



City and County of Honolulu Four-Year Area Plan on Aging October 1, 2023 – September 30, 2027



“Honoring the diversity of O‘ahu’s kūpuna and communities”



Elderly Affairs Division

Department of Community Services
Kapālama Hale * 925 Dillingham Boulevard, Suite 200 * Honolulu, Hawai‘i 96817

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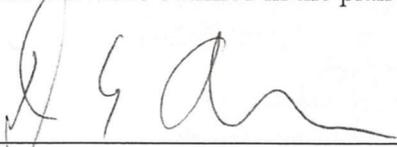
Verification of Intent

The City and County of Honolulu's Department of Community Services' (DCS) Elderly Affairs Division (EAD) is hereby submitting the Four-Year Area Plan on Aging which covers the period of October 1, 2023 – September 30, 2027. The plan, as submitted, has been developed in accordance with the uniform format issued by the Executive Office on Aging.

EAD will implement and administer the Area Plan in accordance with all requirements of the Older American Act and related State Policies and Procedures. In accepting this authority, the Area Agency agrees to develop a comprehensive and coordinated system of services as the advocate for older adults in the planned and service areas.

The Area Plan on Aging is hereby approved by the Mayor and constitutes authorization to proceed with activities outlined in the plan upon approval by the Executive Office on Aging.

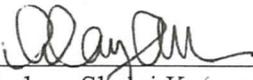
Signed


Derrick Y. Ariyoshi, County Executive on Aging
Elderly Affairs Division

10-18-23
Date

The Honolulu Committee on Aging has reviewed the Area Plan on Aging and supports the submission to the Executive Office on Aging for approval.

Signed


Lindsey Shalei Ku'umomimakamae Ilagan, Chairperson
Honolulu Committee on Aging

10/18/2023
Date

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

Signed


Anton C. Krucky, Director
Department of Community Services

OCT 18 2023
Date

Signed


The Honorable Rick Blangiardi
Mayor of the City and County of Honolulu

10/30/2023
Date

Acknowledgements

The Elderly Affairs Division (EAD) solicited the assistance and support from a number of individuals and organizations to create the Four-Year Area Plan on Aging for the Island of O‘ahu. EAD is eternally grateful and appreciative of their contributions in the area plan. EAD remains humbled by the support it received to complete the plan to develop a comprehensive and coordinated system of services as the advocate for older adults for O‘ahu.

The EAD’s Four-Year Area Plan on Aging was created with *Laulima* (many hands working together in cooperation) and would like to send a sincere *Mahalo nui loa* to the many who helped complete this plan:

Administration for Community Living (ACL)
State of Hawai‘i Executive Office on Aging (EOA)
Mayor Rick Blangiardi
Department of Community Services
City and County of Honolulu Aging Network
Honolulu Committee on Aging (HCOA)
Kūpuna Collective
University of Hawai‘i at Mānoa Center on Aging (UH COA)
O‘ahu’s Kūpuna and Caregivers who participated in surveys and listening sessions
Community Information Sessions Kūpuna and community member participants
Dr. Michael Cheang
Elderly Affairs Division

Executive Summary

Hawai‘i has one of the fastest growing elderly populations along with the longest life expectancy (81 years) in the nation. Of the State’s total adult population (60 years +) approximately 66% reside on O‘ahu. In that, older adults currently make up 23% of the county’s total population which is expected to increase to 29% by 2040.

The Elderly Affairs Division (EAD) is a leader relative to all aging issues and is responsible for assessing and understanding the needs of older adults. The EAD is within the Department of Community Services (DCS) of the City and County of Honolulu and has been the designated Area Agency on Aging (AAA) for O‘ahu since 1973, as well as, the sponsoring agency for Honolulu’s Aging and Disability Resource Center (ADRC).

The Four-Year Area Plan on Aging is the blueprint for EAD to create an accessible, age-friendly, person-centered, and caregiver supportive community that encourages active and healthy living across the aging continuum. The plan was developed according to the guidance issued by the State of Hawai‘i Executive Office on Aging and the five established statewide goals. It also serves as the compliance document which enables the City and County of Honolulu to receive funding from the Administration for Community Living and the State of Hawai‘i Executive Office on Aging for the period of four (4) years, October 1, 2023 – September 30, 2027.

1. Hawai‘i’s older adults have opportunities to live well. (ACL Topic Area: Older Americans Act/Title III Core Programs)
2. Hawai‘i’s older adults are prepared for future health threats and disasters. (ACL Topic Area: COVID-19)
3. Hawai‘i’s underserved populations have equitable access to programs and services. (ACL Topic Area: Equity)
4. Hawai‘i’s older adults and people with disabilities will age in place. (ACL Topic Area: Expanding Access to Home Care Based Services)
5. Hawai‘i’s caregivers have a broad array of services and supports to effectively care for their loved ones. (ACL Topic Area: Caregivers)

The strategies and objectives outlined in the plan are built on the feedback received from community surveys, focus groups, aging network stakeholders, and staff of the EAD. Further more, the COVID-19 pandemic highlighted the importance of developing community driven solutions that can best ensure equitable access to services and supports for our most vulnerable older adults including those with chronic diseases, disabilities, living alone, limited informal supports, cognitive and mental health limitations, financially constrained, and language barriers. This plan reflects the vision that older adults are able to live with dignity, choice, and purpose in an “age-friendly” community. EAD is committed to administering the programs, and its relative funding, in accordance with the Older Americans Act, Administration for Community Living, and State of Hawai‘i Executive Office on Aging, and the City and County of Honolulu.

I. Introduction

A. Orientation to the Area Plan on Aging

The Department of Community Services (DCS), Elderly Affairs Division (EAD), respectfully submits the Four-Year Area Plan on Aging (The Plan) covering October 1, 2023 – September 30, 2027, to the Executive Office on Aging (EOA). The Plan complies with the requirements of the Older American Act (OAA) pertaining to receipt of federal and state funds administered by EOA.

The Plan describes the functions of EAD as the Area Agency on Aging (AAA) for the Island of O‘ahu. It presents relevant demographic data and outlines the major goals and objectives to be achieved during the project period of October 1, 2023 to September 30, 2027. The Plan provides a framework by which EAD will create an accessible, age-friendly, person-centered, caregiver supportive community that encourages active and healthy aging. In addition, The Plan contains EAD’s strategy for the development and implementation of a coordinated system of services for in home and community-based setting. This will be accomplished in a manner that provides the opportunity for older adults to age in place through support services to them and their caregivers.

This plan contains five (5) major parts:

Part I - provides an overview of the older adult population, the needs assessment, the current programs, services, and initiatives with the City and County of Honolulu.

Part II - describes the context in which programs and services are developed.

Part III - address the goals of the State of Hawai‘i which aligns with the 5 topic areas as required by the Administration on Community Living.

Part IV – describes funding allocations and projections.

Appendices – required assurances made by the AAA and other supplemental documents and information.

B. Overview of the Aging Network

As a result of the Older Americans Act passed by Congress in 1965, a social services and nutrition services program for America’s older adults was established. In addition, State and Area Offices on Aging were established and a nationwide aging network was created. The purpose of this network is to assist older adults to meet their physical, social, mental health, and other needs to maintain their well-being and independence.

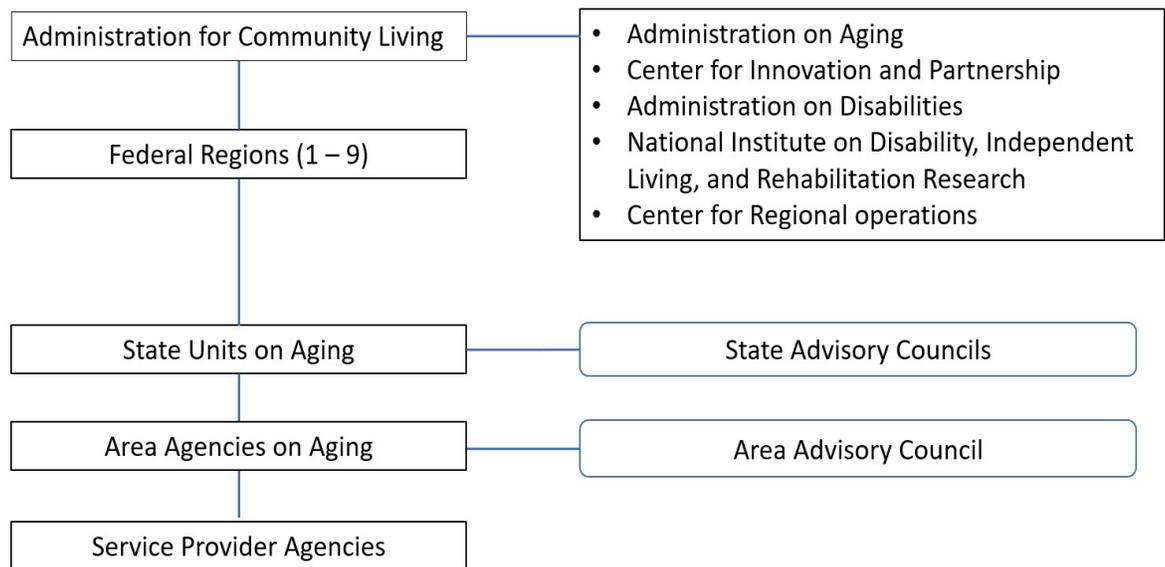
National Aging Network

The Federal Administration for Community Living (ACL) provides leadership, systems framework, program development, advocacy and initiatives affecting older adults, persons with disabilities, and caregivers. ACL works closely with State Units on Aging (SUA), the AAA, tribal grantees, and community service providers to best ensure a coordinated system of long-term services and supports that enable older adults the opportunity to live in their own homes and communities.

ACL awards Older Americans Act (OAA) funding to the SUA to administer nutrition, supportive in-home and community-based services, disease prevention and health promotion, elder rights, and the National Family Caregiver Support programs. EOA is the designated SUA for the State of Hawai‘i and receives OAA funds from ACL which then gets distributed (intra-state funding formula) to the four (4) county AAAs.

The chart below reflects the National Aging Network program structure and funding flow.

National Aging Network



State Aging Network

The EOA is the designated SUA that serves as the lead agency for the aging network. The 2020 amendments to the OAA establishes that SUA plan for and offer leadership at both the state and local levels in order to coordinate a statewide system. This supports increased access and delivery of home and community-based services to older adults and their caregivers. In this role, EOA is responsible for the statewide:

- Planning
- Policy and Program Development
- Advocacy
- Research
- Information and Referral
- Coordination of services provided by public and private agencies for our elders and their families.

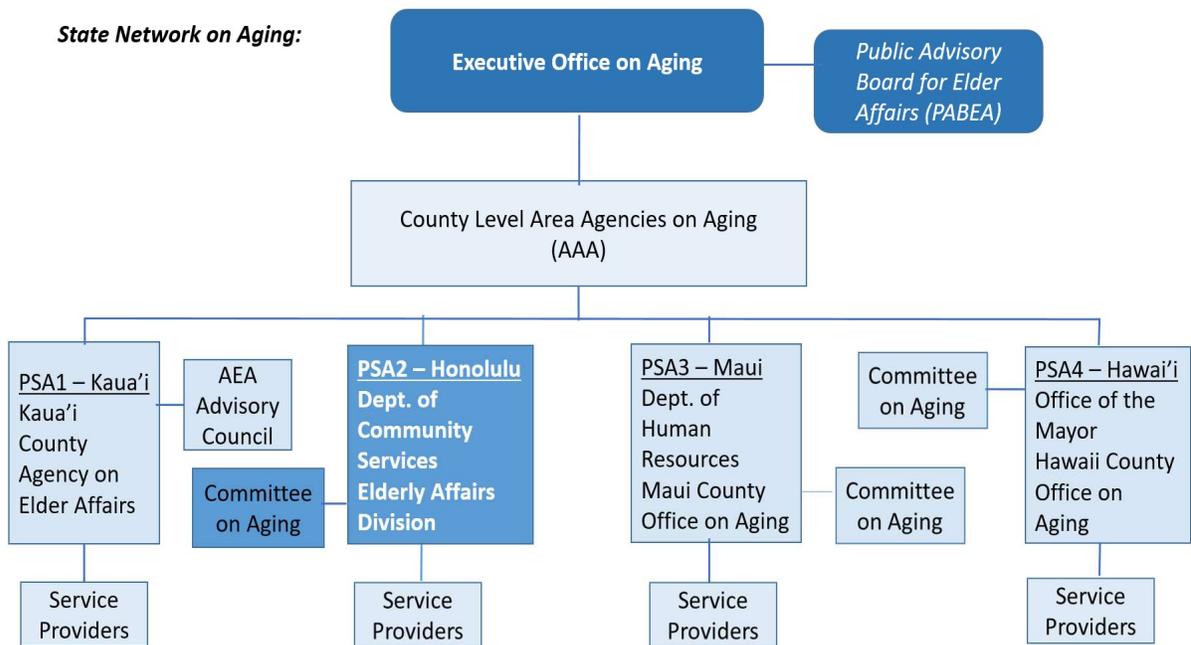
EOA has delineated the State into distinct planning and service areas for purposes of planning, development, delivery, and the overall administration of services. The EOA has designated each of the counties of the State -- namely, Kaua'i, Honolulu, Maui, and Hawai'i Island as planning and service areas. Kalawao County on the island of Moloka'i, currently under the administrative jurisdiction of the State Department of Health, is included in the Maui County's Four-Year Area Plan.

Chapter 349 of the Hawai'i Revised Statutes established the Policy Advisory Board for Elder Affairs (PABEA) which assists EOA by:

- Advising on the development and administration of the State Plan on Aging.
- Conducting public hearings on the State Plan on Aging.
- Representing the interests of older persons.
- Reviewing and commenting on other State plans, budgets and policies which affect older persons.

Each AAA is designated by EOA to develop and administer an area plan on aging for each designated Planning and Service Area (PSA). EAD serves as the designated AAA for PSA2 – Honolulu County.

The chart below reflects the Aging Network at the State level.



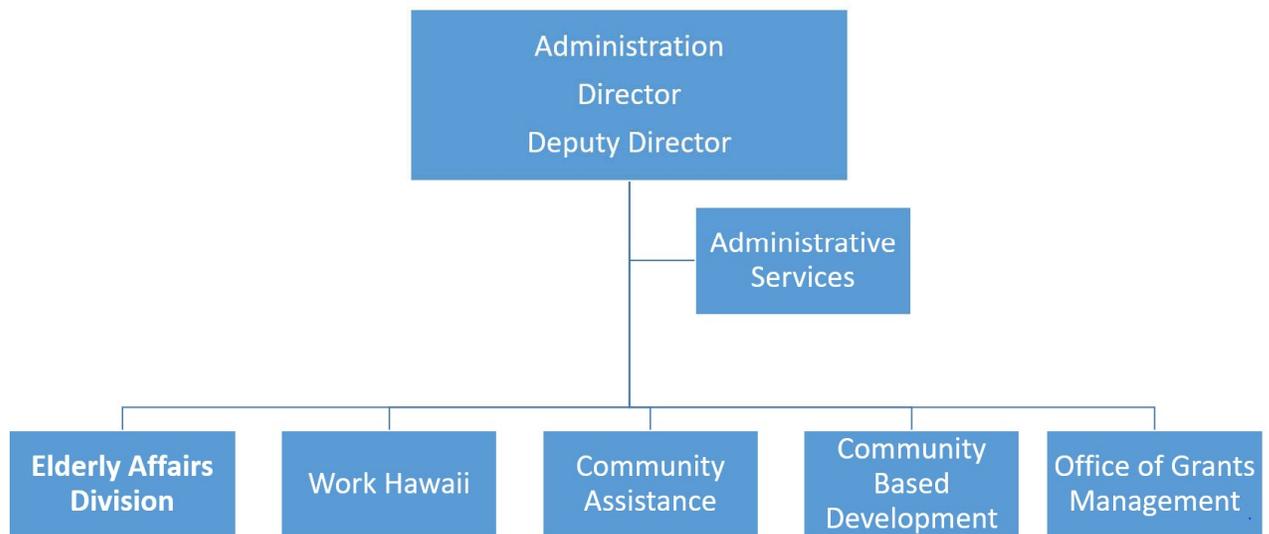
II. Organizational Structure

A. Overview of the Elderly Affairs Division (EAD)

Since 1973, EAD has been the designated AAA for O‘ahu, as well as, the sponsoring agency for Honolulu’s Aging and Disability Resource Center (ADRC). As an ADRC, EAD serves as a single point of entry for individuals to access long-term services and supports which may include intake and screening, options counseling, client assessments, eligibility determinations, service coordination, support planning, and case management.

The chart below reflects the organizational structure of the DCS which is comprised of 5 divisions, Office of Grants Management, Community Based Development Division, Community Assistance Division, WorkHawaii Division, and the Elderly Affairs Division.

City and County of Honolulu Department of Community Services (DCS)



(See Appendix E for detailed organizational chart)

Age Friendly Honolulu

In 2013, the City and County of Honolulu joined the World Health Organization’s (WHO) Global Network of Age-Friendly Cities and AARP National’s Network of Age-Friendly Communities. The concept of Age Friendly cities was developed by WHO to guide communities to implement policies, services and infrastructure that support older adults to live in healthy and vibrant cities as they grow older. The City and County of Honolulu leverages global best practices along with the strong support of the aging network within the community. In 2018, an Age-Friendly Honolulu ordinance was passed (Bill 54), which required and signified a commitment by the City and County of Honolulu to be “age-friendly”.

In that commitment, EAD strives to:

- Enable people of all ages to be healthy, active, and socially engaged.
- Create meaningful roles for kupuna.
- Address barriers that prevent the inclusion and accessibility for people of varying abilities.

Mission

Develop a comprehensive and coordinated system of services that assists older adults in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

Philosophy

We value all people and believe that they have the right to be treated with respect, to make their own choices, and to live with dignity in supportive communities.

Responsibilities of the AAA

EAD coordinates advocacy efforts on behalf of older adults, facilitates community partnerships, and contracts with agencies to provide services to seniors and caregivers. EAD is comprised of four (4) sections which include Administration, Grants Management, Data Management, and Information and Assistance.

Administration – Oversees the day-to-day operations of EAD to ensure each section is operating effectively and efficiently. This includes establishing community-based partnerships, managing and maintenance of the budget, and to motivate staff to achieve the lofty goals of EAD.

Data Management – Responsible for managing all aspects of data to ensure compliance with state and federal reporting requirements, and to determine trends in our older adult populations, including utilization of services.

Grants Management Section administers contracts for the following services:

- Personal Care, Homemaker and other assistance for frail, homebound elders
- Adult Day Care and Health
- Home Delivered and Congregate Meals
- Housing and Legal Information and Assistance
- Transportation
- Caregiver Respite, Support and Education
- Health Education and Promotion
- Senior Centers

Information and Assistance Section supports the following:

- Elderly Affairs Helpline and Aging and Disability Resource Center (ADRC) for telephone consultation (808-768-7700), information and referral to services available for older adults, informal caregivers and people with disabilities
- Assessments of frail and homebound elders
- Case Management
- Speakers, event exhibits, publications, online resources
- Volunteer opportunities for active seniors (RSVP Program)

Honolulu Committee on Aging (HCOA)

Each AAA establishes an advisory council to advise the agency on the development, administration, and operations conducted under the Area Plan, as a requirement of the Older Americans Act 306(a)(6)(D). Members are appointed by the Mayor of the City and County of Honolulu, “to advise continuously the AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan”. (See Appendix H for HCOA Bylaws)



The Honolulu Committee on Aging, sworn in on November 3, 2022.

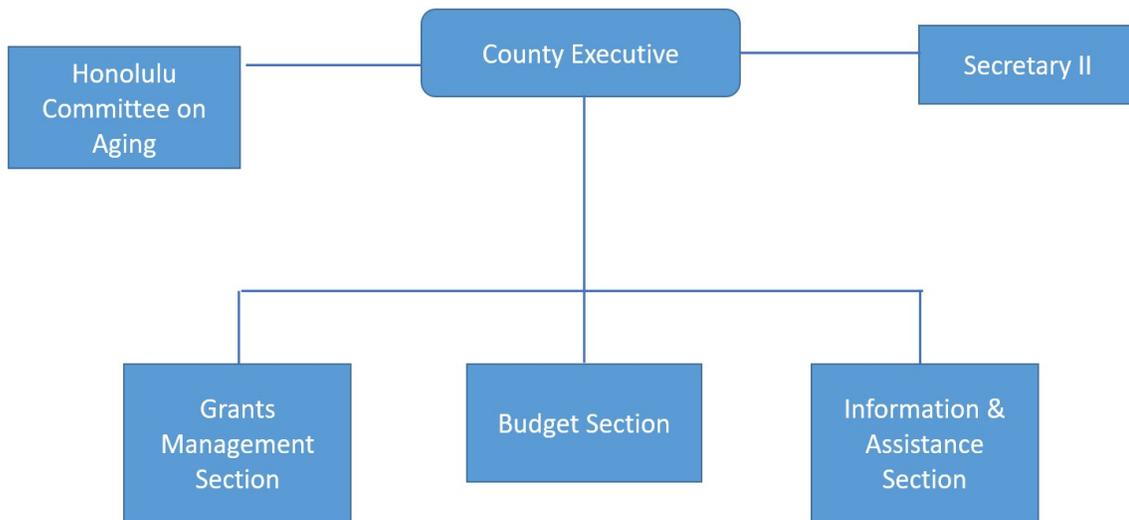
The purpose of the Honolulu Committee on Aging (HCOA) is to:

1. Advise the Mayor on matters pertaining to older adults in the City and County of Honolulu.
2. Advise the EAD on all matters relating to the development, administration, and implementation of its area plan.
3. Strive for the widest possible citizen participation in its efforts to help identify and address concerns related to the older adult population.
4. Help collect and share information with the EAD and EOA as requested or needed.
5. Foster public awareness and cooperation among community members and groups towards the development and support of opportunities that enable older adults to live to

their fullest capacity in their homes and communities.

6. Advocate on matters pertaining to the older adults in accordance with priorities established by the Honolulu Committee on Aging.
7. Assist in the studies, programs, and initiatives of the EAD.
8. HCOA serves as the local advisory council for the EAD, as the designated AAA, in accordance with the federal regulations of the OAA of 1965, as amended.

Elderly Affairs Division (EAD) Structure



(See Appendix E for detailed organizational chart)

B. Local Aging Network (Community Service Providers)

This chart are the service providers contracted in State Fiscal Year 2023 (July 1, 2022 – June 30, 2023).

SENIOR CENTERS

- Catholic Charities Hawai‘i (Lanakila Multi-Purpose Senior Center)
- Mō‘ili‘ili Community Center

CASE MANAGEMENT

- Franciscan Care Elderly Affairs Division

LEGAL ASSISTANCE

- Legal Aid Society of Hawai‘i

ADULT DAY CARE

- Arcadia Elder Services
- Family Living Treasure, LLC
- Franciscan Care
- Furukawa Living Treasure
- Hale Hau‘oli Hawai‘i
- Hawai‘i Health Systems Corporation
- Kāhala Senior Living
- Live Well – Iwilei
- Lunalilo Home
- Pālolo Chinese Home
- Windward Seniors Day Care

CAREGIVER SUPPORT

- Alzheimer’s Association – Aloha Chapter Program
- Franciscan Care
- Hawai‘i Family Services, Inc
- Kōkua Kalihi Valley – Elderly Care Program
- Pālolo Chinese Home – Caregiver Respite Services
- Project Dana

HOUSING ASSISTANCE

- Catholic Charities Hawai‘i
- Department of Community Services – Work Hawai‘i

TRANSPORTATION

- Arcadia Senior Home Services;
- Catholic Charities Hawai‘i;
- Franciscan Care;
- Kōkua Kalihi Valley;
- Lunalilo Home
- St. Francis Healthcare System

HEALTH MAINTENANCE

- Child & Family Service
- Kōkua Kalihi Valley – Elderly Care Program
- YMCA of Honolulu

MEALS

- Keiki to Kupuna
- Lanakila Pacific
- Lanakila Meals On Wheels – Home Delivered Meals & Congregate Dining
- Mom’s Meals – aka PurFoods, LLC
- Hawai‘i Meals On Wheels
- Pālolo Chinese Home
- YMCA of Honolulu – Congregate Dining

IN-HOME SERVICES

- Arcadia Senior Home Services
- Franciscan Care
- Ho‘okele Care at Home
- Kōkua Kalihi Valley – Elderly Care Program
- Lanakila Pacific – Workforce Resources
- Pālolo Chinese Home
- St. Francis Community Health Services

III. Framework: Laws/Governance

EAD's recommendations subscribe to the general framework for program and service delivery for older adults developed throughout the State by the EOA. This framework is drawn from the Older Americans Act, as amended, and Chapter 349, Hawai'i Revised Statutes. The Area Agency's recommendations are consistent with the objectives of the Older Americans Act, as amended in 2020, and Chapter 349, Hawai'i Revised Statutes.

A. 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, 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, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

Title I - Declaration of Objectives for Older Americans [Sec. 101 (1-10)]

1. An adequate income in retirement in accordance with the American standard of living;
2. The best possible physical and mental health (including access to person-centered, trauma-informed services as appropriate) which science can make available and without regard to economic status;
3. Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford;
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. Opportunity for employment with no discriminatory personnel practices because of age;
6. Retirement in health, honor, and dignity--after years of contribution to the economy;
7. Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational, and 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 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.

B. Hawai‘i Revised Statutes – Chapter 349

The Hawai‘i Revised Statutes, Section 349-6 (2013) State Master Plan for Elders. The EOA shall be responsible for the development, implementation, and monitoring of a comprehensive master plan for elders which shall include, but not be limited to, the following:

1. Compilation of basic demographic data on elders in the State;
2. Identification of the physical, sociological, psychological, and economic needs of elders in the State;
3. Establishment of immediate and long-range goals pursuant to programs and services for elders in the State;
4. Establishment of priorities for program implementation and of alternatives for program implementation; and
5. Organization of administrative and program structure, including the use of facilities and personnel.

The state master plan for elders shall be developed in accordance with the requirements of the executive budget act. [L 1976, c 217, pt. of §2; am L 1990, c 67, §8]

In alignment with EOA, all county AAAs are responsible for the development, implementation, and monitoring of a comprehensive Area Plan on Aging which shall include, but not be limited to, the following:

1. Compilation of basic demographic data on elders in your respective county;
2. Identification of the physical, sociological, psychological, and economic needs of elders in your respective county;
3. Establishment of statewide goals, measurable objectives, strategies, and outcomes pursuant to programs and services to meet the need of elders in your respective county;
4. Establishment of priorities for program implementation and alternatives; and
5. Organization of administrative and program structure, including the use of county facilities and personnel.

The county area plan on aging shall be developed in accordance with the requirements of their county executive budget act.

C. County Ordinance 18-36 –Relating to Age Friendly Honolulu¹

EAD has been an active participant in the City and County of Honolulu’s Age Friendly Honolulu initiative. In October 2018, Honolulu City Council passed Ordinance 18-36 to commit towards the development of programs, services, facilities, and projects that are planned, designed, operated, and maintained to best accommodate users of all ages and abilities. This initiative opened the doors to potential partnerships within the City and County of Honolulu.

¹ City Council of Honolulu Bill 54(2018) https://www.hiphi.org/wp-content/uploads/2022/10/Bill-54_Ord-18_36-signed.pdf, as of 07/31/23

D. Target Populations - Declaration of Compliance & Methodology

Targeting of Services

The OAA, as amended in 2020, reemphasizes the intention of the Congress to target services and resources towards the needs and challenges of older individuals identified as having the greatest economic and social need with particular attention to low-income minorities, those in rural areas, frail, and at risk for institutional placement.

Declaration of Compliance

As the AAA for the City and County of Honolulu, EAD agrees to administer the program(s) in accordance with the OAA of 1965, Section 306 pertaining to Area Plans, and all applicable rules, regulations, policies, and procedures established by the Commissioner or the Secretary and by the Director of EOA. In addition, EAD will adhere such that no means test shall be used to qualify any individual for services utilizing OAA funds.

EAD shall prepare and develop an area plan for the next four (4) years with assurances for the establishment of strategies and objectives that target services to older adults who:

1. Have greatest economic need
 - Income at or below the poverty level
 - Minorities at or below the poverty level
2. Have greatest social need
 - Frail and/or at risk for institutional placement
 - Significant physical, cognitive, or mental impairments
 - Limited English Proficiency (LEP)
 - Living in a rural or underserved areas
 - Underserved or marginalized populations due to race, culture, ethnicity, religion, LGBTQ+
3. Native American inclusive of Native Hawaiians

Methodology

EAD establishes wide-ranging strategies to best ensure services are made available for older individuals in the above defined target categories.

Prioritization of Services: In the situation that there may be a waitlist for authorized services, EAD prioritizes and gives preference to individuals in the defined target categories. Similarly, EAD has included provisions in all its contracts with service providers to ensure they are outreaching, targeting, and prioritizing services for those target populations.

Limited English Proficiency (LEP): EAD adheres and complies with Title VI of the Civil Rights Act of 1964, Chapter 321C of the Hawai'i Revised Statutes, and Chapter 1 of the Revised Ordinances of the City and County of Honolulu. EAD may hire bilingual staff for the Information and Assistance section, and translate information into languages representatives of those community and populations we serve. EAD will retain contracts with companies to provide on-demand interpreter services as appropriate and needed. Provisions are also included in EAD's contracts with service providers for their requirement to establish and maintain a Language Access Plan.

Underserved Geographic Areas: Per criteria defined by Housing and Urban Development (HUD), the island of O‘ahu does not have designated rural areas. Therefore, the focus shifts to establish strategies to support older adults in “underserved” geographic areas. EAD will collect and review service utilization data by zip codes to identify geographic areas in which services are disproportionately lower to the population makeup of that area. As appropriate, EAD will strategically promote and build greater service capacity for those underserved geographic areas.

Community Outreach: EAD will take a strategic approach to actively participate in outreach events (health and wellness fairs, kupuna events, etc.) in underserved geographic areas and those communities outside of urban Honolulu. Additional efforts will be made to bring EAD staff and volunteers into the community to provide information and assistance services to underserved and marginalized populations. Those efforts will include onsite outreach to low income kupuna housing properties which have a high number of minority and LEP residents.

Agency Partnerships: EAD will develop key partnerships with agencies serving or advocating for our underserved and marginalized populations. Those partnerships will help ensure our services can be administered in ways that are equitable and representative of the diverse communities and populations which we serve.

