HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
1177 Alakea Street, Suite 402 • Honolulu, HI 96813 • Phone: (808) 587-0788 • www.shpda.org
Kupuna Advisory Council - Plan Development Committee

Meeting Minutes

January 12, 2024 | 12:00 PM Hawaii Time
Virtually via Zoom and Physical Meeting Location at
The Keoni Ana Building, 1177 Alakea Street, Suite 402

MEMBERS: Melissa Ah Ho-Mauga, Pokiʻi Balaz, Michelle Cordero-Lee, Ritabelle Fernandez, Nathan Hokama, Jeanette Koijane, Kiaʻi Lee, Lawrence Nitz, Melvin Sakurai, Marilyn Seeley, Warren Wong
MEMBERS ABSENT: Derrick Ariyoshi, Lindsey Ilagan, Jinyong Lee, Brandy Shima, Mia Taylor
GUESTS: Cullen Hiyashida
SHPDA: John Lewin, Wendy Nihoa

ATTENDANCE RECORD OF MEMBERS

Date	11/2/23	12/8/23	1/12/24	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Melissa Ah Ho-Mauga	X	X	X							
Derrick Ariyoshi	O	X	O							
Pokiʻi Balaz	X	X	X							
Michelle Cordero	X	X	X							
Ritabelle Fernandez	X	X	X							
Nathan Hokama	X	X	X							
Lindsey Ilagan	X	X	O							
Jinyong “Jenny” Lee	X	X	O							
Kiaʻi Lee	O	O	X							
Lawrence Nitz	X	X	X							
Melvin Sakurai	X	X	X							
Marilyn Seeley	X	X	X							
Brandy Shima	X	X	O							
Mia Taylor	O	O	O							
Warren Wong	X	X	X							

Legend: X=Present | O=Absent | /=No Meeting | *-Chair | **-Vice Chair

TOPIC	DISCUSSION	ACTION
Call to Order	A quorum was established. The meeting was called to order at 12:02 p.m. by M. Ah Ho-Mauga, Chairperson, Kupuna Advisory Council (KAC) presiding.	
Roll Call	Member roll call.	
Welcome	M. Ah Ho-Mauga welcomed members and guest Cullen Hiyashida.	
Minutes	Motion to accept the minutes from the December 8, 2023, meeting. Vote: Unanimous. Motion carried. Call for public testimony – none.	
SHPDA Updates	J. Lewin, Administrator, SHPDA reported moving forward with the AHEAD Grant application and the introduction of a (new) bill at the upcoming Legislative session requesting operational and staffing resources for SHPDA. A brief discussion followed. Call for public testimony – none.	
Kupuna Advisory Council Priorities	Council members K. Lee, M. Cordero-Lee, P. Balaz, and W. Wong presented their lists of issues/challenges. Member M. Seely deferred her presentation and member R. Fernandez deferred her presentation time to guest C. Hiyashida. Lists were received from members not in attendance - D. Ariyoshi and J. Lee. All lists received are hereby attached to these minutes as attachment A. Presentations were followed by a question-and-answer period. Call for public testimony. C. Hiyashida presented oral testimony on the subject.	
Meeting Logistics	Discussion regarding meeting frequency. Unable to determine a recurring meeting date/time. Consensus to meet on February 9, 2024, at 12 noon.	
Announcements	W. Nihoa announced the opening day of the 2024 Legislative Session on January 17, 2024, and the Universal Access Advisory Council are hosting two educational sessions on the Maryland All-Payer Hospital Reimbursement Model on January 19th and 22nd at 12 noon.	
Next Meeting	January 25, 2024, 12 noon.	
Adjournment	The meeting was adjourned at 1:29 p.m.	

State Health Planning and Development Agency
Priorities Selection Process
Individual Issues/Challenges List

Name/Title: D. Ariyoshi Organization: Elderly Affairs, Dept of Comm Srvcs Date Completed: 12/15/2023

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Click or tap here to enter text. Housing, lack of affordability, frequent ownership changes, landlords lack of understanding of	Assistance related to housing is the highest requested topic at the Elderly Affairs Division. This includes searching for affordable housing due to reasons such as property resales, rent increases, and conflicts with landlords or others in or near the home. For those that experience challenges with housing, their lack of a stable & suitable residence greatly affects many other aspects of their lives and adds challenges or exacerbates existing ones to the point of personal crisis. Both the CDC and US DHHS recognizes housing stability & quality as important social determinants of health. In Honolulu, housing for elders is often an added-on challenge for medical providers and social service agencies that are serving patients and clients for other reasons. Since shelter is a basic need that directly affects issues these providers are addressing, they have no choice but to assist their clients with housing as well. This greatly reduces their capacities for what they were originally intended for. Examples: Hospitals and nursing facilities cannot properly discharge some patients because their lack of shelter (or lack of suitable shelter) would endanger their recovery. Social workers and discharge planners have to look into options beyond the scope of their roles so their patient is properly transitioned out of their facility. The result is the facility incurs increased costs and potentially reduces the capacity of patients it could serve. Frail elders are often displaced due to their apartment being resold, their rent has increased to more they can afford, their worsening condition cannot be safely accommodated, or they had a conflict with the landlord or other residents. We have	Click or tap here to enter text.

		frequently seen these clients deteriorate faster due to the stress and anxiety caused by searching and moving. Historically, our staff has spent a significant amount of time trying to help these clients find not only places they can afford, but that are suitable for their needs. Aspects of the built environment, such as stairs, space to accommodate assistive devices, and access to service and medical providers are factors to suitability.	
2	Click or tap here to enter text. Social Isolation	Social Isolation is directly related to other common challenges facing elders, such as access to transportation and food security. This is because having an active social network, either through friends, family, or community organizations, will increase opportunities for informal supports that can potentially assist with transportation, meals, money management, grocery shopping, etc. Medically, isolation is considered a serious public health risk by the CDC that increases risks of having dementia, heart disease, depression, and anxiety. It also increases risks of emergency department visits, hospitalization, and premature death. Social Isolation that is identified as a result of another issue is easier to prevent, identify, and address: The isolation may be recent where the elder previously had their own social connections that kept them physically, mentally, and emotionally healthy. Perhaps losing their ability to drive, having an unresolved dispute with friends, losing a venue for a club, closure of a local church, or the loss of a loved one started their isolation trend. In these cases, a little intervention could make significant progress. The elder may simply need information on other transportation options,	Click or tap here to enter text.

