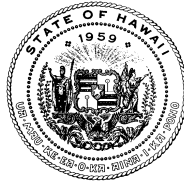




HB 763 HD1

Measure Title:	RELATING TO THE ELDERLY.
Report Title:	Seniors; Executive Office on Aging; Playgrounds; Appropriation (\$)
Description:	Requires the Executive Office on Aging to establish a three-year senior playground pilot program within the executive office on aging. Requires reports to the Legislature. Appropriates funds. Repealed June 30, 2019. (HB763 HD1)
Companion:	
Package:	None
Current Referral:	HSH, WAM
Introducer(s):	CULLEN



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Testimony COMMENTING on HB763
RELATING TO THE ELDERLY

SENATOR SUZANNE CHUN OAKLAND, CHAIR
SENATOR JOSH GREEN, VICE CHAIR
COMMITTEE ON HUMAN SERVICES AND HOUSING

Testimony of Terri Byers
Director, Executive Office on Aging
Attached Agency to the Department of Health

Hearing Date: March 19, 2015, 1:45pm Room Number: 016

1 **Office Testimony:** The Executive Office on Aging (EOA), an attached agency of the
2 Department of Health, would like to provide comment on this proposal. While we support the
3 intent of this measure, we have three concerns. 1) Inadequate resources, 2) duplication of current
4 programs and 3) costs.

5 First, EOA does not have the resources required to administer and maintain such a program or
6 meet other requirements of the proposed legislation. The measure page 2, lines 3-7 states, "The
7 Department of Health and other state agencies shall assist the executive office on aging and any
8 provider agencies contracted for the senior playground pilot program to identify, contract, and
9 convey land and improvements available for use for the pilot program." EOA is not in a position
10 to have oversight of land use and improvements needed as this bill states. This would required
11 extensive collaboration with other state agencies who may have the expertise regarding land use
12 and conveyance of land.

13 Second, EOA has seen a growing trend on the mainland and in Europe for these playgrounds for
14 seniors. The measure addresses the playground as a fitness park for older adults to exercise to
15 serve as preventative care to the propensity for falls. EOA Profile of Successful Aging Among
16 Hawaii's Older Adults, January 2013 rates Hawaii's older adults engage in more leisure and

exercise time compared to older adults nationally at a rate of 76.8%, compared the national average of 67.6%.

Since 2006, the Executive Office on Aging has implemented Evidenced Based Interventions through the Healthy Aging Partnership (HAP) to address chronic conditions as well as fitness and falls. These programs are scientifically proven to work, as we hold true to the fidelity of the program and the evaluation components. We implement two evidenced based interventions namely the Stanford Chronic Disease Self-Management Program and the EnhanceFitness. CDSMP has engaged 1,914 people (mean age 70 years) in the program that includes 6 weekly classes, each 2.5 hours long. Outcomes of the project include decrease in visits to physicians' offices, ER, and hospitals, increase minutes spent in physical activity, and fewer negative symptoms from chronic conditions reported. The EnhanceFitness (EF) consists of one hour classes, three times a week. Every 16 weeks participants are asked to take physical performance tests. Classes are facilitated by a certified fitness trainer with additional training in EF. The fitness instructors lead older adults through structured group exercise sessions of stretching, low-impact aerobics, and strength training to become more active, energized and empowered to sustain independent lives.

EF Evaluation Findings: HAP has provided 565 seniors with EF. Hawai'i EF participants are, on average, 77 years old. The majority of EF participants are non-White (41% Japanese, 21% Filipino, 7% Native Hawaiian, and 30% White). Many EF participants report having chronic conditions, for example, 44% have hypertension, 42% have arthritis, and 25% have diabetes. Findings from the physical performance tests, comparing baseline to 16-week data, are available for 363 Hawai'i EF participants. Findings demonstrate that, after 16 weeks in the program, participants:

- Reduced their falls by 28%.
- Increased the number of days spent in physical activity per week by 26%.
- Showed improvement in measures of physical function, including:
 - Improved upper-body strength, as tested by number of arm curls per minute

1 ○ Improved lower-body strength, as tested by number of chair stands per minute

2 ○ Improved balance, speed, and stamina, as tested by the Up-and-Go test

3 Both interventions are provided through the Area Agencies on Aging in each county and utilizes
4 in-kind support such as community centers, churches, meals sites and alike to conduct both EF
5 and CDSMP.

6 EOA is unclear as to who would provide the supervision of the senior playground, an ongoing
7 cost. From a program management perspective, would participation at the senior playground be
8 limited to 60 and older? How would we restrict use of the playground by others? Who would
9 monitor this? In addition, without a certified fitness type instructor or coach to monitor the use of
10 the senior playground, we are worried about possible misuse of equipment that possesses liability
11 questions for the State and its partners. The measure is intended to prevent falls. However,
12 without proper supervision and use, it may have an opposite effect. Like a pool would need a
13 lifeguard, what is the safety measure for the senior playground?

14 The Counties have their own ongoing Parks and Recreation Programs and activities throughout
15 the State for older adults from swimming, tai chi, aerobics, and tennis to name a few.

16 Last, though this measure is well intended to provide a three year senior playground pilot project
17 to address the health needs of older adults, our final concern is over the costs to build and
18 sustain the project. At the City and County of Honolulu's procurement website, there is a current
19 bid for the development of a children's playground in Niu Valley. The funding estimate for the
20 development of the bid is \$250,000. This is for construction alone. Ongoing maintenance costs
21 would need to be factored into this measure.

22 **Recommendation:** The Executive Office on Aging feels that this measure has many unanswered
23 questions. We respectfully ask that this measure be deferred until further analysis can be done.
24 one. There are too many unanswered questions and high risks involved if this were to move
25 forward.

26 Thank you for the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
To: [HSH Testimony](#)
Cc: rustonu@gmail.com
Subject: *Submitted testimony for HB763 on Mar 19, 2015 13:45PM*
Date: Monday, March 16, 2015 12:32:12 PM

HB763

Submitted on: 3/16/2015

Testimony for HSH on Mar 19, 2015 13:45PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Ruston Utu	Individual	Support	No

Comments:

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