

# Hawaii County Office of Aging Area Plan on Aging

October 1, 2023 - September 30, 2027



Hawaii County Office of Aging  
1055 Kinoole Street, Suit 101  
Hilo, HI 96720-3872





**Hawai'i County Office of Aging**  
**October 1, 2023- September 30, 2027**  
**Four Year Area Plan**  
**As the Planning Service Area IV**  
**In the State of Hawai'i**



**HAWAII COUNTY  
OFFICE OF AGING**

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**April 2023**

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**FOUR-YEAR AREA PLAN**

**October 1, 2023- September 30, 2027**

**HAWAI'I COUNTY OFFICE OF AGING**

**for the  
COUNTY OF HAWAI'I  
In the  
STATE OF HAWAI'I**

**For the Administration on Aging  
Planning Service Area IV**

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## Executive's Message

Aloha,

As the baby boomer generation, continues to cross the threshold into retirement age, significant demographic, economic, health, and social shifts pose many new challenges to our aging network. Although many challenges exist, it also provides many new opportunities for advocacy, creativity, leadership, healthy aging, education, and community engagement. The Administration for Community Living (ACL) has designated five national topics be address in each State and Area Agency's four-year Area Plan for 2023 – 2027.

1. Older Americans Act (OAA) Core Programs
2. COVID-19
3. Equity
4. Expanding Access to Home and Community Based Services (HCBS)
5. Caregiving

On behalf of the Hawai'i County Office of Aging, I would like to extend our appreciation to the Hawai'i County aging network. This network is comprised of government employees, contracted service providers, private non-profits, and a host of community volunteers too numerous to mention. We are committed to supporting our aging population at every phase of the continuum of care. From the active senior to the frail and vulnerable, the Mission and Vision of the Hawai'i County Office of Aging is to provide a network of services for each level. These services will provide our older individuals the opportunity to age in place at home with independence and dignity and the ability to continue to engage in their communities for as long as possible.

The intent of this four-year Area Plan is to reflect the values of our Mission and Vision to provide an environment where our Kupuna can live and thrive. In this four-year Area Plan, we focus special emphasis on the goals and objectives of the services provided to our Kupuna. This is to ensure that the environment provided allows our Kupuna to live the Mission and Vision as set forth in the Older Americans Act. By so doing, we acknowledge our Kupuna who have contributed and sacrificed to ensure a better life for current and future generations.

Respectfully,



William H. Farr  
Executive on Aging  
Hawai'i County



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## Verification of Intent

This Area Plan on Aging is hereby submitted for the Hawai'i County Office of Aging, Planning and Service Area IV for the period October 1, 2023 through September 30, 2027.

It includes all assurances and plans to be followed by the HAWAI'I COUNTY OFFICE OF AGING under the provisions of the Older Americans Act, as amended, during the period identified. The Area Agency identified herein will develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State Policies and Procedures. In accepting this authority, the Area Agency agrees to develop a comprehensive and coordinated system of services and to serve as the advocate for older people in the planning and service area.

The Area Plan has been developed in accordance with the uniform format issued by the Executive Office on Aging and is hereby submitted to the State Executive Office on Aging for approval.

8/25/2023

Date

Signed William H. Farr  
Area Agency Director

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging. Comments are attached.

08/25/2023

Date

Signed Clyde B. Silva  
Chairperson  
Area Agency Advisory Council

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.

8-31-2023

Date

Signed [Signature]  
Mayor or Chairperson of the County Council



## Executive Summary

In 1973, the Area Agency on Aging (AAA) was formally established in the re-authorization of the Older Americans Act (OAA). In the re-authorization of the Act, the AAA was recognized as the “on-the-ground” entity charged with fulfilling the OAA mission. The mission, was to assist older individuals to live independently and with dignity at home, while remaining active and engaged in their communities for as long as possible. Thus, 2023 marks the 50<sup>th</sup> anniversary of AAA’s serving as the leaders on aging by planning, developing, funding, and implementing through the local aging network a coordinated system of aging and home and community-based services (HCBS) for older individuals who reside in their Planning and Service Area’s (PSA’s).

This four-year Area Plan on Aging will cover the federal funding period beginning October 1, 2023 – September 30, 2027. The plan focuses on five topic areas developed by the Administration for Community Living (ACL). Embracing the State Executive Office on Aging’s (EOA) overarching goals and objectives. Developing a comprehensive service plan and delivery system, to fit the unique needs of Hawai‘i County’s communities, geographical makeup, and cultural needs. The following are the five major key topic areas for this planning period:

### **Topic Area 1. Core OAA/Title III Programs**

The Older Americans Act core programs found in Titles III (Supportive Services, Nutrition, Disease Prevention/Health Promotion, and Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs) serve as the foundation of the national aging services network which strives to optimize the health, safety, and independence of Americas’ older adults.

### **Topic Area 2. COVID-19**

COVID-19 highlighted the overall importance of the services that make it possible for older adults to live independently, created national awareness of the impact of social isolation on older adults and their caregivers, and increased awareness to plan for future disasters.

### **Topic Area 3. Equity**

Serving individuals with the greatest economic and social need means ensuring equity in all aspects of plan administration.

### **Topic Area 4. Expanding Access to HCBS**

Home and Community Based Services are fundamental to making it possible for older adults to age in place.

### **Topic Area 5. Caregiving**

Enhancing services and supports for caregivers.

Nationally the older population is expected to continue to grow significantly. Approximately two-fifths (42%) of the “baby boom” generation is now age 65 and older. The U.S. Census Bureau released the 2020 State and County population characteristics. As expected, Hawai‘i is at the top of the diversity index with 77 percent of its population a minority race. In Hawai‘i County, Asians (alone or in combination) accounted for 45% of the population. Hawai‘i County also has the largest share of Native Hawaiians and Other Pacific Islanders at 34.4%, as well as the highest share of



people identifying as White at 54.6%. Regarding language diversity, 18.7% of people speak English as a second language. The life expectancy in Hawai'i County is one of the highest in the nation, with women outliving men by almost seven years. As the aging population grows for Hawai'i County women will continue to represent a larger percentage (51%) of the older population. These demographics will play an integral part in guiding the development, implementation, and delivery of service as we strive to fulfill the five major key topics for the 2023-2027 Area Plan.

The Area Plan is a living document. Development of this plan is to encompass one of the most historic periods of growth in the elderly population in the State and Hawai'i County. Multiple approaches, and a variety of sources will be used to continuously address the ongoing needs and areas of concern for older individuals in the life period of the 2023 -2027 Area Plan on Aging for Hawai'i County.

Finally, the success of this Area Plan, is due to the incredible foundation laid by the Older Americans Act (OAA) and the Aging Network. The mission and goals of the AAA's programs are just as relevant and important today as they were five decades ago. The OAA structure of "bottom up" planning continues to ensure that our shared mission continues to reach the growing numbers of increasingly diverse older adults and caregivers. Whether it is contracting with health care, partnering with public health, expanding into serving people with disabilities, addressing population health and addressing the diverse social drivers of health, or exploring other avenues, the aging network is pushing the envelope to create new opportunities to serve more people. The missions of the AAAs programs are the heart and soul of the aging network. It is what makes us successful at what we do, because it is what we are all about today, and into the future.

As the designated AAA for Hawai'i County, and part of the national aging network, the Hawai'i County Office of Aging (HCOA) will continue to fill the vital role of serving older adults and their caregivers into the next 50 years. As the cover to our Area Plan depicts, the success of new and innovated services will be based upon the lessons learned during the first 50 years. The solid foundations laid, will pave the way for creative and innovative ideas that will allow the AAA to fulfill the mission and vision of the OAA.

## Introduction

### A. Orientation to Area Plans on Aging

Area Plans on Aging are documents submitted by Area Agencies on Aging (AAA's) to State Units on Aging in compliance with the Older Americans Act for the receipt of subgrants or contracts from the Older Americans Act Title III grant funds. Area Plans on Aging contain detailed strategies outlining the Area Agency's plan for the development and maintenance of a comprehensive and coordinated system in accordance with all federal and state requirements. This plan covers the period October 1, 2023 to September 30, 2027.

This Area Plan is made up of four major parts. **Part I** provides an overview of the older adult population, needs assessment, current programs, services, and initiatives with the County of Hawai'i. **Part II** describes the context in which programs and services are developed. **Part III** addresses the goals of the State of Hawai'i that align with the 5 ACL Topic areas as mandated by the Administration on Community Living. The Summary of Goals includes the local objectives, strategies, outcomes, and evaluation strategies. **Part IV** describes the current funding allocations and the funding projections for the planning period. The **Appendices** provide assurances made by the Hawai'i County Office of Aging and other pertinent information.

### B. An Overview of the Aging Network

The Older Americans Act (OAA), enacted in 1965, created the foundation for a comprehensive system of services and supports that enables millions of older adults in this country to continue to live independently as they age. Today, programs funded by the OAA provide essential services to older adults, targeting those with the greatest economic or social need, particularly low-income and minority persons, older individuals with limited English proficiency, and older persons living in rural areas. The programs play a vital role in helping to maintain the health and well-being of millions of seniors and their caregivers, reaching one in five older adults. ("ACL Updates" 10/7/22) The OAA established State and Area Offices on Aging, and a nationwide "Aging Network" was created. The purpose of this "Network" is to assist older adults to meet physical, social, mental health, and other needs to maintain their well-being and independence. The OAA authorizes a wide array of service programs through a national network of 56 state units on aging, 625 area agencies on aging, nearly 30,000 service providers, and 574 Tribal and Native Hawaiian Organizations. The OAA also includes community service employment for low-income older Americans; training, research, and demonstration activities in the field of aging; and vulnerable elder rights protection activities. The OAA was reauthorized in 2016 and 2020. The 2016 OAA Act included provisions to protect vulnerable elders by strengthening the Long-Term Care Ombudsman program and elder abuse screening and prevention efforts. It also promotes the delivery of evidence-based programs, such as falls prevention and chronic disease self-management programs. The Supporting Older Americans Act of 2020 reauthorizes programs for FY 2020 through FY 2024. It includes provisions that aim to remove barriers to the aging network by increasing business acumen and capacity building, provide states and localities with the flexibility of deciding the allocation of National Family Caregiver Services between the populations served, and extends authorization of the RAISE Family Caregiver Act and the Supporting





Grandparents Raising Grandchildren Act by one additional year. (“National Aging Network”, ACL, 2020).

The U.S. Department of Health and Human Services (HHS) has designated ACL to carry out the provisions of the OAA and to administer the OAA programs. The department also provides funding for the OAA programs. As the primary federal agency responsible for administering the OAA programs, the Administration for Community Living (ACL) authorizes grants to SUAs and AAAs to act as advocates on behalf of older persons and to coordinate programs and services for older persons. The ACL supports the collaboration with the aging services network, consisting of the SUAs, AAAs, tribal organizations, and local service providers. (Source: Administration for Community Living (2022). Overview of Older Americans Act Title III, VI, and VII Programs: 2020 Summary of Highlights and Accomplishments. U.S. Department of Health and Human Services. <https://acl.gov/aging-and-disability-in-america/data-and-research>.)

2020 ACL OAA Title III Program Results data show services are reaching the most vulnerable older adults in the nation—those most in need of services to remain independent. Specifically, the data reported by service recipients show that Title III services reached the following populations in 2020:

- Older adults living in poverty—over one third of service recipients
- Older adults living alone—almost half of service recipients
- Older adults living in rural areas—about one third of service recipients
- Older adults who require assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs)—more than half of service recipients requiring assistance with ADLs, about three out of four requiring assistance with IADLs
- The oldest of the older adults—almost a quarter of service recipients age 85+

(Source: Administration for Community Living (2022). Overview of Older Americans Act Title III, VI, and VII Programs: 2020 Summary of Highlights and Accomplishments. U.S. Department of Health and Human Services. <https://acl.gov/aging-and-disability-in-america/data-and-research>.)

The State Unit on Aging in Hawai‘i is the Executive Office on Aging. The 2020 amendments to the Older Americans Act require the Executive Office on Aging (EOA) to plan for and offer leadership at both the state and local levels in the coordination and delivery of access, home, and community

## National Aging Services Network





services to the older adult population. The EOA is responsible for statewide:

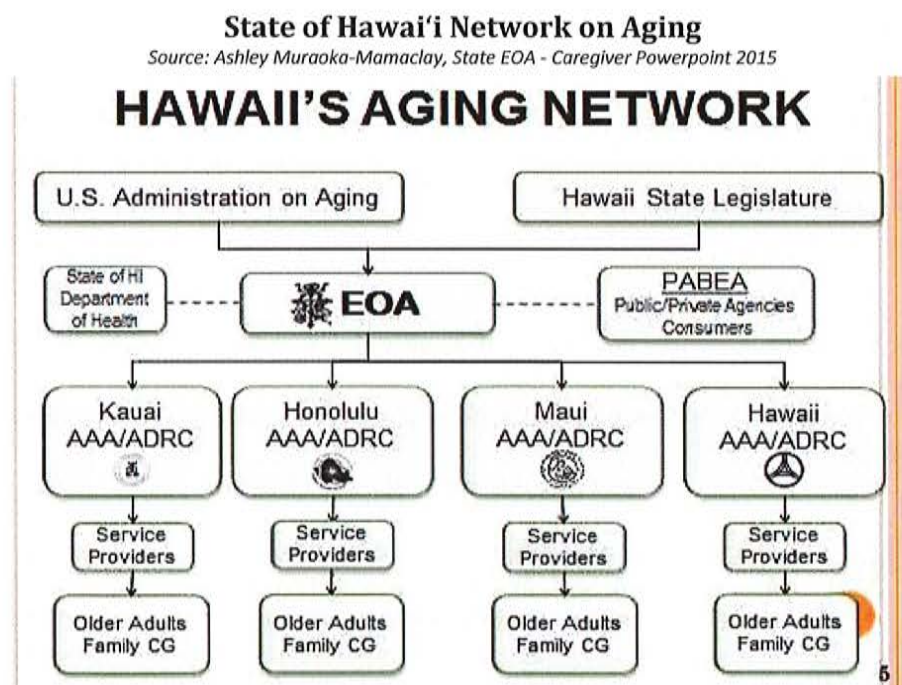
- Planning
- Policy and program development
- Information and referral
- Coordination of services provided by public and private agencies for our elders and their families
- Research
- Advocacy

Chapter 349 of the Hawai'i Revised Statutes established the Policy Advisory Board for Elder Affairs (PABEA) which advises the EOA on the development and administration of the State Plan.

The Executive Office on Aging has delineated the State into 4 distinct planning and service areas (PSA's) for purposes of planning, development, delivery, and the overall administration of services. The EOA has designated each of the counties of the State: Kauai, Honolulu, Maui, and Hawai'i as planning and service areas. Kalawao County on the island of Molokai, currently under administrative jurisdiction of the State Department of Health, is included in the Maui Planning and Service Area.

### Area Agencies on Aging (AAA)

Area Agencies on Aging (AAA's) are the agencies designated by State Units on Aging (SUA's) to develop and administer Area Plans on Aging for each planning and service area. The Executive Office on Aging designated Hawai'i County Office of Aging (HCOA) as the Area Agency on Aging for the County of Hawai'i planning and service area (PSA 4).



### **Mission of the Area Agency**

HCOA's overall mission is to help older individuals age with independence and dignity. The Older Americans Act designates that the AAA's shall be the leaders relative to all aging issues on behalf of all older persons in their respective PSA's. Under this directive, the AAA's shall proactively carry out, under the leadership and direction of the State agencies, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation designed to lead to the development and enhancement of comprehensive and coordinated community based systems which will enable older persons to lead independent, meaningful and dignified lives in their own homes and communities as long as possible. (HRS §1321.53)

### **Activities of the Hawaii County's Area Agency**

Specific functions that the Hawai'i County Office of Aging undertakes in fulfilling its' mission for the County of Hawai'i's older adults, their caregivers, and persons with disabilities include the following:

#### **Assessment and Data Maintenance**

- Continuously assessing the needs of older persons in Hawai'i County and developing programs aimed at meeting those needs;
- Maintain data on the profile and needs of older persons and their caregivers in Hawai'i County and to have this information available in this plan for other organizations and the general public to review;

#### **Program Development**

- Coordinate planning with other agencies and organizations to promote new or expanded benefits and opportunities for older persons;
- Develop and administer an Area Plan on Aging for a comprehensive and coordinated service delivery system in Hawai'i County;

#### **Contract Development and Monitoring**

- Provide technical assistance, monitor, and periodically evaluate the performance of all service providers under the Area Plan;
- Enter into sub-grants or contracts for the provision of services outlined in the Area Plan; and

#### **Advocacy**

- Represent the interests of older persons to public officials and public and private agencies;
- Develop and maintain a public awareness program for older persons;
- Monitor, evaluate, and comment on policies, programs, hearings, and community actions which affect older persons.



#### **Staffing of the Hawaii County Office of Aging**

The Office of Aging falls organizationally under the Mayor's office headed by an Executive on Aging. The HCOA has an office in East Hawai'i and a satellite office in West Hawai'i. HCOA is staffed by an Executive on Aging, three Aging Program Planners, two Access Managers, seven Aging and Disability Specialists, an Accountant, a Computer Programmer/Analyst, and four Information and Assistance Clerks.

## HCOA's Aging and Disability Resource Center

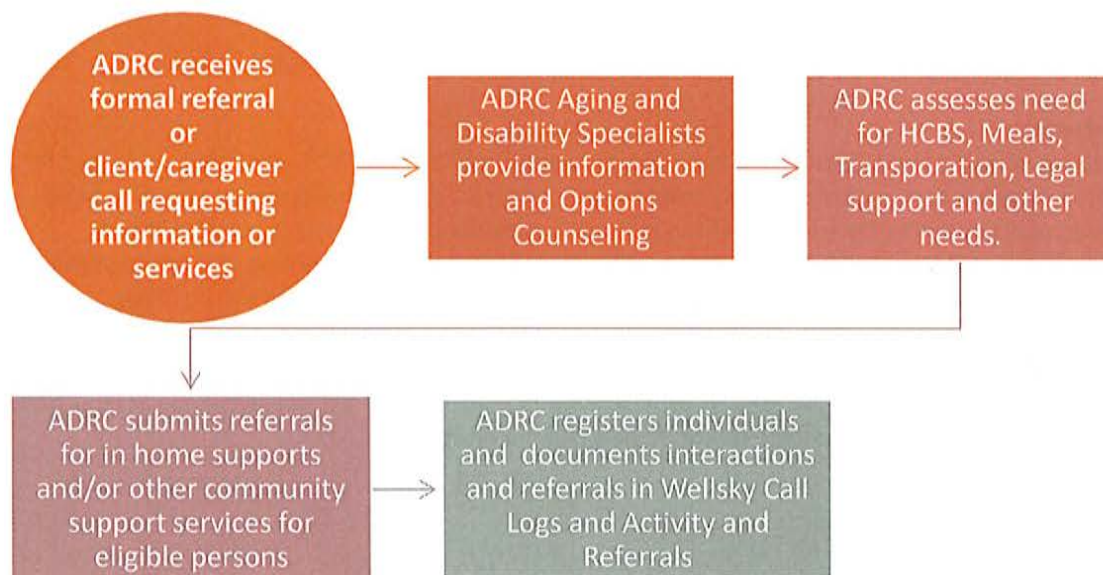
Under the direction and oversight of the Hawai'i County Office of Aging, the Aging and Disability Resource Center (ADRC) is an access point for older individuals, individuals with disabilities, and caregivers. The ADRC follows the Fully Functional ADRC guidelines.

The ADRC provides information, awareness, and referrals island wide. Aging and Disability Service Specialists work from our Hilo and Kailua Kona offices.

Specialist are prepared to help individuals find information on supports and services provided throughout the island. They are also available to meet with individuals, caregivers, and families to provide Options Counseling to help people plan for long-term support needs. The ADRC makes referrals and/or connections to resources, supports, and programs that help maintain independence, dignity, and health. ADRC employees complete intake and assessments when required and maintain a functioning database of registered individuals.

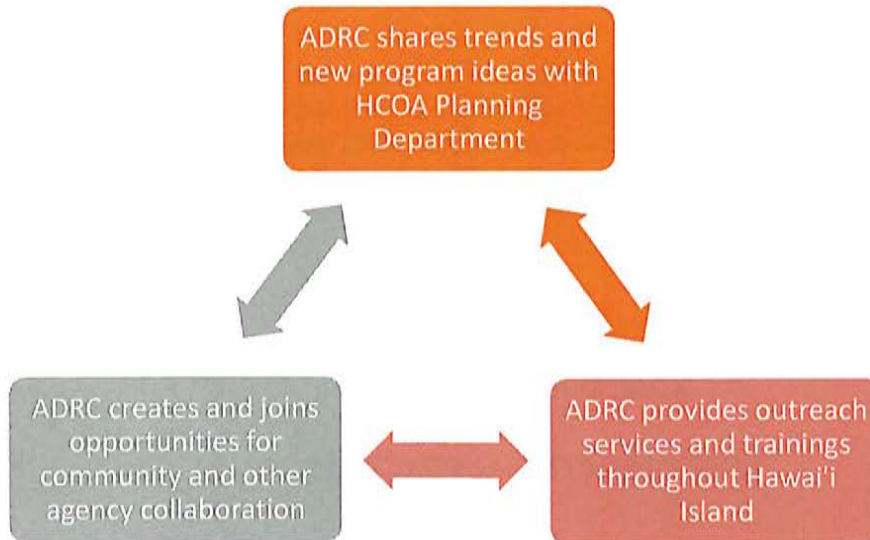
### ADRC SERVICE MODEL

#### ADRC OPERATIONAL PRACTICES





## OUTREACH PRACTICES



### Advisory Councils

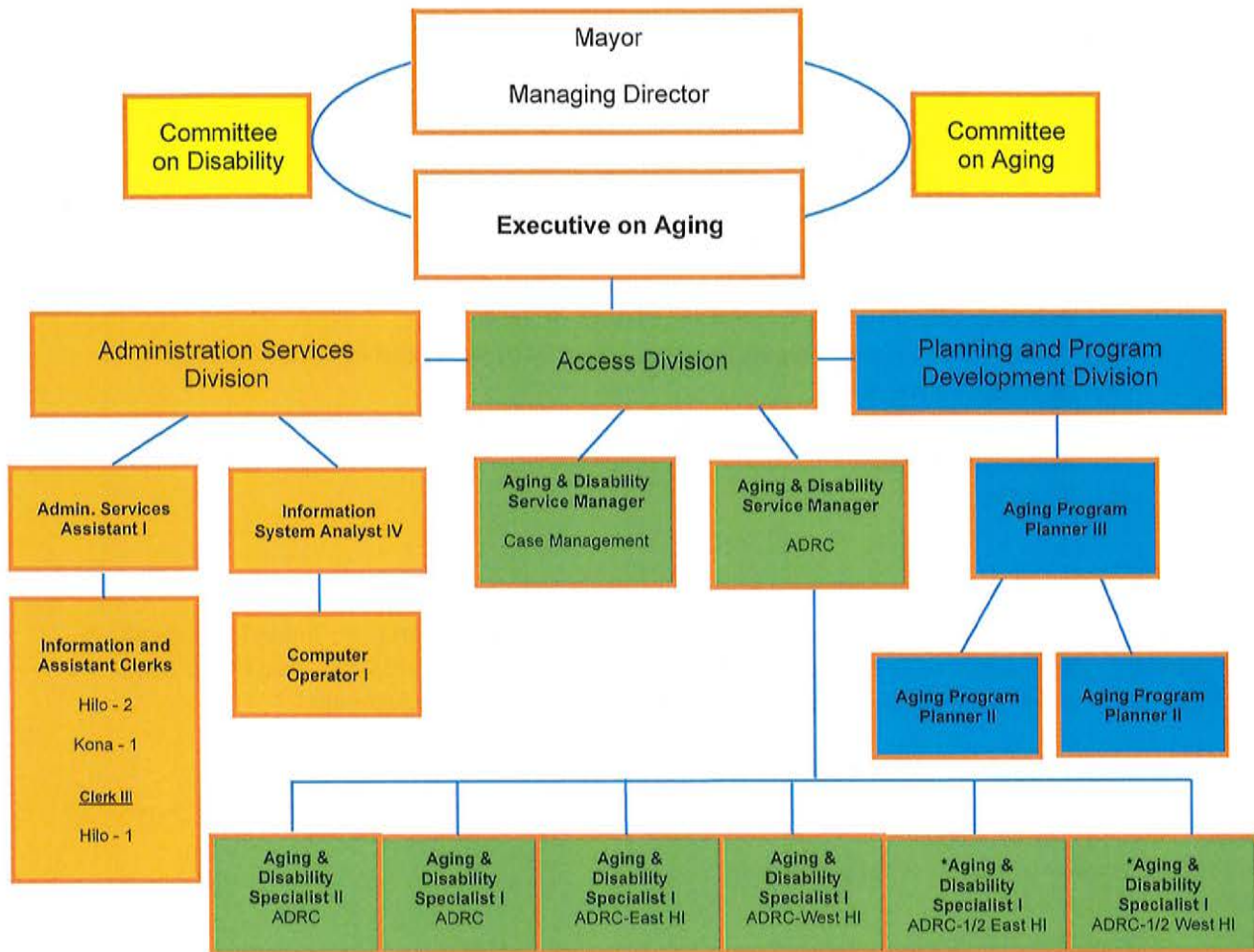
The Mayor of Hawai'i County and HCOA have established two advisory councils, the Committee on Aging and the Committee on People with Disabilities. The Committee on Aging serves as an advisory council to advise HCOA on the development and administration of the area plan, conduct public hearings, represent the interests of older persons, and receive and comment on all community policies, programs, and actions which affect older persons of Hawai'i County. The Committee on Aging is a mandated function by the Older Americans Act and a requirement for this plan to be approved and funding to be released. HCOA also spearheads the Mayors' Committee on People with Disabilities which advises the Mayor on all matters related to persons with disabilities. As its' primary goal, the committee reviews and recommends actions and provides guidelines to improve the quality of life for all people with disabilities.



### The County of Hawai'i

The Hawai'i County Office of Aging is one of 19 departments within the County of Hawai'i organization. As an Area Agency on Aging, HCOA operates under the umbrella of the County of Hawai'i with the majority of agency positions funded by the County.

## Office of Aging – Organizational Chart – 2023



### C. 2023 – 2027 Area Plan on Aging HCOA Planning Process

#### Purpose

As an Area Agency on Aging, the Hawai'i County Office of Aging (HCOA) is responsible for assessing the needs of the county's older adult population, determining the kinds and amounts of services required to meet those needs, developing and executing contracts with service providers selected through various procurement methods, monitoring the provision of services, and evaluation of the effectiveness, outcomes, and impact resulting from the services delivered.

#### Description of the Planning Process:

The following is an outline of the planning process utilized by the Office of Aging in the development of the 2023 – 2027 Area Plan on Aging. The collection of information documenting the needs and areas of concerns of older individuals for Hawai'i County is conducted on an ongoing basis. This extensive research incorporates multiple approaches. Thus, as part of the needs assessment and planning process, HCOA conducts extensive data research from a variety of sources including, but not limited to:



## **1. Needs Assessment:**

- *Federal and State Indicators:* Secondary data analysis using the U.S. Census population data and projections; State data: Hawai'i Data Book 2020, [www.Hawaiihealthmatters.org](http://www.Hawaiihealthmatters.org); ACL; the Administration on Aging; among others;
- *HCOA and ADRC Indicators:* WellSky Information System data and evaluation of current program and service activities;
- *Key Informant Interviews:* Focus groups and individual interviews; and
- *Community Needs Surveys:* Survey Monkey was used to survey a sample of older adults, caregivers, and key network partners via online surveys.

## **2. Identify Areas of Concern**

## **3. Evaluate Effectiveness of Existing System of Services**

## **4. Develop Area Agency Goals in conjunction with State and Federal Initiatives**

## **5. Develop Strategies**

## **6. Investigate Alternatives and Other Funding Sources**

## **7. Establish Priorities**

## **8. Develop Plan**

### **Public Hearings**

Public hearings are a requirement and play an essential role in the planning process. Public hearings afford the general public an opportunity to comment and provide needed input to proposed Area Plans. Public hearings were conducted in April of 2023. For details of public hearings, see Appendix F.

### **D. Glossary of Terms and Acronyms**

<b>AAA</b>	Area Agency on Aging
<b>AARP</b>	American Association of Retired Persons
<b>AD</b>	Alzheimer's Disease
<b>ADC</b>	Adult Day Care Program
<b>ADLs</b>	Activities of Daily Living
<b>ADRC</b>	Aging and Disability Resource Center
<b>ADRD</b>	Alzheimer's Disease and Related Disorders
<b>AHCD</b>	Advanced Health Care Directives
<b>AIRS</b>	Alliance of Information and Referral Specialists
<b>AoA</b>	Administration on Aging
<b>APS</b>	Adult Protective Services
<b>CLP</b>	Community Living Program
<b>CM</b>	Case Management
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CNA</b>	Certified Nursing Assistant
<b>CoA</b>	Committee on Aging
<b>DD</b>	Developmental Disabilities
<b>DHHS</b>	Department of Health and Human Services
<b>DHR</b>	Department of Human Resources
<b>DOT</b>	Department of Transportation
<b>FFY</b>	Federal Fiscal Year (October 1 – Sept 30)
<b>FTE</b>	Full Time Equivalent

<b>GRG</b>	Grandparents Raising Grandchildren
<b>HCBS</b>	Home and Community Based Services
<b>HDM</b>	Home Delivered Meals
<b>HDS</b>	Home Delivered Services
<b>HHA</b>	Home Health Agency; Home Health Aide
<b>I &amp; A</b>	Information, Referral and Assistances
<b>I &amp; R</b>	Information and Referral
<b>IADLs</b>	Instrumental Activities of Daily Living
<b>IFF</b>	Intra-State Funding Formula
<b>LEP</b>	Limited English Proficiency
<b>LPN</b>	Licensed Practical Nurse
<b>LTCF</b>	Long Term Care Facility
<b>LTCO</b>	Long Term Care Ombudsman
<b>LGBTQ</b>	Lesbian, Gay, Bisexual, Transgender, and Questioning Sexual Identity and Orientation
<b>MFP</b>	Money Follows the Person
<b>MMA</b>	Medicare Modernization Act
<b>N4A</b>	National Association of Area Agencies on Aging
<b>NAPIS</b>	National Aging Program Information System
<b>NASUAD</b>	National Association of State Units on Aging and Disability
<b>NF</b>	Nursing Facility
<b>NFCSP</b>	National Family Caregiver Support Program
<b>OAA</b>	Older Americans Act
<b>OMB</b>	Office of Management and Budget
<b>PSA</b>	Planning and Service Area; Personal Support Aide
<b>SAMS</b>	Social Assistance Management System
<b>SCSEP</b>	Senior Community Service Employment Program
<b>SFY</b>	State Fiscal Year (July 1 through June 30)
<b>SHIP</b>	State Health Insurance Assistance Program
<b>SMP</b>	Senior Medicare Patrol (See SHIP)
<b>SPR</b>	State Program Reports
<b>SUA</b>	State Unit on Aging

**DEFINITIONS SEC. 102. For the purposes of this Act— As Amended Through P.L. 116-131, Enacted March 25, 2020 3 Sec. 102 OLDER AMERICANS ACT OF 1965:**

(1) The term **“abuse”** means the knowing infliction of physical or psychological harm or the knowing deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm.

(2) The term **“Administration”** means the Administration on Aging. (3) The term **“adult protective services”** means such services provided to adults as the Secretary may specify and includes services such as—

- (A) receiving reports of adult abuse, neglect, or exploitation;
- (B) investigating the reports described in subparagraph (A);
- (C) case planning, monitoring, evaluation, and other casework and services; and
- (D) providing, arranging for, or facilitating the provision of medical, social service, economic, legal, housing, law enforcement, or other protective, emergency, or support services.

(4) The term **“Aging and Disability Resource Center”** means an entity, network, or consortium established by a State as part of the State system of long-term care, to provide a coordinated and integrated system for older individuals and individuals with disabilities (as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102)), and the caregivers of older individuals and individuals with disabilities, that



provides, in collaboration with (as appropriate) area agencies on aging, centers for independent living (as described in part C of chapter 1 of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.)), and other aging or disability entities—

- (A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care services, and Federal or State programs that provide long-term care services and supports through home and community-based service programs;
- (B) person-centered counseling to assist individuals in assessing their existing or anticipated long-term care needs and goals, and developing and implementing a person-centered plan for long-term services, supports, and care that is consistent with the desires and choices of such an individual and designed to meet the individual's specific needs, goals, and circumstances;
- (C) access for individuals to the full range of publicly supported long-term care services and supports for which the individuals may be eligible, including home and community-based service options, by serving as a convenient point of entry for such programs and supports; and
- (D) in cooperation with area agencies on aging, centers for independent living described in part C of chapter 1 of title VII of the Rehabilitation Act of 1973, and other community-based entities, including other aging or disability entities, information and referrals regarding available home and community-based services for individuals who are at risk for residing in, or who reside in, institutional settings, so that the individuals have the choice to remain in or to return to the community.

(5) The term **“aging network”** means the network of—

- (A) State agencies, area agencies on aging, title VI grantees, and the Administration; and
- (B) organizations that—
  - (i) (I) are providers of direct services to older individuals; or
  - (II) are institutions of higher education; and
  - (ii) receive funding under this Act.

(6) The term **“area agency on aging”** means an area agency on aging designated under section 305(a)(2)(A) or a State agency performing the functions of an area agency on aging under section 305(b)(5).

(7) The term **“Assistant Secretary”** means the Assistant Secretary for Aging.

(8) (A) The term **“assistive device”** includes an assistive technology device.

(B) The terms **“assistive technology”**, **“assistive technology device”**, and **“assistive technology service”** have the meanings given such terms in section 3 of the Assistive Technology Act of 1998 (29 U.S.C. 3002). See amendment made by section 104(1) of Public Law 116-131.

(C) The term **“State assistive technology entity”** means the agency, office, or other entity designated under subsection (c)(1) of section 4 of the Assistive Technology Act of 1998 (29 U.S.C. 3003) to carry out State activities under such section.

(9) The term **“at risk for institutional placement”** means, with respect to an older individual, that such individual is unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility.

(10) The term **“board and care facility”** means an institution regulated by a State pursuant to section 1616(e) of the Social Security Act (42 U.S.C. 1382e(e)).

(11) The term **“case management service”**—

- (A) means a service provided to an older individual, at the direction of the older individual or a family member of the individual—
  - (i) by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph (B); and
  - (ii) to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and

(B) includes services and coordination such as—

- (i) comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);
- (ii) development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services—
  - (I) with any other plans that exist for various formal services, such as hospital discharge plans; and
  - (II) with the information and assistance services provided under this Act;
- (iii) coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
- (iv) periodic reassessment and revision of the status of the older individual with—
  - (I) the older individual; or
  - (II) if necessary, a primary caregiver or family member of the older individual; and
  - (III) in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

(12) The term **“civic engagement”** means an individual or collective action designed to address a public concern or an unmet human, educational, health care, environmental, or public safety need.

(13) The term **“disability”** means (except when such term is used in the phrase “severe disability”, “developmental disabilities”, “physical or mental disability”, “physical and mental disabilities”, or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity:

- (A) self-care,
- (B) receptive and expressive language,
- (C) learning,
- (D) mobility,
- (E) self-direction,
- (F) capacity for independent living,
- (G) economic self-sufficiency,
- (H) cognitive functioning, and
- (I) emotional adjustment.

(14) The term **“disease prevention and health promotion services”** means—

- (A) health risk assessments;
- (B) routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, oral health, immunization status, and nutrition screening (including screening for malnutrition);
- (C) nutritional counseling and educational services for individuals and their primary caregivers;
- (D) evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), infectious disease, and vaccine-preventable disease, prevention of sexually transmitted diseases, as well as alcohol and substance abuse reduction, chronic pain management, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition;
- (E) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by—
  - (i) an institution of higher education;



- (ii) a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801); or
  - (iii) a community-based organization;
  - (F) home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment;
  - (G) screening for the prevention of depression and screening for suicide risk, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services;
  - (H) screening for fall-related traumatic brain injury and other fall-related injuries, coordination of treatment, rehabilitation and related services, and referral services related to such injury or injuries;
  - (I) educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);
  - (J) medication management screening and education to prevent incorrect medication and adverse drug reactions;
  - (K) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
  - (L) services that are a part of responses to a public health emergency or emerging health threat;
  - (M) gerontological counseling;
  - (N) screening for the prevention of negative health effects associated with social isolation and coordination of supportive services and health care to address negative health effects associated with social isolation; and
  - (O) counseling regarding social services and follow-up health services based on any of the services described in subparagraphs (A) through (N). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.).
- (15) The term **"elder abuse"** means abuse of an older individual.
- (16) The term **"elder abuse, neglect, and exploitation"** means abuse, neglect, and exploitation, of an older individual.
- (17) The term **"elder justice"** means—
- (A) from a societal perspective, efforts to—
    - (i) prevent, detect, treat, intervene in, and prosecute elder abuse, neglect, and exploitation; and
    - (ii) protect older individuals with diminished capacity while maximizing their autonomy; and
  - (B) from an individual perspective, the recognition of an older individual's rights, including the right to be free of abuse, neglect, and exploitation.
- (18) (A) The terms **"exploitation"** and **"financial exploitation"** mean the fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.
- (B) In subparagraph (A), the term **"caregiver"** means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an older individual.
- (19) The term **"family violence"** has the same meaning given the term in the Family Violence Prevention and

Services Act.

