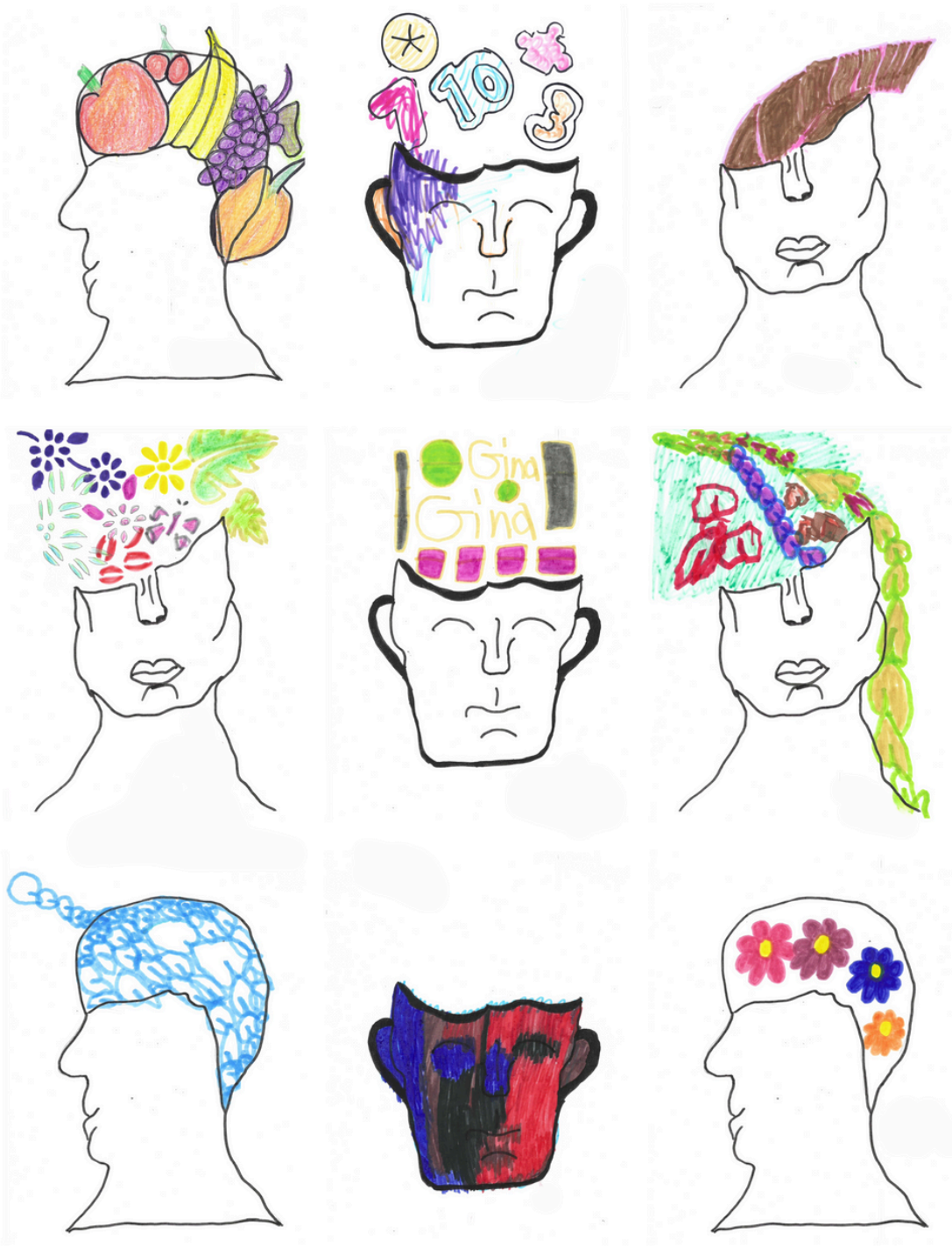

Artwork by La'akea Village (Self-Advocates)

Intellectual Disabilities and Dementia Care: A Resource Guide for Hawaii

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Welcome

Welcome to an important discussion on a topic that's not talked about enough—older adults with intellectual and developmental disabilities (I/DD). This guide shines light on how I/DD, aging, and dementia interconnect, and highlights the challenges of caring for an aging individual with I/DD and dementia. This resource outlines some of the risks and protective factors that can help lessen the likeliness of developing dementia. It also, provides information on the onset of dementia, and how early onset affects individuals with Down Syndrome.