		mediation, finding a new venue or church, or counseling for coping with a loss. Social Isolation that is identified as the cause for other arising issues is much more complicated and a systematic problem: In these cases, the social isolation existed first and some outcome exposed the isolation of the elder. Previous to that point, they may have been isolated but managed to stay independent and inconspicuous. Perhaps they were involved in a serious conflict with others, broke a rule or law, caused injury or damage, or had a medical emergency that drew attention to their situation. Common examples are conflicts with neighbors that escalated, hoarding situations that result in hazards, and injury due to self-neglect or self-harm. Up until that point, the elder may have been isolated with a lifelong psychological or neurological condition that made them unknown to others. The condition may be undiagnosed and/or untreated, but regardless, if it had persisted for a significant amount of time, the likelihood of a successful intervention would be low. In EAD's experience, elders like these are inconsistent with complying with care plans or support plans towards solutions. In these cases, efforts of preventing future cases would seem to be more effective use of resources than remediation of existing ones. This could include public awareness campaigns, training for professionals and providers to recognize cases, training on interventions, and outreach efforts.	
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	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

State Health Planning and Development Agency

Priorities Selection Process

Individual Issues/Challenges List

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5	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

INSTRUCTIONS:

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2) Issue/Challenge Column. List your issue/challenge. Be clear and concise.
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5) Take time to review your list.
6) Combine any similar issue/challenge when possible.

State Health Planning and Development Agency
Priorities Selection Process
Individual Issues/Challenges List

Name/Title: Jeannette Koijane, Executive Director Organization: Kōkua Mau Date Completed: 12/7/2023

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Need more family/ caregiver support . Need more care options including Adult Day Care, increased access to home health and care in the home, respite care for families	Families and loved ones are overwhelmed. They cannot manage care of kupuna alone. This also can impact the safety of the senior and the caregivers. Burden on family with time, money., guilt and their own health . People may be forced to quit working or cut back on hours. We need expanded options and expanded personnel who can help including CHW and PHN.	E.g. Increase current family caregiver payment program through EOA, Respite programs for families need to be greatly expanded. (See #3 below) 50% of Caregivers for dementia patients end up in the hospitals for themselves!! For most people who fall into the middle income group, those who don't qualify for Medicaid but are not super wealthy, we need options to fill in the gaps.
2	Need more Palliative Care and models of care for the seriously ill especially outside of institutions	We do not currently have comprehensive services before people reach hospice. We need to have holistic, supportive services as people age that correspond to their needs. This needs to be preventative – think ahead to prevent the crisis.	This must include navigation and case management. Hopefully the new MedQuest Palliative care benefit will pass and offer a robust option for Medicaid members.
3	Affordable housing	Kupuna need affordable housing as do those who will be caring for them.	We see the increase of homeless seniors. We know that health workers are unable to find affordable housing so who will care for the kupuna?
4	Lack of health and healthcare literacy for patients, families and caregivers.	Lots of time is wasted as people try to figure out what is available, where to find care, what the options are. People need to know where to go for Information and Assistance.	People don't know what they don't know . Fits in with good navigation and case management.

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		With Advance Care Planning, we see this can Reduce burden on the healthcare system and family. Reduce unwanted, unnecessary treatments. Reduce family stress. Especially true for patients who develop dementia. You need to plan ahead to avert a crisis.	
5	Need to increase Dementia Services	Huge burden on family and loved ones. There is an increase in numbers of people who need this because of aging population as well as societal stigma.	Models exist to help create a dementia ready community. State Dementia plan was just released with lots of concrete suggestions

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Name/Title: Jenny Jin Young Lee Organization: UH Center on Aging Date Completed: 121123

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Care affordability	Elevated caregiving costs present a significant worry, further intensified by the restricted access to financial assistance for low-income and vulnerable families. This underscores the urgency of considering this issue as a priority for the aging population and their caregivers.	As one of the examples, adult daycare is not affordable. The cost is approximately $70 to $150. It isn't covered by Medicare.
2	A shortage of adequately trained personnel	A shortage of adequately trained personnel for long-term care, coupled with a scarcity of financial resources to recruit and retain skilled workers and medical professionals, underscores the critical need for addressing this issue for the aging population and their caregivers.	This issue will only increase due to increases in the aging population and increased longevity resulting in a higher prevalence of comorbidities.
3	Availability, access, and cost of long-term care, both in facilities and at home	With increased life expectancy comes a greater percentage of comorbidities and the prevalence of dementia. As such, there is an increased need for long-term care facilities. However, the availability, cost, and lack of trained resources are all limiting access. As such, this is a critical and growing issue, rated among the top issues by kūpuna	Rated among the top issues by kūpuna in the recent needs assessment conducted by EAD
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5	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

State Health Planning and Development Agency

Priorities Selection Process

Individual Issues/Challenges List

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State Health Planning and Development Agency
Priorities Selection Process
Individual Issues/Challenges List

Name/Title: Michelle Cordero-Lee Organization: Hawaii Meals on Wheels Date Completed: 12/15/2023

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Food/Nutritional Support Medical Meals- Low Sodium, Diabetic, texturized meals (chopped, minced, puree (honey texture, liquify)	Increase support "Food as Medicine" Biden administration allowing Medicaid funds to pay for food services • https://health.gov/our-work/nutrition-physical-activity/food-medicine • https://www.wsj.com/articles/u-s-begins-allowing-medicaid-money-to-be-spent-on-food-62f78cac • https://www.whitehouse.gov/briefing-room/statements-releases/2022/09/27/executive-summary-biden-harris-administration-national-strategy-on-hunger-nutrition-and-health/ Meals as the entre to battling social isolation • https://www.prnewswire.com/news-releases/addressing-the-epidemic-of-loneliness-meals-on-wheels-america-study-paves-the-way-for-transformative-solutions-301851140.html • https://www.mealsonwheelsamerica.org/docs/default-source/research/effective-solutions-to-address-social-isolation-and-loneliness-through-meals-on-wheels_june-2023_full-report.pdf • https://kaitlinwoolleycom.files.wordpress.com/2019/10/food_and_isolation-1.pdf Clients shy away from seeing social workers, however, when social worker and meal delivery are combined- two-person team or social worker coming with meal, the sw is met with more positivity Meal service for houseless clients at health clinic- this year we have had a handful of referrals where health clinics have asked us to drop off a diabetic meal as the client will come to receive their insulin shot at the same time.	✓ Meals support chronic health issues ✓ Social isolation ✓ Provides access to other services ✓ Ability to provide wraparound support ✓ Understand the differences between medical meals including texturized
2	Need for Mental Health Services	Nearly all of our clients come to us with mental health issues- social isolation, depression, anxiety. • https://www3.paho.org/hq/index.php?option=com_content&view=article&id=9877:seniors-mental-health&Itemid=0&lang=en#gsc.tab=0	✓ Phone bank of Volunteers ✓ Robocall not a fan but in some organizations may help