(20) The term **“fiduciary”**—

(A) means a person or entity with the legal responsibility—

(i) to make decisions on behalf of and for the benefit of another person; and (ii) to act in good faith and with fairness; and

(B) includes a trustee, a guardian, a conservator, an executor, an agent under a financial power of attorney or health care power of attorney, or a representative payee.

(21) The term **“focal point”** means a facility established to encourage the maximum collocation and coordination of services for older individuals.

(22) The term **“frail”** means, with respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual—

(A) (i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or  
(ii) at the option of the State, is unable to perform at least three such activities without such assistance; or

(B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

(23) The term **“greatest economic need”** means the need resulting from an income level at or below the poverty line.

(24) The term **“greatest social need”** means the need caused by noneconomic factors, which include—

(A) physical and mental disabilities;

(B) language barriers; and

(C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that—

(i) restricts the ability of an individual to perform normal daily tasks; or

(ii) threatens the capacity of the individual to live independently.

NOTE: According to the supplemental update to the resource guide ‘Strengthen Your State and Local Aging Plan: A Practical Guide for Expanding the Inclusion of LGBT Older Adults’, published by the National Resource center on LGBT in 2017, ACL clarified its longstanding guidance that the following populations are included in the definition of “greatest social need”:

- individuals who are Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color
- members of religious minorities
- lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons
- persons with disabilities
- persons who live in rural areas

*(7/10/12 AoA Guidance retrieved from SAGE website 2/27/23.)*

(25) The term **“Hispanic-serving institution”** has the meaning given the term in section 502 of the Higher Education Act of 1965 (20 U.S.C. 1101a).

(26) The term **“Indian”** means a person who is a member of an Indian tribe.

(27) Except for the purposes of title VI of this Act, the term **“Indian tribe”** means any tribe, band, nation, or other organized group or community of Indians (including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (Public Law 92–203; 85 Stat. 688) which

(A) is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; or



(B) is located on, or in proximity to, a Federal or State reservation or rancheria.

(28) The term **“information and assistance service”** means a service for older individuals that—

(A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;

(B) assesses the problems and capacities of the individuals;

(C) links the individuals to the opportunities and services that are available;

(D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and

(E) serves the entire community of older individuals, particularly—

(i) older individuals with greatest social need;

(ii) older individuals with greatest economic need; and

(iii) older individuals at risk for institutional placement.

(29) The term **“information and referral”** includes information relating to assistive technology.

(30) The term **“in-home services”** includes—

(A) services of homemakers and home health aides;

(B) visiting and telephone reassurance;

(C) chore maintenance;

(D) in-home respite care for families, and adult day care as a respite service for families;

(E) minor modification of homes that is necessary to facilitate the ability of older individuals to remain at home and that is not available under another program (other than a program carried out under this Act);

(F) personal care services; and

(G) other in-home services as defined—

(i) by the State agency in the State plan submitted in accordance with section 307; and

(ii) by the area agency on aging in the area plan submitted in accordance with section 306.

(31) The term **“institution of higher education”** has the meaning given the term in section 101 of the Higher Education Act of 1965.

(32) The term **“integrated long-term care”**—

(A) means items and services that consist of—

(i) with respect to long-term care—

(I) long-term care items or services provided under a State plan for medical assistance under the Medicaid program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), including nursing facility services, home and community-based services, personal care services, and case management services provided under the plan; and

(II) any other supports, items, or services that are available under any federally funded long-term care program; and

(ii) with respect to other health care, items and services covered under—

(I) the Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);

(II) the State plan for medical assistance under the Medicaid program; or

(III) any other federally funded health care program; and

(B) includes items or services described in subparagraph (A) that are provided under a public or private managed care plan or through any other service provider.

(33) The term **“legal assistance”**—

(A) means legal advice and representation provided by an attorney to older individuals with economic or social needs; and

- (B) includes—
- (i) to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and
  - (ii) counseling or representation by a nonlawyer where permitted by law.
- (34) The term **“long-term care”** means any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service—
- (A) intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living;
  - (B) furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and
  - (C) not furnished to prevent, diagnose, treat, or cure a medical disease or condition.
- (35) The term **“long-term care facility”** means—
- (A) any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i-3(a));
  - (B) any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a));
  - (C) a board and care facility; and
  - (D) any other adult care home, including an assisted living facility, similar to a facility or institution described in subparagraphs (A) through (C).
- (36) The term **“multipurpose senior center”** means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.
- (37) The term **“Native American”** means—
- (A) an Indian as defined in paragraph (26); and
  - (B) a Native Hawaiian, as defined in section 625.
- (38) The term **“neglect”** means—
- (A) the failure of a caregiver (as defined in paragraph (18)(B)) or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older individual; or
  - (B) self-neglect.
- (39) The term **“nonprofit”** as applied to any agency, institution, or organization means an agency, institution, or organization which is, or is owned and operated by, one or more corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.
- (40) The term **“older individual”** means an individual who is 60 years of age or older.
- (41) The term **“person-centered, trauma-informed”**, with respect to services, means services provided through an aging program that—
- (A) use a holistic approach to providing services or care;
  - (B) promote the dignity, strength, and empowerment of victims of trauma; and
  - (C) incorporate evidence-based practices based on knowledge about the role of trauma in trauma victims’ lives.
- (42) The term **“physical harm”** means bodily injury, impairment, or disease.
- (43) The term **“planning and service area”** means an area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A).
- (44) The term **“poverty line”** means the official poverty line (as defined by the Office of Management and Budget, and adjusted by the Secretary in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).



(45) The term “**representative payee**” means a person who is appointed by a governmental entity to receive, on behalf of an older individual who is unable to manage funds by reason of a physical or mental incapacity, any funds owed to such individual by such entity.

(46) The term “**Secretary**” means the Secretary of Health and Human Services, except that for purposes of title V such term means the Secretary of Labor.

(47) The term “**self-directed care**” means an approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which—

(A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual;

(B) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual’s care options;

(C) the needs, capabilities, and preferences of such individual with respect to such services, and such individual’s ability to direct and control the individual’s receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;

(D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual’s family, caregiver (as defined in paragraph (18)(B)), or legal representative—

(i) a plan of services for such individual that specifies which services such individual will be responsible for directing;

(ii) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and

(iii) a budget for such services; and

(E) the area agency on aging or State agency provides for oversight of such individual’s self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.

(48) The term “**self-neglect**” means an adult’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including—

(A) obtaining essential food, clothing, shelter, and medical care;

(B) obtaining goods and services necessary to maintain physical health, mental and behavioral health, or general safety; or

(C) managing one’s own financial affairs.

(49) The term “**severe disability**” means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that—

(A) is likely to continue indefinitely; and

(B) results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8).

(50) The term “**sexual assault**” has the meaning given the term in section 2003 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796gg-2).

(51) The term “**State**” means any of the several States, the District of Columbia, the Virgin Islands of the United States, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(52) The term “**State agency**” means the agency designated under section 305(a)(1).

(53) The term “**State system of long-term care**” means the Federal, State, and local programs and activities administered by a State that provide, support, or facilitate access to long-term care for individuals in such State.

(54) The term “**supportive service**” means a service described in section 321(a).

(55) The term **“traumatic brain injury”** has the meaning given such term in section 393B(d) of the Public Health Service Act (42 U.S.C. 280b–1c(d)).

(56) Except for the purposes of title VI of this Act, the term **“tribal organization”** means the recognized governing body of any Indian tribe, or any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body. In any case in which a contract is let or grant made to an organization to perform services benefiting more than one Indian tribe, the approval of each such Indian tribe shall be a prerequisite to the letting or making of such contract or grant.

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## PART I

### Overview of the Older Adult Population, Existing Programs, Services, Initiatives, and Unmet Needs

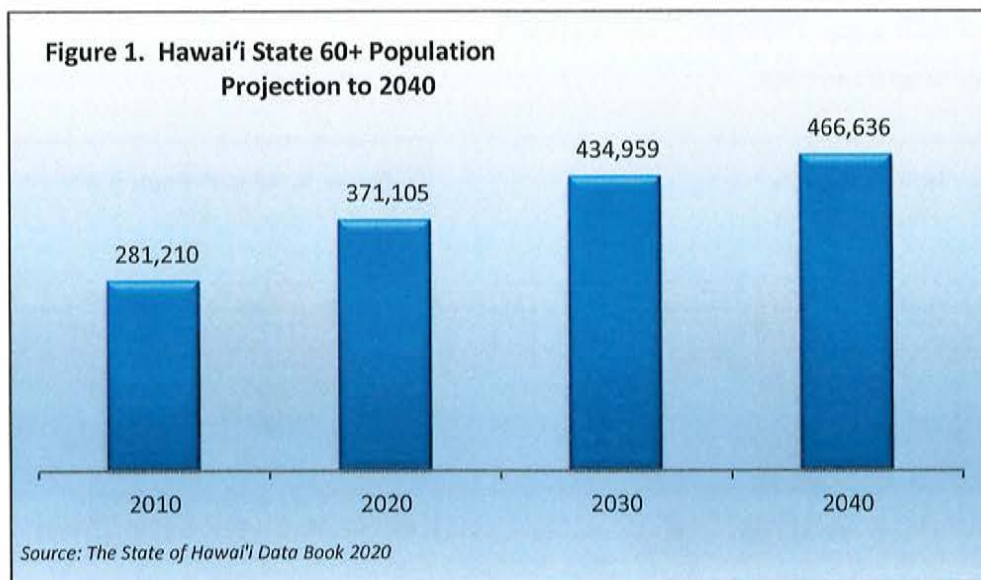
#### A. Overview of the Older Adult Population



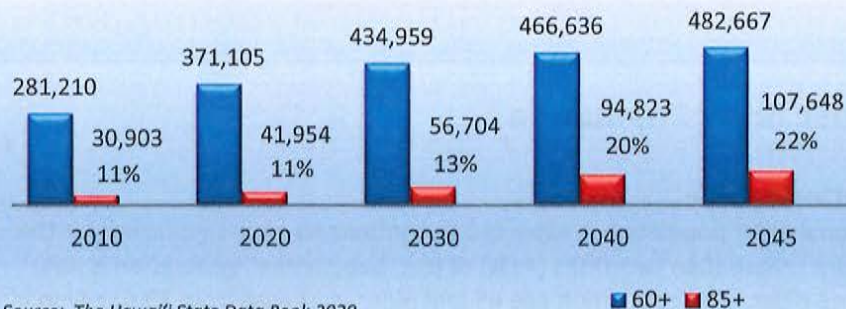
##### Population Profile

The national older population is expected to continue to grow significantly in the near future. More than two-fifths (41%) of the “baby boom” generation is now age 65 and older. The population age 65 and older increased from 39.6 million in 2009 to 54.1 million in 2019 (a 36% increase) and is projected to reach 94.7 million in 2060. By 2040, there will be about 80.8 million older persons, more than twice as many as in 2000. People aged 65 and older represented 16% of the population in the year 2019 but are expected to grow to be 21.6% of the population by 2040. The 85 and older population is projected to more than double from 6.6 million in 2019 to 14.4 million in 2040 (a 118% increase). (*2020 Profile of Older Americans, ACL*)

The aging American population will have wide-ranging implications socially and economically for families, businesses, health care, and service providers. The projected growth of the older population will present challenges to policy makers and programs, including Social Security, Medicare, and Medicaid. There will also be large increases in the need for elderly housing, transportation, recreation, education, health, nutrition, and in-home services, among others. From 2010 to 2040, the elderly population of the State of Hawai‘i is expected to grow by 73%. (*Figure 1*)



**Figure 2. Hawaii State Growth of 85+ as Percentage of 60+**

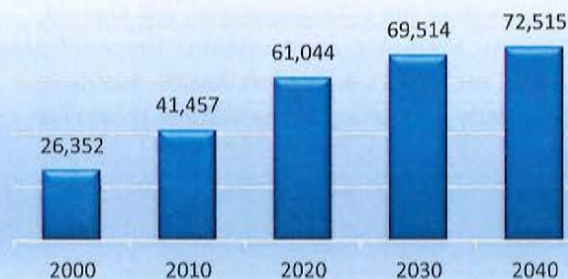


Source: *The Hawai'i State Data Book 2020*

From 2020 to 2045, the percentage of older adults 85 and older is expected to double from 11% in 2020 to 22% in 2045 statewide. The projected increase in life expectancy will have great impacts on our in-home and LTC support systems. Nationally, a relatively small number of people (1.2 million) age 65 and older lived in nursing homes in 2019. However, the

percentage increases with age, ranging from 1% for persons ages 65-74 to 2% for persons ages 75-84 and 8% for persons over age 85. (*2020 Profile of Older Americans, ACL*) In Hawai'i, the 85+ cohort is expected to nearly double in the next two decades from 11% in 2020 to 20% in 2040. (*Figure 2*)

**Figure 3. Hawaii County Age 60+ Population Growth**

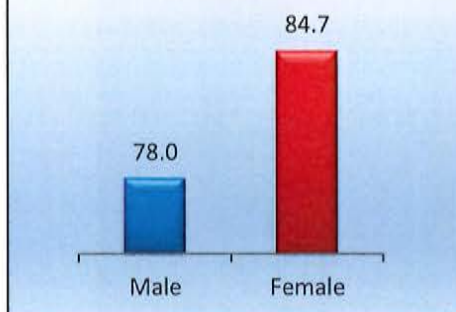


Source: *The Hawai'i State Data Book 2020*

The population over the age of sixty in Hawai'i County is expected to almost triple from the years 2000 to 2040 to over 70,000 older adults (*Figure 3*).

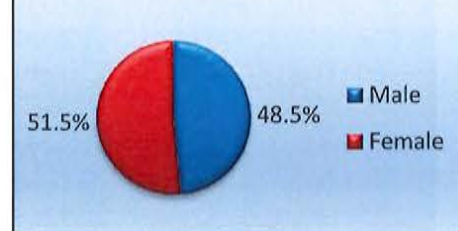
Life expectancy in Hawai'i County is one of the highest in the nation, with women outliving men by almost seven years (*Figure 4*). In Hawai'i County, older women represent over 51% of the older population. (*Figure 5*) As the population grows, women continue to represent a larger percentage of the older population.

**Figure 4. Hawai'i County Life Expectancy**



Source: Kevin Y. Kawamoto, MSW, Ph.D. "Our Changing Community by the Numbers" Presentation for EOA/AAA's, 9/14/22.

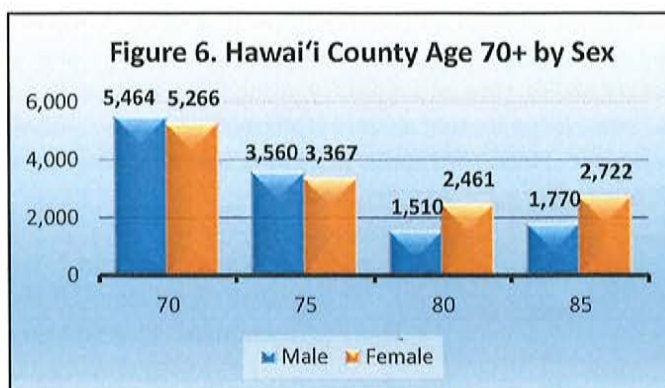
**Figure 5. Hawai'i County 60+ by Gender**



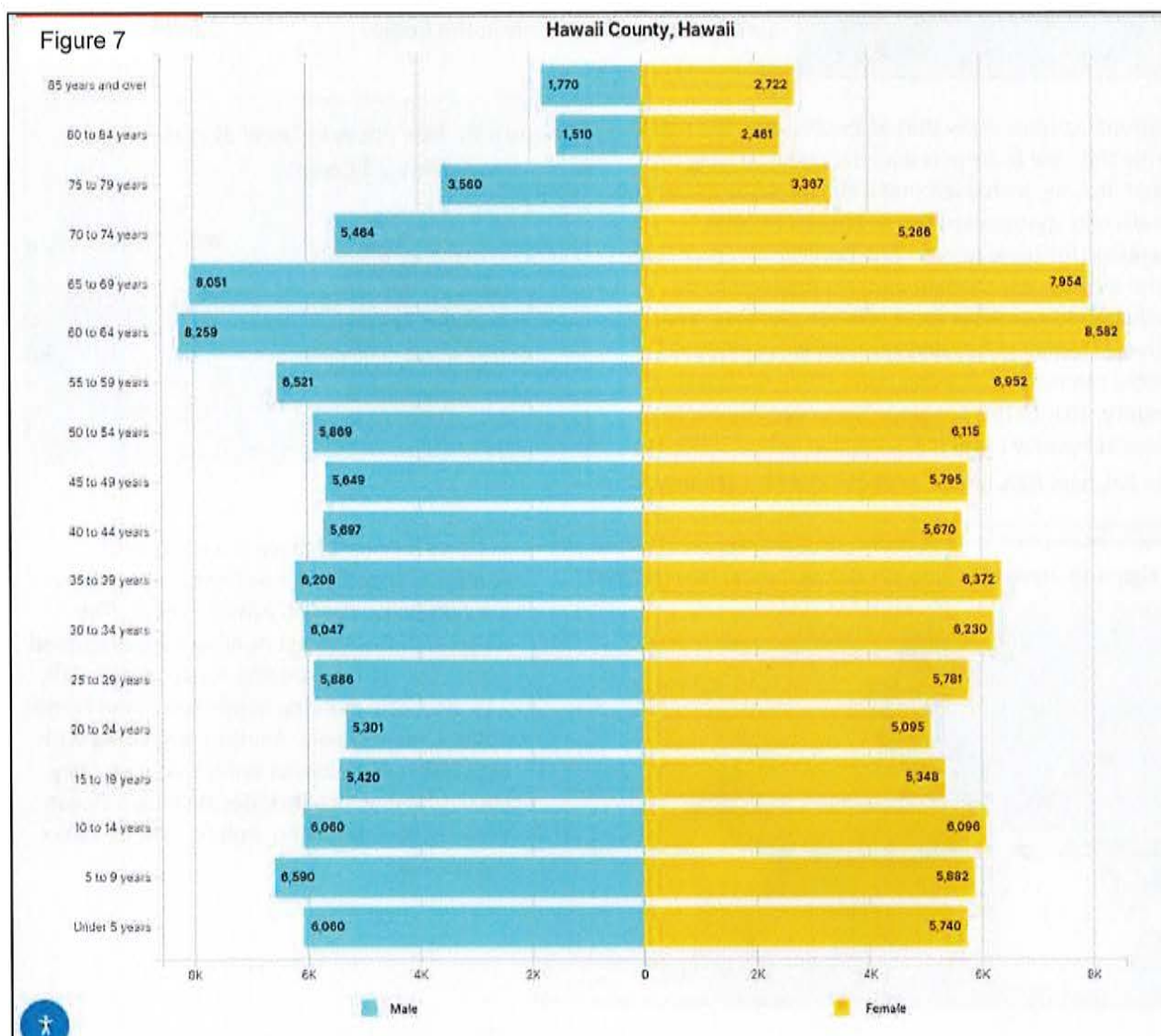
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates



From age 70 to 75, the male to female ratio of Hawai'i County residents is relatively even. After age 75, women outnumber men by over 50%. (Figure 6) The higher male mortality rate can lead to a higher number of older women living alone, with less financial supports, and at higher risk for institutionalization.

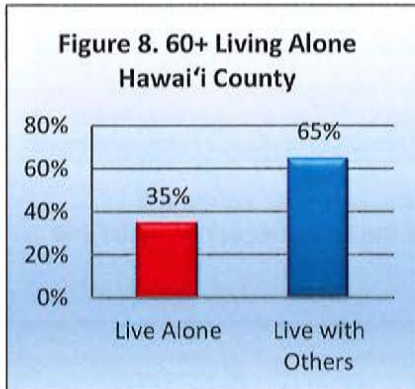


The population pyramid graph shows that the largest population cohorts of the County of Hawai'i are the 60-64 and 65-69 age groups. (ACS 2121 5-Year estimate) (Figure 7) The oldest of the Baby Boomers reached age 76 in 2022. As these groups age into their later sixties and seventies, the demand for services and supports will have a great impact on the aging networks' social and human services programs.



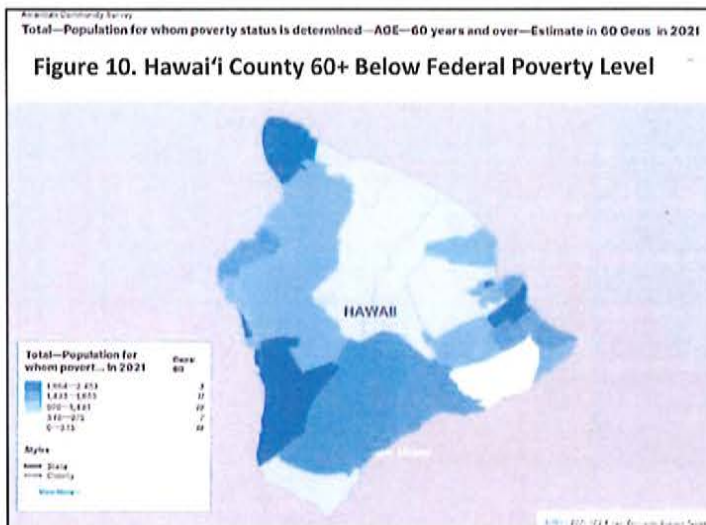
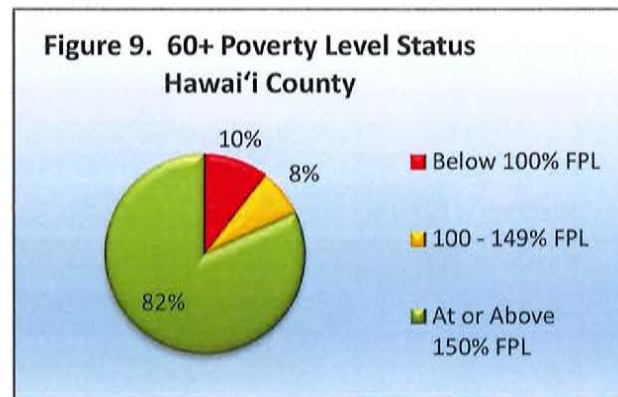


Area Agencies on Aging use social determinants of health indicators to determine program and service needs in the community. They include: living alone, income (at or below Federal Poverty Level), limited English speaking ability, race and ethnicity, disabilities, living with grandchildren, health status and chronic conditions, living in rural areas, social isolation, sexual orientation and identity, and family caregivers, among others. Note: Data for Figures 8, 9, 10, 11, and 12 obtained from *U.S. Census Bureau, 2016-2020 American Community Survey 5- year Estimates*.

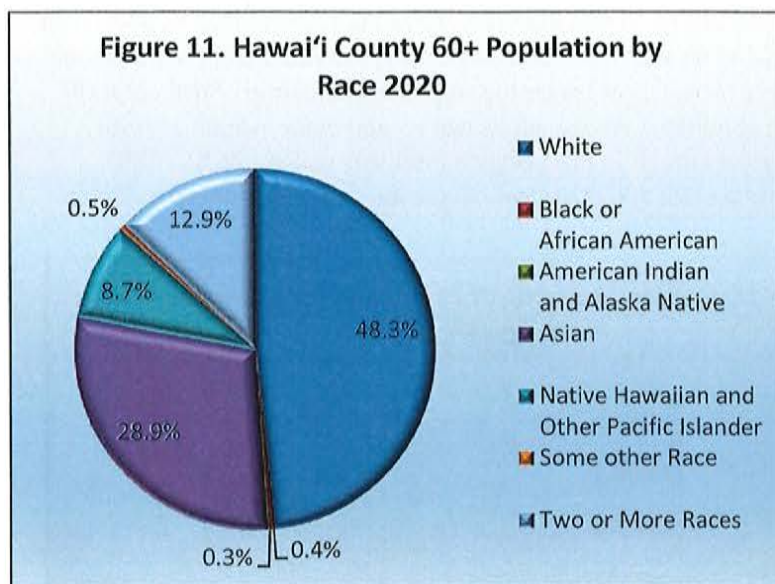


Nationally, about 27% of all older adults living in the community in 2020 lived alone. They represented 20% of older men and 33% of older women. The proportion living alone increases with age for both men and women. Among women aged 75 and older, 42% lived alone. In Hawai'i County, 35% of the sixty and over population lives alone. (Figure 8) Although living alone in itself is not a predictor of decline in health and safety as one ages, a combination of factors including living alone can lead to having unmet needs and a higher risk of institutionalization. One's support network and available resources can assist in living alone safely in the home.

National studies show that as people age, the more likely they are to have reduced incomes. Living on a fixed income, increased medical expenditures, and death of a spouse can lead to limited income available for basic needs. Any family/individual with total income less than an amount deemed to be sufficient to purchase food, shelter, clothing, and other essential goods and services is classified as below the Federal Poverty Level (FPL). In Hawai'i County, 10% of the 60+ population lives below the Federal Poverty Level (FPL), 8% live below 150% of the FPL, and 82% live at or above the FPL. (Figure 9)



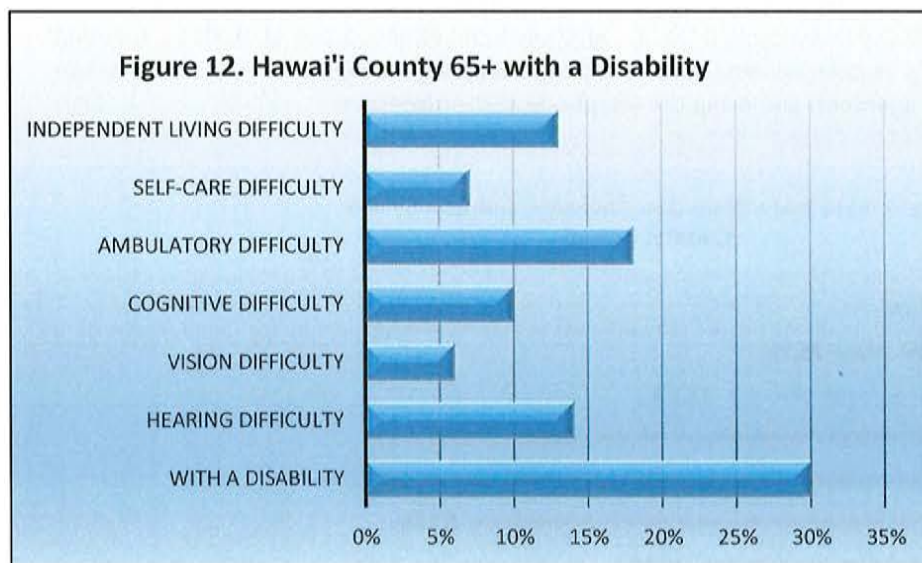
In Hawai'i County, there are pockets of residents aged 60 and over whose incomes are below the Federal Poverty Level. The areas with the highest numbers are disbursed across the island including census tracts 210, 213, and 218, in Puna, South Kona, and North Kohala, respectively. Another large area with high levels of residents living below poverty level is Ka'u, which includes Hawaiian Ocean View Estates, Na'alehu, Pahala, and Volcano. (Figure 10)



Race is an important social factor in understanding disparities in the well-being of older adults in many areas of life including: income, employment, health, housing, and criminal justice. The COVID-19 pandemic brought to light disparities in national health systems with varying degrees of success in treatment and loss of life due to one's race and economic status. Some racial and ethnic groups receive poorer medical care, are less healthy, have shorter life expectancies, and reduced quality of life. The ethnic composition of Hawai'i County's 60+ population is made up of nearly 50% White, 30% Asian, 13% two or more races, 9% Hawaiian, and less than 1% Black and

American Indian. (Figure 11)

Older adults who experience limited English proficiency are at risk for greater economic insecurity and inequality of access to services. Barriers of language and culture often impede eligible seniors' ability to access benefits and services. Limited English speaking older adults are twice as likely to fall below the FPL as other older adults. Government programs must make special efforts to ensure that limited English speaking populations have equitable access to services.



Source: U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates

Visual impairment, reduced motor skills, hearing and memory loss are common in the progression of aging. Many elderly adults live with a comorbidity of physical and health related conditions that make self-care more difficult. (Figure 12) Through the Older Americans Act grants and the State's Kupuna Care Program, funding is available for programs that aid in the promotion of independence for those who may be experiencing difficulties in performing activities of daily living and

their caregivers. They include: supportive home and community-based services, nutrition programs, legal assistance, disease prevention campaigns, health promotion services, and caregiver support programs.

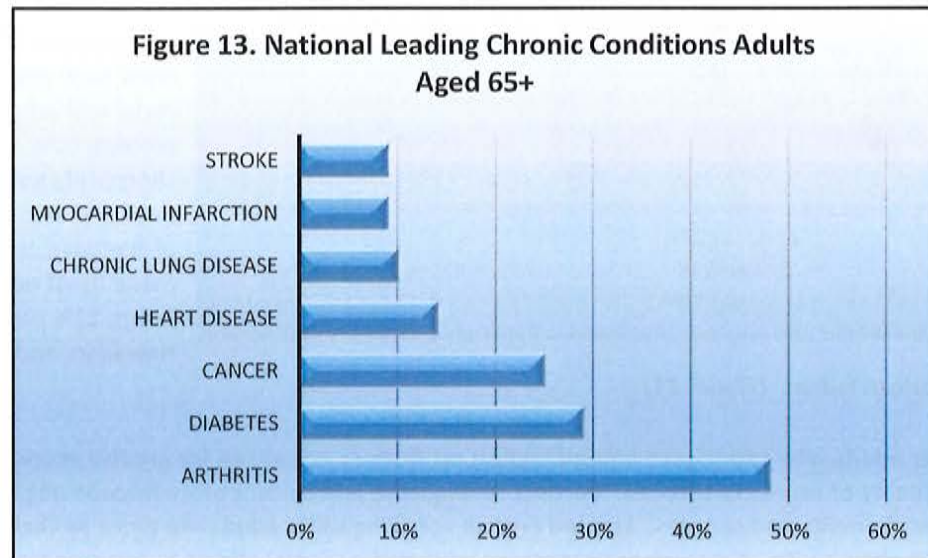


## Chronic Conditions

90% of adults over age 65 have at least one chronic condition and many have multiple conditions which can lead to challenges in daily living. Of people aged 65 and older, 68% have a lifetime probability of becoming disabled in at least two activities of daily living (ADLs) or of becoming cognitively impaired. (*RHIhub; AARP (2003); DHHS & DOL (2003)*) Leading chronic conditions among adults age 65 and older include arthritis (48%); coronary heart disease (14%); myocardial infarction (9%); angina (4%); any cancer (25%); COPD, emphysema, or chronic bronchitis (10%); stroke (9%); and physician-diagnosed and undiagnosed diabetes (29%). (*Figure 13*)

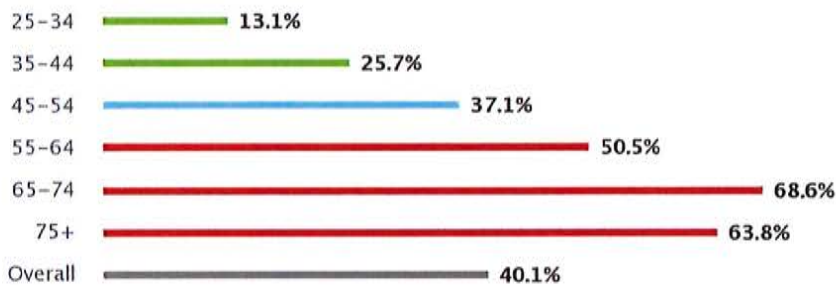
Many older adults experience challenges in daily living due to chronic illness or disability. According to the Center for Disease Control and Prevention (CDC), about 80% of older adults have one chronic condition, and 50% have at least two. (*Figure 14*) The CDC also states that infectious diseases (including COVID-19, influenza, and pneumococcal

disease) and injuries (often due to falls) disproportionately affect older adults. Physical and health related conditions can lead to difficulties that restrict the ability to perform basic self-care, or activities of daily living (ADL's) and Instrumental Activities of Daily Living (IADL's). ADL's include: eating, dressing, bathing, toileting, transferring, and walking. IADL's include: cooking, housekeeping, shopping, managing money, ability to use transportation, medication management, and using the telephone and/or Internet.



**Figure 14 Adults With More Than One Chronic Condition by Age County: Hawaii**

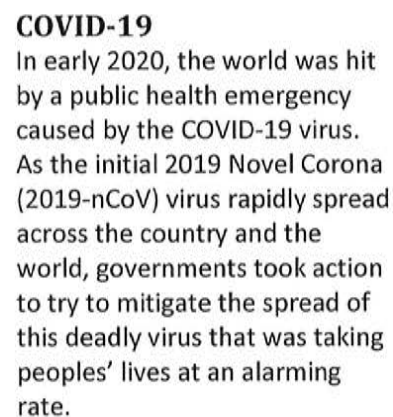
[www.hawaiithealthmatters.org](http://www.hawaiithealthmatters.org)



Source: Behavioral Risk Factor Surveillance System (2019)

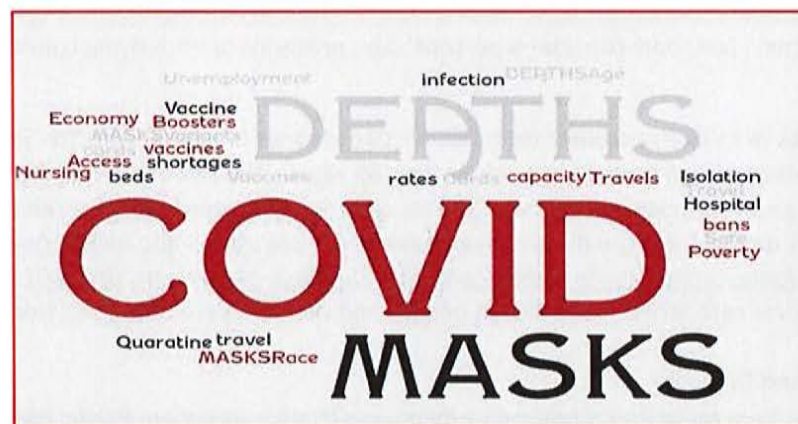


According to the *AARP Second Half of Life Study*, June 2022, fears about living independently increase as adults age. AARP asked 2,580 qualified respondents if they feared needing help with caring for self, driving, visiting family, household chores, and staying in current home. The results revealed that as respondents increased in age, so did their fears about living independently. (Figure 15)



In early 2020, the world was hit by a public health emergency caused by the COVID-19 virus. As the initial 2019 Novel Corona (2019-nCoV) virus rapidly spread across the country and the world, governments took action to try to mitigate the spread of this deadly virus that was taking peoples' lives at an alarming rate.

On February 28, 2020, the Hawai'i County Mayor issued an Emergency Proclamation declaring "a state of emergency due to the outbreak of COVID-19 being recognized as a public health emergency of international concern and a public health emergency for the United States". March 4, 2020, the Governor of Hawai'i issued a Proclamation "declaring a state of emergency based on the actions and directives of the President of the United States, the World Health Organization, and the Centers for Disease Control and Prevention, and current conditions warranting preemptive and protective actions related to the outbreak of COVID-19". The Secretary of Health



and Human Services (HHS) is one of the lead federal agencies that determines when a public health emergency exists. The first HHS Public Health Emergency Declaration, issued January 31, 2020, stated that “a public health emergency exists and has existed since January 27, 2020, nationwide”. At that time, there were 108 confirmed cases in the U.S. and 93,090 cases worldwide. As of Feb. 28, 2023, the U.S. has had 102,019,564 confirmed cases, 1,109,145 deaths, and 662,514,513 vaccines administered. (*World Health Organization (WHO) website. Retrieved 3/2/23.*) Worldwide, there have been 758,390,564 confirmed cases, 6,859,093 deaths, and 13,266,873,459 vaccines administered. (*WHO*) The HHS 90-day Public Health Emergency Declarations have been reissued 14 times throughout the duration of the pandemic. The last declaration will expire on May 11, 2023. The federal government has determined that the number of COVID-19 cases and deaths have declined to an acceptable level and is not planning to issue future declarations of public health emergencies related to the COVID-19 virus. Hawai'i County's Emergency Rule No. 20 was repealed effective February 28, 2022.