- Partner with Alu Like (OAA Title VI grantee), We Are Oceania, Safe Haven, Papa Ola Lōkahi for coordination of outreach, services and programs supporting Native Hawaiian and other Pacific Island populations.
- Partner with Pacific Gateway Center, Office on Language Access (OLA), and the Interagency Council on Immigrant Services (IAC) for coordination of outreach, services and programs supporting immigrant and LEP populations.
- EAD will partner with Hawai‘i LGBT Legacy Foundation, a member of the Kūpuna Foundation to provide information and support to the LGBTQ+ older adults and caregiver community.

IV. Planning Process

A. Purpose

The purpose of this planning process is to determine the needs of older adults, their families, and caregivers. In that effort, recognizing the diversity of Oahu's communities and populations require varied approaches to obtain feedback in a way that is both equitable and representative of those we endeavor to support. Subsequently, feedback collected from the community was used to guide the development of the Area Plan which serves as the blueprint for EAD to successfully accomplish its organizational mission.

B. Process and Timeline

EAD established a workplan and timelines to ensure the successful completion and submission of The Plan. Beginning in July 2022, EOA held a series of initial planning meetings with AAAs to provide a broad overview of both the State and Area Plan process including facilitating discussions related to shared statewide goals, Administration on Community Living priority topic areas, timelines, and data resources.

EAD's planning process was structured around 5 critical stages strategically completed in successive order.

- Stage 1: Population and Demographic Profile** – EAD with support from the University of Hawai'i Center on Aging (COA) researched and gathered community and population data.
- Stage 2: Community Surveys** – Community surveys (older adults, caregiver, service provider) were developed, distributed, and collected to identify needs within the community.
- Stage 3: Listening Sessions** – Facilitated group discussions with older adults were held in various districts across the island of O'ahu. The discussions were structured to create a safe and casual atmosphere to hear directly from participants about their beliefs, concerns, and opportunities to successfully "age in place".
- Stage 4: Drafting of Objectives and Strategies** – COA and EAD staff reviewed the compiled demographic data along with feedback from the community (surveys and listening sessions) to begin the process of drafting objectives and strategies for the Area Plan.
- State 5: Public Information Sessions** – Information sessions were held at various locations including all 9 Districts of the County of Honolulu. The sessions gave the opportunity for the public to provide oral and written comments on the proposed Area Plan. Additionally, a hardcopy of the Area Plan was made available for review at EAD's office located at Kapalama Hale.



(See Appendix F for dates, times, locations, and comments collected during the Community Information Sessions)

V. PART I. Overview of Older Adult Population, Existing Programs and Services, and Unmet Needs

A. Overview - Older Adult Population Profile

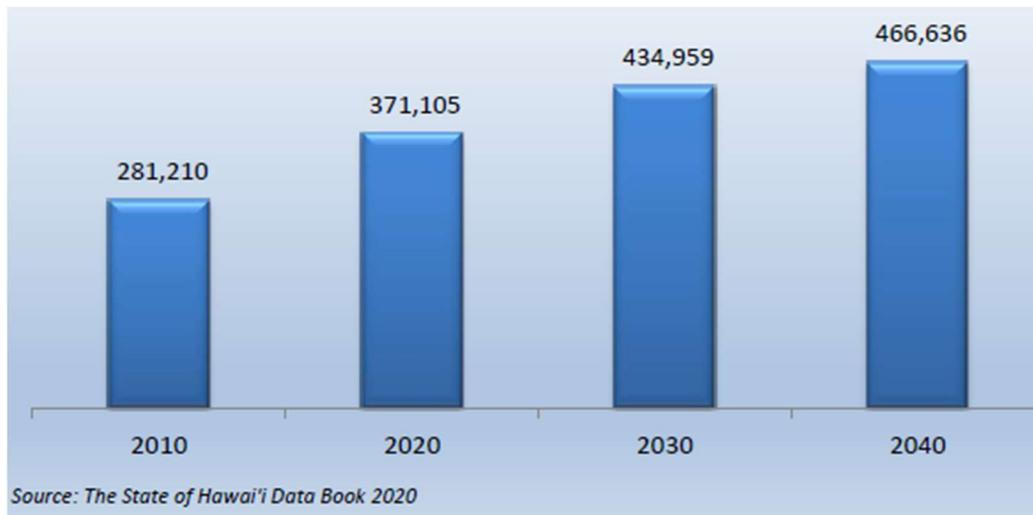
National Older Adult Population

According to the US Census Bureau “The growth of the U.S. population age 65 and older exceeds that of the total population and the population under age 65. Lower birth rates and increased longevity have led to this rapid growth not just in the United States but across the world.”²

Starting in 2030, when all boomers will be older than 65, older Americans will make up 21 percent of the population, up from 15 percent today. By 2060, nearly one in four Americans will be 65 years and older, the number of 85 years plus will triple, and the country will add a half million centenarians. With this swelling number of older adults, the country could see greater demands for healthcare, in-home caregiving, and assisted living facilities.³

Hawai'i Older Adult Population Profile

Hawai'i has one of the fastest growing elderly populations in the country. From 2010 to 2040, the State of Hawai'i elderly population 60 years and older is expected to grow by 73%.

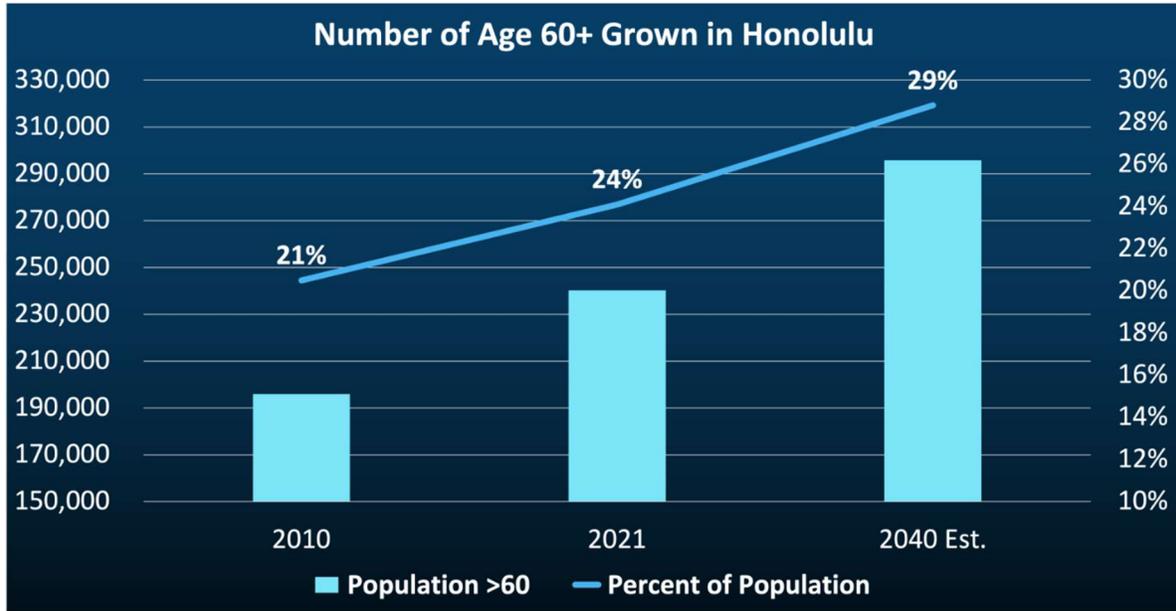


² U.S. Census Bureau Most Older Adults Lived in Households with Computer and Internet Access October 30, 2018, Retrieved from <https://www.census.gov/library/stories/2018/10/snapshot-fast-growing-us-older-population.html> as of 07/31/23

³ U.S. Census Bureau Population Division The Graying of America: More Older Adults than Kids by 2035, Retrieved from <https://www.census.gov/library/stories/2018/03/graying-america.html#:~:text=By%202060%2C%20nearly%20one%20in,caregiving%20and%20assisted%20living%20facilities.> as of 07/31/23

B. O‘ahu’s Older Adult Population Profile

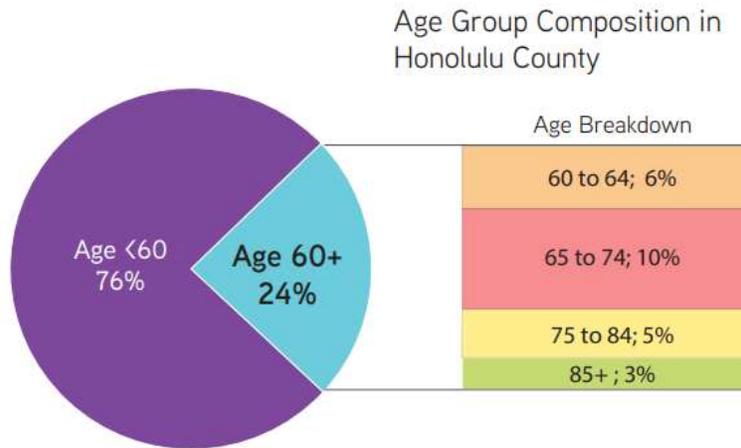
O‘ahu will see a significant growth of its older adult population which in 2040 will represent 29% of the total population.



(Table provided by UH Center on Aging)

Life Expectancy

The U.S. Center for Disease Control’s (CDC) U.S. State Life Tables identified Hawai‘i as having the highest life expectancy of any state at birth, or 80.7 years as compared to the average national life expectancy of 77 years in 2020. The State Department of Business Economic Development and Tourism (DBEDT) estimates a rapid increase in the population of those 85 years and older starting in 2030 as healthcare advances continue to increase life expectancy.⁴ DBEDT’s projected implications anticipate by year 2040, one in four elderly residents will be age 85 years or older.



“In the last ten years, the “oldest-old” age 85 years and older on O‘ahu grew by 155% while the age 60-84 increased by 127%” - UH Center on Aging

⁴ Department of Business, Economic Development and Tourism (DBEDT) Research and Economic Analysis Division - The Elderly Population in Hawai‘i: Current Living Circumstances and Housing Options, December 2021, Page 3.

With an increase of more than 60,000 elderly residents aged 85 years or older, potential impacts on the current levels of resources used by the elderly will be significant.⁵

C. Prevalence of Disabilities and Comorbidities

Disabilities experienced by older adults may be physical, mental, or emotional and can impact the ability to perform daily living tasks. As older adults age, the likelihood of developing chronic illness or disability increases, even with improved healthcare and healthier lifestyles.⁶ O‘ahu’s higher life expectancy will mean more older adult residents will be living longer, increasing the probability of living and managing a life with disabilities. This is expected to lead to a higher demand for home and community-based services (HCBS).

Of O‘ahu’s older adults with disabilities, 21% identify as having an ambulatory difficulty, 16% having difficulty living independently, 14% as having hearing challenges, 10% as having cognitive challenges, 8% as having self-care challenges, and 5% as having vision challenges.⁷ Additionally, the Alzheimer's Association identified more than 19,000 O‘ahu residents living with Alzheimer’s disease or related dementia.

A large percentage of older adults in Honolulu also face additional life challenges, increasing the demand for services



36%
Of older adults have a disability

According to the 2017-2021 U.S. Census Bureau’s American Community Survey (ACS), 28.9% of O‘ahu residents over the age of 60 have a disability with the percentage increasing from 28.9% to 36% in 2020.

D. Living Arrangements

Nineteen percent (19%) of older adults on O‘ahu live alone, an increase of 37% over the last eight years.⁸

Older adults often live with their family members. They may also be called to help with child care and/or contribute to household expenses. The prevalence of multi-generational households can be directly attributed to high cost of living expenses including housing. UH-COA reports more



19%
Of older adults live alone

⁵ U.S. Census Bureau. (2022) American Community Survey 2017-2021 5-Year Data Estimates, <https://data.census.gov/>, as of 07/31/23

⁶ Lauren Medina, Shannon Sabo, and Jonathan Vespa Living Longer: Historical and Projected Life Expectancy in the United States, 1960 to 2060, February 2020, Page 12.

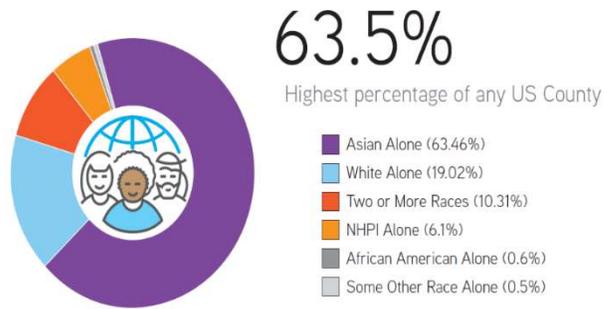
⁷ University of Hawai‘i at Mānoa Center on Aging Profile of Aging Population in Honolulu County, March 13, 2023

⁸ University of Hawai‘i at Mānoa Center on Aging Profile of Aging Population in Honolulu County, March 13, 2023

than 35,000 Oahu grandparents live with their grandchildren under the age of 18, and 19% are directly responsible for the care of their grandchildren.

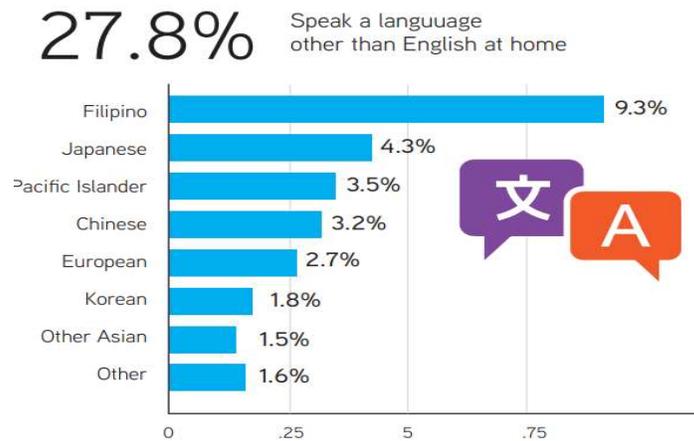
E. Ethnicity

Only 19% of older adults in Honolulu County are “white alone”, with 63.5% being Asian, the highest percentage of any county in the nation. Additionally, 10% identify as multi-racial and 6% as solely Native Hawaiian or Pacific Islander.



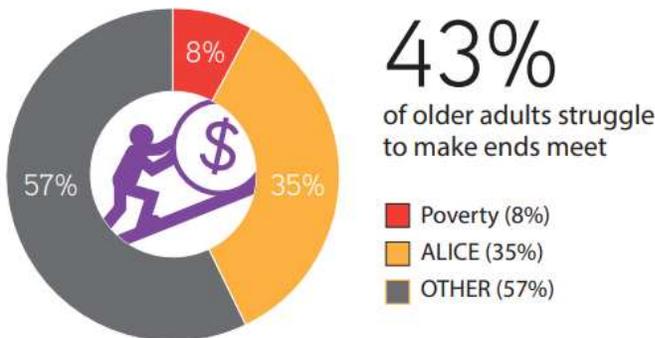
F. Language

An estimated 28% of O‘ahu’s older adults speak a language other than English at home. ⁹



G. Financial Disparities

It is estimated that 8% of Honolulu County's older adults live below the poverty line. Beyond that, according to the most recent ALICE: A Study of Financial Hardship in



Hawai‘i report produced by the Aloha United Way, over 43% of older adults struggle to make ends meet. When households cannot make ends meet, they are forced to make difficult choices such as: forgoing rent, health care, healthy food, transportation, or even utilities. This could threaten their health, safety, and well-being.

Native Hawaiians/Pacific Islanders (NHPI) face significant disparities relative to other racial groups, especially in the areas of income and health outcomes.

⁹ U.S. Census Bureau. (2022) American Community Survey 2017-2021, 5-Year Data Estimates

According to the 2019 Census Bureau data, 14.8% of NHPI were living at the poverty level, had an unemployment rate of 5.9% (compared to 3.7% for whites), and had a median household income of \$66,695 versus \$71,664 for white households.¹⁰

H. Food Insecurity

The UH Center on Aging estimates that 16.5% of older adults face the threat of hunger due to financial hardships, lack of family support, and other challenges that limit their access to food. The USDA Consumer Price Index for food predicts a 5.8% increase for 2023. The Honolulu Consumer Price Index currently at 3.1% measures Hawai'i's inflation, projects annual increases (2.1 -2.4) until 2026.¹¹ Additionally, EOA's survey of older adults found that nearly 10% of respondents did not have enough money to buy food, and 10% experienced difficulty preparing meals, leading to potential malnutrition and negative health impacts.

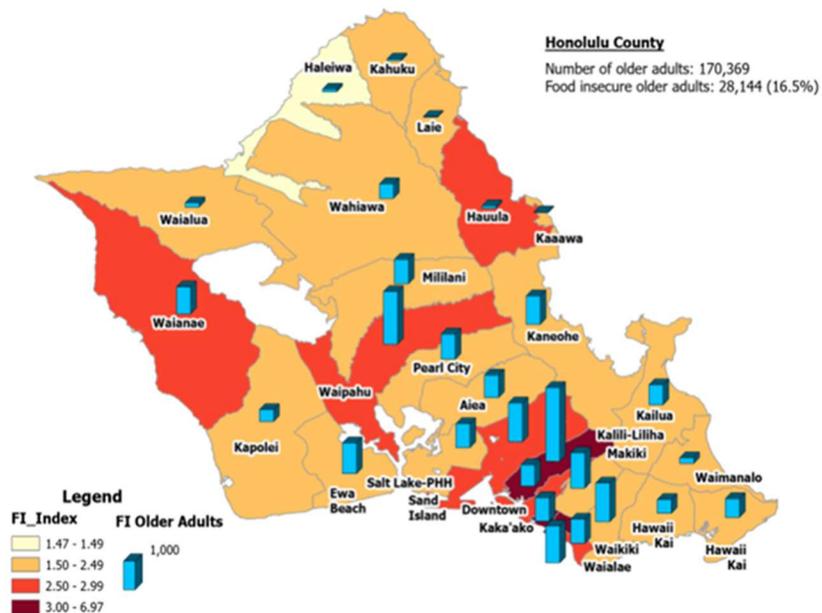


Figure provided by UH Center on Aging

I. Digital Access

Currently, approximately 35,000 older adults in Honolulu County have limited or no internet access. For some, this may be due to a lack of network availability, though that is a smaller driver in Honolulu County. For a greater percentage, it is due to the lack of computers, the financial cost of internet access, or lack of comfort with digital tools. A lack of digital access, among older adults, can prevent them from accessing essential services like telehealth, government benefits, and opportunities for socialization.

J. Housing Affordability

The COVID-19 pandemic led to record increases (18.6%) in housing prices across the United States, as reported by the White House.¹² In Hawai'i, housing costs are further exacerbated due to limited land space and higher material and construction costs. Hawai'i Business Magazine reported the median price of single-family homes on O'ahu were over \$1 M in 2022.¹³

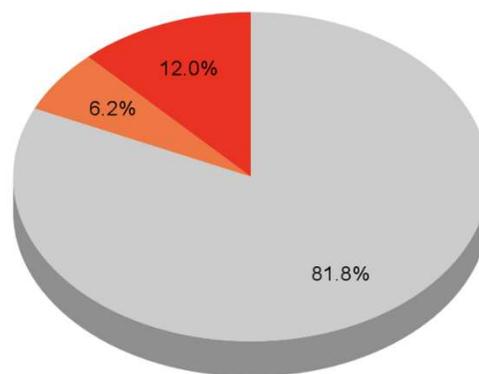
¹⁰ US DHHS Office of Minority Health Profile: Native Hawaiians/Pacific Islanders <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=65>, as of 07/31/23

¹¹ Department of Business, Economic Development and Tourism Research and Economic Analysis Division *Quarterly Statistical & Economic Report 2nd Quarter 2023*, Page 8.

¹² The White House Prices and Inflation <https://www.whitehouse.gov/cea/written-materials/2021/09/09/housing-prices-and-inflation/>, as of 07/31/23

¹³ Hawai'i Business Magazine Decrease in Home Prices Varies by Area on O'ahu <https://www.hawaiibusiness.com/decrease-home-median-prices-vary-oahu/>, as of 07/31/23

DBEDT report finds of the households in the 2015-2019 period, 30% were headed by an older adult, with more than one third of older adult householders making mortgage payments.¹⁴ Of those making mortgage payments, 43.1% spent more than 30% of their household income on mortgages and other housing costs (insurance, taxes, and fees), 21.6% spent 30% - 50% of household income while 21.5% spent over 50% of their household income on mortgages.



● Internet with a Computer
 ● No Internet with a Computer
 ● † Figure provided by UH Center on Aging

Of the older adult renters in the report more than half spent at least 30% of their household income on rent, while another 30% spent more than 50% of their household income on housing during the 2015-2019 period.¹⁵ This report has the percent of O‘ahu older adults renting at 22.4% with 41.3% of older adult renters living alone.¹⁶ Poverty rates were significantly higher among certain subgroups, including older adults who rented, who lived alone, or lived in a non-family household. During the 2015-2019 period, nearly 30% of older adults who lived alone without owning a house were in poverty.

The homeless data collected by the Point in Time Count conducted in 2023 reported people over the age of 60 without housing rose from 8% to 22% from the previous year.

K. Caregiver Demographic Outlook

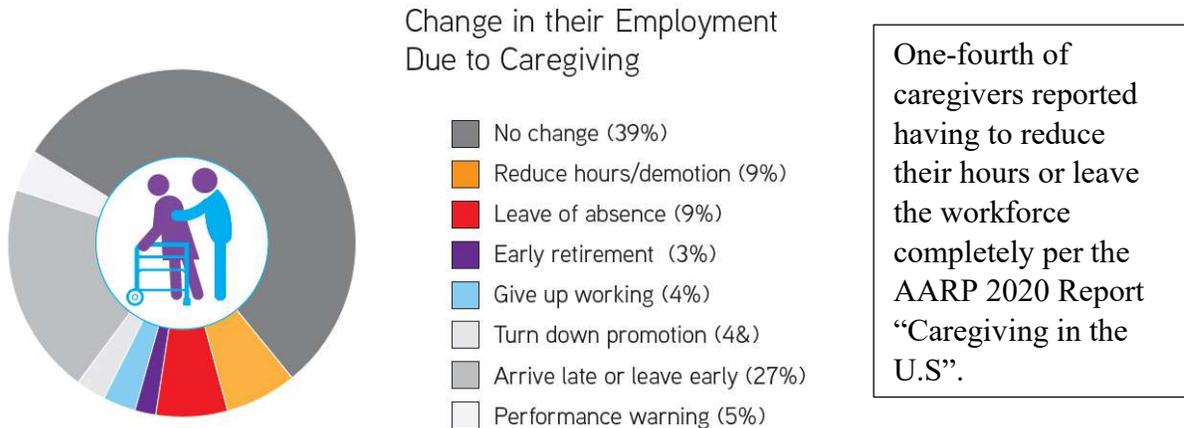
AARP 2023 Valuing the Invaluable reported 154,000 informal (non-paid) caregivers in Hawai‘i providing \$2.6 billion in unpaid care. According to Alzheimer’s Association, 1 in 6 adults in Hawai‘i are currently caregivers while 1 in 6 “non-caregivers” will become caregivers in the next two years.

In Hawai‘i, caregiving is a culturally revered role, but it can also be stressful and have unintended consequences. About half of unpaid caregivers reported feeling emotionally stressed as they tried to balance family, caregiving, and work responsibilities. Of these caregivers, 60% were employed either full-time or part-time, and nearly three-fourths had to alter their work schedules or take time off to care for their loved ones.

¹⁴ Department of Business, Economic Development and Tourism (DBEDT) Research and Economic Analysis Division The Elderly Population in Hawai‘i: Current Living Circumstances and Housing Options, December 2021, Page 5.

¹⁵ Department of Business, Economic Development and Tourism (DBEDT) Research and Economic Analysis Division The Elderly Population in Hawai‘i: Current Living Circumstances and Housing Options, December 2021, Page 5.

¹⁶ Department of Business, Economic Development and Tourism (DBEDT) Research and Economic Analysis Division The Elderly Population in Hawai‘i: Current Living Circumstances and Housing Options, December 2021, Page 8.



L. Conclusion – Population & Community Data

The data highlights the growing and rich diversity of O‘ahu’s older adult population. A population that is different from all preceding generations as they are propelled to navigate a fast paced and technology driven world. Understanding the needs of this growing population will better enable EAD to accomplish our organizational mission to develop a comprehensive and coordinated system of services that assists older adults in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

M. Adult Population - Needs Assessment and Unmet Needs

The EAD developed and coordinated a planning process to identify and determine the issues, challenges, and priority areas of concern, gaps, and the areas of opportunities for the City and County of Honolulu. The process incorporated a variety of needs assessment methods to obtain input from older adults, caregivers, agencies, advocates, policy makers, Honolulu Committee on Aging (Advisory Council), and EAD staff members. These methods included surveys, and Listening Sessions (facilitated discussions).

While the needs of older adults, their families and caregivers, may be determined by using a variety of quantitative and qualitative methods, multiple stakeholder collaboration can highlight culturally sensitive challenges and better determine appropriate methods of community engagement and service delivery. The information collected (data, community input) is the foundation for developing strategies for EAD’s Area Plan.

N. Methodology

Data

A review and analysis of federal and state demographic data was specified to the county level. The Data was collected from the US Census Bureau, American Community Survey, Behavioral Risk Factor Surveillance System (BRFSS), Older Adult Food Insecurity Index, etc. Local secondary data sources such as the Aloha United Way Asset Limited Income Constrained and Employed (ALICE) report were used to better understand how of cost-of-living issues impact O‘ahu’s older adult population. Data from these sources were compiled

to develop a foundation of knowledge about O‘ahu’s older adult population or population profile.

Community Surveys

EOA created and distributed a forty-eight (48) question survey targeting older adults and a thirty-two (32) question survey for caregivers of older adults. The comprehensive surveys covered a wide range of topics and was distributed either online and in-person at outreach events.

Events attracting older adults and their caregivers were limited due to COVID concerns. Events chosen included areas outside of urban Honolulu and events for underserved populations (Limited English Proficient (LEP), Native Americans groups). LEP events were more successful if language interpreters were available for LEP residents completing the survey.

EOA compiled survey responses and respondents’ demographics into the Aging in Hawai‘i Assessment Report (2023) provided to all counties. See Appendix I for surveys and the report.

UH COA developed and distributed a survey to service providers statewide; compiled the responses and provided information to all counties. (See Appendix I for survey information).

Listening Sessions

The University of Hawai‘i at Mānoa Center on Aging (UH COA) organized multiple Listening Sessions with older adults participating in EAD programs. UH COA created discussion questions based on compiled data and selected Listening Session sites in different geographic and socio-economic districts of O‘ahu. The facilitated discussion questions provided opportunities to hear directly from older adults about common challenges as well as life hacks/methods that older adults find helpful for aging in place. Unlike surveys, the facilitation process provided immediate opportunities to obtain context to statements made.

UH COA organized the Listening Sessions input into frequently mentioned areas of challenges (concern or needs), which were subsequently organized into key themes. The themes of the data collected brought a profile of O‘ahu’s older adults, their needs, and priorities into focus.

O. Overview of Findings and Unmet Needs

UH COA identified three re-occurring themes from the listening sessions and community surveys (older adults, caregivers, service providers) based upon the frequency of responses. The three themes are 1) Awareness and Education, 2) Breadth of Services, and 3) Access to Services.

Awareness and Education

Respondents broadly indicated the challenges to navigate and find information, services, and resources that are available in the community for older adults, caregivers, and individuals with disabilities. Feedback from the community included:

- Hard to find reliable information quickly.

- No centralized place for available resources.
- Information and the process is hard to decipher.
- Lack of access to computer or the internet to research information.
- Need for more computer training opportunities.
- Need more caregiver training including those that have not yet become a caregiver.

Breadth of Services

Respondents broadly indicated the need for expanded “choices” and “options” of services and supports. Feedback from the community included:

- Lack of support to live safely at home.
- Lack of transportation options.
- Support for feeling alone.

Access to Services

Respondents broadly indicated the challenges to access and be connected to programs and services. Feedback from the community included:

- Lack of services in local areas outside of the Honolulu area.
- Address need to provide assistance to individuals with limited English proficiency by helping them access information and be connected to services and support networks.
- Improve the coordination of services across care settings.

Conclusion

EAD used the three community priority themes of 1) Awareness and Education, 2) Breadth of Services, and 3) Access to Services to steer the direction and subsequent development of objectives and strategies covered under EAD’s Area Plan.

The following considerations were also considered to further develop the objectives and strategies:

- The top three (3) barriers preventing access to services and supports based upon feedback from the COA’s Service Provider Survey: 1) cognitive limitations including dementia, 2) physical disabilities, and 3) limited English proficiency.
- 56% of respondents of the Caregiver Survey indicated their greatest challenge was in juggling work and caregiving responsibilities and 26% indicating greater need for education and training.
- High percentage of limited and non-English speaking older adults.
- Barriers and challenges related to food security, social isolation, and digital equity which were part of the lessons learned from the COVID-19 pandemic.

P. Description of Existing Programs, Support Services, and Initiatives

The EAD provided a variety of direct services in state fiscal year 2023 in the following areas:

- Outreach
- Information and Assistance

- Contracted Services
- Case Management Services

Additional information may be found in Appendix C and D.

Activities of the Area Agency

EAD coordinates advocacy efforts on behalf of older adults, encourages partnerships to improve and expand services, and contracts with agencies to provide services to seniors and caregivers. The types of services contracted include:

- Personal Care, Homemaker and other assistance for frail and home bound elders
- Adult Day Care and Adult Day Health
- Home Delivered and Congregate Meals
- Housing and Legal Information and Assistance
- Transportation
- Caregiver Respite, Support and Education
- Health Promotion and Education
- Senior Centers

The Information and Assistance Section of EAD offers the following:

- Elderly Affairs Helpline and Aging and Disability Resource Center (ADRC) for: Senior Helpline (808-768-7700), information and referral to services available for older adults, family caregivers and people with disabilities
- Assessments of frail and home bound older adults
- Case Management
- Outreach and education to the community to include Speakers, event exhibits, publications, website
- Volunteer opportunities for active seniors (RSVP Program)

To carry out its mission, the EAD implements activities defined in the Older Americans Act, as reauthorized in 2020, specifically those listed in section 306(a)(6)(A-S) and 306(a)(13)(A). These activities are listed in Appendices – Assurances – General and Program Specific Provisions and Assurances.