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		• https://www.ncoa.org/article/how-to-improve-access-to-mental-health-and-substance-use-care-for-older-adults Investing in social workers, para social workers, interns- to provide a visit either by telehealth or in person, volunteers No robocalls, telemarketers, scammers Check in calls for seniors that have dementia, reminders of eating meals etc… (there are some nonprofits that use an automated service)	✓ Concerns about the number of sales calls to seniors. ✓ When the phone rings they can trust it is a quality call ✓ Need engagement with faith based community, civic organizations, schools and community centers ✓ Robust volunteer network to be the eyes and ears of the kupuna
3	Increased service eligibility questions for everything	Need for kupuna navigators/advocates. Over 90% of our calls asking for service come from 3 sectors of the public: 1) Agencies (nurses, case workers, case managers 2) Family/friend advocates, and 3) self referral. Questions ✓ How does my client qualify for meal service coupled with needing support services (bathing, eviction issues, depression etc… ✓ Confusion about medicare/medicaid ✓ Self-referrals are not sure what type of insurance they have (Medicare or Medicaid) ✓ Some clients have 2 medicaid providers – 1 for nutrition and 1 for other support services ✓ Not sure if Medicaid expired	✓ Good/reliable navigation system ✓ Good/knowledgeable kupuna advocates
4	The need for an increased in government support system	Government support systems are at low staffing rates to handle the large increased in senior services ✓ APS referrals have increased from agencies ✓ Increase number of attorneys working on fraud, eviction cases etc.. /also to explain Power of Attorneys and all other legal documents (POA's, financial vs. daily activities,) ✓ Increase number of social service staff at the city and medicaid providers to handle and process referrals, assessments etc.. ✓ Number of case workers for Medicaid providers (unable to get call backs)	✓ Few staffing for APS investigators ✓ APS "self neglect standard is not clear ✓ Waits of 1-2 two months for assessments at all government systems ✓ Waits for call backs

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			✓ Transfer of clients between social service staff ✓
5	Increased collaboration between public and private service providers Education system that both public and private can use Education on family caregiving	Need to understand and gather all resources, qualifications for programs etc. Need to make sure that this information is constantly updated and disseminated to all agencies, made public etc.. Need to increase education: Clients that live alone- ✓ Advocate means- Some have no advocate (family or friend), partial advocate, a lot of advocates ✓ Financial Means- none, partial and a lot of financial means Clients that do no live alone ✓ Advocate means- Some have no advocate even if they live with family, partial advocate, a lot of advocates ✓ Financial Means- none, partial and a lot of financial means Inadequate physician knowledge A few things to think about; The rise in family caregiving; issues of caregiving across the lifespan; the influence health belief models and family attitudes toward seeking or accepting help have on problem solving; family systems theory (including issues like enmeshment and communication patterns); patient and family experiences with illness; gender differences in caregiving; physical, emotional, financial, family, and vocational consequences of caregiving, caregiver distress; techniques or inventories to evaluate caregiver burden; and roles, interactions, and strengths and weaknesses of health care team members working with caregivers. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2567280/	Click or tap here to enter text.

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1/3/2023	L	R.	Mother	daughter	100	1/3 daughter wants to learn more about program and sign up her mother. Spoke to Liz about her mother. Her mother lives with dtr.'s sister who has her own medical problems so she doesn't help. Her mother has cardiac amyloidosis, and a weak heart. She said she's not doing too well and is more frail, but they are hopeful she'll get better. She uses a walker and sometimes Liz pushes her mother around in a wheelchair so she can save energy. dtr helps her mother bathe and dress and also does all the grocery shopping and cooking. Mother had medicare A & B and Tricare. Wants a case manger to see what other resources are available. Gave her the ph# for EAD, but her mother does have assets because of her home but minimal income.
1/3/2023	S	G	Self		84	1/3 Caller wants to sign up for HMOW. 1/5 Spoke to client who lives alone, uses a walker and sometimes a wheelchair, and has a problem with her right leg swelling. She is supposed to keep it elevated and moving around doesn't help. She has Multiple Myeloma, arthritis, cancer in her bone marrow. She can bathe and dress on her own but slowly and only because she had her shower upgraded a few years ago to where she can just roll into her shower. She relies on friends for groceries and meals, but tries to make eggs or tuna fish if she can. She has a friend who brings in her newspaper and mail. She is interested in HOT meals and can't have sugar due to her cancer unless it's naturally in foods like fruit. She added that she has been improving on her mobility and strength - able to walk with walker on her own.

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1/3/2023	G	C	Friend	Susan	77	1/3 11:15am Spoke to Susan who works for a cleaning company. She said she spoke to someone at EAD but that their next assmt isn't until March 9. She was wondering if she would have to wait. Let her know to keep the appt to see if Client qualifies, but that she can in the mean time sign up under PP. Client uses a cane and walker. She can bathe and dress on her own. According to Susan a neighbor was helping to provide groceries but that neighbor is too busy now so Susan suggested MOW. Client can't cook but she can't stand longer than 15 min. She currently gets pizza's delivered which is unhealthy and also costly. Client has vertigo, diabetes, and thyroid problems. She does agree to the service. Working with Dr. to gather info. 1/11 rcvd call, Client was in the hospital and went to rehab but 24 hrs after she was home she fell and went back to the hospital and is still there. Susan will call us when she does return home
1/3/2023	H	A	agency	Bayada	76	1/3 Rcvd voicemail from Bayada that she wants to refer another client, client lives alone, has hypertension, chronic kidney disease, Type II diabetes, spinal stenosis, orthostatic hypotension, aortic valve stenosis, HOH, arthritis, hyperlipidemia, GERD, cataract, mini strokes, cerebral infraction, and a history of falling. She uses a walker and Bayada thinks she can bathe and dress on her own because a granddaughter does stop by to bring food but doesn't help her bathe. Bayada called government but appt won't be until March 24 and they would like to get started sooner.

