

Elderly Affairs Division

Department of Community Services

FOUR-YEAR AREA PLAN ON AGING

October 1, 2011 - September 30, 2015

As the Planning Service Area
in the State of Hawaii

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Aloha and e komo mai,

Communities all across America are at a crossroads, and Oahu is no exception. The number of older adults in our region is expected to increase dramatically over the next decade as the Baby Boomer generation reaches retirement age. This significant demographic shift poses great challenges, but it also brings great opportunities: this generation of older adults is the healthiest and best educated in history, with a thirty-year life expectancy beyond retirement. Yet, Baby Boomers do not consider retirement to be a goal, but rather an option; as they increasingly deepen their engagement in our island community, they are causing the concept of retirement to evolve into a more enlivening experience of *returnment*, or giving back (Jay Bloom, 2010). With older adults increasingly and passionately contributing their knowledge and skills to critical community services, either on a full-time, part-time, paid or volunteer basis, they are being recognized as a sustainable asset and resource which can be leveraged, not only to mitigate the high costs of aging, but to raise the quality of life for people of all ages in our inter-generational community. In this way, aging is coming to be seen as an asset, rather than a liability.

This Area Plan provides a road map to help us meet the challenges and opportunities of the next decade by focusing on five goals:

- Empower older adults to stay healthy, active and socially engaged, using prevention and disease self-management strategies
- Enable older adults to remain in their own homes with a high quality of life for as long as possible through the provision of home- and community-based services, including supports for family caregivers
- Develop Oahu's Aging and Disability Resource Center (ADRC) to its fully functioning capacity to serve as a highly visible and trusted place where all persons, regardless of age, income and disability, can find information on the full range of long-term support options
- Manage funds and other resources efficiently and effectively, using person-centered planning to target public funds to assist persons at risk of institutionalization and impoverishment
- Ensure the rights of older people and prevent their abuse, neglect and exploitation

As we strive to achieve these goals, we will increase the range of services we provide, and ensure that our services are culturally competent to meet the needs of Oahu's diverse population. We will rely on evidence-based models that have been shown to produce results. And we will track our progress using nationally-recognized data indicators that will measure trends and help us assess our work.

We are confident that, as we further refine the coordination of services across our current service systems, we will continue to make the island of Oahu a great place to live for people of all ages.

E Loa Ke Ola (May Life Be Long – Kawena Pukui, 1983),

Elizabeth Bethea, MSW, LSW, PhD

**County Executive on Aging
Elderly Affairs Division
City and County of Honolulu**

Elderly Affairs Division
FOUR-YEAR AREA PLAN ON AGING
October 1, 2011 – September 30, 2015

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Verification of Intent

This Area Plan on Aging is hereby submitted for the City and County of Honolulu's Elderly Affairs Division for the period October 1, 2011 through September 30, 2015. It includes all assurances and plans to be followed by the City and County of Honolulu's Elderly Affairs Division under the provisions of the Older Americans Act, as amended, during the period identified. The Area Agency identified herein will develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State Policies and Procedures. In accepting this authority, the Area Agency agrees to develop a comprehensive and coordinated system of services, and to serve as the advocate, for people age 60 and above, persons with disabilities and caregivers in the planning and service area.

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

Signed *Elysieth Belthel* Date 6/6/11

Area Agency Director

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

Signed *Audree B. Schick* Date 5/6/11

Chairperson
Area Agency Advisory Council

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

Signed *John P. Lutes* Date JUN 23 2011

Mayor of the City and County of Honolulu

Executive Summary

The Four Year Area Plan on Aging is being submitted by the Department of Community Services, Elderly Affairs Division (EAD) to the State of Hawaii Executive Office on Aging (EOA) in compliance with the Older Americans Act for the receipt of subgrants or contracts from EOA's federal and State grants. It was developed according to a uniform format issued by the EOA and covers a period of four years, October 1, 2011 through September 30, 2015.

The Plan describes EAD's strategies for the development of a comprehensive and coordinated system of services for individuals age 60 and older, persons with disabilities and caregivers on Oahu, which will be needed as we move toward an increasing number of older individuals and persons with disabilities living on our island.

Content of the Plan

There are six parts of the plan which describe:

Introduction

Part I - Older adult population, aging issues, programs and services

Part II – Recommendations, including framework in which programs and services are developed and the prioritization of issues and concerns

Part III – Action plans describing specific goals, objectives and actions over the next four years

Part IV - Resource allocation, both projected and for the previous year

Part V - Evaluation strategy, including appendices providing assurances made by the Area Agency and other pertinent information

Development of the Plan

EAD used several methods to develop this Area Plan:

- Needs assessment targeting elders – services received/services needed, satisfaction surveys, program data, census data, and research data from the University of Hawaii's Center on Aging and Department of Public Health Sciences.
- Assessment of the future environment, changing client population, and development of our vision, philosophy, mission, and desired outcomes.
- Use of secondary data (existing studies, Hawaii Department of Health data, surveys).

EAD staff developed objectives that the Division will pursue for each of the five established goals, as well as measurable person-centered action steps and strategies that can be modified as additional data are gathered over the next four years. A goal-oriented approach was used throughout, focusing on community-defined issues, resources and strategies. Collaboration and strengthening of relationships among Aging Network providers and advocates continue to be emphasized.

The Plan focuses on issues that address the following needs:

- Access to information
- Activities to address aging in place, disease prevention and social engagement
- Incorporating the Aging and Disability Resource Center (ADRC) within EAD
- Support for caregivers
- Elder rights and benefits
- In-home and community-based programs and services
- Community partnerships to address economic, workforce and physical capacity issues

Four-Year Goals

GOAL 1: Empower older adults to stay healthy, active and socially engaged, using prevention and disease self-management strategies

GOAL 2: Enable older adults to remain in their own homes with a high quality of life for as long as possible through the provision of home- and community-based services, including supports for family caregivers

GOAL 3: Develop Hawaii's Aging and Disability Resource Center (ADRC) to its fully functioning capacity to serve as a highly visible and trusted place where all persons, regardless of age, income and disability, can find information on the full range of long-term support options

GOAL 4: Manage funds and other resources efficiently and effectively, using person-centered planning to target public funds to assist persons at risk of institutionalization and impoverishment

GOAL 5: Ensure the rights of older people and prevent their abuse, neglect and exploitation

These goals relate to the U. S. Administration on Aging's (AoA) efforts to rebalance existing long-term care systems, and to Choices for Independence, an AoA guide intended to:

- Empower consumers to make informed decisions about their care options
- Help consumers at high risk of nursing home placement but not yet eligible for Medicaid, to remain in their own homes and communities through the use of flexible service models, including consumer-directed models of care
- Build evidence-based prevention into community-based service systems, enabling older adults to make behavioral changes that will reduce their risk of disease, disability and injury

EAD will gather service data on an ongoing basis to measure progress on our objectives, making revisions where needed.

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Introduction

Orientation to the Area Plan

The Area Plan charts the course we will follow as we seek to create an elder-friendly, disability accessible and caregiver-supportive community. The plan describes the function of the local Area Agency on Aging, presents relevant demographic trends, and outlines the major goals and objectives to be achieved between 2011 and 2015.

This Area Plan is a document submitted by the Area Agency on Aging (AAA) to the Executive Office on Aging (EOA) in compliance with the Older Americans Act and for the receipt of sub-grants or contracts from the Executive Office on Aging's Title III grant. It contains the Area Agency's strategy for the development and implementation of a comprehensive and coordinated system for 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, and in accordance with all federal requirements. The period of time covered by this plan is October 1, 2011 to September 30, 2015.

This Plan is made up of five major parts:

Part I provides an overview of the older adult population of Oahu and the programs and services available.

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

Part III provides specific goals, objectives, and action plans over the next four years.

Part IV summarizes the plan for allocating funds for access, in-home, legal assistance and community-based services received under Title III of the OAA and State funds. This section also includes the previous year's expenditures of public funds.

Part V reviews the evaluation strategy.

The Appendices provide assurances made by the Area Agency on Aging and other pertinent information.

The major goals in this Plan include action steps to:

- Empower older adults to stay healthy, active and socially engaged, using prevention and disease self-management strategies
- Enable older adults to remain in their own homes with a high quality of life for as long as possible through the provision of home- and community-based services, including supports for family caregivers
- Develop Oahu's Aging and Disability Resource Center (ADRC) to its fully functioning capacity to serve as a highly visible and trusted place where all persons, regardless of age, income and disability, can find information on the full range of long-term support options

- Manage funds and other resources efficiently and effectively, using person-centered planning to target public funds to assist persons at risk of institutionalization and impoverishment
- Ensure the rights of older people and prevent their abuse, neglect and exploitation

The Area Plan highlights key trends in our aging populationⁱ:

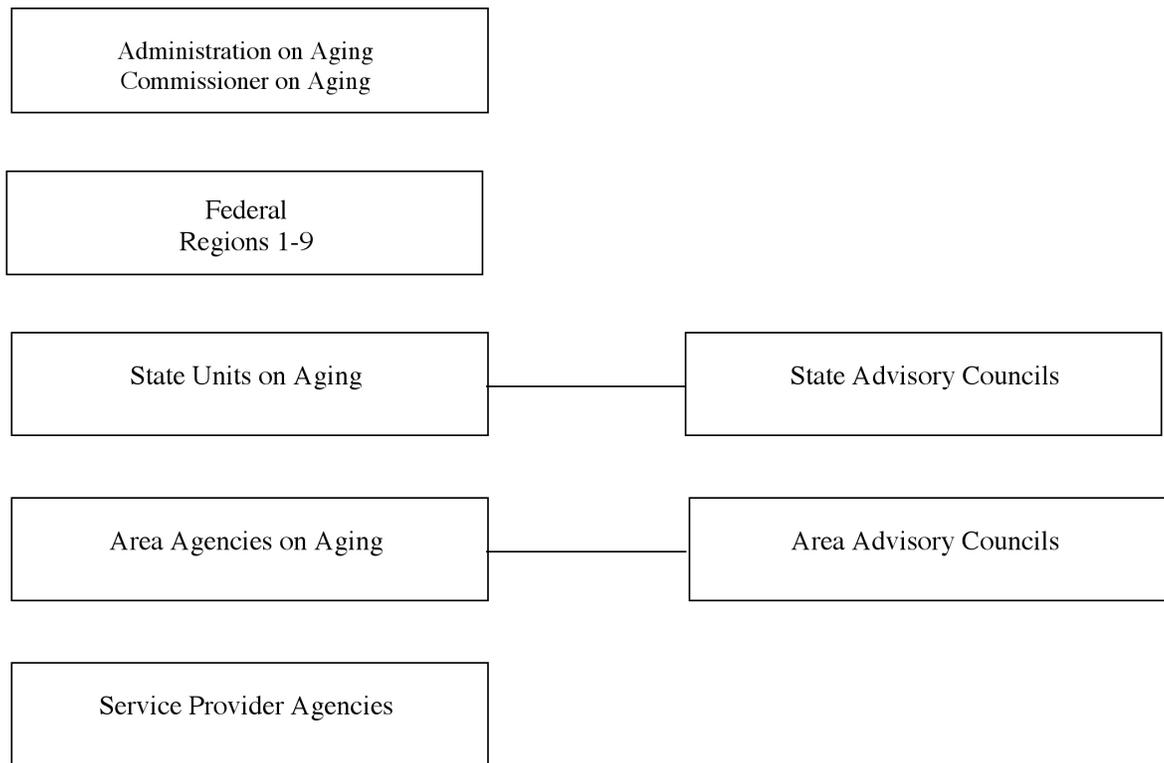
- In 2005, almost 15% of the population was over 60; by 2025, 23% will be over 60
- 81% of Baby Boomers expect to work beyond retirement
- Many more Boomer women will live in poverty than older men
- Self-care limitations are increasing among 45-64 year-olds
- Over 80% of seniors want to remain in their own homes and receive any needed services in their own homes, as opposed to going to a nursing home or care facility
- In our aging population, seniors are increasingly being taken care of by other seniors
- Professional caregivers are almost always senior women; this is one of the fastest growing segments of the American workforce

An 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, and to maintain their wellbeing and independence.

The Administration on Aging heads the Aging Network on the federal level. Directed by the Assistant Secretary on Aging, it is the agency that awards Title III funds to the states, monitoring and assessing the state agencies which administer these funds.