For a long time, people with I/DD have lived in a world that does not fully meet their needs. As they grow older, they face even more issues, especially with dementia and other age-related conditions.

This booklet is for anyone who wants to help make the world a better place for older people with I/DD. As you read through it, let's start this journey together, aiming to better the lives of older adults with I/DD. By doing this, we'll make our communities stronger and show respect for the lives of all citizens.

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****This booklet is available in additional languages****

This booklet was created using funds from the ACL Grant # HHS-2021-ACL-AOD-DNCE-0099

Bridging IDD And Aging Grant

This booklet was created by the Hawaii Bridging, Aging, and Intellectual and Developmental Disabilities Grant. We are a group of state and local agencies that have come together to bridge and connect disabilities and aging resources. This resource is but one of many initiatives we wanted to create based on input from the community, including individuals with disabilities and their family members.

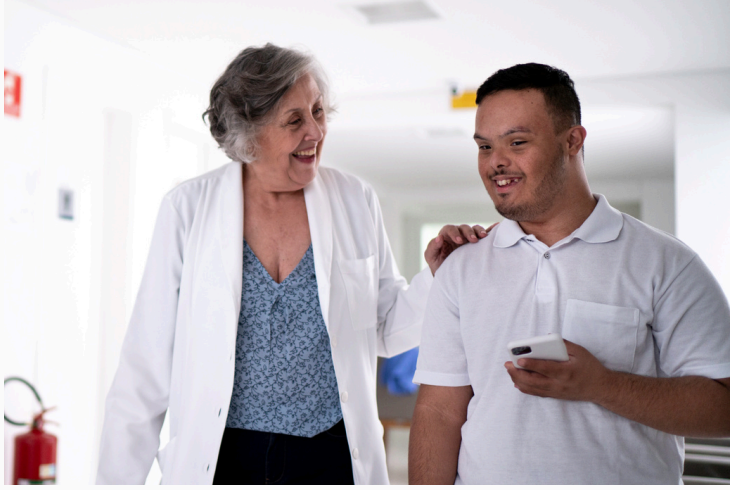
The Bridging Aging and I/DD grant was provided to the Hawaii State Council on Developmental Disabilities by the National Association for Councils on Developmental Disabilities. Our state alliance team is comprised of the following agencies:

Hawaii State Council on Developmental Disabilities
Catholic Charities Hawaii
Center on Disability Studies
Department of Health's Developmental Disabilities Division
Executive Office on Aging
Hawaii Disability Rights Center
Lanakila Pacific
Office on Language Access

1 Being a Health Care Advocate

You don't need to be a doctor to help your family member with special needs to receive quality healthcare. You know them best because you've been with them all their life. Your observations are key in helping physicians form the most accurate diagnoses. Work closely with healthcare providers and share all you know. If it feels like they're not listening, try bringing someone with medical knowledge or look for a new doctor.

Keep records of every detail and share updates with other family members and caregivers. Include your loved one in discussions about their health.



Before a doctor's visit, write down questions and any changes you've noticed in your loved one. Talk to other caregivers for their input too. After the visit, keep an eye on any new changes,
changes from treatments or medications. Watch for significant changes in functioning, such as skill loss including:

- Activities of daily living,
- Loss of appetite and/or weight
- Refusal to participate in previously preferred activities and events,
- Changes in social interaction such as forgetting the names of people who your loved one has known for years

Make a to-do list for things to complete before the next visit. Take it one day at a time and remember your role is important in providing care for your loved one. Stay positive!

② What is Aging?

Understanding Healthy Aging

Getting older means that our bodies and minds start to change. As we age, some events like hair turning gray are normal and it can also be harder for us to see, hear, or do daily activities. We might also get sick more easily or have trouble moving around. Getting older increases the likelihood of us experiencing these sorts of problems.