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1/3/2023	S	S	agency	Waikik Comm health	85	1/3 Senior Manager is calling for her client. Client lives with a friend that is temporarily staying there, just got out of hospital. She is healthy, but 100% blind. She can't go out and has HBP. She uses a walking stick due to her disability. Ho'opono recommended her. She pays a caregiver for 1-2 hours for shopping. She has medicare, no medicaid. She can't cook because she is blind. She would like HOT meals. She would need help reading the forms and signing them, so I asked if she'd want me to stop by.

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Name/Title: Errol Kia'i Lee, Native Hawaiian Traditional Healing Services Coordinator Organization: Papa Ola Lokahi Date Completed: 1/8/2023

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Click or tap here to enter text. Dementia and its impacts to Native Hawaiians (the ethnic group at highest risk in Hawaii)	Funding and recent policy development is prioritizing health equity for at-risk groups such as Native Hawaiians. 2022 - 2023: DOH EOA funded the development of the first ever ADRD Native Hawaiian Road Map. In following, Road Map recommendations informed the EOA's ADRD State Plan on Aging. 2024: On 1/5, the EOA released a RFP for the Road Map implementation. In the next 5 years, recommendations from the Road Map will be operationalized to reduce ADRD risks.	EOA State Plan on Aging (Road Map mentioned on pg. 23: https://www.hawaiiship.org/blog/hawaii-state-plan-on-aging-2023-2027/ Papa Ola Lokahi landing page for Kupuna Brain Health: https://www.papaolalokahi.org/program/kupuna-brain-health Hawaii Alzheimer's Statistics Sources: - 2023 Alzheimer's Disease Facts & Figures Report - U.S. Census Bureau Data: - 282,567 people in Hawai'i are kūpuna (65 years of age or older) - 19,870 are Native Hawaiian - 9,688 Native Hawaiian kūpuna in Hawai'i are male - 10,182 Native Hawaiian kūpuna in Hawai'i are female - Alzheimer's Disease is the 6th leading cause of death in Hawai'i - 32,600 people in Hawai'i have Alzheimer's disease - 32% with Alzheimer's Disease died at home instead of a medical or care facility
2	Proper identification and use of Native Hawaiian traditional healing services within a modern health system	In 2023-2024, State MedQuest division is planning to update Section 1115 Demonstration to include Native Hawaiian Traditional Healing Services. As such, this raises concerns about what Traditional Healing truly is, who is qualified to provide such services (mostly of which are kupuna practitioners because of the time committed to learning in a traditional manner) and who it will attract to the	MedQuest 1115 Demonstration (Native Hawaiian Traditional Healing Services, pg. 55): https://medquest.hawaii.gov/content/dam/formsanddocuments/med-quest/section-1115-demonstration-renewal-for-2024/1115_Demonstration_Application_Public_Comment_FINAL_10132023.pdf Paoakalani Declaration for Native Hawaiian Intellectual and Property Rights: https://www.oha.org/wp-content/uploads/Paoakalani-Declaration.pdf Huamakahikina Hula Declaration: https://www.huamakahikina.org/

		field of practice. The discussion around this topic of integrative services needs more time - to meet with traditionally trained practitioners and Native Hawaiian serving stake holders, set up agreements for a process to measure and demonstrate impact, and determine a pono process and timeline for implementation. Papa Ola Lokahi also supports statewide Native Hawaiian Traditional Healing Kupuna Councils who in 2024 will release a Traditional Healing Declaration as a response to questions about traditional healing practices and to ensure its authentic preservation, protection, and perpetuation for future generations. Similar Declarations were released for Hula and Native Hawaiian Intellectual and Property Rights.	
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State Health Planning and Development Agency

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Individual Issues/Challenges List

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Individual Issues/Challenges List

Name/Title: Melvin Sakurai Organization: Research Information Services Date Completed: 12/6/2023

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Establish a progressively affordable, solvent, reliable, equitable, universal funding mechanism for long-term institutional and home & community-based care	Financing has implications for and touches EVERY aspect of long-term institutional and home & community-based care services, including: • Expansion of existing services and the development of new innovation service delivery modalities • Development of critically needed caregiver workforce • Quality assurance regulation (single source point for all payments) • Equitable and progressively affordable payments • Universal access Absent sound financing every other Kupuna care initiative is limited to band aid solutions with limited reach, compromised effectiveness, and siloed fragmentation.	The current long-term care (LTC) funding system is unsustainable for both individuals and the government. It leaves many individuals with inadequate care and the government struggling to meet the growing needs of its aging population as a function of: • Aging population: The number proportional share of older adults needing long-term care is increasing. • Rising healthcare costs. • Limited resources: Available financial resources to support long-term care are often restricted for both individuals and government. Institutional care, such as nursing homes and assisted living facilities, are expensive in Hawaii, often exceeding $10,000 per month. This can quickly deplete personal savings and force individuals to rely on Medicaid or other assistance programs. • Nursing homes: Average monthly cost in Hawaii: $12,644 (Genworth 2023 Cost of Care Survey) • Assisted living: Average monthly cost in Hawaii: $7,475 (Genworth 2023 Cost of Care Survey) Community-based care, including home care and adult day care, is somewhat more affordable.

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
			However, costs can still vary depending on the level of care needed and the services provided. • Home care: Average hourly rate in Hawaii: $30-$50 (AARP Hawaii) • Adult day care: Average daily cost in Hawaii: $75-$150 (Genworth 2023 Cost of Care Survey) None of these expenses are generally affordable for most Hawaii residents. Medicaid: While Medicaid covers LTC for low-income individuals, it faces constant budget constraints. Eligibility requirements and benefit limitations leave many without adequate support. Based on historical data, Medicaid typically represents around 15-17% of the Hawaii state budget—one of the top public expenditures, on par with: • Human Services: Encompassing various programs like welfare, disability support, and child protective services—typically accounting for around 25% of the total budget. • Education: Funding public schools, community colleges, and the University of Hawaii system—usually consuming around 20% of the budget. Establishing a mandatory universal tax-based funding mechanism: • Pros:

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
			○ Generates a significant and stable revenue stream. ○ Is fair and progressive, with contributions based on income or assets. ○ Creates a sense of shared responsibility for LTC within the community. • Cons: ○ Political ignorance and resistance ○ Design is crucial to ensure long-range solvency, affordability and equity ○ Requires careful management and allocation of funds to avoid waste or inefficient use—use trust fund mechanism with explicit statutory governance requirements Fiscal stability; a mandatory funding mechanism has the substantial advantage of having a universal risk pool that provides a robust and predictable basis for forecasting solvency requirements to foster long-term sustainability. This stability can be leveraged to: • Alleviate the caregiver crisis: Providing a reliable funding stream that can be invested in caregiver training, wages, and benefits, making the profession more attractive and retaining talent. • Expand and diversify services: The reliable availability of funding resources supports creating a broader spectrum of care options beyond institutions, including home-based care, adult day services, and culturally appropriate models.