The reduction in cases and subsequent deaths can be attributed to the advent of COVID-19 vaccines, the prevalence of milder variants of 2019-nCoV, social distancing practices, the use of PPE's (face coverings), sanitation efforts, and herd immunity, among others. Mitigation efforts included rather drastic measures that had a tremendous effect on the world and how people were able to live their daily lives. Mandated lockdowns, travel bans, stay-at-home orders, business and school closures, social distancing guidelines, and quarantining when sick changed how many people have lived from the beginning of the pandemic to today. COVID-19 mitigation levels of success vary greatly from state to state and country to country. Hawai'i's inter-state and international travel ban helped keep COVID-19 cases and deaths to one of the lowest in rates the country. Other Pacific Island nations including New Zealand, Tonga, and Samoa had great success by issuing total travel bans as well.

### **Increased Risk for Severe COVID-19 Illness**

Those most at risk of severe outcomes of COVID-19, including hospitalization or death, are the elderly, people with underlying medical conditions, minorities, and people living in rural areas with limited access to healthcare (including testing and vaccines), among others. The pandemic brought to the forefront inequities in healthcare and access to services and resources. When determining the risk of severe COVID-19 outcomes, providers consider a persons' age, presence of underlying conditions, and other risk factors.

#### **Age**

The risk of severe outcomes from COVID-19 increases in people who are 50 years and older, with the risk increasing substantially at ages older than 65 years. The risk of developing dangerous symptoms increases with age, with those who are age 85 and older at the highest risk of serious symptoms. In the U.S., about 81% of deaths from the disease have been in people age 65 and older. ([www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-who-is-at-risk/art-20483301](https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-who-is-at-risk/art-20483301). Retrieved 3/13/23) Residents of long-term care facilities are also at heightened risk of severe outcomes from COVID-19.

#### **Race and Ethnicity**

People from racial and ethnic minority groups (Native Hawaiian, Pacific Islander, American Indian, Alaska Native, Asian, Black, and Hispanic/Latino) have been disproportionately affected by the COVID-19 pandemic. Compared to non-Hispanic whites, people from minority groups are more likely to be hospitalized and die from COVID-19 at younger ages. (*CDC data: Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity*)



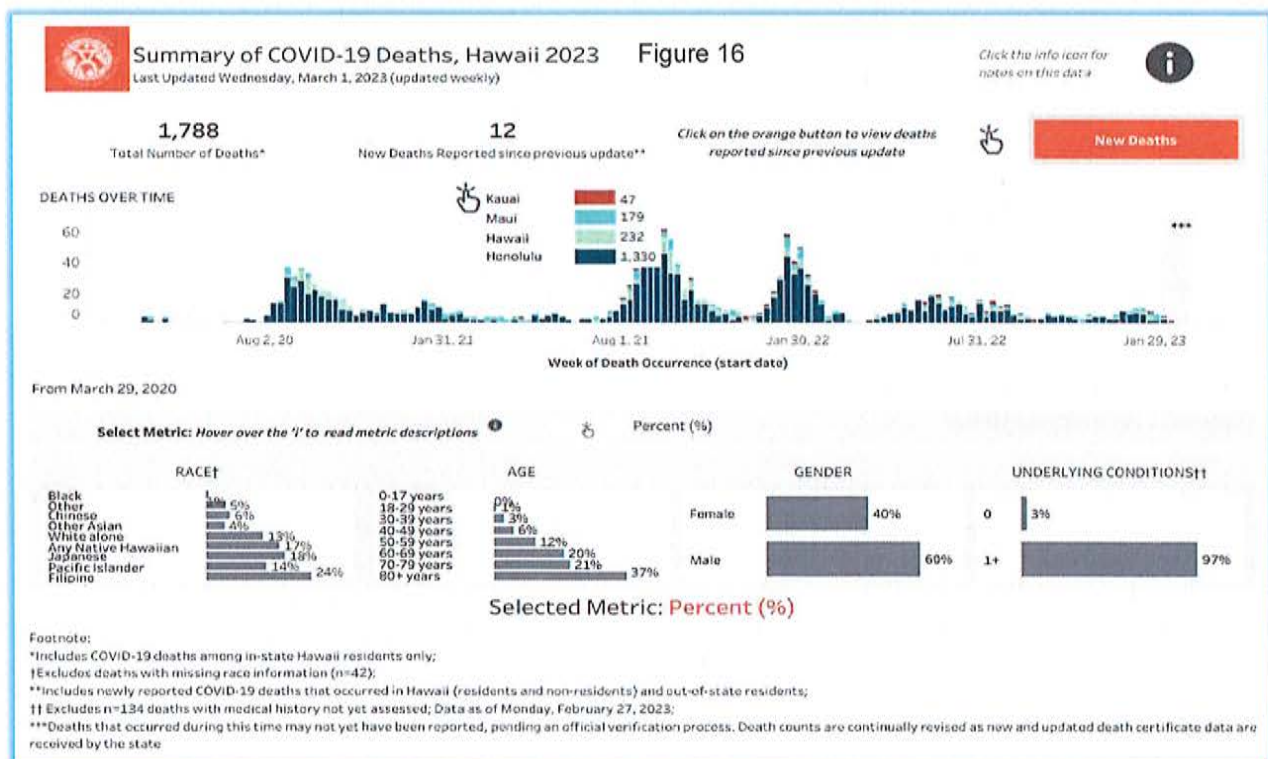
## Underlying Medical Conditions

Many underlying medical conditions have been associated with increased risk for severe COVID-19. Key underlying conditions include:

- Chronic heart, lung, kidney, and liver disease
- Diabetes
- Obesity and physical inactivity
- Disabilities
- Neurological conditions including dementia and stroke
- Immunocompromising conditions or medications
- Smoking (former or current)

([www.health.state.mn.us/diseases/coronavirus/hcp/conditions.html](http://www.health.state.mn.us/diseases/coronavirus/hcp/conditions.html))

Recent Hawai'i Department of Health reports that the State of Hawai'i had 380,098 confirmed cases, 1,834 deaths, and a testing positivity rate 4.4%. The latest COVID-19 data for Hawai'i County is 42,529 cases, 231 deaths, and a testing positivity rate of 3.0% (as of 3/2/23). Of the 1,834 deaths in the state, 79% were age 60 and over, 97% had one or more underlying conditions, 60% male, 40% female, 24% Filipino, 18% Japanese, 17% Native Hawaiian, 14% Pacific Islander, 13% White alone, 6% Chinese, 5% other, 4% other Asian, and 1% Black. (Figure 16)





## **Vaccination Status**

Persons who are unvaccinated or who are not up to date with COVID-19 vaccines, including recommended boosters, are at increased risk for severe COVID-19 illness. In Hawai'i County, the COVID-19 vaccination rate is 78.6% overall. Although there are variable rates of vaccination across the island, the areas with the highest vaccination rates are: North Kohala 96%, Kealahou 94%, Honokaa 89%, and the Hamakua Coast 99%, 94%, and 88%. (The higher rates near some hospitals could be attributed to the data being collected by zip code at vaccination sites.) The areas with the lowest vaccination rates are Ocean View (HOVE) 33%, Mountain View 47%, Na'alehu 54%, Volcano 54%, Pahala 55%, Captain Cook 55% (which includes nearly half of HOVE), Pau'uilo 57%, and Pahoa 58%. *(Figure 17)*

## **Hawai'i County Vaccination Efforts**

According to the EOA SFY21 Annual Legislative Report, Hawai'i County government, primarily through its Civil Defense Agency, and Eric Honda, the District Health Officer for Hawai'i County, led vaccination efforts and were quick to onboard as many vaccine providers as possible. The Civil Defense Agency was the liaison and coordinator for all county resources and arranged the use of County facilities for vaccine distribution. In Phase 1a, the island's three hospitals (Hilo Medical Center, Kona Community Hospital, and the Queen's North Hawai'i Community Hospital) had the capacity to store the Pfizer Vaccine and vaccinated the medical community, while the District Health Office received and stored the Moderna vaccine and vaccinated the first responders. Mass vaccination clinics were then established in Hilo at the Afook-Chinen Civic Auditorium and Edith Kānaka'ole Multi-Purpose Stadium; and in Kona at the Kona Aquatic Complex. Concurrently, the District Health Office started to communicate with community partners to broaden vaccination capacity. Key community vaccination partners including the three FQHCs on the island (the Bay Clinic, the Hāmākua-Kohala Health Centers, and the West Hawai'i Community Health Center) and the local pharmacies, including KTA Super Stores Pharmacies, which took responsibility to vaccinate residents of ARCHs, CCFFHs, DD Domiciliary and Foster Homes, and the homebound. The District Health Office set up clinics at all low-income senior housing projects. The Hawai'i National Guard also played a significant role, providing manpower, traffic control, and medics for vaccine administration. As vaccination demand decreased, focus shifted from mass vaccination sites to community pop-up clinics in targeted communities.

Under the leadership of Horace Farr, County Executive on Aging, the Hawai'i County Office of Aging (HCOA) spent a lot of energy providing education to kūpuna through written materials, newsletters, and public service announcements (PSAs), as well as calls to clients in their ADRC database. HCOA directed kūpuna to call centers that could help them schedule vaccination appointments and assisted kūpuna who had difficulties getting appointments. HCOA also organized transportation for those kūpuna who couldn't get to clinics independently. They provided lists of senior housing projects to the District Health Office, which organized vaccinations there.

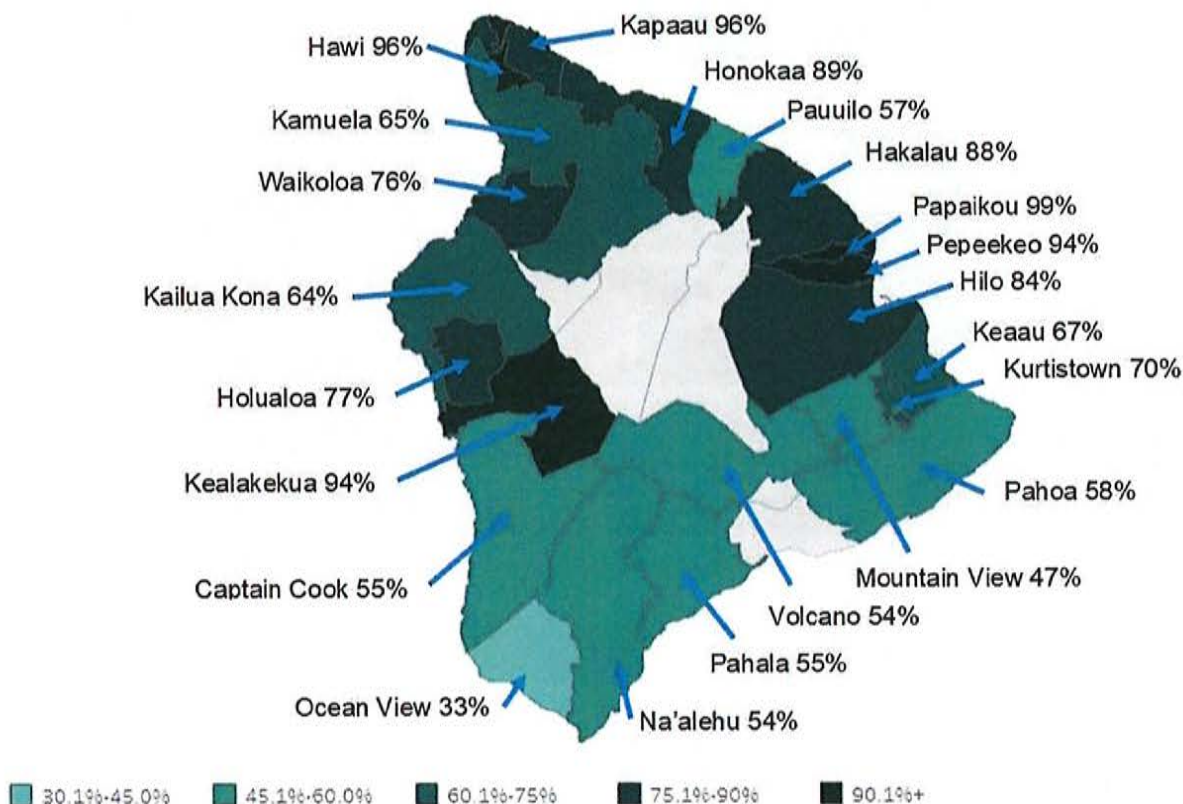
Throughout the vaccination effort, a community-based organization, Community First Hawai'i, hosted weekly meetings so all the providers could strategize together to target their efforts and reduce overlap. This group linked closely with the state and county sources of information to keep abreast of vaccine supply and availability for Hawai'i County and track vaccination venues and events, which they forwarded to the Civil Defense for posting on their website. Community First also developed and disseminated public service announcements to promote vaccination.

*(EOA SFY21 Annual Legislative Report)*

Figure 17

## COVID-19 Vaccine Rates for Hawai'i County 78.6%

% Primary Series Completed for Hawaii

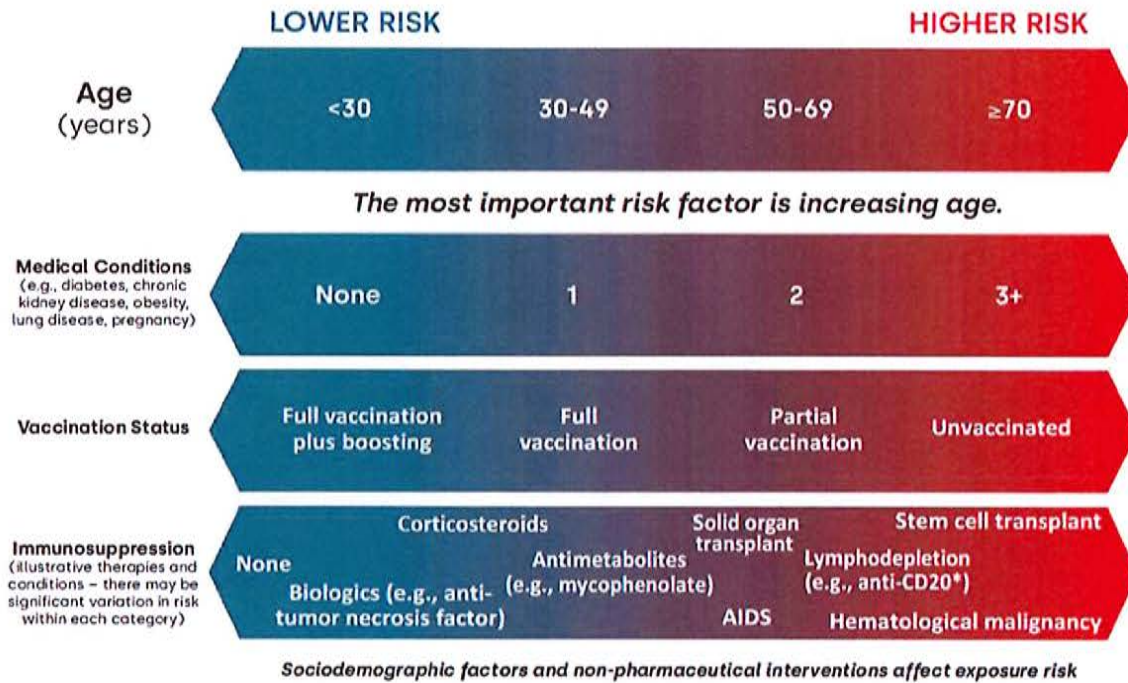


### COVID-19 Risk Continuum

The risk of severe COVID-19 illness increases as the number of comorbid conditions and risk factors increase. According to the ACL 2020 Profile of Older Americans, 71% of people age 65 and older reported that they received an influenza vaccination during the past 12 months and 67% reported that they had ever received a pneumococcal vaccination. In 2019, 8.2% of persons aged 65 and older reported that they were current smokers. In 2015-2018, 32% of men aged 75 and over and 36% of women aged 75 and over were obese. In 2019, 13% of people aged 65 and older reported taking prescription medicine for feelings of worry, nervousness, or anxiety and 12% reported taking prescription medicine for depression. In 2019, 96% of persons aged 65 and older reported that they had a usual place to go for medical care, 26% had a hospital emergency department visit in the past year, and only 3% said that they failed to obtain needed medical care during the previous 12 months due to cost (this report was written pre-COVID-19).



## COVID-19 Risk Continuum



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This resource was funded in part by a cooperative agreement with the Centers for Disease Control and Prevention (grant number N0000000070). The Centers for Disease Control and Prevention is an agency within the Department of Health and Human Services (HHS). The contents of this resource do not necessarily represent the policy of CDC or HHS, and should not be considered an endorsement by the Federal Government.

Original illustration by Dr. William Werbel. Adapted for the

**COVID-19** Quick-Start Learning Network  
Brought to you by CDC and **NIH**

([www.health.state.mn.us/diseases/coronavirus/hcp/conditions.html](http://www.health.state.mn.us/diseases/coronavirus/hcp/conditions.html). Retrieved on 3/14/23)

### Clinical Recommendations for Living with COVID-19

- Continue to receive vaccinations for COVID-19, including all recommended boosters.
- Persons with mild to moderate symptoms and underlying risk factors for severe illness should consider antiviral therapies.
- Persons with underlying risk factors for severe illness are encouraged to continue practicing preventive measures, including when to wear a high-quality mask, to decrease the risk of infection.
- Persons with underlying risk factors are encouraged to have a COVID-19 plan in place, including testing at the first sign of symptoms and knowing how to access treatment if needed.

([www.health.state.mn.us/diseases/coronavirus/hcp/conditions.html](http://www.health.state.mn.us/diseases/coronavirus/hcp/conditions.html))

### National Impacts of COVID-19 Disease Pandemic on Title III Services Funding Use

The president declared the coronavirus disease of 2019 (COVID-19) pandemic as a national emergency on March 13, 2020, authorizing states to use OAA Title III funds for disaster relief as they saw fit without having



to submit a transfer request to ACL. As a result, states were allowed to use Title III-B, C, D, and/or E funds for any disaster relief activities for older individuals or family caregivers served under the OAA, such as providing:

- drive-through, take-out, or home-delivered meals;
- well-being checks via phone, in person, or via virtual means; and
- homemaker, chore, grocery/pharmacy/supply delivery, or other services.

OAA Title III grantees have described in the *Older Americans Act Title III 2020 Program Results Report* how the COVID-19 pandemic has impacted their programs. Below is a summary of the information shared by grantees for how the pandemic impacted Title III service needs and service provision:

■ **Shifted to remote work.** Many providers, such as legal assistance providers, shifted to remote work to continue operations and keep clients and staff safe. For remote legal work, this shift entailed ensuring access to communication tools, files, documents, case management systems, and mechanisms to have meetings.

■ **Experienced increase/decrease in demand for services.** In Fiscal Year (FY) 2020, states overall provided about 24 million more meals overall and about 32% more home-delivered meals—using COVID-19 and other funds—compared to FY 2019. Grantees also reported a large increase in calls for information, assistance, and referrals to services during the pandemic. The demand for in-home services decreased early in the pandemic, and public health orders led to the suspension of many in-person services, such as adult day care centers. In Hawai'i County, two of the three adult day care centers closed due to the economic effects of the pandemic, most notably, workforce shortages.

■ **Changed spending patterns.** Grantees reported spending more funds for meal programs as food costs increased and providers needed to purchase additional supplies, such as personal protective equipment and food delivery containers. Expenditures for some in-person services, such as homemaker services, remained steady, but expenditures for adult day care and transportation decreased.

■ **Transformed meal programs.** Most states replaced congregate meals with home-delivered meals during the pandemic. While the number of congregate meals dropped, some states continued to provide congregate meals during the pandemic, and some providers replaced meals in traditional congregate settings with grab-and-go meals paired with in-person or virtual socialization. Grantees also adjusted meal delivery approaches. For instance, some localities made single deliveries with multiple days' worth of meals, and some provided frozen meals instead of hot meals to limit the number of times they needed to make contact with the client.

■ **Delivered food boxes and groceries and care packages.** Grantees provided groceries, food boxes, and care packages to their clients as either a supplement or an alternative to home-delivered meals. Care packages included shelf-stable foods and household items such as toilet paper, along with puzzles and games to provide their clients with activities during the stay-at-home order.

■ **Experienced staff shortages.** Grantees reported experiencing shortages of staff and volunteers and implementing alternative solutions to continue providing essential services. For instance, some grantees reported that many of their traditional volunteers, often older adults themselves, no longer felt comfortable serving during the pandemic or were directed by state or local orders to stay at

home. In response, grantees shifted staff roles to address most critical needs, used COVID-19 funding to hire additional delivery drivers for their home-delivered meals, or used their transportation services' vans to deliver meals to their clients.

■ **Modified transportation services.** Many grantees reported suspending or significantly reducing their transportation services early in the pandemic due to safety concerns. However, as the pandemic continued, some localities modified transportation services to comply with social distancing measures and ensure older adults were able to get to their medical appointments. Once COVID-19 vaccines were available for older adults, grantees provided transportation services for older adults going to and from their vaccination appointments.

■ **Cancelled in-person activities.** Evidence-based disease prevention and health promotion services program grantees reported having to cancel workshops that had already been initiated and were scheduled to be provided.

■ **Shifted to virtual programs:** Programs provided virtual activities, including trainings, workshops, and wellness classes (e.g., tai chi, chronic disease self-management, diabetes self-management). As part of this effort, grantees tested different platforms to determine whether programs were accessible to older adults. Grantees also developed statewide marketing tools to promote the use of technology and to reach target audiences, engaged a range of existing and new partners to deliver virtual programs, and developed materials to support activities and enhance communication with clients.

■ **Temporarily suspended or reduced in-home care services.** Grantees reported temporarily stopping or reducing in-home supportive services for clients at the beginning of the pandemic.

■ **Conducted phone/virtual check-ins.** Most programs reported conducting well-being checks via telephone instead of going into clients' homes. These calls allowed them to assess the needs of their clients and make sure clients had the support they needed during stay-at-home orders.

■ **Temporarily suspended or reduced caregiver support services.** Early during the pandemic, several grantees reported shutting down caregiver support groups and respite care services. As the pandemic continued, most programs shifted to provide virtual support groups for caregivers and resumed offering limited respite care services to caregivers. (*Administration for Community Living (2022). Overview of Older Americans Act Title III, VI, and VII Programs: 2020 Summary of Highlights and Accomplishments. U.S. Department of Health and Human Services. <https://acl.gov/aging-and-disability-in-america/data-and-research>.*)

## **Impacts of COVID-19 Disease Pandemic in Hawai'i County Include:**

### **FOOD SECURITY**

#### ➤ **Nutrition and Elderly Activities Division - Title III Services Funding**

The Hawai'i County Nutrition Program (HCNP) developed an Elderly Activities Division (EAD) Emergency Meal Program to deliver meals to all kupuna 60 years and older facing possible food insecurity beginning in 2020. All 15 congregate meal sites were closed and HCNP delivered frozen meals to all congregate and home-delivered meal program participants, with staffing assistance from other EAD programs. The EAD Coordinated Services for the Elderly Program (CSE) staff teamed up



with HCNP to assist with outreach, meal delivery, tracking, ordering, conducting wellness checks, providing activity packets to combat isolation, etc. Concerted outreach efforts were made to identify residents not previously enrolled in the HCNP programs who were potentially in need of food. HCNP also offered Grab'N'Go meals as an alternative option. From March 2020 through March 2022, the program provided 118,736 frozen meals to 760 congregate meal participants, 531 Grab'N'Go meals to 29 congregate participants, and 190,280 Home Delivered meals to 990 home delivered meal participants. When conducting the COVID-19 EAD Emergency Meal Program outreach and re-assessments, some participants resigned from the program due to various reasons: they felt others needed the meals more than themselves, they didn't want outsiders coming to their homes, they moved in with family, family moved in with them, they moved away to be with family (to the mainland), they entered assisted living or LTC, or passed away.

- **The Aging and Disability Resource Center Food Resources Guide (COVID-19 Supplement) and Map**  
The Executive Office on Aging created the Aging and Disability Resource Center Food Resources Guide (COVID-19 Supplement). The Guide includes food resources for all four counties in the State of Hawai'i. The listing describes services currently available at the time as organizations altered availability of services due to social distancing guidelines. A Food Resources MAP is also available on the HCOA website.
- **Community Food Resources Pivoted to Meet Emerging Needs**  
The Hawai'i Food Basket worked hard to meet the needs of the community from the beginning of the pandemic by serving up to 50,000 people a month, a 357% increase from the 14,000 served monthly pre-COVID-19 pandemic. Monthly drive-through food distributions were held with assistance from local community and government agencies including the Hawai'i National Guard. 35# food boxes were distributed at various locations island-wide. Food Pantries and soup kitchens were held two times per week during lockdown at various public and private agencies island-wide including: community centers, schools, gyms, churches, civic centers, state and county facilities. Home delivery was also provided for those who had no transportation, no proxy, or were experiencing compromised health. Hawai'i Food Basket Emergency distributions also included household essentials and personal protective equipment (PPE) ie. masks, gloves, sanitizer, toilet paper, etc.
- **Kahiau Together: IRONMAN World Championship Steps Up To Help**  
When the pandemic roared on in 2020, the impact on the Island of Hawai'i became clear as hotels closed, restaurants and shops were shuttered, and the volunteers who help make the IRONMAN® World Championship® happen became some of the hardest hit. The local IRONMAN Hawai'i team created Kahiau Together, an aid station and drive-through food distribution effort to feed as many members of the community as possible. The mission of the program was built from the Hawaiian word Kahiau, meaning to give generously or lavishly from the heart while not expecting anything in return.

In support of the IRONMAN Hawai'i team's mission, the IRONMAN Foundation pledged \$1 million to help feed the Island of Hawai'i community, home of the IRONMAN World Championship, through Kahiau Together's local food distribution program. The Kahiau Together Aid Station drive-through events, which first began July, 2020, continued to distribute over 600 food bundles of locally sourced fresh proteins, fruits, vegetables, and starches. As of Feb, 2021, over 35,000 meals had been served through 14 distribution events.

Kahiau Together also assisted local nonprofit organizations with grants to help with critical funding to



fill food banks, meet ongoing food insecurity needs, and provide long-term support for the Hawai'i Island community. Kahiau Together Grant applications were available to local nonprofit organizations to specifically support hunger relief on the Island of Hawai'i.

[\(https://bigislandnow.com/2021/02/07/ironman-foundation-pledges-donation-of-1-million/](https://bigislandnow.com/2021/02/07/ironman-foundation-pledges-donation-of-1-million/)

Retrieved 4/6/23.)

➤ **Additional Federal Supplemental Nutrition Assistance Program (SNAP) and Streamlined Application and Recertification Procedures**

The Governor of Hawai'i issued the first Emergency Proclamation Related to Supplemental Nutrition Assistance Program March 24, 2022 in order for Hawai'i residents to be able to continue to receive the federal additional SNAP emergency benefits. The Emergency Proclamation stated that without the additional federal SNAP emergency allotments, families suffering from food insecurity may not be able to adequately feed their families. The federal SNAP emergency supplemental payments to Hawai'i residents were significant. For the month of December, 2022, for example, additional benefits of \$16,967,311 in federally authorized SNAP emergency allotments was provided for 83,395 families (156,390 individuals). The last SNAP Emergency Proclamation ended on March 27, 2023.

The application process for SNAP benefits was streamlined to accommodate those in need during the pandemic. Through March, 2023, all initial, recertification, and face-to-face interviews were waived; expedited service interviews were postponed; telephonic signatures were allowed; remote benefit issuance deployed; all recertifications and applications were on-line and telephonic and no one was removed from the program for non-compliance.

➤ **Grocery and Medication Delivery Community Partnership**

Hawaii County Economic Opportunity Council partnered with KTA Superstores to provide delivery service for groceries and medications to help 60 at-risk older adults stay safely in their homes.

**Service provision shifted from in person congregate settings to virtual, no-contact, and/or limited contact models**

- ZOOM became the norm
- Telehealth ramped up to meet the needs
- Healthy Aging programs offered virtual classes via telephone
- Caregiver Support Groups/Classes are now in person or virtual
- Due to the closure of the Congregate Meal Sites, participants were provided 5 frozen meals per week through no-contact delivery and assurance check methods
- Transportation services vehicle capacity was reduced to less than 50% due to distancing measures
- When sites reopened, limited contact distancing measures reduced capacity for all in-person group programs and services (no more than 10 people allowed together indoors and 25 people outdoors)
- HCEOC partnered with KTA Superstores to deliver groceries and medications to at-risk older adults

**Impacts on Aging Network in Hawai'i County**

- Two of the three Adult Day Care Centers on the island closed permanently
- Demand for most Title III services decreased severely
- Staff shortages led to increased gaps in services
- TIII-E funded Caregiver Support Groups/Classes were cancelled until February, 2023

## HCOA/ADRC COVID-19 Activities

- HCOA/ADRC provided 900 Emergency Tool Kits that included: development of a person-centered Emergency Support Plan, pandemic resource information, other emergency preparedness resource information including: grocery delivery, prepaid cell phones/smart phones, fall detection devices, tote bag, sanitizer, gloves, masks, canned goods, toilet paper, pill cases, etc.
- HCOA/ADRC distributed 325 Wellness Activity Kits to combat isolation that included: word searches, puzzles, sudoku, large print crossword puzzle books, deck of cards, exercise books, coloring books, cookbooks, colored pencils, word search puzzles, and informational pamphlets on combating social isolation. Of the respondents to the Wellness Activity Kits satisfaction survey, 92% reported that the kits made them feel less isolated, 93% reported that the kits helped decrease their feelings of loneliness, and 98% reported that the kits provided some entertainment in their home.
- HCOA/ADRC used CARES ACT funding to purchase 30 automatic medication-dispensing devices. ADRC Case Managers determined distribution of devices based on select eligibility criteria that included living alone and reliance on caregivers to set up medication boxes for them.
- HCOA/ADRC developed a Pilot Telecommunications Smart Phone Program. Prepaid smart phones and prepaid phone cards were provided to assist 20 Kupuna in connecting with virtual support groups and trainings, telemedicine, social connection with relatives and friends, and the ability to order food through phone apps. Results of a sampling pre and post (30 days) *DeJong Gierveld Loneliness Scale* survey revealed a significant decrease (50%) in feelings of loneliness.
- HCOA Better Choices Better Health (BCBH) program pivoted to a telephone based program geared for those that lived alone in rural areas. The Toolkit for Active Living with Chronic Conditions and the Toolkit for Active Living with Diabetes had smaller class sizes of 3-5 people with one lay leader instead of the normal requirement of two leaders.
- Case Management and HCBS Service Provider Agencies – Kupuna Care Services Funding  
February 28, 2020, Mayor Harry Kim declared *a state of emergency exists due to the imminent danger or threat of the COVID-19 pandemic*. Following the Mayor's emergency declaration, the Hawaii County Office of Aging established and invoked enhanced Case Management and Home and Community Based Service (HCBS) Provider Agency safety protocols to manage operations and continuum of care of HCBS services in a safer and more effective manner throughout the Covid -19 pandemic.

### ***Centers for Disease Control and Prevention (CDC), State and County guidelines***

Enhanced health and safety protocols and requirements for HCOA contracted case management agency/case managers and HCBS service providers

- Universal use of face masks/PPE during home visit– additional PPE supplies provided by HCOA
- Physical distancing/interaction during home visit
- Enhanced hand hygiene, cleaning, sanitizing and disinfection prior to/after each home visit
- Completed SARS-CoV-2 dose vaccination

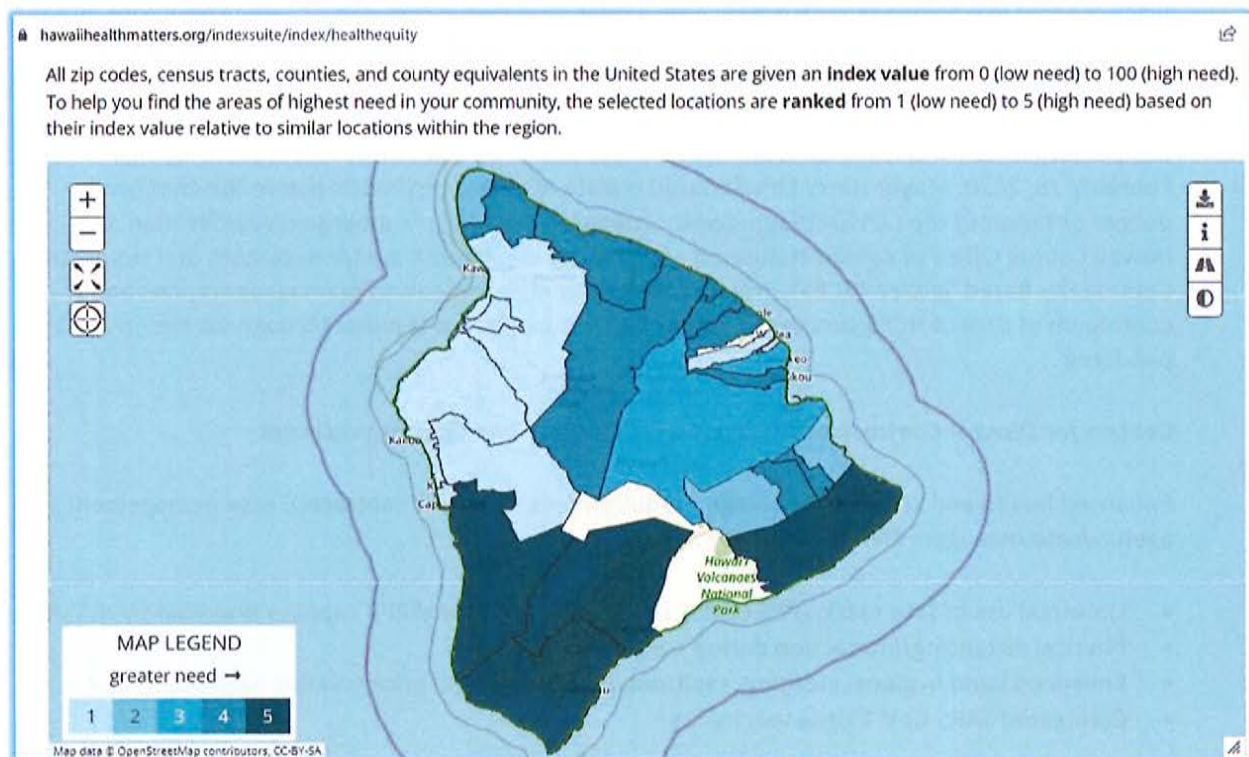


- Increased promotion/awareness on the importance testing, screening, monitoring of vulnerable Elder clients
- Prompt notification/reporting to the DOH of person(s) testing positive for Covid-19 (contact tracing)
- Isolation/quarantine policy (CDC) travel, exposure/interaction others/self, exhibiting symptoms and/or diagnosed with covid-19
- Distribution of informational brochures provided by the County of Hawaii and CDC guidelines (included CDC guideline updates)

Implementation of the above CDC, State and County guidelines helped to bolster health and safety measures to mitigate transmission and/or exposure risks due to SARS-CoV-2. Applying these precautionary measures, ensured a continuum of care for Elders enrolled in the Kupuna Care program during this public health emergency.

## Health Equity Index

The 2021 Health Equity Index (formerly SocioNeeds Index), created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. The index is part of the Conduent's SocioNeeds Index Suite, which provides analytics around social determinants of health to advance equitable outcomes for a range of topics. The Health Equity Index is calculated by Conduent Healthy Communities Institute using data from Claritas, 2021. The Health Equity Index identified the areas of greatest need for Hawai'i County: Puna, South Kona, Ocean View, Naalehu, and Pahala. *(2021 Hawai'i County Health Equity Index Map below)*





## Hawai'i County 60+ Population Per District

According to the AoA criteria, the majority of the County of Hawai'i is defined as "rural" with the exception of the Hilo CDP (Census Designated Place). (County of Hawai'i Data Portal, Department of Research and Development. Retrieved 1/9/19.)

District	Percent	Total	55-59	60-84	85+	Total 60+	Percent 60+
S Hilo	26%	52,121	3,043	12,971	1,819	14,790	25.87%
Puna	23%	47,211	3,222	12,991	787	13,778	24.10%
Kau	5%	9,773	436	2,355	164	2,519	4.41%
North Kona	23%	47,252	3,437	12,439	875	13,314	23.29%
South Kona	6%	11,421	935	3,176	229	3,405	5.96%
S Kohala	10%	19,960	1,666	4,728	249	4,977	8.71%
N Kohala	3%	5,906	449	1,626	152	1,778	3.11%
Hamakua	3%	6,056	436	1,745	232	1,977	3.46%
N Hilo	1%	1,650	159	572	63	635	1.11%
	100%	201,350	13,783	52,603	6,389	57,173	28.66%
Percent of Population 60+		~28.66%					
Total Population		~201,350					
Source: U.S. Census Bureau, 2020 American Community Survey							
Note: Population total figures vary due to US Census tract data tabulations.							