Your brain undergoes changes as you age that may have minor effects on your memory or thinking skills. For example, healthy older adults might forget familiar names or words. Or they may find it more difficult to multi-task. Normal age-related declines are subtle and mostly affect thinking speed and attention.

For more information on aging you can go to the National Institute on Aging's website (www.nia.nih.gov)

Abnormal Aging

Cognitive decline in abnormal aging can lead to issues like rapid forgetting, trouble solving problems, and difficulty expressing oneself in conversation. Motor system problems, such as excessive tripping or tremors can also occur. It can be hard to know when cognitive changes should be a concern, as symptoms vary from person to person. This makes it challenging for clinicians to determine if a decline is significant or within normal expectations.

3 Baseline Data

Collecting baseline data is helpful to monitor for cognitive decline. There are many ways to collect baseline data, including online cognitive assessment games through programs such as Cognifit and Orange Neuroscience or, a cognitive assessment can be completed by a psychologist. If you or your loved one is over the age of 35 and have a developmental disability you can collect baseline data by using the Early Detection Screening for Dementia tool. Or a physician can complete the following screenings/tests:

- Behavioral and Psychological Symptoms of Dementia in Down Syndrome Scale (BPSD-DS)
- Cognitive Scale for Down Syndrome (CS-DS)
- The Dementia Screening Questionnaire for Individuals with Intellectual Disabilities (DSQIID).

There are two screenings that can be done at home by a caregiver. The NTG-EDSD is an early detection and screen for dementia developed by the National Task Group (NTG) in response to requests from family caregivers and agencies. It is designed to help initiate conversations with clinical personnel about potential signs of mild cognitive impairment (MCI) or dementia, or behaviors that might be addressed through intervention and medication.

The NTG EDSD can be downloaded in multiple languages using this link. https://www.the-ntg.org/ntg-edsd

4 What is Dementia

Dementia is a general term that refers to a collection of symptoms. It is used to describe when a person experiences a decline in their ability to think, remember, and reason. This decline is significant enough to disrupt their daily life and activities. People with dementia may struggle to control their emotions and may undergo changes in their personality. The severity can vary, ranging from mild stages where it only slightly affects a person's functioning, to severe stages where the person relies entirely on others for basic daily activities like eating. Dementia is not a normal part of getting older. It happens when brain cells are harmed, leading to difficulties in communication that can impact cognition, behavior, and emotions.

Individuals with intellectual and/or developmental disabilities do not have an increased risk of developing dementia compared to the general population, except for those with Down Syndrome. According to the National Down Syndrome Society, individuals with Down Syndrome are at a higher risk of developing Alzheimer's disease. The risk of developing Alzheimer's disease increases with each decade of life after the age of 40, and the overall lifetime risk of developing Alzheimer's disease is more than 90% (Fortea et al., 2021*).

5 I/DD and Dementia

Adults with an intellectual disability can develop dementia, one of the most common types being Alzheimer's disease. The number of people with a developmental disability who end up with dementia is similar to that of the general population, approximately 6% of adults over 60 and 12% of those over 80. The start of Alzheimer's disease typically occurs in adults with an intellectual disability in their late 60s. Other types of dementia may have more varied ages of onset. The start or “onset” is defined as the point in time where the changes in the person’s memory, behavior, and function are sufficiently pronounced and are noticed by others.

Adults with intellectual disabilities affected by dementia live for a varying number of years. Some adults will survive for many years after onset – sometimes up to 15 to 20 years. Others may have shorter lifespans.

	Percentage of Population Diagnosed	Age of Onset
General Population	6% -12%	starts around age 60
Individuals with IDD	6% -12%	starts around age 60
Individuals with Down Syndrome	60%	starts in their late 40s

6 I/DD and Dementia

Down Syndrome

Adults with Down Syndrome are more likely to have dementia, with around 60% of adults over 60 being affected. Additionally, for adults with Down syndrome, onset can happen much earlier, usually in their early 50s.