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
			• Elevate quality: Ensuring the financial security for providers supports establishing prioritized quality improvement initiatives, training, and technology adoption. The existing funding mechanism comprising a host of tiny, fragmented risk pools creates instability and limits our ability to actuarially forecast solvency requirements and responsibly plan for the future. Transform MedQuest LTC spending by ceding MedQuest LTC expenditures (including Federal share) to the mandatory public funding Trust Fund.
2	Invest in the development of a qualified and trained healthcare workforce	There aren't enough trained and qualified LTC caregivers even as the demand for care continues to grow. The imbalance between supply and demand will have severe consequences: • Limited access to care: Individuals and families struggle to find qualified caregivers, leaving them vulnerable and unsupported. • Increased reliance on government programs: Medicaid, already strained, will face even greater pressure. • Financial hardship: Many families are forced to spend down their savings or take on debt to cover the cost of care. • Stress on the healthcare system: Hospitals may see increased admissions due to inadequate home	The graying of Hawaii: • Hawaii's population aged 65+ is projected to double by 2030, reaching over 250,000. • This demographic shift will significantly increase the demand for LTC services, including home care, assisted living, and nursing facilities. Paucity of care giving workforce: The number of qualified LTC workers is not keeping pace with the rising need. There are many familiar contributing factors: • Low wages: Caregiving is often seen as a low-paying, undervalued profession. • Limited career advancement: Opportunities for growth and training can be scarce. • Prohibitive cost of living: Hawaii's expensive housing and general costs make it challenging for caregivers to afford living here.

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
		care, further burdening an already stretched system.	• Burden of care: Caring for someone with complex needs can be physically and emotionally demanding, leading to burnout. Elevating the Caregiver Profession <u>costs money</u>: • Wage parity: Ensure caregivers are compensated fairly. • Career advancement: Create clear pathways for professional development, training, and specialization. • Benefits and recognition: Provide comprehensive benefits packages and public recognition for caregivers' dedication. Addressing the financial aspect is crucial. Without a reliable and fair funding mechanism, the entire system will be shaky.
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State Health Planning and Development Agency

Priorities Selection Process

Individual Issues/Challenges List

	ISSUE/CHALLENGE	**WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE**	**COMMENTS**
5	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

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2) Issue/Challenge Column. List your issue/challenge. Be clear and concise.
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4) Comments Column. Include any supporting notes, references, and qualitative data here.
5) Take time to review your list.
6) Combine any similar issue/challenge when possible.

Individual Issues/Challenges List (List) Guidelines:

1. Consider Issues/Challenges you have encountered or are aware of in your current professional position.
2. The Issues/Challenges you identify can be wide-ranging and broad, but should have a direct connection to the health of the Kupuna community.
3. Review Data (Quantitative & Qualitative) if/when possible. The attached Data Resources List provides links to local and national data and reports. A few of the listed resources provides a query building function where you can create your own data tables and reports. Note, this list is not a complete list of data resources and may be updated in the future.
4. Utilize the attached Selection Criteria and Considerations to help you determine and narrow down your Issues/ Challenges.
5. Include no more than five (5) issues/challenges on your list.
6. For your reference, a sample completed Individual List is attached. Note, this sample is not specific to Kupuna.

The entire long term care spectrum is a challenge. To include it in our new health coverage will be very expensive. From anecdotal information the cost to keep a person at home with 24/7 care is about $220,000 per year. Nursing home costs are will up in the $100,000 range. Lower levels are also costly.

The quality of care is a great issue. Work force declines have made the matter worse. Even in costly assisted living settings staff turn over is high, food quality had declined and residents are feeling these acutely. Our capacity to monitor quality of care in residential facilities has traditionally been very limited. Recently we are adding ombudsmen in each county and more than one on Oahu. However given the number of nursing home beds and Care Home beds we do not meet minimum requirements from the federal funding agency. Over sight is critical for the most vulnerable.

Service providers have left in droves with covid and workforce issues to name a few. This leaves too few providers for the already inadequate funding sources to maintain. When state funds are

unspent it is impossible to make a case that there are many many unmet needs in the state. Medicaid services for those who qualify are critical is not totally adequate for care levels. Family members make up for the help needed when paid professionals are not there. There is also a large group of seniors whose income is just above the poverty level by 10% or so whose ADL needs are as acute as those of the medicaid population in Long Term Care, yet the funding for this group combined from federal and state sources is less than $1500 a year on average per person. The Executive office on going is charged with meeting the needs of persons age 60 and over no matter what their needs are with preference given those most in need. Will we include these very needy seniors in our coverage?

What we have known for a very long time is that if we invest in upfront preventive services in our older adults groups we reap the benefits as they age reducing their needs. These include physical social financial and other areas. Our local healthy aging programs are very popular and assist seniors with physical activities, healthy lifestyles and social interaction all of which are proven services to reduce or delay the far more expensive levels of care. Yet we struggle to find the funding for these programs. In general "prevention" is far less regarded by state and federal legislators and gets place on a lower priority level. General preventive education needs to be wide spread and available to our diverse population.

Family and friend have always and will always be paramount in the care of seniors. Their needs were not recognized for many years. We now understand how important this resource is and how we need to nurture and sustain it through information, training and emotional physical and social support. Historical we find we lose caregivers in many cases before we lost their impaired family members due to the tree they face often when they are in their senior year themselves. The case of the 90- year olds caring for 100 year old parents is a classic example.

This is only a summary of needs. We put long term care into three categories for clarification: financing care, having adequate

services for care and maintaining a high level of quality and security in care.

I have been out of the day to day work for seniors so do not have up to date date. I leave that up to DHHS and the Executive Office on Aging and others to provide.

