoos and soaps, having to re-adjust the water temperature and volume each time.

Regarding baths, have you checked the thermostat on your water heater recently? You might have to have this adjusted by a professional, but scalding water temperatures might become an issue if you have a solar water heater.

Remembering Phone Numbers
If your loved one has trouble remembering phone numbers, you might want to program the speed dial on the phone to call the most appropriate person. One caregiver has programmed dad’s home phone to speed dial her cell phone. Be sure that it’s an easily remembered one-digit number.

Don't Dehydrate
This is turning out to be a very warm summer. Please be careful and diligent about your loved one's intake of liquids. Don't allow dehydration to become a problem. Try serving cooling slushes, iced coffee, iced tea, lemonade, or even water flavored with a sprig of mint!

Keeping Busy & Useful
If keeping your loved one occupied is a test of wills, here are a couple of suggestions: Assign mom the task of helping to prepare dinner by having her break off the root tips of bean sprouts. It doesn't matter if this job isn't done perfectly. Be sure to include a healthy dose of praise for participation!

Another caregiver’s husband is compulsive about doing the laundry. To avoid the problem of colors running and ruining entire loads, she now keeps a laundry basket full of inexpensive towels and tee shirts. He is happy to help. Later, while he is occupied watching television, she shakes out the dry, clean, folded laundry, dumps everything back into the laundry basket, and voila! There is another basket of clothes ready to be washed.

Hygiene and the Flu
Finally during this flu season, please remember how important it is to practice good personal hygiene. Wash your hands often. Don't forget to wash the hands of your loved ones, as well. (And don't forget to get the annual flu vaccine for you and your loved one.)

Disclaimer: The suggestions in It Worked for Me were found to be helpful by contributing caregivers and are not to be interpreted as fact or intended to guarantee similar results.
The Executive Office on Aging and the Policy Advisory Board for Elder Affairs are pleased to recognize the 2009 Older Americans Award recipients for Outstanding Senior Citizen Volunteers. The honorees are:

**Hawai‘i County**
- Sarah K. Togashi
- Ah Vin “Jacob” Zane

**City & County of Honolulu**
- Michiko Motooka
- Charles Clark

**Kaua‘i County**
- Janice S. Bond
- Arnulfo B. Diaz, MD

**Maui County**
- June Kaaihue
- Larry D. Carter, PhD

The leadership demonstrated by these award recipients, our Outstanding Older Americans for 2009, shows that Hawai‘i will benefit greatly from the growing population of older adults, because they have proved to be one of our greatest resources. They have led the way, showing support for our society by providing millions of hours of volunteer, community, and civic service through formal organizations as well as a variety of informal arrangements. They have enhanced our communities and personal lives by sharing and transferring knowledge of cultures, values, and life experiences among generations. Because of these honorees, the contributions of older adults will continue to flourish in the coming years since these individuals, the older citizens of today, are among the most active and engaged older adult populations in Hawaii’s history. They have shown that by working together, we can improve our quality of life, while paving the way for future generations.

It is with great pride and respect that the Executive Office on Aging and the Policy Advisory Board for Elder Affairs honors the 2009 winners of the Older American Awards for Outstanding Senior Citizen Volunteers.
When caring for grandchildren, one of the most important questions that arises is, “What do I need to do in order to ‘legally’ take care of them?” Knowing what option is best for you requires you to become familiar with each legal relationship.

Adoption is the most permanent of the five relationships. With adoption, you take your grandchild on as your own child. This means that you are financially obligated to support the child and if you and your spouse divorce, custody will be part of the divorce as well as child support. Once adopted, a child is legally your responsibility and the biological parents have neither rights nor responsibilities (including the responsibility to pay child support) toward that child.

Guardianship provides you with the legal authority to make decisions on behalf of the child, but does not require you to provide financial support. With a guardianship, the legal parents would be responsible for child support and could have visitation either formal (through the guardianship) or informal (upon your determination). The child’s legal parents would still be the child’s parents and either you or the legal parents could take action to end the guardianship if the legal parents become able to care for the child.

Power of Attorney (aka Temporary Custody Consent) is a time limited document which is signed by the parents (or parent with sole legal custody) and gives custody as well as the ability to make medical and educational decisions on behalf of the minor. This form is notarized.

Most agencies and institutions accept this form, however, they can require a guardianship.

Caregiver Consents for Education and Health Care allow grandparents with or without the consent of the legal parents to enroll a grandchild in their care in school or seek medical treatment for them. These consents must also include specific requirements in order to qualify.

Hanai is the traditional Hawaiian form of adoption. Children are given to other relatives and many times to the grandparents without any legal documentation or formal adoption. While the hanai relationship is recognized for public benefits, in child welfare cases and in housing discrimination, many state agencies and medical institutions may not recognize the hanai relationship.

Consider a few questions in determining what type of legal relationship is right for you and your grandchild:

- How long are you expected to care for your grandchild? The longer the time, the more you should consider an adoption or guardianship. The shorter the time, a power of attorney or caregiver consents may be just what you need.

- How well are or were the parents able to care for your grandchild? If your grandchild is living with you because the parents are unfit or unable to care for your grandchild, you may want to consider an adoption or guardianship. However, if you are only caring for your grandchild while their parent is at work, getting things settled to move the household or other temporary situation, then a power of attorney or caregiver consents should be enough.

- What’s being required by the different agencies, companies or organizations to recognize my caring for my grandchild? Research what kinds of services and access that you need to get for your grandchild in determining what type of status you need to have with them. For example, if you are intending to provide health insurance for your grandchild through your insurance, the company may require you to have guardianship or have adopted your grandchild.
Hawai‘i Conference Unmasks Fraud on Elders

The State Executive Office on Aging, SMP Hawai‘i, and the Elderly Affairs Division-City and County of Honolulu sponsored the Protect Detect Report—Hawai‘i Anti-Fraud Conference on April 25, 2009 at the Hawai‘i Convention Center. SMP Hawai‘i provided primary funding for the conference with a grant from the U.S. Administration on Aging.

Conference participants chose from among 17 different workshops that addressed exploitation and abuse of the elderly through investment schemes, lottery scams, identity theft, and health care fraud. Speakers included representatives from the FBI and HPD, State Departments of Commerce and Consumer Affairs, the Attorney General, the Executive Office on Aging and the Elderly Affairs Division, the University of Hawai‘i Elder Law Project, and Department of Family and Consumer Sciences.

The opening keynote speaker, Mary Twomey from the University of California-Irvine, engaged the audience in a spirited rap song she composed about elder abuse. Mayor Mufi Hannemann invited the audience to learn all they could to protect themselves from fraud and abuse. And Dr. Kimo Alameda closed the conference by encouraging everyone to honor our kupuna by holding to values of honesty and integrity. “If we do not engage in petty theft or bending rules ourselves, we will be better able to resist schemes that promise easy money,” said Dr. Alameda.

Noemi Pendleton (right), director of the State Executive Office on Aging, welcomes Mary Twomey, co-director of the Center of Excellence in Elder Abuse and Neglect at the University of California-Irvine. Ms. Twomey was the opening keynote speaker at the Hawai‘i Anti-Fraud Conference held at the Hawai‘i Convention Center on April 25, 2009.