Some people with Down Syndrome will live up to 10 years after onset. However, most will live for a fewer number of years. A small percentage of persons with Down syndrome will experience a rapid decline and live for only 1 to 2 years after noticeable onset. Although almost all individuals with Down Syndrome over the age of 40 show signs of amyloid plaques and tangles in the brain, people with Down Syndrome may not have Alzheimer's disease or the memory problems that come with Alzheimer's.

Traumatic Brain Injury

Traumatic brain injuries, or TBIs, occur when an external force causes the brain to move within the skull. Falls, being struck by an object, or car accidents can lead to TBIs. Research shows that experiencing a moderate to severe TBI at any point in life can increase the likelihood of developing dementia later in life. The risk was even higher for women and those who had experienced two or more head injuries, as reported in 2021 in the journal Alzheimer's & Dementia.

7 Types of Dementia

There are several different types of dementia. Some are reversible while others are irreversible. Reversible or treatable dementias include B12 deficiency, dehydration and several others (see chart below). These can be treated with simple interventions and the symptoms will disappear.

Sensory deprivation, including hearing impairment or vision loss, can cause changes that can look like dementia. Pain or infection may also cause confusion and appear like dementia. So can liver or kidney disease. These conditions are generally reversible with appropriate medication or treatment.

Irreversible dementia's include Parkinson's disease, Alzheimer's disease, Vascular Dementia, Fronto-Temporal Dementia, and Lewy Body Dementia. These diseases are permanent, however, there are treatments to slow its progress. There are also methods to maintain a person's brain health so that the decline slows.

What is Alzheimer's Disease?

Alzheimer's disease is a form of dementia that slowly damages brain cells, impacting memory, learning, decision-making, communication, and daily tasks. It typically advances in three stages: early, middle, and late stage.

Reversible Dementias	Irreversible Dementias
• Malnutrition • Dehydration • Isolation • Alcohol • Sleeping Aids • Antihistamines • Mixing Medications	• Mild Cognitive Impairment • Alzheimer's Disease • Parkinson Disease • Lewy Body • Vascular • Fronto-Temporal

8 Risks and Warning Signs

Risks

There are some medical conditions that place individuals at a higher risk for dementia. The list below describes the most important medical conditions, lifestyle habits and demographics:

Type 2 Diabetes
High Blood Pressure
Midlife Obesity
Smoking
Depression
Little or No Access to Stimulating Activities
Little or No Physical Exercise
Family History of Dementia
Anyone Age 65 or Older
Being Assigned Female at Birth

Warning Signs

Signs of dementia can vary, here are some examples

- Not keeping track of a purse or wallet.
- Traveling out of the neighborhood.
- Getting lost in familiar places.
- Repetitive questioning
- Odd or inappropriate behaviors.
- Forgetfulness of recent events
- Repeated falls or loss of balance
- Personality changes
- Changes in diet/eating habits.
- Changes in hygiene
- Increased apathy
- Changes in language abilities, including comprehension.

9 Brain Health

Diet:
Eat a healthy diet. This means vegetables, fruits, and lean proteins. Stay away from processed and fatty foods.

Stimulate your brain:
Keep learning, try new things, and challenge yourself.

Exercise:
Get moving daily. You want to increase your heart rate while you exercise. It will pump the blood through your body which helps keep it healthy.

6 Pillars of Brain Health

These activities help reduce the chance of developing dementia

Sleep:
Get at least 8 hours of sleep every night.

Stress Reduction:
Learn new coping skills and what situations, people or places cause you to be anxious.

Social Engagement:
Socialize, see your friends and family, find programs or activities you can do to meet new people.

10 Screening, Assessment and Diagnosis

Screening

Screenings are used to find undiagnosed diseases in individuals who are showing no signs or symptoms. For example, a check of your blood pressure is considered a screening. The goal is to catch any issues early on so that it can be treated and possibly prevented or controlled.

There are screenings available for individuals with developmental disabilities in the state of Hawaii. Individuals are trained to provide the Early Detection and Screen for Dementia (EDSD). This is a tool that was created specifically to screen individuals with developmental and or intellectual disabilities for dementia.