Marilyn Seely, PABEA member and former director of the state Executive Office on Aging

State Health Planning and Development Agency
Priorities Selection Process
Individual Issues/Challenges List

Name/Title: Ritabelle Fernandes Organization: UH, JABSOM Date Completed: 12/8/2023

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Click or tap here to enter text. Long term care services at home	- Kupuna wish to age in place, not institutionalized - Caregivers are burnt out - NH costs are rising - Medicaid, VA covers home and community based services. But large majority of the population are on other insurances which do not cover LTSS.	Home care – robust effective programs can be created and modeled. This can prevent ER/hospitalization and reduce overall healthcare costs. Fernandes R, Fess E, Sullivan S, et al. Supportive care for superutilizers of a managed care organization. *Palliat Med* 2020; 23(11):1444-51.
2	Social services and programs for healthy seniors	- Prevention is key. Need to maintain function. - Senior centers need to be expanded - Kupuna care has a wait list - RSVP programs such as Senior Companion, Respite companion could be expanded to enroll more volunteers.	Lanakila Multipurpose Senior Center- CCH is a model that could be expanded to all Hawaiian islands.
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State Health Planning and Development Agency

Priorities Selection Process

Individual Issues/Challenges List

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State Health Planning and Development Agency
Priorities Selection Process
Individual Issues/Challenges List

Name/Title: Poki'i Balaz Organization: Kokua Kalihi Valley Date Completed: 12/29/2023

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Caregiver Financial Health /Employment	In 2019, 53 million people provided informal care nationally Hawai'i > 60K caregviers Contributing a value of over 1B lifetime cost of care at $392,874 of which 70% is borne by CGS out of pocket expenses estimated at &K to 12K per year four out 10 reporting they had no money for more food three out of 10 report eating less OOP costs are associated with medical/personal care, household/personal expenses, home modification, or respite services Two thirds of CGs who work full time report that the first or second challenge is juggling caregiving and work Caregivers' experience lost wages estimated at $522 billion dollars per year and Employers lose an estimated $33 billion dollars per year due to CGs leaving the workforce Work related challenges include taking a leave of absence, leaving the workforce, turning down a promotion, leaving work early, arriving late, losing benefits, and retiring early. Finances are compromised as costs of care increase, Six in 10 caregivers report working while caregiving. Eighteen percent of dementia caregivers reduced their work hours to provide care 22% use up their short term savings 12% use up their long term savings	long term care insurance plan Ex: Washington State Expanding the Medicaid personal attendant program Workplace culture Expanding benefits (EAP programs) Schedule flexibility Mgmt Training State toolkit Leave programs (paid sick leave) Expand family definition Tax credits
2	Click or tap here to enter text.		

State Health Planning and Development Agency

Priorities Selection Process

Individual Issues/Challenges List

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State Health Planning and Development Agency

Priorities Selection Process

Individual Issues/Challenges List

Name/Title: Warren Wong, MD Organization: Kupuna Advisory Date Completed: 12/12/2023

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Poor identification of and outreach to caregivers and frail elderly living in home and community. Lack of targeting is one reason few services are provided.	According to the longtermcarescorecard.org: Hawaii ranks 36th in percentage of Medicaid funds going to HCBS; 28th in percentage of beneficiaries using HCBS The Aging in Hawaii survey revealed that 33% found it difficult/very difficult to find information. The top four responses included information about community resources, Medicare or other health insurances, **in-home services, and caregiving services.**	High touch interventions are needed for caregivers. Successful interventions need to be highly and correctly targeted to be cost effective. Public service announcements and "any-door" approaches are important but not sufficient. Caregivers often lack the time, energy & resources to seek help
2	Lack of a clear, effective, and organized process for HCBS. There is a lack of synergy and a lack of a model.	According to an AARP survey, 41% of Hawaii respondents are concerned about caregiving and 23% are current caregivers. HCBS challenges are huge going forward. The Quest KupunaCare program is very underdeveloped There are a number of concerned stakeholders but very limited interaction (silos), consensus building, strategy	Clinic and hospital based care is somewhat standardized as is hospice care but there is a chaos of limited services for HCBS Pilots are needed to grow and implement quality HCBS Stakeholders need to paddle together in the same direction.
3	Tech innovation is needed to optimize work force issues and HCBS.	Workforce issues are cross industry and have no fix in the near-future. We cannot expect to out compete other sectors to resolve healthcare workforce issues, especially in low compensation work. Technology can support caregivers 24/7	HCBS is a disruptive model but technology is a required implementation tool Technology has reshaped the banking industry but healthcare lags. Hawaii can pilot HCBS and Tech
4	Lack of a loving, committed, innovative, and connected Community of support for HCBS	A strong community is the foundation underneath a formal social and healthcare network of services. A strong community provides advocacy and funds. A sense of social cohesion results in better health outcomes Healthy aging through societal participation | McKinsey	AARP is very interested in HCBS Is there an expanded role for senior center hubs? Many seniors participate in ymca This challenge is the most long-term A strong community gives vitality

State Health Planning and Development Agency

Priorities Selection Process

Individual Issues/Challenges List

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A Real Person

- Meets Nursing Home Level of Care Criteria
- Lives in the community
- Belongs in the very large “Gap” group, not wealthy, not Medicaid
- High risk for hospitalization and high healthcare costs
- Short life expectancy 2 years or less

Mr. Silva is an 86-year-old retired construction worker with a medical history of Diabetes, congestive heart failure, vascular dementia, and stroke. Stroke resulted in cognitive impairment. He does not speak much English. At baseline he is 196 pounds and is 67 inches tall. He is ADL impaired. He can transfer out of bed but needs to be closely supervised with a walker. He is functionally incontinent of urine.

His wife is his caretaker. She is a slim 82-year-old lady who speaks English as a second language. She can cook and do light housework. Because he is incontinent of urine, Mrs. Silva uses pullup incontinence briefs with an extra layer of incontinence pad inside. When his pads are thoroughly soaked, Mr. Silva stands up holding on to his walker and his wife pulls off the briefs and puts on a new one.