VI. PART II. COVID-19 Impact and Lessons Learned

The COVID-19 pandemic disrupted peoples' lives and impacted communities in unprecedented ways. Government imposed shutdowns and economic downturn created significant barriers to access food, vaccines, and other needed supports for many individuals but especially for older adults. The response of the EAD to this public health crisis was critical to ensure the continued safety and well-being of the vulnerable older adult population. Presented with these emerging challenges, EAD and other key stakeholders recognized the need to bring the community together to address this public health emergency. EAD shifted its operations and service delivery models to quickly respond to the needs of our kūpuna while also maintaining safeguards for EAD staff and service providers.

A. Community Response

- **Kūpuna Food Security Coalition:** During the onset of the COVID-19 pandemic, EAD helped mobilize the Kūpuna Food Security Coalition (KFSC). This highly successful coalition brought together 40 nonprofit, government, private and community organizations which provided 1.2 million meals during the first nine months of the pandemic. More details on the work and impact of the KFSC can be found in the Kūpuna Food Security Coalition After Action Report. <https://www.hiphi.org/wp-content/uploads/2021/03/KFSC-After-Action-Report-Abbreviated-DRAFT.pdf>
- **Kūpuna Vaccination Outreach Group:** Under the leadership of the EAD, EOA, and AARP Hawai'i, the Kūpuna Vaccination Outreach Group ("KVOG") was established to support equitable access to COVID-19 vaccines for kūpuna and individuals with disabilities. KVOG grew into a public-private collaboration of over 50 organizations that worked together to develop innovative strategies and quickly mobilize resources to increase vaccine access and ensure no kūpuna were left behind. Efforts including bringing vaccines to over 70 elderly housing sites, providing in-home vaccinations for homebound individuals; and standing up a Kūpuna Vaccination Call Center to register for, schedule, or otherwise access COVID-19 vaccines. More details on the work and impact of the KVOG can be found in the Kūpuna Vaccination Outreach Group After Action Report. <https://www.hiphi.org/wp-content/uploads/2022/04/KVOG-Report.pdf>

B. EAD Response

The impact of COVID-19 forced the closures or significantly reduced service capacity for many kūpuna programs including congregate meal sites, senior centers, adult day cares, transportation, and personal care services. In response, EAD quickly developed strategies to modify its internal operations by developing new service delivery models and strategically shift resources to best support the needs of kūpuna, caregivers, and the community.

- EAD staff moved to a modified telework schedule with alternating days working from home and the office. The staff was able to receive calls from the Senior Helpline and conduct client assessments remotely.
- Federal COVID-19 supplemental funding (ARPA, CARES, Family First) supported the expansion of food and meal services for kūpuna. EOA granted waivers to temporarily remove homebound and frailty eligibility criteria, allowing more older adults in need to receive home delivered meals. As a result, EAD was able to expand home delivered meals by over 400%. This included older adults who were previously

receiving meals at congregate meal sites and adult day care centers that were closed due to the COVID-19 pandemic.

- EAD provided support and technical assistance to help transition senior centers, congregate meal sites, and health promotion classes into virtual based programs.

C. Lessons Learned

The challenges brought by COVID-19 helped identify gaps and vulnerabilities in our community service systems. In addressing those challenges came lessons learned but also an opportunity for EAD to reimagine and innovate new programs and service delivery models to better serve and meet the growing needs of our kupuna. The Plan reflects objectives and strategies built upon the lessons learned and best practices from the COVID-19 pandemic including those addressing social isolation, disaster preparedness, service coordination across care settings, and digital access.

VII. PART III. Goals, Objectives, Strategies, and Evaluation

A. ACL Topic Areas

The Administration for Community Living (ACL) provided five (5) topic areas for the Area Plan on Aging to optimize the services and support systems for older adults. The five topic areas are:

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

B. Statewide Goals

The EOA, in collaboration with the four (4) county AAAs, developed five (5) statewide goals with each connecting to one of ACL's 5 Topic Areas.

GOAL 1: Hawai'i's older adults have opportunities to live well. (ACL Topic Area: OAA/Title III Core Programs).

GOAL 2: Hawai'i's older adults are prepared for future 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).

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).

C. Area Plan - Objectives, Strategies, and Outcomes

GOAL 1: HAWAI'I OLDER ADULTS HAVE OPPORTUNITIES TO LIVE WELL (OAA)

Survey respondents (Older Adults, Caregiver, Service Provider) and participants at EAD hosted Community Listening sessions helped shared challenges finding information on available services and supports; training and workshops; phone and website; and also need for more "in-person" community outreach. Additional feedback included the need to expand programs supporting health and wellbeing of older adults.

Objective 1: Increase awareness of available resources and supports to age in place.

Strategies:

- 1.1 The EAD Website will be redesigned for easy navigation including “live well” information and resources. The website will have the following:
 - a. User friendly – easy to navigate and locate information and resources.
 - b. Expand information and resource materials related to health education and promotion, caregiving, aging in place, community resources and supports, and emergency preparedness.
 - c. Events calendar prominently highlighting available workshops, trainings, health fairs, and other special events.
- 1.2 Increase the number of individuals provided information and assistance through “in-person” community outreach events.

Outcomes:

- 1.1 By 2027, the website will be redesigned and the # of individuals accessing the site will increase by 80%.
- 1.2 By 2027, the number of individuals receiving information and assistance at community outreach events will be increased by 80%.

Evaluation:

- 1.1 # of visitors to EAD’s website on an annual basis.
- 1.2 # of individuals provided information and assistance at community outreach events.

Objective 2: Develop new programs and/or increase existing programmatic capacity so older adults, caregivers, and individuals with disabilities are able to participate in programs that support their ability to live well.

Strategies:

- 2.1 Increase sustainability and participation in health promotion and disease prevention programs by identifying new funding opportunities.
- 2.2 Develop and implement a new congregate dining pilot program to address nutritional and socialization needs of older adults.
- 2.3 Develop and implement a new social connectivity pilot program and/or increase the capacity of existing programs with interventions that demonstrate a positive impact on feelings loneliness due to social isolation.

Outcomes:

- 2.1 By 2027, the capacity of health promotion and disease prevention programs will be increased in the following ways:
 - a. Funding increased by 20%.
 - b. Number of participants increased by 20%.
- 2.2 By 2027, 70% of individuals participating in new congregate dining program indicate:
 - a. Better access to healthy food.
 - b. feeling more socially connected.
- 2.3 By 2027, the capacity of social connectivity programs will be increased as reflected by:

- a. 100% increase in number of participants.
- b. 70% of participants responding feeling less lonely.

Evaluation:

- 2.1 Increase capacity of health promotion and disease prevention program(s) reflected by:
 - a. Amount of new funds secured that support health promotion and disease prevention programs.
 - b. Aggregate # of participants reported by contracted service providers.
- 2.2 Annual surveys distributed to participants at congregate meal programs indicate:
 - a. # of participants reporting better access to healthy food.
 - b. # of participants feel more socially connected.
- 2.3 Aggregate data and participant survey (3 months from time of enrollment):
 - a. # of participants in social connectivity programs reported by service providers.
 - b. # of participants surveyed to determine level of perceived loneliness.

GOAL 2: HAWAI'I OLDER ADULTS ARE PREPARED FOR FUTURE HEALTH THREATS AND DISASTERS (COVID-19)

EOA's Older Adult survey indicates 56% of respondents not having a plan in place in case of an emergency (natural, man-made, health).

Objective 1: Provide information and resources to older adults and their caregivers to be better prepared for emergencies (natural, man-made, health).

Strategies:

- 1.1 Distribute emergency preparedness checklist and/or supplies (i.e., water storage bag, first aid kit, emergency blanket) so older adults are better prepared in case of emergencies.
- 1.2 Develop a Person-Centered Emergency Plan Training that is available online or facilitated in-person by RSVP volunteers or EAD staff members.

Outcomes:

- 1.1 By 2027, 3000 older adults received an emergency preparedness checklist and/or supplies through community outreach events, and in-home client assessments.
- 1.2 By 2027, 500 older adults received Person-Centered Emergency Plan Training either online or in-person.

Evaluation:

- 1.1 # of older adults provided emergency checklist and/or emergency supplies as recorded by EAD staff.
- 1.2 # of individuals accessing Person-Centered Emergency Plan Training.
 - a. # of individuals accessing online training curriculum.
 - b. # of individuals attending in-person training as reflected on sign-in sheets.

GOAL 3: HAWAI‘I’S UNDERSERVED POPULATION HAVE EQUITABLE ACCESS TO PROGRAMS AND SERVICES (EQUITY)

The top 3 barriers to individuals accessing services as reflected in the Service Provider Survey are 1) cognitive limitations, 2) physical disabilities, and 3) English Proficiency.

Objective 1: Increase accessibility of programs and services to underserved populations.

Strategies:

- 1.1 Redesign EAD’s website to have:
 - a. Language translate function for limited English proficiency individuals.
 - b. Increase font size function for vision impaired individuals.
- 1.2 Translate the Senior Information Handbook to other languages and made available online.
- 1.3 Develop a Disability Resource Handbook using a larger font and made available online.
- 1.4 Establish a Kūpuna Resource Center (KRC) for greater accessibility and utilization by the community with the following:
 - a. Physically accessible to the community.
 - b. Build staffing and volunteer capacity to support older adults using the KRC.
 - c. Build a library of resources.
 - d. Build a computer lab for use by older adults.
 - e. Host digital access and computer trainings.

Outcomes:

- 1.1 By 2027, EAD’s website will have the ability to translate website into 10 languages, and have the ability to increase the font size by 10 times for those with impaired vision.
- 1.2 By 2024, older adults will have access to the Senior Information Handbook translated into 5 other languages that mirror the populations being served.
- 1.3 By 2027, older adults will have access to a Disability Resource Handbook that identifies resources and support services for those individuals with disabilities.
- 1.4 By 2027, operate a Kūpuna Resource Center which will increase the number of walk-ins by 100%.

Evaluation:

- 1.1 EAD website is redesigned.
 - a. Translation functionality for 10 languages.
 - b. Includes the capacity to increase font size by 10 times.
- 1.2 # of translated languages of EAD’s Senior Handbook.
- 1.3 Disability Resource Handbooks developed and made available.
- 1.4 # of people who sign-in to use the Kūpuna Resource Center.

GOAL 4: HAWAI‘I’S OLDER ADULTS AND PEOPLE WITH DISABILITIES WILL AGE IN PLACE (HCBS)

According to census data, 36% of O‘ahu’s older adults are identified to have at least one disability and 19% live alone. Respondents to the Older Adult Survey indicated breadth of

services (more service options) and access to services as top priorities.

Objective 1: Increase accessibility of Home Care Based Services (HCBS for older adults and persons with disabilities to age in place.

Strategies:

- 1.1 Develop a more streamlined processes for older adults discharged from institutional care settings to access home and community-based services.
- 1.2 Expand home and community-based service options for older adults through implementation of:
 - a. Participant Directed Care program
 - b. Home modification program.
- 1.3 Develop a Falls Prevention Training that is available online or facilitated in-person by RSVP volunteers, EAD staff, or service provider.

Outcomes:

- 1.1 By 2027, four (4) partnerships with healthcare providers for better service coordination between institutional care and community-based settings will be established.
- 1.2 By 2027, older adults will have access to:
 - a. Participant Directed Care program
 - b. Home modification program.
- 1.3 By 2027, 500 older adults received Falls Prevention Training either online or in-person.

Evaluations:

- 1.1 Four (4) partnerships (i.e. MOU) with healthcare providers establishing coordination of services across care settings.
- 1.2 Number of individuals registered in:
 - a. Participant Directed Care program.
 - b. Home modification program.
- 1.3 Number of individuals accessing Falls Prevention Training.
 - a. # of individuals accessing online training curriculum.
 - b. # of individuals attending in-person training as reflected on sign-in sheets.

Goal 5: HAWAII'S CAREGIVERS HAVE A BROAD ARRAY OF SERVICES AND SUPPORTS TO EFFECTIVELY CARE FOR THEIR LOVED ONES (Caregivers)

56% of caregivers who responded to EOA's caregiver survey indicated the greatest challenge was finding a balance between their employment and providing caregiving. While 45% cited finding information and assistance was their greatest challenge.

Objective 1: Increase awareness of services and supports for caregivers.

Strategies:

- 1.1 Develop a caregiver course as part of City and County of Honolulu's offering of classes for employees.

- 1.2 Develop a Caregiver Resource Handbook that identifies resources and support services for caregivers.

Outcomes:

- 1.1 By 2027, City employees have access to a caregiver training course.
- 1.2 By 2027, the community has access to a Caregiver Resource Handbook.

Evaluations:

- 1.1 Caregiver course developed and made available to City employees.
- 1.2 Caregiver Resource Handbook developed and made available to the community.

Objective 2: Increase access to services and supports for caregivers.

Strategies:

- 2.1 Expand capacity and funding to provide more caregiver services and supports including education, counseling, support groups, skills training, self-care, and respite.

Outcomes:

- 2.1 By 2027, individuals accessing caregiver services will increase by 20%.

Evaluations:

- 2.1 Number of caregivers registered by EAD staff and contracted service providers.

VIII. Part IV. Funding Plan

A. Previous Year Expenditures for Priority Services (FY 2023)

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.

OAA Category	Service 10/1/2021 - 9/30/2022	FY22 BUDGET & EXPENDITURES			PERSONS SERVED					
		Budgeted	Title III	State	GEN	GSN	LIM	LEP	Frail	Native Hawaiian / Pacific Islander
B: Supportive Services										
	Adult Day Care	1,146,405.00		882,805.00	6	72	6	0	67	10
	Case Management	315,000.00		312,977.52	308	1,292	238	26	635	218
	Homemaker	147,459.50		125,845.50	9	52	5	2	51	11
	Personal Care	800,909.68		753,249.96	18	133	14	2	164	28
	Assisted Transportation	5,000.00		4,876.92	2	18	2	2	0	2
	Information and Assistance*			-	---	---	---	---	---	---
	Transportation	1,315,395.00	497,000.00	452,288.32	172	428	142	19	50	61
	Legal Assistance*	428,906.00	408,906.00		---	---	---	---	---	---
	Other Services									
	Outreach*	5,000.00	4,050.00		---	---	---	---	---	---
	Recreation*	234,058.00	130,500.00	43,294.32	---	---	---	---	---	---
	Escort (w/o transportation) *	3,500.00		1,987.93	---	---	---	---	---	---
	Housing Assistance*	365,500.00	365,500.00		---	---	---	---	---	---
	Attendant Care	65,000.00		45,769.00	2	16	2	1	19	5
	Education and Training*	20,000.00		16,262.10	---	---	---	---	---	---

	Shopping			13.11	0	0	0	0	0	0
	Telephone Reassurance*	24,999.00		24,995.88	---	---	---	---	---	---
	Volunteer Development Opportunities*	50,000.00		45,777.67	---	---	---	---	---	---
	Legal Education *	12,000.00	3,500.00		---	---	---	---	---	---
	Counseling*	75,000.00		62,804.33	---	---	---	---	---	---
C1/C2: Nutrition Services										
	Congregate Meals	489,990.00	489,990.00		157	602	133	2	16	114
	Home Delivered Meals	2,543,600.66	415,937.72	2,127,662.94	313	1,021	246	17	633	189
	Nutrition Education*	11,000.00	8,250.00		---	---	---	---	---	---
D: Health Promotion Services										
	Evidence-Based*	85,000.00	77,364.33	119,957.07	---	---	---	---	---	---
	Non-Evidence-Based *	42,000.00		37,348.58	---	---	---	---	---	---
E: National Family Caregiver Support Program										
	Case Management	85,000.00	53,054.00		24	96	21	1	0	22
	Supplemental Services	500.00	335.07		1	1	1	0	0	1
	Training	57,000.00	49,450.00		12	122	12	0	0	20
	Counseling	35,000.00	32,047.50		9	69	8	1	0	16
	Respite - Out of the Home Services	15,000.00	5,769.12		0	1	0	0	0	0
	Counseling (Grandparents)	102,682.00	102,682.00		23	38	22	0	0	32
	Training (Grandparents)	1,500.00	665.72		15	26	14	0	0	22

* Not a Registered service - Aggregate Information collected only, meaning there is no demographic data collected on participants

GEN = Greatest Economic Need

GSN = Greatest Social Need

LIM = Low Income Minority

LEP = Limited English Proficiency

Native Hawaiian / Pacific Islander = Having origins in any of the original peoples of Hawai'i, Guam, Samoa, or other Pacific Islands.

B. Projected Service Outputs and Resource Allocation (FY 2023 – FY 2027)

	Projected Number of Unduplicated Persons			Projected Total Allocation	
	by Service Units			by Funding Source	
Program/Services	Unduplicated Persons	Service Units	Unit Costs (\$)	Allocation (\$)	Source *
Access Services					
Information & Assistance	7,500	15,928	\$ -	\$ -	
Outreach	4,600	4,600	\$ -	\$ -	
Transportation	6,000	23,742	\$ 41.41	\$ 983,156.22	
Supportive Services – In-Home					
Adult Day Care	350	55,300	\$ 30.00	\$ 1,659,000.00	
Assisted Trans.	744	4,740	\$ 10.00	\$ 47,400.00	
Case Management	1,631	7,816	\$ 40.04	\$ 312,952.64	
Homemaker	2,412	10,164	\$ 74.90	\$ 761,283.60	
Personal Care	5,412	30,180	\$ 81.20	\$ 2,450,616.00	
Nutrition Program					
Meals- Congregate Meals	5,424	190,716	\$ 21.00	\$ 4,005,036.00	
Meals – Home Delivery	1,298	249,539	\$ 10.23	\$ 2,552,783.97	
Legal Services					
Legal Assistance	636	15,024	\$ 90.00	\$ 1,352,160.00	
Legal Education	1,296	720	\$ 500.00	\$ 360,000.00	
Supportive Services – Community Based					
Caregiver Case Management	150	400	\$ 125.00	\$ 50,000.00	
Caregiver Counseling	125	300	\$ 200.00	\$ 60,000.00	
Caregiver Training	140	600	\$ 200.00	\$ 120,000.00	
Caregiver Support Groups	500	430	\$ 300.00	\$ 129,000.00	
Housing Assistance - Information and Referral	2,722	2,970	\$ 45.00	\$ 133,650.00	
Housing Assistance - Counseling	330	5,260	\$ 85.00	\$ 447,100.00	

Part IV – C. Minimum Percentages for

C. Minimum Percentages for Title III Part B Categories (FY 2023 – FY 2027)

For the duration of the Area Plan, the AAA 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):

Categories of Services	Percent
Access*	35%
In-Home	0%
Legal	15%
Total Percent	45%

* Access services include, transportation, health services (including mental health services), outreach, information and assistance, and case management services.

APPENDICES

APPENDIX A: WAIVERS

Waiver to Provide Direct Service

Elderly Affairs Division (Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY’S DIRECT PROVISION OF SERVICE

For the period beginning October 1, 2023 through September 30, 2027

Service

Retired and Senior Volunteer Program (RSVP)

Title III Reference

OAA Sec.306(a)(12) Each such plan shall, provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs describe in section 203(b) within the planning and service area.

OAA Sec.307(a)(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the area agency on aging in the State, unless, in the judgment of the State agency—provision of such services by the area agency on aging is necessary to assure an adequate supply of such services; such services are directly related to such area agency on aging’s administrative functions; or such services can be provided more economically, and with comparable quality, by such area agency on aging.

*Funding Source and Annual Estimates

Title III	
State	
County	29,404.20
Other – CNCS (Federal)	98,014.00
Total	\$127,418.20

* Estimates based on FFY23 data.

Justification:

O’ahu RSVP Volunteer Program recruits and links adults, age 55 and better, with volunteer opportunities in the community that match their personal interests and make use of their wisdom, skills, and experience. RSVP volunteers are placed in nonprofit organizations as well as government and public agencies throughout the community. These community partners are referred to as Volunteer Stations. Healthy Futures is O’ahu RSVP’s primary focus area which aims to increase seniors’ ability to remain in their own homes with the same or improved quality of life for as long as possible, increasing food security, improving access to health care and promoting good health.

The EAD is the incumbent sponsor for the RSVP Volunteer Program for the island of O‘ahu. The grantee share (matching funds) is supported by the Kupuna Care (state) funds.

RSVP meets community needs such as health and nutrition for frail seniors, tutoring of children and adults, public safety and healthy communities through volunteer services such as meal delivery, advocacy for seniors, promotion, and maintenance of local culture and environmental restoration.

RSVP addresses the mission of the EAD to strengthen our community by enhancing the quality of peoples’ lives through the delivery of services to those in need.

RSVP volunteers provide independent living service to seniors that include but are not limited to companionship, transportation, respite, heavy chore to prevent senior homelessness, Meals on Wheels, and Telephone Reassurance. Furthermore, volunteers provide other services such as tutoring children, teaching adult literacy skills, serving lunches to under privilege children, serving at the City & County Customer Services Departments, Engaging Veterans and Families in Community Services, and Serving young military families.

During FFY23, 333 O‘ahu RSVP Volunteers from the designated 24 volunteer stations served 24,815 hours of community service. The average cost per volunteer is \$271.81, as determined by the Corporation for National & Community Service (CNCS). Based on this, the total value of Oahu RSVP’s volunteers is \$90,513.

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

Waiver to Provide Direct Service

Elderly Affairs Division (Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY’S DIRECT PROVISION OF SERVICE

For the period beginning October 1, 2023 through September 30, 2027

Service

Information and Assistance and Outreach

Title III Reference

OAA Sec.307(a)(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the area agency on aging in the State, unless, in the judgment of the State agency—provision of such services by the area agency on aging is necessary to assure an adequate supply of such services; such services are directly related to such area agency on aging’s administrative functions; or such services can be provided more economically, and with comparable quality, by such area agency on aging.

OAA Sec.307(a)(8)(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

*Funding Source and Annual Estimates

Title III	3,935,106.00
Federal – ADRC	1,100,000.00
State – Kupuna Care Services	3,976,793.00
State – Kupuna Care Admin	461,277.00
State – Senior Centers	230,000.00
Total	\$9,702,876.00

* Estimates based on FFY23 data.

Justification

- The EAD has provided Information and Assistance and Outreach since 1976.
- Total budget staff consists of 30 full-time equivalents (FTE), with some staff able to offer bilingual services.
- Staff triage, provide options counseling, and schedule home visits to assess and assist older adults who call our highly publicized Senior Information Helpline (808) 768-7700.
- During FY22, the EAD’s Information and Assistance unit assisted 144,026 of older adults and caregivers, with over 155,688 contacts.

Waiver to Provide Direct Service

Elderly Affairs Division (Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning October 1, 2023 through September 30, 2027

Service

Case Management

Title III Reference

*Funding Source and Annual Estimates

Title III	
State – Kupuna Care Services	3,976,793.00
County	
Other –	
Total	\$3,976,793.00

* Estimates based on FFY23 data.

Justification:

- The EAD has provided Case Management services since 2016; and was fully implemented in 2018.
- Total budget staff has increased to 14 full-time equivalents (FTE), with the ability to offer bilingual services. They provide direct person-centered case management to the entire planning and service area.
- Staff triage, provide options counseling, conduct home visits to assess and assist older adults in meeting their needs, and develops and monitors the implementation of client support plans.
- During FY23, the EAD's Information and Assistance Unit assisted 2,473 older adults and caregivers, with over 11,127 units of case management.

Waiver of Priority Category of Services

Elderly Affairs Division (Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning October 1, 2023 through September 30, 2027

The Area Agency on Aging is required to spend at least 40 percent 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 percent of its Title III-B annual allocation for the remaining priority categories of services.

Priority Service	Check Category Affected
Access (Transportation, Health Services, Outreach and Information and Assistance, and Case Management Services).	N/A
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).	N/A
Legal Assistance	N/A

APPENDIX B. ASSURANCES

B1. Civil Rights Act of 1964

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

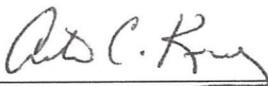
City and County of Honolulu's Elderly Affairs Division (hereinafter called the "Applicant") HEREBY

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 (he 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 OCT 18 2023


Anton C. Krucky, Director
City and County of Honolulu
Department of Community Services
925 Dillingham Boulevard, Suite 200
Honolulu, HI 96819

B2. Rehabilitation Act of 1973, as Amended

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE
REHABILITATION ACT OF 1973, AS AMENDED

The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to § 84.5 (a) of the regulation [45 C.F.R. 84.5 (a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient 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 will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in § 84.5 (b) of the regulation [45 C.R.R. 84.5(b)].

The recipient: [Check (a) or (b)]

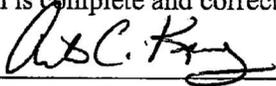
- a. () employs fewer than fifteen persons
- b. (X) employs fifteen or more persons and pursuant to § 84.7(a) of the regulation [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulation:

Name of Designee(s): Derrick Ariyoshi, County Executive on Aging
Elderly Affairs Division

<u>City and County of Honolulu – Department of Community Services</u>	<u>925 Dillingham Boulevard, Suite 200</u>
Name of Recipient - Type or Print	Street Address
<u>99-6001257</u>	<u>Honolulu</u>
(IRS) Employer Identification Number	City
<u>(808) 768-7760</u>	<u>Hawai'i 96817</u>
Area Code & Telephone Number	State

I certify that the above information is complete and correct to the best of my knowledge.

OCT 18 2023
Date



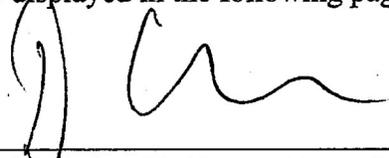
Anton C. Krucky, Director
Department of Community Services

If there has been a change in name or ownership within the last year, please PRINT the former name below:

B3. General and Program Specific Provisions and Assurances

The City and County of Honolulu's Elderly Affairs Division certifies that it will subscribe and conform to the provisions and assurances under GENERAL ASSURANCES AND PROGRAM SPECIFIC PROVISIONS AND ASSURANCES displayed in the following pages 45 through 60.

10-14-23
Date



Derrick Ariyoshi, County Executive on Aging
City and County of Honolulu
Department of Community Services
Elderly Affairs Division

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.

General Administration

a) Compliance with Requirements

The Area Agency agrees to administer the program in accordance with the Older Americans Act of 1965, Sec. 306 – Area Plans, which provides all applicable rules, regulations and policies and procedures established by the Commissioner or the Secretary.

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.

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 which may be specified by EOA.

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 in State or local public jurisdictions which 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.

Equal Opportunity and Civil Rights

- l) 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.
- m) 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.
- n) 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.
- o) 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.

Provision of Services

- p) 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.
- q) 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.

r) Eligibility

The activities covered by this Area Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

s) 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.

t) 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.

Non-Construction Programs

u) 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.

v) 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.

w) 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.

x) Other Laws

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

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 in 2000.

Section 306 (42 U.S.C. 3026) Area Plans¹⁷

(a) Preparation and development by area agency on aging; requirements

Each area agency on aging designated under section 3025(a)(2)(A) of this title shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 3027(a)(1) of this title. Each such plan shall—

- 1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;
- 2) provide assurances that an adequate proportion, as required under section 3027(a)(2) of this title, 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 and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers

¹⁷ [https://uscode.house.gov/view.xhtml?req=\(title:42%20section:3026%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:42%20section:3026%20edition:prelim)), as of 7/31/23

- 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 with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction); [1] 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;
- 3)
- (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and
 - (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;
- 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);
 - (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this subchapter, 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
 - (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
 - (I) identify the number of low-income minority older individuals 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 (i);
 - (B) provide assurances that the area agency on aging will use outreach efforts that will—
 - (i) identify individuals eligible for assistance under this chapter, 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 and older individuals residing in rural areas);
 - (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, specifically including survivors of the Holocaust; and
 - (ii) inform the older individuals referred to in subclauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
 - (C) contain an 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) 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) provide that the area agency on aging will:
 - (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
 - (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

- (C)
 - (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
 - (ii) if possible regarding the provision of services under this subchapter, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—
 - (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) [2] for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
 - (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and
 - (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings; and that meet the requirements under section 9910 of this title;
- (D) establish an advisory council consisting of [older individuals](#) (including minority individuals and [older individuals](#) residing in rural areas) who are participants or who are eligible to participate in programs assisted under this chapter, [family caregivers](#) of such individuals, representatives of [older individuals](#), service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the [area agency on aging](#) on all matters relating to the development of the area plan, the [administration](#) of the plan and operations conducted under the plan;
- (E) establish effective and efficient procedures for coordination of—
 - (i) entities conducting programs that receive assistance under this chapter within the planning and service area served by the agency; and
 - (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 3013(b) of this title, within the area;
- (F) in coordination with the [State agency](#) and with the [State agency](#) responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the [area agency on aging](#) with mental and behavioral health services provided by community health centers and by other public agencies and [nonprofit](#) private organizations;

- (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this chapter;
 - (H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and
 - (I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;
- (7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
 - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
 - (i) respond to the needs and preferences of older individuals and family caregivers;
 - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
 - (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
 - (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
 - (i) the need to plan in advance for long-term care; and
 - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this subchapter through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
 - (B) be coordinated with services described in subparagraph (A); and
 - (C) be provided by a public agency or a nonprofit private agency that—

- (i) gives each older individual seeking services under this subchapter a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9) provide assurances that—
- (A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 3027(a)(9) of this title, will expend not less than the total amount of funds appropriated under this chapter and expended by the agency in fiscal year 2019 in carrying out such a program under this subchapter; and
 - (B) funds made available to the area agency on aging pursuant to section 3058g of this title shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 3058g of this title;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this subchapter;
- (11) 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 subchapter;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this subchapter with services provided under subchapter X; 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; and [3]
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 3013(b) of this title within the planning and service area.[4]
- (13) provide assurances that the area agency on aging will—
- (A) maintain the integrity and public purpose of services provided, and service providers, under this subchapter in all contractual and commercial relationships;

- (B) 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;
 - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this subchapter by such agency has not resulted and will not result from such contract or such relationship;
 - (D) demonstrate that the quantity or quality of the services to be provided under this subchapter by such agency will be enhanced as a result of such contract or such relationship; and
 - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this chapter (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this subchapter will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this subchapter;
- (15) provide assurances that funds received under this subchapter 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 3020c of this title;
- (16) provide, to the extent feasible, for the furnishing of services under this chapter, consistent with self-directed care;
- (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
- (18) provide assurances that the area agency on aging will collect data to determine—
- (A) the services that are needed by older individuals whose needs were the focus of all centers funded under subchapter IV in fiscal year 2019; and
 - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and
- (19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this chapter, with special emphasis on those individuals whose needs were the focus of all centers funded under subchapter IV in fiscal year 2019.