The screening will check for changes in health, behavior, language skills, personality, function, and emotional strengths. Screenings should be done every year or whenever there is a worrying change. (Please see resource section to find out who in your area can provide the EDSD screening pg. 27)

It is recommended that individuals with a Down Syndrome Diagnosis should have a baseline cognitive assessment at age 30. This baseline is helpful for evaluating whether the person's cognitive ability or functioning has declined. (Please see Baseline Data for more information pg. 7)

Assessment

Unlike a screening, an assessment is more thorough and often requires blood work, a physical exam, reviewing the person's medical history, and imaging. When assessing a person for dementia, the process may take time. Doctor's may need to see the individual over the span of a few months to see if there is any cognitive decline. The doctor may also need to make sure there are no other health concerns that might be causing the cognitive decline.

The doctor will also need to know what medications your loved one is currently taking, the amount, and how often they take it. They may ask about any life changing events, such as a change in a caregiver, a death of a close family member or any other traumatic events. A doctor may also want to complete tests such as a CT scan or MRI.

Diagnosis

Diagnosing dementia in adults with an intellectual disability can be challenging, especially when considering the severity of the disability. At this time, there is no test that proves that Alzheimer's is the correct diagnosis. A doctor will determine the diagnosis by eliminating other possible options. Once a diagnosis is given for Alzheimer's Disease you can discuss treatment options. Although there is no cure for Alzheimer's there are treatments to slow the progression.

What to Ask your Doctor

1. What type of dementia does my loved one have?
2. What's the difference between Alzheimer's disease and dementia?
3. What caused my love one to have dementia?
4. What is the likely course of decline? How long does my loved one have?
5. What symptoms, other than memory loss, can I expect, and what will the pace of decline be?
6. What can I do to slow the decline? (What medicines are effective and what results can I expect from them? What lifestyle changes will be helpful?)
7. What help is available to support my loved one?
8. As the disease progresses, will my loved one suffer?
9. Should I tell people about my loved one's diagnosis?

Medications

There are medications available that can slow the progress of Alzheimer's Disease and other types of dementia. Your doctor will determine if medication would be beneficial to your loved one. It is important to document any changes if your loved one starts taking a new medication. It could be a side effect of the medication or from medications mixing. You also want to make sure your loved one is not over medicated.

There are two types of medication one that can change the course of the disease and others that can treat the symptoms of dementia.

List of Medications that can change the course of the disease.

- Donanemab (Kisunla™)
- Lecanemab (Leqembi®)

List of Medications that are currently FDA approved for treating the symptoms around memory and thinking

1. Donepezil (Aricept)
2. Rivastigmine (Exelon)
3. Galantamine (Razadyne)
4. Memantine (Namenda)

Remember medications do not cure or undo damage caused by dementia. It can only assist with slowing down the progress of the dementia.

Meaningful Activities

An activity becomes meaningful when it allows a person to stay engaged in daily tasks and personal connections are maintained. It is important to support them in doing the things they love and being with other people. Some activities that can help are music therapy, aromatherapy, sensory stimulation, and using electronic devices.

It is also important to listen to what people with intellectual disabilities have to say. They should be included in making decisions about activities and interventions. It is also important to give them care that focuses on them as individuals. They should have control over what they do. This can make them feel better and improve their well-being. Allowing them to participate in activities that they already do on a regular basis can provide consistency and give them an opportunity to socialize and maintain relationships with others.

Orientation- Not Arguing

It is important to not try and re-orient a person who may not remember where they are, or who someone is. Try to re-direct them to another activity instead. For example, if an individual is waiting for the bus to pick them up for day program, but they are now being driven home, instead of correcting them or telling them they are not going on the bus, you can re-direct them by saying, “Okay, why don’t we wait for your bus over here, would you like to have a snack while we wait?”.