Mrs. Silva is stressed and anxious. She wants to care for him as she cared for her father when he passed. Her children try to explain that best care for her father may not be best care today for her husband. She has been prescribed low dose antidepressant. Mr. Silva does not sleep through the night. Both are often awake for several hours in the middle of the night. She is not capable of ambulating Mr. Silva. She does not take good of herself. Her children do all her shopping for her as she rarely leaves her husband. Both struggle with loneliness and feeling trapped in their home. Her children are frustrated and saddened by her poor self-care. Her daughter and son-in-law visits in four evenings a week and gives her respite. Another daughter visits on Saturdays. At those times, she takes naps. Other family members are supportive but provide limited hands-on care. She also has friends at church. She would like some help to provide both personal care and general housekeeping assistance.

Mr. Silva is hospitalized every year. He resists being sent to ER and does poorly in the hospital. He has been hospitalized for cellulitis. Cellulitis recurs as Mr. Silva does not engage in self-care to prevent cellulitis. On another occasion he was hospitalized with CHF. After hospitalizations he is usually transferred to a skilled care facility. He is then discharged home. When he is first discharged home, he is usually more ambulatory. However, once home care services are stopped, he regains weight and becomes very sedentary.

Realities

Institutional long-term care is not the answer. It is the best solution for only a small number of patients. It is expensive, undesired by most patients, small profit margins heavily regulated and with major workforce issues.

Frail elderly population will grow exponentially.

Elders want to stay in community.

Gaining a larger part of the government budget for elder care is not THE answer in view of the future of the world.

The current healthcare system model does not work for frail elderly. Improving efficiency is not the answer.

Workforce issues are cross industry and have no fix in the near-future. We cannot expect to out compete other sectors to resolve healthcare workforce issues, especially in low compensation work.

More of the caregiver burden will fall on families and the community.

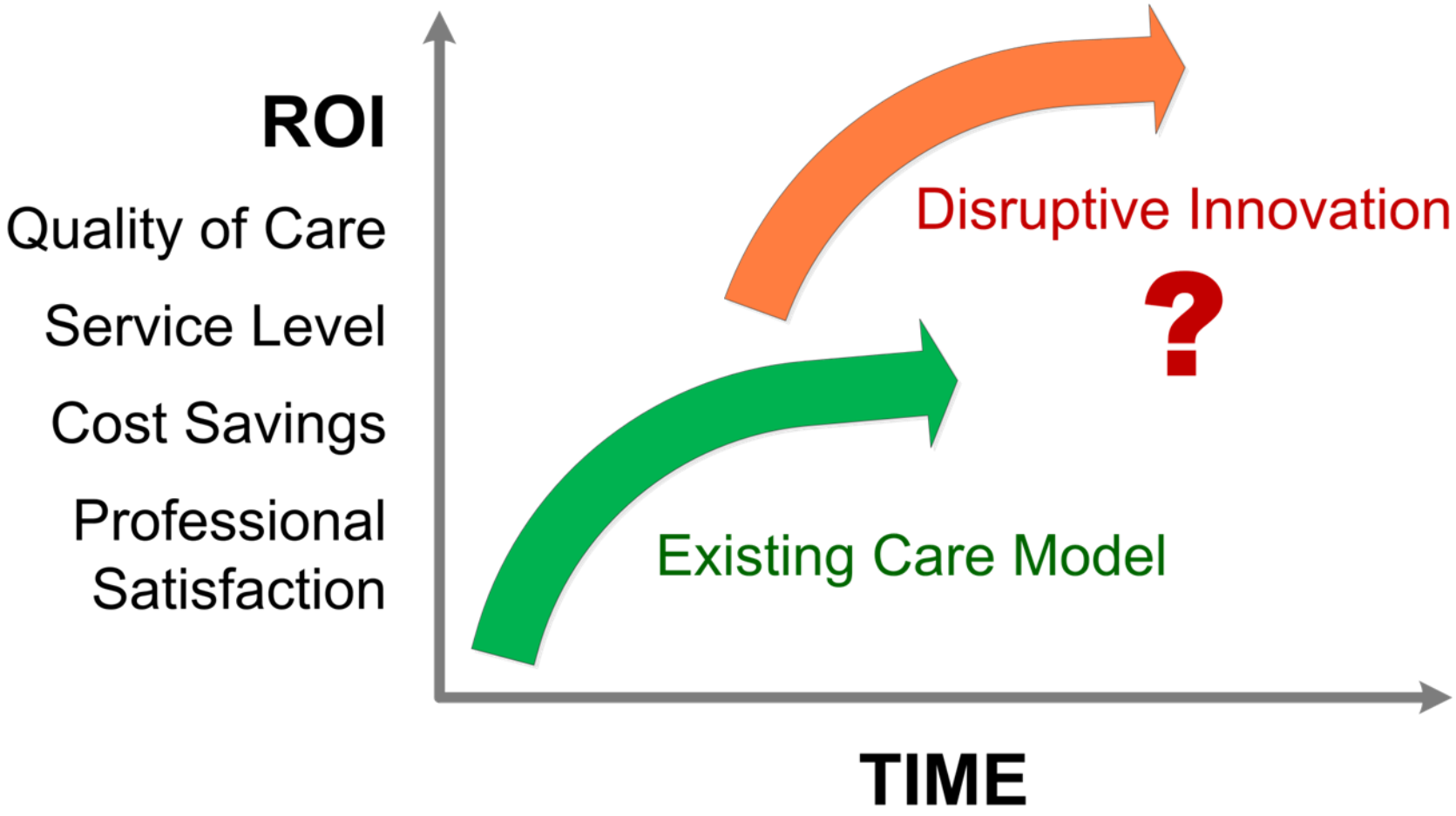
Home and community-based care needs major innovations.