(b) Assessment of preparation of area agencies

- (1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (2) Such assessment may include—
 - (A) the projected change in the number of older individuals in the planning and service area;
 - (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
 - (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
 - (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.
- (3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—
 - (A) health and human services;
 - (B) land use;
 - (C) housing;
 - (D) transportation;
 - (E) public safety;
 - (F) workforce and economic development;
 - (G) recreation;
 - (H) education;
 - (I) civic engagement;
 - (J) emergency preparedness;
 - (K) protection from elder abuse, neglect, and exploitation;
 - (L) assistive technology devices and services; and
 - (M) any other service as determined by such agency.

(c) Waiver of requirements

Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d) Transportation services; funds

- (1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 3025(a)(2)(A) of this title or, in areas of a State where no such agency has been designated, the State agency, may enter into agreements with agencies administering programs under the Rehabilitation Act of 1973 [29 U.S.C. 701 et seq.], and titles XIX and XX of the Social Security Act [42 U.S.C. 1396 et seq., 1397 et seq.] for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this subchapter.
- (2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this subchapter may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973 [29 U.S.C. 701 et seq.], and titles XIX and XX of the Social Security Act [42 U.S.C. 1396 et seq., 1397 et seq.].

(e) Confidentiality of information relating to legal assistance

An area agency on aging may not require any provider of legal assistance under this subchapter to reveal any information that is protected by the attorney-client privilege.

(f) Withholding of area funds

- (1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this subchapter.
- (2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.
- (B) At a minimum, such procedures shall include procedures for—
 - (i) providing notice of an action to withhold funds;
 - (ii) providing documentation of the need for such action; and
 - (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.
- (3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this subchapter in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).
- (B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) No restriction on provision of services

Nothing in this chapter shall restrict an area agency on aging from providing services not provided or authorized by this chapter, including through—

- (1) contracts with health care payers;

- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home- and community-based services and supports.

(Pub. L. 89–73, title III, § 306, as added Pub. L. 95–478, title I, § 103(b), Oct. 18, 1978, 92 Stat. 1522; amended Pub. L. 97–115, §§ 3(d), 6, Dec. 29, 1981, 95 Stat. 1597, 1598; Pub. L. 98–459, title III, § 306, Oct. 9, 1984, 98 Stat. 1774; Pub. L. 100–175, title I, §§ 104(c), 125–127, 130(a), 131(a), 132(b), 133, 134(a)(2), (b), 135, 136(b), 137(a), 140(b), 141(b), 143(b), 144(c), 155(e)(1), 182(e)(3), (i), (j), Nov. 29, 1987, 101 Stat. 930, 934, 938–944, 946, 947, 949, 952, 965; Pub. L. 100–628, title VII, § 705(5), Nov. 7, 1988, 102 Stat. 3247; Pub. L. 102–375, title I, § 102(b)(4), (10)(C), (E), title III, § 306, title IX, § 904(a)(12), Sept. 30, 1992, 106 Stat. 1201, 1202, 1223, 1307; Pub. L. 103–171, § 3(a)(13), Dec. 2, 1993, 107 Stat. 1990; Pub. L. 105–285, title II, § 202(a), Oct. 27, 1998, 112 Stat. 2755; Pub. L. 106–501, title III, § 305, Nov. 13, 2000, 114 Stat. 2240; Pub. L. 109–365, title III, § 306, Oct. 17, 2006, 120 Stat. 2540; Pub. L. 114–144, §§ 4(d), 9(4), Apr. 19, 2016, 130 Stat. 338, 352; Pub. L. 116–131, title I, §§ 104(2), 118(b), title II, §§ 205, 206(1), 207(a), title VII, § 701(8), Mar. 25, 2020, 134 Stat. 243, 246, 256, 257, 271.)

B3c. Other Assurances As Related to the Code of Federal Register 1321.17(F) 1 to 1515

Other Assurances, as Related to the Code of Federal Register 1321.17(F) 1 to 15

1321.17(f)(1)

Each Area Agency engages only in activities that are consistent with its statutory mission as prescribed in the Act and as specified in State policies under §1321.11;

1321.17(f)(2)

Preference is given to older persons in greatest social or economic need in the provision of services under the plan;

1321.17(f)(3)

Procedures exist to ensure that all services under this part are provided without use of any means tests;

1321.17(f)(4)

All services provided under Title III meet any existing State and local licensing, health and safety requirements for the provision of those services;

1321.17(f)(5)

Older persons are provided opportunities to voluntarily contribute to the cost of services;

1321.17(f)(6)

Area plans will 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;

1321.17(f)(7)

The State Agency on Aging will 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;

1321.17(f)(8)

The State Agency on Aging will require the 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 will 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.

1321.17(f)(9)

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

1321.17(f)(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 and the area plan will 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.

1321.17(f)(11)

Area Agencies will compile available information, with necessary supplementation, on courses of post-secondary education offered to older individuals with little or no tuition. The assurance will 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.

1321.17(f)(12)

Individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals under this part will be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307(a)(13)(I) of the Act.

1321.17(f)(13)

The services provided under this part will be coordinated where appropriate with the services provided under Title VI of the Act.

1321.17(f)(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.

1321.17(f)(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 assurances as required under CFR §1321.53 - 1321.61, 1321.63 - 1321.75.

B3d. Certification Regarding Lobbying

Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

- (1) No Federal appropriated finds 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 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 the 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 and 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 shall require that the language of this certification be included in the award documents for all subawards at all tiers (Including subcontracts, 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 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.

Department of Community Services
Organization

Hawai'i
State

Anton C. Krucky, Director
Department of Community Services

Date

APPENDIX C. CHART OF EXISTING SERVICES

Contracted Services and Providers

During the State Fiscal Year (SFY) 2023, EAD utilized federal and state funding to contract services. A total of 56 contracts with 26 provider agencies provided a total of 46 different service types.

The following table provides the number of executed contracts each provider agency had during State Fiscal Year 2023 (SFY 2022) and the total number of services, by each funding source.

Contracted Service Providers by Number of Services and Funding Source, SFY 2023

Agency Name	Total No. of Contracts	No. of Services by Funding Source			
		Title III	Title III-E	KC	Other State
Alzheimer's Association Aloha Chapter	1		4		
Arcadia Elder Services	1			3	
Catholic Charities Hawai'i	5	5		1	6
Child and Family Services	1	1	3		
Central Union Adult Day Health & Day Care	1			3	
Franciscan Care	3		5	3	
Furukawa Living Treasure Adult Day Care	1			1	
Hale Hau'oli Hawai'i	1			2	
Hawai'i Family Services, Inc.	1	2			
Hawai'i Health Systems Corporation	2			2	
Hawai'i Meals on Wheels	2	1		1	
Ho'okele Care at Home	1			3	
Keiki to Kupuna Foundation	2	1		1	
Kōkua Kalihi Valley	3	1	1	2	
Kupuna Care Pair	1		1		
Lanakila Pacific	3	3		1	
Legal Aid Society of Hawai'i	1	2			
Live Well at Iwilei	1			2	
Lunalilo Home	3		1	3	
Mō'ili'ili Community Center	1				9
Pālolo Chinese Home	4	1	1	5	
Project Dana	1		4		
PurFoods, LLC (Mom's Meals)	1			1	
St. Francis Health Services	1			1	

Agency Name	Total No. of Contracts	No. of Services by Funding Source			
		Title III	Title III-E	KC	Other State
Windward Seniors	1			1	
WorkHawaii	1	1			
YMCA of Honolulu	1	1			
LEGEND					
Title III = Federal - Older Americans Act					
Title III-E = Federal - Older Americans Act – Caregiver Programs					
KC = State – Kūpuna Care					
Other State = Other State Funds (does not include Kūpuna Care)					

Federal Programs

Older Americans Act – Title III

Congress passed the Older Americans Act (OAA) in 1965. The OAA established the National Aging Network, and supports a range of home and community-based services, such as nutrition programs, in-home services, transportation, legal services, healthy aging programs, and caregiver support. The intent of the OAA is to promote the dignity of older adults by providing services and supports that enable them to remain independent and productive in their own homes and communities, for as long as possible.

A total of 29 services were contracted for under the Older Americans Act – Title III funds, and those services were provided by 13 contracted agencies.

Service	Description of Service	Provider(s)
B - Supportive Services		
Housing Assistance and Linkages	This service provides housing assistance services that improve the older adults' present housing arrangement or provide for relocation to a more suitable housing, when needed. This helps the consumer age in their place of residence, or in a more suitable housing location.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i • WorkHawaii
Legal Assistance	This service provides legal assistance and education, to increase the awareness to older adults about legal issues that pertain to their specific needs. The goal of this program is to protect and support the autonomy and independence of the older population.	<ul style="list-style-type: none"> • Legal Aid Society of Hawai'i
Transportation	This service provides curb-to-curb transportation for older adults who require help getting from one location to another, using a vehicle. This may involve a helpful driver who assists the older adult in ways such as pushing the older adult in a wheelchair to the vehicle, loading and unloading assistive devices into/out of the vehicle, and securing the older adult in the seat.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i • Kōkua Kalihi Valley • Franciscan Care

Service	Description of Service	Provider(s)
C1 – Congregate Nutrition		
Congregate Meals	A meal is provided to a qualified individual in a congregate or group setting. The goal of this service is to improve or maintain the older adult’s nutritional status, self-sufficiency and ability to remain in the community through the maintenance and provision of nutritional health and increased social interaction. Each meal includes recreation, socialization and/or enrichment activity.	<ul style="list-style-type: none"> • Lanakila Pacific – Meals on Wheels Program • YMCA of Honolulu
Nutrition Education	This service provides individualized advice and guidance to older adults who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses. This guidance includes options and methods of improving their nutritional status, performed by a registered dietician or other health professional function within their legal scope of practice.	<ul style="list-style-type: none"> • Lanakila Pacific – Meals on Wheels Program
C2 – Home Delivered Nutrition		
Home Delivered Meals	This service provides meals to qualified homebound individuals in his/her place of residence. The goals of this program are to promote better health and nutrition among older Adults and provide opportunity for social contact, thereby, maintaining independence of individuals in their own homes.	<ul style="list-style-type: none"> • Hawai‘i Meals on Wheels • Keiki to Kupuna • Lanakila Pacific – Meals on Wheels • Pālolo Chinese Home • PurFoods, LLC (Mom’s Meals)
D – Evidence-Based Disease Prevention and Health Promotion		
Health Education and Promotion	The service provides instructional sessions and seminars through either formal or informal methods to support and assist older adults to enable them to maintain health and wellness, prevent illnesses, and monitor chronic conditions. Interventions are to be evidence-based, as defined by the Administration for Community Living.	<ul style="list-style-type: none"> • Child and Family Services • Kōkua Kalihi Valley • YMCA of Honolulu
E – National Family Caregiver Support Program		
Access Assistance – Case Management	This service assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.	<ul style="list-style-type: none"> • Franciscan Care

Service	Description of Service	Provider(s)
Counseling	This service is provided using the casework mode of interactive contact with a caregiver (through interview, discussion, or lending a sympathetic ear), the service offers guidance to enable caregivers to resolve concrete or emotional problems or to relieve the temporary stresses of giving care. Professional, paraprofessional, or peer counseling may be provided on a one-to-one basis or on a group basis and may be conducted by paid, donated, and/or volunteer staff within the scope or practice of the profession.	<ul style="list-style-type: none"> • Alzheimer’s Association • Project Dana
Caregiver Support – Education and Training	This service provides training for caregivers and family members in an individual or group setting. Training may include general care issues or tailored to a specific care recipient, i.e., medication management, personal care, making the home environment safe and barrier free, disease prevention or remediation, or on stress management and other techniques to help the caregiver take care of him/herself.	<ul style="list-style-type: none"> • Alzheimer’s Association • Project Dana • Catholic Charities Hawai‘i • Franciscan Care
Caregiver Support – Support Group	This service provides assistance to caregivers and their families in making decisions and solving problems related to their caregiving roles. Groups of caregivers, who share a common problem or concern who meet together on a voluntary basis for mutual support. Members share their experiences, strengths and hopes and rely on one another for assistance. Support group sessions may be conducted by paid, donated, and/or volunteer staff within the scope or practice of the profession.	<ul style="list-style-type: none"> • Alzheimer’s Association • Kōkua Kalihi Valley • Project Dana
Information Services	This provides caregivers with information on resources and services available to individuals within their communities. This may include group services, public education, provision of information at health fairs and other similar functions. NOTE: Service units for information services are for activities directed at large audiences of current or potential caregivers, such as disseminating publications, conducting media campaigns, and other similar activities.	<ul style="list-style-type: none"> • Alzheimer’s Association • Project Dana • Catholic Charities Hawai‘i • Franciscan Care
Respite – Out of Home – Overnight	A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes, in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time.	<ul style="list-style-type: none"> • Franciscan Care • Pālolo Chinese Home • Lunalilo Home

Service	Description of Service	Provider(s)
Supplemental Services	This service is provided on a limited basis and compliments care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, incontinence supplies, home delivered meals, legal assistance, nutritional supplements, transportation, and supplemental respite services.	<ul style="list-style-type: none"> • Franciscan Care

State Programs

Kūpuna Care

The Kūpuna Care (KC) program is a state-funded program designed to meet the long-term care needs of older adults unable to live at home without adequate help to perform their Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). There is an array of services offered through the KC program, with the intent to improve or maintain older adults’ quality of life, self-sufficiency and ability to remain in their place of residence for as long as possible, thereby delaying premature or unnecessary institutionalization.

EAD contracted for the eight (8) core KC program services, and services were provided by eleven (11) contracted agencies.

State Programs – Kupuna Care

Service	Description of Service	Provider(s)
Adult Day Care	This service provides personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care include social and recreational activities, training and counseling sessions, and services such as rehabilitation, medication assistance, and home health aide services for adult day health.	<ul style="list-style-type: none"> • Central Union Adult Day Health & Day Care • Franciscan Care • Furukawa Living Treasure Center • Hale Hau‘oli Hawai‘i • Hawai‘i Health Systems Corporation • Live Well at Iwilei • Lunalilo Home • Pālolo Chinese Home • Windward Seniors

Service	Description of Service	Provider(s)
Attendant Care	This service provides stand-by assistance, supervision, and other activities to help maintain the independence of older adults.	<ul style="list-style-type: none"> • Ho‘okele Care at Home • Pālolo Chinese Home • Arcadia Elder Care
Case Management	This service is a systematic assessment process that gathers information to assist clients, families, and/or caregivers. Case Management implements a solution-oriented process which identifies needs, explores options and helps mobilizing formal and informal support. Crisis and long-term professional assistance are provided.	<ul style="list-style-type: none"> • Elderly Affairs Division
Home Delivered Meals	This service provides a meal to a qualified individual in his/her place of residence. The goals of this program are to promote better health and nutrition among older adults and provide opportunity for social contact. For a home-bound elderly person, a home delivered meal may make the difference between remaining a home or institutionalization. The meal is served in a program administered by State Unit on Aging and/or the Area Agency on Aging and meets all of the requirements of the Older Americans Act and State/Local Laws. Note: State laws are acknowledged in the Nutrition Service Standards for Congregate and Home-Delivered Meals Program, Title III C of the Older Americans Act, Revised May 2000.	<ul style="list-style-type: none"> • Hawai‘i Meals on Wheels • Keiki to Kupuna Foundation • Lanakila Pacific – Lanakila Meals on Wheels • Pālolo Chinese Home • PurFoods, LLC (Mom’s Meals)
Homemaker	This service provides housework assistance such as: dusting, sweeping, vacuuming, mopping, bathroom cleaning, kitchen cleaning and laundry.	<ul style="list-style-type: none"> • Ho‘okele Care at Home • Pālolo Chinese Home
Personal Care	This service provides personal assistance, stand by assistance, supervision, and assists with bathing, showering, shampooing, dressing, grooming, nail trimming, skin and hair care, oral and personal hygiene, positioning and turning.	<ul style="list-style-type: none"> • Ho‘okele Care at Home • Kōkua Kalihi Valley • Pālolo Chinese Home • St. Francis Health Services
Transportation	This service provides curb-to-curb transportation for older adults who require	<ul style="list-style-type: none"> • Catholic Charities Hawai‘i

Service	Description of Service	Provider(s)
	assistance getting from one location to another. This may involve a helpful driver, who assists the older adult older adult in a wheelchair to the vehicle, loading and unloading assistive devices into/out of the vehicle, and securing the older adult in the seat.	<ul style="list-style-type: none"> • Franciscan Care • Kōkua Kalihi Valley

Other State Funding

Additional funding is provided by the state for senior centers and services for older adults who are at-risk of abuse or neglect. EOA has defined the geographic service areas for the two Senior Center districts. The districts are based on Census Tracts.

State Programs – Other State Funding

Service	Description of Service	Provider(s)
Assisted Transportation	This service provides door-to-door assistance and transportation, including an escort, to older adults with difficulties (physical and cognitive) using regular vehicular transportation.	<ul style="list-style-type: none"> • Mō‘ili‘ili Community Center
Case Management for Elders At-Risk for Abuse or Neglect	This service is a systematic assessment process that gathers information to assist clients, families, and/or caregivers. Case Management implements a solution-oriented process which identifies needs, explores options and helps mobilizing formal and informal support. Crisis and long-term professional assistance are provided. The focus is on the problems of abuse and self-neglect for older adults, ages 60 years and older, who are living in their own homes, or with family, who are being or are at-risk of physical, psychological or sexual abuse, financial exploitation, and neglect by a caregiver or self-neglect.	<ul style="list-style-type: none"> • Elderly Affairs Division
Counseling	This service is provided using the casework mode of interactive contact with a caregiver (through interview, discussion, or lending a sympathetic ear), the service offers guidance to enable caregivers to resolve concrete or emotional problems or to relieve the temporary stresses of giving care. Professional, paraprofessional, or peer counseling may be provided on a one-to-one basis or on a group basis and may be conducted by paid, donated, and/or volunteer staff within the scope or practice of the profession.	<ul style="list-style-type: none"> • Catholic Charities Hawai‘i • Mō‘ili‘ili Community Center
Education and Training	This service provides instructional sessions and seminars through either formal or informal methods which assist older persons to acquire knowledge and	<ul style="list-style-type: none"> • Catholic Charities Hawai‘i

Service	Description of Service	Provider(s)
	skills for vocational improvement, personal/social enrichment, and to better cope with life situations.	<ul style="list-style-type: none"> • Mō‘ili‘ili Community Center
Escort (without transportation)	This service provides a person to accompany an older adult from one point to another to personally assist an older adult to obtain a service. This service does not include providing transportation.	<ul style="list-style-type: none"> • Mō‘ili‘ili Community Center
Health Education and Promotion	This service provides instructional sessions and seminars, either formal or informal methods, to support and assist older adults maintain health and wellness, prevent illnesses, and monitor chronic conditions.	<ul style="list-style-type: none"> • Catholic Charities Hawai‘i • Mō‘ili‘ili Community Center
Physical Fitness and Exercise	This service provides group-oriented programs that offer exercise and physical fitness activities to improve strength, flexibility, endurance, muscle tone, reflexes, cardiovascular health, and/or other aspects of physical functioning.	<ul style="list-style-type: none"> • Catholic Charities Hawai‘i • Mō‘ili‘ili Community Center
Recreation and Leisure	This service provides programs that foster the health and social well-being of older adults through social interaction. Older persons participate in activities such as sports, performing arts, games, arts and crafts, excursions, visits, music, and/or dancing, that are facilitated by the provider.	<ul style="list-style-type: none"> • Catholic Charities Hawai‘i • Mō‘ili‘ili Community Center
Telephone Reassurance	This service provides calling on a regular scheduled basis, to provide comfort, help, and/or to check on the well-being and safety of an older adult who may be homebound. This service is for those who live alone or is temporarily alone.	<ul style="list-style-type: none"> • Mō‘ili‘ili Community Center
Transportation	This service provides curb-to-curb transportation for older adults who require assistance getting from one location to another. This may involve a helpful driver, who assists the older adult older adult in a wheelchair to the vehicle, loading and unloading assistive devices into/out of the vehicle, and securing the older adult in the seat.	<ul style="list-style-type: none"> • Mō‘ili‘ili Community Center
Volunteer Development Opportunities	This service recruit volunteers to assist with the program development and implementation.	<ul style="list-style-type: none"> • Catholic Charities Hawai‘i • Mō‘ili‘ili Community Center

APPENDIX D CONTACT INFORMATION FOR MULTI-PURPOSE SENIOR CENTER, CONGREGATE AND HOME DELIVERED MEALS AND ADULT DAY CARE & DAY HEALTH CENTERS IN THE PSA

The following service provider contact information is current as of September 2023 and may be subject to change.

Senior Center and Multi-Purpose Center's contact information and hours of operation¹⁸:	
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Lanakila Multi-Purpose Senior Center 1640 Lanakila Avenue, Honolulu HI 96817 (808) 847-1322 https://www.catholiccharitieshawaii.org/lanakila-multi-purpose-senior-center/ Mon-Fri: 7:30 AM – 3 PM; Sat: 8:30 AM – 12 PM, except holidays	Mō'ili'ili Senior Center Mō'ili'ili Community Center 2535 South King Street, Honolulu HI 96826 (808) 955-1555 https://www.moiliilicc.org/ Mon-Fri: 9 AM – 3 PM
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Nutrition – congregate meal sites:	Hours of operation & contact information
Lanakila Pacific Kupuna Wellness sites:	(808) 356-8521 kupunawellness@lanakilapacific.org
Pohulani Elderly Apartments, 5 th Floor 626 Coral Street, Honolulu, HI 96813	Mon-Tues: 9 AM – 1 PM
Lanakila Multipurpose Senior Center, Multipurpose Room 1640 Lanakila Avenue, Honolulu, HI 96817	Wed: 11 AM – 3 PM Thurs: 9 AM – 2 PM
‘Aiea United Methodist Church 99-101 Laulima Street, ‘Aiea, HI 96701	Tues-Wed: 8 AM – 12 PM
‘Aiea Library Meeting Room 99-374 Pōhai Place, ‘Aiea, HI 96701	Thurs-Fri: 8 AM – 12 PM
Kupuna Wellness U (virtual)	Mon-Fri: hours based on class selection
YMCA – Kaimuki-Waialae – (808) 737-5544 4835 Kīlauea Avenue, Honolulu, HI 96816	Mon, Wed, and Fri 11 AM – 1 PM Congregate lunch with participation in Wellness Activities. Reservations: 808-753-5348 or complete application online https://www.ymcahonolulu.org/health-and-fitness/active-older-adults Information on locations: https://www.ymcahonolulu.org/locations/
YMCA – Kalihi – (808) 848-2494 1335 Kalihi Street, Honolulu, HI 96819	
YMCA – Leeward (Waipahu) – (808) 671-6495 94-440 Mokuola Street, Waipahu, HI 96797	
YMCA – Mililani (West Oahu) – (808) 625-1040 95-1190 Hikikaulia Street, Mililani, HI 96789	
YMCA – Nuuanu – (808) 536-3556 1441 Pali Highway, Honolulu, HI 96813	
YMCA – Wai‘anae Coast – (808) 447-3802 86-71 Leihōkū Street, Wai‘anae, HI 96792	

¹⁸ Senior Centers and Multi-Purpose Centers provide activities, classes and services for older adults.

Nutrition - Home Delivered Meal Providers contact Information and hours of operation:	
<p>Hawai'i Meals On Wheels P.O. Box 236099, Honolulu, HI 96823 (808) 988-6747 info@hmow.org https://www.hmow.org Mon-Fri: 8 AM – 5 PM, including holidays. Delivery (daily & weekly): Hawai'i Kai to Ewa, Mililani, Waimānalo to Kāneʻohe</p>	<p>Keiki to Kupuna Meals on Wheels Program Keiki to Kupuna Foundation (KTKF) 94-252 Pupuole Street, Waipahu, HI 96797 (808) 677-0067 keikitokupuna@gmail.com https://keikitokupuna.org/about/ Mon-Sat: 8 AM – 5 PM Delivery: Windward to Leeward</p>
<p>Lanakila Meals on Wheels/Lanakila Pacific 1809 Bachelot Street, Honolulu, HI 96817 (808) 356-8519 mow@lanakilapacific.org https://www.lanakilapacific.org/mealsonwheels Mon-Fri: 8 AM – 4 PM Delivery (weekly) island-wide; Green Bag option</p>	<p>Pālolo Chinese Home Meals to Go 2459 10th Avenue, Honolulu, HI 96816 (808) 739-6031 or (808) 748-4919 PCHMENU@PALOLOHOME.ORG https://palolohome.org/pch_communitybasedprograms_v2 Mon-Fri: 8 AM – 4:30 PM Delivery (daily & weekly): Pālolo Valley to Kāhala</p>
<p>PurFoods, LLC dba Mom's Meals 3210 SE Corporate Woods Drive Ankeny, IA 50021 1 (877) 508-6667</p>	<p>https://www.momsmeals.com/ Mon-Fri: 7 AM – 6 PM CT Delivery: island wide, 14 days of meals per delivery</p>

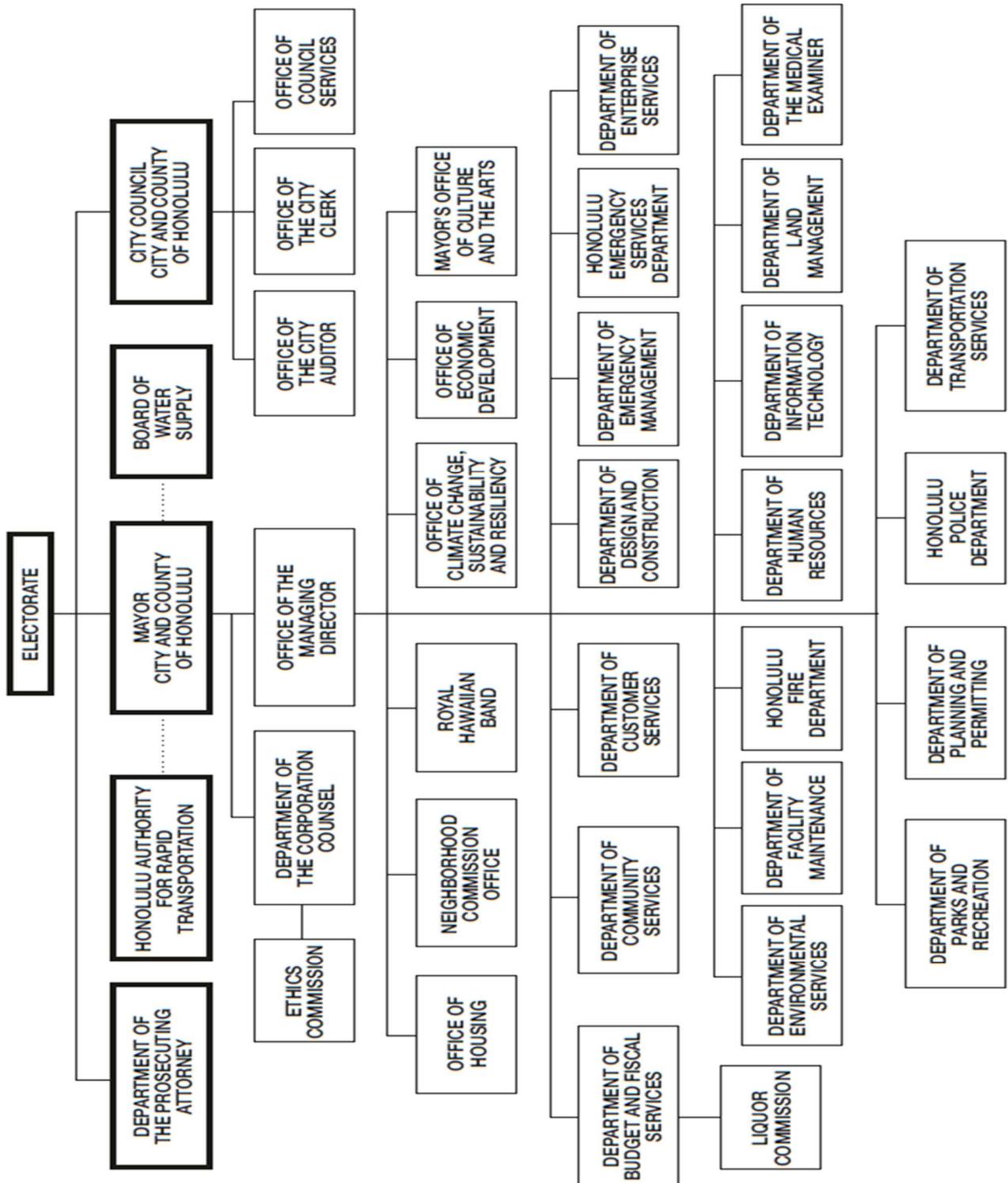
Adult Day Care & Day Health Centers contact Information and hours of operation¹⁹:	
<p>Arcadia Adult Day Care & Day Health Center at Central Union Church 1660 S. Beretania Street, Honolulu, HI 96826 (808) 983-5910 https://arcadia.org/central-union Mon-Fri: 7:30 AM – 5:30 PM</p>	<p>Furukawa Living Treasure Center, LLC 1449 Brigham Street, Honolulu, HI 96817 (808) 203-7826 furukawalivingtreasure1@gmail.com https://furukawa-living-treasure-llc1-senior.business.site/ Mon-Fri: 7 AM – 5 PM; Sat: 7:30 AM – 4 PM</p>
<p>Hale Hau'oli Hawai'i 98-1247 Ka'ahumanu Street, Suite 207 ʻAiea, HI 96701 (808) 798-8706 https://www.halehauolihawaii.org/ Mon-Fri: 8 AM – 5 PM; Sat: 8:30 AM – 5 PM</p>	<p>Lē'ahi Adult Day Health Center 3675 Kīlauea Avenue, Honolulu, HI 96816 (808) 733-7955 or (808) 733-8000 https://leahi.hhsc.org/community-services/leahi-adult-day-health-center/ Mon-Fri: 7 AM – 5:30 PM; except holidays</p>
<p>Live Well at Iwilei by Kahala Nui 888 Iwilei Road, Honolulu, HI 96817 (808) 218-7777 http://livewellhi.org/ Mon-Fri: 7:30 AM – 5:30 PM</p>	<p>Lunalilo Home Adult Day Care Center 501 Kekāuluohi Street, Honolulu, HI 96825 (808) 395-4065 or (808) 395-1000 adc@lunalilo.org https://www.lunalilo.org/services/adult-day-care Mon-Fri: 6:30 AM – 5:30 PM; Sat: 8 AM – 4:30 PM except on observed holidays.</p>

¹⁹ Adult Day Care provide supervision, recreation, socialization, meals, and group activities. Adult Day Health offer similar services but are certified for those requiring a higher level of care.

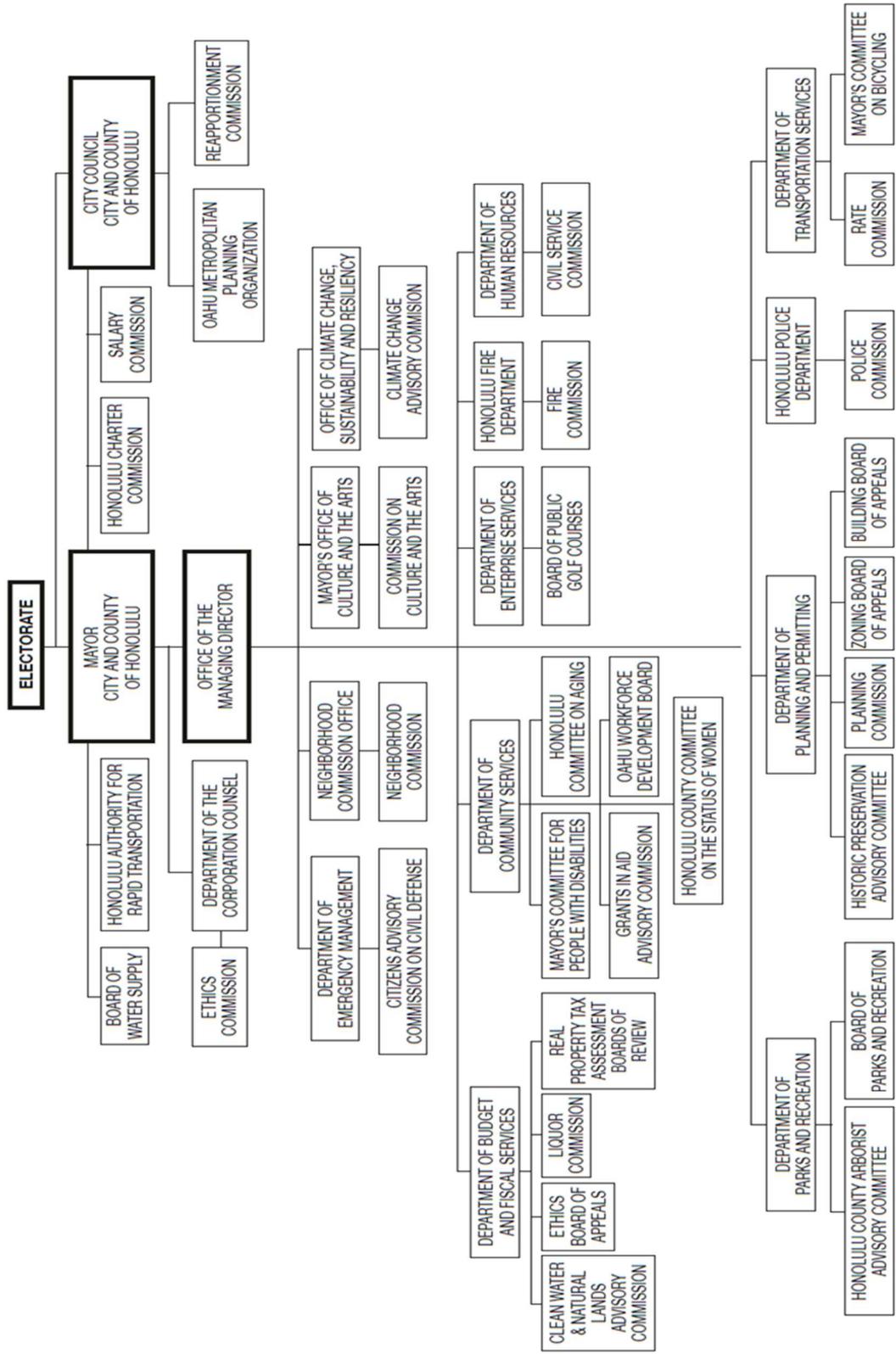
Adult Day Care & Day Health Centers contact Information and hours of operation (continued):	
<p>Maluhia Adult Day Health Center 1027 Hala Drive, Honolulu, HI 96817 (808) 832-3000 or (808) 832-6130 MaluhiaADHC@hhsc.org https://maluhia.hhsc.org/community-services/maluhia-adult-day-health-center/ Mon-Fri: 7:30 AM – 5:30 PM</p>	<p>Pālolo Chinese Home Adult Day Care Center 2459 10th Avenue, Honolulu, HI 96816 (808) 748-4907 https://palolohome.org/pch-contact_footerfalse/ Sat-Sun & most holidays: 7 AM – 5:30 PM</p>
<p>St. Francis Adult Day Center St. Francis Intergenerational Center 91-1758 O‘ohao Street, ‘Ewa Beach, HI 96706 (808) 681-0100 x2 https://www.stfrancishawaii.org/s/adult-day-care Mon-Fri: 6:30 AM – 5:30 PM</p>	<p>St. Francis Adult Day Center at Liliha 2230 Liliha Street, Honolulu, HI 96817 (808) 547-6599 https://www.stfrancishawaii.org/s/adult-day-care Mon-Fri: 7 AM – 5 PM</p>
<p>Windward Seniors Day Care - Hope Center 77 N. Kainalu Drive, Kailua, HI 96734 (808) 261-4947</p>	<p>wscckailua@gmail.com http://www.windwardseniordaycarecenter.org/home.html Mon-Fri: 7 AM – 5 PM</p>

APPENDIX E. AAA STAFFING AND ORGANIZATIONAL CHART

City and County of Honolulu Organizational Chart



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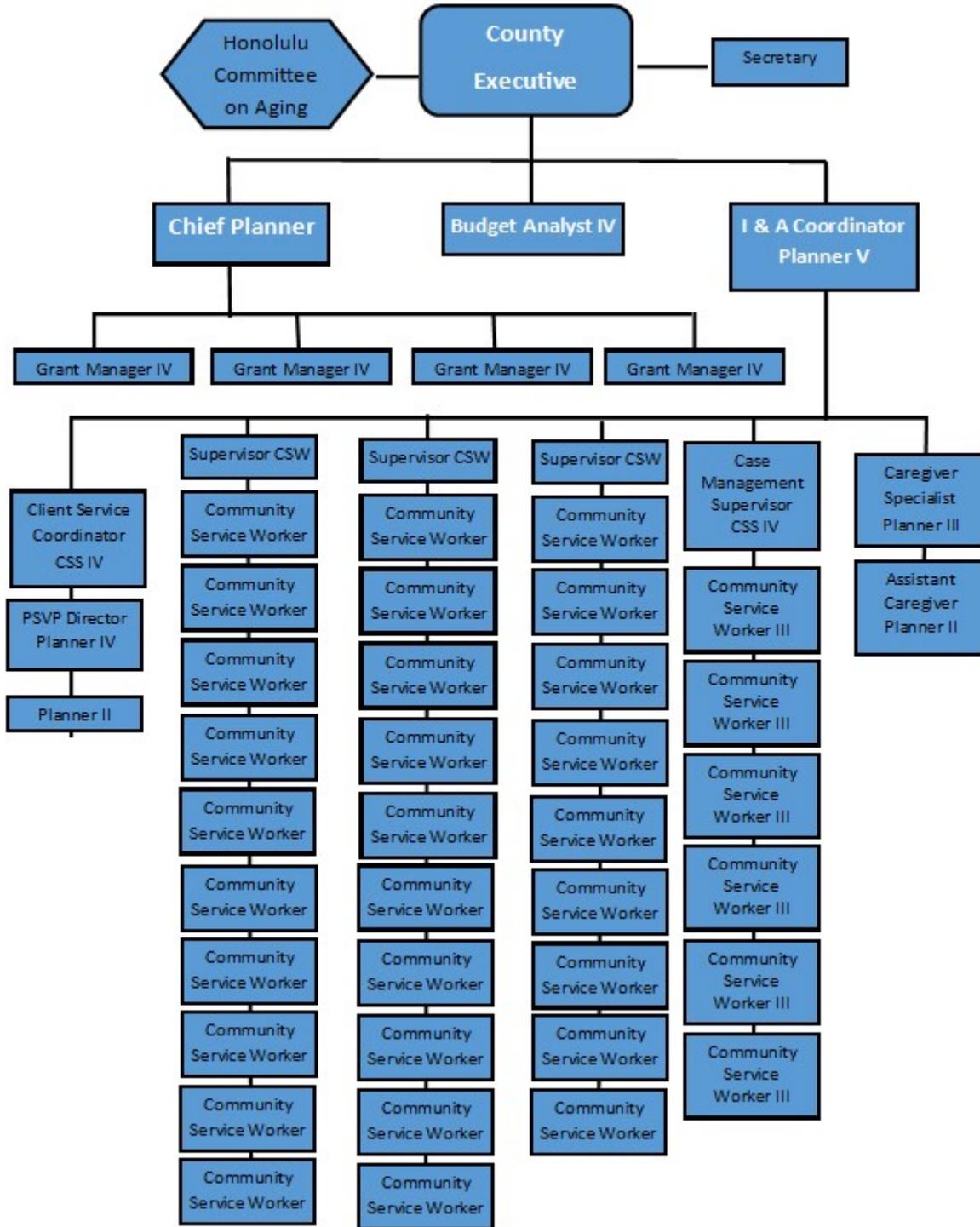
Staffing

Primary Area Agency Responsibilities	Position with Lead Authority for Decision-Making for Defined Responsibilities
General Administration	
Overall program administration	County Executive on Aging
The statement of written procedures for carrying out all defined responsibilities under the Act	County Executive on Aging, Chief Planner
Responding to the views of older persons relative to issues of policy development and program implementation under the plan	County Executive on Aging, Chief Planner
Hiring of staff resources	County Executive on Aging and I&A Coordinator for I&A Programs
Organization of staff resources	County Executive on Aging and I&A Coordinator for I&A Programs
Liaison with Advisory Council	County Executive on Aging with staff support
Public information relations	County Executive on Aging and I&A Coordinator for I&A Programs
Overall program policy	County Executive on Aging
Grants management	Chief Planner, Grants Managers, Data Analyst
Fiscal management	Budget Analyst, with support of Chief Planner and Grants Managers
Personnel management	County Executive on Aging and I&A Coordinator for I&A Programs
Information management/reporting	Chief Planner and Data Analyst
Program Planning	
Coordinating planning with other agencies and organizations to promote new or expanded benefit opportunities for older people	County Executive on Aging, I&A Coordinator, Chief Planner, Grants Managers

Primary Area Agency Responsibilities	Position with Lead Authority for Decision-Making for Defined Responsibilities
Assessing the kinds of levels of services needed by older persons in the planning and service area, and the effectiveness of other public and private programs serving those needs	I&A Coordinator, Chief Planner, Grants Managers
Defining means for giving preference to older persons with greatest economic or social need	Chief Planner
Defining methods for establishing priorities for services	Chief Planner
Conducting research and demonstrations	All Staff
Resource identification/Grantsmanship	All Staff
Advocacy	
Monitoring, evaluating and commenting on all plans, programs, hearings, and community actions which affect older people	County Executive on Aging, Chief Planner, Grants Managers
Conducting public hearings on the needs of older persons	County Executive on Aging, Chief Planner
Representing the interests of older people to public officials, public and private agencies	County Executive on Aging, with Staff support
Facilitate the support of activities to increase community awareness of the needs of residents of long-term care facilities	I&A Coordinator
Conducting outreach efforts with special emphasis on the rural elderly, to identify older persons with greatest economic or social needs and to inform them of the availability of services under the Area Plan.	I&A Coordinator, I&A Supervisors, I&A Staff
Systems Development	
Defining community service area boundaries	Chief Planner
Designating community focal points	Chief Planner

Primary Area Agency Responsibilities	Position with Lead Authority for Decision-Making for Defined Responsibilities
Pursuing plans to assure that older people in the planning and service area have reasonably convenient access to services	Chief Planner with support of Grants Manager and I&A Coordinator
Entering into subgrants or contracts with Service Providers	Chief Planner, Grants Managers
Providing technical assistance to service providers	Grants Managers, Data Analyst, Budget Analyst
Pursuing plans for developing a system of services comprised of access services, in-home services, and community services	Chief Planner, with support of Grants Manager and I&A Coordinator
Coordinating plan activities with other programs supported by federal, state and local resources, in order to develop a comprehensive and coordinated service system in the planning and service area	Chief Planner, with support of Grants Manager and I&A Coordinator
Program Maintenance	
Monitoring performance of all service providers under the Plan	Chief Planner, Grants Managers, Data Analyst, Budget Analyst
Evaluating performance of all service providers under the Plan	Chief Planner, Grants Managers, Data Analyst, Budget Analyst
Providing feedback to service providers and key decision makers	All Staff
Monitoring and evaluating coordinated services for older people in the planning and service area	County Executive on Aging, Chief Planner, Grants Managers, Budget Analyst, Data Analyst

Staffing Organization Chart



APPENDIX F. INFORMATION SESSIONS & FEEDBACK

EAD held Information Sessions for public feedback in all nine (9) City Council Districts and other groups detailing the Four-Year Area Plan on Aging.

The following is a list of the dates, times and locations for each Information session:

Date, Time & Room	Location	District
June 9, 2023 9:30 AM – 11:00 AM Multi-Purpose 1 Rm	Kīlauea District Park 4109 Kilauea Ave Honolulu, HI 96816	4
June 21, 2023 9:30 AM – 11:00 AM Multi-Purpose 1 Rm	Bill Balfour Waipahu District Park 94-230 Paiwa St, Waipahu, HI 96797	9
June 26, 2023 9:30 AM – 11:00 AM Recreation Building ~ Meeting Room	Pālolo District Park 2007 Pālolo Ave, Honolulu, HI 96816	5
June 27, 2023 9:30 AM – 11:00 AM Mauka Team Room	Hālawa District Park 99-795 ‘Iwa‘iwa Street ‘Aiea, HI 96701	7
June 28, 2023 9:30 AM – 11:00 AM Arts & Crafts Room	Kāne‘ohe District Park 45-660 Keaahala Rd, Kaneohe, HI 96744	3
June 29, 2023 9:30 AM – 11:00 AM Multi-Purpose 1 Rm	Pearl City District Park 785 Ho‘oma‘ema‘e St. Pearl City, HI 96782	8
June 30, 2023 10:30 AM – 12:00 PM	Hau‘ula Community Center 54-010 Kukuna Road Hau`ula, HI 96717	2
July 10, 2023 10:00 AM – 11:30 AM Multi-Purpose Room	Wai‘anae District Park 85-601 Farrington Hwy, Wai‘anae, HI 96792	1
July 11, 2023 3:00 PM – 4:30 PM Meeting Room	Lanakila District Park 1701 Lanakila Ave. Honolulu, HI 96817	6
July 25, 2023 Microsoft Teams meeting	EAD Aging Network Service Provider Meeting	N/A
September 16, 2023 Ka Waiwai ma Mō‘ili‘ili.	Hawai‘i LGBT Legacy Foundation Kūpuna Rainbow Town Hall	

All interested persons were invited to provide comments relating to the Four-Year Area Plan on Aging either orally or in writing. All oral and written feedback and comments presented at the information Sessions were considered.

Written comments were given to the EAD staff member(s) at informational Sessions, or:

Mailed to:	Email to:
City and County of Honolulu Department of Community Services Elderly Affairs Division 925 Dillingham Boulevard, Suite 200 Honolulu, HI 96817 Attention: Area Plan	elderlyaffairs@honolulu.gov Subject: Draft Four-Year Area Plan on Aging: October 1, 2023 – September 30, 2027

A hardcopy version was made available for review at the EAD office located at 925 Dillingham Boulevard, Suite 200, Suite 200, Honolulu, from 7:45 AM – 4:30 PM.

NOTE: If you need an auxiliary aid/service or other accommodation due to a disability, contact EAD at (808) 768-7762 or (808) 768-7700 and elderlyaffairs@honolulu.gov as soon as possible. Requests made as early as possible have a greater likelihood of being fulfilled.

All written and oral feedback and comments from the Information Sessions were compiled as follows:

Information Sessions – Compiled Public Feedback and Comments

Location & Dates:

Kilauea District Park – Friday, June 9, 2023 from 9:30 AM to 11:30 AM
 Bill Balfour Waipahu District Park – Wednesday, June 21, 2023 from 9:30 AM to 11 AM
 Palolo Valley District Park – Monday, June 26, 2023 from 9:30 AM to 11:30 AM
 Halawa District Park – Tuesday, June 27, 2023 from 9:30 AM to 11:30 AM
 Kaneohe District Park – Wednesday, June 28, 2023 from 9:30 AM to 11:30 AM
 Pearl City District Park – Thursday, June 29, 2023 from 9:30 AM to 11:30 AM
 Hau’ula Community Center – Friday, June 30, 2023 from 10:30 AM to 12:30 PM
 Wai’anae District Park – Monday, July 10, 2023 from 10:00 AM to 11:30 AM
 Lanakila District Park – Tuesday, July 11, 2023 from 3:00 PM to 4:30 PM
 EAD’s Service Provider Meeting via MicroSoft (MS) Teams – Tuesday, July 25, 2023 from 1:00 PM to 2:30 PM
 Rainbow Town Hall at Ka Waiwai – Saturday, September 16 from 1:30 PM to 2:15 PM

Goal 1: Hawai‘i Older Adults have opportunities to live well. (OAA)

Objective 1 *Increase awareness of available resources & support to age in place.*

<p>Strategy 1.1 Website</p>	<ul style="list-style-type: none"> ➤ Lots of good resources on EAD website. ➤ Audience comment – multi-lingual options on website. ➤ Need to expand more resources listed on website--including the profit area (even if a waiver is required); improve navigation--hard to find some information; Homepage is not organized well like Maui county office on Aging. ➤ Website is clean and easy to navigate/user friendly; include option of grouping of service aligned with Handbook; Calendar needs updating or remove altogether. ➤ Family Caregiving Guide has not been updated since 2016 – integrate information into Handbook; Search bar vs. Log in. ➤ color! ➤ Publisize on TV for folks who don’t have computer access, repeat programs on a schedule, translate website to other languages, public service announcements. ➤ Design according to disability accommodation best practices (universal design for all levels of ability) ➤ Font control, language/translation, ➤ Something I will checkout. ➤ Voice communication simplest for elderly, make it simple, + helpline for people to call if having trouble navigating importing. ➤ Helpful to update website. ➤ Increasing text size is good ➤ Use elderly affairs.com ➤ How much time does each senior spend on computer? ➤ Include mass texting to communicate with Kupuna; limit number of clicks to obtain info; include YouTube videos and resource pages.
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- Trainings re: computerize.
- I did look at it, Maybe add an “upcoming events” link?
- Redesign.
- Perfect! Very much needed.
- To be updated, TTY for mutes.
- Need to improve website soon!
- Encourage more disabled to participate, need more advertising for activities, like ability to change size of font.
- Like the more colorful page & ph. # more accessible (visible).
- Please improve City & County’s EAD website as soon as possible.
- Simplify info.
- Good, the user-friendly idea can work.
- Improvements are good as far as they go. Picture or icons go a long way to clarify.
- Looks better but such a lot of time spent on really no info.
- Update ASAP!
- Best if computer/internet capable seniors.
- Agree w/ making the website more accessible.
- Like webpage design similar to state.
- Good ideas! I like that it is more welcoming & user friendly. Photos always help too!
- Font size is helpful.
- Yes, improve website usability.
- Improve website.
- Website Increasing the number of people who are aware of/can find the website and the user friendliness is a good goal. Since EOA ADRC phone number is forwarded to EADs Senior Helpline, perhaps EOA website could be redirected to the EAD web page to find more services.
- *See Goal 3/Strategy!
- Redesigning the EAD website is necessary. This can serve as a hub for consumers, kūpuna, and caregivers. Creating the website to be user friendly will allow all consumers to view available options. Creating a drop-down list to reflect the services that are in the EAD Handbook. Also, additional updates can be shared to/from providers on the website in real time.
- Great strategy to update the EAD website, including posting of upcoming community events (please include the actual invite/poster as it is eye catching).
- Website, I think the modifications to make it more user friendly will help with the transition. It will provide an increase to users. It will take some time, for the 80% increase. Seniors being used to literature and phone assistance, so transition will take some time.

<p>Strategy 1.2 Outreach events</p>	<ul style="list-style-type: none"> ➤ Great idea, glad to hear about staff going out & engaging in community. ➤ Audience comment – TV/radio PSAs, free on ‘Ōlelo. ➤ Update the Handbook and organize the categories, include providers that are missing. Do more outreach events. EAD should be at every Aging Event. If they cannot do it, maybe coordinate with providers to distribute the EAD Handbook. ➤ In person contact rather than chat G+P, community display board if no computer or computer lab access, public announcement or text blast or VM recording w/ info. ➤ Consider specific outreach to aging parents of people with disabilities. ➤ Community parks. ➤ Hold events at community rec centers & Sr. centers island-wide, also at public libraries, senior clubs, etc. ➤ Food Bank drives, farmer’s market, health fairs, community events ➤ Covered, I have to run into more events. ➤ Improve communication about events. ➤ Support for Kupuna who want to age in place is needed – especially if they have no family to support them. ➤ Outreach events would be better, efficient and effective. ➤ Expand communication by partnering with churches utilizing their space and increasing support of the community they serve. ➤ Kokua Caregivers. ➤ I enjoyed this workshop! Good to see statistics and meet other caregivers. ➤ Fund enhance fitness and other evidence-based health promotion programs that promote good health and socialization. ➤ Community outreach events, develop new programs. ➤ Advocate for statewide data based senior programs such as Enhanced Fitness and Better Choices Better Health. ➤ Important. ➤ “friend & neighbor program” – wellness check ➤ Informative but if I wasn’t “voluntold” wouldn’t have attended. ➤ Need to ID those living alone. ➤ Of course! More funding awesome! <3. ➤ These events are how many Kupuna learn about what’s available and how to navigate the website. ➤ We need more outreach in our Ko‘olauloa district. ➤ Age specific. ➤ Good. ➤ ok – if it is applicable and age specific. ➤ Partner w/ community on topics. ➤ Events are best for seniors. ➤ Definitely agree w/ increase in-person outreach. ➤ More needed. ➤ Great idea! Meet Kupuna where they are. ➤ Increase Awareness.
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	<ul style="list-style-type: none"> ➤ Provide links to partner providers such as congregate dining and other partner resources. ➤ Focus where younger people are at family members, foster kids. ➤ Increasing the number of contacts is positive as the number of seniors that will need assistance will increase as the Boomer generation continues to age. ➤ Within HI Meals on Wheels, we find that there's a need for social engagement and connectivity. We serve a number of kūpuna who live alone and/or have no family/friend support. The implementation of more programs and outreach activities will promote independence for the kūpuna population. Being able to connect with kupuna/family at their level of understanding to shed light on targeted areas. Use various platforms to showcase supportive services – website, social media, flyers, word of mouth, etc. ➤ In person events may seem obsolete but it is a great opportunity for kupuna and their caregivers to familiarize themselves with community agencies. Meeting staff face to face may increase the likelihood of kupuna electing supportive services on their own. ➤ Outreach events I can see an increase with outreach events to provide an increased awareness for Senior support services and important issues. I would suggest announcements of outreach events to be given, both electronically and through some sort of hard copy (magazine/mail letter) to reach more the seniors, depending on how they get their information.
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Objective 2: Develop new programs and/or increase programmatic capacity so older adults, caregivers, and individuals with disabilities are able to participate in programs and services that support their ability to live well.

<p>Strategy 2.1 Health promotion</p>	<ul style="list-style-type: none"> ➤ Look beyond the evidence-based programs; think broader re: Health Promotion activities. People have to be interested in participating. ➤ Secure funding. ➤ Who will fund & execute these programs? I think there are a lot of great ideas but no money to make it happen. ➤ Collaborate with vegan society of Hawai'i. ➤ Include topics pertinent to aging well: nutrition, fall prevention, most common health issues (e.g., osteoporosis). ➤ Yes ➤ Great, how to promote. ➤ Yes, very important. ➤ Start with top chronic diseases then having feedback forms to collect info on topic interests. ➤ Older adults are much more health savvy than younger people. ➤ Good idea. ➤ Prep for future disasters.
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	<ul style="list-style-type: none"> ➤ More details. ➤ Who has the magic answer? ➤ Not enough communities have programs or facilities for Kupuna activities. ➤ OK. ➤ Good. ➤ Ok. ➤ More nutrition programs. ➤ Good idea. ➤ Agree. ➤ I like it. Maybe even Kupuna cooking classes. Virtual and in-person. Food + ingredients provided. ➤ Very informative. ➤ Exercise is important for mindfulness and promotes positive endorphins – please consider grant that would include more exercise classes or more access. ➤ More health promotion and disease prevention. ➤ Health promotion More programs and promotion and coordinated effort including the health insurance agencies, would help the aging community be aware of health information pertaining to seniors. ➤ Consider not starting more new programs but focus on supporting existing programs more. Most programs can do more, with more support. Many existing programs are doing ok, but have more capacity. I hope that makes sense and want to incorporate more services/aspects to programs. ➤ Prervention is essential for kupuna to obtain independence. In support of aging in place, funds should be streamlined through various health and wellness programs. ➤ Prevention is key. Agree that new funding should go towards health promotion and disease prevention as more kupuna age and experience declines/changes in health status. ➤ Identifying and securing new sources of funding for health promotion/disease promotion would be of great importance for seniors. Awareness of the latest news towards better health should be given frequently, as health studies tend to change frequently.
<p>Strategy 2.2 Congregate dining</p>	<ul style="list-style-type: none"> ➤ Need the right kind of programs; ask the clients what kind of programs they want. Look at congregate dining in Leeward Oahu. Nanakuli Library. Waianae Rec Center. Ask the local churches to rent their fellowship halls. ➤ Relationship building, themed dinners relevant to that population ~ icebreaker, activity, music, et. ➤ How will pilot differ from existing/previous congregate dining? Will congregate dining allow for social connectivity via online platform? ➤ Initiate potlucks. ➤ How about repurposing existing facilities (i.e., closed elementary schools) to provide locations within each community for Kupuna to gather. (same for Strategy 2.2).

	<ul style="list-style-type: none"> ➤ Expansion of meal programs. Many seniors find meal programs their chance to socialize. Others truly need support in receiving meals. Cost of food has increased far beyond what they can afford. ➤ Know how to use tools, (i.e., computer, laptop, phone,) internet access? ➤ Hard to get there. They will need transportation. ➤ Good idea. ➤ Monthly or weekly meals at specific locations open to Kupuna. ➤ Eating with other people is very enriching. ➤ Not sure how well it would be used. ➤ Zoom lunch (COVID). ➤ Meals should always be included at any senior activity. We need to increase our “meals on wheels” program. ➤ OK. ➤ What are the ideas you are looking at? ➤ Ok. ➤ Weekly Kupuna dinner. ➤ Good for senior malnutrition problem. ➤ Sounds like a great idea, maybe look into transportation needs to get to events. ➤ I like it. Maybe even Kupuna cooking classes. Virtual and in-person. Food + ingredients provided. ➤ Very informative. ➤ Love the congregate dining – bringing people together with food is amazing way to bond and socially connect. ➤ Congregate dining – nutritional & socialization. ➤ We are excited to learn more about the pilot to implement a new Congregate Dining model and try new ways of providing services. ➤ The implementation of congregate dining to promote nutritional and social engagement goals. To obtain participation, there needs to various activities to keep kupuna engaged. ➤ An idea from an Aging in Place plan in Japan would be to implement a congregate dining program close to a pre-school where the kupuna and keiki can have lunch together. Keiki would bring joy to the kupuna and the keiki would be learning socialization and table manners from the kupuna, ideally. ➤ Agree with pilot for congregate dining. From a food service standpoint that has mostly seniors, loneliness can be just as an important issue, as hunger.
<p>Strategy 2.3 Social connectivity</p>	<ul style="list-style-type: none"> ➤ Technological literacy is important, but need multiple modes of socially connecting for seniors who are unable or unwilling to connect online. ➤ Models that work w/ culture, language, demographics. ➤ Are pilot programs being considered that specifically target digital equity and inclusion? How do we support resources for seniors that support updates to info/technology? ➤ Create common interest groups – Artists, gardening, IT (computer, telephones, etc.).

- Volunteer services; interact with others while contributing time.
- Yes.
- How to break thru to those who need to get out.
- Same comment as 2.2. Also, they have limited access to internet-based communication. Pet therapy may benefit many lonely seniors. Eldercare programs where seniors can meet.
- Is it possible to reach people who are isolated and don't have people checking in on them? What is the first agency that should be contacted if there are concerns?
- Need to find joy.
- I think the Senior Clubs are a great way for seniors to connect w/ other.
- Loneliness & isolation; Develop programs – social call program.
- Important.
- Volunteers to call, to visit.
- To address isolation & loneliness, ex. Calls from volunteers.
- Have a community stash for emergencies/ donations?
- How to get someone to accept help if they are so rigid in thinking they don't need help?
- We need Elder Day Care facilities with qualified staff.
- OK.
- Good.
- Pilot program – Need funding.
- Ok.
- Kūpuna wellness checks, Elder Day Care.
- Events best for increasing social connectivity.
- I think this is valuable but this will be a tough program to implement.
- I hope that this service expands and more programs are built for Kupuna to socialize. Mentorship programs where they can mentor young professionals or Kanikapila friendship groups.
- Socialization continues to be an important goal for seniors and it's impacts have a huge impact on awareness of resources, prevention of issues escalating, and overall health.
- Same (2.2) Home care, Congregate Dining, Day Care all of these vetted programs address the issue of Health promotion/social connectivity. Maybe just more awareness about these resources and more support to existing programs for expanding services/reach.
- Social isolation has become a widespread issue, especially since the impact from COVID-19. With technology rapidly advancing, kupuna faces many barriers. Providing in-person workshops and educational training would enhance their knowledge of the basic skillset.
- Social isolation is a very pressing matter for our society, especially kupuna. Although digital options are necessary, lets highly encourage meeting in person for connection and activity groups.
- Same with congregate dining. Loneliness is an important issue that we find with many seniors. It would be a good idea to increase social

	connectivity programs. Aside from loneliness, it will promote a higher quality of life to simply be doing something active, during the day.
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Goal 2: Hawai‘i Older Adults are prepared for future health threats and disasters (COVID-19)

Objective 1: Provide information and resources to older adults and their caregivers to be better prepared for future health threats and disasters.

Strategy 1.1 Preparedness	<ul style="list-style-type: none"> ➤ I like the disaster planning, the important doc. Bag and water bag. ➤ Water bags and emergency documents ziploc bags distribution. List of things that seniors need to prepare, e.g., X number of days of food, flashlight, batteries, etc. Fill all small containers with water, because they can actually lift it after it's full. Strategies for kupuna living in highrise bldgs who can't easily go out. ➤ Are there specific funding supports to address emergency preparedness for food insecure seniors? ➤ Hold fairs & events at gathering places, such as local shopping malls where Kupuna can receive info. ➤ Preparedness for those who live alone, seniors may not have family to support, therefore leaving them vulnerable in any disaster/health emergencies. ➤ Both types of disasters. ➤ Yes, have contingency for pet care during emergencies. ➤ Important – need to publicize more. ➤ Do you have the ability to go to senior groups to train seniors on how to use computers? ➤ Booklets or checklists. ➤ Copies of important documents in Emergency Docs Bag. ➤ Thank you for the water storage bag! ➤ Prepared for next disaster. ➤ Partner with faith-based organizations in providing access to programs & services. ➤ Critical. ➤ Distribute water bags, kits, 30-day medications. ➤ Checklist –tools, 30 meds. ➤ Need to put up signs in houses as whoever is there knows what is available. ➤ Good info on website. ➤ Every community association can hand out flyers & info at their mtgs. Community members need to have greater caring and interaction with neighbors. ➤ Water #1 resource, water bags for storage. ➤ Good idea w/ icons. ➤ Setup a scholarship/funding for caregiver for get CNA license/training or LPN training and help in setting up private care homes in our area.
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	<ul style="list-style-type: none"> ➤ Like the waterbags. ➤ Home-physical space; Health – meds/Dr; Community – Travel Family. ➤ Checklist are good but events to explain and demonstrate list items. ➤ Visual checklist is nice, I think distribution of supplies (basic) would also be helpful. ➤ I love a good checklist. Include it on the website! Also have a program to help Kupuna acquire those items if they have limited funds. ➤ Community partners can assist if Elderly Affairs provides lists of items & goods, Community partner could assemble & distribute. ➤ An effective way to get emergency information out to the community is needed. This also needs to be a trusted source. ➤ Providers and local agencies can assist in distributing checklists to active and new clients to as part of their onboarding process. Emergency Preparedness Checklist should be placed in a visible and accessible area. ➤ Hawai‘i Meals on Wheels can assist in distributing these checklists even before a disaster is imminent. We could implement a procedure that any new clients onboarded would be given this on their first date of service. ➤ Emergency Checklist is good. I feel that the checklist should also include information for assistance, with getting items/services that are needed for emergency. Some seniors may not be able to complete the checklist, because some items/services on the list are simply hard to get on their own.
<p>Strategy 1.2 Online resources</p>	<ul style="list-style-type: none"> ➤ Update it and keep it current. Info needs to be specific to Hawai‘i's risks--not based on the National recommendations. ➤ Ensure resources aren't just about emergency preparedness but address specific aging & disability specific needs and considerations (e.g., shelters that do/do not have beds, seniors and people with disabilities can't lie on floors, allow support animals, have generators for equipment like o2, resources to modify homes to shelter in place. ➤ Involve representatives from various Kupuna organizations in the discussion & planning. Too often, we Kupuna, are marginalized. ➤ Maybe more hands-on classes. ➤ Have checklist specific for a single senior not “family” checklist. Possible assistance with filling out the checklist. ➤ Have links & phone number to website of resources. ➤ Would love to see more computer/tablet/smartphone classes a la Lanakila's classes. ➤ Update website. ➤ Good suggestion. ➤ Put resources online. ➤ Website. ➤ Radio reception poor here, oldest not tech savvy so needs other notification, volunteer squad; help each other. ➤ Good info on website. ➤ More classes to help Kupuna navigate appropriate websites as well as how to get emergency notification to their cell phones.

	<ul style="list-style-type: none"> ➤ Does not apply no computer. ➤ Good. ➤ Not computer literate. ➤ Interactive /resources videos. ➤ Maybe get time on radio, TV, online programs serving different language groups and putting on Public Service Announcements in group native language. ➤ Agree, maybe include social media as well. People are increasingly using social media to get information. ➤ Love it! ➤ Perhaps workshops can be conducted to assist seniors is creating their emergency kits. Sometimes we won't do things for ourselves unless there is someone prompting us. ➤ Providing concurrent update on the EAD website would be ideal for kupuna, caregivers, and providers to stay well-informed. The EAD website can serve as a hub for information and resources. ➤ A designated tab on updated EAD's website for this topic would be helpful for kupuna and providers. ➤ Online Emergency Preparedness is good. It would be good to have a support ph# to call/FAQ. I can see seniors having questions/need help. Multiple language format would be vital.
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Goal 3: Hawai'i's underserved populations have equitable access to programs and services
(Equity)

Objective 1: Increase accessibility of programs and services to underserved populations.

7- increased KC funding would also support this goal; we need funds to get people access to the programs.

<p>Strategy 1.1 Website Update</p>	<ul style="list-style-type: none"> ➤ We could look at the percentages of the language spoken on Oahu & prioritize the top 5 to translate the info to. ➤ Provide translation options, including Handbook and other documents. Change the link to the Oahu Housing Guide--hard to find. ➤ Same from goal 1, Strategy 1.1. ➤ Need an avenue to train seniors. ➤ Yes, language is definitely a barrier as well as comprehension of info. ➤ Update for more people to access. ➤ Increasing font size, reading text aloud from website. ➤ Translate – 10 languages. ➤ Definitely needed. ➤ Increase font size, translation in more language. ➤ larger font! ➤ Language translation is very important. ➤ Senior handbook a plus no computer. ➤ Yes, it's a must.
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	<ul style="list-style-type: none"> ➤ In different language helpful. ➤ Agree w language translations. ➤ Love it! ➤ Good idea. ➤ Incorporate social media for new caregivers now caring for their parents. I/friends are between ages 40-55 and getting resources on Instagram/Facebook is accessible for many. For ex., I follow a lot of Dementia Support accounts on IG. The information is helpful and it directs you to other resources on IG. ➤ EAD website update is necessary. Adding various language translation will be a great feature as well as having the option to enhance the text fonts. ➤ This is needed, agreed to proposed strategies. ➤ Increasing font size is vital. Some seniors do not know how to increase the font size with their computer. I would suggest all writing, at least 18 font size. Per my senior intakes, vast majority wear glasses. Multiple languages is a good idea.
<p>Strategy 1.2 Senior. Handbook</p>	<ul style="list-style-type: none"> ➤ Great idea to translate the handbook! ➤ Provide in other languages online and put the QR code in the English version of Handbook. ➤ Brochure for different languages with a phone number and to ask for an interpreter. ➤ Updated to 2024 (5 languages). ➤ Outreach activities. ➤ Publicize where handbooks are provided. ➤ Great tool. ➤ My help but some literacy problems especially in housing. ➤ Maybe have it at area markets. ➤ Translating the senior handbook in different languages is a great idea. ➤ Include road map or checklist on where to start. ➤ Very helpful! ➤ Translate. ➤ Great idea. ➤ Translate in more languages. ➤ Do translations in other languages. ➤ Do handbook a plus no computer. ➤ Good. ➤ Liked the senior handbook. ➤ Helpful. ➤ Use a system to identify which district service serves (Ex. C- Central, L-Leeward). ➤ Great idea. ➤ Good idea. ➤ Senior handbook has served well for our kūpuna and caregivers. Will there be EAD handbooks in different languages? Will there be other

	<p>versions of the handbook for visually impaired individuals? Braille system?</p> <ul style="list-style-type: none"> ➤ This is needed, agreed to proposed strategies. Will this also be available on EAD’s website in the 5 other languages? ➤ In regard to languages, among others, I would suggest translations for the languages Mandarin and Korean. We have needed translation assistance with clients that speak those particular languages.
<p>Strategy 1.3 Disability Handbook</p>	<ul style="list-style-type: none"> ➤ I heard that Pacific Disability Center (JABSOM) is also working on a disability referral book per island (guess -county?). May want to collaborate. ➤ Why would it take three years to accomplish this goal? Work with Disability organizations to find out what kind of information is needed and how would it be accessible, e.g., HI Disability Rights Center, Centers for Independent Living, Lanakila Pacific & ADRC. Don't recreate the wheel. Coordinate with these agencies. ➤ Awesome! ➤ Overlaps 7 initiatives of DD council, Are you working together for more inclusive/efficient process? ➤ Great tool. ➤ Same as 1.2. ➤ Good idea. ➤ Zoom exercise classes for seniors are really fantastic (through Parks & Rec). ➤ Develop resource handbook, online. ➤ Good – find more ways distribute. ➤ Specific to seniors, also have it online. ➤ Great idea. ➤ Senior handbook a plus no computer. ➤ Yes. ➤ Good idea. ➤ Agree. ➤ Translator service if it’s not translated in one of the five starter languages so someone can read it to them. ➤ Use Adults in Need instead of Disability. ➤ Disability Resource Handbook – change title to Resources. ➤ Good idea. ➤ Disability Handbook would be a great addition. We can distribute to our clients and caregivers who express interests. Will there be other versions of the Disability Handbook for visually impaired individuals? Braille system? ➤ Hawai‘i Meals on Wheels would request copies of this handbook and distribute. ➤ Disability Handbook, large font and online is a great idea. Translations for foreign languages will help with foreign seniors with disabilities.

<p>Strategy 1.4 Resource Center</p>	<ul style="list-style-type: none"> ➤ Where is this Resource Center? Allow for walk-ins, provide parking and accessible bus location. ➤ One-stop-shop ☐ kiosk, satellite offices to redirect to resources or assist w/ completing applications/forms. ➤ Maybe more available. ➤ Yes, a voice or person would help seniors in need. ➤ Make connection with each local library, perhaps Librarian may help seniors find these resources. ➤ Very good. ➤ This is a great idea and I hope it goes well and expands to West Oahu. Also, should have a computer/technology help service for Kupuna. ➤ Once HNL Res. Ctr model established consider having Res. Ctr. Pods in areas like Hauula, Waianae & other areas. ➤ Create pilot ➤ Consider a mobile Kupuna Resource Center to access communities. ➤ Great idea but location would be an issue. ➤ Esp. 1 to 1 service; location, expansion depends on public reception. ➤ Good idea. ➤ *211 doesn't work in our area, we need the Ko'olauloa Resilience Hub ASAP. ➤ Senior handbook a plus no computer. ➤ Yes. ➤ Add printing also. ➤ Partner with Community TV for programs. ➤ Good idea. ➤ Great idea! Can also partner with libraries. ➤ Love this! Accessibility is important. Having staff that can be ready to meet Kupuna at home to help with services. ➤ Websites/Catholic Charities Memory Mentors. ➤ There could also be more translators for phone/in-person communication. It would be amazing if there could be a bank of translators that all agencies could share so there would be enough work to sustain and pay the translators and people who need translation services can have them. ➤ Sounds good! ➤ A temporary location to hold the resource center could be an adult day care center or public recreational room that allows accessibility for kupuna and individuals with disabilities. ➤ A proposed temporary site could be public libraries until a permanent site opens. ➤ A resource center with literature/assistance/utilities would tremendous. I would suggest a possibly shuttle service, for convenience.
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Goal 4: Hawai'i's older adults and people with disabilities will age in place (HCBS)

Objective 1: Increase accessibility of services for older adults and persons with disabilities to age in place.

<p>Strategy 1.1 Discharge to Home</p>	<ul style="list-style-type: none"> ➤ I wonder if we can convene with DME agencies, contractors & occupational therapists to brainstorm ways to get home modification assistance for Kupuna in need. ➤ Rethink what will facilitate access to EAD funded services, e.g., initial authorizations by discharging institutions or assign EAD staff to work with hospitals and do the assessment after the temporary authorization has already been given; adjust the waitlists to decrease the wait time. Facilitate insurance processing for supplies and services. ➤ How does this overlap with Medicare/Medicaid? ➤ Create Personal Living Aftercare Assistant assigned to client to help them transition to home following 3/6/9/12 months. ➤ Provide list of contractors specializing in installation (guess -home mod?) ➤ More info to those being discharged. ➤ Home visits by doctor or nurses; increase incentives for gerontology majors. ➤ Marvelous idea to coordinate – esp. to have home modification before discharge. ➤ Develop process. ➤ Good idea. ➤ Resource of services needed once at home. ➤ Age in place – in home services, home modification – grab bars, Board of H2o Supply water storage bag, caregiving. ➤ In lieu of institution support services in home. ➤ Would be nice to have services this side.... not town. ➤ Home modification can be costly or even impossible to do. Challenging for many as many families have no one at home to help their Kupuna. Too few homecare providers who are qualified. ➤ Needed in our community. ➤ Good. ➤ Needed! ➤ Transitional spaces are lacking; programs for home modification. ➤ Post discharge outreach services with longer term services for older disable persons would be helpful. ➤ This would be helpful, but cost can be an issue and availability of transitional housing after discharge. ➤ Nice! ➤ Home Health Care Providers – 1) transportation, 2) Meals, 3) all other Resources. ➤ This has been identified as a big need. After long hospitalization, the senior can be discharged into an empty home and lack transition supports. Whether temporary or longer-term, it would be helpful for the seniors to have supports like meals, homemaker, and assistance with errands as they continue to recover at home. ➤ Great strategy. This will serve as a warm handoff for many kupuna who discharge back home. Many don't have family/friends to help coordinate those services for them. Having the appropriate care and support in place
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	<p>before they return home but also implementing a transition program can ensure kupuna are adjusting well after hospitalization. Medical facilities to consider would be hospitals, short-term rehabs.</p> <ul style="list-style-type: none"> ➤ Community based agencies could have referral paperwork readily distributed and available at the hospitals. Community based agencies could do in-service presentations with discharge staff. Establish rapport between providers. ➤ Support service for discharge to home is absolutely vital. I would suggest for the support to provide one to one observation, from the curb to their home. Bus/taxi/Handivan is called for seniors that have no person to receive them. Upon drop off, some seniors are in danger of getting hurt, or do not have the physical or mental ability to make it in their home.
<p>Strategy 1.2 Expand program</p>	<ul style="list-style-type: none"> ➤ Expand HCBS and provide it in a timely manner; kupuna cannot receive services in time and their condition deteriorate when they can't receive the right services in a timely manner. ➤ Home mod would be great. How will approval address seniors who live in multi-generational households (where benefit expands beyond ind. senior). Can home mod include hardening for disaster preparation (e.g., hurricane clips). ➤ Great. ➤ Homecare services, respite care, transportation services. ➤ Good idea – hope this can be expanded to help seniors with different disabilities. ➤ Participant Directed care, home modification program. ➤ I like it. ➤ Develop home modification such as ramps, handicap bathroom or home. ➤ More locations to provide services. ➤ We need more transitional facilities in the Ko‘olauloa District. ➤ Kahuku Hospital needs to be enlarged. ➤ Good, yes. ➤ Caregiver certification. ➤ Expanding training to high school programs and community programs for certified medical assistants for elderly disabled would be best. ➤ Home modification program sounds amazing. ➤ Love this idea. Having resources or donations that the Kupuna doesn't have to worry about purchasing. ➤ We are excited to learn more about the home modification program and what types of home modifications seniors will be able to receive. ➤ Participant Directed Care and home modification programs will provide significant support. Reports have been made to our office when clients have falls incidents, changes in their condition, living environment, etc. Specifically falls have been more prevalent and an utmost concern in our older adult population. However, having sufficient funds is a barrier for kūpuna and caregivers preventing them from affording these types of home modifications.

	<ul style="list-style-type: none"> ➤ Home modification programs would be immensely helpful for kupuna and their caregivers to safely age in place. Funds are a major deterrent for something so crucial to this goal. ➤ Home modifications: Implement bathtub safe equipment. We have lost lives to older adults falling in the bathtub.
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Goal 5: Hawai‘i’s caregivers have a broad array of services and supports to effectively care for their loved ones (Caregivers)

Objective 1: Increase awareness of services and supports for caregivers.

<p>Strategy 1.1 Training Course</p>	<ul style="list-style-type: none"> ➤ The CA state dept on aging & health depts. has an offline database of caregiving modules. I wonder if they could be a resource so we don’t need to reinvent the wheel. www.calgrows.org ➤ These training courses should be made available to general public--not just City workers. There should be collaboration between City, State, Federal govt. agencies, private sector, profit and nonprofits. ➤ Create a caregiver support (guess- network?) so that caregivers have a place to share especially: frustration, fears, etc. ➤ Educate employers on accommodate to caregivers, support by employers. ➤ Recommend creating courses beyond county employees, look at increasing workforce going into caregiving/LTC careers, create career path after high school? Look at both paid & unpaid support to build workforce. ➤ This is a wonderful idea. We work with adult children living in poverty due to the need to care for elderly parents. They are sandwiched between parents & children & could use respite, financial asst, or the ability to work. ➤ When & how it is delivered – weeks, day/night, online/in-person/hybrid Cost? Affordable? Perimeters to qualify for training. ➤ I would attend. ➤ Yes, it would be helpful. Please make available online to increase access. ➤ Easy access to training course. Good to have City employees have access to caregiver info to help Kupuna who ask questions or need support. ➤ What kind of training course? Cost? Make flexible work schedule for caregiver. ➤ More free savvy caregiver classes. ➤ Yes. ➤ Would be nice to have a class on Zoom. ➤ Awareness for City employees. ➤ Have online course available to general public. ➤ Training for City employees. ➤ Kupuna Services. ➤ Hope City allows course on care caregiving for employees. Good first step. ➤ More residents to be able to live and work in our community. ➤ Yes.
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	<ul style="list-style-type: none"> ➤ Home modifications, Yes! ➤ Local Regional Family Caregiver Certifications; Respite care for Caregivers. ➤ Caregiver course for city employees would be helpful to better care for loved ones while still working for the city. ➤ Could be interesting. Would want to know more about the curriculum. ➤ Like jury duty, make caregiving a safe activity to do so we don't get penalized at work so we can prioritize training. ➤ As a partner with grant funding the Y and community partners can offer exercise, strength training the keeps the caregiver healthy. ➤ Caregiver respite. ➤ Good idea and perhaps the course can be recorded and shared outside the City. ➤ Great Goal! Can decrease workplace absenteeism if employees know what resources are available. I would like to offer support in this area sharing how Adult Day Care/Adult Day Health is a good option for working caregivers. We could offer tours to different City departments, etc. Maluhia has capacity to support this goal. We've pitched this idea of supporting employees @ HECO & Hawaiian Tel and it was well received. ➤ Providing a training course for employees would be insightful as it will bring light to what our caregivers see daily. This will allow agencies to understand at the caregivers' level of the type of challenges and barriers they go through. Thus, expanding training/workshops catering to the needs of our kūpuna and caregivers. ➤ Agree to this idea, especially since the increase for caregiving will have an effect on the workforce. ➤ Caregiver training will be vital as many, if not most of us, will become a caregiver to a loved one. Please let them know what to expect and that taking time for themselves is just as important as caring for the one they love.
<p>Strategy 1.2 Caregiver Handbook</p>	<ul style="list-style-type: none"> ➤ Provide in-service for medical staff and interns to learn about the available resources in the community for Caregivers with PT, OT, Dieticians, etc. Update the Caregiver Handbook (2016). ➤ Support group all types of caregivers! ➤ Yes, good idea. ➤ More information should be publicized about available resources, I think now it is just by word of mouth. ➤ Good, needed service/support. ➤ Road map/checklist on where to start for services. ➤ Yes. ➤ Having information and moral support really helps! Knowing we are not alone. ➤ Develop handbook. ➤ Good idea, but isn't there one already available. ➤ Good idea. ➤ Handbook update is good idea. Please be sure it's also online.

	<ul style="list-style-type: none"> ➤ Yes, do need everywhere. ➤ Wider placement of guidebooks. ➤ Distribution to caregivers frequented places re: schools, or colleges would be useful. ➤ Could be helpful. Depending on the size, could pair w/ Kupuna handbook. ➤ Yes! ➤ Younger working people need to know. possibly in Federal Bldg. – Navy Yard/C&C. ➤ Good idea. ➤ Great idea! ➤ Caregiver handbooks will provide awareness and need for service. Various educational training/classes and developing introductory caregiver skills for kupuna will promote a great standard. ➤ This would be a good first step in introducing services or information to people who are new to caregiving. ➤ Caregiver handbooks are important. Many of us will become caregivers. Virtually all of us will need caregivers.
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Objective 2: Increase access to services and supports for caregivers.

<p>Strategy 2.1 Increase Services</p>	<ul style="list-style-type: none"> ➤ Yes! ➤ Increase access to support services, respite services for family caregivers to attend trainings. Increase personal care supports, chore services, bathing services, attendant care (senior companion program). ➤ Educate community on need for advocacy & support KC funding. ➤ Pass bill to support caregivers. ➤ Support groups, continuing education classes – updates on policies, technology, strategies. ➤ Support group all types of caregivers! ➤ Respite care, assisted/assistant transportation, eldercare services where elder can stay for a day or a few hours at limited costs e.g., Mō‘ili‘ili Community Center. ➤ More presentation in community. ➤ Give a stipend to family members who are caregivers. In the future we will need this. ➤ Seems like more growing gov’t. ➤ Kupuna Care. ➤ Need more accessible locations on home support services “Kupuna Care. ➤ Need for elder day care, where can drop off my 100-year-old mother while I go to work. ➤ You’re on the right path. ➤ Updated info is always a plus. ➤ Good. ➤ Also set up programs for funding for private care homes and providers. ➤ Yes!
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	<ul style="list-style-type: none"> ➤ Very helpful to caregivers and older adults with disabilities. ➤ Definitely needed. ➤ Stipends would help Kupuna and caregivers to balance home/work life. ➤ Resources for City Workers; “Kupuna Care Funding” – Daily Functions. ➤ Good idea. ➤ Yes! Utilize service providers in field to help you determine caregivers in need. ➤ Promoting more workshops and training in the community. Most kūpuna prefer to be cared for by their loved ones. This will aid informal caregivers while preventing/reducing burnout. ➤ Agreed. This will aid caregivers and alleviate risk of burnout. ➤ Provide awareness for caregiver support. I would suggest providing some information regarding what is financially necessary for both seniors and their loved ones. Planning for a caregiver is important, as having one, when you need them. Some people don’t know what to expect financially, until it happens.
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Written Other Comments:

2-Audience comment –we need to address financial hardship, basic needs and the increase of Kupuna experiencing houselessness.

A) Next session suggestions:

- i. Make screen of projection of slides bigger, seniors in the back may have had a more difficult time
- ii. Let people know to hold questions and comments until the end so that you can get through the whole PPT before discussion.

3- - Increase funding and/or salaries to stabilize workforce to provide care to kupuna. Focus on preventive services to keep our kupuna active to avoid institutionalization. Expand active aging programs throughout Oahu, i.e., more senior centers, parks and recreation programs specifically for kupuna. Build in active aging programs into the housing plans.

8- Kupuna on fix income may not be able to afford these great goals, financially they will need help. We should use a portion of the monies for people moving to Hawai’i from out of state/state to state to use this portion of money for Kupuna who cannot afford help when they need it the most.

A) Do we have a Kupuna Caregiver bill to protect the caregiver’s job?

9- In general, I appreciate the concept of increasing access. Lots of focus on the website, getting information out. Would like a strategic initiative focused on financial wellness for Kupuna. Homeless population increasing, stressed Kupuna lacking electricity, rent, money for medical expenses. The funding needs to match the priority to care for our Kupuna in need.

12- Currently w/ Grant In Aid – objective to bring in 65+ y o volunteers to Adventist Health Castle. Finding some are wanting employment. Is there room to develop training that accommodates older populations □ what type of work environments? Brought 1 older gentleman through internship, but the type of work he’s interested in is rare □ pt. admin, not able to put in other positions unless willing to get other training.

2- All above information, please continue. Great job and very articulated advice and valuable information by Ms. Marsha Tamura and Ms. Pomai Castro. Please continue to have them here again.

3- I think transportation is one of the main reasons Kupuna can't get services. Info needed more – services should be publicized.

1- I see there are Caregiver Support groups. Maybe something to look at more. Thanks ladies, great info on all aspects of C&C Elderly Affairs.

No other additional written comments

1- There is a great need to provide training/services to Kupuna or how to use their devices – iPad – iPhone – mac - training which has them bring their device to the training rather than using other devices. Convenient locations for training are important.

3 – I think the biggest challenge is that many people don't qualify for benefits because they have assets but don't have enough financial income.

4 –Present recommendations on who/what agencies to contact (w/ names of agencies) for certain areas. Overall presentation was well done.

6- I retired to fully cared for my husband. I had hard time to get helps because not qualified for senior care. I had managed everything on myself until my husband passed away.

10- Sorry I didn't write anything down. I'm just so interested in everything you've spoken about. Mahalo for the invite. I need to do homework. Thanx

1-Mahalo nui! ☐

2-Caregiving the caregivers; Provide info to churches/temples & they will distribute; Class on process to apply for SSA & Medicare

3-Great presentation and vision for Kupuna! I like all the ideas presented. Thank you for this informative session.

1- This was a very informative session. What was presented today and proposals made I agree with. I just received the Senior Information & Assistance Handbook and hope that it will be a great assistance.

2- Overall information is helpful but more focus help in person would be good.

3- Thank you very much, Marsha and Pomai. Hawai'i is the best place for seniors. My Mom is 94 and lives a happy life. She has enjoyed Senior Club at Waiau for 20+ years. Mahalo to the City & County of Honolulu for helping our Kupuna. Can we have Caregiver support groups? Need someone to discuss issues with....to rent- ha ha.

4- Marsha Tamura's presentation on the 4 Year Area Plan was excellent. Work with faith-based organizations because they target individuals with greatest economic and social needs.

5- Programs to help seniors age well – exercise programs. Enjoyed the future plans for Elderly Affairs.

6- Excellent presentation sharing data gathering & plan process and how information is given to the public for their input and participation. I learned a lot. Thank you.

7- This was an excellent presentation and I hope to have you come to Pearl City. Thank you.

8- Thank you for thinking so critically about these important topics. I appreciate the dignity and care the staff shows seniors. ☐

11- Good source of information, hope to see the goals planned come to fruition.

1- Mobile hair stylist for men & women. Sorry, this is not organized your way. I'm working with setup and thinking on the run. Survey form could be more user friendly, e.g., what do we 1) need, 2) want, 3) maybe.

16- How can we get these resources to our Ko'olauloa communities?

28- need a swimming pool in the area. **Fund** Senior activity programs. We get **no** funding here.

1- More self-help information access for those too shy to ask for help.

1- Services in Foreign Language for smaller communities.

1- Knowing the City's goals assist providers in thinking about ways we could meet these goals in the future. Thank you for sharing.

Notes of comments from session:

Senior woman in attendance -

Kupuna resources/information needs to be shared in other ways, i.e., public service announcement, or TV commercials. We would be missing out on a lot of the Kupuna population/audience that does NOT use computers/technology.

6- Translations to website will be helpful!

LIHEAP program is a good example of programs that can help Kupuna (solar & cost-efficient refrigerators).

In regards to training, EMPLOYERS should take a caregiving training so they can better accommodate employees who are caregivers.

8- Concerning Kupuna who live in housing by themselves, isolated (have no family support), who will be assigned to reach them to inform them of services? Outreach team?

Also, property management in many cases are the BARRIER for Kupuna to receive services. Also, who will pay for the expansion of services? Maybe the monies spent on flying homeless non-local residents to-and-from "should" be used to fund Kupuna residents SNAP benefits.

9- 4 Year Plan is very "services oriented" ... where is the FINANCIAL help? (basic needs, housing, utility assistance). With the cost of living going up due to inflation and our Kupuna on fixed incomes, a common problem we see is Kupuna not being able to pay for basic needs.

Is there a Caregiver Bill?

Adult Daycare need more funding, even though some take Medicaid.

10- More bridges need to be built towards the common goal to service our community, need to disseminate info. and resources through all parks and rec.

2 & 14- Community should get involved with Kupuna Caucus, next session is July 7th

16- what efforts are made for LGBTQ residents?

2- Used to be a caregiver for mom (who has since passed), says she wished she knew about Elderly Affairs and the services they provide. She has no nursing experience and felt that mom could have lived longer if she knew about the caregiving resources. The Caregiver Handbook would be Great! When I asked my mother's Dr. about help as she was too weak for her to travel to see him, he didn't know of any resources, so reaching out to Dr's to let them know about resources and giving them the handbooks would be very helpful to patients and families. Thankful for the local culture (and language – pigeon English) as it helps people of different cultures communicate, especially immigrants like her father that welcomes intergenerational living, in one house. Nowhere else, but Hawai'i, does this happened/allowed. Where can we (Kupuna) get more information about services? Is there a mailing list to get on and receive info? How can we get more Senior Handbooks? – call our office or nearest Satellite or DMV office may they have copies.

1- Lived with grandmother and helped to care-giver but enjoyed the upbringing, it wasn't a job/burden. Caring for grandmother was an easy responsibility because she was another family member (not a client).

3- In regards to computer/internet access, daughter bought her an iPhone because it's more convenient, just need to learn how to use it. A Kupuna Tech class would be helpful! Questions: Is there an income limit for services provided by EAD? Is it cheaper to live at home? – with cost of living going up Or better to live in a Senior Assisted Living - Plaza? – would need to do research, possible presentation topic for senior groups housing & (long-term care options), can call CCH or our Senior Helpline for info.

4- Already has a hurricane kit, but needs a disaster prep. Kit, water bags and important document bag (with checklist) is extremely helpful! Didn't know there is a home-owners tax credit for seniors! Assessments used to be done once a year for transportation, but stopped due to COVID maybe? – Have senior club participants call EAD's senior helpline to do a screening and see if an assessment is appropriate.

1- mentioned caregiver support – for her friend 2, who was in attendance, also talked about how ANY information for seniors in their community should be also be shared with the housing office, who communicates A LOT of the resources to the community. Also, shared that her church volunteers participate in food distributions at community center INSIDE the housing, called “The Hale”– told her we did reach out to Dahlia at the Housing Office and left our contact info. with her but unfortunately no call back.

2- is currently a caregiver, she agreed with info. of more expanded services and would appreciate more resources for caregivers, respite/caregiver support groups. Also mentioned that community info. and services (especially this info. session flyer) needs to be posted on the Next-Door App. This is where she gets her info. on community events (HPD posts, other City agencies etc.). – look into that NEXT DOOR APP? To post future info. sessions?

Woman in 2nd row, navy blue shirt - For what kinds of services can you call the Senior Help Line for? – told her any type of service, OR if you have any questions and need resources. The

Elderly Affairs Senior Help Line staff will provide you resource options, referral for services, and/or screening for a possible assessment to receive services.

Woman in 1st row, white shirt – What is “KUPUNA”? – explained that Kupuna in the Hawaiian language is senior or elder. Hawai‘i residents have a common respect/care for seniors and it’s nice to see that portrayed to our Kupuna and our Keiki.

Woman 1st row, green shirt – Re: social connectivity (friendly phone calls/phone reassurance/Memory Mentor programs), how would someone KNOW about the services that the City provides and where do they get this information? – suggests that they call Senior Help Line to ask staff for info. regarding Kupuna tech classes, virtual trainings, etc. Shared that EAD will soon have a Kupuna Resource center where seniors can come and meet in-person, to receive one-on-one basic computer/internet training. Also mentioned that Kupuna needs to self-identify and ASK for help IF they need the help, reach out... call senior Help Line if they have questions or need resources/referral to services.

Same woman, front row, green shirt – re: Libraries as a location for seniors to access EAD website to look/search for services, who will tell the libraries that seniors need help? – we will look into communicating with our community partners about access and support with technology (work with State Libraries?). Suggest they call senior Help Line if they need help navigating a website, EAD staff can search and provide info (resources) to them. Ask children/family to help them navigate smart devices, looking forward to senior resource center to open soon.

Woman in 2nd row, brown/black shirt – In regards to EAD Website, how do you get to it? – gave her EAD address: www.elderlyaffairs.com or can use QR code on the bottom of swag note pad we passed out to the group. Also, they can click on the publications tab on our EAD website to view a digital version of our Senior Handbook.

Overall, VERY good feedback! Almost all of the group of 10 women agreed with the updating of the website, looking forward to any opportunity of tech training, and also looking forward to the opening/access to a senior resource center.

1- This plan is exciting! Works with senior in Papakolea, shared information about a helpful program with FREE internet & phones/devices for Kupuna (senior tech opportunities). Need training since technology is how most communicate, Kupuna need help in learning to use their devices.

How does EAD give money to various sites? Some Kupuna are only \$100 over the amount to qualify for SNAP EBT, communicated this issue all the way up to Ed Case, who said that unfortunately the entities DO NOT communicate with one another about the needs of residents. The City = EAD funds the contracts who provide different services: meals on wheels/congregate meals, transportation, etc. If a Kupuna has EBT SNAP, they receive 50% off produce. Green Bag program (Lanakila Meals on Wheels)

Home Modification programs sound exciting! Very interested in home loan programs for seniors.

Need a checklist, where to start? Road Map of what to do (who to call first), what to prepare for.

1- Zoom (digital) options are good for Kupuna who still do not want to meet Face-To-Face. Document bags are helpful, but also good to have COPIES in a safe deposit box.at the bank (make sure bank is not in a flood zone). Agrees that people are not prepared for another disasters (i.e., false missile warning).

Caregivers need support (“caregiving FOR caregivers. It was REALLY helpful to find adult day care, which allowed me to go to work.

3- Looking forward to accessing Kupuna Resource Center.

Some Kupuna are scared to use their devices, afraid of scams. A lot of them are in denial that they are getting old, don't want to be dependent and feel they don't need the resources. Suggests that when a Kupuna get a new phone, give it to their family, and have the family SHOW THEM how to use it.

*Where is the Kupuna Resource Center going to be? - In town Of course it is! Need more locations other than town.

*19% of Seniors live alone in Hawai'i? How does that compare to the rest of the US? Percentages are probably similar, it may be dependent on rural vs urban seniors, more elderly housing in urban areas so seniors downsize, when spouse/partner passes remaining senior is living alone, if children have move away long-distance caregiving comes into play

*Are the vendor/resources in the handbook vetted? Need to update website! YES, contacts in the senior handbooks are updated every few years and majority of them are the EAD's community partners.

*There should be a presentation on how to USE the senior handbook. Some seniors need help navigating through the book, resources are sometimes overwhelming. If you have questions or need help navigating the handbook, you can call the senior helpline. Can also call to request a EAD presentation for your senior group.

- How do we get someone to self-identify as lonely? Individual needs to let someone know... EAD does outreach, hopefully through more outreach efforts, community will learn of available resources.

- During an emergency, when giving the community disaster information, sometimes the message put the people in a panic. Preparation is a DAILY thing here, not right before a disaster. Residents need to CARE about each other, not just yourselves (re: hoarding toilet paper)

- What is the shelf life for the water in the water bags? Put a little plain bleach (unscented) to kill bacteria

- We always put away extra food/supplies (for 30 days) for a disaster since climate change is knocking at our door. Only fill your water bags ONLY when you receive a disaster notification. 211 does NOT work in Hau'ula. Many seniors don't know what 211 is? Service providers need to communicate their services clearly.

- 12 people raised their hands having computer access, 5 people have NO computer access.

- Senior Handbook suggestions – identify the resources by DISTRICTS

- Property tax credit is only a drop in the bucket. Need to communicate needs of seniors to council member.
- Keola Mamo already has a senior resource center, but if you want to add more then that's GREAT!
- No transition facilities are this side, lack of facilities in this neighborhood.
- One on one caregiver training – is there a program that can provide this training for family members to get licensed and certified because we need help with in home care? Check with insurance company to see what types of services are covered.
- Special needs services - already being provided by Medicare.
- Create more trainings: caregiving, caring for caregivers (respite care)
- Maybe put caregiver resources in other place where not only seniors will see, to appeal to younger adults (college lobbies etc.)

1- How many locations of the resources center, can they be in EVERY city? The Kupuna Resource Center will be in town, but others have suggested a “MOBILE” resource center, to service various parts of the island, especially for the ones who cannot get to town. We will see how this pilot project goes, see how it's received by the community, then discuss possible expansion.

Regarding loneliness/isolation, they had a Pen pal project with their senior group and partnered with Nanaikapono and Waianae Elementary schools. It was a very successful project, where the kids learned to read/write and Kupuna was happy to connect with the kids. Out of the three grades who participated in this Project (2nd, 3rd & 4th grades), they found that the “sweet spot” was 4th grade because they knew how to write the letters. Nicki is also currently caring for her mother whose first language is Laotian, and finds it difficult to get mom out of the house and motivated to join clubs and do other things. She loves the idea of more outreach events.

“All goals/objectives/strategies sound achievable.”

2- Used to be a caregiver for grandparents who have since passed, BUT these resources would have been very helpful had I knew about them.

3- YMCA is currently trying to build up our programs (youth & Kupuna). Our current issues are transportation for Kupuna participants. There are A LOT of Kupuna who know about our programs/activities (meals, socializing, games, garden, exercise classes and adding more classes etc.) they are excited to attend BUT sometimes they have no ride. Transportation is critical to providing services. Currently looking for a driver.

1- What kinds of health programs? Exercise programs In Papakolea, we have both chair aerobics and hula for exercise programs, along with kanikapila to keep Kupuna active and engaged.

- How can you get Kupuna to come out to senior events? Free food! Even received free exercise bands once. Free stuff – SWAG, resources, senior handbooks etc.

- Papakolea Kupuna have scheduled monthly/weekly events; presenters and refreshments are welcomed!

- There should be congregate dinning at City Parks. Like at the senior centers, YMCA etc.

- Re: social connectivity, Papakolea keiki learn/hear stories from their Kupuna, storytelling by grandparents. This should be done in elementary schools. There is also a tutoring program where Kupuna receive stipends to read/tutor keiki in school. (Foster Grandparent Program?) Good way to keep community connected. Also, can connect keiki and Kupuna “culturally (Micronesian senior paired with Micronesian child, Korean paired with Korean child) same ethnicity sharing stories.

2- Slide on “Baby boomers” percentage is very interesting information and very good to know! Also, thank you for explain the acronym ALICE, not a lot of people may know about that population exists. Women in the workforce also affects ALICE percentage.

-Where did we get the information from? Survey and assessments

-Font on the website is too small... need to adjust. Apple store offers tech help to Kupuna and can ask if they can help you find products that care READ text to/for you.

-Re: preparedness, seniors need to be “shown” how to use the water bags, possible translation on the bags?

-So many older people have hearing loss, how does the call center handle this? TTY option

-Agree with the Senior Handbook being translated but also asked if the “Disability” Handbook could be renamed?

-Re: resource center, restrict the WIFI to Kupuna ONLY, no student, homeless, etc.

-Re: Discharge to Home and HCBS, something’s are not covered by Medicaid or Medicare. Especially those UNDER 65 and employed... we need to find the GAP of seniors that are not covered and didn’t know services are available.

-Re training course, why City only? Is City a larger employer than the Feds?

-Illinois program where bus would pick up seniors and take them to a site for weekly trainings/meeting, where they would be fed and able to take home food for a week.

-Partnering with Uber /Lyft for transportation for seniors. Cab bucks is also an option.

APPENDIX G. DISASTER PREPAREDNESS PLAN

EAD complies with the City's approved Emergency Operations Plan, dated March 2014.

DCS plays an active role in the following disaster phases: Preparedness, Response and Recovery. EAD has the following responsibilities during Warnings, Reports and Reporting Procedures, Damage Assessment and Recovery.

DCS and EAD staff members may be called upon to serve in designated emergency shelters across the island of O'ahu and other duties as assigned. An EAD staff phone tree with call down duties is provided to all staff. EAD staff may be assigned to work remotely as appropriate.

Warnings – EAD will do the following:

- Provide all contracted service providers a copy of the Mayor's Press release as it relates to emergencies and/or disasters.
- Develop and implement a notification process to clients within EOA's Management Information System.
 - a. The notification will consist of a pre-recorded message, based on the Mayor's Press Release, which is disseminated via a computerized platform, such as Call Fire.
- Pre-record a voicemail message for the Senior Helpline, based on the Mayor's Press Release.
 - a. The recording will be updated, as needed based on the Mayor's Press Releases and updates provided to the public.
 - b. This recording will be in effect until the disaster efforts are completed.

Reports and Reporting Procedures – EAD will do the following:

- Provide updates, as necessary to contracted service providers.
 - a. Request Service Providers to report updates on status of emergency impacts and service capability and capacity.

Damage Assessment and Recovery Efforts – EAD will do the following:

- Comply with the City and County of Honolulu's Department of Emergency Management's (DEM) request for damage assessment and recovery efforts.

Contracted Service Providers – EAD will do the following:

- Service providers are identified whether they are in hazard evacuation and impact areas.
- Prior to award, and as stated in all issued contracts, contracted service providers are required to submit emergency preparedness plans and contingency plans to EAD.
 - a. Plans include, but are not limited to, service reduction/limitations/modification, identified affected areas, timeline to restart services, etc.
 - b. Contracted Service Providers will continue to report updates to emergency and contingency plans as needed.
 - c. Plans are filed within the contract administration folder.

APPENDIX H. ADVISORY COUNCIL – HONOLULU COMMITTEE ON AGING BYLAWS

BYLAWS OF THE HONOLULU COMMITTEE ON AGING (HCOA)

ARTICLE I. NAME

The name of this Committee shall be the HONOLULU COMMITTEE ON AGING hereafter known as HCOA or Committee.

ARTICLE II. OFFICE

The principal office of this organization shall be located in City Hall, City and County of Honolulu, Honolulu, Hawai‘i or wherever designated by the Mayor.

ARTICLE III. PURPOSES

The purposes of HCOA are as follows:

1. Advise the Mayor on matters pertaining to the elderly in the City and County of Honolulu.
2. Advise the Elderly Affairs Division (EAD) on all matters relating to the development, administration and implementation of its area plan.
3. Secure the widest possible citizen participation in its efforts to help identify and address concerns related to the elderly population and those adults with disabilities.
4. Help collect and share information with the State Executive Office on Aging (EOA) or EAD as requested or needed.
5. Foster public awareness and partnerships among community members and groups towards the development and support of opportunities that enable older adults including those with disabilities to live to their fullest capacity in their homes and communities.
6. Advocate on matters pertaining to the elderly in accordance with priorities established by HCOA.
7. Assist in efforts related to research, programs, and initiatives of EAD.

ARTICLE IV. MEMBERSHIP

Section 1. Membership shall consist of those individuals appointed by the Mayor. Members shall be selected on the basis of their interest in the issues of aging; commitment to advocate for the welfare of older adults and individuals with disabilities within the County; knowledge of local communities and populations; and ability to represent diverse geographic locations of O‘ahu.

Section 2. The membership shall be comprised of at least fifty percent persons sixty years or older, and shall be formed in accordance with the federal regulations of the Older Americans Act of 1965, as amended.

Section 3. The minimum number of members shall be seven.

Section 4. At minimum, one member shall be from a community organization that serves or advocates for disability populations.

ARTICLE V. TERM OF OFFICE

Section 1. All members shall serve at the pleasure of the Mayor for the term of office designated by the Mayor, who shall also fill vacancies.

ARTICLE VI. OFFICERS AND THEIR DUTIES

The officers of HCOA shall consist of a Chair and Vice Chair. The officers of HCOA shall be elected by majority vote from among its members at its organizational or subsequent meeting. The elected officers shall serve for the term of office determined by the HCOA. Officers may be replaced by majority vote.

Section 1. The Chair shall preside at all meetings, establish all necessary sub-committees, call special meetings as necessary, serve as official representative, and perform other duties as appropriate.

Section 2. The Vice Chair shall assist the Chair and, in the absence of the Chair, shall perform the duties of the Chair. In case of inability, resignation or death of the Chair, the Vice Chair shall assume the duties and responsibilities of that office for the remainder of the unexpired term.

ARTICLE VII. MEETINGS

Section 1. HCOA shall meet at least 4 times a year. Regular meetings shall be held at an agreed-upon time and place unless changed by the majority of the membership.

Section 2. Special meetings of HCOA may be called by the Chair or by a majority of members. Written notice of such meeting shall be mailed electronically to all HCOA members at least six days prior to the meeting. Meeting notices and minutes shall be posted on the City and County web page.

Section 3. A majority of members shall constitute a quorum. Members may attend meetings via electronic medium.

Section 4. All meetings of HCOA shall comply with the provisions of the Sunshine Laws, Act 166 SLH, as amended.

ARTICLE VIII. PUBLIC FORUMS

Section 1. Public forums may be planned and held by HCOA.

Section 2. The purpose for the public forum may include the following:

1. foster communication between HCOA/EAD and the public;

2. receive input from the community on issues, concerns, and proposed plans and programs;
3. provide information to the community.

Section 3. It shall be the responsibility of HCOA, with EAD assistance, to determine a location and site that is accessible to the elderly, arrange for publicity, identify concerns to present at the forum, organize the format and agenda, and conduct the forum.

ARTICLE IX. PARLIAMENTARY AUTHORITY

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern this Committee in all cases to which they are applicable and in which they are not inconsistent with these Bylaws and any special rules of order the Committee may adopt.

ARTICLE X. AMENDMENTS

Any provision of the By-Laws may be amended by a two-third vote of those present and voting at any regular meeting of HCOA, provided the amendment or amendments are submitted in writing at least one meeting prior to the meeting at which action is to take place.

Adopted by the HCOA at its meeting on January 23, 2023 at Kapalama Hale

APPENDIX I. EXECUTIVE OFFICE ON AGING SURVEYS

Older Adults survey:

NEEDS ASSESSMENT SURVEY: AGING IN HAWAI'I Version 1.0

The Department of Health, Executive Office on Aging is requesting your assistance and participation in completing this survey. This survey looks at issues faced by you, our Kupuna, and Hawai'i's older adults of tomorrow. The results of this survey will help the development of programs, services, and the direction of the 2023-2027 Hawai'i State Plan on Aging. Answers are strictly voluntary and anonymous.

DEMOGRAPHICS

1. Where do you live?

- City and County of Honolulu
- Maui County
- Hawai'i County
- Kauai County
- Other State or Country, please specify: _____

2. What City do you live in? _____

3. What is your 5-digit Residence Zip code? _____ (If you use a P.O. Box, please indicate the zip code of the P.O. box.)

4. What is your Age? _____

5. What is your Race/Ethnicity? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latin | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Caucasian or White | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Marshallese | |

Other Race, please specify _____

6. Is English your primary language?

____ Yes

____ No, please specify your preferred language/dialect? For example: Filipino and Tagalog

7. What gender identity status do you identify with?

____ Male

____ Female

____ Transgender

____ Non-Binary/Gender Non-Conforming

____ Not listed above, please specify: _____

____ Prefer not to answer

8. How many people live in your household (include yourself)? _____

9. Which of the following statements best describes your living situation?

(Check all that apply)

____ I live alone

____ I live with my spouse

____ I live with other family members

____ I live with friends, roommates, etc.

____ I have pets in the home

____ I am currently homeless/houseless

____ Other, please specify: _____

____ Prefer not to answer

10. What is the highest level of formal education you have completed so far?

____ Elementary/Middle school

- Some High School
- High School graduate
- Some College or Technical training
- College Degree
- Graduate school
- Prefer not to answer

11. What is your current employment status?

- Retired
- Employed part time
- Employed full time
- Seasonal Employment
- Seeking Employment
- Unemployed
- No longer working because of caregiving responsibilities
- No longer working because of my health problems
- Other, please specify _____
- Prefer not to answer

TRANSPORTATION

12. How do you get around to the places you need to go? (Check all that apply)

<input type="checkbox"/> I drive myself	<input type="checkbox"/> I use a volunteer driver service
<input type="checkbox"/> I have a family member or friend drive me	<input type="checkbox"/> I use a Taxi, Uber, or Lyft
<input type="checkbox"/> I have my transportation provided by an agency	<input type="checkbox"/> I walk
<input type="checkbox"/> I use public transportation (i.e., bus, Handivan/paratransit)	<input type="checkbox"/> None of the above

13. In the last 3 months, were you not able to do any of the following because you did not have transportation? (Check all that apply)

- Go to a health care appointment
- Shop for groceries
- Go to the pharmacy, the bank, and/or the post office
- Visit friends and family
- Volunteer activities
- Attend and/or participate in religious activities
- Participate in fitness, health, and wellness activities
- Other, please specify: _____
- None of the above. I had transportation

14. If you could not get help with your transportation needs, what are the main reasons? (Check all that apply)

- There are no transportation services available in my area
- I do not have family or friends who can drive me
- I do not know where to get information about transportation services in my area
- The transportation services are too expensive
- Language barriers
- Physical challenges such as needing assistance getting in and out of the car and/or bus, or using a wheelchair or walker
- Other reason(s), please specify: _____
- None of the above

HOUSING

15. What type of residence do you live in?

- Single family home
- Public housing
- Condo/Town house
- Assisted living facility

Apartment

Homeless shelter/houseless

Senior Independent living apartment

Prefer not to answer

Other type of housing, please specify

16. Does your home meet your current needs? (Check all that apply)

No, my home needs repairs that I cannot afford

No, my home needs modifications to meet my physical needs

(ramps, bathroom, modifications, etc.)

No, my home requires too much upkeep and maintenance

No, I cannot afford property taxes, rent/mortgage, and/or utilities

Other needs, please specify: _____

Yes, my home meets my current needs.

FOOD AND NUTRITION

17. In the last 3 months, did you have enough money to buy the food that you needed?

Yes

No

Other, please specify: _____

Prefer not to answer

18. In the last 3 months, did you have difficulty preparing or cooking your own meals?

Yes

No

Prefer not to answer

19. In the last 3 months, did you eat alone most of the time?

- Yes
- No
- Other, please specify _____
- Prefer not to answer

20. Have you attended a County congregate meal site for your meals currently OR in the past?

County congregate meal sites provide low-cost or free nutritionally balanced meals, health information, and offer activities for Hawai‘i residents aged 60 years and older. The County congregate meals sites are located at churches, community centers, senior centers, and public/senior housing.

- Yes
- No
- Prefer not to answer

21. If you stopped attending a County congregate meal site OR have not attended a congregate meal site, what is the reason. (Check all that apply)

<input type="checkbox"/> I do not need the meals	<input type="checkbox"/> I do not know how to find out about meal sites in
<input type="checkbox"/> I do not like the food served	meal sites in my community
<input type="checkbox"/> I do not like eating in a group setting	<input type="checkbox"/> I do not have transportation to the meal site
<input type="checkbox"/> I do not like where the meal site is located	<input type="checkbox"/> Site closed due to COVID
<input type="checkbox"/> I do not like the activities provided at the meal sites	<input type="checkbox"/> Prefer not to answer

Other reasons, please specify _____

22. Do you currently receive County home delivered meals?

The County home-delivered meal program provides Hawai‘i residents, aged 60 and older, low-cost, or free nutritious meals delivered to their house. Agencies that participate in the County home-delivered meal program may include providers such as Meals on Wheels and Mom’s Meals.

- Yes
- No
- Prefer not to answer

**23. If you do not receive low-cost or free home delivered meals, why not?
(Check all that apply)**

- I can prepare my own meals
- I have my family or friends help me with my meals.
- A paid home care provider prepares my main meals
- I do not know how to get County home-delivered meals
- I am on a waitlist for home delivered meals
- I do not like the taste of the home-delivered meals
- I am not eligible for the home-delivered meal program
- Other, please specify: _____
- Prefer not to answer

HEALTH STATUS

24. How would you rate your health?

- Excellent
- Good
- Fair
- Poor
- Prefer not to answer

25. Do you have concerns about your memory that impacts your ability to make decisions?

- No
- Yes, please explain your concerns about your memory

(i.e., forgetting names and words, difficulty remembering things, etc.)

Prefer not to answer

26. Do you have any of the following conditions health conditions?

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hand problems (grabbing/lifting) |
| <input type="checkbox"/> Blindness or severe vision impairment | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Dental problems (eating/drinking) | <input type="checkbox"/> Intellectual or Developmental disability |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Foot problems (walking/balance) | <input type="checkbox"/> Significant hearing loss |
| | <input type="checkbox"/> None of the above |

Other, please specify _____

27. In the last 6 months, have you felt lonely and disconnected from other people?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Prefer not to answer

28. In the last 6 months, did you fall?

- No
- Yes, please describe how you fell

Prefer not to answer

29. If you fell in the last 6 months, did you: (Check all that apply)

Need someone to help you get up

Get up on my own (did not need assistance)

Go to your primary doctor

Go to the emergency room (ER) or urgent care clinic and released to home

Go to the emergency room and was hospitalized

Other (please specify) _____

None of the above, I did not fall in the last 6 months.

30. In the last 6 months, have you ever gone without medications because you could not afford them?

Yes

No

Prefer not to answer

INFORMATION & SERVICES

31. How difficult is it to find information you need about available services and programs?

Very difficult

Somewhat difficult

Not difficult at all

Haven't tried

Prefer not to answer

32. What are the best ways for you to get information about available services in your community? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> County Office on Aging/ADRC |
| <input type="checkbox"/> Radio | <input type="checkbox"/> State Executive Office on Aging |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Doctor/healthcare provider |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Newsletters or flyers in the mail |
| <input type="checkbox"/> Friends/Family (word of mouth) | <input type="checkbox"/> Senior or community center |
| <input type="checkbox"/> Church/Social groups | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Communications with local agency a State or local agency | |

Other, please specify _____

33. How do you access the internet for information? (Check all that apply)

- I do not access the internet
- I do not know how to access the internet
- I access the internet from my home computer, laptop, or tablet
- I access the internet from my cell phone
- I use a friend/family member's computer, laptop, tablet, and/or cell phone
- I have other ways I access the internet, please specify _____
- _____
- None of the above

34. In the last 6 months, have you needed information with any of the following? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Adult day care | <input type="checkbox"/> In-home services |
| <input type="checkbox"/> Caregiving services | <input type="checkbox"/> Managing your finances |
| <input type="checkbox"/> Finding volunteer opportunities | <input type="checkbox"/> Medicare or other health insurance |
| <input type="checkbox"/> Food and/or meals | <input type="checkbox"/> Respite care |
| <input type="checkbox"/> Information about community resources | <input type="checkbox"/> Transportation |

Home modifications None of the above

Housing

Other, please specify: _____

**35. In the last 6 months, have you needed legal information on any of the following?
(Check all that apply)**

Preparing a Will

Filing for bankruptcy

Power of Attorney

Preparing a Trust

Financial debt

Property crime

Preparing a Living Will

Foreclosure

Social Security benefits

Abuse (physical or financial)

Landlord/tenant
issues

Other, please specify

Advance Healthcare Directives

Medicare/Medicaid
benefits

Estate Planning

Physical crime

None of the above, I did not need any legal information

**36. What were the barriers to getting the information/services needed?
(Check all that apply)**

I do not know who to
ask

Services are not available
due to worker shortage

There are waitlists for services

I cannot afford the services that
I need

Language difficulties

I prefer not to ask for help

Services were not
culturally appropriate

I do not qualify for
services I need

Other, please specify

None of the above, I was able to get the information/services I needed.

YOUR COMMUNITY

37. How would you rate your community as a place to live for people as they age?

- Excellent
- Good
- Fair
- Poor
- Not sure
- Prefer not to answer

38. Do you have ideas on how to make aging in your home or community better or easier?

- No
- Yes. Please share your ideas.

39. Do you volunteer in your community?

- No
- Yes, please describe the volunteer work that you do

COVID-19 PANDEMIC & EMERGENCY PREPAREDNESS

40. What kinds of information do you need relating to COVID-19?

- Prevention measures to avoid being infected with COVID-19
- The signs and symptoms of COVID-19
- What to do if I get infected
- Where to test for COVID-19
- Where to go for vaccinations and boosters
- Coping with long-term COVID-19 symptoms
- Coping and living with COVID-19 within your community
- Other COVID-19 information needed, please specify.

- None of the above

41. Do you know where to go for COVID-19 information?

- Yes
- No
- Unsure
- Prefer not to answer

42. Over the last two years, COVID-19 has impacted my life and my daily activities.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- Prefer not to answer

43. During the COVID-19 pandemic (last two years), I felt isolated from family and friends.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- Prefer not to answer

44. In case of an emergency (earthquakes, flooding, no electricity, etc.), do you have a disaster plan in place?

- No
- Yes, please describe your plan: _____

YOUR QUALITY OF LIFE

45. How do you rate your quality of life right now?

- Excellent
- Good
- Fair
- Poor
- Other, please specify _____
- Prefer not to answer

46. What are your Top 3 life challenges? (Select a maximum of 3 challenges)

- | | | |
|--|--|--|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Poor hearing | <input type="checkbox"/> Commuting to work |
| <input type="checkbox"/> Keeping a positive attitude | <input type="checkbox"/> My health conditions | <input type="checkbox"/> Helping my adult children |
| <input type="checkbox"/> Feeling lonely | <input type="checkbox"/> Paying my bills | <input type="checkbox"/> Helping my grandchildren |
| <input type="checkbox"/> Lack of sleep | <input type="checkbox"/> Job security | <input type="checkbox"/> Caregiving responsibilities |
| <input type="checkbox"/> Lack of time for myself | <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Planning ahead for aging in place |
| <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Reliable transportation | |

Other life challenges (please specify) _____

**47. What are the Top 3 things that make you happy in life?
(Select a maximum of 3 things)**

- | | | |
|--|---|---|
| <input type="checkbox"/> Socializing with friends/family | <input type="checkbox"/> Surfing/Beach activities | <input type="checkbox"/> Praying/Religious activities |
| <input type="checkbox"/> Playing with my grandchildren | <input type="checkbox"/> Golfing | <input type="checkbox"/> Cooking and/or baking |
| <input type="checkbox"/> Playing with my pet(s) | <input type="checkbox"/> Shopping | <input type="checkbox"/> Sleeping as long as I want |
| <input type="checkbox"/> Exercising | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Having stable finances |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Taking a vacation | <input type="checkbox"/> Living in Hawai'i |

Other things that make you happy (please specify)

48. Do you have any thoughts on aging and caregiving programs in the State of Hawai'i (current programs or suggestions for development of new programs?)

- No
- Yes, please share your thoughts
-

Thank you for taking the time to complete this survey.

NEED ASSESSMENT SURVEY: HAWAI‘I’S CAREGIVERS

Version 1.0

The Department of Health, Executive Office on Aging is requesting your assistance and participation in completing this survey. This survey will look at issues faced by you as a caregiver. The results of this survey will help with the development of programs, services, and the direction of the 2023-2027 Hawai‘i State Plan on Aging. Answers are strictly voluntary and anonymous.

Note: A “Caregiver” is someone who regularly provides unpaid assistance to a person who would otherwise have difficulty on their own.

1. How many people have you helped or provided care to in the past 12 months?

(Check all that apply)

	1 Person	2 People	3 or More People
Older Adult - Age 60 to 84			
Older Adult - Age 85 and Older			
Persons with Disabilities – Age 18 to 59			
Your Own Children – Under Age 18			
Your Grandchildren – Under Age 18			
Other people I provided care to in the last 12 months, please specify.			

CAREGIVER DEMOGRAPHICS

2. Where do you live?

City and County of Honolulu

Maui County

Hawai‘i County

Kauai County

Another State or Country. Please specify: _____

3. What City do you live in? _____

4. What is your 5-digit Residence Zip code? _____

(If you use a P.O. Box, please indicate the zip code of the P.O. box.)

5. What is your Age? _____

6. What is your Race/Ethnicity? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latin | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Caucasian or White | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Marshallese | |

Other Race, please specify _____

7. Is English your primary language?

- Yes
- No, please specify your preferred language/dialect? For example: Filipino and Tagalog

8. What gender identity status do you identify with?

- Male
- Female
- Transgender
- Non-Binary/Gender Non-Conforming
- Not listed above, please specify: _____
- Prefer not to answer

9. How many people live in your household (include yourself)? _____

10. Which of the following statements best describes your living situation?

(Check all that apply)

- I live alone
- I live with my spouse
- I live with other family members
- I live with friends, roommates, etc.
- I have pets in the home

I am currently homeless/houseless

Other, please specify: _____

Prefer not to answer

11. What is the highest level of formal education you have completed so far?

Elementary/Middle school

Some High School

High School graduate

Some College or Technical training

College Degree

Graduate school

Prefer not to answer

YOUR ROLE AS A CAREGIVER

12. Does the person(s) you care for receive additional help from other people or an organization?

No

Yes. Please identify who else helps this person _____

Prefer not to answer

13. What help do you provide to the person(s) that you are caring for?

(Check all that apply)

Help with household tasks

Help with accessing the internet

Manage their medical care

Help with bathing

Help with meal/food preparation

Provide financial support

Help with toileting

Help with yardwork

Provide transportation

Help with using the phone Manage their medications None of the above

Other, please specify _____

14. What are your greatest needs as a caregiver? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Additional in-home support, help providing care | <input type="checkbox"/> Juggling work and caregiving |
| <input type="checkbox"/> Caregiver support groups | <input type="checkbox"/> Managing my own finances |
| <input type="checkbox"/> Caregiver Training/Education | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Information and Assistance | <input type="checkbox"/> Prefer not to answer |

Other, please specify _____

15. In the last month, have you felt financially burdened by your caregiver responsibilities?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Prefer not to answer

16. In the last month, have you felt stressed, overwhelmed, or tired by your caregiver responsibilities?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Prefer not to answer

17. As a caregiver, which best describes your employment status?

- Employed 20 or more hours a week
- Employed less than 20 hours a week
- Self employed
- Unemployed
- Retired
- No longer working because of caregiving responsibilities
- No longer working because of my health problems
- Prefer not to answer

INFORMATION AND SERVICES

18. How difficult is it to find information you need about available services and programs?

- Very difficult
- Somewhat difficult
- Not difficult at all
- Haven't tried
- Prefer not to answer

19. What are the best ways for you to get information about available services in your community? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> County Office on Aging/ADRC |
| <input type="checkbox"/> Radio | <input type="checkbox"/> State Executive Office on Aging |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Doctor/healthcare provider |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Newsletters or flyers in the mail |
| <input type="checkbox"/> Friends/Family (word of mouth) | <input type="checkbox"/> Senior or community center |
| <input type="checkbox"/> Church/Social groups | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Communications with a State or local agency | |

Other, please specify _____

20. How do you access the internet for information? (Check all that apply)

- I do not access the internet
- I do not know how to access the internet
- I access the internet from my home computer, laptop, or tablet
- I access the internet from my cell phone
- I use a friend/family's computer, laptop, tablet, and/or cell phone
- I have other ways I access the internet, please specify _____

- None of the above

YOUR COMMUNITY

21. How would you rate your community as a place to live for people as they age?

- Excellent
- Very good
- Good
- Fair
- Poor
- Prefer not to answer

22. Do you have ideas on how to make aging in your home or community better or easier?

- No
- Yes. Please share your ideas. _____

23. Do you do volunteer work in your community?

- No
- Yes, describe the volunteer work that you do _____

COVID-19 PANDEMIC & EMERGENCY PREPAREDNESS

**24. What kinds of information do you need relating to COVID-19?
(Check all that apply)**

- Prevention measures to avoid being infected with COVID-19
- The signs and symptoms of COVID-19
- What to do if I get infected
- Where to test for COVID-19
- Where to go for vaccinations and boosters
- Coping with long-term COVID-19 symptoms
- Coping and living with COVID-19 within your community
- Other COVID-19 information needed, please specify _____

- None of the above

25. Do you know where to go for COVID-19 information?

- Yes
- No
- Prefer not to answer

26. Over the last two years, the COVID-19 pandemic has impacted your life and your daily activities.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- Prefer not to answer

27. During the COVID-19 pandemic (last two years), you felt isolated from family and friends.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- Prefer not to answer

28. In case of an emergency (earthquakes, flooding, no electricity, etc.), do you have a disaster plan in place for the people you care for?

- No
- Yes, please describe your plan:

YOUR QUALITY OF LIFE

29. How do you rate your quality of life right now?

- Excellent
- Good
- Fair
- Poor
- Other, please specify _____
- Prefer not to answer

30. As a caregiver, what are your Top 3 life challenges.

(Select a maximum of 3 life challenges)

- | | | |
|--|---|--|
| <input type="checkbox"/> Stress | <input type="checkbox"/> My health conditions | <input type="checkbox"/> Commuting to work |
| <input type="checkbox"/> Keeping a positive attitude | <input type="checkbox"/> Paying my bills | <input type="checkbox"/> Caregiving responsibilities |

- Feeling lonely
- Job security
- Balancing work and caregiving
- Lack of sleep
- Affordable housing
- Getting respite services
- Lack of time for myself
- Reliable transportation
- Finding childcare

Other life challenges, please specify _____

31. As a caregiver, what are the Top 3 things that make you happy in life.

(Select a maximum of 3 things)

- Socializing with friends/family
- Surfing/Beach activities
- Praying/Religious activities
- Time for myself
- Golfing
- Cooking and/or baking
- Playing with my pet(s)
- Shopping
- Sleeping as long as I want
- Exercising
- Listening to music
- Having stable finances
- Volunteering
- Taking a vacation
- Living in Hawai‘i

Other things that make you happy, please specify _____

32. Do you have any thoughts on aging and caregiving programs in the State of Hawai‘i (current programs or suggestions for development of new programs?)

- No
- Yes, please share your thoughts

Thank you for taking the time to complete this survey.

Aging in Hawai‘i Survey Assessment Report

SECTION 1: INTRODUCTION AND PURPOSE

The Department of Health, Executive Office on Aging (EOA) developed two surveys to look at issues faced by 1) Hawai‘i’s older adults and 2) Hawai‘i’s caregivers of older adults. The purpose of the surveys was to set the direction of the 2023-2027 State Plan on Aging. The State Plan on Aging outlines publicly funded services and supports in accordance with the Older Americans Act, Title III and VII. EOA is required to develop a State Plan with Goals Objectives, and Strategies in alignment with the Guidance from the Administration for Community Living (ACL) to receive public funds for long term care services and supports.

EOA received **2,219** survey responses statewide. This report summarizes the findings across the 4 counties. Hawai‘i’s population of those ages 60 and older is approximately **371,058**. The sample size is representative, however there are limitations in our data. The distribution of the surveys had heavier representation from Kauai in comparison to the other 3 county jurisdictions. In addition, it was noted that many respondents were high functioning older adults and active individuals; therefore, may not fully reflect the needs of kupuna requiring long-term services and supports.

The survey for Aging in Hawai‘i took the social determinants of health and aligned it with the Older Americans Act as amended and the ACL 5 topic areas. We looked at living situations, education, employment, transportation, housing, food and nutrition, health status, information and assistance, and questions around community. Addressing social determinants of health is important for improving health and reducing health disparities. Research shows that health outcomes are driven by factors such as underlying genetics, health behaviors, social and environmental factors, and health care.

Limitations: EOA and the four area agencies on aging distributed the Aging in Hawai‘i survey. Efforts were made to distribute surveys to older individuals and to those who receive our services and supports, however, this is not reflected in the data collected. It should be noted that not all questions were answered so the number of responses vary per question. EOA did not conduct focus groups nor did we cross tabulate responses. However, in looking at subsets of answers around housing, nutrition, transportation, health status, and information and assistance; EOA was able to make the following assumptions to help guide strategies to address our goals and objectives:

Methodology: EOA utilized hard copy surveys distributed to various groups of older adults in the community as well as survey monkey. To utilize survey monkey meant that the respondents were tech savvy and had computers/laptops and internet to complete the surveys. (look-up data or OA and technology)

This report summarizes the findings and assumptions statewide. In addition, EOA captured information from national and local data and publications to support and substantiate our assumptions of the survey data.

SECTION 2: SURVEY RESULTS

The State (EOA) conducted these surveys from (insert timeframe). In addition, the area agencies on aging deployed the surveys during the same time period. Surveys were also available in hard copy. AAAs sent out both the survey monkey and took the surveys into the community. EOA compiled all the data and provided AAA specific data to the counties for their information.

The surveys were compiled of questions in the following categories: Profile Demographics, Transportation, Housing, Food and Nutrition, Health Status, Information and Assistance, and Open-Ended Questions.

Profile Demographics

Ethnic Diversity: Hawai‘i is the most ethnically diverse state in the nation with **no single race majority**. According to the 2018 American Community Survey (ACS), 24.3% of the population reported two or more races, while the single proportions equaled White=24.3%; Asian=37.6%; and Native Hawaiian or Other Pacific Islander (NHOPI) = 10.2%.

The largest Asian single race subgroups were Filipino (15.5%), and Japanese (11.5%) and the largest NHOPI (native Hawaiian, other pacific islanders) single race sub-group was Native Hawaiian (6.4%).²⁰

Hawai‘i’s diverse population is deep rooted in the turn of the 19th to 20th century when migrant workers from China, Japan, Korea, Philippines, and Puerto Rico came to Hawai‘i to work the pineapple and sugar cane fields. More recently, Hawai‘i is home to more than a quarter of a million immigrants making up approximately 18% of the entire population.

Survey responders' demographics

Age: For the Aging in Hawai‘i survey, the majority were between the ages of 60 to 69 and 70 to 79 years of age representing 66% of all responses. Adults ranging in age from 20 to 59 years of age comprised 17.66% while those ranging in age from 80 to 89 years of age captured 12.97% of respondents. 1 respondent was 100 years old. Hawai‘i has the greatest longevity in the national with an average life expectancy of 81.3 years of age.

Caucasians were the largest group to respond to the survey at 32.78% followed by those of Japanese ancestry at 20.68%. Part Hawaiians and Filipinos came in third and fourth respectfully.

²⁰ US Department of Health and Human Services <https://mchb.tvisdata.hrsa.gov/Narratives/Overview/6dfad60a-9d3e-4012-8174-e59641d594cc>

Answer Choices	Count	Percentage
Caucasian or White	913	32.78%
Japanese	576	20.68%
Hawaiian	334	11.99%
Filipino	320	11.49%
Chinese	240	8.62%
Other Race	118	4.24%
Hispanic or Latin	81	2.91%
Prefer not to answer	56	2.01%
American Indian or Alaska Native	46	1.65%
Vietnamese	41	1.47%
Korean	29	1.04%
Black or African American	19	0.68%
Samoan	9	0.32%
Marshallese	2	0.07%
Tongan		0.04%
Total	2,785	100%

Language and Education:

In addition, 93.84% of those surveyed spoke English as their primary language.

The survey respondents were more affluent with, that is 84% of respondents have some college education, college degree or graduate degree. This skews the data in that these individuals know how to seek information and assistance and possibly have the resources to support their LTSS needs.

The data concludes that Pacific Islanders, Hispanic and Latinos are the disparate and marginalized populations and are not represented well in our sample.

Health: 21% of those surveyed lived alone and attributes to the overall wellbeing of older adults. The inherent risk factors to living alone include depression, falling, and overdosing. 35% live with a spouse while 22% live with a family member.

Gender: The predominant responses were from women at 75.81% and males at 22.85%. However, only 11 (less than 1%) of the 2,096 respondents identified as non-binary, not listed, or transgender.

The Less than 1%: Most LGBTQ+ older adults are not comfortable sharing their gender identity because of the stigma and discrimination they experienced in the past and present. The stigma has disrupted lives, isolated family members, and creates apprehension in seeking health care and long-term services and supports. Effects of lifetime stigma and discrimination can lead to

social isolation, depression, chronic illnesses, poverty, and poor nutrition. These individuals are less likely to seek traditional aging services to address their long-term services and supports needs. As equity is a focus area for the state plan, we must find ways to address the population less represented in our survey sample.²¹

Transportation

Survey results show 58.6% of respondents still drive while the remaining 41.4 % have a family member or friend drive, use public transportation, walk, or use an agency for support. However, of the respondents surveyed, 21% of those were not able to shop for groceries, go to the pharmacy, visit family and friends, or attend to health care appointments. The assumption is respondents have basic transportation needs that affected their ability to shop, keep doctor appointments, and attend to business.

Housing

Type of Residence: Seventy percent (70%) of respondents lived in a single-family home. The data supports the assumption that respondents were more affluent with, that is 84% of respondents have some college education, college degree or graduate degree. 12% of respondents lived in a condo, and 7.7% in an apartment. Though our data reflects the housing situation of the respondents, it did not address home ownership.

Living Arrangements: Of those surveyed, 34.6% lived with spouse, 22.8% lived with other family members, and 21.5% lived alone.

We compared our data to the report by the Department of Business, Economic Development and Tourism entitled "The Elderly Population in Hawai‘i, Current Living Circumstances and Housing Options" dated December 2021 to understand the current living arrangement of older adults Note: DBEDT used elder at 65 years of age and older.

Housing Demographics between EOA survey and DBEDT report

Characteristics	EOA Survey (ownership not known)	DBEDT report (homeowners)
Live alone household	21.5%	24%
Live with other family members	22.8%	23.3%
Live with Spouse	34.6%	31.9%

There are parallels with EOA's survey and the DBEDT report. As we develop the state plan, we need to be conscientious about those who "live alone."

²¹ Inclusive Questions for Older Adults. A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity, *National Resource Center on LGBT Aging*.

DBEDT Renters' demographics

Renters' characteristics	EOA survey	DBEDT report
Live alone	n/a	34.6%
Live with other family members	n/a	23.8%
Live with spouse	n/a	24.4%
Non-family households	n/a	6.2%

Renters: Household types for elderly renters looked quite different than elderly owners. In general, the average rental household size is smaller than the homeowners' household size. In addition, over 1/3 of the elderly rental population lives alone. Another factor to address is those renters living in non-family households. The propensity for these two groups to face housing situations in the future is great because those who live alone have one income and it is probably a fixed income. For those who live with non-family members, the situation of the non-family households may change, and it may cause a greater chance that the subset of renters living with non-family may have to seek other housing options.

Poverty among renters were higher among certain subgroups. Poverty rates of the elderly population who lived in a rented house, who lived alone, or lived in a non-family household were all much higher at around 20%. Among the elderly people who lived alone without owning a house, nearly 30% of them were in poverty.

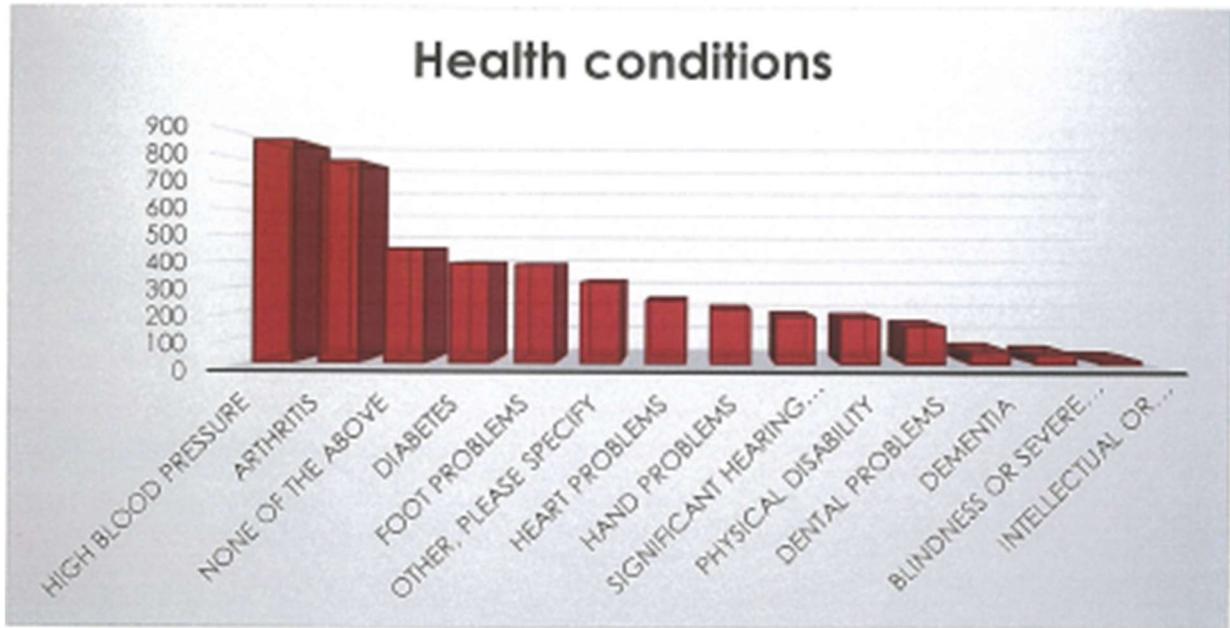
Food and Nutrition

14% of those surveyed had difficulty preparing or cooking their own meals. Isolation played a factor in nutrition whereas about 40% ate alone most of the time.

Respondents mostly cooked their own meals and did not need the network services for congregate and home delivered meals programs. However, of the subset who stopped attending congregate dining or have not attended congregate dining, the reasons included 11% did not know how to find information about the program, and 17% had reasons such as embarrassment, sites are closed after work, special diets, and unhealthy foods. 1.7% do not like the food served and 3% had difficulty with transportation to a site.

Health Status

Of the 2049 respondents, 71% are in good/excellent health. 23% are considered to be in "fair" health, while 5% are in poor health. 82% reflected they do not have a concern with memory. Only 8% have experienced loneliness over the last 6 months while 17% fell in the last six months. 5% experienced going without medication due to the high cost of prescriptions. The most prevalent health conditions ranked in order among survey respondents included one or more of the following: high blood pressure, arthritis, none, and diabetes.



Information and Assistance

Of the 2036 respondents, the responses to difficulty in finding information was evenly distributed. 36% have not tried to find information. 31% did not have a problem finding information whereas **33% found it difficult/very difficult to find information**. Assumptions: Again, respondents were more affluent educated individuals not seeking information and assistance however, the subset of those who responded seeking information and assistance, **48.4% found it difficult** therefore the **need to increase education and awareness of the ADRC**. TV, radio, internet, and word of mouth seemed to be the best ways to get information and should be noted in our strategies. Of those respondents requesting information and assistance, the four top areas of need included community resources, Medicare or other health insurances, in-home services, and caregiving services.

Open ended questions:

Do you have ideas on how to make aging in your home or community better or easier?

Top 4 areas:

1. Resources and communication
2. Walkable spaces/sidewalks
3. Increase in long-term services and supports
4. Transportation

In case of an emergency, do you have a disaster plan in place:

1. Yes, plan in place and supplies readily available Shelter with family and friends
2. Shelter in place
3. No, a plan has not been created

SECTION 3: KEY TAKE AWAYS AND ASSUMPTIONS

In summary, the following assumptions were derived from the Aging in Hawai‘i Survey:

Access: As our community ages, how kupuna get from one point to another is relative and was seen in the survey and open-ended questions. The modes of access include transportation, walkable communities, and better public transportation. Older adults need more reliable transportation options to make their quality of life better which includes basic needs such as shopping, keep doctor appointments, and attending to business.

Resources: The survey reflected that information and assistance and the strategies to communicate these resources are sorely needed. A strong emphasis on the **need to increase education and awareness of the Aging and Disability Resource Center** is paramount. As communication and resources have become digitalized for the younger generation, it is imperative to ensure access is available in multiple platforms to reach disparate populations. Strategies would include not only on-line access but direct mail, phone, newsletters, community hui(s), radio podcast, social media, face to face assistance, and outreach through community partners such as state, county, employer groups, non-profits, and faith-based groups serving the same target population.

Increase to long-term services and supports: The need for a comprehensive array of long-term services and supports has been a central focus of the Hawai‘i’s Aging Network for many years. Prior to the COVID-19 pandemic, service provider capacity was already problematic. However, as we emerged from the pandemic, many targeted providers with limited staff and resources closed their businesses because they could not stay afloat.

Even the stronger, larger service providers who had capital to float their businesses, struggled to retain and grow staff. The long-term services and supports issue will begin to subside if the network can get a handle on the workforce issues and leniency in its approach to procuring services and being open to new and creative service models.

In addition, more elders will live alone. We need to prepare for a future where more older adults will be living alone or living as a couple without adult children or grandchildren who can assist with informal caregiving. This will require an expansion of programs that help elders who want to age in place but can't do it safely without early assessment and coordination of care.

The pandemic highlighted the need for a more legal services especially for disparate populations and those with mental health issues.

The social isolation faced by elders during the pandemic led to poor health both physically and mentally. healthy aging interventions that are more culturally relevant: Attention to nutrition, physical exercise, social support, and stress management.

Facilitating eldercare worker education and training. Develop a robust eldercare workforce with attention on recruitment, education, training, and retention. For direct care workforce, ensure safe work conditions and a livable wage. Build on long history of immigration in Hawai‘i to fill labor needs.

APPENDIX J. Acronym, Glossary and Resources

Acronyms

Acronym	Description
AAA	Area Agency on Aging
AARP	American Association of Retired Persons
ACL	Administration for Community Living
ACS	American Community Survey
ADL	Activities of Daily Living
ADRC	Aging & Disability Resource Center
ALICE	Asset Limited, Income Constrained, Employed
AoA	US Administration on Aging
AUW	Aloha United Way
BRFSS	Behavioral Risk Factor Surveillance System
BWS	Board of Water Supply
CDC	US Center for Disease Control
CFR	Code of Federal Regulations
CITY	C&C of Honolulu
CNCS	Corporation for National and Community Service
dba	Doing business as
DBEDT	Department of Business, Economic, Development & Tourism
DCS	Department of Community Services
DPR	Department of Parks & Recreation
EAD	Elderly Affairs Division
EIP	Economic Impact Payments
EOA	Executive Office on Aging
FSRR	Fiscal Soundness Reporting Requirements
HCOA	Honolulu Committee on Aging
HUD	US Dept. of Housing & Urban Development
I&A	Information & Assistance
IADL	Instrumental Activities of Daily Living
KC	Kūpuna Care
LEP	Limited English Proficiency
LTSS	Long Term Support & Services
MOA	Memorandum of Agreement - less formal than contract
MOU	Memorandum of Understanding - non-binding agreement of responsibilities
OAA	Older Americans Act in 1965
OMB	Office of Management & Budget

Acronym	Description
PSA	Planning and Service Area
SNAP	DHS - Supplemental Nutrition Assistance Program - "Food Stamps"
SSA	Social Security Administration
UH COA	University of Hawai'i Center on Aging

Glossary

1. Programs, Services, and Activities

Adult Day Care/Adult Day Health: Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically includes social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. (FSRR, 2022).

Assisted Transportation: Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicle transportation. (FSRR, 2022).

Case Management: Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required. (FSRR, 2022).

Chore: Assistance such as heavy housework, yard work or sidewalk maintenance for a person. (FSRR, 2022).

Congregate Meal: A meal provided to a qualified individual in a congregate or group setting. The meal served meets all of the requirements of the Older Americans Act and State/Local laws. (FSRR, 2022).

Disease Prevention and Health Promotion Services: Health risk assessments; routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening; nutritional counseling and educational services for individuals and their primary caregivers; 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), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition; programs regarding physical fitness, group exercise, and music, art, and dance-movement therapy, including programs for multigenerational participation that are provided by an institution of higher education, a local educational agency, as defined in section 1471 of the Elementary and Secondary Education Act of 1965, or a community-based organization; 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; screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services; educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act; medication management screening and education to prevent incorrect medication and adverse drug reactions; information concerning diagnosis, prevention, treatment, and

rehabilitation of diseases, and Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; gerontological counseling; and counseling regarding social services and follow-up health services based on any of the services described earlier. (OAA, Sec 102 (14)).

Education and Training Service: Instructional sessions and seminars through either formal or informal methods which assist the older persons to acquire knowledge and skills for vocational improvement, personal/social enrichment and to better cope with life situations. (FSRR, 2005).

Home-Delivered Meal: A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by State Units on Aging and/or Area Agencies on Aging and meets all of the requirements of the Older Americans Act and State/Local laws. (FSRR, 2022).

Homemaker: Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (FSRR, 2022).

Information and Assistance: A service that: a) provides individuals with information on services available within their communities, including information relating to assistive technology; b) assesses the problems and capacities of the individuals; c) links individuals to the services and opportunities that are available within the communities; 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.. (OAA, Sec 102 (28)). Internet web site “hits” are to be counted only if information is requested and supplied (FSRR, 2022).

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. (OAA, Sec 102 (30)).

Legal Assistance: Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. (FSRR, 2022).

Nutrition Counseling: Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status, performed by a registered dietitian or the health professional functioning within their legal scope of practice. (FSRR, 2022).

Nutrition Education: A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. (FSRR, 2022).

Outreach: Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. (FSRR, 2022).

Personal Care: Personal assistance, stand-by assistance, supervision or cues. (FSRR, 2022).

Senior Opportunities and Services: Designed to identify and meet the needs of low-income older individuals in one or more of the following areas: (a) development and provision of new volunteer services; (b) effective referral to existing health, employment, housing, legal, consumer, transportation, and other services; (c) stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs; and (d) such other services as the Assistant Secretary may determine are necessary or especially appropriate to meet the needs of low-income older individuals and to assure them greater self-sufficiency. (OAA, Sec 321 (14)).

Transportation: Curb-to-curb transportation for older persons who require help in getting from one location to another using a vehicle. Does not include any other activity. (FSRR, 2022).

2. Services to Caregivers

Access Assistance: A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (FSRR, 2022).

Counseling: Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (or individual caregivers and families). (FSRR, 2022).

Information Services: A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (FSRR, 2022).

Respite Care: Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: 1) In-home respite (personal care, homemaker, and other in-home respite); 2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. (FSRR, 2022).

Supplemental Services: Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. (FSRR, 2022).

3. Facilities

Multipurpose Senior Center: A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. (OAA, Sec 102 (36)).

4. Special Populations and Definitions Related to Special Populations

Adult Child with a Disability means a child who: (A) is 18 years of age or older; (B) is financially dependent on an older individual who is a parent of the child; and (C) has a disability. (OAA, Sec 321 (25e)).

At Risk for Institutional Placement: 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 102 (9)).

Child: An individual who is not more than 18 years of age or an individual 19 – 59 of age who has a disability. The term relates to a grandparent or other older relative who is a caregiver of a child. (FSRR, 2022).

Disability: (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. (OAA, Sec 102 (13)).

Elder Abuse, Neglect, and Exploitation: Abuse, neglect, and exploitation, of an older individual. (OAA, Sec 102 (16)).

- **Abuse:** The willful: (a) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or (b) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (OAA, Sec 102 (1)).
- **Exploitation:** 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, belonging, or assets. (OAA, Sec 101 (18A)).

- **Neglect:** (a) the failure to provide for oneself the goods or services that are necessary to avoid physical harm, mental anguish, or mental illness; or (b) the failure of a caregiver to provide the goods or services. (OAA, Sec 102 (38)).
- **Physical Harm:** Bodily injury, impairment, or disease. (OAA, Sec 102 (41))

Family Caregiver: An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction. (OAA, Sec 302 (3)).

Frail: With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual: (A) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or 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. (OAA, Sec 102 (22)).

Grandparent or Older Individual who is a Relative Caregiver: A grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older and—(A) lives with the child; (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally. (OAA, Sec. 372 (3)).

Greatest Economic Need: The need resulting from an income level at or below the poverty line. (OAA, Sec 102 (23)).

Greatest Social Need: The need caused by non-economic 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. (OAA, Sec 102 (24)).

High Nutritional Risk: An individual who scores six (6) or higher on the “DETERMINE Your Nutritional Risk Checklist” published by the Nutritional Screening Initiative. (FSRR, 2022).

Impairment in Activities of Daily Living: The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. (FSRR, 2022).

Impairment in Instrumental Activities of Daily Living: The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication

management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability. (FSRR, 2022).

Living Alone: A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes. (FSRR, 2022).

NSIP Meals: A Nutrition Services Incentive Program (NSIP) Meal is a meal served in compliance with all the requirements of the Older Americans Act, which means at a minimum that,

- 1) it has been served to a participant who is eligible under the Older Americans Act and has NOT been means-tested for participation;
- 2) it is compliant with the nutrition requirement;
- 3) it is served by an eligible agency; and
- 4) it is served to an individual who has an opportunity to contribute.

NSIP meals also include home delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to persons aged 60 and over who are either care recipients (as well as their spouses of any age) or caregivers. (FSRR, 2022).

Older Individual: An individual who is 60 years of age or older. (OAA, Sec 102 (40)).

Poverty: Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes. (FSRR, 2022).

Rural: A rural area is: 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. (FSRR, 2022).

Severe Disability: Severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: is likely to continue indefinitely; and results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8) of the Older Americans Act, as amended. (OAA, Sec 102 (48)).

5. Ethnic Groups

African American or Black: A person having origins in any of the black racial groups of Africa. (FSRR, 2022).

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains tribal affiliation or community attachment. (FSRR, 2022).

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (FSRR, 2022).

Caucasian or White: A person having origins in any of the peoples of Europe, the Middle East, or North Africa. (FSRR, 2022).

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (FSRR, 2022).

Indian: A person who is a member of an Indian tribe. (OAA, Sec 102 (26)).

Native American: Refers to American Indians, Alaskan Natives, and Native Hawaiians. (OAA, Sec 601).

Native Hawaiian: Any individual any of whose ancestors were natives of the area which consists of the Hawaiian Islands prior to 1778. (OAA, Sec 625).

Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawai'i, Guam, Samoa or other Pacific Islands. (FSRR, 2022).

6. Other Definitions

Aging and Disability Resource Center means an entity 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 —

- (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;
- (B) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and
- (C) access to the range of publicly-supported long-term care programs for which consumers may be eligible, including home and community-based service options, by serving as a convenient point of entry for such programs; 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. (OAA, Sec 102 (4)).

Aging Network: The network of State agencies, Area Agencies on Aging, Title VI grantees, and the Administration; and organizations that are providers of direct services to older individuals or are institutions of higher education; and receive funding under this act. (OAA, Sec 102 (5)).

Area Agency on Aging: An Area Agency on Aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an Area Agency on Aging under section 305(b)(5) of the Older Americans Act. (OAA, Sec 102 (6)).

Assistive Technology: Technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations. (OAA, Sec 102 (8B)).

Elder Justice: Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy. Used with respect to an individual who is an older individual, means the recognition of the individual's rights, including the right to be free of abuse, neglect, and exploitation. (OAA, Sec 102 (17)).

Long-term care: 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. (OAA, Sec 102 (34)).

Minority Provider: A provider of services to clients which meets any one of the following criteria:

- 1) A Not-for-profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below.
- 2) A private business concern that is at least 51 % owned by individuals in the racial and ethnic categories listed below.
- 3) A publicly owned business having at least 51% of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below:

The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic. (FSRR, 2005). Older Americans Act: An Act to provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designed as the "Administration on Aging". (Public Law 89-73).

Planning and Service Area: 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) of the Older Americans Act. (OAA, Sec 102 (42)).

Title III: The purpose of Title III is to encourage and assist State agencies and Area Agencies on Aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2) (State agencies and Area Agencies on Aging; other State agencies, including agencies that administer home and community care programs; Indian tribes, tribal organizations, and Native Hawaiian organizations; the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers; and organizations representing or employing older individuals or their families) for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services; remove individual and social barriers to economic and personal independence for older individuals; provide a continuum of care for vulnerable older individuals; and secure the opportunity for older individuals to receive managed in-home and community-based long-term care services. (OAA, Sec 301).

Volunteer: An uncompensated individual who provides services or support on behalf of older individuals. (FSRR, 2022).

Sources:

(FSRR) Federal and State Reporting Requirements, 2022.

(OAA) Older Americans Act, as reauthorized and amended, 2020. (H.R. 4334)