13 Tips for Maintaining a Safe Environment

Home Safety

As the disease progresses, your loved one's eyesight might change, or they might start wandering around the house. They could get lost looking for the bathroom or have trouble getting out of the tub. Some changes you might have to make to their surroundings won't cost much or anything at all. But there are some changes that might require spending money. Talk to other people on your loved one's care team to see if there's any financial help available for the changes you need to make.

Examples:

1. Make your home less crowded. Having too much furniture can make it difficult to move around easily.
2. Clear away clutter, like stacks of newspapers and magazines. Install a strong handrail on stairs.
3. Add carpeting to stairs or highlight the edges of steps with colorful tape for better visibility.
4. Use a gate to block off stairs if balance is an issue.
5. Remove of small throw rugs and opt for rugs with a nonslip backing.
6. Keep electrical cords out of the way or secure them to baseboards.
7. Promptly clean up any spills.
8. Use signs or pictures with bright colors to label the bathroom, bedroom, and kitchen.
9. Remember to be cautious of small pets. The person with Alzheimer's might not notice them and could accidentally trip over them.
10. It's a good idea to limit the amount and size of mirrors in your home. The reflections might confuse someone with Alzheimer's disease.

Consent and Decision Making

At some point your loved one may no longer be able to make decisions for themselves. You or someone else may need to make medical, legal, or financial choices. Knowing when to give someone power of attorney, or guardianship involves considering the individual's advance care planning, legal aspects, and the well-being of caregivers. It is essential to respect the person's autonomy and values while ensuring their best interests are met through appropriate decision-making processes.

There are different legal options that you can talk to your loved one about to appoint someone in charge of making these decisions. The options include power of attorney or guardianship.

With the power of attorney option, you can choose who can make decisions about different areas of your life. You can have one person to make decisions for medical/health, someone else for financial, or one person that covers all areas. You will be able to continue to make your own choices even after someone has a power of attorney. The person would step in and assist you to make a choice, or make a choice on your behalf if you are not able to make the choice. Power of attorney in Hawaii can be changed and needs to be renewed each year.

Power of attorney is a legal document that grants someone else the authority to make decisions on your behalf. In the context of an individual with a developmental disability and dementia in Hawaii, power of attorney can be a crucial tool for ensuring their well-being and financial stability.

Consent and Decision Making

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There are different legal options that you can talk to your loved one about to appoint someone in charge of making these decisions. The options include Supported Decision Making, Power of Attorney, or guardianship.

Supported Decision Making

Supported Decision-Making (SDM) is an empowering alternative to guardianship that enables individuals to make their own decisions with the support of trusted people in their lives, such as family members, friends, or professionals. Through SDM, individuals maintain their legal rights while receiving the guidance and assistance they need to understand, consider, and communicate their choices. Although Supported Decision-Making is not yet codified in Hawaii, it can still be used as a practical approach to enhance independence and self-determination. If you are interested in learning more about how to implement Supported Decision-Making or need guidance on how to get started, please contact Julia Althoff at the Hawaii State Council on Developmental Disabilities at julia.althoff@doh.hawaii.gov or 808-798-1501 for more details.

Power of Attorney

With the power of attorney option, you can choose who can make decisions about different areas of your life. You can have one person to make decisions for medical/health, someone else for financial, or one person that covers all areas. You will be able to continue to make your own choices even after someone has a power of attorney. The person would step in and assist you to make a choice, or make a choice on your behalf if you are not able to make the choice. Power of attorney in Hawaii can be changed and needs to be renewed each year.

Power of attorney is a legal document that grants someone else the authority to make decisions on your behalf. In the context of an individual with a developmental disability and dementia in Hawaii, power of attorney can be a crucial tool for ensuring their well-being and financial stability.
Here's a simple steps of how to obtain a power of attorney.

1. Choose an agent: The person with the disability appoints someone they trust (their "agent") to act as their attorney-in-fact. This could be a family member, friend, or professional caregiver.
2. Define the powers: The power of attorney document outline the specific powers the agent has. For someone with a developmental disability and dementia, common powers include:
    - **Healthcare decisions:** The agent can make decisions about medical treatments, medications, and end-of-life care.
    - **Financial decisions:** The agent can manage bank accounts, pay bills, and handle other financial matters.

Power of Attorney Continued

3. Sign the document: The person with the disability and their agent must sign the power of attorney document in the presence of a notary public and two witnesses.
4. Use the powers: The agent can start assisting the person to make a decision. They must act in the person's best interests and follow any guidelines or restrictions outlined in the document.

It's important to note that a power of attorney becomes invalid if the person loses legal capacity (the ability to make their own decisions). For someone with a progressive condition like dementia, a durable power of attorney is recommended. This type of power of attorney remains valid even if the person becomes incapacitated.

Guardianship

What is Guardianship?

Guardianship is a legal process where a court appoints a person or organization to make decisions for another person (the ward) who is unable to make decisions for themselves. This person or organization becomes the guardian and has the authority to make decisions about the ward's personal care, living situation, and financial affairs.

Who Needs a Guardian?

In Hawaii, only an "incapacitated person" needs a guardian. An incapacitated person is someone who lacks the ability to make or communicate informed decisions about their person or property (Hawaii State Judiciary).

How is Guardianship Established in Hawaii?

To establish guardianship in Hawaii, a person must petition the court for the appointment of a guardian. The petition must include evidence that the person is indeed incapacitated and cannot make informed decisions for themselves. The court will then appoint a guardian and outline the specific decisions the guardian has the authority to make (Hawaii Estate Planning).

What are the Different Types of Guardianship?

In Hawaii, there are two types of guardianship: guardianship of the person and guardianship of the estate. A guardian of the person makes decisions about the ward's care, living situation, and personal well-being. A guardian of the estate manages the ward's finances and property. In some cases, a person may be appointed as both a guardian of the person and the estate (Hawaii State Judiciary).

Guardianship Continued

How Does Guardianship Affect Individuals with Developmental Disabilities and Dementia?

For individuals with developmental disabilities and dementia, guardianship can be a complex issue. On one hand, it ensures that someone is looking after their best interests when they are unable to do so themselves. On the other hand, it can also limit their independence and autonomy. The goal is to strike a balance that respects the individual's rights and dignity while ensuring their well-being.

Additional Resources

For more information on guardianship in Hawaii, you can visit the Hawaii State Judiciary's website, or contact the Hawaii Disability Rights Center for assistance.

Aging in Place

Aging in place refers to older adults keeping their independence and quality of life by living in their chosen environments for as long as they can. This idea extends beyond physical spaces to include social ties, community backing, and personal wellness.

Aging in place can help those with developmental disabilities and dementia to continue to maintain their skills and provide security to them. However, staying in their own home may not be the best option once their dementia progresses to a certain stage. You will need to decide what type of housing option would be best.

Artwork by Jenna Hansen (Self-Advocate)

Avoiding Burnout

Caregiver burnout is common when providing care for a loved one with a developmental disability. Burnout can increase when they start to age and have dementia. It is important to keep yourself healthy and build a support system. This includes family and friends, along with community resources. Finding out who can assist with caring for your loved one. Each county in Hawaii has an Agency on Elderly Affairs. They can assist with providing information about services available. The Alzheimer's Association of Hawaii offers support groups where you can meet others going through similar situations and share your concerns.

Signs of Caregiver Burnout

1. Quick to anger - easily getting mad or feeling frustrated towards loved ones.
2. Sudden emotional breakdowns - unexpectedly bursting into tears or feeling hopeless.
3. Sleep problems - struggling to fall asleep, stay asleep, or waking up tired.
4. Drastic weight changes - gaining or losing a significant amount of weight quickly.
5. Physical health issues - experiencing frequent headaches, colds, chronic pain,
   high blood pressure, etc.
6. Isolation from social activities - not engaging in usual hobbies or seeing anyone other than the person being cared for.

If you notice that you are showing signs of burnout from caring for your loved one. You may want to consider a community placement for them.

Community Placement Options

Community placement options for long term care include assisted living facilities, care homes, nursing homes and foster care placement. Assisted living facilities are for individuals who require some assistance with daily tasks, but not as much as what a nursing home offers. These facilities can vary in size, with anywhere from 25 to over 100 residents. Different levels of care are available, with additional services or specialized care requiring extra costs. They may have a special dementia care unit.

Care homes are small homes, also known as residential care facilities or group homes, they typically house 20 or fewer residents. Rooms can be private or shared. Residents are given personal care and meals, with staff on hand 24/7. Nursing and medical care are generally not offered at these homes. Medicaid might offer some coverage, to pay for the cost. However, Medicare does not pay for these costs. If your loved one has long-term care insurance, review their policy to check if it covers this type of facility.

You can check the Medicaid Services available here, or by going to www.medquest.hawaii.gov

Nursing homes, sometimes called skilled nursing facilities, provide a range of health and personal care services. They focus on medical care more than assisted living facilities or care homes. Nursing homes typically offer nursing care, 24/7 supervision, three daily meals, and help with daily activities. They may also provide rehabilitation services such as physical, occupational, and speech therapy.

Hawaii Community Resources

Agencies that can provide Screening for Dementia

Advantage Health Care Hawaii

Nancy Atmospera-Walch (808) 525-8888

Catholic Charities Hawaii

Judy Taketa (808) 524-4673

Hawaii Department of Health

Adult Mental Health

Annilet Pingul R.N. (808) 692-7493

Developmental Disabilities Division

Scott Oneal- (808)692-7485

Hawaii State Council on Developmental Disabilities

Direct Number- 808-586-8100

Mastercare Hawaii

Malinda Toa- 8085971564

University of Hawaii

Dr. Ritabelle Fernandes- 8087294375

Dementia and Alzheimer's Information and Resources
Aging and Disability Resource Center
Phone: (808) 643-2372

HAWAII COUNTY
Kahi Malama - A Place of Caring
Aging & Disability Resource Center
1055 Kinoole Street
Hilo, Hawaii 96720
Phone:
Hilo - (808) 961-8626
Kona - (808) 323-4390
FAX: (808) 961-8603
Email: hcoa@hawaiiantel.net
Website: www.hcoahawaii.org

HONOLULU COUNTY
Elderly Affairs Division
925 Dillingham Blvd., Suite 200
Honolulu, Hawaii 96817
Phone: (808) 768-7700
FAX: (808) 527-6895
Website: www.elderlyaffairs.com

KAUAI COUNTY
Kauai Agency on Elderly Affairs
Pi'ikoi Building
4444 Rice Street, Suite 330
Lihue, Hawaii 96766
Phone: (808) 241-4470
FAX: (808) 241-5113
Email: elderlyaffairs@kauai.gov
Website: www.kauaiadrc.org

MAUI COUNTY
Maui County Office on Aging
95 Mahalani Street, Room 20
Wailuku, Hawaii 96793
Phone:
Maui - (808) 270-7774
Molokai - (808) 553-5241
Lanai - (808) 565-7114
FAX: (808) 270-7935
Email: aging@mauicounty.gov
Website: www.mauicountyadrc.org

Dementia and Alzheimer's Information and Resources Continued

Alzheimer's Association Hawaii
677 Ala Moana Boulevard, Suite 301
Honolulu, Hawaii 96813
808.591.2771
alohainfo@alz.org

Catholic Charities Hawaii
Hawai'i Island Community Office – Hilo
62 Kinoole Street
Hilo, HI 96720
Phone: (808) 935-4673
Fax: (808) 961-7059

Hawai'i Island Community Office – Kona
73-5618 Maiau Street, Suite B201
Kailua-Kona, HI 96740
Phone: (808) 327-2740
Fax: (808) 327-2749

Maui Community Office
65 S. Kane Street
Kahului, HI 96733
Phone: (808) 873-4673
Fax: (808) 872-6219

Catholic Charities Continued
Kaua'i Community Office
4373 Rice Street, Suite 1
Lihue, HI 96766
Phone: (808) 241-4673
Fax: (808) 632-6919

Memory Care Hawaii-
https://www.memorycare.com/memory-care-in-hawaii/

Artwork by Casey Bonilla-Westerman (Self-Advocate)

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