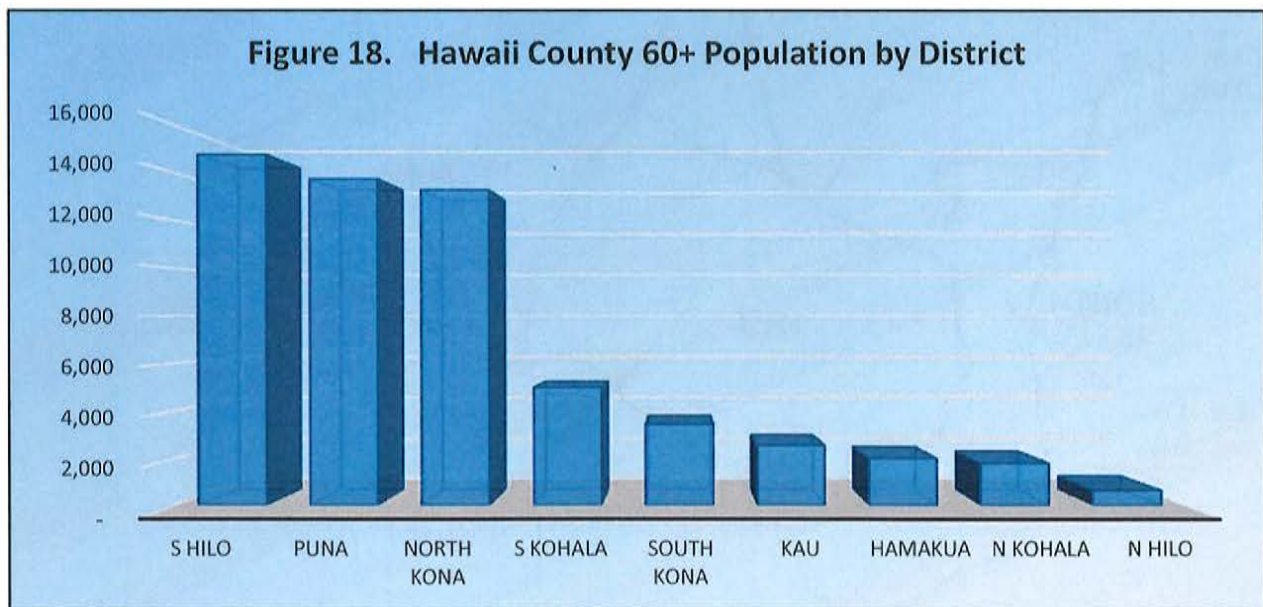


Figure 19. Hawai'i County 60+ Population Distribution Map

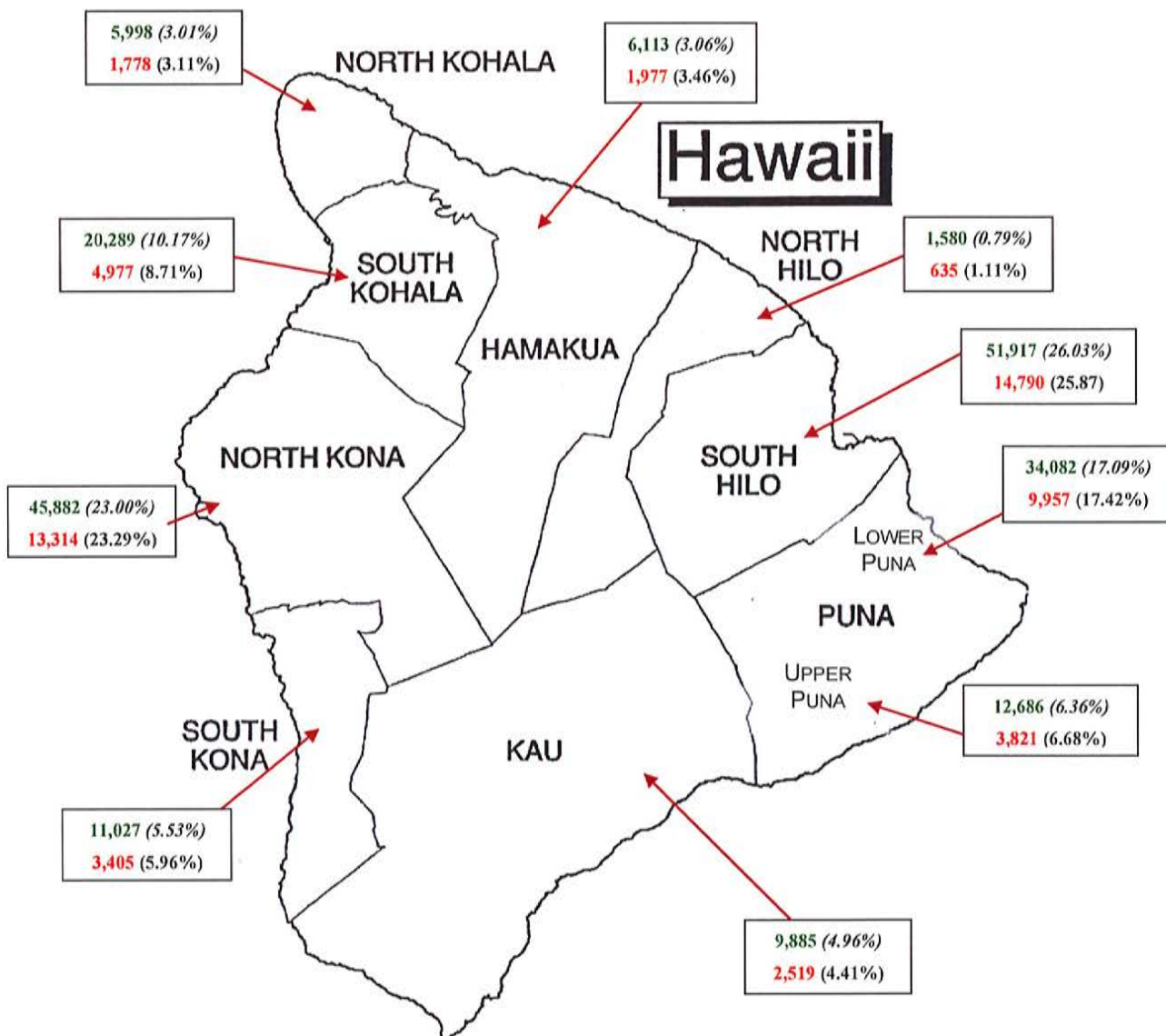
County of Hawaii  
Population Distribution by Judicial District

U.S. Census Bureau, 2022 American Community Survey

Total Population (All Ages) – 200,381

and

Total Older Individuals (60+) Population – 57,173 (28.66% of Hawaii County's Total Population)



Prepared by  
Hawaii County Office of Aging  
3/22

## **B. Needs Assessment and Unmet Needs**

In order to identify issues and areas of need for Hawai'i County, HCOA conducted community focus groups and surveyed key network stakeholders. EOA also assisted Hawai'i's AAA's with two state-wide Needs Assessment Surveys of older adults (60+) and caregivers. The utilization of various data collection methods yielded a good cross-section of community viewpoints and identification of unmet needs. Aging Network Partners and the Hawai'i County Committee on Aging were surveyed via an on-line survey and community focus groups were held in-person at the West Hawai'i Civic Center on March 10, 2022 and at the County Building Puna Conference Room in East Hawai'i on March 30, 2022. The State-wide EOA surveys were distributed online and manually from August – September, 2022.

### **Focus Groups and Surveys**

HCOA conducted two community focus groups, one in East Hawai'i and one in West Hawai'i.

#### **West Hawai'i Community Focus Group:**

West Hawai'i Civic Center  
Mayor's Conference Room, Bldg. B  
75-5044 Ane Keohokalole Hwy.  
Kailua-Kona, HI. 96740

March 10, 2022

10:30am to 12:30pm

Facilitator: Debbie Wills, HCOA

#### **East Hawai'i Community Focus Group:**

Hawai'i County Building  
Puna Conference Room  
25 Aupuni Street  
Hilo, HI. 96720

March 30, 2022

10:30am to 12:00pm

Facilitator: Debbie Wills, HCOA

Facilitator provided information on the Older Americans Act, the National Aging Network, State Units on Aging, Area Agencies on Aging, and Area Plans on Aging. An icebreaker included a discussion of the 2022 OAM Theme, "Age My Way", to begin brainstorming issues and areas of concern for the elderly population of the Big Island communities. Results of the qualitative data gathered at both focus groups' are given in Part II of this plan. The results of the on-line surveys were also presented to the focus groups. The focus group size was kept to a maximum of 10 participants in order to comply with the existing COVID-19 indoor gathering limitations. The participants represented core agencies that provide case management and LTSS services to the most frail and vulnerable older adults of the Big Island. The groups' knowledge of our clients' unmet needs and areas of concern for their respective communities is evidenced in the data compiled.



# HAWAII COUNTY OFFICE OF AGING

Community Needs Assessment Focus Group: Four Year Area Plan on Aging

Plan Period: October 1, 2023 - September 30, 2027

March 10, 2022 10:30 a.m. West Hawai'i Civic Center, Kailua Kona, HI.

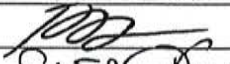
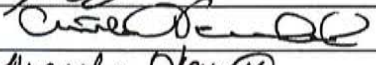
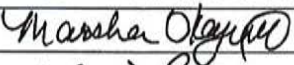
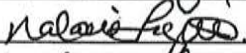
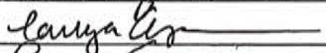
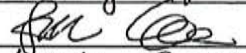
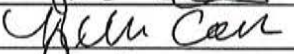
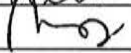
	Name (Please Print)	Signature	Organization
1	Judy Bell	Judy Bell	HCCN
2	Michelle Sakata Johnson	Michelle Sakata Johnson	DA & Lions Club Kona
3	Kami Bolster	Kami Bolster	HCEOC
4	Karen Klemm	Karen Klemm	HCCN
5	Barbara Kossow	Barbara Kossow	Room/KABC
6	Rodney McGee	Rodney McGee	COH-PR-R
7	Rodney McGee	Rodney McGee	Lions Club Kona
8	Terry Teneke	Terry Teneke	PAR EAD-CSE
9	Jodie Torres	Jodie Torres	PAR EAD
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# HAWAII COUNTY OFFICE OF AGING

Community Needs Assessment Focus Group: Four Year Area Plan on Aging

Plan Period: October 1, 2023 - September 30, 2027

March 30, 2022 10:30 a.m. Puna Conference Room, County Building, Hilo, HI.

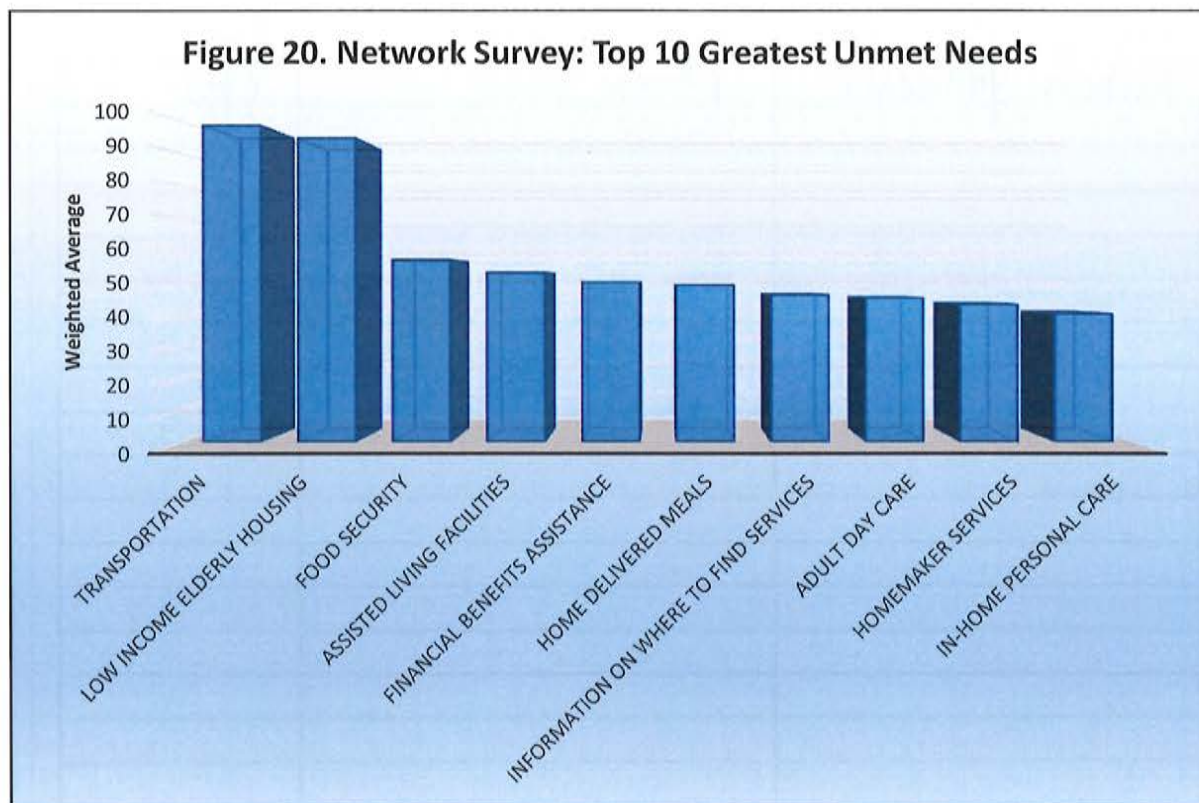
	Name (Please Print)	Signature	Organization
1	Rodan Okamura		BAID
2	Christine Hamaoka		CSE
3	Marsha Okajima		CoA
4	Nafatani Longaki		CoA
5	Tanya Aynessazran		HIAC
6	Jill Izuno		HIAC
7	Rebecca Carvalho		PHN
8	Michelle Yamasaki		SFJ
9			
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The following issues and areas of concern for older adults and their caregivers were identified based on the Top 10 Greatest Unmet Needs, the Top 5 Services Ranked by Overall Importance to their Communities, and the top areas of concern from the focus group discussions. (Figures 20, 21, and 22)

### Results of Aging Network Stakeholder on-line survey:

The Top 10 Unmet Needs identified by the Aging Network Stakeholder on-line survey:

- |                                  |  |
|----------------------------------|--|
| 1. Transportation                | 6. Home Delivered Meals                  |
| 2. Elderly Housing               | 7. Information on Where to Find Services |
| 3. Food Security                 | 8. Adult Day Care                        |
| 4. Assisted Living Facilities    | 9. Homemaker Services                    |
| 5. Financial Benefits Assistance | 10. In-Home Personal Care                |

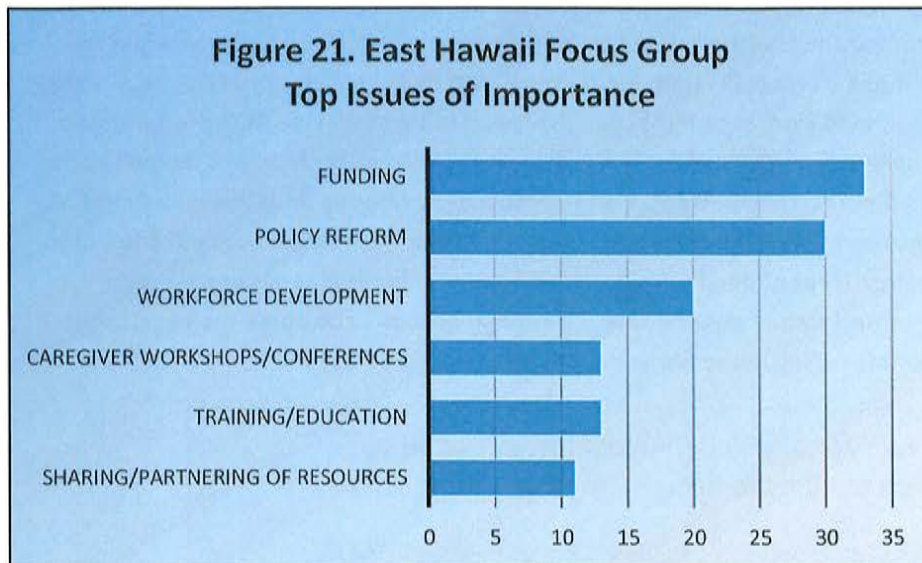


### Focus Group Issues of Importance:

Analysis of the East Hawaii focus group qualitative data identified the following common issues of importance ranked by frequency of occurrence:

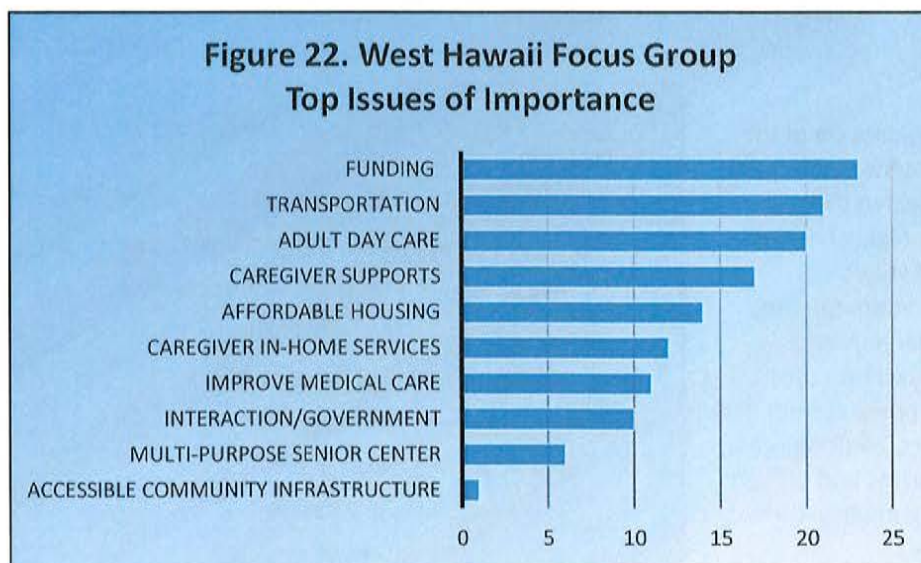
- |                          |   |
|--------------------------|---|
| 1. Funding               | 4. Caregiver Workshops / Conferences / Health Fairs |
| 2. Policy Reform         | 5. Training / Education                             |
| 3. Workforce Development | 6. Sharing / Partnering of resources                |





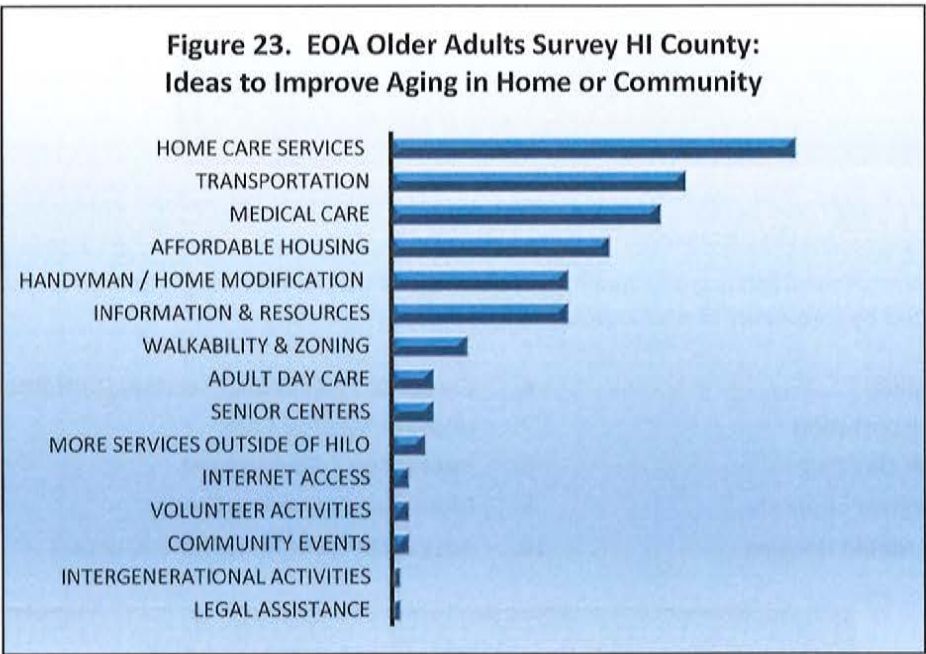
Analysis of the West Hawaii focus group qualitative data identified the following common issues of importance ranked by frequency of occurrence:

1. Funding
2. Transportation
3. Adult Day Care
4. Caregiver Supports
5. Affordable Housing
6. Caregiver Professional Services (In-Home Care)
7. Improve Medical Care
8. Interaction / Government
9. Multi-Purpose Senior Center
10. Accessible Community Infrastructure

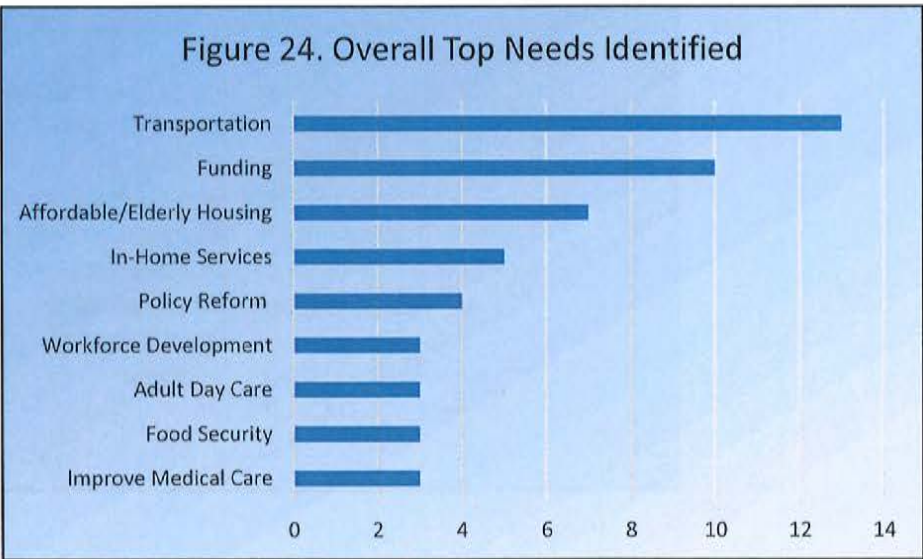


Evaluation of Community Needs Assessment

Discussions held in both focus groups raised similar issues and concerns, although the ranking of importance varied between the groups. Funding and transportation ranked highest in West Hawai'i, whereas funding and policy reform ranked highest in East Hawai'i. Both focus groups felt that the majority of the issues, areas of concern, and unmet needs stemmed from systemic issues that need to be addressed at the funding and policy making level in order to have any impact on the issues our network faces. Both groups, as well as the on-line survey results, identified funding, transportation, affordable elderly housing, in-home care workforce shortages, caregiver supports, government interaction and support, partnering of resources, and adult day care as common issues and greatest areas of need. The EOA Older Adults Needs Assessment Survey identified home care services, transportation, medical care, affordable housing, and home modification as the top five areas of improvement for aging in the home or community. (Figure 23)



Overall evaluation of the various needs assessment results yielded the following highest ranked needs identified: transportation, funding, affordable housing, funding, in-home care services, policy reform, lack of workers, adult day care, food security, and improving medical care. (Figure 24)





## Workforce shortages

According to WellSky's Tip Sheet: *Workforce development: Meeting the growing demand for aging and disability services*, the in-home caregiver workforce shortage has reached a tipping point. Low pay rates and difficult working conditions have always made it challenging to staff programs; now the problem has been exacerbated by agency closings, shortages in the broader employment market, and the lingering effects of the COVID-19 pandemic. Workforce shortages have obstructed the delivery of aging services for decades. And the problem has only intensified due to COVID-19. Any solution to the problem must combine short-term fixes to the lagging pay rates of direct service providers with long-term solutions that increase recruitment, productivity, and retention through well-defined career paths and better working conditions. Any effective solution to the workforce crisis requires collaboration between the federal government, state agencies, and provider partners, also identified by the focus groups. (<https://info.wellsky.com/HMS-CT-2023-01-17-Workforce-Management-HSTS010.html>). Retrieved 2/2/23)

## C. Description of Existing Programs, Services, and Initiatives



### Aging and Disability Resource Center

The Aging and Disability Resource Center Program (ADRC), a collaborative effort of AoA and the Centers for Medicare & Medicaid Services (CMS), is designed to streamline access to long-term care. CMS originally provided funding for the ADRC program through the Real Choice Systems Change Initiative. ADRC funding is now supported through the State legislature. The ADRC program working in conjunction with the AAA's provide an opportunity to effectively integrate the full range of long-term supports and services into a single, "no wrong door", coordinated system. By simplifying access to long-term care systems, ADRC's are serving as the cornerstone for long-term care reform in many states. AoA and CMS envision ADRC's as highly visible and trusted places available in every community across the country where people of all ages, incomes and disabilities go to get information on the full range of long-term support options. Nationally, ADRC programs have taken important steps towards meeting AoA and CMS's vision by:

- Creating a person-centered, community-based environment that promotes independence and dignity for individuals;
- Providing easy access to information to assist consumers in exploring a full range of long-term support options; and
- Providing resources and services that support the range of needs for family caregivers.

ADRC targets services or supports to all elderly aged sixty years or older, persons with disabilities, and their caregivers. The ultimate goal of the ADRCs is to serve all individuals with long-term care needs regardless of their age, disability, income, race, sexual orientation/identity, rural residence, and ability to speak English. ADRC programs provide information and assistance to individuals needing either public or private resources, professionals seeking assistance on behalf of their clients, and individuals planning for their future long-term care needs. ADRC programs also serve as the entry point to publicly administered long-term supports including those funded under Medicaid, the Older Americans Act, as amended Through P.L. 116-131, Enacted March 25, 2020, and state revenue programs. ([aoa.gov](http://aoa.gov))



### **Older Americans Act (OAA) Title III-B: Supportive Services and Senior Centers Program**

The program is designed to ensure that local communities can meet the individual needs of older adults and caregivers in their communities. The services are intended to help older adults remain independent in their own homes and communities. Established in 1973, Long Term Services and Supports (LTSS) provide grants to States and Territories using a formula based primarily on their share of the national population aged 60 and over. The grants fund a broad array of services that enable seniors to remain in their homes for as long as possible. These services include but are not limited to:

- Access services such as transportation, case management, and information and assistance;
- In-home services such as home delivered meals, personal care, chore, homemaker assistance; and
- Community services such as legal services, congregate meals, and adult day care.

This program also funds multi-purpose senior centers that coordinate and integrate services for older adults such as nutrition programs, community education, health screening, exercise/health promotion programs and transportation. Hawaii County, through its Elderly Activities Division has senior centers that provide many of the services listed above with support from the county. With regard to each States' federal funding stream, an intrastate funding formula to fairly allocate funds is used by EOA. Area agencies on aging (AAA's) have the flexibility to use their funds to provide the supportive services that best meet the needs of seniors in their planning and service areas (PSA's).

### **Older Americans Act Title III-C: Nutrition Programs**

Nutrition services are authorized under Title III-C of the OAA. The programs are designed to promote the general health and well-being of older individuals, and the services aim to:

- Reduce hunger, food insecurity, and malnutrition of older adults,
- Promote socialization of older individuals, and
- Promote the health and well-being of older people by:
  - Assisting them in gaining access to nutrition and other disease prevention and health promotion services and
  - Delaying the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Through the OAA nutrition program, ACL's AoA provides grants to states to help support nutrition services for older people throughout the country. The nutrition program is the oldest, largest, and best-known of all OAA programs. It is funded (in part) by AoA, as well as state and local governments, foundations, direct payment for services, fundraising, and participants' voluntary contributions (time and/or money). Program services at the local level include the Congregate Nutrition Program and the Home-Delivered Nutrition Program, which provide healthy meals in group settings such as senior centers and faith-based locations, as well as in the homes of at-risk older adults. Through the aging network's meal providers, the programs provide a range of services, including nutrition screening and assessment as well as nutrition education and counseling. Title III also funds the Nutrition Services Incentive Program, which provides incentives to encourage and reward effective performance by states in the efficient delivery of nutritious meals to older individuals. In addition, nutrition services provide an important link to other supportive in-home and community-based supports, such as homemaker and home health aide services, transportation, physical activity and chronic disease self-management programs, home repair and modification, and falls prevention programs.



**Congregate Nutrition Services (OAA Section 331, sometimes called C1)** The Congregate Nutrition Services section of the OAA authorizes meals and related nutrition services in group settings, which help to keep older Americans healthy and prevent the need for more costly medical interventions. The Congregate Nutrition Program, established in 1972, serves healthy meals while also presenting opportunities for social engagement, health and wellness activities, and meaningful volunteer roles, all of which contribute to health and well-being. The program serves individuals aged 60 and older, their spouses, and, in some cases, their caregivers and/or persons with disabilities who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided. Meals may also be provided to volunteers during meal hours.

**Home-Delivered Nutrition Services (OAA Section 336, sometimes called C2)** Established in 1978, The Home-Delivered Nutrition Services section of the OAA authorizes meals and related nutrition services for older individuals and their spouses of any age. Home-delivered meals are often the first in-home service that an older adult receives, and the program is a primary access point for other home- and community-based services. The program often serves frail, food-insecure, or isolated individuals aged 60 and over, their spouses, and, in some cases, their caregivers, and/or persons with disabilities. This program serves much more than food. It provides a safety check and sometimes the only opportunity for face-to-face contact or conversation that day. (*Administration for Community Living (2022). Overview of Older Americans Act Title III, VI, and VII Programs: 2020 Summary of Highlights and Accomplishments. U.S. Department of Health and Human Services. <https://acl.gov/aging-and-disability-in-america/data-and-research>.*)

### **Older Americans Act Title III-D: Evidence-Based Disease Prevention & Healthy Promotion Services**

The Disease Prevention and Health Promotion Services Program (Title III D) provides disease prevention services or health promotion programs. Title III D supports programs to assist older adults prevent illness and manage chronic physical conditions. Although illness and disability rates increase with age, research has demonstrated that health promotion and disease prevention activities can help promote healthy and independent lives for older individuals. Disease Prevention and Health Promotion Services promote benefit healthy aging and the maintenance of optimal physical, mental, and social well-being in older adults. An active healthy lifestyle can help older adults prolong their independence and improve their quality of life. All OAA Title III-D funded activities must be evidenced-based.

### **Older Americans Act Title III-E: National Family Caregiver Support Program**

The National Family Caregiver Support Program (NFCSP), established in 2000, provides grants to States and Territories, based on their share of the population aged 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible. Families are the major provider of long-term care and research has shown that caregiving exacts a heavy emotional, physical, and financial toll. Many caregivers who work and provide care experience conflicts between these responsibilities. Of caregivers nationwide, 15 % of caregivers are assisting two individuals, while 3 % are caring for three or more. Almost half of all caregivers are over age 50, making them more vulnerable to a decline in their own health, and one-third describe their own health as fair to poor.

The NFCSP offers a range of services to support family caregivers. Under this program, States shall provide five types of services:

- Information to caregivers about available services,
- Assistance to caregivers in gaining access to the services,

- Individual counseling, organization of support groups, and caregiver training,
- Respite care
- Supplemental services

These services work in conjunction with other State and Community-Based Services to provide a coordinated set of supports. Studies have shown that these services can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care. According to the 2006 Amendments to the OAA, priority for NFCSP services must be given to caregivers who are older individuals with greatest social and economic needs, and who are providing care to individuals with severe disabilities, including children with severe disabilities.

Data from AoA's national surveys of caregivers of elderly clients shows similar patterns of service:

- OAA services provided through the National Family Caregiver Support Program are effective in helping caregivers keep their loved ones at home.
- 77 % of NFCSP caregivers report that services enabled them to provide care longer than otherwise would have been possible and 77 % reported that the services have "helped a lot".
- 89 % of caregivers reported that services helped them to be a better caregiver.
- Nearly half the caregivers of nursing home eligible care recipients indicated that the care recipient would be unable to remain at home without the support services.

#### **OAA Title IV: Discretionary Funds Program**

The Discretionary Funds Program, although no funds are distributed to the AAA (Hawaii County), the Title IV funds constitute the major research, demonstration, training and development effort of the Administration on Aging, led by the Assistant Secretary for Aging. The Title IV mandate is aimed, generally, at building knowledge, developing innovative model programs and training personnel for service in the field of aging and matching these resources to the changing needs of older persons and their families in the coming decades. In particular, AoA's research, demonstrations, training and other discretionary projects are focused on:

- Advancing our knowledge and understanding of current program and policy issues, such as community and in-home long term care service systems and programs, significant to the well-being of the older population.
- Improving the effectiveness of Older Americans Act programs by testing new models, systems and approaches for providing and delivering better services to older persons.
- Providing training, technical assistance and information that will increase our ability to serve older Americans with skill, care and compassion.

#### **OAA Title V: Senior Community Service Employment Program**

Under Title V, the Senior Community Service Employment Program (SCSEP) is a community service and work based training program for older workers. Authorized by the Older Americans Act Title V, the program provides subsidized, service-based training for low-income persons 55 or older who are unemployed and have poor employment prospects. SCSEP provides both community services and work-based training. Participants work an average of 20 hours a week, and are paid the highest of federal, state or local minimum wage. They are placed in a wide variety of community service activities at non-profit and public facilities, including day-care centers, senior centers, schools and hospitals. It is intended that community service



training serves as a bridge to unsubsidized employment opportunities; SCSEP's goal is to place 30% of its authorized positions into unsubsidized employment annually.

### **OAA Title VI: Native Hawaiians**

Under Title VI, the ACL awards funds to tribes and native organizations to meet the needs of older American Indians, Aleuts, Eskimos, and Hawaiians. For the State of Hawaii, Alu Like has been the recipient of these funds targeting Hawaiians.

### **OAA Title VII-A3: Prevention of Elder Abuse, Neglect, and Exploitation**

In 1987 AoA established the Prevention of Elder Abuse, Neglect, and Exploitation program. Through the program, AoA provides federal leadership in strengthening elder justice strategic planning and direction for programs, activities, and research related to elder abuse awareness and prevention. This program trains law enforcement officers, health care providers, and other professionals on how to recognize and respond to elder abuse; supports outreach and education campaigns to increase public awareness of elder abuse and how to prevent it; and supports the efforts of state and local elder abuse prevention coalitions and multidisciplinary teams.

Although recognized by OAA, funding for elder abuse has not come to Hawaii County in the form it does with other AAA's. Funds from OAA supports the Statewide Ombudsman position that works out of the State Executive Office of Aging. Also, Hawaii County works closely with the State Department of Health's Adult Protective Services when concerns of elder abuse, neglect, and exploitation become apparent. If there are housing concerns of exploitation, HCOA works with Hawaii County Housing's Fair Housing Officer.

### **Other Federal Partners and Programs: Corporation for National and Community Service (CNCS)**

Established in 1993, the Corporation for National and Community Service (CNCS) is a federal agency that engages more than 5 million Americans in service through its core programs -- Senior Corps, AmeriCorps, and the Social Innovation Fund. As the nation's largest grant maker for service and volunteering, CNCS plays a critical role in strengthening America's nonprofit sector and addressing our nation's challenges through service. Three volunteer programs offered in Hawaii County include:

- Foster Grandparents serve as role models, mentors, and friends to children with exceptional needs. The program with approximately 20 volunteers island-wide provides a way for volunteers aged 55 and over to stay active by serving children and youth in their communities;
- Senior Companions are volunteers aged 55 and over who make a difference by providing assistance and friendship to adults who have difficulty with daily living tasks, such as shopping or paying bills. Volunteers island wide help our kupuna remain independent in their homes instead of having to move to more costly institutional care. Senior Companions also give families or professional caregivers a much needed respite.
- Retired Senior Volunteer Program (RSVP) is one of the largest volunteer networks in the nation for people 55 and over. Established in 1971 and later moved into the Senior Corps program, RSVP harnesses the skills and talents of kupuna to serve in a variety of volunteer activities within Hawaii County.

## **State Programs**

### **Kupuna Care (KC) Program**

The Kupuna Care (KC) program was enacted in 1999 to address the needs of Hawaii's aging population and the issues arising from those needs. The KC program is considered to be an alternative to traditional long-term care options. The goal of KC parallels the mission of OAA which helps seniors to lead independent, meaningful, and dignified lives in their own homes and communities. Services offered by the KC program provide a safety net for Kupuna that we would consider part of the "gap group" of those who earn too much to qualify for Medicaid but too little to be able to pay for their own long term care costs. By drawing upon both formal and informal supports, these services help older adults live independently in a safe and healthy environment, thus avoiding costly institutionalization for as long as possible. Kupuna Care funds provide services for individuals who meet the following eligibility requirements:

- U.S citizen or legal alien.
- 60 years of age or older.
- Not covered by any comparable government or private home and community-based care services.
- Not residing in an institution, such as an intermediate care facility, skilled nursing facility, foster family, hospital, or adult residential care home.
- Have impairment of at least two ADL's, IADL's, or substantive cognitive impairment and having an unmet need of at least one or more ADL's or IADL's.

Activities of Daily Living (ADL's) include: eating, bathing, dressing, transferring from bed to chair, controlling bowel and bladder, and moving about the house safely on their own.

Instrumental Activities of Daily Living (IADL's) include: preparing meals, shopping for food and essential items, taking medications, managing finances, using the telephone, doing housework, and using public transportation.

The Kupuna Care Case Management program provides assistance to clients, families, and caregivers in identifying needs, exploring options, and mobilizing informal as well as formal supports to achieve the highest possible level of client independence. Case Management assistance includes assessing needs, developing care plans, coordinating provision of services among Kupuna Care (KC) and National Family Caregiver Support Program Vendor Pool providers, monitoring, and providing follow-up and reassessment as needed.

## **Federal Initiatives**

In an effort to meet future challenges of the Aging Services Network, the Administration on Aging develops initiatives to meet federally established goals and objectives. Based on the Administration on Aging's (AoA) initiatives, the State Executive Office on Aging (EOA) and all Hawai'i Area Agencies on Aging (AAA's) are focusing on the following key topic areas for this planning period:

### **Topic Area 1. Core OAA/Title III Programs**

The Older Americans Act core programs found in Titles III (Supportive Services, Nutrition, Disease Prevention/Health Promotion, and Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs) serve as the foundation of the national aging services network which strives to optimize the health, safety, and independence of America's older adults.



### **Topic Area 2. COVID-19**

COVID-19 highlighted the overall importance of the services that make it possible for older adults to live independently, created national awareness of the impact of social isolation on older adults and their caregivers, and increased awareness to plan for future disasters.

### **Topic Area 3. Equity**

Serving individuals with the greatest economic and social need means ensuring equity in all aspects of plan administration.

### **Topic Area 4. Expanding Access to HCBS**

Home and Community Based Services are fundamental to making it possible for older adults to age in place.

### **Topic Area 5. Caregiving**

Enhancing services and supports for caregivers.

## **State Initiatives & Goals**

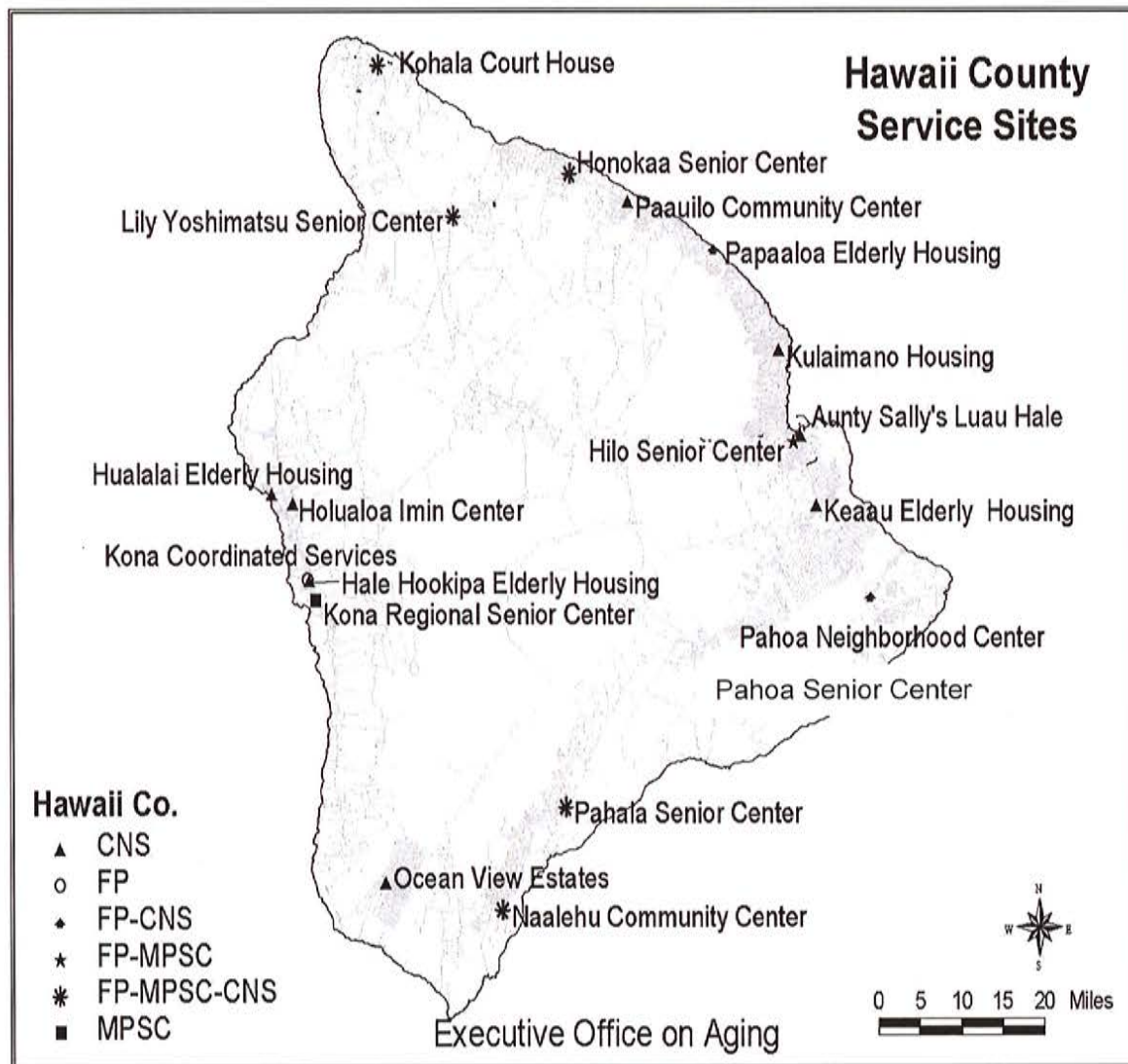
The State Executive Office on Aging, together with Hawai'i's AAA's, developed the following Area Plan Goals in congruence with the ACL Topic Areas:

- GOAL 1:**       Hawai'i's older adults have opportunities to live well.  
                  ACL Topic Area: Core OAA/Title III Programs
- GOAL 2:**       Hawai'i's older adults are prepared for health threats and disasters.  
                  ACL Topic Area: COVID-19
- GOAL 3:**       Hawai'i's underserved populations have equitable access to programs and services.  
                  ACL Topic Area: Equity
- GOAL 4:**       Hawai'i's older adults and people with disabilities will age in place.  
                  ACL Topic Area: Expanding Access to HCBS  
                  (Note: objectives for this goal will include ADRC activities.)
- GOAL 5:**       Hawai'i's caregivers have a broad array of services and supports to effectively care for their loved ones.  
                  ACL Topic Area: Caregiving



#### D. Community Focal Points, Multi-Purpose Centers, Nutrition Sites, and Home Delivered Meal Providers

Community focal points, multi-purpose centers, nutrition sites, and home delivered meal providers are located island-wide. There are ten County Parks & Recreation facility sites, seven elderly housing facility sites, and one community center site. There are seven Multi-Purpose Senior Centers and fifteen community nutrition sites. The Home Delivered meal providers vary from year to year based on the annual Price-Term Agreements. The program ensures that meal delivery is provided island-wide.





## PART II Recommendations

### A. Framework: Laws/Governance and Targeting

The Area Agency on Aging's recommendations adhere to the general guidelines for program and service delivery for older adults developed throughout the State by the Executive Office on Aging, including directives and initiatives of the Administration on Aging. This framework is drawn from the Older Americans Act (as amended Through P.L. 116-131, Enacted March 25, 2020), and Chapter 349, Hawai'i Revised Statutes. Recent trends in AoA and EOA initiatives and grants lean towards the concept that the needs of dependent elderly can be met through the provision of home and community-based care for institutional nursing home care and family, friends, and neighbors as caregivers for private caregivers.

#### The Older Americans Act

One of the primary and contributing federal legislation designed to address the needs of older Americans is the Older Americans Act. The Older Americans Act of 1965, as amended Through P.L. 116-131, Enacted March 25, 2020, states that in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to the full and free enjoyment of the following objectives:

1. An adequate retirement income in accordance with the American standard of living;
2. The best possible physical and mental health which science can make available without regard to economic status;
3. Obtaining and maintaining suitable affordable housing, independently selected, designed and located with reference to older citizens special needs;
4. Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services;
5. Employment opportunities with no age discriminatory personnel practices;
6. Retirement with health, honor, and dignity;
7. Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational, training, and recreational opportunities;
8. Efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for the vulnerable older individuals;
9. Immediate benefit from proven research knowledge which can sustain and improve health and happiness; and
10. Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

## **Targeting of Services**

The Older Americans Act, as amended Through P.L. 116-131, Enacted March 25, 2020, reemphasized the intention of the Congress to target services and resources on the needs and problems of those older individuals identified as having the greatest economic need, the greatest social need, and those who are low-income minority and older individuals residing in rural areas with additional emphasis on targeting older individuals with limited English proficiency and older individuals at risk of institutional placement. Special emphasis has been placed on using outreach methods to target services to:

- ♦ older individuals residing in rural areas;
- ♦ older individuals with greatest economic needs (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- ♦ older individuals with greatest social need (with particular attention to low-income minority individuals, older individuals residing in rural areas, and who identify as LGBTQ+);
- ♦ older individuals with severe disabilities;
- ♦ older individuals with limited English proficiency;
- ♦ older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and informing these individuals and the caregivers of such individuals, of the availability of assistance; and
- ♦ older individuals at risk of institutional placement.

## **Targeting Services**

### **The Next Four Years (2024, '25, '26, '27)**

The Hawaii Revised Statutes Section 349-1 declares that older adults are entitled to secure equal opportunity to the full and free enjoyment of the following:

- ♦ an adequate income in retirement in accordance with the American standard of living;
- ♦ the best possible physical and mental health which science can make available, without regard to economic status;
- ♦ suitable housing, independently selected, designed, and located with reference to special needs and available at costs which older citizens can afford;
- ♦ full restorative services for those who require institutional care;
- ♦ opportunity for employment with no discriminatory personnel practices because of age;
- ♦ retirement in health, honor, and dignity;
- ♦ pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities;
- ♦ efficient community services which provide social assistance in a coordinated manner and which are readily available when needed;
- ♦ immediate benefit from proven research knowledge which can sustain and improve health and happiness; and
- ♦ freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

In support of the declaration mentioned above, it is the policy of the State and its counties to:

- ♦ make available comprehensive programs which include a full range of health, education, and social services to our older residents who need them;
- ♦ give full and special consideration to older residents with special needs in planning such programs; and, pending the availability of such programs for all older residents, give priority to the elderly with the greatest economic and social needs;
- ♦ provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents, and where applicable, also furnish meaningful employment



- ♦ opportunities for individuals, including older persons from the community; and
- ♦ insure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community, and the State and its counties with appropriate assistance from the federal government.

With respect to targeting services to older individuals:

- ♦ with the greatest economic or social needs; (including those who identify as LGBTQ+)
- ♦ who are from rural areas;
- ♦ who are low income minority;
- ♦ who are Native Americans (American Indians, Alaskan Natives, and Native Hawaiians)
- ♦ at risk for institutional placement;
- ♦ with limited English proficiency;

## **B. Prioritization of Issues and Services**

### **HCOA Prioritization of Services for Funding**

HCOA utilized predetermined criteria to determine funding priorities based on several indicators:

#### **1) Title III-B Priority**

Title III-B of the Older Americans Act, as amended Through P.L. 116-131, Enacted March 25, 2020, contains service priorities in the areas of Access, In-Home, Community Based, and Legal services. Following the OAA prioritization guidelines, Adult Day Care, Caregiver Support, Case Management, Chore, Elder Abuse Prevention and Awareness, Health Promotion and Disease prevention, Home Modification, Homemaker, Information and Assistance, Legal Assistance, Congregate Meals, Home Delivered Meals, Nutrition Education, Outreach, Personal Care, and Transportation. These service priorities align with service needs identified through the various needs assessments conducted for the development of this area plan.

#### **2) Greatest Economic/Social Need and Low Income Minority**

Older individuals with the Greatest Economic Need (GEN), individuals with Greatest Social Need (GSN), and Low-Income Minority (LIM) individuals are mandated to be given preference by Title III-B regulations. Measurements are based on the extent to which services address isolation, physical or mental limitations, racial or cultural barriers, inadequate income, or sexual orientation and identity.

#### **3) Instrumental Activities of Daily Living**

National standards to determine the extent of disability based on ability to perform Activities of Daily Living (ADL's) without assistance including: bathing, dressing, toileting, eating, transferring, and walking and Instrumental Activities of Daily Living (IADL's) which include: essential shopping, meal preparation, laundry, light and/or heavy housework, money management, medication management, telephone use, and ability to utilize transportation, all without assistance.

#### **4) Gap Filling Services**

The planning process employed by the HCOA seeks to identify gaps in the service delivery system and to seek solutions either through advocacy, coordination, or funding. Services identified that promote filling gaps in vital in-home and community based services which delay or prevent institutionalization ranked highest.

**5) Documented Needs**

HCOA utilized various needs assessments for this planning period. The community recommendations were taken into consideration during the prioritization process based on various factors including available resources, feasibility, and sustainability, among others.

**6) Approaches used in meeting community needs.**

The following methodologies are used to meet priority service needs:

1. Advocate for the elderly, encouraging the use of community resources to service priorities;
2. Coordinate resources to make them more accessible to the elderly; and
3. Issue Title III grants and contracts to supplement community resources, or as "seed money" to attract additional community resources.
4. Utilize a person-centered approach to meet individual needs.

**Considerations for Title III Funding Usage**

Although there are many factors to consider in the distribution of limited Title III funds, including capabilities of service providers and level of service requirements, the HCOA utilizes the following basic factors in determining funding priorities:

1. Is the service determined to fill an identified gap?
2. Are there adequate funding sources other than Title III?
3. Are existing community resources utilized to the fullest extent possible?
4. Are there adequate volunteer resources to support the service (as an alternative to Title III funding?).
5. Is the service cost effective?
6. Does the service address the HCOA target group?
7. Is the service needed by that target group?
8. Are there other support services in place to complement this service?
9. Are there enough Title III funds to support this service?
10. Are the proposed funds for "seed money" or permanent funding?



## PART III Goals, Objectives, Strategies, Outputs, and Outcomes

### A. ACL Topic Areas

The Administration for Community Living (ACL) State Plan guidance incorporated 5 topic areas to guide the development of SUA's and AAA's area plan goals and objectives for their respective area plans on aging 2023-2027:



**Topic Area 1: Core OAA/Title III Programs:** OAA Core programs in Title III (Supportive Services, Nutrition, Disease Prevention/Health Promotion, Caregiver Programs), VI (Native American Programs), VII (Elder Rights Programs) and serve as the foundation of the national aging services network.



**Topic Area 2. COVID-19:** COVID-19 highlighted the overall importance of the services that make it possible for older adults to live independently, created a national awareness of the impact of social isolation on older adults and caregivers, and increased awareness of the need to plan for future disasters. It also transformed the aging network; drove rapid innovation and creation of new approaches that will endure beyond recovery; and increased awareness of the need to plan for future disasters. Finally, Congress provided increases in funding some of which remain available until expended.



**Topic Area 3. Equity:** Serving individuals with the greatest economic and social need means ensuring equity in all aspects of plan administration. The State Plan should address activities to support these goals.



**Topic Area 4. Expanding Access to HCBS:** Home and Community-Based Services are fundamental to making it possible for older adults to age in place.



**Topic Area 5. Caregiving:** Enhancing services and supports for caregivers.

## B. Summary of Goals

### HCOA 2023 - 2027 Goals, Objectives, and Strategies

The State Executive Office on Aging (EOA) and the Area Agencies on Aging (AAA) developed the following statewide Goals for the planning period 2023-2027:

- GOAL 1:**      **Hawai'i's older adults have opportunities to live well.**  
ACL Topic Area: OAA
- GOAL 2:**      **Hawai'i's older adults are prepared for health threats and disasters.**  
ACL Topic Area: COVID
- GOAL 3:**      **Hawai'i's underserved populations have equitable access to programs and services.**  
ACL Topic Area: EQUITY
- GOAL 4:**      **Hawai'i's older adults and people with disabilities will age in place.**  
ACL Topic Area: Expand HCBS
- GOAL 5:**      **Hawai'i's caregivers have a broad array of services and supports to effectively care for their loved ones.**  
ACL Topic Area: Caregivers

### **Goals and Objectives**

In accordance with the topics developed by the ACL and the goals developed by EOA for the State of Hawai'i AAA's, HCOA developed the following objectives for this planning period. Each objective includes strategies, outcomes, and evaluation measures.

#### Topic Area 1. Core OAA/Title III Programs:



Older Americans Act Core programs in Title III (TIII-B Supportive Services, TIII-C Nutrition, TIII-D Disease Prevention/Health Promotion, TIII-E Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs) serve as the foundation of the national aging services network.



## **AAA Goal 1: Hawai'i's older adults have opportunities to live well.**

### **Nutrition: Health & Well-Being**

**GOAL:** To improve the health and well-being of older individuals by reducing hunger, food insecurity, and malnutrition among older individuals.

#### Objective 1:

70% of older individuals enrolled will be able to maintain or increase food security through participation in the nutrition meal programs.

#### Outcome 1:

70% of nutrition program enrollees who completed the nutritional risk assessment surveys reported that they were able to maintain or increase food security as a result of participation in the nutrition program.

50% of participants in the nutrition program were able to maintain or improve their nutrition as a result of enrollment in the nutrition program as reported through the program evaluation surveys.

35% of participants in the nutrition program were able to improve their health status as a result of participation in the nutrition program as reported through the program evaluation surveys.

#### Strategies:

- (1) Provide a meal five (5) or more days a week, unless a waiver has been granted by the STATE, to an older adult in a congregate or group setting. All meals provided shall be consumed at the congregate site during the meal period.
- (2) Provide a home delivered meal five (5) or more days per week, unless a waiver has been granted by the STATE, to a home bound older adult.
- (3) Implement Nutritional Risk Assessment tool upon enrollment in the nutrition program and annually thereafter.
- (4) Implement annual program evaluation surveys for a random sampling of nutrition program participants.

#### Evaluation:

1. The percentage of program enrollees who report increased food security as a result of the nutrition program meals provided.
2. The percentage of participants who report improved nutrition as a result of the nutrition program activities.
3. The percentage of participants who report improved health status as a result of participation in the nutrition program.

### **Nutrition: Social Well-Being & Reduced Isolation**

**Goal:** To maintain or improve the social well-being and reduce isolation of older adults.

Objective 1:

50% of program participants will maintain or improve their social well-being and reduce feelings of isolation through nutrition socialization, recreational, and educational activities.

Outcome 1:

50% of nutrition program participants indicate they maintained or improved their social well-being and reduced feelings of isolation as a result of participating in the meal programs as reported through the annual program evaluation surveys.

Strategies:

- (1) Provide socialization, recreational, and educational activities five (5) or more days a week, unless a waiver has been granted by the STATE, to an older adult in a congregate or group setting.
- (2) Conduct assurance checks when delivering the home delivered meals.
- (3) Include site participation in program evaluation surveys.
- (4) Conduct annual program evaluation surveys.

Evaluation:

1. The percentage of congregate meal site participants who report maintained or improved social well-being.
2. The percentage of participants who report increased opportunities for socialization and reduced isolation through participation in the nutrition programs.

**Health Promotion: Fall Prevention**

GOAL: To improve the health and wellbeing of our older individuals through promotion of Fall Prevention Awareness.

Objective 1:

65% of seniors who receive information and/or training on fall prevention awareness and practices will increase their knowledge of potential fall risks in the home.

Outcome 1:

65% of seniors who received information and/or training on fall prevention awareness and practices are able to identify potential fall risks in the home as identified through the post-training questionnaire.

Objective 2:

50% of seniors who receive information and/or training on fall prevention awareness and practices will decrease their risk of falls by making changes to their environment.



Outcome 2:

50% of seniors who received information and/or training on fall prevention awareness and practices reduced their risk of falls because they made changes to their environment as identified through post-training questionnaires.

Objective 3:

50% of seniors who received fall prevention awareness will be able to increase their feeling of safety.

Outcome 3:

50% of seniors who participate in a Fall Prevention training program were able to increase their feeling of safety as identified through post-training questionnaires.

Strategies:

- (1) Provide educational materials pertaining to fall prevention to aging population and caregivers.
- (2) Develop and/or update fall prevention videos and increase accessibility of videos.
- (3) Implement a Fall Prevention training program, which may include evidence based Fall Prevention programs such as; CAPABLE, HARP, FallsTalk, YMCA Moving for Better Balance, among others.
- (4) Focus on securing funding to implement and maintain fall prevention efforts and enhance quality of program(s) implementations.
- (5) Conduct post-training questionnaires at 30 days after completion of training.

Evaluation:

1. Recipients reported increase in knowledge about Fall Protection Awareness.
2. Recipients reported they improved their household environment after learning about Fall Prevention practices for the home.
3. Recipients reported increased feeling of safety in their homes after receiving information and/or training about fall prevention.

**Legal Services**

Goal: To provide legal assistance on issues including, but not limited to: income security, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. Legal assistance is targeted towards older individuals in social and economic need.

Objective 1:

Eligible older Individuals requesting legal services will be referred for legal assistance.

Outcome 1:

70% of older Individuals who received referrals for legal assistance will be linked to the appropriate legal service determined through a review of monthly invoices.

Objective 2:

50% of older adults referred for legal services will report satisfaction with the legal assistance provided.

Outcome 2:

50% of older adults who received legal services reported satisfaction with the legal assistance provided as determined by the legal survey reports.

Strategies:

- (1) Provide the intake venue to link older adults who request information about legal advice, counseling, and representation to the appropriate legal resources.
- (2) Secure contractor to provide information of entitlement programs, the legal process, and/or individual rights.

Evaluation:

1. The percentage of participants linked to the appropriate legal resource(s) as a result of participation in the Legal services program.
2. The percentage of participants who report satisfaction with the legal assistance provided.

## **Healthy Aging**

Goal: Increase awareness of Better Choices, Better Health Program (BCBH) island-wide.

Objective 1:

Conduct outreach and marketing activities to increase awareness of BCBH program.

Outcome 1:

50% of outreach activities will include information to increase awareness of the BCBH program through HCOA/ADRC publications and activities.

Objective 2:

Identify and refer potential trainers to increase the level of BCBH Lay Leaders.

Outcome 2:

The number of new Lay Leaders recruited and trained increased by one (1).

Strategies:

- (1) Develop and implement a recruitment and marketing plan to increase participation in the Better Choices, Better Health Program Island wide.



- (2) Provide training for identified lay leaders island-wide.

**Evaluation:**

1. The number of qualified individuals who registered for the BCBH workshops including: Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), or Cancer Thriving and Surviving Self-Management (CTS) workshops delivered via face-to-face, tool kit- telephone, or on-line courses.
2. By adhering to their BCBH Action Plans, participants reported decreased medical visits, increased exercise, and experienced fewer symptoms.

**Transportation:**

Goal: Promote access to community resources and human services for older individuals that will strengthen their ability to live, thrive, and remain independent in their community.

**Objective 1:**

Older individuals will receive transportation to medical health services, shopping assistance, and access to other community resources, including congregate meal sites and recreation activities.

**Outcome 1:**

75% older individuals who received transportation to medical health services, shopping assistance, and other community resources, including congregate meal sites and recreation activities, reported they were satisfied with the services through a satisfaction survey.

**Strategies:**

- (1) Transport older individuals to medical health services, shopping assistance, and access to other community resources, including congregate meal sites.
- (2) Conduct annual satisfaction survey.

**Evaluation:**

1. The percentage of participants provided transportation services that were linked to community resources, human services programs, and activities.
2. The percentage of participants who reported that they were satisfied with the service.

**Outreach:**

Goal: To provide older adults and or their caregivers with information and access to an array of health and social supports.

**Objective 1:**

Older adults and/or caregivers who receive outreach services and resources will be registered.

**Outcome 1:**

45% or more of older adults and/or caregivers who received information on appropriate programs

and services were registered.

Strategies:

- (1) Complete the Hawaii County Registration Form for older adults and/or their caregivers.
- (2) Provide information for older adults and/or caregivers on appropriate resources and services.

Evaluation:

1. The percentage of participants who reported they were satisfied with the information on an array of health and social supports and access provided upon request.
2. The number of consumers registered.

## **Topic Area 2. COVID-19**

**AAA Goal: Hawai'i's older adults are prepared for health threats and disasters.**

**GOAL:** The HCOA and ADRC support efforts to assist Hawai'i County residents in preparation for future natural and/or public health emergencies.

Objective 1:

HCOA/ADRC will increase access to emergency preparedness and response information via the website so older adults and people with disabilities will be better informed of disaster preparedness protocols and procedures, and how to be safe in the event of a natural or man-made disaster.

Outcome 1:

Older adults and people with disabilities are better informed of disaster preparedness protocols and procedures, and how to be safe in the event of a natural or man-made disaster through the HCOA/ADRC website increased access portals to emergency preparedness and response information, as measured by the HCOA/ADRC website survey and increased number of hits to those links on the website.

Strategies:

- (1) HCOA/ADRC will update the website to include emergency preparedness and response documents, links, tabs, category on "Find Services" page, "Kahi Malama ADRC Partners" page, "Public Documents" page, and others as needed.
- (2) HCOA/ADRC will update the Person-Centered Emergency Plan as needed.
- (3) HCOA/ADRC will have the Person-Centered Emergency Kits available in hard copy at both locations.
- (4) HCOA/ADRC will collaborate with emergency service entities to assist in sharing emergency preparedness information on an on-going basis.
- (5) HCOA/ADRC will solicit disaster preparedness outreach and training opportunities that target older adults and people with disabilities.
- (6) During emergencies, HCOA/ADRC will obtain and disseminate relevant information to its constituents.



- (7) HCOA/ADRC will be prepared to implement adaptive operations including scheduling and workplace locations as needed during emergency events, whether in-person, via telephone, or virtually.
- (8) In partnership with Civil Defense, update the county-wide/ inter-agency emergency disaster plan and protocols for older adults and people with disabilities, as needed.

Evaluation:

1. An increase in Hawai'i County residents' preparedness for health threats and emergencies.
2. An increase in Hawai'i County residents' awareness of HCOA/ADRC as a trusted resource for assistance before, during, and after emergency events.
3. The HCOA/ADRC website is a trusted resource for Emergency Preparedness and Response assistance and information.

**Topic Area 3: Equity**

**AAA Goal 3: Hawai'i 's underserved populations have equitable access to programs and services.**

Goal: To increase visibility of HCOA/ADRC services in diverse communities to improve access to aging services within these communities.

Objective 1:

Annually increase by 25% HCOA/ADRC outreach activities focused towards reaching diverse older adults.

Outcome 1:

An annual increase of 25% of diverse older adults will have increased awareness of ADRC services and resources through ADRC outreach activities. This increase will be measured by the increased amount of outreach activities provided to rural and diverse communities.

Objective 2:

HCOA/ADRC will increase language options for educational and informational written materials by 35%.

Outcome 2:

At end of FFY27, 35% of written materials provided to the community by the ADRC will be offered in several languages as measured by the percentage of HCOA/ADRC materials with alternative language options.

Objective 3:

By the end of FFY24, ADRC will create and implement a need assessment questionnaire designed to capture the needs of diverse older adults.

Outcome 3:

At the end of FFY24, 95% of ADRC needs assessment questionnaires will be analyzed to determine needs of diverse older adults.

Objective 4:

By the end of FFY27, 75% of materials produced and/or distributed by the HCOA/ADRC will be revised to include an ADRC Equality Statement.

Outcome 4:

At the end of FFY27, the ADRC Equality Statement will be included in 75% of materials/information distributed by the ADRC as measured by the percentage of HCOA/ADRC materials produced that include our Equality Statement.

Strategies:

- (1) Implement outreach strategies to increase awareness of aging services and resources for diverse persons/groups/communities.
- (2) Increase language options for educational and awareness materials offered by ADRC.
- (3) Create and implement a data tracking tool to capture needs of aging and disabled diverse persons/groups/communities.
- (4) Increase relationship building between ADRC and Hawai'i Island communities to improve equity.

Evaluation:

1. Targeted populations reported an increase in knowledge about ADRC programs and resources.
2. Targeted populations reported they were able to access information in their native language.
3. HCOA/ADRC will have compiled information on needs of diverse aging and disabled community members.

**Topic Area 4. Expanding Access to HCBS: Home and Community-Based Services are fundamental to making it possible for older adults to age in place.**

**AAA Goal 4: Hawai'i's older adults and people with disabilities will age in place.**

**ADRC Outreach**

Goal: Increase awareness of long-term support services, Home and Community Based Services, and other resources available to Hawai'i islands aging and disabled populations.

Objective 1:

ADRC will host, market, and/or participate in a minimum of seven (7) outreach activities each year across Hawai'i Island.



Outcome 1:

A minimum of seven (7) outreach activities were completed yearly and will be reflected on the ADRC outreach calendar.

Objective 2:

ADRC will gather information on outreach topics preferred by ADRC's target population and create outreach efforts in accordance with the desired topics.

Outcome 2:

A minimum of 50% of Outreach efforts will meet the requested need of ADRC's target populations as identified through a needs assessment.

Objective 3:

ADRC will facilitate collaboration between ADRC and outside entities to enhance connections to services and resources for individuals.

Outcome 3:

ADRC will remain a viable partner in the aging and disabled Hawai'i Island network as determined by the number of MOU's with collaborative entities.

Strategies:

- (1) Host outreach activities and trainings across Hawai'i Island.
- (2) Market ADRC services and offerings through Website, Silver Bulletin, flyers, and other marketing materials.
- (3) Create and implement a questionnaire to solicit topics of interest of targeted populations.
- (4) Lead task force meetings regularly with ADRC and outside entities.
- (5) Maintain MOU's with collaborative entities.

Evaluation:

1. ADRC will have completed a minimum of seven outreach activities across Hawai'i Island yearly.
2. ADRC will have collected data on preferred topics of interest for outreach activities.
3. ADRC will have signed MOA's filed with collaborating entities.

**Home and Community Based Services**

Goal: Provide awareness and connection to long-term support services (LTSS), Home and Community Based Services (HCBS), and other resources available to Hawai'i islands aging and disabled populations.

Objective 1:

The Aging and Disabilities Resource Center will provide Option Counseling sessions to seniors, caregivers, and disabled individuals to provide awareness of LTSS and HCBS programs and services.

Outcome 1:

50% of incoming interactions will include options counseling sessions as reported in the required database.

Objective 2:

ADRC practices will support the connection of individuals to LTSS and HCBS for eligible individuals.

Outcome 2:

A minimum of 40% of ADRC practices will result in a formal connection to community resources, programs and/or LTSS and/or HCBS annually.

Objective 3:

HCOA will provide Kupuna Care services to eligible seniors requiring HCBS to promote their ability to age in place safely and with dignity.

Outcome 3:

The Kupuna Care Program provided HCBS supports that allowed 75% of referred seniors to age in place safely and with dignity as identified through data-capturing.

Objective 4:

Authorized Kupuna Care cases will meet internal performance and quality standards as referenced in the Kupuna Care Guidelines.

Outcome 4:

60% of Kupuna Care cases reviewed met quality assurance standards as referenced in the Kupuna Care Guidelines.

Strategies:

- (1) Promote Option Counseling services offered by ADRC
- (2) Ensure ADRC staff are trained and skilled on providing Options Counseling services and are knowledgeable and up to date on current LTSS/HCBS programs.
- (3) HCOA/ADRC will maintain a fully functional and operational ADRC department.
- (4) HCOA will support elders at home by authorizing Kupuna Care program HCBS services.
- (5) Distribute and collect Kupuna Care satisfaction survey.
- (6) Conduct monthly monitoring of Kupuna Care cases.

Evaluation:

1. Data collected will show the number of Option Counseling sessions provided to requesting parties.
2. Data collected will show referrals made on behalf of targeted population to programs and resources.
3. Through data analysis, HCOA will be able to identify quality of service as well as identify gap areas and will work towards adapting program (as allowed) to assure high levels of quality service delivery.



**Goal: Eligible Hawaii County residents have the opportunity to obtain a Disability Parking Placard**

Objective 1:

Provide access for submittal of Parking Placard applications island-wide.

Outcome 1:

Maintained a minimum of two (2) locations to submit Parking Placard applications.

Strategies:

- (1) Process all Parking Placard applications in person or by mail.
- (2) HCOA and ADRC brochures to include information about the placard program.
- (3) Update the ADRC website with information on how to apply for a disability placard.
- (4) Include information about the placard program in ADRC presentations to the public.

Evaluation:

1. # of placards per month island-wide and per HCOA/ADRC location.

**Topic Area 5. Caregiving: Enhancing services and supports for caregivers.**

**AAA Goal 5: Hawai'i's caregivers have a broad array of services and supports to effectively care for their loved ones.**

GOAL: Reduce caregiver related stress and burnout for family and informal caregivers through information, education, and services.

Objective 1:

Caregivers who receive supports such as counseling, training, and information provided by HCOA/ADRC will indicate that they are better prepared to perform caregiver duties.

Outcome 1:

Annually, 25% of caregivers who received supports such as counseling, training, and information provided by HCOA/ADRC indicated that they were better prepared to perform caregiver duties.

Objective 2:

Annually, caregivers who received caregiver respite services will be able to report they feel a decrease in caregiver burnout.

Outcome2:

25% of caregivers who received caregiver respite services reported a decrease in caregiver burnout as indicated in Burden Scale Assessment.

Objective 3:

Caregivers served will be able to identify self-care needs and implement best practices to maintain personal self-care needs.

Outcome 3:

40% of caregivers served identified self-care needs and implemented best practices to maintain personal self-care needs as reported through satisfaction surveys.

Strategies:

- (1) Provide information on a range of caregiver supports available on Hawaii Island.
- (2) Refer caregivers to programs that provide caregiver respite, caregiver counseling, and caregiver training.
- (3) Provide caregiver trainings, conferences, and printed materials.

Evaluation:

1. The percentage of caregivers feel better equipped to care for their aging family members.
2. The percentage of caregivers who received respite support experience decreased levels of caregiver burnout.
3. The percentages of caregivers reported an increase in knowledge of available resources.
4. The percentage of reporting caregivers who are able to identify their self-care needs in regards to caregiving.

## **Grandparents Raising Grandchildren**

Goal: To provide respite support to older relative caregivers with a qualifying youth 18 years or younger with summer, fall, winter, or spring break program tuition.

Objective 1:

Older relative caregivers in Hawaii County will receive support services that provide a respite from caregiving.

Outcome 1:

50% of older relative caregivers who received support services indicated they received a respite from caregiving through the outcome of client service satisfaction surveys.

Strategies:

- (1) Promote caregiver respite services and programs through Hawaii County's Aging network.
- (2) Register qualified caregivers and care recipients receiving respite services using HCOA's approved consumer registration form.
- (3) Complete all activities required to accept and process referrals for caregivers interested in participating in the program. (Intake, screening, linkage to appropriate program, registration in program, setting up payment method, invoicing procedures)
- (4) Document services provided. Prepare and submit required reports in a timely manner to HCOA through a computerized system endorsed by HCOA.



- (5) Administer, collect, analyze, and submit report of Client Satisfaction Survey results.

Evaluation:

1. Caregivers who participated in the respite program report an increase in time for themselves.
2. Caregivers who participated in the respite program reported stress relief.

**C. HCOA Methodology to ensure compliance with Targeting**

**Targeting of Services**

The Older Americans Act, as amended Through P.L. 116-131, Enacted March 25, 2020, reemphasized the intention of the Congress to target services and resources on the needs and problems of those older individuals identified as having the greatest economic need, the greatest social need, and those who are low-income minority, and older individuals residing in rural areas with additional emphasis on targeting older individuals with limited English proficiency and older individuals at risk of institutional placement. Special emphasis has been placed on using outreach methods to target services to:

- ♦ older individuals residing in rural areas;
- ♦ older individuals with greatest economic needs (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- ♦ older individuals with greatest social need (with particular attention to low-income minority individuals, older individuals residing in rural areas, and those who identify as LGBTQ+);
- ♦ older individuals with severe disabilities;
- ♦ older individuals with limited English proficiency;
- ♦ older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and informing these individuals and the caregivers of such individuals, of the availability of assistance; and
- ♦ older individuals at risk of institutional placement.

**Targeting Services**

**The Next Four Years (2024, '25, '26, '27)**

The Hawaii Revised Statutes Section 349-1 declares that older adults are entitled to secure equal opportunity to the full and free enjoyment of the following:

- ♦ an adequate income in retirement in accordance with the American standard of living;
- ♦ the best possible physical and mental health which science can make available, without regard to economic status;
- ♦ suitable housing, independently selected, designed, and located with reference to special needs and available at costs which older citizens can afford;
- ♦ full restorative services for those who require institutional care;
- ♦ opportunity for employment with no discriminatory personnel practices because of age;
- ♦ retirement in health, honor, and dignity;
- ♦ pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities;
- ♦ efficient community services which provide social assistance in a coordinated manner and which are readily available when needed;
- ♦ immediate benefit from proven research knowledge which can sustain and improve health and

- ♦ happiness; and
- ♦ freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

In support of the declaration mentioned above, it is the policy of the State and its counties to:

- ♦ make available comprehensive programs which include a full range of health, education, and social services to our older residents who need them;
- ♦ give full and special consideration to older residents with special needs in planning such programs; and, pending the availability of such programs for all older residents, give priority to the elderly with the greatest economic and social needs;
- ♦ provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents, and where applicable, also furnish meaningful employment opportunities for individuals, including older persons from the community; and
- ♦ insure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community, and the State and its counties with appropriate assistance from the federal government.

With respect to targeting services to older individuals:

- ♦ with the greatest economic or social needs; who identify as LGBTQ+
- ♦ who are from rural areas;
- ♦ who are low income minority;
- ♦ who are Native Americans (American Indians, Alaskan Natives, and Native Hawaiians)
- ♦ at risk for institutional placement;
- ♦ with limited English proficiency;

The following methods for assuring service preference will apply:

# **I. Methods for Assuring Service Preference to Older Individuals with the Greatest Economic or Social Needs**

## **A. Declaration of Compliance**

With respect to older individuals with the greatest economic or social needs, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended Through P.L. 116-131, Enacted March 25, 2020, in such a manner as to ensure that this target group will be given service preference. A means test normally used by other programs will not be imposed by this program. Services under the Act are provided through a comprehensive and coordinated service system under area plans, towards attainment of the following statutory goals for such individuals and families:

1. To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
2. To remove individual and social barriers to economic and personal independence for older individuals; and
3. To provide a continuum of care for the vulnerable elderly.

## **B. Definitions**

1. **Greatest Economic Need** means the need resulting from an income level at or below the poverty levels established by the Office of Management and Budget. [OAA, Sec. 302(20)]
2. **Greatest Social Need** means the need caused by non-economic factors which include physical and mental disabilities, language barriers and cultural, social or geographical isolation including that caused by racial, ethnic, or LGBTQ+ status which restricts an individual's ability to perform normal daily tasks or which threatens such individual's capacity to live independently. [OAA, Sec. 302(21)] ("Greatest social need" has the same meaning as "socially disadvantaged.")
3. **Both Greatest Social Need and Low-Income** should be self-explanatory from the definitions



*provided above. This refers to older persons who are in both greatest social and greatest economic need. (This group of persons is commonly referred to as the most vulnerable.)*

**C. Methods for Assuring Service Preference**

1. Each area plan submitted by an Area Agency on Aging for approval by the State agency will provide assurances that preference will be given to providing services to older individuals with the greatest economic or social needs, with special emphasis on meeting the service needs of the most vulnerable older adults. Such plans will also include proposed methods for implementing the preference requirements which are consistent with methods contained herein.
2. Each Area Agency on Aging will develop and publish methods by which priority of services is determined. Such methods will include factors and weights which affirmatively provide service preference to meeting service needs of individuals with greatest economic or social needs and the most vulnerable older adults.
3. Area Agencies on Aging will divide their respective geographic area into distinct sub-areas considering among others the following: the distribution of older individuals having greatest economic need; the distribution of older individuals having physical or mental disabilities; the incidence of need for supportive and nutrition services; the location of resources available to meet service needs; and the adequacy and effectiveness of the existing resources in meeting service needs.
4. Area Agencies on Aging, upon review and analysis of information described in item C.3 above, will determine which locations within the area will need service assistance under area plans due to high concentration or high proportion of older individuals with greatest economic or social need, and specialize in the types of services most needed by these preference groups.
5. The State's intrastate funding formula for allocating Title III funds will include factors and appropriate weights which reflect the proportion among the planning and service areas of older individuals in greatest economic or social need.
6. Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of vulnerable older individuals in need of community or home-based support services.
7. Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older individuals and such other services which may be deemed needed through the provision of such services.
8. Area Agencies on Aging will establish working relationships with other public and private agencies and organizations working on behalf of vulnerable older persons, such as Easter Seals, rehabilitation units, boarding homes, sheltered workshops, post office, police department, utilities, etc., toward gaining their assistance in identifying problems, and inform such agencies and organizations of the availability of service under area plans.
9. Area Agencies on Aging will use outreach efforts that will identify individuals eligible for assistance under area plans, with special emphasis on rural seniors, and inform such individuals of the availability of such assistance.
10. Area Agencies on Aging will maintain, as reasonably feasible, elderly minority participation rates in Title III funded programs at or above the %age distribution of older minorities in their planning and service areas, as determined by the most reliable and satisfactory data available.

**II. Method for Assuring Service Preference to Older Individuals from Rural Areas**

**A. Declaration of Compliance**

With respect to older individuals residing in rural areas, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended Through P.L. 116-131, Enacted March 25, 2020, in such a manner so as to ensure that this target group will be served.



The Hawaii Revised Statutes Section 349-1 – Declaration of purpose, support, duties – in part enables our older people to secure equal opportunity to the full and free enjoyment of the following, which apply to rural older adults:

1. The best possible physical and mental health which science can make available, without regard to economic status.
2. Pursuit of meaningful activity within the widest range of civic, cultural and recreational opportunities.
3. Efficient community services which provide social assistance in coordinated manner which are readily available when needed.
4. Freedom, independence and the free exercise of individual initiative in planning and managing their own lives.
5. Make available comprehensive programs which include a full range of health, education and social services to our older residents who need them.

**B. Definitions**

**Rural** seniors are persons age 60+ residing in any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. For PSA IV, Hilo is the only census designated place that would qualify as urban.

**C. Methods for Assuring Service Preferences**

1. Each area plan submitted by the Area Agencies on Aging for approval by the State agency will provide assurances that preference will be given to providing services to older individuals living in rural areas.
2. Area Agencies on Aging will use outreach efforts (such as intake and referral, newsletters, community forums and public hearings) to identify individuals eligible for assistance as well as to inform the rural seniors of the availability of services.
3. Area Agencies on Aging will provide a variety of services for the rural area such as: comprehensive services, case management, information and referral, personal care, senior identification, and transportation.
4. Area Agencies will inform the isolated rural older adults about the services and programs available by using a variety of means available and feasible which may include brochures, newsletters, radio programs and/or television programs.
5. The Area Agencies will work with community council representatives in an effort to inform them of programs and services existing in the rural community.
6. Federal funds awarded to Area Agencies on Aging will take into consideration the numbers of older individuals residing in rural areas.

**III. Method for Assuring Service Preference to Low-Income Minority Older Individuals**

**A. Declaration of Compliance**

With respect to low-income minority older individuals service needs, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended Through P.L. 116-131, Enacted March 25, 2020, in such a manner as to ensure that this target group will be met.

The Hawaii Revised Statutes Section 349-1 – Declaration of purpose, support, duties – in part enable our older adults to secure equal opportunity to the full and free enjoyment of the following, which apply to low-income minority older individuals:

1. The best possible physical and mental health which science can make available, without regard to economic status.
2. Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
3. Opportunity for employment with no discriminatory personnel practices because of age.
4. Efficient community services which provide social assistance in a coordinated manner and



which are readily available when needed.

5. Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.
6. Make available comprehensive programs which include a full range of health, education and social services to our older residents who need them.
7. Give full and special consideration to older residents with special needs in planning such programs and, pending the availability of such programs for all older residents, give priority to the seniors with the greatest economic and social needs.
8. Provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents and, where applicable, also furnish meaningful employment opportunities for individuals, including older persons from the community.
9. Ensure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community and the State and its counties with appropriate assistance from the federal government.

#### **B. Definitions**

1. **Low Income** means having an income at or below the federal poverty level. It is the same as "greatest economic need."
2. **Minority** seniors are persons age 60+ who are either: American Indian/Alaskan Native; Asian/Pacific Islander; Black, not of Hispanic origin; or Hispanic.
3. **Low-Income Minority** seniors are persons age 60+ who are either: American Indian/Alaskan Native; Asian/Pacific Islander; Black, not of Hispanic origin; or Hispanic, with an annual income at or below the established poverty level.

#### **C. Methods for Assuring Service Preferences**

1. The Area Agencies on Aging will provide assurance that preference will be given to providing services to low-income older individuals with special emphasis on meeting the service needs of the most vulnerable seniors. The Area Plan will include proposed methods for implementing the preference requirements which are consistent with methods contained herein.
2. The Area Agencies on Aging will include a condition in all contracts with its service providers that:
  - a. If there is a wait list, the provider will give preference to low-income and/or minority older adults.
  - b. Service providers will attempt to serve low-income minority elderly individuals in at least the same proportion as the population of low-income minority older individuals' bear to the population of older individuals of the area served by such providers.
3. The Area Agencies on Aging will develop and publish methods by which priority services are determined. Such methods will include factors which affirmatively provide service preference to meeting service needs of individuals with greatest economic or social need and the most vulnerable seniors.
4. The Area Agencies on Aging will divide the County into distinct sub-areas considering, among others, the following: the distribution of low income; the distribution of older individuals having physical or mental disabilities; the incidence of need for supportive and nutrition services; the location of resources available to meet service needs; and the adequacy and effectiveness of the existing resources in meeting service needs.
5. The Area Agencies on Aging, upon review and analysis of information described in item 4 above, will determine which locations within the area will need service assistance under its Area Plan due to high concentration or high proportion of low-income minority older individuals, and specialize in the type of services most needed by this group.
6. The Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of vulnerable older low-income individuals in need of community or home-based support services.



7. The Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older individuals and such other services which may be deemed needed through the provisions of such services. Similar relationships will be developed with private entities.
8. The Area Agencies on Aging will establish working relationships with other public and private agencies and organizations working on behalf of low-income minorities older persons. The Area Agencies will seek their assistance in identifying problems, and inform such agencies and organizations of the availability of service under its Area Plan.
9. The Area Agencies on Aging will use information and referral, and outreach efforts will identify individuals eligible for assistance under its Area Plan, with special emphasis on rural seniors, and inform such individuals of the availability of such assistance.
10. The Area Agencies on Aging will encourage service providers to make efforts to hire and recruit bilingual staff who are able to communicate with elderly immigrants and other minority elderly. Lastly, the Area Agencies on Aging and its service providers will make efforts whenever possible, to translate information of its services in ethnic languages for distribution to service providers and in residential areas of high numbers of low-income and minority older adults.
11. The Area Agencies on Aging will maintain, as reasonably feasible, low-income minority older adult participation rates in Title III funded programs at or above the percentage distribution of elderly minorities in the State as determined by the most reliable and satisfactory data available.
12. The Area Agencies on Aging will give preference to the promotion and publicity of programs and services with a high indication for the low-income and/or the minority seniors.
13. The Area Agencies on Aging will continue to advocate for expansion and implementation of services with a high indication for the low-income and/or minority seniors.
14. The Area Agencies on Aging will encourage service clubs and private enterprises to conduct service projects and/or funding to the low-income, minority, or frail older individual whenever the opportunity arises.
15. The Area Agencies on Aging will encourage service providers to plan ethnic activities as a means of attracting minority elderly to participate or utilize the services and programs in the County.

**IV. Method for Assuring Activities to Increase Access to Title III Services by Native Americans (American Indians, Alaskan Natives, and Native Hawaiians)**

**A. Declaration of Compliance**

With respect to Native Older Americans, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended Through P.L. 116-131, Enacted March 25, 2020, in such a manner so as to ensure that this group will be served.

The Hawaii Revised Statutes Section 349-1 – Declaration of purpose, support, duties – in part enable our older adults to secure equal opportunity to the full and free enjoyment of the following which apply to older individuals of native ancestry:

1. The best possible physical and mental health which science can make available, without regard to economic status.
2. Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
3. Opportunity for employment with no discriminatory personnel practices because of age.
4. Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.
5. Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.
6. Make available comprehensive programs which include a full range of health, education and social services to our older residents who need them.



7. Give full and special consideration to older residents with special needs in planning such programs and, pending the availability of such programs for all older residents, give priority to the seniors with the greatest economic and social needs.
8. Provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents and, where applicable, also furnish meaningful employment opportunities for individuals, including older persons from the community.
9. Insure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community and the State and its counties with appropriate assistance from the federal government.

## **B. Definitions**

**Native Americans** - Title VI of the Older Americans Act, as amended Through P.L. 116-131, Enacted March 25, 2020, Grants for Native Americans Sec. 601 states: It is the purpose of this title to promote the delivery of supportive services, including nutrition services to American Indians, Alaskan Natives, and Native Hawaiians that are comparable to services provided under Title III.

## **C. Methods for Assuring Service Preferences**

1. The Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of older Native American individuals in need of community or home-based support services.
2. The Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older Native American individuals and such other services which may be deemed needed through the provisions of such services. Similar relationships will be developed with private entities.
3. The Area Agencies on Aging will establish working relationships with other public and private agencies and organizations working on behalf of Native Americans. The Area Agencies will seek their assistance in identifying problems, and inform such agencies and organizations of the availability of service under its Area Plan.

## **V. Methods for Assuring Service Preference to Older Individuals at Risk for Institutional Placement**

### **A. Declaration of Compliance**

With respect to older individuals at risk for institutional placement, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended, in such a manner as to ensure that this target group will be given service preference. A means test normally used by other programs will not be imposed by this program. Services under the Act are provided through a comprehensive and coordinated service system under area plans, towards attainment of the following statutory goals for such individuals and families:

1. To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
2. To remove individual and social barriers to economic and personal independence for older individuals; and
3. To provide a continuum of care for the vulnerable elderly.

### **B. Definition**

**At risk for Institutional Placement** means, with respect to an older individual, that such individual is unable to perform at least two activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of

placement in a long-term care facility. [OAA, Sec. 101(45)]

**C. Methods for Assuring Service Preference**

1. Each area plan submitted by an Area Agency on Aging for approval by the State agency will provide assurances that preference will be given to providing services to older individuals at risk for institutional placement, with special emphasis on meeting the service needs of the most vulnerable older adults.
2. The State's intrastate funding formula for allocating Title III funds will include factors and appropriate weights which reflect the proportion among the planning and service areas of older individuals at risk for institutional placement.
3. Area Agencies on Aging will establish working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of vulnerable older individuals in need of community or home-based support services.

**VI. Methods for Assuring Service Preference to Older Individuals with Limited English Proficiency**

**A. Declaration of Compliance**

With respect to older individuals at risk for institutional placement, the Executive Office on Aging, the State agency for the State of Hawaii, through all designated Area Agencies on Aging, will conduct the Title III program under the Older Americans Act of 1965, as amended, in such a manner as to ensure that this target group will be given service preference. A means test normally used by other programs will not be imposed by this program. Services under the Act are provided through a comprehensive and coordinated service system under area plans, towards attainment of the following statutory goals for such individuals and families:

1. To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
2. To remove individual and social barriers to economic and personal independence for older individuals; and
3. To provide a continuum of care for the vulnerable elderly.

**B. Definition**

**Limited English Proficiency** – individuals who do not speak English as their primary language and/or have a limited ability to read, write, speak, or understand English [Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency].

**C. Methods for Assuring Service Preferences**

1. The Area Agencies on Aging will continue working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages for casework management, problem assessment and counseling, and for mutual assistance in identification of older individuals with limited English proficiency in need of community or home-based support services.
2. The Area Agencies on Aging will continue working relationships with appropriate public and private agencies and organizations, toward attaining or maintaining referral linkages necessary for assessing in-home health services needed by older individuals and such other services which may be deemed needed through the provisions of such services. Similar relationships will be developed with private entities.
3. The Area Agencies on Aging will continue working relationships with other public and private agencies and organizations working on behalf of limited English proficient older persons. The Area Agencies will seek their assistance in identifying problems, and inform such agencies and organizations of the availability of service under its Area Plan.
4. The Area Agencies on Aging will use information and referral, and outreach efforts to identify limited English proficient older individuals.
5. The Area Agencies on Aging will encourage service providers to make efforts to hire and



recruit bilingual staff who are able to communicate with elderly immigrants and other minority elderly.

6. The Area Agencies on Aging will utilize tools and resources, as needed and allowed by fiscal resources, offered through the Federal Interagency Working Group on Limited English Proficiency, comprised of representatives from over 35 federal agencies. This group created the Web site LEP.gov, which supports implementation of Executive Order 13166 (defined above), Title VI and Title VI regulations regarding language access. It is a clearinghouse, providing and linking to information, tools and technical assistance regarding Limited English Proficiency and language services for federal agencies, recipients of federal funds, users of federal programs and federally assisted programs, and other stakeholders.
7. The Area Agencies on Aging will utilize resources, as needed and allowed by fiscal resources, training, technical assistance, translation and interpretation services by organizations such as the Hawaii Interpreters and Translators Association, the National Council on Interpreting in Health Care, the Society of Medical Interpreters, Diversity RX, and the Cross Cultural Health Care Program.
8. The Area Agencies on Aging and its service providers will make efforts whenever possible, to translate information of its services in ethnic languages for distribution to service providers and in residential areas of high numbers of low-income and minority older adults.

## Targeting Services – The Previous Year, 2022

**Table 2. Previous Year's Targeting Outputs (FFY 2022: Oct. 2021-Sept. 2022)**

Program & Services	Total Fund Budgeted	FFY 22 Expenditures	Greatest Economic Need	Greatest Social Need	Low Income Minority	Rural	Limited English Proficient	At Risk for Institutionalization	Native American	Resource Allocation
<b>Access</b>			<b>Number of Persons Served</b>							
Transportation	\$ 336,842	\$ 225,794	403	526	312	934	105	85	245	NB
I & A	\$ 0	\$ 0	**	**	**	**	**	**	**	
Outreach	\$ 21,262	\$ 14,430	130	17	98	696	5	31	125	NB
Case Mgt	\$ 600,000	\$ 511,979	75	464	46	266	23	351	68	A
Asst Trans	\$ 42,000	\$ 84,511	12	44	8	27	3	52	4	A, NE
<b>In-Home</b>			<b>Number of Persons Served</b>							
Personal Care	Vendor Pool \$ 600,000	\$ 283,990	25	102	17	137	6	85	17	A
Homemaker	VP	\$ 331,695	34	130	19	92	9	123	25	A
Chore	VP	\$ 14,865	4	0	2	13	1	5	2	A
Home Del. Meals	\$ 466,499	\$ 470,597	121	141	93	319	53	290	87	A, NC-2
Legal	\$ 131,700	\$ 131,700	119	129	75	285	6	80	73	NB, A
<b>Community Based Services</b>			<b>Number of Persons Served</b>							
Adult Day Care	VP	\$ 65,074	2	20	2	12	0	16	3	A
Caregiver Support	\$ 200,000	\$ 192,611	18	3	9	67	2	2	12	NE
Cong. Meals	\$ 343,125	\$ 222,625	181	196	140	515	65	148	147	NC-1
Title III & KC Funding Total	\$2,741,428	\$ 2,549,871								

\*\* No data to support field.

NB	=	Federal Funds (Title III-Part B)
NC-1	=	Federal Funds (Title III-Part C-1)
NC-2	=	Federal Funds (Title III-Part C-2)
ND	=	Federal Funds (Title III-Part D)
NE	=	Federal Funds (Title III-Part E)
NO	=	Federal Funds (Other)
A	=	State General Funds (General Funds)
S	=	County Funds (Cash only)
PI	=	Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising activities (such as bake sales, etc.) proceeds from the sale of tangible property, royalties, etc.
O	=	Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
XS	=	County In-kind
XO	=	Other In-kind

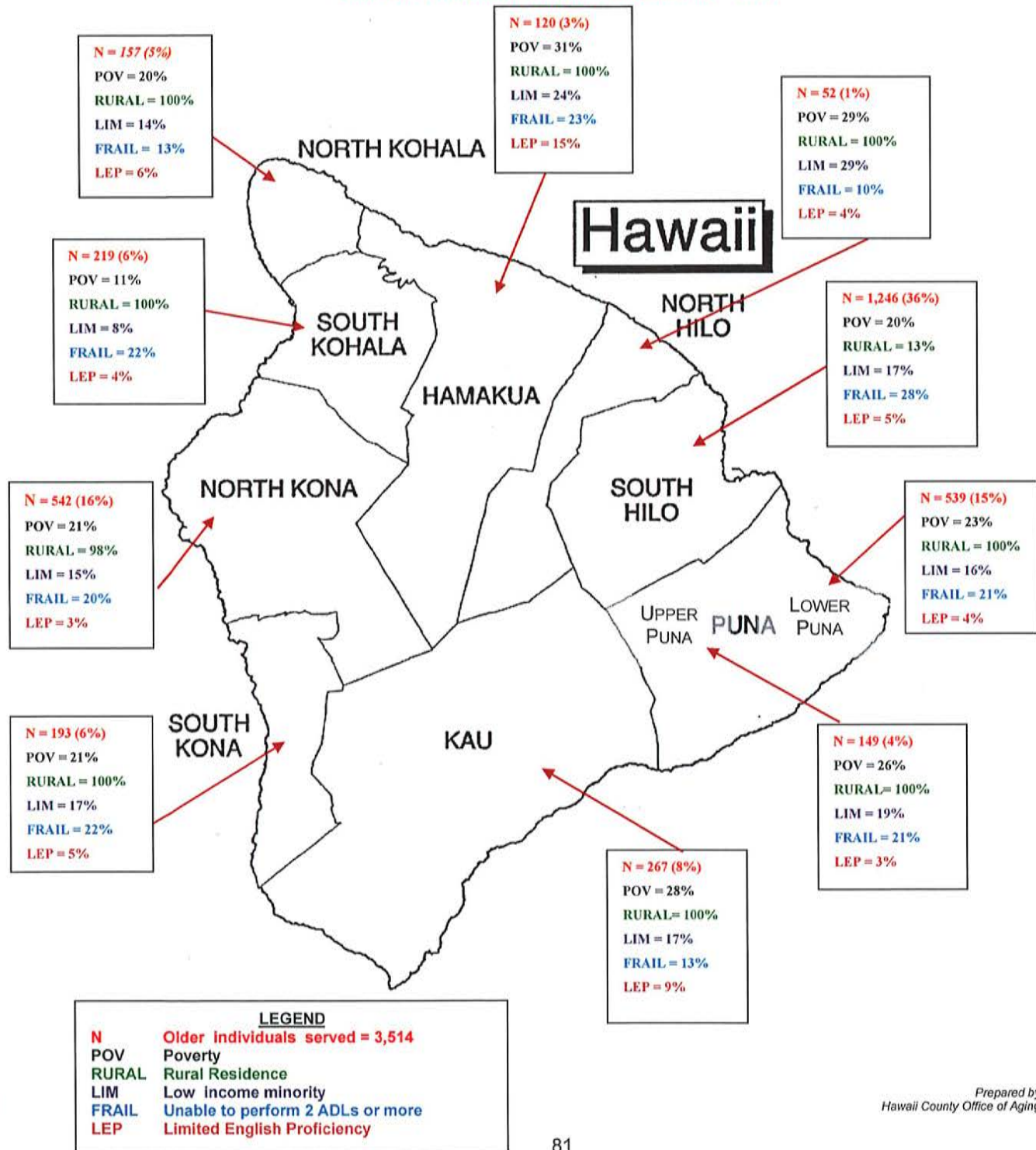


# Figure 25. Hawai'i County Targeting Performance

County of Hawaii  
Population Distribution by District FFY22

WellSky database run 3/21/23

Total Older Individuals Served (Unduplicated) – 3,514



Prepared by  
Hawaii County Office of Aging

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## PART IV Funding Plan

### A. Previous Year Expenditures for Priority Services (FFY22)

**Table 3. Title III Part B Federal Funds Only**

In accordance with the Older Americans Act [Section 306 (a) (2)] the Area Agency is disclosing the amount of funds expended for each category of services during the fiscal year most recently concluded.

<i>Service</i>	<i>Budgeted Compliance Amount (Dollars)</i>	<i>FFY 22 Actual Expenditures</i>	<i>% for Title III B Categories</i>
<i>Access</i>			
<i>Info &amp; Assistance</i>	0	0	
<i>Outreach</i>	21,262	14,430	
<i>Transportation</i>	336,842	225,794	
<i>Sub-total</i>	363,994	240,224	62%
<i>In-Home</i>			
<i>Home Modification</i>	15,000	13,456	
<i>Sub-total</i>	15,000	13,456	4%
<i>Legal</i>			
<i>LASH</i>	131,700	131,700	
<i>Sub-total</i>	131,700	131,700	34%
<i>Other</i>			
<i>Title III Part B Total</i>	504,804	385,380	100%

B. Table 4: Projected Service Outputs & Resources Allocation Plan														Source Code
Programs, Services, and Activities	Unduplicated Persons				Units of Service				Unit	Total Amount (Projected)				
	2024	2025	2026	2027	2024	2025	2026	2027		2024	2025	2026	2027	
ACCESS														
I/A, Referral, O/C	1,000	1,000	1,000	1,000	7,000	7,000	7,000	7,000	Contact	\$0	\$0	\$0	\$0	A2
Outreach	1,134	1,134	1,134	1,134	1,134	1,134	1,134	1,134	Person	\$ 17,010	\$ 17,010	\$ 17,010	\$ 17,010	NB
Public Education	3,100	3,100	3,100	3,100	3,100	3,100	3,100	3,100	Issue	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	NB
Transportation	1,000	1,250	1,500	1,750	68,500	71,500	74,500	79,200	Trip	\$ 278,000	\$ 297,625	\$ 317,250	\$ 346,225	NB
SUPPORTIVE IN-HOME														
Case Management	550	550	550	550	9,000	9,000	9,000	9,000	Hour	\$ 600,000	\$ 600,000	\$ 600,000	\$ 600,000	A1
Vendor Pool														
Chore (Heavy)	15	17	18	20	468	515	566	623	Hour	\$ 15,912	\$ 17,503	\$ 19,254	\$ 21,179	A1
Homemaker	177	195	214	236	12,143	13,357	14,693	16,162	Hour	\$ 388,576	\$ 427,434	\$ 470,177	\$ 517,195	A1
Personal Care	102	112	123	136	9,533	10,486	11,535	12,688	Hour	\$ 333,655	\$ 367,021	\$ 403,723	\$ 444,095	A1
Adult Day Care	20	22	24	27	4,338	4,772	5,249	5,774	Day	\$ 520,560	\$ 572,616	\$ 629,878	\$ 692,865	A1
Assisted Transportation	43	47	52	57	2,354	2,589	2,848	3,133	Trip	\$ 96,514	\$ 106,165	\$ 116,782	\$ 128,460	A1
Home Modification	137	151	166	182	744	818	900	990	Request	\$ 13,456	\$ 14,802	\$ 16,282	\$ 17,910	A1
NUTRITION														
Congregate Meals	650	700	800	900	42,250	45,500	52,000	58,500	Meal	\$ 276,738	\$ 298,025	\$ 340,600	\$ 383,175	NC-
Congregate Meals (PI exp.)	85	85	85	85	5,551	5,551	5,551	5,551		\$ 36,359	\$ 36,359	\$ 36,359	\$ 36,359	PI
Home Delivered Meals	550	600	650	700	85,800	93,600	101,400	109,200	Meal	\$ 592,878	\$ 655,200	\$ 719,940	\$ 786,240	NC-2
Home D Meals (fed)	550	600	650	700	80,752	80,752	80,752	80,752		\$ 556,750	\$ 556,750	\$ 556,750	\$ 556,750	NO
Home D Meals (state)	34	90	147	207	6,228	14,064	22,985	32,323		\$ 36,128	\$ 98,450	\$ 163,190	\$ 229,490	A1
Home D Meals (PI exp.)	54	54	54	54	8,470	8,470	8,470	8,470		\$ 55,478	\$ 55,478	\$ 55,478	\$ 55,478	PI
Nutrition Education	900	900	900	900	12,000	12,000	12,000	12,000	Session	\$ 15,000	\$ 15,000	\$ 15,000	\$ 15,000	NC-1
CAREGIVER SUPPORT														
ACCESS														
Case Management									Hour					
INFORMATION SERVICES														
Information Services	560	560	560	560	13	13	13	13	Activity	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500	NE, A
Information CG Conf.									Activity					NE
Counseling	10	10	10	10	180	180	180	180	Session	\$ 20,700	\$ 20,700	\$ 20,700	\$ 20,700	NE
Training	50	50	50	50	300	300	300	300	Session	\$ 21,000	\$ 21,000	\$ 21,000	\$ 21,000	
R. Adult Day Care	21	23	25	28	3,864	4,250	4,675	5,143	Day	\$ 463,680	\$ 510,048	\$ 561,053	\$ 617,158	NE
R. Personal Care	31	34	38	41	1,572	1,729	1,902	2,092	Hour	\$ 55,020	\$ 60,522	\$ 66,574	\$ 73,232	NE
R. Homemaker	45	50	54	60	2,816	3,098	3,407	3,748	Hour	\$ 90,112	\$ 99,123	\$ 109,036	\$ 119,939	NE
R. Chore	1	1	1	1	24	26	29	32	Hour	\$ 816	\$ 898	\$ 987	\$ 1,086	NE



Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit	Total Amount				Source Code
	2024	2025	2026	2027	2024	2025	2026	2027		2024	2025	2026	2027	
<i>CG Supplemental Services</i>														
R. Assisted Trans	7	8	8	9	269	296	325	358	Trips	\$ 11,029	\$ 12,132	\$ 13,345	\$ 14,680	NE
R. Home Modification	13	14	16	17	75	83	91	100	Request	\$ 1,477	\$ 1,625	\$ 1,787	\$ 1,966	NE
R. GRG	25	25	25	25	25	25	25	25	Hour	\$ 8,000	\$ 8,000	\$ 8,000	\$ 8,000	NE
<i>LEGAL SERVICES</i>														
Legal	290	298	307	316	2,474	2,548	2,625	2,703	Hour	\$ 127,000	\$ 127,000	\$ 127,000	\$ 127,000	NB
<i>SUPPORTIVE SERVICES COMMUNITY-BASED</i>														
Better Choices (Federal)	48	48	48	48	4	4	4	4	Class	\$ 21,000	\$ 21,000	\$ 21,000	\$ 21,000	ND
---(State)														A3

**Source Codes:**

N: Federal Funds (Title III)  
 NB: Federal Funds (Title III-Part B)  
 NC-1: Federal Funds (Title III-Part C-1)  
 NC-2: Federal Funds (Title III-Part C-2)  
 ND: Federal Funds (Title III-Part D)  
 NE: Federal Funds (Title III-Part E)  
 NO: Federal Funds (Other)  
 A: State General Funds (General Funds): A1-Kupuna Care; A2-ADRC; A3-Healthy Aging.  
 S: County Funds (Cash Only)  
 PI: Includes all income generated by the program including client voluntary contributions, money raised by the program through fundraising activities (such as bake sales, etc.), proceeds from the sale of tangible property, royalties, etc.  
 O: Other funds used directly by the program including, but not limited to, trust funds, private donations, etc., (Cash Only)  
 XS: County In-Kind  
 XO: Other In-Kind

### **C. Minimum Percentages for Title III Part B Categories of Services**

For the duration of the Area Plan, the Area Agency on Aging assures that the following minimum percentages of funds received for Title III-B will be expended to provide each of the following categories of services, as specified in OAA Section 306(a):

<b>Categories of Services</b>	<b>%</b>
<b>Access*</b>	<b>0.2720</b>
<b>In Home</b>	<b>0.0240</b>
<b>Legal</b>	<b>0.1040</b>
<b>Total %</b>	<b>0.4000</b>

\*Includes transportation, outreach, information and assistance services.



## Appendix A: Waivers

*Note: Not Applicable but shown here as a reference.*

### A.1 Waiver to Provide Direct Service

The State of Hawai'i Executive Office on Aging will be issuing a statement that will allow all AAA's in Hawai'i to provide direct services without requiring Waivers to Provide Service.

(Area Agency)

#### JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning \_\_\_\_\_ through \_\_\_\_\_

Service

Title III Reference

Funding Source

Title III

State

County

Other

Total

Justification

This Exhibit must be renewed annually for each year the Area Agency wishes to provide any service directly.

## A.2 Waiver of Priority Categories of Services

(Area Agency)

### JUSTIFICATION FOR WAIVER PRIORITY CATEGORIES OF SERVICES

For the duration of the Area Plan (2023-2027)

The Area Agency on Aging is required to spend at least 40 % of its Title III-B allotment in the priority categories of services, with some expenditures occurring in each category. If the Area Agency on Aging wishes to waive this requirement, it must identify the category of service which will be affected and provide a justification and documentation as required by Section 306(b). If the waiver is granted, the Area Agency on Aging certifies that it shall continue to expend at least 40 % of its Title III-B annual allocation for the remaining priority categories of services.

#### Priority Service

#### Check Category Affected

Access (Transportation, Outreach, and Information and Assistance, and Case Management Services)

\_\_\_\_\_

In Home Services (including supportive Services for Families of Older Individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction).

\_\_\_\_\_

Legal Assistance

\_\_\_\_\_

#### Justification



## **Appendix B: Assurances**

- B1: Assurance of compliance with the Department of Health and Human Services Regulation under Title VI of the Civil Rights Act of 1964
- B2: Department of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended
- B3: General and Program Specific Provisions and Assurances
  - a. General Assurances
  - b. Program Specific Assurances
  - c. Other Assurances as Related to the Code of Federal Regulation 1321.17(F) 1 to 15
  - d. Certification Regarding Lobbying
  - e. Declaration of Compliance

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Appendix B1:

ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

Hawaii County Office of Aging (hereinafter called the "Applicant" ) HEREBY  
(name of applicant)

AGREES THAT it will comply with title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 90) issued pursuant to that title, to the end that, in accordance with title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant received Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Date 8-31-2023   
(Applicant)

By MAYOR  
(President, Chairman of Board, or comparable authorized official)

1055 Kinoole Street, Suite 101  
Hilo, HI. 96720

(Applicant's mailing address)





**Appendix B2: Department of Health and Human Services, Assurance of Compliance with  
Section 504 of the Rehabilitation Act of 1973, as Amended  
ASSURANCE OF COMPLIANCE**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

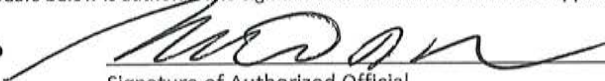
The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

**THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:**

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

8-31-2023   
Date Signature of Authorized Official

**MITCHELL D. ROTH**

**MAYOR**

Name and Title of Authorized Official (please print or type)

Name of Healthcare Facility Receiving/Requesting Funding

25 Aupuni St Suite 2603  
Street Address

Hilo Hawaii 96720  
City, State, Zip Code

Please mail form to:

U.S. Department of Health & Human Services  
Office for Civil Rights 200  
Independence Ave., S.W.  
Washington, DC 20201  
Form HHS-690 1/09



## Appendix B3: General and Program Specific Provisions and Assurances

### B3a. General Assurances

The Area Agency will maintain documentation to substantiate all the following assurance items. Such documentation will be subject to State and/or federal review for adequacy and completeness.

1. General Administration

a. Compliance with Requirements

The Area Agency agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging.

b. Efficient Administration

The Area Agency utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

c. General Administrative and Fiscal Requirements

The Area Agency's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 92 and 45 CFR 16 except where these provisions are superseded by statute and with the State Policies and Procedures Manual for Title III of the Older Americans Act, as amended Through P.L. 116-131, Enacted March 25, 2020.

d. Training of Staff

The Area Agency provides a program of appropriate training for all classes of positions and volunteers, if applicable.

e. Management of Funds

The Area Agency maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and account for all funds under this Plan.

f. Safeguarding Confidential Information

The Area Agency has implemented such regulations, standards, and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

g. Reporting Requirements

The Area Agency agrees to furnish such reports and evaluations to the Director of the Executive Office on Aging as may be specified.

h. Standards for Service Providers

All providers of service under this Plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation, and other standards prescribed in law or regulations. The Area Agency provides that where the State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

i. Amendments to Area Plan

Area Plan amendments will be made in conformance with applicable program regulations.

j. Intergovernmental Review of Services and Programs

The Area Agency will assure that 45 CFR 100 covering Intergovernmental Review of Department of Human Services Programs and Activities be maintained. The regulation is intended to foster an intergovernmental partnership and a strengthened Federalism by relying on State processes and on State, area wide, regional, and local coordination for review of proposed Federal financial assistance and direct Federal development.



- k. Standards for a Merit System of Personnel Administration  
The Area Agency will assure that there are Standards for a Merit System of Personnel Administration as stated in 5 CFR Part 900, Subpart F.

2. Equal Opportunity and Civil Rights

- a. Equal Employment Opportunity  
The Area Agency has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 70.4.
- b. Non-Discrimination on the Basis of Handicap  
All recipients of funds from the Area Agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and useable by handicapped persons, as specified in 45 CFR 84.
- c. Non-Discrimination on the Basis of Age  
The Area Agency will assure compliance with 45 CFR 91 which is the regulation for The Age Discrimination Act of 1975 as amended and is designed to prohibit discrimination on the basis of age.
- d. Civil Rights Compliance  
The Area Agency has developed and is implementing a system to ensure that benefits and services available under the Area Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

3. Provision of Services

- a. Needs Assessment  
The Area Agency has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the PSA for allocating resources to meet those needs.
- b. Priorities  
The Area Agency has a reasonable and objective method for establishing priorities for service and such methods are in compliance with the applicable statute.
- c. Eligibility  
The activities covered by this Area Plan serve only those individuals and groups eligible under the provisions of the applicable statute.
- d. Residency  
No requirements as to duration of residence or citizenship will be imposed as a condition of participation in the Area Agency's program for the provision of services.
- e. Coordination and Maximum Utilization of Services  
The Area Agency to the maximum extent coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.

4. Non-Construction Programs

- a. Legal Authority  
The Area Agency has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management, and completion of the project described in non-construction program application.
- b. Hatch Act

The Area Agency will comply with the provisions of the Hatch Act (5 U.S.C. SS 1501-1508 and 73224-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

c. Single Audit Act of 1984

The Area Agency will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

d. Other Laws

The Area Agency will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

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### **B3b. Program Specific Provisions and Assurances**

Program specific assurances will follow the intent of the area plans as stated in section 306 of the Older Americans Act, as amended Through P.L. 116-131, Enacted March 25, 2020.

#### **Sec. 306(a), AREA PLANS**

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(4)(A)(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use

outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals, older individuals residing in rural areas, and those who identify as LGBTQ+);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.



(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

In addition, the Area Agency on Aging agrees to comply with the requirements of the Older Americans Act, as amended Through P.L. 116-131, Enacted March 25, 2020, including sections: 305, 307, 373, and 705 and all applicable Federal Rules and Regulations.



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**B3c. Assurances As Related to the Code of Federal Register §1321.17(f) 1 to 15:**

The Area Agency on Aging will meet all assurances as required under CFR §1321.17(f) 1 – 15 outlined below:

- (1) Each area agency engages only in activities which are consistent with its statutory mission as prescribed in the Act and as specified in State policies under § 1321.11;
- (2) Preference is given to older persons in greatest social or economic need in the provision of services under the plan;
- (3) Procedures exist to ensure that all services under this part are provided without use of any means tests;
- (4) All services provided under title III meet any existing State and local licensing, health and safety requirements for the provision of those services;
- (5) Older persons are provided opportunities to voluntarily contribute to the cost of services;
- (6) Area plans shall specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the past fiscal year;
- (7) The State agency on aging shall develop policies governing all aspects of programs operated under this part, including the manner in which the ombudsman program operates at the State level and the relation of the ombudsman program to area agencies where area agencies have been designated;
- (8) The State agency will require area agencies on aging to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts shall place special emphasis on reaching older individuals with the greatest economic or social needs with particular attention to low income minority individuals, including outreach to identify older Indians in the planning and service area and inform such older Indians of the availability of assistance under the Act.
- (9) The State agency shall have and employ appropriate procedures for data collection from area agencies on aging to permit the State to compile and transmit to the Commissioner accurate and timely statewide data requested by the Commissioner in such form as the Commissioner directs; and
- (10) If the State agency proposes to use funds received under section 303(f) of the Act for services other than those for preventive health specified in section 361, the State plan shall demonstrate the unmet need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with the greatest economic or social need, with special attention to low-income minorities.
- (11) Area agencies shall compile available information, with necessary supplementation, on courses of postsecondary education offered to older individuals with little or no tuition. The assurance shall include a commitment by the area agencies to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites, and in other appropriate places.
- (12) Individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals under this part shall be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307(a)(13)(I) of the Act.
- (13) The services provided under this part will be coordinated, where appropriate, with the services provided under title VI of the Act.
- (14) (i) The State agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of





area plans;

(ii) State and area agencies on aging will, consistent with budgeting cycles (annually, biannually, or otherwise), submit the details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and

(iii) The State agency certifies that any such expenditure by an area agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

(15) The State agency will assure that where there is a significant population of older Indians in any planning and service area that the area agency will provide for outreach as required by section 306(a)(6)(N) of the Act.

The Area Agency on Aging will meet all other assurances as required under CFR §1321.53 – 1321.61, - 1321.75.

Hawai'i County Office of Aging

Organization

William A. Farr

Authorized Signature

Executive on Aging

Title

8/28/2023

Date



**B3d. Certification Regarding Lobbying**

**Certificates for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned will require that the language of this certification be included in the award documents for all subawards as all tiers (including subcontract, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Hawai'i County Office of Aging

Organization

William A. Fan

Authorized Signature

Executive on Aging

Title

8/28/2023

Date



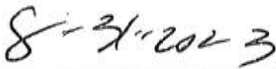


**B3e. Declaration of Compliance**

The Hawai'i County Office of Aging certifies that it will subscribe and conform to the provisions and assurances under GENERAL ASSURANCES AND PROGRAM SPECIFIC PROVISIONS AND ASSURANCES displayed in pages 97 through 103.



Signature of Mayor or Designee



Date





## Appendix C: HCOA Chart of Existing Services

Current HCOA Contracted Services (2022)		
Programs and Services	Provider Agency	Area Served
<b>Access</b>		
Assisted Transportation	Hawai'i Island Adult Care, Inc.	East Hawai'i
	Hawaii Care Solutions – KC Trans	Island-wide
	Maxi-Care Link	Island-wide
	Metrocare	East Hawai'i
	Ultimacare	Island-wide
Caregiver Access Services	Services for Seniors	Island-wide
	HI Economic Opportunity Council	
Caregiver Counseling	Alzheimer's Association	Island-wide
	Hawai'i Island Adult Care, Inc.	
Case Management	Services for Seniors	Island-wide
	HI Economic Opportunity Council	
Outreach	EAD – Coordinated Services	Island-wide
Transportation	EAD - Coordinated Services	Island-wide
	EAD - Nutrition Program	Island-wide
	HI Economic Opportunity Council	Island-wide
<b>In-Home</b>		
Chore	Hawaii Care Solutions	Island-wide
	Maxi-Care Link	Island-wide
	Metrocare Hawai'i	Island-wide
	Ultimacare	Island-wide
Home Delivered Meals	EAD – Nutrition Program	Island-wide
	HI Economic Opportunity Council	Island-wide

Programs and Services	Provider Agency	Area Served
<b>In-Home con't</b>		
Homemaker	Hawaii Care Solutions	Island-wide
	Mastercare	Island-wide
	Maxi-Care Link	Island-wide
	Metrocare Hawai'i	Island-wide
	Ultimacare	Island-wide
Personal Care	Hawaii Care Solutions	Island-wide
	Mastercare	Island-wide
	Maxi-Care Link	Island-wide
	Metrocare Hawai'i	Island-wide
	Ultimacare	Island-wide
<b>Community Based</b>		
Adult Day Care	Hawaii Island Adult Care Inc.	East Hawaii
Legal	Legal Aid Society of Hawai'i	Island-wide
Nutrition – Congregate	EAD – Nutrition Program	Island-wide
Nutrition Education	EAD – Nutrition Program	Island-wide
Respite	Hawaii Care Solutions	Island-wide
	Mastercare	Island-wide
	Maxi-Care Link	Island-wide
	Metrocare Hawai'i	Island-wide
	Ultimacare	Island-wide

<b>Community Public, Private, &amp; Non-Profit Programs and Services</b>		
<b>Programs and Services</b>	<b>Provider Agency</b>	<b>Area Served</b>
Adult Foster Care	DHS – Adult and Community Services Section, Adult Protective Services	East Hawai'i West Hawai'i
Assisted Transportation	Alu Like, Inc.	Island-wide
	EAD – Coordinated Services	Island-wide
	HI Economic Opportunity Council	Island-wide
	DHS – Adult & Community Care Services	Island-wide
Caregiver Information	Aging & Disability Resource Center	Island-wide
	Alu Like, Inc.	Island-wide
	Alzheimer's Association	Island-wide
	Hawai'i Community Caregiver Network	West Hawai'i
Case Management	PHN Case Management Coordination Project	Island-wide
	DHS Adult Protective Services	Island-wide
Chore & Homemaker	DHS – Adult & Community Care Services	Island-wide
	EAD – Coordinated Services	Island-wide
Community Health Centers	Bay Clinic Mobile Dental Van	Pahoa & Ka'u
	Hamakua Health Center	Island-wide
	Hilo Family Health Center	East Hawai'i
	Hilo Family Dental Center	East Hawai'i
	Ka'u Family Health Center	Ka'u
	Kea'au Family Health Center	Puna
	Kohala Family Health Center	Island-wide
	Pahoa Family Health Center	Pahoa
	West Hawai'i Community Health Center	West Hawai'i
	West Hawai'i Community Health Center - Kealahou	West Hawai'i
Elder Abuse and Neglect	DHS – Adult Protective Services	Island-wide



Programs and Services	Provider Agency	Area Served
Employment	Alu Like Inc.	Island-wide
	State Workforce Development Division	Island-wide
Home Health	Care Resource Hawaii	Island-wide
	Department of Human Services	Island-wide
	Health Resources	Island-wide
	Kohala Home Health North Hawai'i Hospital	N/S Kohala Hamakua
Hawaii Care Solutions	Kokua Nurses	East Hawai'i
	Mastercare	Island-wide
	Metrocare Hawai'i Plus	Island-wide
	Ultimacare	Island-wide
Hospice	Hawai'i Care Choices	East Hawai'i
	Hospice of Kona	N/S Kona
	North Hawai'i Hospice	N/S Kohala
Housing	Big Island Housing Foundation	East Hawai'i & Waimea
	Bob Tanaka Realty	West Hawai'i
	Cambridge Management	East Hawai'i
	Day Lum Property Management	Island-wide
	Hale Hoaloha	East Hawaii
	Hawai'i Affordable Properties	Island-wide
	Hawai'i Island Community Development Corporation	Island-wide
	Hawai'i Public Housing Authority	Island-wide
	Office of Housing and Community Development	Island-wide
	The Michaels Development Corporation	West Hawaii

Programs and Services	Provider Agency	Area Served
Congregate Meals	Alu Like, Inc.	Island-wide
Home Delivered Meals	Alu Like, Inc.	Island-wide
Nutrition Education	Alu Like Inc.	Island-wide
Recreation	Adult Day Care	Hilo
	Alu Like Inc.	Island-wide
	EAD – Elderly Recreation Services	Island-wide
	EAD – Congregate Nutrition Program	Island-wide
Shopping Assistance	Alu Like, Inc.	East Hawai'i
	EAD – Coordinated Services	Island-wide
	Hawai'i County Economic Opportunity Council	Island-wide
	EAD – Congregate Nutrition Program	Island-wide
Transportation	Hui Malama Ola Na'Oiwi	Island-wide
	Alu Like, Inc.	Island-wide
	Mass Transit, County of Hawaii	Island-wide
Volunteer Services	Alu Like, Inc.	Island-wide
	Foster Grandparent Program	East Hawaii
	Retired Senior & Volunteer Program	Island-wide
	Senior Companion Program	Island-wide

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**Appendix D: Contact Information for Focal Points, Congregate Sites, Home Delivered Meals Providers, And Adult Day Centers**

Community Focal Points and Multi-Purpose Centers		Location	
Aging and Disability Resource Center		1055 Kino'ole St., Suite 101, Hilo, HI. 96720	
Honoka'a Senior Center		45-540 Koniaka Place, Honoka'a, HI. 96727	
Kamana Senior Center		127 Kamana Street, Hilo, HI. 96720	
Kohala Court House		54-3900 Akoni-Pule Hwy., Kapaau, HI. 96755	
Lily Yoshimatsu Center		67-1199 Mamalahoa Hwy. Kamuela, HI. 96743	
Na'alehu Community Center		95-5635 Mamalahoa Hwy. Na'alehu, HI. 96772	
Pāhala Senior Center		96-1169 Holei Street, Pāhala, HI. 96777	
Pāhoa Community Center		3016 Kauhala Road, Pāhoa, HI. 96778	
West Hawai'i Civic Center		75-5044 Ane Keohokalole Hwy., Bldg. B Kailua-Kona, HI. 96740	
Congregate Nutrition Site	Area Served	Congregate Units FY22	Schedule
Aunt Sally's Luau Hale 799 Pi'ilani St., Hilo, HI 96720	South Hilo	20,407	M-F 8:00a – 12:00p
Pomaikai Senior Center 929 Ululani St., Hilo, HI. 96720	South Hilo	0	M-Th 8:30a – 12:30p
Kula'imano Elderly Housing 28-2947 Kumula St., Pepe'ekeō, HI 96783	South Hilo	2,450	M-F 8:30a – 12:30p
Pāpa'aloa Gym Annex 35-1994 Govt. Main Rd., Pāpa'aloa, HI 96780	North Hilo	0	M-Th 8:00a-12:00p
Hale Ho'okipa Elderly Housing 81-1038 Nani Kupuna St., Kealakekua, HI 96750	South Kona	0	M-F 8:30a – 12:30p
Yano Hall Senior Center 82-6145 Mamalahoa Hwy., Captain Cook, HI. 96704	South Kona	586	T 8:30-12:30
Hōlualoa Imin Center 76-5877 N. Kona Belt Rd., Keauhou, HI 96739	North Kona	821	MWF 8:00a-12:00p
Ocean View Estates (HOVE) 799 Pi'ilani St., Ocean View, HI 96737	Ka'ū	557	MWF 8:00a-12:00p
Pa'auilo Community Center 43-977 Gym Rd., Pa'auilo, HI 96776	Hamakua	0	M-F 8:00a-12:00p
Hale Haouli Elderly Housing 45-540 Konaika Place, Honoka'a, HI 96720	Hamakua	1,078	M-F 8:30a – 12:30p
Kea'au Elderly Housing 16-189 Pilimuai St., Keaau, HI 96749	Puna	0	M-F 8:00a-12:00p
Pāhoa Neighborhood Center 15-2910 Puna Road, Pāhoa, HI 96778	Puna	1,644	M-F 8:00a-12:00p
Lily Yoshimatsu Senior Center 67-1199 Māmalahoa Hwy., Kamuela, HI 96743	South Kohala	1,851	M-F 8:00a-12:00p
Kohala Senior Center 54-3900 Akoni-Pule Place, Kapaau, HI 96755	North Kohala	2,825	M-F 8:00a-12:00p
Nā'ālehu Community Center 95-5635 Mamalahoa Hwy., Na'alehu, HI 96772	Ka'ū	630	M-F 8:00a – 12:00p
Pāhala Elderly Housing 96-1183 Holei St., Pāhala, HI 96777	Ka'ū	3,104	M-F 8:30a – 12:30p
<b>Home Delivered Meal Distribution Centers</b>			
Meals on Wheels – Hilo	South Hilo	60,055	M-F 9:00a-12:00p
Meals on Wheels - Kona	North Kona	15,155	M-F 9:00a-12:00p

Adult Day Centers			
Hawai'i Island Adult Day Care 47 Rainbow Drive, Hilo, HI. 96720	East Hawaii		M-F 7:00a – 5:00p Sat 8:00a – 4:00p

## Appendix E: HCOA Staffing and Organizational Chart

### **Staffing of the Area Agency**

The Hawai'i County Office of Aging has a staff of 19 professional and para-professional positions including:

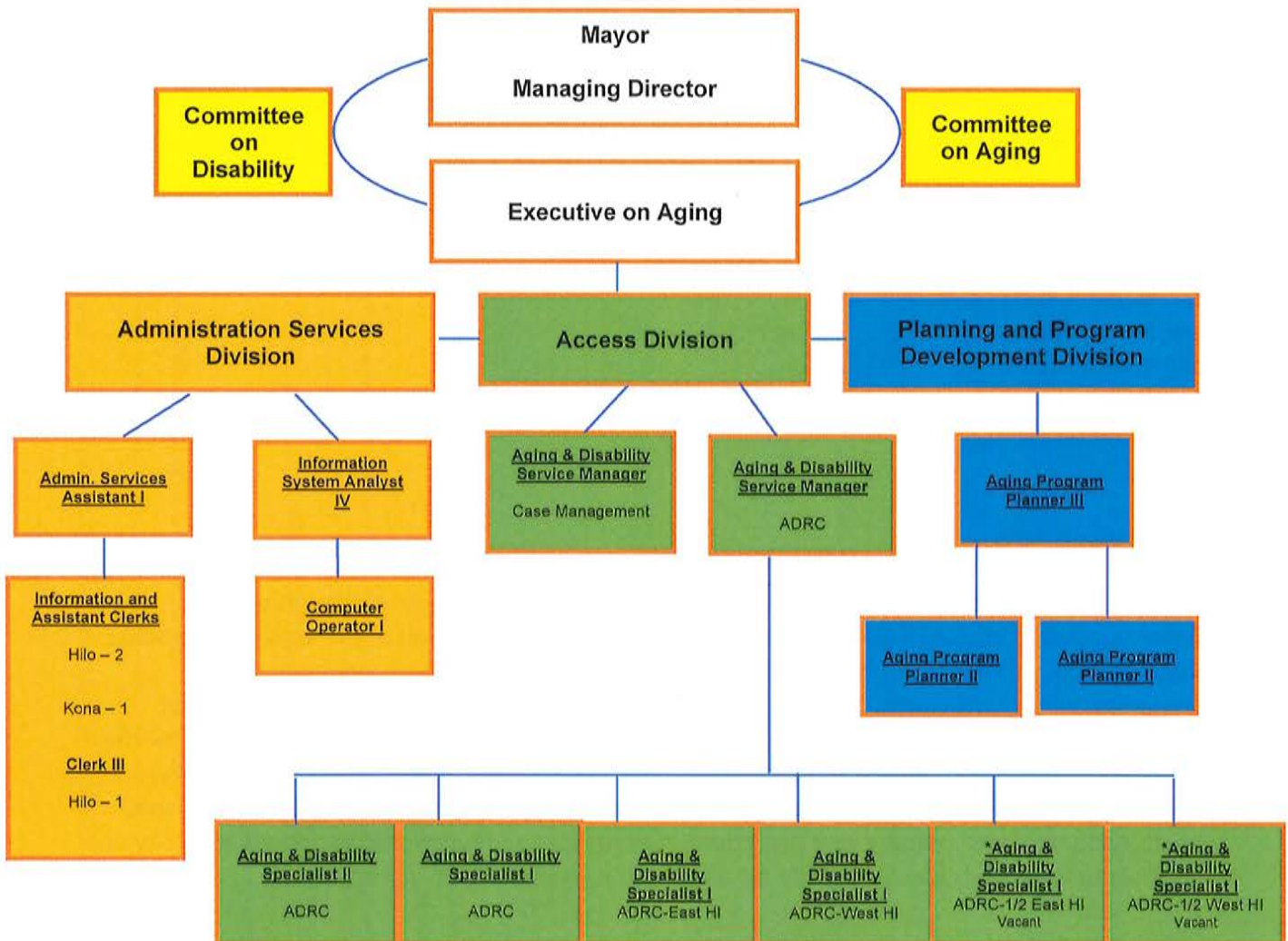
Executive on Aging  
Aging Program Planners  
Administrative Services Assistant  
Information Systems Analyst  
ADRC Management  
ADRC Specialists  
Case Manager  
Administrative Support  
(Chart 3)

### **Advisory Councils**

The Mayor of Hawai'i County and HCOA have established two advisory councils, the Committee on Aging and the Committee on People with Disabilities. The Committee on Aging serves as an advisory council to advise HCOA on the development and administration of the area plan, conduct public hearings, represent the interests of older persons, and receive and comment on all community policies, programs, and actions which affect older persons of Hawai'i County. The Committee on Aging is a mandated function by the Older Americans Act and a requirement for this plan to be approved and funding to be released. (See Chart 3) HCOA also spearheads the Mayors' Committee on People with Disabilities which advises the Mayor on all matters related to persons with disabilities. As its' primary goal, the committee reviews and recommends actions and provides guidelines to improve the quality of life for all people with disabilities. (Chart E1)



Chart E1. Office of Aging – Organizational Chart – 2023



## **Appendix F: Public Hearings, Evaluations**

### **Public Hearings**

#### **PROTOCOL**

HCOA shall conduct a public hearing(s) (in accordance with Section 5-5-.08) for the purpose of providing the opportunity for older persons, the general public, officials of general purpose local government, and other interested parties to comment on the area plan. Two Public Hearings are scheduled for review of the 2023-2027 PSA-4 Area Plan on Aging, one in East Hawai'i and one in West Hawai'i.

#### **STANDARDS FOR CONDUCTING PUBLIC HEARINGS FOR REVIEW OF AREA PLANS AND**

##### **AMENDMENTS OF THE PLAN:**

- (1) At least two weeks before submitting an area plan, or significant amendments, to the State Agency, an AAA must hold at least one public hearing on the area plan or the significant amendments to the area plan. Public hearing(s) must be held within the geographical boundaries of the planning and service area (PSA) for which the area plan is developed.
- (2) The AAA must give adequate notice to older persons and adults with disabilities, public officials and other interested parties of the time(s), date(s), and location(s) of the public hearing(s).
- (3) The AAA must hold the public hearing(s) at a time and location that permits older persons and adults with disabilities, public officials, and other interested persons reasonable opportunity to participate.
- (4) The AAA will develop procedures to assure effective participation of actual or potential consumers of services under the area plan at the local level through public hearings.
- (5) The AAA must submit the area plan and amendments for review and comment, to the AAA advisory council prior to submission to the State Agency. The advisory council shall review the area plan before the AAA conducts public hearings on the plan. If comments made at the public hearing result in changes to the area plan, the advisory council shall make provisions for a final review of the area plan prior to the AAA's submission of the area plan to the State Agency.
- (6) The AAA must apply the following standards in the conduct of its public hearing(s):
  - (a) The public hearing(s) must be scheduled to allow sufficient time for review of the area plan by the advisory council at least one week prior to the date of the public hearing(s).
  - (b) Public hearings should be conducted at easily accessible public locations, such as community centers, public auditoriums, public schools or community colleges, senior centers, or county courthouses.

(c) Available transportation resources should be used to insure that as many older persons and adults with disabilities as possible are able to attend the public hearing(s).

(d) Notice of time and place of the public hearing(s) must be given at least two weeks in advance of the hearing(s), for example, by paid advertisement or news release in the major county/district newspaper, radio, or television station(s). Wherever possible, notice should be given to possible participants through senior centers, nutrition sites, county courthouses, and post offices.

(e) Participants in the public hearing should be asked to register by county.

(f) Members of the AAA advisory council should be in attendance, introduced, and assist in the conduct of the hearing(s). Also, a list of the names of the AAA advisory council members, their addresses, and the counties they represent should be provided at the hearing.

(g) The director, or program leader, should present each program objective and allow for discussion or questions on each. All questions or comments from participants should be recorded either by tape recording or by secretary.

(h) As a minimum, the hearing(s) must include the following:

- (i) an explanation of the OAA and a description of services funded under the Act;

- (ii) an explanation of the function and responsibilities of an AAA, what an area plan represents, the period of time it covers, and why a public hearing is required;

- (iii) an explanation of the differences between national, state, and locally developed objectives;

- (iv) an explanation of all terms and phrases used in presenting the objectives which may not be easily understood by participants; and

- (v) details and explanations of proposals to pay for program development and coordination as a cost of supportive services.

(i) Complete copies of the area plan must be made available for public inspection at least in each county of the PSA and provision should be made for receiving comments and questions outside of the public hearing(s).

(j) Documentation of the methods used to distribute aging and disability funds, within State Agency guidelines, among service providers must be available at the public hearing(s).

(k) The AAA must obtain review and comment from the general public, including older persons, government, and the aging and disability service network prior to using additional amounts of direct supportive service funds for program development and coordination.



(l) Procedures for review and analysis of comments received at the public hearing(s) must be established and described in writing.

(7) The results of the public hearing must be reported in the area plan in the appropriate exhibit. Significant comments made during the hearing and the response by the AAA toward incorporation of these comments into the area plan must be included.

(8) Summaries of the comments made at the public hearing(s) must be available at the office of the AAA after the public hearing(s).

(9) All records of the public hearing(s) must be on file at the AAA as a part of the official area plan file.

### **Public Notice**

The Hawai'i County Office of Aging will be conducting Public Hearings on the proposed Area Plan on Aging for the period October 1, 2023 through September 30, 2027. The Area Plan on aging sets forth in detail the development of a service system designed to meet the needs of older persons in Hawai'i County. The Office of Aging utilizes Older Americans Act funds through the State Executive Office on Aging to implement the Area Plan.

Draft copies of the proposed plan will be available for public review at the Hawai'i County Office of Aging, 1055 Kino'ole Street, Suite 101, Hilo, HI. and at the Office of Aging Kona Satellite Office at the West Hawai'i Civic Center, 74-5044 Ane Keohokālole Hwy., Kailua Kona.

The meetings were scheduled as follows:

April 21, 2023

11:00 a.m. – 12:00 p.m.

Hawai'i County Office of Aging

Aging and Disability Resource Center, Training Room

1055 Kino'ole Street, Hilo, HI. 96720

April 26, 2023

11:00 a.m. – 12:00 p.m.

West Hawai'i Civic Center

Community Hale, Building G

74-5044 Ane Keohokālole Hwy. Kailua Kona, HI. 96740

If you require an accommodation or auxiliary aid and/or services to participate in this meeting please contact Hawai'i County Office of Aging at 961-8600 or 323-4390 by April 14, 2023.

**HAWAII COUNTY OFFICE OF AGING**  
**AREA PLAN ON AGING PUBLIC HEARINGS**

**County of Hawai'i**  
**Office of Aging**  
**Public Informational Hearing**  
**4 Year Area Plan on Aging**  
**Plan Period: October 1, 2023 – September 30, 2027**

April 21, 2023, 11:00 A.M., Aging and Disability Resource Center, Hilo  
April 26, 2023, 11:00 A.M., West Hawai'i Civic Center, Kona

**AGENDA**

- I. WELCOME/OPENING REMARKS
- II. PURPOSE OF THE PUBLIC MEETING
- III. REVIEW OF AREA PLAN  
POWERPOINT PRESENTATION
- IV. OPPORTUNITY FOR PUBLIC INPUT
- V. CLOSING REMARKS
- VI. ADJOURNMENT

## Public Hearing Minutes

HAWAII COUNTY OFFICE OF AGING  
AREA PLAN ON AGING  
Minutes of Hearing – East Hawaii

April 21, 2023

The Hawai'i County Office of Aging held a public hearing on the 2023 – 2027 Draft Area Plan on Aging, on Friday, April 21, 2023, 11:00 a.m., at the Hawaii County Office of Aging, 1055 Kino'ole Street, Hilo, Hawai'i 96720.

### **STAFF MEMBERS PRESENT:**

William Horace Farr, Executive on Aging; Deborah Wills, Aging Program Planner II West Hawai'i; Clayton Honma, Aging Program Planner III East Hawai'i; Mary Kenoi, Aging Program Planner II East Hawai'i; Charmaine Felipe, Administrative Services Assistant I; Lori Enomoto, Information & Assistance Clerk

### **OTHERS PRESENT:**

Lance Takai, Laenette Longakit, Pam Bruce, Toby S. Hazel, Jasmine Powell, Momi Kawai, Salena Espejo, Jennifer Abiley, Marsha Okajima, Pam Nehts, Shannen Matson, Kari Sochor, Berdena Flesher, and Lurlyne Paleka-Kama

### **WELCOME/OPENING REMARKS:**

The hearing was called to order at 11:01 a.m.

William Horace Farr, Executive on Aging; Clayton Honma, Aging Program Planner III East Hawai'i; Deborah Wills, Aging Program Planner II West Hawai'i; and Mary Kenoi, Aging Program Planner II East Hawai'i, were introduced. William Horace Farr welcomed the attendees and staff, and opened the public hearing on the Area Plan.

### **REVIEW OF AREA PLAN POWERPOINT PRESENTATION:**

Deborah Wills gave an overview of the Office of Aging's roles and responsibilities as an Area Agency on Aging and the development of the 2023 – 2027 Draft Area Plan on Aging.

Attendees included representatives from the following agencies: Hawai'i County Committee on Aging; AARP; MTM Transit; Hilo Medical Center; Kau Hospital; Hawai'i Community College; Legal Assistant and Intern for Jenn Kagiwada; RSVP; and senior residents of East Hawai'i. The attendees of the meeting were given an opportunity to ask questions, provide comments, and give feedback on the proposed plan. See Comments, Power Point Presentation, and Sign-In Sheet below.



**OPPORTUNITY FOR PUBLIC INPUT:**

Toby Hazel, wanted to know why clients aren't informed of the end date of home care services, and why that by the time that services are received, that half the time is used so services have to be combined in a short amount of time.

Berdena Flesher, who is a Case Manager, was able to explain the entire process, and answer Toby's question.

Deborah Wills, thanked Toby for her comments and informed her that her comments were noted.

Toby Hazel, stated that clients should be informed of how many days it takes to receive services.

Berdena Flesher, explained that the County cannot be responsible for giving immediate Emergency Services. If the party is in need of immediate Emergency Services, their doctor can be the one to recommend, and get that individual immediate in-home services.

Deborah Wills, thanked Toby for her comments and informed her that her comments were noted.

Shannen Matson, asked about the Aging and Disability Resource Center, as well as the lack of staffing regarding the Committee on Aging, and the Mayor's Committee on People with Disabilities.

William Horace Farr, explained that the Aging and Disability Resource Center is a part of Office of Aging, and that we do not provide disability services, but can provide resources such as Aloha Independent Living. The Committee on Aging is a requirement from The Older Americans Act, and we must have that Committee in place. The Mayor's Committee on People with Disabilities is strictly at the discretion of the Mayor. It is not that the committee cannot function because a lack of staffing, because the Mayor can decide to institute that committee. If the Mayor decides to institute the Mayor's Committee on People with Disabilities, we will only assist. It is not a committee that we will run, as how we run the Committee on Aging.

Shannen Matson, asked if the Committee on Aging is filled.

William Horace Farr, explained that the number of members have to be balanced, and they currently have enough members to function, but may have space for 2 to 3 more people.

Shannen Matson, asked about the Kakoo Paratransit Services.

William Horace Farr, explained that Paratransit is a part of the Mass Transit Agency, and they handle the Paratransit Service. He also explained that the

function of the Aging and Disability Resource Center is to gather all the information on the Aging network, and then refer to the appropriate County agency, or even to an agency outside of the County system. The ADRC is essentially a one-stop shop, so the caller is not bouncing from agency to agency.

Toby Hazel, asked if the Mayor's office has an EA who understands all these bits and pieces that are scattered all over the place.

Charmaine Felipe, explained that the Mayor's Office would have to be the one to answer that question.

Pam Bruce, asked if anyone has a database that has information of who installs lifts, renovates bathrooms, or other items in the home, so the senior doesn't have to look in a phone book for different numbers.

Clayton Honma, stated that the ADRC has a list.

William Horace Farr, explained that the Office of Aging cannot recommend any companies or individuals on the list, but can provide a list of individuals who have indicated to the Office of Aging that they would like to be on the list.

**CLOSING REMARKS:**

William Horace Farr, Deborah Wills, and Clayton Honma, thanked everyone who attended the Area Plan on Aging Public Information Hearing.

**ADJOURNMENT:**

Meeting Adjourned at 11:43 a.m.

# HAWAII COUNTY OFFICE OF AGING

Public Information Hearing: Four Year Area Plan on Aging

Plan Period: October 1, 2023 September 30, 2027

April 21, 2023 11:00 a.m. Aging Disability Resource Center, Hilo, HI. 96720

Name (Please Print)	Organization/Address	Contact Phone/Email	Signature
1. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
2. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
3. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
4. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
5. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
6. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
7. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
8. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
9. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
10. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
11. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
12. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
13. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
14. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
15. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
16. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
17. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
18. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
19. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
20. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
21. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka
22. Lene Taka	544-51 Ave. #200 Hilo HI 96720	544-5100	Lene Taka



HAWAII COUNTY OFFICE OF AGING  
AREA PLAN ON AGING  
Minutes of Hearing – West Hawaii

April 26, 2023

The Hawai'i County Office of Aging held a public hearing on the 2023 – 2027 Draft Area Plan on Aging, on Friday, April 26, 2023, 11:00 a.m., at the West Hawai'i Civic Center, Community Hale, Building G, 74-5044 Ane Keohokalole Hwy, Kailua Kona, Hawaii, 96740

**STAFF MEMBERS PRESENT:**

William Horace Farr, Executive on Aging; Deborah Wills, Aging Program Planner II West Hawai'i; Lori Enomoto, Information & Assistance Clerk

**OTHERS PRESENT:**

Adele Enomoto, Judy Bell, Roberta Murray, Deborah Wills, Joy Foster, Eileen Mena, Susan Olson, Lupua Mora, Betty Clark, and Michael Lam

**WELCOME/OPENING REMARKS:**

The hearing was called to order at 11:05 a.m.

William Horace Farr, Executive on Aging; and Deborah Wills, Aging Program Planner II West Hawai'i, were introduced. William Horace Farr welcomed the attendees and staff, and opened the public hearing on the Area Plan.

**REVIEW OF AREA PLAN POWERPOINT PRESENTATION:**

Deborah Wills gave an overview of the Office of Aging's roles and responsibilities as an Area Agency on Aging and the development of the 2023 – 2027 Draft Area Plan on Aging.

Attendees included representatives from the following agencies: Hawai'i County Committee on Aging; AARP; PABEA; HCCN; Hawai'i Fire Department; RSVP; and senior residents of West Hawai'i. The attendees of the meeting were given an opportunity to ask questions, provide comments, and give feedback on the proposed plan. See Comments, Power Point Presentation, and Sign-In Sheet below.

**OPPORTUNITY FOR PUBLIC INPUT:**

Roberta Murray asked, how the EOA older adult's survey was conducted, and over what period of time it was taken.

Deborah Wills explained, that the State EOA was an online survey was sent through email last summer. Out of all the surveys that were sent out, 214 responses were collected for Hawai'i County.

William Horace Farr explained, that a physical copy, of the 16 page, back and

front survey, was sent to individuals that were not able to go online. Once the surveys were mailed back to the Office of Aging, they were then entered into the system.

Betty Clark asked, how many seniors live on Hawaii Island.

Deborah Wills answered, 61,000.

Susan Olson asked, if Office of Aging can use the Driver's License database to get seniors addresses to send out more surveys.

William Horace Farr explained, that with outreach, we have a consolidated database where the seniors are registered. There are many different avenues of outreach, and it is also important to be registered in this consolidated database, to be able to contact seniors in the event of a natural disaster.

Deborah Wills, thanked everyone for their comments.

Deborah Wills explained, that due to Covid, the Office of Aging door in Kona has been and is still currently closed, but there is a door bell in front of the office which the public can ring for assistance.

William Horace Farr explained, that as an Area Agency on Aging, we are mainly a planning office. Per the Older Americans Act, we cannot do direct service because we receive the funding. Once a year the Area Agency on Aging, is able to organize the event for Older Americans Month. This year it will be on May 12<sup>th</sup> at the Hilton Waikoloa Village, where we will be honoring and recognizing our Kupuna.

Joy Foster stated, that she is a volunteer at the County of Hawaii, Retired Senior Volunteer Program at the Parks and Recreation Office, and gave information on how someone would be able to receive a Kupuna ID Card.

Betty Clark stated, that she doesn't know anybody in Kona, and has never participated in anything, but would like to.

Michael Lam explained, that he is with the Hawaii County Fire Department EMS Office, where they support ambulance operations. Through the Community Paramedicine Program, they work with the Office of Aging as well as other agencies to assist Kupuna in need.

Susan Olson asked, if a patient can choose which hospital they would like to go to when being transported to the hospital.

Michael Lam explained, that the patient will go to the closest hospital from the location they are picked up from.

Eileen Mena explained, that she is a volunteer with AARP and the Hawaii Caregivers Network, and was informed that the senior club meets at 10:00am on Wednesday for game day at Hale Halawai.

Roberta Wong Murray explained, that she is a volunteer with AARP Hawaii, and is also on the Policies Advisory Board for Elder Affairs, which advises the Area Offices on Aging and the Executive Office on Aging.

Judy Bell explained, that she usually represents the Hawaii Community Caregiver Network, but today she is representing the Committee on Aging, with is the advisory committee to the Office of Aging.

**CLOSING REMARKS:**

William Horace Farr and Deborah Wills thanked everyone who attended the Area Plan on Aging Public Information Hearing.

**ADJOURNMENT:**

Meeting Adjourned at 12:05 p.m.



# HAWAII COUNTY OFFICE OF AGING

Public Information Hearing: Four Year Area Plan on Aging

Plan Period: October 1, 2023 - September 30, 2027

April 26, 2023 11:00 a.m. West Hawaii Civic Center, Kailua Kona, HI 96740

Name (Please Print)	Organization/Address	Contact: Phone/Email	Signature
1. Adele Enomoto		adele.enomoto@yaho.com	A. Enomoto
2. Judy Bee	COA	keyjuli123@hawaii.com	Judy Bee
3. Pamela Murray	AREA	pamela.murray@gmail.com	Pamela Murray
4. Deborah Willis	HCOA		Deborah Willis
5. Jay Foster	RSVP	jay.foster@hawaii.com	Jay Foster
6. Eileen Mera	HCCN/ARRP	825-487-3232	Eileen Mera
7. Susan Olson		206 550-5119	Susan Olson
8. Lupia Mora	Former	lupia.mora@yaho.com	Lupia Mora
9. Beth Clark	Retired	bethclark@gmail.com	Beth Clark
10. Michael Lam	HFD	Michael.lam@hawaii.org	Michael Lam
11. Vera Enomoto	HCOA	Veri.k.enomoto@gmail.com	Vera Enomoto
12.			
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## Evaluations

### Evaluation and Data Collection

As part of an on-going effort to ensure quality assurance, HCOA performs monthly, quarterly, biannual, and annual evaluations of program effectiveness in meeting the needs of older adults and their caregivers in PSA-4. Evaluation methods include but not limited to:

- a. desktop monitoring,
- b. analysis of reports and service data,
- c. on-site monitoring,
- d. client surveys,
- e. review of provider and community input.

Data collection is conducted throughout the program service year for the following key indicators of program success:

- ♦ Progress in meeting goals and objectives
- ♦ Number of individuals served
- ♦ Number of units of service provided
- ♦ Targeting Performance

Goals and Objectives will be assessed each year to ensure HCOA is on track in meeting its objectives.

Moreover, it's important to note that as new initiatives or funding streams become available, goal and objectives might change.

*Appendix F, Table 1*, below shows service outputs for the previous year (FFY22). Each year, HCOA tracks its' service outputs to analyze how services are being utilized and how they compare to HCOA's service goals and objectives.

**Appendix F Table 1. SERVICE OUTPUTS: HCOA FFY22**

Programs, Services, and Activities  FFY 2022	Unduplicated Persons			Units of Service			Unit
	FY22 Contracts	Actual Served	Percent Achieved	FY22 Contracts	Actual Served	Percent Achieved	
Case Management (SFY22)	550	521	95%	10,000	9,524	95%	Hour
Adult Day Care	VP	20	-	VP	4,338	-	Day
Assisted Transportation	VP	43	-	VP	2,354	-	Trip
Heavy Chore	VP	15	-	VP	468	-	Hour
Homemaker	VP	177	-	VP	12,142	-	Hour
Personal Care	VP	102	-	VP	9,533	-	Hour
Transportation - CSE	1,150	938	82%	36,800	29,905	81%	Trip
Transportation - HCEOC	190	199	105%	23,805	9,235	39%	Trip
Transportation - HCNP	322	331	103%	16,666	7,835	109%	Trip
Congregate Meals	931	651	70%	54,750	36,567	100%	Meal
Home Delivered Meals	426	543	127%	74,318	75,210	101%	Meal
KC Home Delivered Meals							Meal
Nutrition Education	966	1,077	111%	10,500	6,195	59%	Session
Public Education		2,500			4		Issue
Outreach	1,134	960	85%	1,134	962	%	Person
Home Modification	PTA	137	-	PTA	744	-	Request
Legal	400	440	110%	2,195	2,195	100%	Hour
Caregiver Prog – Counseling	50	16	21%	60	38	63%	Hour
Caregiver Program - Respite	VP	65	-	VP	8,276	-	Hour
Caregiver Program - Training							Hour
Caregiver Program - Suppl	Var	20	-	Var	344	-	Request
Caregiver Program - Info	600	513	86%	12	12	100%	Activity

**Legend**

**VP: Vendor Pool**

**PTA: Price Term Agreement**

**Var: Variable**



## **Appendix G: Disaster Preparedness Plan**

### **G.1 West Hawai'i Civic Center Emergency Action/Evacuation Plan**

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# County of Hawaii



## Office of Aging

### Emergency Action/Evacuation Plan WEST HAWAI'I CIVIC CENTER 74-5044 KEOHOKALOLE HIGHWAY, NORTH KONA



## RESPONSIBILITIES

### Agency Captain / Planner

The Planner / Agency Captain shall be responsible for:

1. Declaring an emergency situation;
2. Ensuring that all employees and all other individuals are notified of the emergency and have evacuated the building;
3. Securing the office (do not lock main doors, as Building Division is responsible for this function);
4. Coordinating the return to the office after the "ALL CLEAR" is received; and,
5. Being familiar with this Emergency Action/Evacuation Plan.

### Clerk

The Clerk shall:

1. Assume the responsibilities of the Planner in the Planner's absence; and
2. Be familiar with this Emergency Action/Evacuation Plan.

### Planner / Clerk

Planner / Clerk shall be responsible for:

1. Being familiar with this Emergency Action/Evacuation Plan and ensuring that all of their division employees and all other individuals at their locations have evacuated the building;
2. Securing division work areas as necessary;
3. Taking a head count of their employees and all other individuals they assisted in evacuating, once assembled at the assembly area, and reporting their count to the Planner;
4. Ensuring their division employees return to the office after the "ALL CLEAR" notice is given by the Deputy Managing Director.

5. Briefing their division employees on the Emergency Action/Evacuation Plan; and,
6. The Clerk shall assume the responsibility of the Planner in the absence of the Planner.

#### MEETING SITE DUTIES

Immediately following the evacuation, a roll call (using the employee listing) will be taken to determine that all employee/citizens are present and accounted for. Roll call will be taken by the Planner or in their absence the Clerk. Any missing employees will be immediately reported to the Building Captain (Deputy Managing Director).

The Planner or in their absence the Clerk will CALL 9-911 for control of the emergency situation and the West Hawaii Deputy Managing Director (or his designee) at 323-4444 or 895-4845 (cell).

Employees are to remain outside the office/building until released by the Deputy Managing Director, Planner or in their absence the Deputy Director's Designee to return to the building or released to go home.

During a declared emergency, employees shall evacuate citizens/visitors from the premises, assisting those who may need assistance with evacuation.

More specific procedures for Emergency Action/Evacuation are listed on the following pages.

OFFICE OF AGING EMPLOYEES  
West Hawai'i Civic Center  
Building B

	<u>Phone #</u>	<u>Cell #</u>	
Deborah Wills	323-4391		Program Planner / Agency Captain
Bernadette Canda	323-4393		I&A Clerk / Alternate Agency Captain
Alice Bratton	323-4392		Aging & Disability Specialist



FIRST AID/CPR CERTIFIED EMPLOYEES

<u>Division</u>	<u>Name</u>	Expiration Date <u>First-Aid</u>	<u>CPR</u>
AGING	Deborah Wills	10/6/2017	10/6/17
AGING	Bernadette Canda	11/10/17	11/10/17
AGING	Alice Bratton	10/9/17	10/9/17

Note: There are 2 first-aid kits located in the OFFICE OF AGING offices.

1. AGING – kit is located on the KITCHEN counter nearest the window.
2. AGING - kit is located on the counter in the COPY ROOM near the STORAGE ROOM door.

Employees who possess a First-Aid Certification (see listing) shall render aid to those in need of such.

COUNTY OF HAWAII  
OFFICE OF AGING  
EMERGENCY ACTION/EVACUATION PROCEDURES  
WEST HAWAI'I CIVIC CENTER  
74-5044 KEOHOKALO LE HIGHWAY, NORTH KONA

The purpose of this "EMERGENCY ACTION/EVACUATION PROCEDURE" is to provide employees with a plan of response to emergency scenarios. It is the employee's responsibility to maintain an awareness of surroundings, know what options are when a disaster strikes, and use common sense and good judgement to ensure personal safety and the safety of others.

I. VIOLENCE IN THE WORKPLACE SITUATIONS

The Department's "Violence In the Workplace Procedures" is made part of this Emergency Action Plan. Employees shall follow the Evacuation Procedures established for the Office as necessary.



## II. TSUNAMI

### A. Locally Generated

1. A strong earthquake may cause a Tsunami within minutes. Instant reaction is essential.

#### a. During Working Hours

1. The Office of Aging in the West Hawaii Civic Center is considered to be our best immediate shelter option (given time constraints for evacuation). It is structurally sound, and on relatively high ground, outside of the tsunami evacuation zone. If possible, all Office of Aging personnel will proceed to the Office of Aging Resource Center and the Planner or in their absence the Clerk will determine that all employees are accounted for.
2. The Planner or in their absence the Clerk will determine if evacuation is necessary, and if so what is the safest route.
3. Use extreme caution when traveling from one office to another. Hazards may have resulted from the earthquake. Fallen or weakened structures are the major dangers you may face.

### B. Remotely Generated

1. Tsunamis generated along or within the Pacific Rim may affect Kona, but normally with adequate notice. Civil Defense will issue two types of alerts after strong earthquakes in remote coastal areas.

#### a. Tsunami Watch

##### i. During Working Hours:

1. All personnel will be immediately notified that a tsunami watch has been issued, and that a tsunami is possible. Normal operations will continue while the radio is monitored for further developments.

## Tsunami Warning

b.

### i. During Working Hours

1. Immediately upon notification of a tsunami warning all employees will be contacted by the Planner or in their absence the Clerk on site.
2. All Office of Aging employees will gather in the Office of Aging Resource Center and a head count will be conducted.
3. Personnel who live in or have immediate family living in the "danger zones" will be released to take care of personal needs.
4. Remaining personnel will be appraised of the warning status and deadline for evacuation.
5. The Planner or in their absence the Clerk will determine what equipment materials and files, if any, are to be evacuated to designated safe areas. This determination will be based solely on time available, priorities and vehicles available.
6. Remaining personnel will then be assigned to perform any designated evacuation duties.
7. Prior to final evacuation, the Planner or in their absence the Clerk will insure that the facility/office is secure (doors locked).
8. All employees must remain available to return to work if Civil Defense issues on "ALL CLEAR" during working hours.

II. During Off Hours:

1. Prior or after a tsunami, only personnel issued Civil Defense Public Utility Passes are permitted to enter the danger zones.  
NAME:
2. If adequate time is available prior to the evacuation deadline, attempts will be made to contact personnel to perform evacuation duties.
3. Reporting to evacuation duty will be on a voluntary basis.
4. Arrangements will be made to get reporting personnel past police roadblocks, if necessary.
5. If a tsunami warning is declared while you are on your way to work and roadblocks are set up, return home and attempt to call in. Instructions will be provided at that time.
6. Listen to the radio/TV for information. DO NOT proceed to work unless requested, or an "ALL CLEAR" has been issued.



### III. EARTHQUAKE

#### A. During Working Hours

1. Protect yourself first by seeking shelter under desks, and any other protective covering which may shield you from falling debris and structural materials. After the initial quakes have subsided and you are not in any imminent danger, proceed to the Office of Aging Resource Center. Further instructions will be given after all personnel are accounted for.
2. Use extreme caution when traveling to the West Hawai'i Civic Center / Office of Aging. Hazards may have resulted from the earthquake. Fallen or weakened structures are the major dangers you may face.
3. The Planner or in their absence the Clerk will determine if evacuation is necessary and if so, what is the safest route. DO NOT attempt to leave the building/office on your own. Many other hazards may be present outside.

#### B. During Off Hours

1. Listen to radio/TV for information.
2. DO NOT proceed to work unless an "ALL CLEAR" has been issued by Civil Defense.

#### IV. FIRE

##### A. Minor Fires

1. In the event of a minor fire, (fire extinguisher trained) personnel closest to the fire are to pull the fire alarm and utilize the nearest fire extinguisher to put out the fire. All others are to evacuate. CALL 9-911 and the West Hawaii Deputy Managing Director 323-4444 or 895-4845 (cell). The West Hawaii Managing Director will notify all departments, divisions or agencies within the building.
2. Even minor fires in some storage areas can produce toxic fumes. DO NOT expose yourself to additional dangers. Seek assistance immediately.

##### B. Major Fires

1. The employee who first notices the fire will alert the Planner or in their absence the Clerk and all department employees to immediately evacuate the building. CALL 9-911 and the West Hawaii Managing Director (or his designee) at 323-4444 or 895-4845 (cell). The Managing Director will notify all departments, divisions and agencies within the building.
2. The Planner or in their absence the Clerk will immediately verify that all employees have evacuated the building/office and ensure that calls have been placed to 9-911 and the Deputy Managing Director at 323-4444 or 895-4845 (cell).
3. All personnel will gather outside the building at the north parking area as designated in the Emergency Action/Evacuation Plan (or as directed by the Planner or in their absence the Clerk), providing this area is safe and upwind of the fire. A head count will be conducted.
4. Use extreme caution when responding to a fire evacuation notification. Besides the immediate danger of fire, toxic smoke and fumes may travel with the wind.

C. Major Fire Outside the West Hawaii Civic Center

1. The WHCC is adjacent to unimproved lands where fires may adversely affect us. We are surrounded by brush and grasses that may pose a fire hazard. There is a propane fuel tank in the parking lot area to the north side of the WHCC.
2. The employee who first notices the fire will pull the building fire alarm and alert the Planner or in their absence the Clerk and the West Hawaii Deputy Managing Director at 323-4444 or 895-4845 (cell).
3. The Planner or in their absence the Clerk will determine if evacuation is necessary and notify Executive or Hilo office staff of Incident.



V. ACCIDENT OR HEALTH EMERGENCY

- A. In the event of a serious accident or health emergency the employee who first notices the incident will notify the Planner or in their absence the Clerk and CALL 9-911.
- B. Only properly trained (HAZWOPPER) personnel are authorized to respond to emergency abatement and clean-up duties. The Fire Department Hazmat Team will be called for spills of hazardous materials, CALL 9-911.
- C. All other personnel will proceed to a designated safety site (as directed by the Planner or in their absence the Clerk) and await further instructions.
- D. The Planner or in their absence the Clerk will determine if evacuation is necessary and notify Executive or Hilo office staff of Incident.

VI. BIOLOGICAL HAZARD PREPAREDNESS

- A. When a threat, warning, or information is received by an employee in the office that a biological hazard exists or was sent to the office, the following procedures shall be implemented:
  - 1. The employee receiving the information shall immediately notify the Planner or in their absence the Clerk.
  - 2. The employee who received the information shall CALL 9-911 and the West Hawaii Deputy Managing Director at 323-4444 or 895-4845 (cell) to report threat, warning, biological hazard, etc.
- B. In the event information is received by our office that a biological hazard may exist at West Hawai'i Civic Center, the following procedures shall be implemented:
  - 1. Whoever received the call shall CALL 9-911 and the West Hawaii Deputy Managing Director at 323-4444 or 895-4845 (cell).
  - 2. Whoever received the call shall notify the Planner or in their absence the Clerk.
  - 3. The Planner or in their absence the Clerk shall implement the Departmental Emergency Action/Evacuation Plan.
  - 4. If notification is from another department, the Planner or in their absence the Clerk shall decide if evacuation of the office is necessary.
- C. When a suspicious item or substance (i.e. white powder) is discovered by an employee in the office, the following procedures shall be implemented:
  - 1. Employees shall not handle or disturb the suspicious item and should not attempt to move the item.
  - 2. The Planner or in their absence the Clerk shall be notified of the discovery.
  - 3. The employee discovering the suspicious item should cover the item with a paper, cloth, wastebasket or plastic.

4. The Planner or in their absence the Clerk shall CALL 9-911 and the West Hawaii Deputy Managing Director at 323-4444 or 895-4845 (cell).
5. The Planner or in their absence the Clerk shall order an evacuation of employees and the public in the Immediate area.
6. Employees who may have had contact with the suspicious Item should wash their hands and faces with soap and water and shall be isolated at the assembly area from others.
7. Individuals evacuated from the Immediate area where the Item was found shall also be isolated at the assembly area.
8. The Planner or in their absence the Clerk shall secure the office by closing all doors, including the door to the room where the suspicious Item was found or handled (if applicable).
9. The Planner or in their absence the Clerk shall evacuate to the assembly area and be available to law enforcement and hazardous material response teams.
10. All employees shall remain at the assembly area for further instructions.



## VII. BOMB THREAT

A. Bomb Threat by Phone - DO NOT PANIC when a bomb threat is received. KEEP CALM and record all pertinent information needed to locate the bomb.

1. Keep the caller talking as long as possible.
2. Signal your supervisor or fellow workers to listen in or help trace the call, if possible.
3. Record as much information as you possibly can by prolonging the conversation before the caller hangs up.
4. Be familiar with the bomb threat checklist.
5. CALL 9-911 and the West Hawaii Deputy Managing Director at 323-4444 or 895-4845 (cell).

B. Threats by Personal Contact

1. Notify your supervisor or fellow workers immediately.
2. Keep the person making the threat or the one having the knowledge of a threat under surveillance until relieved by your supervisor or police.
3. Make note of the age, height, weight, sex, color of eyes, skin and hair, type of clothing and any other personal peculiarities of the subject.
4. If the person leaves the scene, make note of the direction, kind of transportation and description. Make all notes as soon as possible.
5. Notify your supervisor, CALL 9-911 and the West Hawaii Deputy Managing Director at 323-4444 or 895-4845 (cell).

C. Letter/Mail Explosive or Bomb Threat

1. Do not handle the letter, envelope or package if at all possible.
2. Notify your supervisor and/or police.

3. Prepare to evacuate the area on authoritative instructions.
4. CALL 9-911 and the West Hawaii Deputy Managing Director at 323-4444 or 895-4845 (cell).
5. In the event that the WHCC receives a bomb threat and an evacuation is ordered, all employees are asked to assist by doing a quick survey of their individual work areas prior to evacuating the building. Each employee is asked to look around their work area, in an effort to locate, and immediately report to the Planner or in their absence the Clerk, any suspicious packages or objects that do not belong there. Employees should take their personal belongings (i.e. purse, bag, backpack), which have been in their control, with them upon a directed evacuation. The Planner or in their absence the Clerk will report information related to suspicious or out of place items to the West Hawaii Deputy Managing Director or his designee when assembled at the evacuation site. (Bomb threat evacuation site must be at least 1500 feet away from building). (See Office of Aging Emergency Evacuation Checklist for Aging Office site inspection assignments). In the event that the bomb threat evacuation requires employees to be away from office and their vehicles for an extended period of time (as determined by Building Captain), a County Mass Transit bus will be dispatched to transport employees to their homes.

## VIII. RESPONDING TO AN ACTIVE SHOOTER

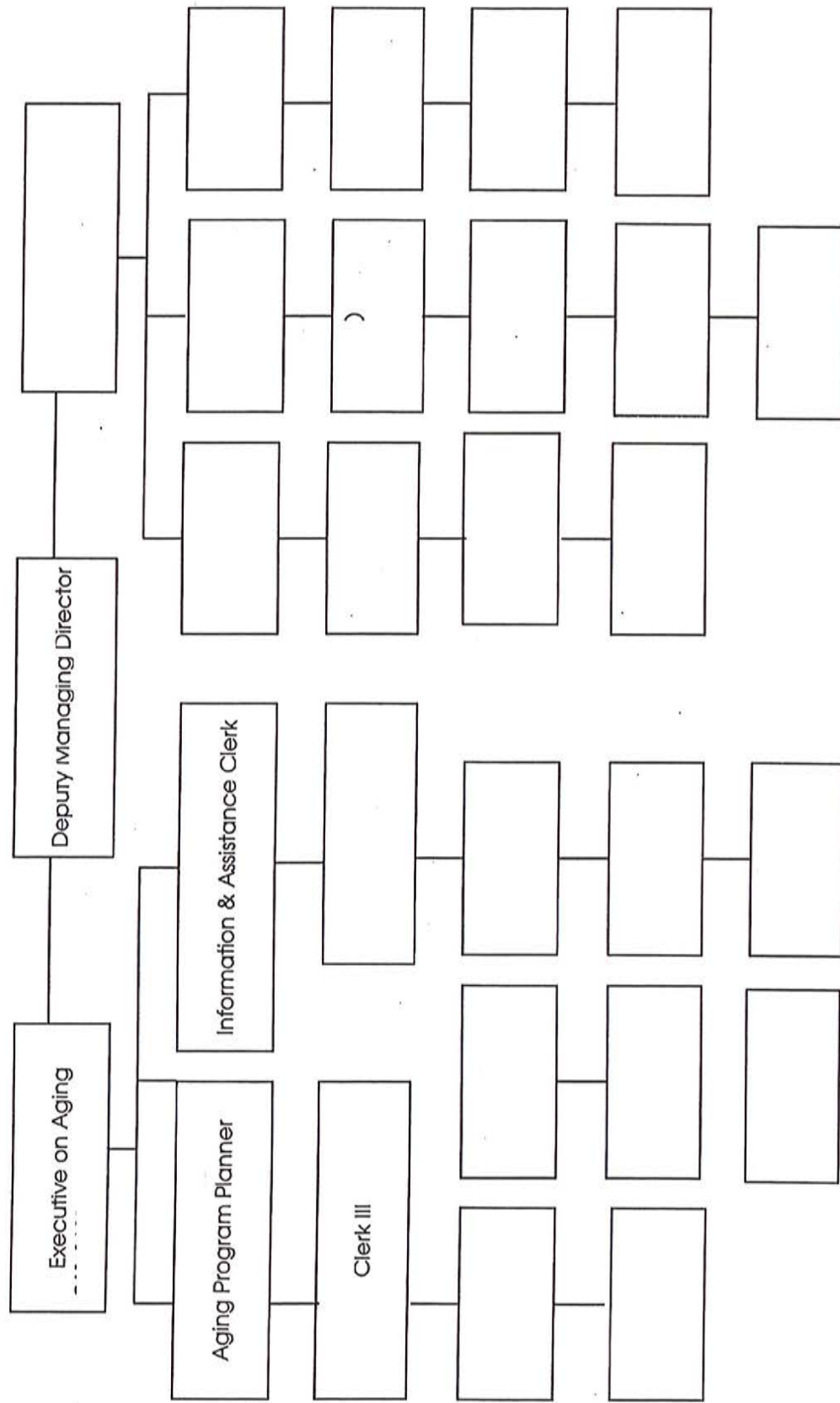
In the event that you are confronted by an active shooter at your worksite, the US Department of Homeland Security recommends evacuation, hiding out, and taking action. See Attachment H for further information.

### Attachments

Attachment A	Departmental Phone Tree
Attachment B	Departmental Evacuation Diagram
Attachment C	Letter and Parcel Bomb Recognition Points
Attachment D	Report of Bomb Threat Form
Attachment E	Disaster Preparedness Checklist
Attachment F	Log of Repairs/Assistance Costs
Attachment G	Log of Purchases and Other Expenses
Attachment H	How to Respond When an Active Shooter Is In Your Vicinity



**WEST HAWAII CIVIC CENTER**



**\*\* Please DO NOT disclose phone numbers on this listing to anyone without their permission.**

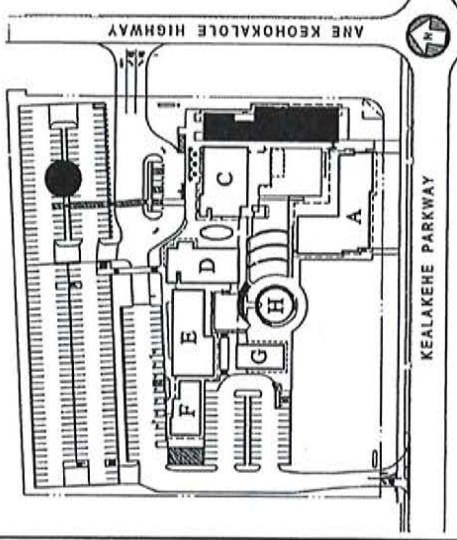
SEE INSET

DESIGNATED  
ASSEMBLY AREA  
NORTH  
PARKING AREA

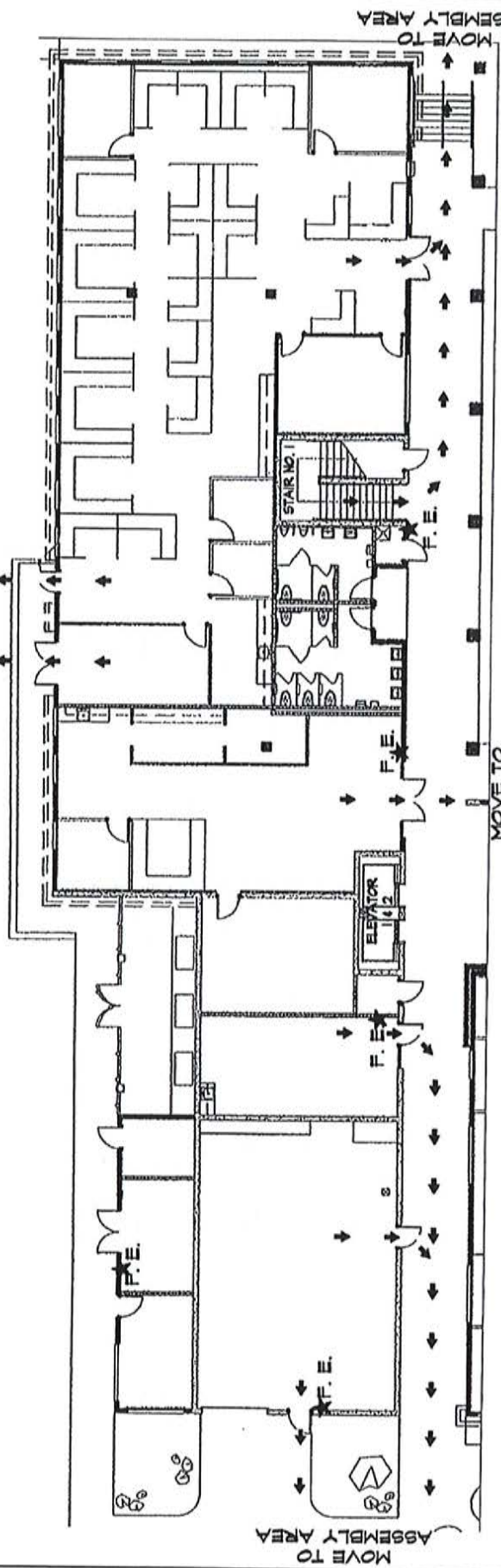
**LEGENDS**

- FIRE EXTINGUISHER = F.E. ★
- DESIGNATED ASSEMBLY AREA = ●
- EXIT ROUTE ARROW = ➔

**NOTE:**  
FOR FIRE AND BOMB THREAT, FINAL  
ASSEMBLY AREA IS AT THE NORTH  
PARKING AREA.



WEST HAWAII CIVIC CENTER - OVERALL SITE PLAN



**BUILDING B (1st Floor) - EMERGENCY EVACUATION PLAN**  
NOT TO SCALE

## LETTER AND PARCEL BOMB RECOGNITION POINTS

- + FOREIGN MAIL, AIR MAIL, AND/OR SPECIAL DELIVERY
- + NO RETURN ADDRESS OR POORLY TYPED ADDRESS
- + HAND WRITTEN ADDRESS OR MISSPELLED COMMON WORDS
- + MARKINGS SUCH AS "CONFIDENTIAL" OR "PERSONAL"
- + INCORRECT TITLES OR TITLES WITH NO NAME FOLLOWING
- + EXCESSIVE WEIGHT OR POSTAGE
- + LOPSIDED OR UNEVEN ENVELOPE
- + RIGID ENVELOPE, NOT FLEXIBLE
- + EXCESSIVE SECURING MATERIALS, SUCH AS TAPE, STRING, ETC.
- + PROTRUDING WIRES, TINFOIL, OR OTHER MATERIALS
- + OILY STAINS OR OTHER DISCOLORATIONS
- + POWDERY SUBSTANCE NOTED ON ITEM
- + ANY VISUAL DISTRACTIONS
- + PARCEL EMITTING NOISES, SUCH AS TICKING OR BUZZING



# REPORT OF BOMB THREAT

## Description of Bomb Threat

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Type: \_\_\_\_\_

☐ Phone  
Call

☐ Personal  
Contact

☐ Letter/  
Parcel

Exact words of person making threat: \_\_\_\_\_

Background sounds (if telephone call): \_\_\_\_\_

Questions to ask:

1. When is the bomb set to explode? \_\_\_\_\_
2. Where is the bomb right now? \_\_\_\_\_
3. What kind of bomb is it? \_\_\_\_\_
4. What does it look like? \_\_\_\_\_
5. Why did you place the bomb? \_\_\_\_\_

## Description of Voice Person Making Threat

Complete as many items as possible:

Sex: ☐ Male ☐ Female Age ☐ Young ☐ Middle Age ☐ Old  
Tone of voice: ☐ Loud ☐ Soft ☐ Weak ☐ Strong ☐ High ☐ Low ☐ Average

1. Any noticeable accent? What kind? \_\_\_\_\_
2. Did the person's voice remind you of anyone you know? Who? \_\_\_\_\_
3. Description of person (if personal contact): \_\_\_\_\_
4. Any noticeable background noises? \_\_\_\_\_

## Action Taken

☐ Police Informed

☐ Evacuation ☐ Search ☐ Other

If a search was conducted, was any device found? ☐ Yes ☐ No

Type of device found (fuse cap, homemade bomb, timing device, dynamite, etc.) \_\_\_\_\_

Remarks: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Department/Division \_\_\_\_\_ Date: \_\_\_\_\_

## **Disaster Preparedness Checklist**

### **Designation of who is in charge in the office and at-the-scene during a disaster situation**

1. Aging Program Planner
2. Clerk III
3. In the absence of the Planner, the Clerk III

### **Provisions for the security and safety of organizational personnel and their families during a disaster situation**

The Planner shall implement the provisions of the department's Emergency Action/Evacuation Plan.

### **Provisions for assembling key people and becoming operational under emergency conditions with least delay**

After the imminent danger is over, the Planner shall assess any damage to the offices, and assemble employees as necessary to become operational under emergency conditions. If telephones or cellular phones are not operational, all employees will follow instructions from the Civil Defense broadcasts.

The Planner shall also determine if the Office of Aging may be used as a temporary office and/or assembly area for the employees to continue operations, or to assist in office recovery efforts.

### **Provisions for an internal emergency organization which (1) essentially conforms to the normal day-to-day organization, and (2) under emergency conditions ensures continuity of operations and minimum disruption of essential public services**

The Internal emergency organization for the department, shall consist of the Planner and Clerk. The function of this organization shall be to determine whether operations are able to resume, and to keep all employees informed of the emergency situation.

### **Provisions for maintaining updated inventories of emergency resources and putting them to best use in a disaster situation**

This provision may not be applicable to this department, as our mission is unlike that of another department that provides an essential service to the public, like Police, Fire, and other agencies that may need to provide for an inventory of emergency supplies, or resources.



**Detailed Internal SOPs for warning, evacuation, communications, damage assessment, reporting, and public information activities under emergency conditions**

All employees shall follow the Emergency Action/Evacuation Plan of the department, for warning, evacuation and communications. In all cases, employees shall follow instructions from the Civil Defense broadcasts before, during and after a disaster situation.

**Action-oriented checklists, phone alert lists, duty roster, maps, sketches, diagrams and sample administrative forms needed for effective preparedness and response in a disaster situation**

Attached are phone alert lists, departmental telephone tree, and administrative forms to be used as necessary.

**Instructions for (1) safeguarding records, (2) determining and documenting reimbursable expenditures, (3) managing disaster related funds subject to County, State and Federal audits, and (4) maintaining a log of essential disaster-related activities**

- (1) Records in each division predetermined for evacuation shall be loaded into the department and employee vehicles.
- (2) Employees shall be responsible for documenting costs incurred while performing work during a disaster/emergency and shall report it to their respective division head.
- (3) Each division head shall be responsible for establishing and maintaining a log of all costs incurred related to their division during a disaster. Such costs should include purchase of materials or items, overtime costs, etc.

**Instructions to ensure that disaster related repairs and assistance costs are documented sufficiently to provide an auditable record for use in obtaining State and/or Federal assistance**

All division heads shall be required to document all costs for disaster related repairs and costs incurred through assistance of other agencies, both public and private.

**Provisions for ensuring that all personnel, including replacements and volunteers, understand their emergency duties and can perform them effectively**

Instructions to existing staff and any personnel replacements or volunteers shall be made by the Director or Deputy dependant on the circumstances at the time of, or after the disaster.



**Instructions for initiating and maintaining essential communication and coordination with related County, State, Federal and private agencies before a disaster threatens or occurs**

If a warning is received from Civil Defense of a possible emergency, the Director shall implement the departmental Emergency Action/Evacuation Plan as appropriate.

The Director and/or Deputy shall be in contact with the Office of Management as well as with the Civil Defense Agency for any instructions and warnings that may be issued prior to the disaster/emergency.

**Provisions for concurrent testing and improving of the response plan, operating procedures and checklists during normal day-to-day operations**

All employees shall be required to review the departmental Emergency Action/Evacuation Plan and the disaster preparedness checklist at least once annually. Revisions, and or up-dates to phone lists, or other provisions herein shall be made as necessary.

### Log of Repairs/Assistance Costs

Department	Human Resources
Division	

[illegible]

Submitted By: \_\_\_\_\_

## Log of Purchases and Other Expenses

Department Aging  
Division \_\_\_\_\_

[illegible]

Submitted By: \_\_\_\_\_



# HOW TO RESPOND

## WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

QUICKLY DETERMINE THE MOST REASONABLE WAY TO PROTECT YOUR OWN LIFE. CUSTOMERS AND CLIENTS ARE LIKELY TO FOLLOW THE LEAD OF EMPLOYEES AND MANAGERS DURING AN ACTIVE SHOOTER SITUATION.

### 1. EVACUATE

- Have an escape route and plan in mind
- Leave your belongings behind
- Keep your hands visible

### 2. HIDE OUT

- Hide in an area out of the active shooter's view
- Block entry to your hiding place and lock the doors

### 3. TAKE ACTION

- As a last resort and only when your life is in imminent danger
- Attempt to incapacitate the active shooter
- Act with physical aggression and throw items at the active shooter

**CALL 911 WHEN IT IS  
SAFE TO DO SO**

## HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES ON THE SCENE

### 1. HOW YOU SHOULD REACT WHEN LAW ENFORCEMENT ARRIVES:

- Remain calm and follow officers' instructions
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as attempting to hold on to them for safety
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

### 2. INFORMATION YOU SHOULD PROVIDE TO LAW ENFORCEMENT OR 911 OPERATOR:

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter/s
- Number and type of weapons held by the shooter/s
- Number of potential victims at the location

## RECOGNIZING SIGNS OF POTENTIAL WORKPLACE VIOLENCE

AN ACTIVE SHOOTER MAY BE A CURRENT OR FORMER EMPLOYEE. ALERT YOUR HUMAN RESOURCES DEPARTMENT IF YOU BELIEVE AN EMPLOYEE EXHIBITS POTENTIALLY VIOLENT BEHAVIOR. INDICATORS OF POTENTIALLY VIOLENT BEHAVIOR MAY INCLUDE ONE OR MORE OF THE FOLLOWING:

- Increased use of alcohol and/or illegal drugs
- Unexplained increase in absenteeism and/or vague physical complaints
- Depression/Withdrawal
- Increased severe mood swings and noticeably unstable or emotional responses
- Increasingly talks of problems at home
- Increase in unsolicited comments about violence, firearms, and other dangerous weapons and violent crimes



Contact your building management or human resources department for more information and training on active shooter response in your workplace.

## COPING

### WITH AN ACTIVE SHOOTER SITUATION

- Be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office, stay there and secure the door
- Attempt to take the active shooter down as a last resort

*Contact your building management or human resources department for more information and training on active shooter response in your workplace.*

## PROFILE

### OF AN ACTIVE SHOOTER

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

## CHARACTERISTICS

### OF AN ACTIVE SHOOTER SITUATION

- Victims are selected at random
- The event is unpredictable and evolves quickly
- Law enforcement is usually required to end an active shooter situation



**CALL 911 WHEN IT  
IS SAFE TO DO SO**



## HOW TO RESPOND

WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

### 1. EVACUATE

- Have an escape route and plan in mind
- Leave your belongings behind
- Keep your hands visible

### 2. HIDE OUT

- Hide in an area out of the active shooter's view
- Block entry to your hiding place and lock the doors
- Silence your cell phone and/or pager

### 3. TAKE ACTION

- As a last resort and only when your life is in imminent danger
- Attempt to incapacitate the active shooter
- Act with physical aggression and throw items at the active shooter

**CALL 911 WHEN IT IS SAFE TO DO SO**

## HOW TO RESPOND

WHEN LAW ENFORCEMENT ARRIVES

- Remain calm and follow officers' instructions
- Put down any items in your hands (i.e., bags, jackets)
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers such as attempting to hold on to them for safety
- Avoid pointing, screaming or yelling
- Do not stop to ask officers for help or direction when evacuating

## INFORMATION

YOU SHOULD PROVIDE TO LAW ENFORCEMENT OR 911 OPERATOR

- Location of the active shooter
- Number of shooters
- Physical description of shooters
- Number and type of weapons held by shooters
- Number of potential victims at the location