Unmet needs

in the current hospital centric care system

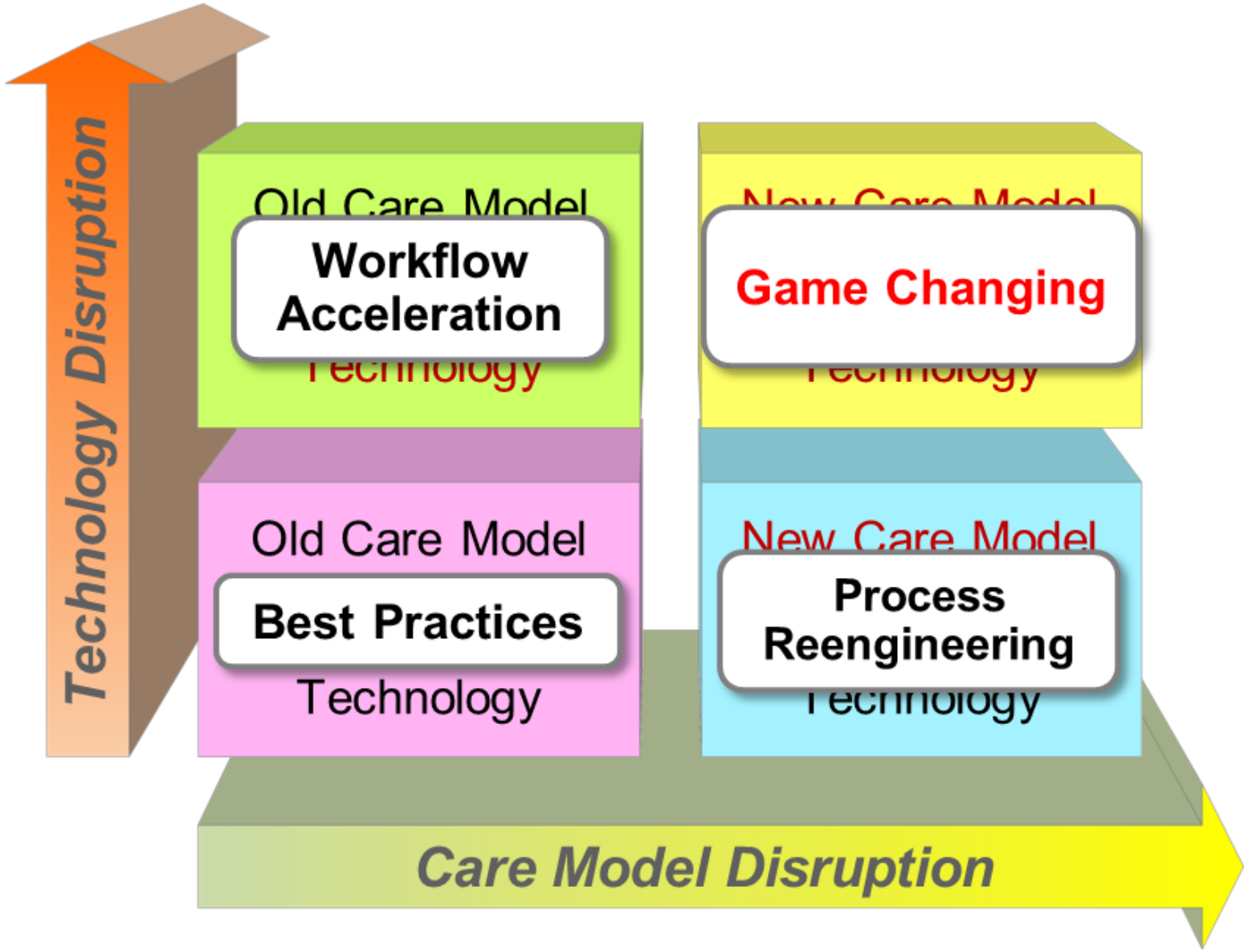
Patient loses	Stay out of the hospital Live with family Die at home
Caregivers lose	Help with caregiving and time-consuming tasks Emotional Support Respite Avoid financial burden
Health system loses	Provide care that improves lives Provide services that meet needs of frail elderly Avoid costly and non-revenue enhancing services Avoid staff intensive care Avoid long and costly hospital stays
Payer's lose	Cost effective care Pay for services that improve lives Avoid high-cost recurrent care.
Community loses	pride in care of frail elderly assurance that aging is not a time to fear empowered community, working as a village connectedness, awareness

Doing the same thing better has diminishing return
Innovation is needed to get to the next level



We need a game changer

A new approach together with the technology to support it



Past Demonstration Projects
Expanded home and community-based services have not shown major impact:

Social HMO
Long Term Care Channeling Project

Why?

A “Bundle” is a set of services in which every service is essential for effective outcome. What is the needed bundle?

Community based palliative care key: providers and payers
Respite for caregivers key: respite resources and payers
High touch emotional support for caregivers key: community, and technology
Economic support to caregivers Key: community volunteers and payers
Financial model that is consistent with services provided
  key: health systems, community service providers, and payers
A community that provides volunteer assistance “volunteer bank”
  key: community navigators, social media, church, ? schools
Robust community based professional services.
  key; home care industry, payers, tech innovators
Excellent care planning resulting in strong and enthusiastic consensus

Required characteristics

Right care for the right situation at the right time

Trustworthy, all sectors reliable and timely

Culturally sensitive

Seamless, coordinated

Patient and Family Centered

Aligned

Outside the box solutions to specific scenarios

The Daily Touch
A Village Ecosystem
Belief: A loving, committed, innovative, and connected community can accomplish audacious goals

A bundled payment for home and community-based care of frail elderly patients at high risk for hospitalization and skilled care services

A community organization provides community navigation, networking and develops contracts. Service provided within a close-knit geographic area.

Strong emphasis on volunteer and community organizations/church

Contracted home based palliative care services.

Daily emotional and caregiving support with technology innovation, daily data

Scenario one:
Wife is overwhelmed. Program convenes family meeting. Decision made to provide some funds to family and family agrees to provide services. Church group is contacted and provides daily one hour respite.

Scenario two:
Wife calls pilot program. Patient is agitated. Case manager comes to house. Patient for whatever reason has calmed down. Case manager chats with wife for an hour. Family is notified. Calls occur more frequently over next several days. Volunteers help. Overnight respite provided for 3 days. Eventually day care started 3 days a week.

Scenario three:
Patient falls on floor. Program called. Nurse practitioner comes to house. no obvious significant injury. ER offered but pt and family decline. Pt seen daily over next several days.

what is the role of technology

Daily data entry and monitoring

Telemonitoring and encounters.

coordinated communications within “village”

Logistically coordination and “just in time” services

Pilot Design

Design: A case series.
Pilot size: 25, 50, 100 or more than 100?
Pilot duration: 2 years
Pilot location: ?, it's important to pick a location where initial success is possible. The pilot clients should live in that location.
Pilot target population options:

- Patients discharged from SNF using certain criteria from MDS
- Patients identified by AAA
- ADL dependent seniors with recent hospitalization (identifying this cohort is doable but requires more work)

Outcomes:
For an extremely small study, case studies are usually done.
Can monitor ER visits, hospitalizations. Small studies are prone to bias.
Satisfaction data.

Staffing and budget: