
TESTIMONY IN STRONG SUPPORT OF SB2259 SD1
RELATING TO HAWAII DEMENTIA INITIATIVE
BUSINESS RECOGNITION PROGRAM

Hearing: Thursday, February 19, 10:30am
Senate Committee on Ways and Means (WAM)
Conference Room 211 & Videoconference
State Capitol - 415 South Beretania Street

Chair Dela Cruz, Vice Chair Moriwaki and Members of the Committee:

My name is **Jerry Perone**, and I proudly live in **Kaka‘ako**. I am submitting testimony in **strong support** of **SB2259 SD1**, which as you know establishes the **Hawai‘i Dementia Initiative Business Recognition Program** within the Department of Business, Economic Development, and Tourism (DBEDT) to promote awareness of Alzheimer’s disease and dementia and to advance a **dementia-capable workforce**.

With an effective date of **July 1, 2026**, this measure is practical and straightforward: businesses apply online; DBEDT provides applicants the bill-required list of **approved organizations** that provide dementia training; and, once **all current employees** complete a **one-hour training session** as required by the bill, the business earns visible recognition—a website badge, a physical decal—and inclusion on a public list so families can quickly identify dementia-friendly locations.

I support this bill as both a community advocate and as a career executive who spent decades building **quality, safety, and performance systems** in large organizations. I served as **Quality Assurance Executive for the IBM Corporation's Financial Services Sector**, **Vice President of ESI International**, and **Executive Director for Program Management at Management Concepts**. Across those roles, one lesson was constant: when frontline staff aren’t trained for a predictable scenario, they improvise—this improvisation creates preventable mistakes, unnecessary escalation, embarrassment and real human harm.

At IBM, we had established onsite roles for **safety and medical responders** who were often the first to arrive before the 911 First Responders. They had general safety and first-aid training—but **no dementia-specific training**. When an employee, customer, visitor, or older adult presented with confusion, disorientation,

agitation, or difficulty communicating, the situation was too often **misread as intoxication, substance abuse, a behavioral health issue or just plain insanity**. For a person living with dementia, that misinterpretation can escalate an encounter, delay appropriate help, and strip dignity—especially on large campuses or remote/rural worksites where emergency response times may be longer. In those first minutes, training is the difference between de-escalation and harm.

One point worth highlighting for the Committee is that the bill’s one-hour training requirement can be met through existing training providers in Hawai‘i, consistent with the bill’s approach of using “approved organizations” to deliver the training. That means DBEDT does not need to create a new training curriculum. Instead, DBEDT can focus on what it does best—**program administration, outreach to the business community, distribution of recognition assets (badge/decal), and maintaining the public list of recognized businesses**—while leveraging available training capacity through approved organizations.

Recommendation to improve feasibility for large employers and increase adoption:

Because the bill requires **all current employees** to complete the training to qualify, if the Legislature wishes to maximize participation by large employers without reducing the program’s public benefit, a phased pathway could be considered:

1. **Initial recognition:** prioritize training first for **customer-facing roles** (front desk, reception, call center, customer service, security, hospitality/retail point-of-contact staff) to earn recognition and be listed.
2. **Expanded recognition:** encourage voluntary expansion so **internal departments** (facilities, HR, operations, internal safety/medical response teams, supervisors) can complete training over time, strengthen organization-wide dementia capability and earn their own recognition.

While employed by IBM, this is what we found worked the best when implementing new systems and processes: start where risk and visibility are highest, then expand across the enterprise.

For these reasons, I respectfully urge the Committee to **pass SB 2259, S.D. 1** and support the **FY 2026–2027** appropriation so DBEDT can launch a program that is practical, scalable, and immediately useful to residents, caregivers, and visitors—**with implementation beginning July 1, 2026**.

Mahalo for the opportunity to testify.

Respectfully, Jerry Perone