Chart 1
National Aging Network



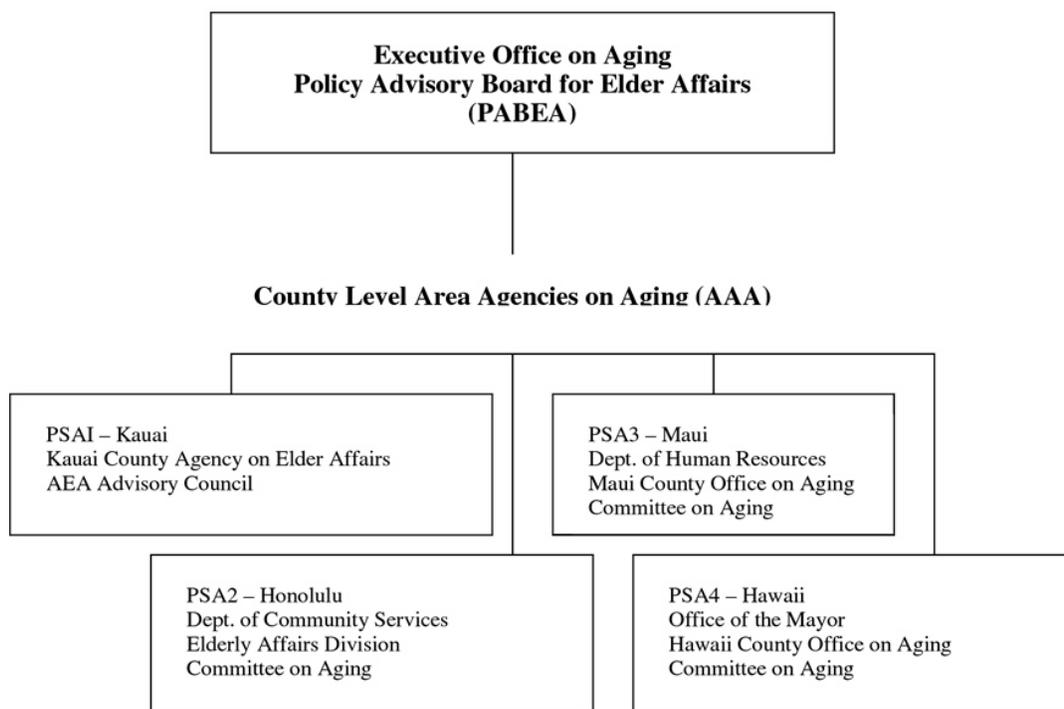
The Executive Office on Aging is the designated lead agency in the Network at the State level. The 2006 amendments to the Older Americans Act require the Executive Office on Aging to plan for, and offer leadership to, the State and local levels in order to coordinate access and delivery of home- and community-based services to the older adult population.

The Executive Office on Aging is responsible for Statewide:

- Planning
- Policy and program development
- Advocacy
- Research
- Information and referral
- Coordination of services provided by public and private agencies for seniors, persons with disabilities and caregivers

The Executive Office on Aging has delineated the State into distinct planning and service areas for purposes of planning, development and delivery, and the overall administration of services. EOA has designated each of the Counties of the State -- namely, Kauai, Honolulu, Maui, and Hawaii -- as planning and service areas. Kalawao County on the island of Molokai, currently under the administrative jurisdiction of the State Department of Health, is included in the Maui Planning and Service Area.

Chart 2
State Network on Aging



Chapter 349 of the Hawaii 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, conducting public hearings on the State plan, representing the interests of older persons, and reviewing and commenting on other State plans, budgets and policies which affect older persons.

The Area Agency on Aging (AAA) is the agency designated by the Executive Office on Aging to develop and administer the Area Plan on Aging for the planning and service area.

The Elderly Affairs Division is the lead agency in the Network for the City and County of Honolulu's planning and service area.

Mission and Values of the Area Agency

Mission:

To contribute to the development of an Oahu ohana that supports older adults and individuals with disabilities in remaining in their homes and communities with independence, dignity, choice and a high quality of life for as long as possible.

Vision:

To be recognized in the community as the most trusted source for information, advocacy, leadership, planning and services related to aging, disabilities and caregiving.

To accomplish our mission, we will:

- Focus attention on meeting the needs of older people and individuals with disabilities

- Advocate for a comprehensive long-term care system
- Promote intergenerational partnering, planning, and policy development
- Partner with others to create a complete and responsive system of services
- Plan and develop new programs, educate the public, advocate with policymakers, provide direct and/or contracted services that include the involvement of older adults and members of the disabled community, as well as others representing the diversity of our island community

In fulfilling our mission, we follow these values:

- Older people, individuals with disabilities, and their families have a right to be treated with respect and dignity and to make decisions affecting their lives
- Efforts that encourage independence and enable individuals to remain in their community for as long as possible provide our main focus.
- The concerns of low-income older people, individuals with disabilities and traditionally underserved groups are recognized, as well as the needs and potential of every member of the community
- The support and nurturing provided by family, domestic partners and friends are important, and we seek to strengthen this capacity
- Diversity brings richness to our community and within our agency, and supports a wealth of ways to capitalize on this strength
- Community partnerships are central in bringing together funders, providers, consumers and community members to develop solutions that address changes in housing, education, health, long-term care and advocacy needs
- It is important that older people, individuals with disabilities and those having cultural and language differences within our community have knowledge of and access to the services for which they are eligible
- Accountability to the public trust means the programs we oversee are person-centered and consumer-guided, responsive and useful
- Leadership is shared with our regional, State and federal partners, as well as other City institutions, as they develop ways to serve older people, individuals with disabilities and caregivers

Activities of the Area Agency

To carry out its mission, the Area Agency on Aging carries out activities defined in the Older Americans Act, as amended in 2006, specifically those listed in section 306(a)(6)(A-S) and 306(a)(13)(A). These activities are listed in Appendix A3a – General Assurances.

Staffing of the Area Agency

The Elderly Affairs Division is part of the Department of Community Services. See Chart 5 on page 18.

Advisory Council

Each AAA has established an advisory council to advise the agency on the development of, administration of, and operation 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 and advise her/him and the Elderly Affairs Division in developing the Area Plan, representing the interests of older adults and receiving and commenting on all community policies, programs and actions which affect older adults.

Organizational Structure

The charts on the following pages describe the organizational structure of the Area Agency and the local-level network of aging services.



Chart 3
City and County of Honolulu Organizational Chart

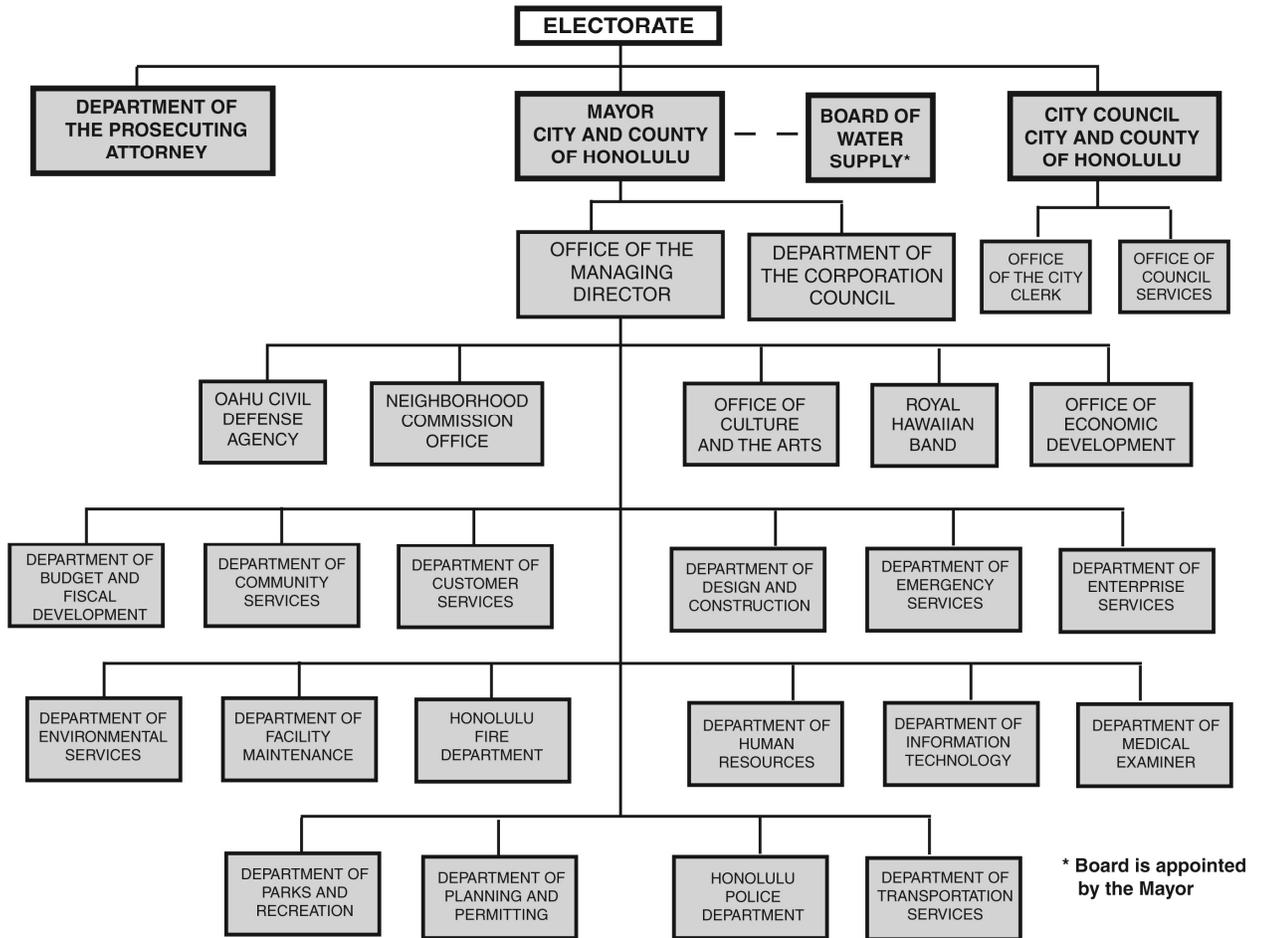


Chart 4
City and County of Honolulu Chart of Advisory Boards and Commissions

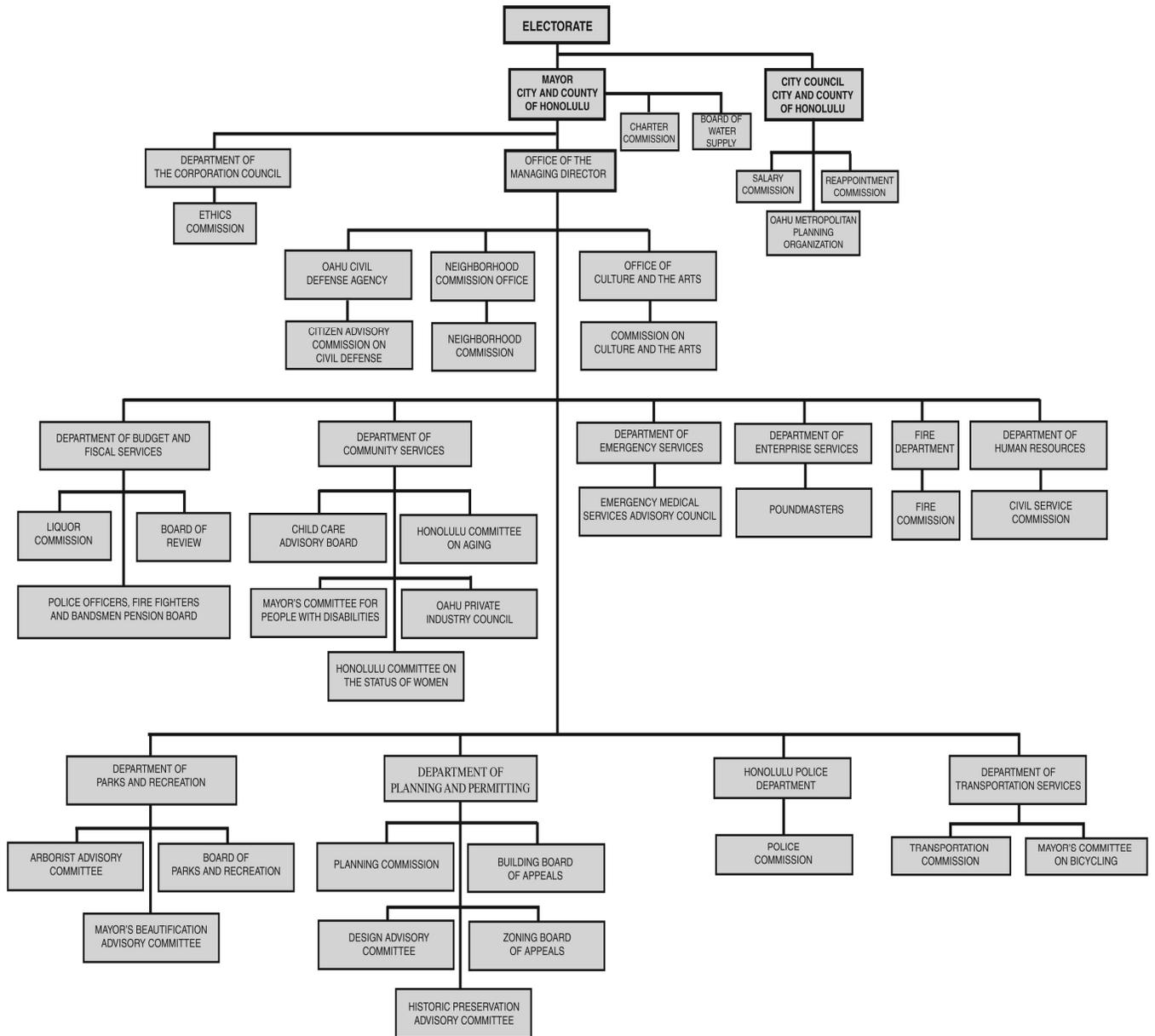


Chart 5
DCS Organizational Chart

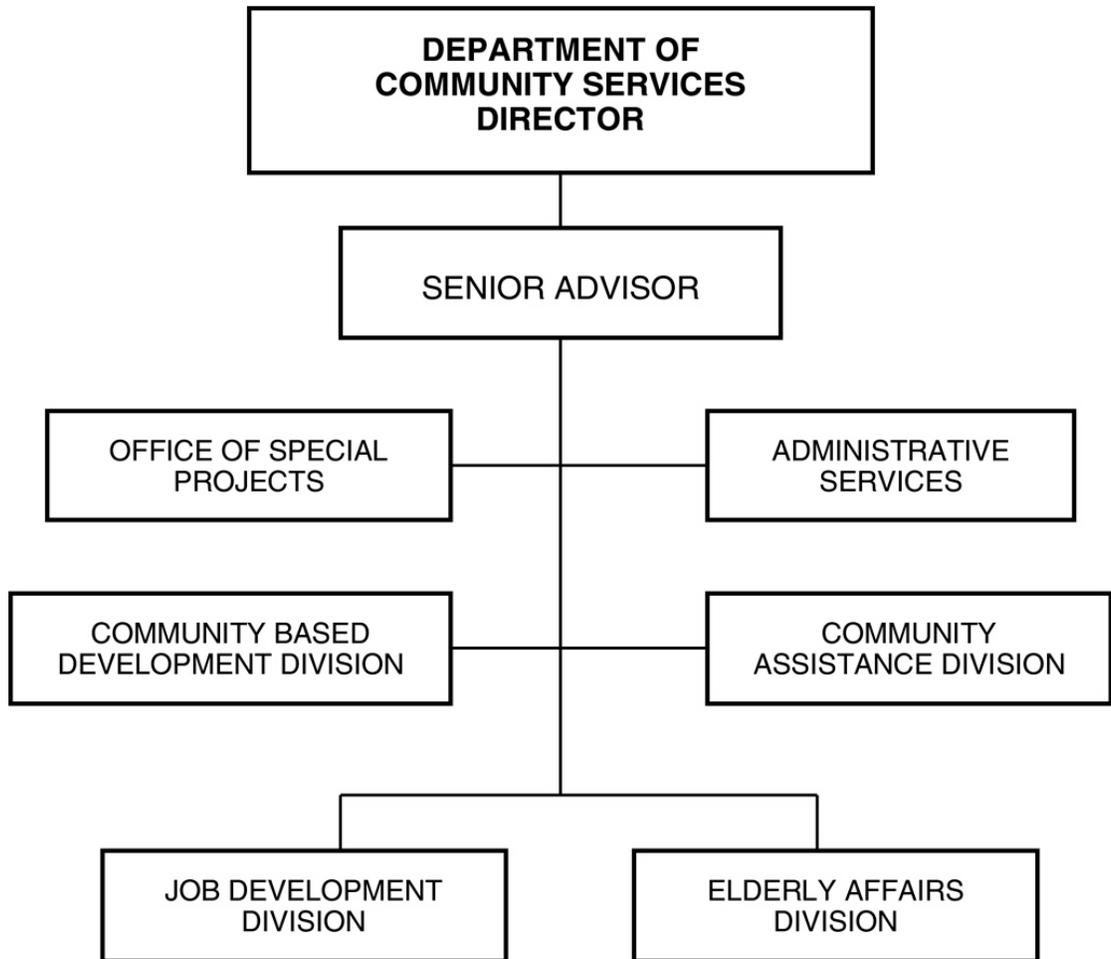


Chart 6
EAD Organizational Chart

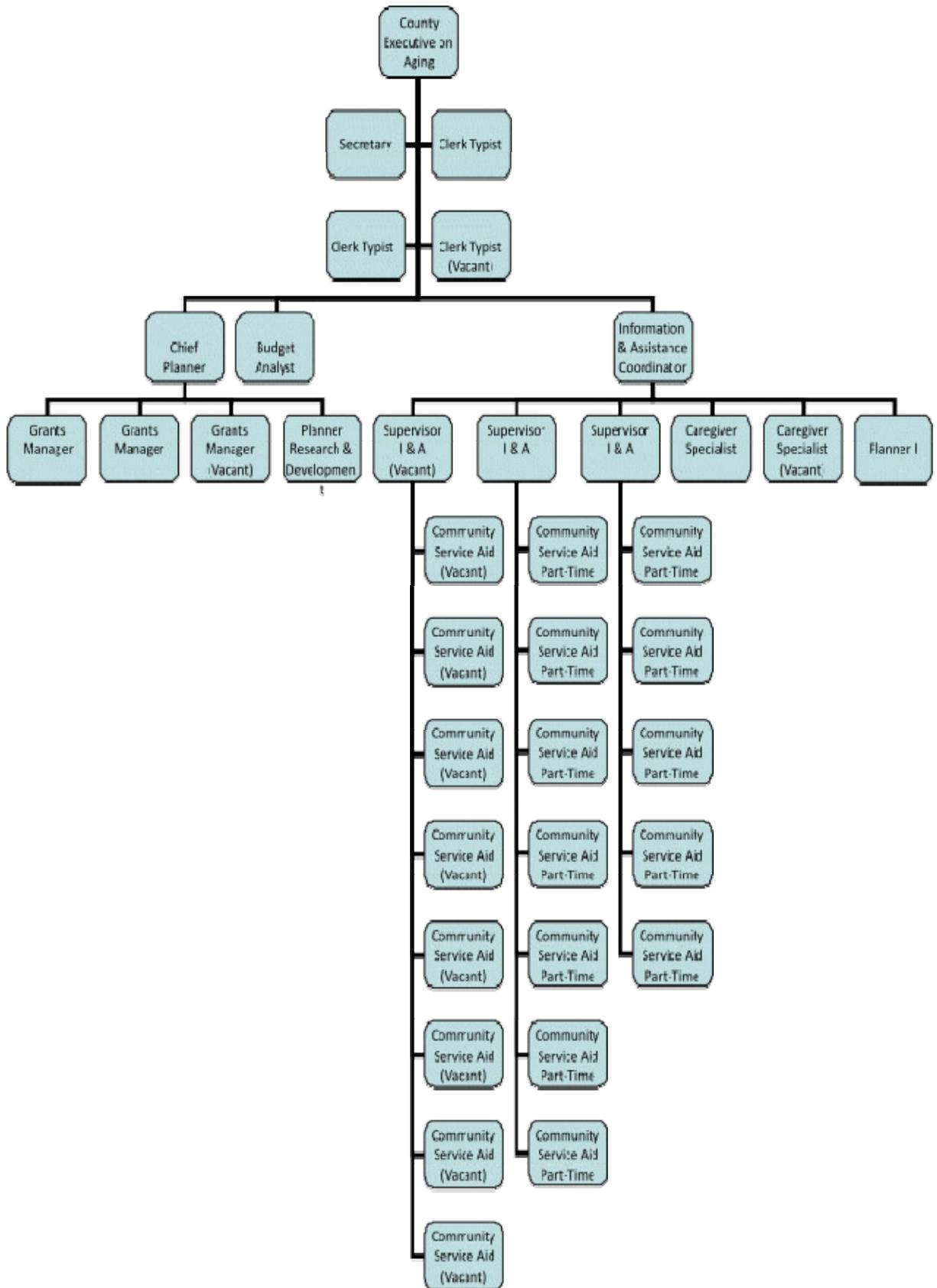
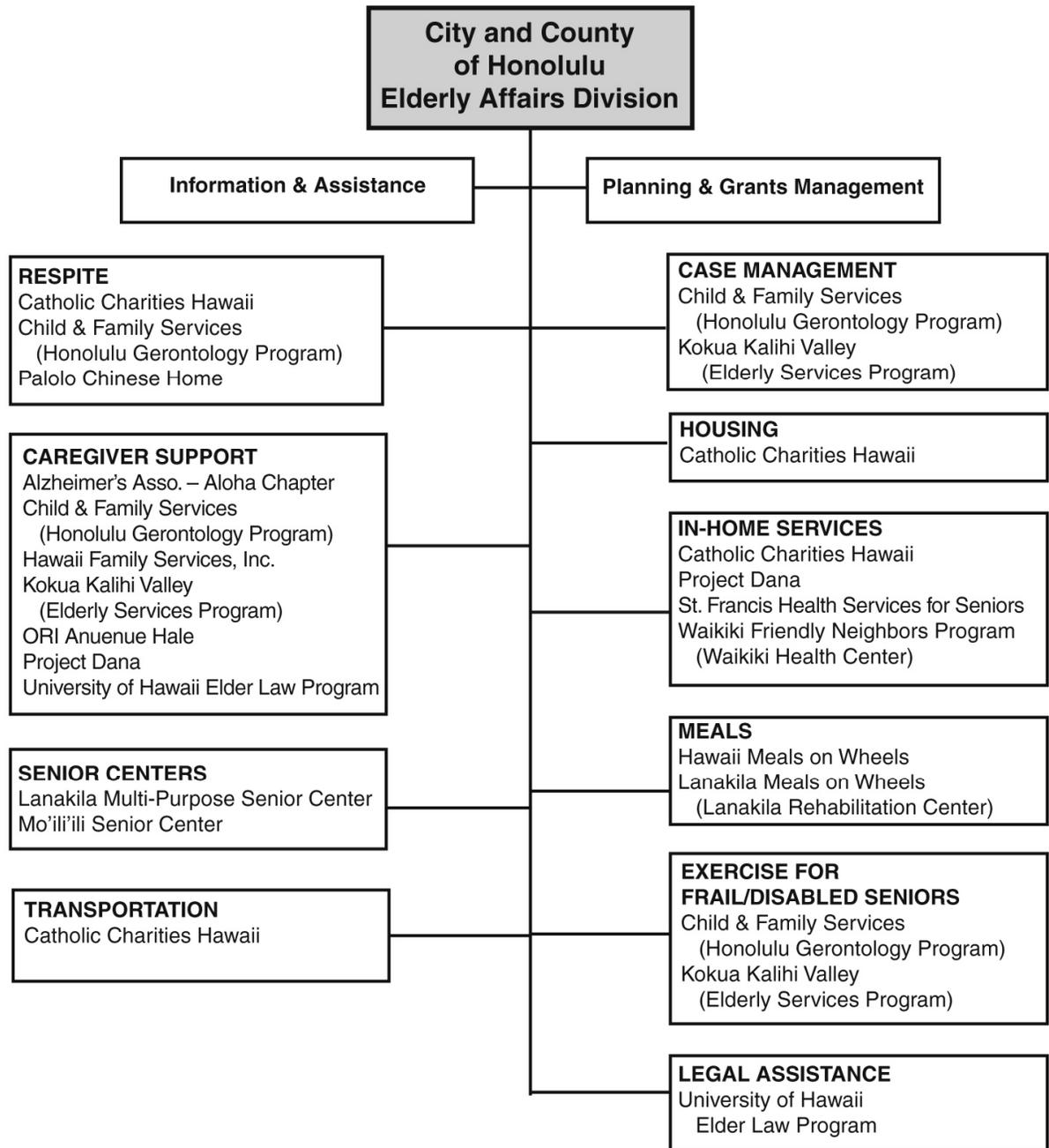


Chart 7
Local Aging Network

Chart 7 shows the organizational structure of the Area Agency as it relates to the local-level network on aging services.



AAA Planning Process



Key to the success of developing an informed Area Plan on Aging is the planning process which incorporates input from local experts, providers, key partners and community members

Purpose

For well over thirty years, the Elderly Affairs Division, the Area Agency on Aging for the City and County of Honolulu, has been charged with the design and implementation of a comprehensive and coordinated system of in-home, community-based nutrition and legal supportive services for older adults. In 2000, amendments to the Older Americans Act added services for caregivers, both of older adults and grandchildren. These continue to be priorities with services targeted to:

- Older individuals residing in rural areas
- Older individuals with greatest economic need (with particular attention to low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas)
- Older individuals with 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)
- Older individuals with severe disabilities
- Older individuals with limited English-speaking ability
- Older individuals with Alzheimer's disease or related disorders, with neurological and organic brain dysfunction (and the caretakers of such individuals)
- Older individuals at risk for institutional placement

The plan must be flexible enough to accommodate Honolulu's ever-changing and diverse older adult population. Amendments to the Older Americans Act in December 2006 now require the agency to develop plans to address the needs of "Boomers," those born between 1946 and 1964.

In addition, our plan must include how we will begin to develop a strategy to address the needs of those caring for persons with disabilities of all ages. This focus on planning for the future for such a diverse group far exceeds our agency's current abilities. How we can

incorporate these additional needs into our work in creative and collaborative ways, given our current limited economic resources, will be a major challenge.

Process

In order to design and implement a comprehensive and coordinated system in the Honolulu planning and service area as described above, EAD staff:

- Developed a timeline to coincide with the State Executive Office on Aging's (EOA) shortened deadline for completion of the Area Plan
- Developed, in concert with the State Executive Office on Aging and the other County Area Agencies on Aging, the curricula needed for training
- Participated in a series of statewide planners trainings conducted by the University of Hawaii's Center on Aging and coordinated by the State Executive Office on Aging

A full Draft Area Plan, as well as an Abstract, is available on the Elderly Affairs Division's website at www.elderlyaffairs.com after the plan has been submitted. Abstracts will be sent to all City and County of Honolulu Directors, Aging Network Service Providers and Neighborhood Board Chairs, and a press release will be issued by the City's Department of Community Services.

Part I: Overview of the Older Adult Population, Existing Programs and Services, and Unmet Needs



“The greatness of a community is most accurately measured by the compassionate actions of its members.”

Coretta Scott King

Overview of the Older Adult Population



Thanks to the tremendous advancements in medicine, nutrition and general living standards, Oahu residents reaching the age of 60 can now expect to live about 32 years longer than someone born a century ago.

Population Profile

Acknowledgements: Assistance in the writing of this section was received from Dr. Kay Baker with the Office of Health Status Monitoring at the Department of Health, and Dr. Kathryn Braun with the Office of Public Health Studies, John A. Burns School of Medicine, University of Hawaii.

Method

Many of the estimates in this report were calculated from data collected by the Hawaii Department of Health. For example, life expectancy information is from an analysis of Vital Records data by Dr. Chai Bin Park and colleagues. County-specific information on health status is from a special run of Hawaii Health Survey data by Dr. Kay Baker. Ethnic-specific data on health risk behaviors is from a special run of Behavioral Risk Factor Surveillance Survey data by Florentina R. Salvail and Shu Liang.

Vital Records The Vital Records program of the Hawaii DOH routinely gathers information about births, deaths and marriages that take place in the state. Death record data are used to construct life tables and estimate life expectancy. In 2008 and 2009, Dr. Park's research team constructed life tables from 2000 for seven ethnic groups--Caucasian, Chinese, Filipino, Hawaiian, Japanese, Korean and Samoan—and for the state and its four Counties—Hawaii, Honolulu, Kauai, and Maui. To smooth annual fluctuations in mortality, the means of 3.5 years of death data by ethnic group centering on April 1, 2000 were used for the numerator. Population estimates were based on the 2000 US Census, adjusted by ethnicity estimates obtained through Hawaii Health Survey (described below).

Hawaii Health Survey (HHS) The HHS is a random-sample telephone survey. The survey is conducted as a means of providing statistics for planning and evaluation of health services, programs, and problems. The survey provides demographic information that helps the State estimate size and composition of the population during the intercensal decade. It provides state and sub-area estimates of gender, age, income, race, education, household size, insurance status, health status, morbidity and food security. It is patterned after the National Health Interview Survey, which is conducted by the Centers for Disease Control and Prevention (CDC) to gather similar data on a national level. Through a contract with SMS Research, data for the HHS are gathered each year from a random sample of more than 6,000 Hawaii households with about 20,000 household members. The respondent is an adult age 18 or older who is knowledgeable about the household. The sample data are adjusted and weighted to generate estimates of what could be expected for the population

and the households, taking into consideration unrepresented groups, e.g., households without telephones and individuals on Ni‘ihau, in group quarters, and the homeless (HHS Procedure Manual 2004). Besides a standard set of questions, Hawaii researchers may pay extra to add additional questions.

The HHS categorizes ethnicity based on strict definitions of the Hawaii vital statistics system, and it is different from the one used by the US census. Essentially, the Hawaiian classification system is based on the father's ethnicity for mixed offspring, with exceptions for Caucasians and Hawaiians. When only one parent is Caucasian, the child takes the ethnicity of non-Caucasian parent, and when one parent is Hawaiian or part-Hawaiian, the child is classified part-Hawaiian regardless of the ethnicity of the other parent.

For purposes of developing the 2010 State and Area Plans for Aging, the Executive Office on Aging requested a special tabulation of 2007 and 2008 HHS data for the state and our four Counties, providing data by age group, including ages 55-59, 60-74, 75-84, and 85+. Unfortunately, sample sizes in 85+ age group were too small to yield usable estimates for this age group in Hawaii County and, for some response options, Maui County. This special run was provided by Dr. Baker.

Hawaii Behavioral Risk Factor Surveillance System (HBRFSS) The HBRFSS is part of the national Behavioral Risk Factor Surveillance System (BRFSS) of CDC. The national BRFSS is the largest random telephone interview survey of randomly selected individuals age 18 years or older about behaviors that directly or indirectly affect health, such as smoking and cancer screening. Each participating state conducts its respective random telephone survey following the national BRFSS protocols and guidance. Data are obtained by the Hawaii DOH through a subcontract with SMS Research, which gathers data from a random sample of about 6,000 individuals every year (for example, 6,409 individuals are included in the 2005 dataset). CDC provides standard questions to states so that data can be compared across states. States may also add questions of interest. The sample data are adjusted and weighted to generate estimates of what could be expected for Hawaii, taking into consideration unrepresented groups. Data also are adjusted and weighted based on ethnicity estimates from the HHS. Hawaii BRFSS estimates are produced for the state’s four largest ethnic groups—Caucasians, Native Hawaiians, Filipinos, and Japanese.

For this report, Ms. Savail and colleagues provided a special tabulation that averaged responses from three years of BRFSS data (2005, 2006, and 2007) relevant to Hawaii residents age 60 and older.

Age and Life Expectancyⁱⁱ

There are 884,354 residents in Honolulu County. Of these, an estimated 183,082 (20.7%) are considered older adults by AoA definition (60+), and an estimated 63,326 are in the “pre-elderly” age group of 55-59. A breakdown by age group is shown in Table 1.

Table 1. Number and Percent of Older Adults in Honolulu County in Different Age Groupings

	Pre-elderly Age 55-59	Total age 60+	Age 60-74	Age 75-84	Age 85+
Number	63,326	183,082	115,161	46,209	21,631
Percent	7.2%	20.7%	13.0%	5.2%	2.4%

There has been a rather dramatic increase in life expectancy – from 47 years in 1900 to 79 years in 2000, and as of 2008, 81.6 years in Honolulu County – and is the main reason we are seeing such a significant increase in the number of older adults.

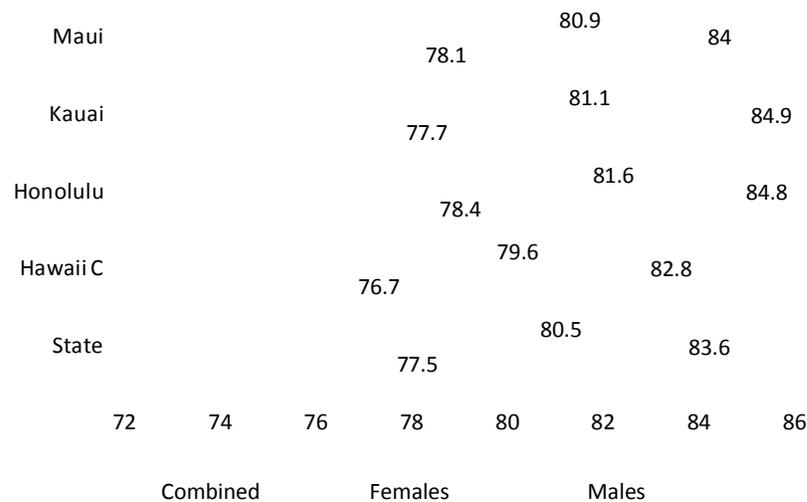
Another reason is about to play out: the dramatic rise in birth rates after World War II known as the “Baby Boom.” Members of the “Boomer” generation are just beginning to turn 60, and will likely have profound effects on the aging services field.

Life expectancy at birth for the State of Hawaii is estimated at 80.5 years. Life expectancy varies by County as shown in the graph below. In Honolulu County, the life expectancy is 81.6, which is the highest of the state’s four Counties.

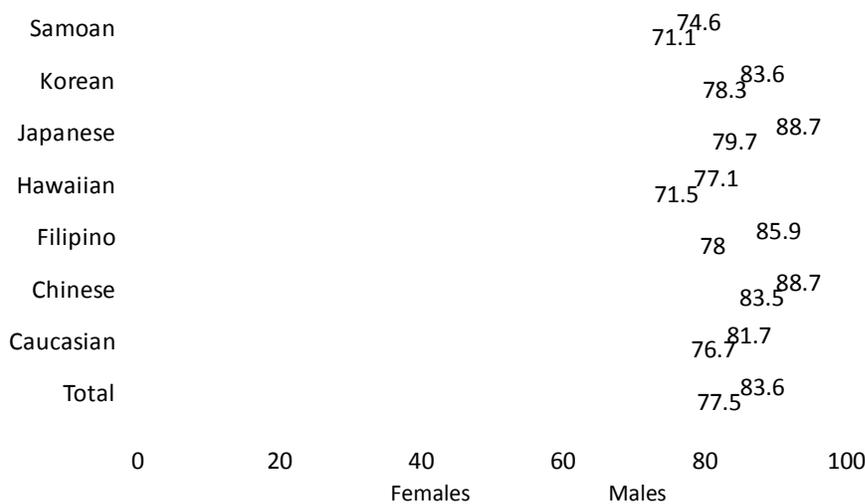
Table 2. Life Expectancy in Hawaii by County 2008

	Male	Female	Average
Honolulu	78.4	84.8	81.6
Kauai	77.7	84.9	81.1
Maui	78.1	84	80.9
Hawaii C	76.7	82.8	79.6
State	77.5	83.6	80.5

Life Expectancy by County and Gender, 2000



Life Expectancy by Ethnicity and Gender, 2000



The 60 and over population is not a homogeneous group. Rather, it is made up of several generations of people who maintain different outlooks, values and aspirations. The result is that programs and policies designed for older adults must take into account the needs of at least three different sub-groups of older adults.

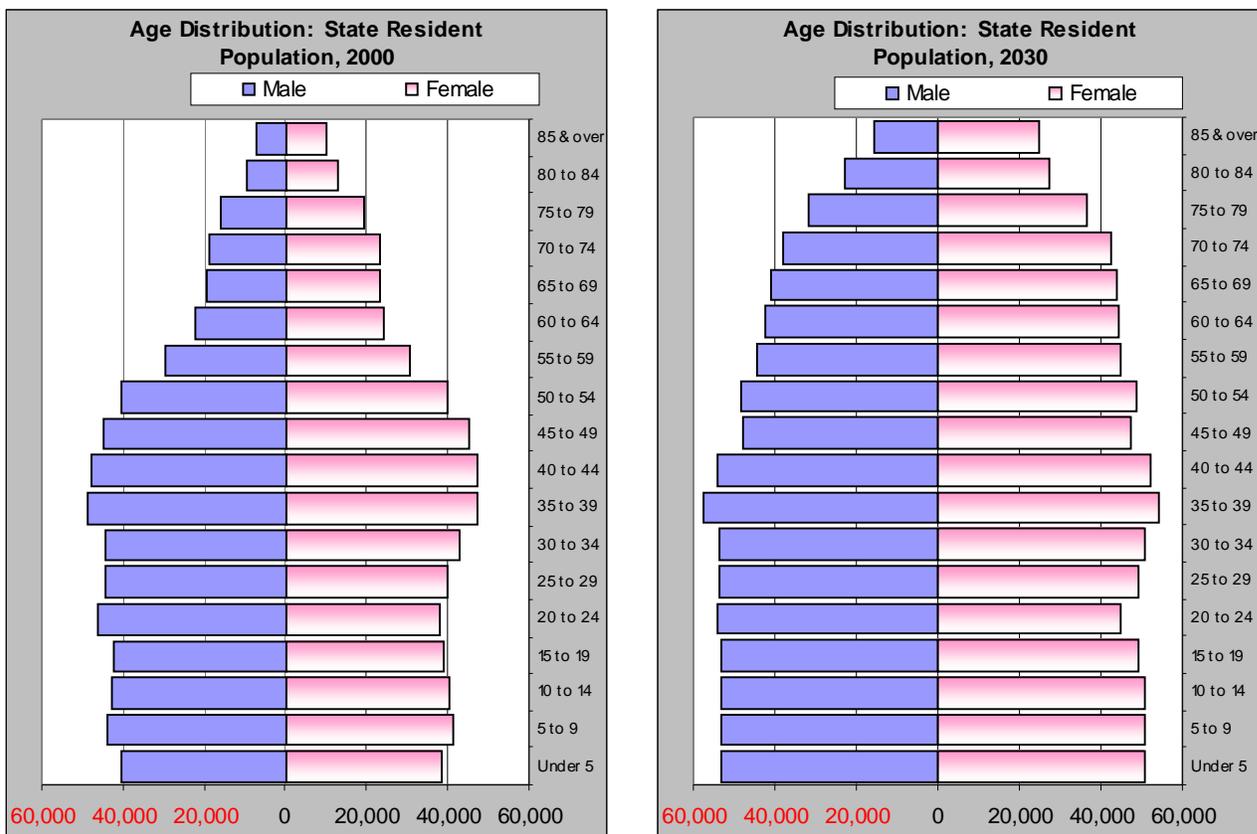
- The majority of the youngest sub-group (defined as ages 60 – 74) are active, healthy and independent
- Members of the middle sub-group (defined as ages 75 – 84) may be starting to experience disabling conditions
- Members of the oldest sub-group (defined as older than 85) are more likely to be dealing with physical and/or mental disabilities

Aging Baby Boomersⁱⁱⁱ

“Baby Boomers” are those born from 1946, shortly after World War II, to 1964. This generation began reaching the age of 60 in 2006; the last Baby Boomers will reach age 60 in 2024. By 2030, Baby Boomers’ ages will range between 66 and 84. For 2010, DBEDT estimates the 85+ population to be approximately 29,750 people. By 2030, the 85+ population is projected to increase by 35.6%, to 40,350 people.

The sheer size of the Boomer generation has understandably caused concern about spending on social programs, as well as finding the workforce necessary to support them. However, there is cause for optimism as well, because the Boomers represent the healthiest and best-educated generation yet to retire. There is reason to believe they will challenge traditional assumptions about retirement, in ways that constitute a net gain to the economy and to society as a whole.

Chart 8. State population profiles for 2000 and 2030



Source: State Data Book, 2005

Table 3. Oahu’s 85+ Population, Number and Percent of Total Population

Honolulu	Total	85+	85+: % of Total	85+: Increase Between Decades
1980 Census	762,565	4,008	0.5%	
1990 Census	836,231	7,614	0.9%	3,606
2000 Census	876,156	12,759	1.5%	5,145
DBEDT 2010	952,650	22,000	2.3%	9,241

For persons 85 years and older, the proportional increase is even greater than for persons 60 years and older. The population increase for this group between 1980 and 2010 has been over 500%, from 4,008 to 22,000 people. From 2000 to 2010, the population of persons 85 years and older nearly doubled, from 12,795 to 22,000 people. This has resulted in a need for services for an additional 9,000-plus persons. What this means is a growing number of older adults on Oahu, as well as an increase in the percentage of older adults who make up the overall population on Oahu. These numbers will be revised once the final 2010 census data are made available; however they are not expected to change significantly.

By 2030, the year the leading edge of the Baby Boom Generation reaches 85 years of age, the State’s Department of Business, Economic Development and Tourism (DBEDT) projects this group will number 40,350 people.

What this “age diversity” actually means is that all seniors cannot be treated the same. Policy makers must be able to respond to different needs and abilities within our elderly population.

While the number of 60+ residents has just begun increasing, the number of 85+ residents has been climbing since 1990, and will continue to do so into the next decade. This group of individuals has the highest rate of disabling medical conditions. Improving services to this group while controlling costs represents one of the greatest challenges – and opportunities – for the Area Agency on Aging.

Demographic Characteristics of the 60+ Population^{iv}

As shown in Table 4, 54.9% of residents age 60+ in Honolulu County are female, 53.8% are married, 36.9% are college graduates, and 6.8% live below poverty. Ethnically, 34.5% of our senior population is Japanese, 30.9% is Caucasian, 11.3% is Native Hawaiian, and 8.6% is Filipino.

Table 4. Demographic Characteristics of Older Adults Age 60+ in Honolulu County

	Number	Percent
Gender		
Male	82,597	45.1
Female	100,543	54.9
Marital Status		
Married	98,521	53.8
Widowed	44,084	24.5
Divorced	23,131	12.6
Ethnicity		
White	56,506	30.9
Native Hawaiian/Part	20,709	11.3
Filipino	15,710	8.6
Japanese	63,176	34.5
Education Completed		
Less than High School	10,391	5.7
HS or GED	54,550	29.8
College 1-3 Years	50,044	27.3
College 4+ Years	67,598	36.9
Poverty Status		
Below Poverty	12,538	6.8
Near Poor (100-199% Poverty)	29,922	16.3
Middle/High Income (199% Poverty)	140,670	76.8

Health Status^v

As shown in Table 5a, 15.7% of residents age 60+ in Honolulu County rate their health as excellent, and 19.3% rate it as fair or poor. Only 17.1% report having no health conditions, while 27.0% report having one condition, 54.8% report having 2-4 conditions, and 1.1% report having 5+ conditions. HHS asked seniors if the doctor had told them they have specific conditions; 38.0% reported having arthritis, 9.1% reported having asthma, 19.1% reported having diabetes, 53.9% reported having high blood cholesterol, and 53.9% reported having high blood pressure. Approximately 4.0% of Honolulu County residents age 60+ smoke, and 9.0% reside in households in which someone is smoking.

Table 5a. Health Status of Older Adults Age 60+ in Honolulu County

	Number	Percent
Self-Rated Health		
Excellent	28,741	15.7
Very Good	42,363	23.1
Good	76,385	41.7
Fair	25,813	14.1
Poor	9,526	5.2
Number of Health Conditions		
No Conditions	31,335	17.1
One Condition	49,428	27.0
2-4 Conditions	100,316	54.8
5+ Conditions	2,051	1.1
Has Arthritis (per MD)	69,531	38.0
Has Asthma (per MD)	16,691	9.1
Has Diabetes (per MD)	34,945	19.1
Has High Blood Cholesterol (per MD)	98,659	53.9
Has High Blood Pressure (per MD)	98,778	53.9
Smoking		
Senior smokes	7,412	4.0
Someone in household smokes	16,493	9.0

As reported by the Hawaii Department of Health, the leading causes of death in Honolulu County are: heart disease, cancer, stroke and chronic lower respiratory diseases. This follows the national trend.

Table 5b. Causes of Death in Honolulu County: 2008^{vi}

Cause of death	Both sexes	Males	Females
<i>Total Deaths</i>	9,314	5,056	4,258
Malignant neoplasm - cancer	2,169	1,218	951
Heart Disease	2,186	1,255	931
Stroke	633	293	340
Chronic lower respiratory	296	153	143

Physical Health Limitations and Falls^{vii}

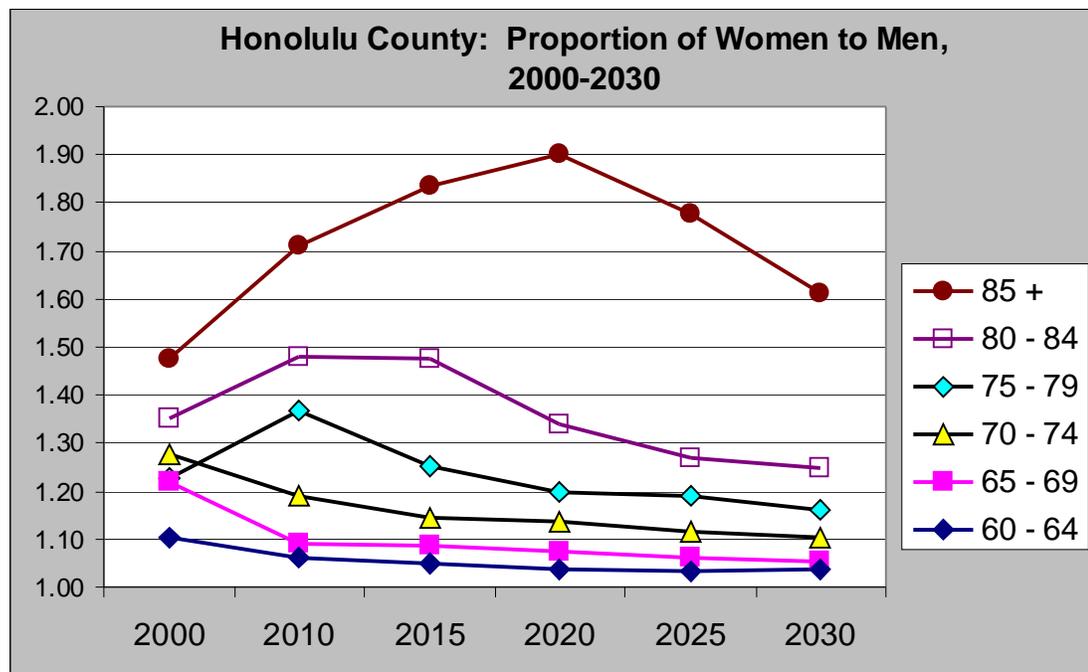
As shown in Table 6, 46,432 (25.4%) residents age 60+ in Honolulu County report upper body limitations, and 48,714 (26.6%) report lower body limitations. Because of physical limitations, 50,565 (27.6%) of residents age 60+ report that they've accomplished less than usual in the past 4 weeks, and 37,127 (20.3%) say that their physical problems limit the kind of work they can do. About 29,966 (16.4%) report that pain interferes with their normal work, and 19,723 (10.8%) say that their health interfered with social activities.

About 72,269 (40.0%) seniors in Honolulu County believe that falls among seniors are preventable, and 30,316 (16.8%) report that their physician has talked to them in the last year about preventing falls. Only 20,897 (11.6%) of residents age 60+ report having fallen in the past 3 months.

Table 6. Physical Health Limitations and Falls among Older Adults Age 60+ in Honolulu County

	Number	Percent
Elder has upper body limitations	46,432	25.4
Elder has lower body limitations	48,714	26.6
During the past 4 weeks, physical health limitations:		
Caused elder to accomplish less than usual all, most, some of time	50,565	27.6
Limited the kind of work elder can do all, most, some of time	37,127	20.3
During the past 4 weeks:		
Pain interfered with normal work extremely, quite a bit, or moderately	29,966	16.4
Physical or emotional problems interfered with elder's social activities all, most, or some of the time	19,723	10.8
Elder agrees or strongly agrees that falls among seniors are preventable.	72,269	40.0
MD has talked to elder about preventing falls in past year.	30,316	16.8
Elder has fallen in past 3 months.	20,897	11.6

Chart 9. Honolulu County: Proportion of Women to Men



Source: Population and Economic Projections for the State of Hawaii to 2030, DBEDT 2030 Series

Emotional Health Limitations and Sleep Patterns^{viii}

As shown in Table 7, 20,491 (11.2%) seniors in Honolulu County report that emotional problems caused them to accomplish less than usual in the past 4 weeks, and 17,943 (9.8%) say that emotional problems caused them not to work or do other activities as carefully as usual. About 20,889 (11.4%) report feeling downhearted or blue some, most, or all of the time, while 19,723 (10.8%) report that physical or emotional problems interfered with their social activities.

In the past 4 weeks, 170,011 (92.8%), felt peaceful and calm all, most, or some of the time, and 160,284 (87.9%) said they had a lot of energy all, most, or some of the times. About 86,608 (47.9%) of elders sleep 6 hours or less each night.

Table 7. Emotional Health and Sleep Patterns Among Older Adults Age 60+ in Honolulu County

	Number	Percent
<i>During the past 4 weeks, emotional problems:</i>		
Caused the elder to accomplish less than usual all, most, some of time	20,491	11.2
Caused elder to not work or do other activities as carefully as usual, all, most, some of time	17,943	9.8
<i>During the past 4 weeks:</i>		
Elder felt downhearted or blue all, most, or some of the time	20,889	11.4
<i>During the past 4 weeks:</i>		
Elder felt peaceful and calm all, most, or some of the time	170,011	92.8
Elder had a lot of energy all, most, or some of the time	160,284	87.9
Sleep Patterns		
6 hours or less each night	86,608	47.9
7-8 hours a night	88,045	48.7
>8 hours a night	5,647	3.1

Living Arrangements^{ix}

As shown in Table 8, only 61,872 (33.8%) seniors in Honolulu County live alone. The rest live with at least one other person. It is estimated that 12,325 (6.7%) live in three-generation households. About 14,814 (8.1%) of residents age 60+ are living with a grandchild of any age, and 10,866 (5.9%) live with a grandchild who is less than 18 years of age.

Table 8. Living Arrangements of Older Adults Age 60+ in Honolulu County

	Number	Percent
Household Size		
Senior lives alone	61,872	33.8
Senior plus one other	77,893	42.5
Senior plus 2-3 others	31,309	17.1
Senior with 4 or more	12,058	6.6
Household Type		
One adult, no kids	61,872	33.8
Adults, no kids	106,026	57.9
One adult with kids	960	0.5
Adults with kids	14,272	8.8
Number of Generations in Household		
Single adult household	31,427	17.2
Senior with spouse/partner	64,252	35.1
2 generations	39,227	21.4
3 - 4 generations	12,325	6.7
Grandparent is living with a grandchild		
Grandchild is any age	14,814	8.1
Grandchild is < 18 years old	10,866	5.9

Participation in Assistance Programs^x

As shown in Table 9, 16,212 (8.9%) seniors in Honolulu County participate in Medicaid/QUEST, 6,929 (3.8%) receive Food Stamps (SNAP), 14,790 (8.1%) receive Disability, and 4,377 (2.4%) receive housing assistance.

Table 9. Participation in Assistance Programs among Older Adults Age 60+ in Honolulu County

	Number	Percent
Participation in Public Assistance Programs		
Medicaid/QUEST	16,212	8.9
Food Stamps	6,929	3.8
Disability	14,790	8.1
Housing Assistance	4,377	2.4

Caregivers^{xi}

Family caregiving, especially of older family members such as parents and grandparents, is quite common in Honolulu County. The Older Americans Act formally recognized the role and contributions of family caregivers to the Aging Network by establishing the National Family Caregiver Support Program in 2000.

In Hawaii, where cultural practices support and people prefer multiple generation households, family caregiving is even more prevalent. The Hawaii Behavioral Risk Factor Surveillance System surveyed persons 18 and older about their role as caregivers of persons 60 years and older. For Oahu, the survey found that 14.42% of this population provided regular care for a friend or family member who is 60 years of age or older. This rate is the highest of all the Counties. The groups most involved in caregiving are those between the ages of 45 and 75, where 17.93% indicated that they are caregivers.

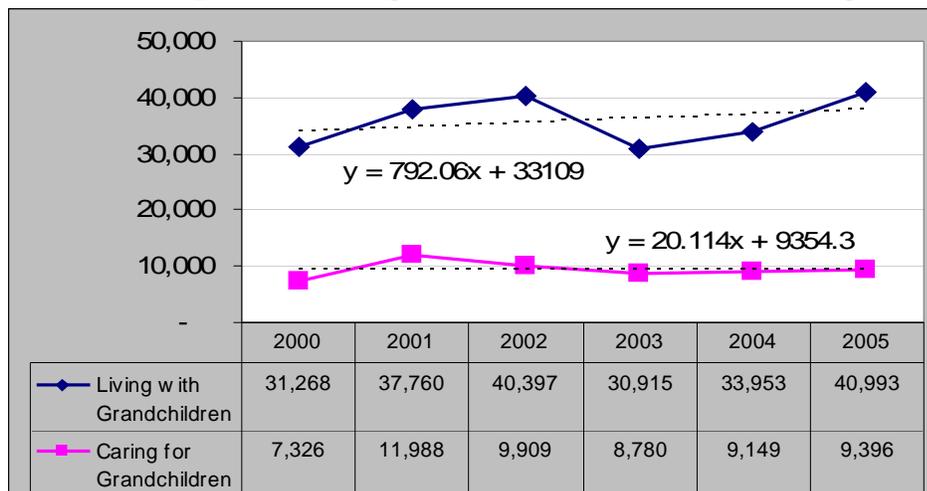
In our aging population, seniors are increasingly being taken care of by seniors. Professional caregivers – almost all of them women – are one of the fastest-growing segments of the American work force, and also one of the grayest. A recent study by PHI National, a non-profit organization that advocates on behalf of caregivers, found that in 2008, 28% of home care aides were women over age 55, compared with 18% in the overall work force.^{xii} Also important to note here is that, despite the variety of formal long-term care services, ranging from nursing homes to home care, the majority of those needing or using long-term care depend heavily on informal care provided by family members and/or friends.^{xiii}

Grandparents



The number of grandparents living with their own grandchildren has increased between 2000 and 2005 by an average of about 792 per year in Hawaii. A certain proportion of those grandparents are also caregivers for their grandchildren. This group has also been increasing, but at a lower rate of about 20 per year.

Chart 10. Honolulu: Grandparents Living with Grandchildren and Caring for Grandchildren



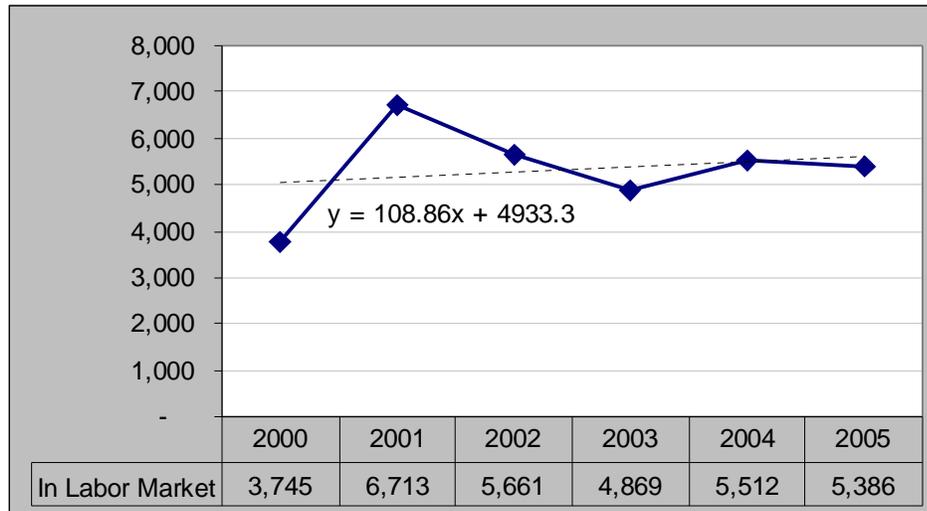
Source: EOA data

According to AARP, there are 38,051 children in Hawaii living in grandparent-headed households (3.7% of all children in the state). There are another 4,128 children living in households headed by other relatives (1.1% of all children in the state). Of the children living in households headed by grandparents or other relatives in Hawaii, 13,814 are living there without either parent present. Statewide, 14,029 grandparents report they are responsible for their grandchildren living with them [3,260 in Honolulu County]: 17% of these grandparents are Native Hawaiian and other Pacific Islander; 40% are Asian, 8% are Hispanic/Latino, and 14% are White. Twenty-two percent of these grandparents live in households without the children's parents present.

On Oahu, the Waianae coast continues to have one of the largest concentrations of grandparents raising grandchildren, and all grandparents enrolled in the Tutu Assessment Project live on the Waianae Coast.^{xiv}

While the number of grandparents caring for their grandchildren has been increasing at a fairly low rate of about 20 a year, the number caring for grandchildren and participating in the workforce has been increasing at the rate of about 108 per year. Some factors that might influence this increasing participation in the labor market might include grandparents already in the labor market assuming caregiving responsibilities, and grandparents with caregiving responsibilities entering the labor market in order to support their grandchildren.

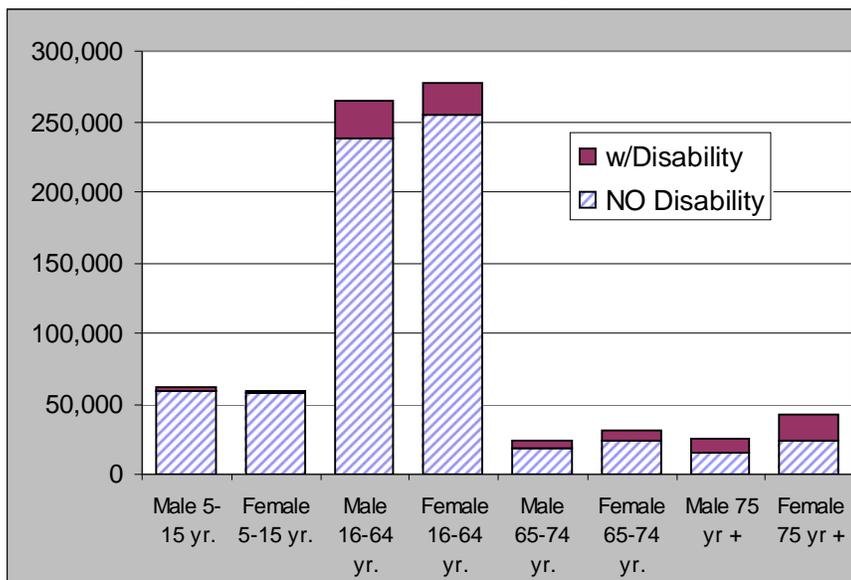
Chart 11. Honolulu: Grandparents Responsible for Own Grandchildren, in Labor Force (Est.)



Age and Disability^{xv}

Rates of disability on Oahu are higher among adults 65 and older; however, a higher *number* of individuals with disabilities are in the 21-64 age range. Chart 12 shows the number of individuals with disabilities within each age group.

Chart 12. Oahu Population by Age and Disability



	No Disability	w/Disability	Total	% No Disability	% w/Disability
Male 5-15 yr.	59,094	2,530	61,624	95.9%	4.1%
Female 5-15 yr.	57,463	1,961	59,424	96.7%	3.3%
Male 16-64 yr.	238,018	26,406	264,424	90.0%	10.0%
Female 16-64 yr.	255,064	22,702	277,766	91.8%	8.2%
Male 65-74 yr.	18,630	5,852	24,482	76.1%	23.9%
Female 65-74 yr.	23,333	7,110	30,443	76.6%	23.4%
Male 75 yr +	15,012	10,495	25,507	58.9%	41.1%
Female 75 yr +	23,547	19,015	42,562	55.3%	44.7%

There are more women than men, except in the 5-15-year old age group.

Among people 16-64 years old, the years of “employment”, there are more men with a disability than there are women with a disability, even though there are more women than men. In other words, in this group, men have a higher rate of disability than women – 10.0% to 8.2%.

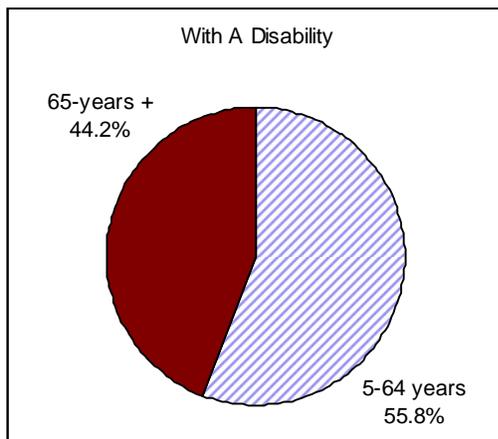
In the “retirement” years between 65 and 74 years, men have a slightly higher rate of disability than do women: 23.9% to 23.4%. However, for men and women 75-years and older, women have a higher disability rate than men: 44.7% to 41.1%. This higher rate of disability among women over 75 years may be attributed to womens’ longevity, as in this group there are 42,562 women and only 25,507 men. Therefore, the higher rate of disability might be attributed to the larger number of women age 75 and older.

Potential Clients of the Aging and Disability Resource Center (ADRC)

Since the formal definition of the clients EAD serves includes persons 60 years and older, the following numbers are biased toward the “younger” group since that group contains people 60 through 64-years old. Probably the proportion of “younger” disabled to “older” disabled is closer to 50-50 rather than the 56-44 that the figures below show.

Table 10. Honolulu County Residents with a Disability

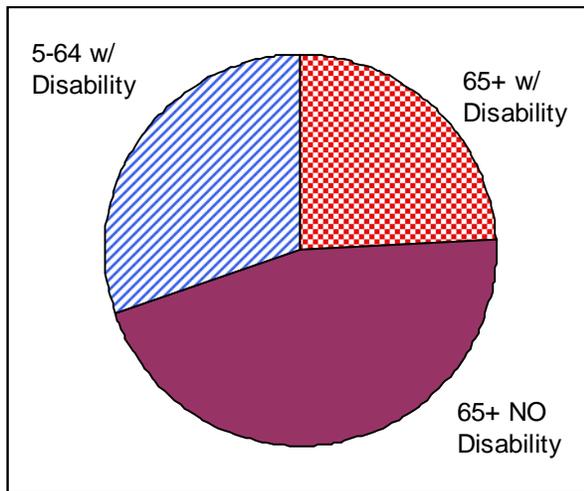
5 to 64 years with a disability:	53,599	55.8%
65 years and over with a disability:	42,472	44.2%



The total number of persons 65 years and older is 122,994; the total number of persons 5 to 64 years old with a disability is 53,599; therefore, the potential client base of the ADRC is 176,593. The total number of persons with a disability within this client base is 96,701, of whom 44.2% are 65 years and older, and the remaining 55.8% are below 65. The total number of persons with a disability who are potential clients of the ADRC make up about 54.8% of all clients.

Potential ADRC Clients		
65+ No Disability	80.522	45.6%
65+ w/Disability	42.472	24.1%
5-64 w/Disability	53,599	30.4%
TOTAL	176,593	100.0%

From the perspective of disability, 64.5% of ADRC clients might be disabled; from the perspective of age, 69.7% of ADRC clients might be over 65 years old.



Just as with those age 60 and above, persons with disabilities are not all alike, even those who require long-term care. While it may be true that younger people with disabilities might have many needs in common with older adults, they may also have many specific needs that differ from those of their elders.

In the U.S., the percentage of working-age people with disabilities declined during the 1990s, from 14.3% in 1990 to 10.3% in 2000. Of these, the percentage of people unable to work due to their disability fell from 6% to 5.1% during this period. These declines followed three decades of increasing disability rates.^{xvi}

In the 1990s, there was a slight decline in the rates of disability due to back problems, arthritis and rheumatism, and hypertension. However, there was an increase in disabilities attributed to mental health conditions, and this trend continues today.

Overall, disability rates among the 60-and-older population are declining.^{xvii}

In studying the trends affecting our elders, the policymakers have not yet been able to determine which trend – rising numbers of older adults or lower rates of disability – will dominate in terms of future need for services. Also not clear is how long this trend toward lower disability rates will continue. There is mounting evidence that this trend will reverse as the “Boomers” retire and the rates of obesity continue to increase.

We currently lack data on whether the decline in the rate of disabilities is benefiting all ethnic groups equally. It is clear, however, that significant health disparities among ethnicities remain.

Issues and Areas of Concern

Advocating an elder-friendly community

With all of the positive changes associated with longer life spans, our local communities that comprise Honolulu County appear ill-prepared to either make good use of the resource that the growing aging population represents, or to respond to the changing needs of that population.

Former Louisiana Senator John Breaux, former Chair of the Senate Special Committee on Aging, framed the issue this way: “As the Baby Boomers move toward old age, they will revolutionize and redefine the American aging experience. The question is, are we ready? Soon, America will look different. The average age will go up to 66 and the over-65 population will double. There will be more seniors than teenagers. One out of every five Americans will qualify for a senior discount at the movie theater. And there will be one million Americans over 100 years old.”

Elder-readiness is critical to assure livable communities for all ages. Every segment of our community is affected by a growing number of elders, including: housing, transportation, employment, land use, health care, marketing, business, volunteerism, public benefits, and public policy. While most people – from elected officials to mom-and-pop store owners – realize that the population is aging, very few community efforts identify the changes necessary to assure that our communities will work well for people of all ages.

EAD promotes efforts to build elder-friendly communities throughout Honolulu County that:

- Promote health equity
- Encourage people of all ages to prepare for retirement and old age
- Have age-sensitive service infrastructures that support people as they age
- Establish services to accommodate the needs of older adults and the disabled
- Build and adapt physical infrastructures that support people as they age
- Promote creative ways for older persons and disabled persons to use their talents, skills and experiences
- Offer flexibility in the workplace to support the vital role played by family caregivers



Elder-friendly communities are those that foster opportunities, support health and well-being, promote social and health equity, and provide help and support. Promoting health equity in the face of increasing health disparities is one of the most important elements of an elder-friendly community.

“Aging in place” is a term for the current movement to enable seniors and persons with disabilities to remain in their own homes for their entire lives. A milestone in the aging in place movement was AARP’s landmark study, “Fixing to Stay,” which revealed that more than 80 percent of respondents 45 and older wanted to age in place. Obstacles to aging in place include a non-accessible home environment, lack of appropriate support services, lack of transportation, lack of sufficient funding and non-supportive community design (including zoning).^{xviii}

Aging in place can occur in a variety of residential settings, such as elder cottages, private single-family homes and multifamily units, or continuing care retirement communities (CCRC). Naturally occurring retirement communities (NORCs) are areas where a high concentration of seniors reside, albeit not in an age-restricted community or facility. NORCs can be vertical, as in apartment buildings, or horizontal, as in single-family residences across a neighborhood. Increasingly, communities and senior service provider agencies seek ways to support aging in place in NORCs by providing services as if the NORC were an entity. A CCRC is a campus that provides for a variety of housing options, services and amenities. Typically, a resident moves in when s/he is able to live independently, but has the option, should the need arise, to progress to greater levels of support and onsite medical care, including an onsite skilled nursing facility with guaranteed access for both long- and short-term stays. The following chart shows the individual components of livable communities and some common barriers that exist to preclude them.^{xix}

Table 11. Components of Livable Communities and Common Barriers

Component	Common Barriers	Implications for Aging
HOUSING	<ul style="list-style-type: none"> ▪ A lack of diverse housing options (e.g., single-family, multifamily, accessory dwelling, assisted living and other supportive housing) restricts choices ▪ Rigid separation between residential, commercial, and recreational areas makes it difficult to reach daily necessities and community amenities ▪ Markets fail to provide affordable and accessible units for all incomes and abilities ▪ Homes lack design features to serve residents across their life span 	<ul style="list-style-type: none"> ▪ Decline in remaining abilities due to poor human-environment fit ▪ Forced relocation ▪ Decline in health when home is in disrepair ▪ Higher risk of falls or injury ▪ Increased isolation ▪ Increased dependence on others
	<ul style="list-style-type: none"> ▪ The automobile is the main, and often exclusive, mode of transportation ▪ Other transportation options, such as public transit, are limited or nonexistent, particularly in suburban and rural areas 	<ul style="list-style-type: none"> ▪ Danger to self or others when driving beyond appropriate ability (though this is less of an issue than thought) ▪ Dependence on others ▪ Lack of access to services, goods and amenities

	<ul style="list-style-type: none"> ▪ Road design in many suburbs separates neighborhoods and impedes mobility. There is often little connectivity between different modes of transportation. ▪ Walking is neither facilitated nor encouraged 	<ul style="list-style-type: none"> ▪ Decreased social interaction ▪ Missed opportunity for relatively safe and natural physical activity in the form of walking ▪ Dependence on fossil fuels, typically one person/one vehicle model
LAND USE	<ul style="list-style-type: none"> ▪ Expansion into less dense or undeveloped areas is frequently favored over efficient use of existing urban areas ▪ Development tends to be scattered and separated by function and design ▪ Open spaces are inaccessible and unconnected ▪ Former industrial sites (“brownfields”) are abandoned ▪ More energy is consumed because land uses are kept separate 	<ul style="list-style-type: none"> ▪ Greater distances from services and amenities ▪ Dependence on others for transportation/access to services and amenities
COOPERATION AND COMMUNICATION	<ul style="list-style-type: none"> ▪ Cooperation among adjacent communities is limited ▪ NIMBY (Not In My Backyard) reactions hinder development of livable community projects ▪ Communication among agencies that could help advance livable community objectives is limited ▪ Communication between livable community advocates and community residents is poor 	<ul style="list-style-type: none"> ▪ Seniors and their families suffer as needs go unmet, despite the fact that increasing resources and models are available for appropriate community design
PUBLIC EDUCATION & COMMUNITY PLANNING	<ul style="list-style-type: none"> • Planning takes place without sufficient knowledge about the community and its residents • The public does not fully understand the effect of the aging boom on a community level and how it may affect decision making and service delivery over time • Inadequate public 	<ul style="list-style-type: none"> • Communities must access resources such as: • AARP’s “Livable Communities” • Metlife/N4A’s “Blueprint for Livable Communities” • Atlanta Regional Commission’s “Toolkit for Lifelong Communities”

(continued) PUBLIC EDUCATION & COMMUNITY PLANNING	engagement and participation in community planning affect possible options	
LEADERSHIP	<ul style="list-style-type: none"> • A lack of “political will” often hinders measures that would make the community more livable 	<ul style="list-style-type: none"> ▪ Community leaders must make this a priority ▪ Constituents must demand livable communities ▪ Zoning obstacles must be eliminated or modified, incentives introduced.

Affordable Housing, Supportive Services, and the Built Environment

Assessing possible housing options for ourselves, an aging parent, relative or friend is a daunting task given the high price of housing, combined with a shortage of affordable housing on Oahu. What kind of assistance or living arrangement might we need? What might our health – or the lack of good health – require in terms of our housing decisions?

Which of our options can be supplemented with health insurance coverage? What can we afford if we stay where we are? What if we need to remodel? What if we move? Will a part-time or full-time caregiver be required? Is assisted living required? Is there an appropriate place available if a move is required, or a higher level of care needed? What financial assistance resources and guides are available to help make these decisions?

The demand for affordable and accessible housing with services for older adults and people with disabilities exceeds the existing housing stock on Oahu. And as more seniors face a housing market that they cannot afford, their numbers among the homeless population will surely rise.

To meet the needs of an aging population, housing needs to be designed for everyone. Older residents may also need supportive services. Universal Design is a concept for designing all aspects of the built environment – homes, mobility routes, landscapes, commercial developments, products and life space, including equipment and architecture – with the goal of making them accessible to every person, regardless of age or ability. Developers of housing funded with public dollars have begun to incorporate elements of universal design into new construction, thus enabling residents to stay in their units with minimal modification as they age.

Although Universal Design benefits everyone across the lifespan, persons with disabilities and older persons with limited functioning benefit the most, as a properly designed environment can actually delay or prevent institutionalization.^{xx} There is also a connection between the condition of the home and the health of the resident. The design of both the home and the community can affect cardiovascular, mental, and overall health.^{xxi} If communities are designed to include sidewalks and trails, access to outdoor spaces is enhanced. This can facilitate physical activity and cardiovascular health, while at the same time reducing air pollution from reliance on combustion vehicles. A home which is not designed to enable access, or is not properly maintained, will also contribute to specific health problems, such as falls resulting in human suffering and death, increased demand for both emergency and rehabilitative medical care, and significant costs to individuals and society.^{xxii}

Incorporating Universal Design at the outset of publicly funded housing developments contributes to sustainable development goals. Using the flexible and open principles of universal design also means that people with disabilities are no longer marginalized in our community. They can own or

rent whatever is built, because the unit and the entire built environment are designed to meet their needs as a rule rather than an exception. Community planners have found that it is more environmentally sound to build for minimum levels of accessibility and future adaptability than to undertake substantial renovations later on.^{xxiii}

Research suggests that nature access may also be associated with life expectancy. Takano and colleagues documented that among a sample of more than 3,000 older, urban-dwelling adults, having space to take a walk and the presence of parks and tree-lined streets near the residence predicts longevity.^{xxiv} Proximity to parks and open space has been associated with higher rates of physical activity. With respect to older adults, research suggests that neighborhoods with parks and green space are most supportive of physical activity. The importance of nature access and natural views to human health suggests that the manner in which land is developed, landscaped, and maintained is of critical importance.^{xxv} An article in the August, 2010 AARP newsletter states, “As you know, Hawaii is a dangerous place to be a pedestrian at any age, and the worst in the country for people 65 and older.”^{xxvi} We have an opportunity and an obligation to make the communities of Honolulu County a better place to walk. EAD and EOA must advocate for Universal Design as the State moves forward with its Pedestrian Master Plan.

Another area of concern in the housing arena is the growing need for supportive services for older residents as their needs change. The fastest growing part of the aging population is people who are 85 years of age and older. People in this age group will increasingly need more assistance and may have critical mobility issues. EAD continues to work with housing and community partners to create more options for support of aging residents in public sector housing in an effort to help people remain at home as long as possible. In particular, our Information & Assistance Section has embedded support services, not only in the community, but also in senior residential complexes.

Mobility^{xxvii}

Older people need better mobility links to stay active and involved and to be able to remain in their own homes. Transportation mobility links older people with goods and services and with social and community activities.



In most communities, older people travel primarily by private vehicle. This trend is expected to continue, as the number of older drivers is expected to increase 2.5 times during the next 25 years, while the older population will double.

This increase reflects people’s preferences, as well as the convenience and flexibility driving one’s own car provides. Yet men will live an average of six years, and women an average of 11 years, after they stop driving. For those who are no longer able to drive, finding transportation that is affordable, available and safe is of utmost importance.

Linking older people with goods, services, and activities in the community will become a greater challenge as greater numbers of people outlive their ability to drive. Oahu’s topography, a combination of urban traffic jams and rural sprawl, and its automobile-dominated planning and development limit the continued mobility and independence of older people and individuals with disabilities. Rural elders will face difficult transportation challenges.

Poverty^{xxviii}

The number of residents age 60+ who live below the federal poverty level has slowly, but steadily increased over the past decade. The latest data available show that 12,538 individuals, or about 6.8% of Honolulu County's population, live below the poverty level. An additional 29,922 individuals, or 16.3% of the County's population, are classified as "near poor," meaning they live at or just above the poverty level. This is troubling, as poor and less-educated older adults have not benefited from the overall increase in health and vitality among elders in general.

Veterans^{xxix}

The U.S. Department of Veterans Affairs' most recent report indicates that, by 2020, approximately 90% of the remaining Vietnam veteran population will be between 65 and 84 years of age. Significant growth in veterans age 85 and over will increase approximately 35% by 2010. This significant growth in the very elderly reflects the aging of World War II and Korean War veterans.

While the majority of Vietnam-era veterans are living healthy and productive lives, a small percentage are engaged in an ongoing life struggle to overcome psychological traumas, drug and alcohol dependency, and other service-connected medical maladies. These veterans often fall into a cycle of addiction, family disintegration, joblessness, homelessness, and/or crime that is a severe burden to themselves, family members and friends, and the community as a whole. The V.A. points out that, although the overall percentage of veterans in the 60 and older population will decrease in the next decade, the number and percentage of older Vietnam veterans will spike over this same period.

The Gay Community^{xxx}

The most recent *Outing Age Report*, developed by the Policy Institute of the National Gay and Lesbian Task Force Foundation, estimates that between 1.75 and 3.5 million Americans age 60 and over are lesbian, gay, bisexual, or transgender (LGBT). These numbers are expected to increase as the population of older Americans grows in the next 30 years.

Aging service providers will face challenges in addressing the needs of this group. A major challenge is the limited research on older persons who are gay or lesbian. For social, cultural and legal reasons, the needs of elder LGBT people differ from heterosexual and/or non-gender variant people.

LGBT people who are currently seniors came of age prior to the beginning of the gay rights movement of 1969, during a time when people were subject to persecution, institutionalization, and even incarceration because of their sexual orientation and gender identity. Due to this type of intense discrimination, this generation tends to be secretive and fearful of disclosing their sexual orientation or gender identity. This lack of visibility creates a situation in which it is nearly impossible to get accurate demographic information on the LGBT population.

Knowledge of a client's sexual orientation in a health or social service setting is crucial to provide appropriate, sensitive and individualized care. Individuals who do not feel a sense of rapport with healthcare and service providers are less likely to follow treatment regimens or return for follow-up services. Providers who lack awareness of their LGBT clients overlook their specific needs, sacrificing care without realizing it. If health and social service agencies are not sensitive to the social, cultural and legal needs of their LGBT seniors, there is a high risk that clients will be alienated from seeking needed services. If LGBT seniors avoid service providers because they feel misunderstood and unwelcome, their health and well-being will be compromised and more drastic and expensive treatments and interventions will become necessary. To address this need, the Area Agency will advocate the use of Project Visibility - a national award-winning training program for administrators and staff of nursing homes, assisted living facilities, home care agencies and other providers of services to older adults. The training is comprised of a 10-minute film that showcases the lives of LGBT elders, a PowerPoint presentation, and a manual.

Rural Elders^{xxxi}

Oahu's rural areas are located in beautiful settings. The elders living there, however, face significant barriers. Rural elders living alone, and/or living on fixed incomes, are particularly isolated. Some of the low-income people in these areas do not have phones, and others do not have cars, which may further increase their isolation and vulnerability to emergencies. In addition, housing developers seldom consider rural areas for cost-effective projects, finding the process on Oahu to be difficult and sometimes unwelcoming, further limiting affordable and safe housing.

The U.S. Administration on Aging defines a "rural" area as "all areas outside Census Designated Places with a population of 20,000 or more." Therefore, this decline in Oahu's rural population is primarily the result of population expanding to cover more land area, and thus replacing rural with non-rural land.

Information & Assistance (I & A) Services

Information and Assistance (I & A) services are the core of Honolulu County's Aging Network. These programs open the door to benefits and services. I & A programs enhance services in EAD's priority areas: basic needs, health and well-being, social and civic engagement, and independence for frail older adults and people with disabilities.

Professional staff in EAD's I & A Section are more than simply a referral service. They provide older adults, their families and caregivers with information on available services, and assistance in accessing services. Over the phone, in person, through home visits and via our website, I & A staff assess needs, connect clients with services that meet those needs, and follow up to ensure that services were received and needs were met.

I & A services in Honolulu County include the following service components:

- Information, referral, and assistance
- Long-term support/monitoring
- Options and benefits counseling
- Employment options counseling
- Streamlined access to publicly funded long-term care services
- Assistance to access private-pay options
- Crisis intervention
- Housing options

The Aging and Disability Resource Center (ADRC) Concept

The Aging and Disability Resource Center (ADRC) is designed to streamline access to long-term care. The ADRC program provides states with an opportunity to effectively integrate the full range of long-term supports and services into a single, coordinated system. By simplifying access to long-term care systems, ADRCs and other single point of entry (SEP) systems are serving as the cornerstone for long-term care reform in many states.

ADRCs target services to the elderly and individuals with physical disabilities, serious mental illness, and/or developmental/intellectual disabilities. The ultimate goal of the ADRC is to serve all individuals with long-term care needs, regardless of their age or disability.

EAD's I & A staff are highly skilled at helping older adults, their families and caregivers navigate the complex array of public benefits and long-term care options. The I & A staff has developed a comprehensive directory of services for seniors, and is working to develop an on-line resource database for public use. Because of the strength and depth of our I&A programs, Honolulu County is well positioned to participate in national and State initiatives aimed at expanding I & A programs into an Aging & Disability Resource Center (ADRC).

I & A's programs already offer many of the key intended services of an ADRC; they "provide a coordinated system of comprehensive information on a full range of available public and private long-term care services, personal counseling to assist individuals in assessing and planning for their long-term care needs, and assistance in accessing needed services."

Information & Assistance services face several challenges. The first is addressing the needs of people with disabilities. The second is meeting the needs of those under 60. The third is assisting with private pay options.

One key difference between I & A programs and ADRCs is the target audience: "people of all ages who have a need for long-term care services." Meeting the needs of, and demand from, a more broadly defined younger population that includes children will be a challenge. Not only will it take a substantial increase in funds to expand services to the full spectrum of ADRC clients, but the funds will need to be flexible enough to serve children and young adults.

Anticipated issues in serving a younger population include but are not limited to:

- Ability of staff to respond to increased service demands
- Expectations from younger people for services, and the potential lack of available services to meet their needs
- Allocation of staff time for training on available resources, and cultural competency to be able to serve a younger population
- Impact on the existing referral structure and process
- Determination of how mental health clients fit into the model

A second challenge to I&A services has to do with the nature of one of the essential service components, "assistance to access private pay options." Currently, I&A programs provide information on private resources for areas in which there are gaps in services – areas in which no publicly-funded programs exist to meet clients' needs. These resources are limited in scope and are provided on a referral basis, not at an assistance level.

Anticipated challenges in providing assistance in this area include:

- Ability of staff to respond to increased service demands
- Liability concerns about connecting vulnerable populations with for-profit services
- Need to screen resources
- Ability to compile and maintain an up-to-date local list of reputable resources

One might question, "Why make this transformation now?" Some of the advantages to beginning the process at this time include:

- State budget will not be able to support the current system of Medicaid long-term care and spend-down without creating a plan to slow the rate of its growth and expenditures
- The "Silver Wave" of aging Baby Boomers is coming, and the State is not prepared
- the State's fiscal crises must be resolved to effectively build service capacity and infrastructure for the growing numbers of elderly people and individuals with disabilities
- There is an opportunity to resolve inefficiencies in the nation's long-term care system using identified best practices and programmatic strategies developed by the Aging Network and its partners

Rebalancing the System of Long-term Care

EAD, along with the support, guidance and assistance of EOA, must undertake significant effort to rebalance the system of long-term care in Honolulu County, in order to better meet the needs and preferences of current and future older adults. The goal of such an undertaking would be to:

- Increase the proportion of individuals supported in the community and living as independently as possible
- Decrease Oahu’s reliance on institutional services
- Increase the person-centeredness of the long-term care system

We are challenged to provide community services and supports that are more affordable and better meet the needs and preferences of older adults, persons with disabilities and their families. Increasingly, EAD and our funded providers are asked to meet these needs and preferences through our existing programs. Therefore, it is critical that EAD have sufficient capacity to meet the needs of current older adults and persons with disabilities, and prepare for the needs of an aging population. This challenge is further exacerbated as we must continue delivering services to a growing number of older adults living in rural areas with fixed levels of funding. Additional challenges include the quest for sustainability, the difficulty in targeting and serving the hard-to-reach populations, and the difficulty in making changes to programs and systems.

In order to address these challenges, as well as fine-tune the role of EAD in Oahu’s long-term care system into the future, EAD will need to use Title III and related State funds in the most strategic way possible in order to have an impact on the overall system, and to produce significant outcomes for the people we serve. We will strengthen our commitment to target those older adults, persons with disabilities and their caregivers whose income and resources make them ineligible for entitlement programs or other significant public assistance, but who are at risk of falling through the safety net. These individuals may still be living in their own homes or in assisted living.

As has been discussed throughout this Area Plan, the “Silver Wave” is coming and the communities that make up Honolulu County are not prepared. City and State budgets will not be able to support the current system of Medicaid long-term care and spend-down without creating a plan to slow the rate of its growth and expenditures. State and local governments’ fiscal crises must be resolved to effectively build service capacity and infrastructure for the growing numbers of elderly people and individuals with disabilities.^{xxxii}

Citizens want a system that maximizes their home- and community-based support options. Citizens have a right, via the Olmstead Decision, to have broad access to home- and community-based supports, and to be free of publicly funded systems that have an institutional bias. Citizens thrive in a community that supports person-centered, self-directed choices for staying at home and in the community.^{xxxiii} Therefore, it is in Honolulu County’s best interests to support a system that maximizes quality of life as well as taxpayer resources.

There are numerous benefits of embarking on such a rebalancing at this time. We will begin creating a local environment in which citizens have easy access to a range of publicly funded home- and community-based resources, thereby helping to maintain one’s independence in the community and to build trust and credibility with local service providers. We will be managing tax payers’ dollars more efficiently, creating a system that reduces confusion, builds trust, and empowers citizens to make educated decisions about their long-term care needs. Plus, slowing the rate of growth and expenditures in the Medicaid program will help both City and State governments prepare for future fiscal and capacity demands, and build a more efficient and effective long-term care system.

Embracing and Incorporating Person-Centered Planning

Person-Centered planning challenges us to learn together with people about how to solve problems over time in order to make meaningful changes happen. Person-centered planning is a process that uses creative facilitation tools to assist persons in developing a plan on how they wish to live or be in the future. Kincaid points to five essential outcomes of person-centered planning:^{xxxiv}

- Being present and participating in community life

- Gaining and maintaining satisfying relationships
- Expressing preferences and making choices in everyday life
- Having opportunities to fulfill respected roles and to live with dignity
- Continuing to develop personal competencies

Person-centered planning is a process-oriented approach to empowering persons with disabilities: physical, developmental, cognitive, advanced age, mental health, substance abuse, or some combination. This approach focuses on the people and their needs by putting them in charge of defining the direction for their lives, not on the systems that may or may not be available to serve them. This ultimately leads to greater inclusion as valued members of both community and society.

A person-centered plan can help those involved with the client see the total person, recognize his or her desires and interests, and discover completely new ways of thinking about her/his future.^{xxxv}

Simply thinking that we are being person-centered does not make us person-centered; it is what we actually do that ultimately reveals our true priorities. It requires a personal commitment to engaging conscious awareness and self-reflection about the relationship between how one feels, thinks and acts. It is beliefs forming thoughts giving rise to words leading to action that, in turn, create experiences. *Person-centered planning* is a way in which one can listen to people and learn about important aspects of a person's interests and needs. *Person-centeredness* is about intentionally being with people in a way that may or may not include planning.^{xxxvi}

"Person-centered planning begins when people decide to listen carefully and in ways that can strengthen the voice of people who have been or are at risk of being silenced" ~John O'Brien

Person-centered planning has become an overused term in the service delivery world. Many social service delivery systems use the term "person-centered planning" simply because they work with and deal with people. Family- or person-centered planning is intended to identify one's preferences, strengths, capacities, needs and desired outcomes or goals.

The process includes participants freely chosen by the client and his/her family, who are able to serve as important contributors to achievement of the plan. The family- or person-centered planning process enables and assists one to access a personalized mix of paid and non-paid services and supports for all of the identified, personally-defined, outcomes. It also helps one to decide upon the training, supports, therapies, treatments and/or other services which the client and her/his team determine are needed to help achieve those outcomes.

Person-centered planning involves the development of a "toolbox" of methods and resources that enable the client to choose her/his own pathways to success; the planners help the client to figure out where s/he wants to go and how best to get there. Training is required in order to implement and do person-centered planning properly. No person-centered planning process should ever be initiated without a commitment from the key stakeholders, including service systems, to honor the process, take action and follow through on agreements.^{xxxvii}

Engaging other people from a perspective of person-centeredness is a conscious way of being and acting with human beings. It is not disability-specific. Person-centered planning tools are creative and intentional methods for listening to, exploring and understanding people. Although originally created to be responsive to the interests and needs of persons with disabilities, person-centered planning tools are also useful when working with individuals or groups of people in establishing vision, setting direction and mapping out strategies for moving forward.

The organization is the foundation upon which the service delivery system within its walls are structured. If human service agencies are sincere in the desire to support people to live self-defined lives, careful attention must be given to how closely the service structures truly align with

the type, nature, duration and characteristics of the requests for services made by people with disabilities and their families.

"System-centered" services are incompatible with providing person-centered services. Person-centered services assume that the "driver" of the services is the person who is making the request for services. It assumes that the person, and those who know and care best about the person, are the foremost experts and authorities in the type of service and support that the person may want or need in order to get on with the business of life. This also implies that the services and supports that the person requests and receives are uniquely designed to be responsive to individual needs and desires. Most service systems are not set up to provide the level of intensity required for customized services. For organizations to move away from system-centered support toward supports and services that are more person-centered or person-driven, shifts in priorities need to happen. Culture, leadership, organizational structure and design must align with the values and principles of person-centered work.

From their Person-Centered Planning program, the School of Industrial & Labor Relations at Cornell University discusses eight steps that are necessary to transition into and implement person-centered planning:

- Create a sense of urgency for the change. People need to feel and understand the need for change.
- Establish the right leadership group. Assemble a group/team with enough influence and power to lead the change effort.
- Create a vision. Vision is the source of new models, image and structure. Vision is the tool of conscious evolution, is present-centered and directs us toward the future.
- Communicate the vision. The language, symbols and behaviors displayed in the organization must reflect the vision.
- Empower people to act in service to the vision. Remove obstacles to change. Analyze systems and structures that block moving in the direction of the vision. Encourage and support risk taking. Create an environment that fosters and promotes a culture for continuous learning. Build respect, trust and partnership within and among stakeholders.
- Create short-term wins. Recognize and reward improvements that lead toward the vision. Help people to learn to think "inside the box," meaning, help people expand and grow from comfortable skill sets and competencies, rather than thrusting people into uncharted territory and expecting high performance.
- Consolidate improvements and continue to produce change. Look for, create and take advantage of opportunities to establish best practices.
- Institutionalize new approaches. Seek ways to change organizational expectations. Create positive pressure for change.

Transitioning from a systems-centered model to a person-centered approach takes time. For EAD, it will involve not only the Information & Assistance staff who provide direct services to clients and families, but also the Planning Section's grants managers who procure services and work closely with the service provider agencies we fund, the Data Section staff who develop data collection systems and analyze client and provider data to assist in planning, and the Administrative staff who set budgets, service allocations, policies, programming and funding priorities. This transition is already underway, and we are working closely with our contracted service providers to articulate the vision and to lead the change in a positive and collaborative manner. Rather than being a simple linear step forward, such a transition represents a quantum leap, a paradigm shift based on different, yet compatible, values, priorities and goals. EAD is committed to making this type of planning and service provision a reality on Oahu, and we look forward to helping shape the unique form the Aging Network on our island will eventually take.

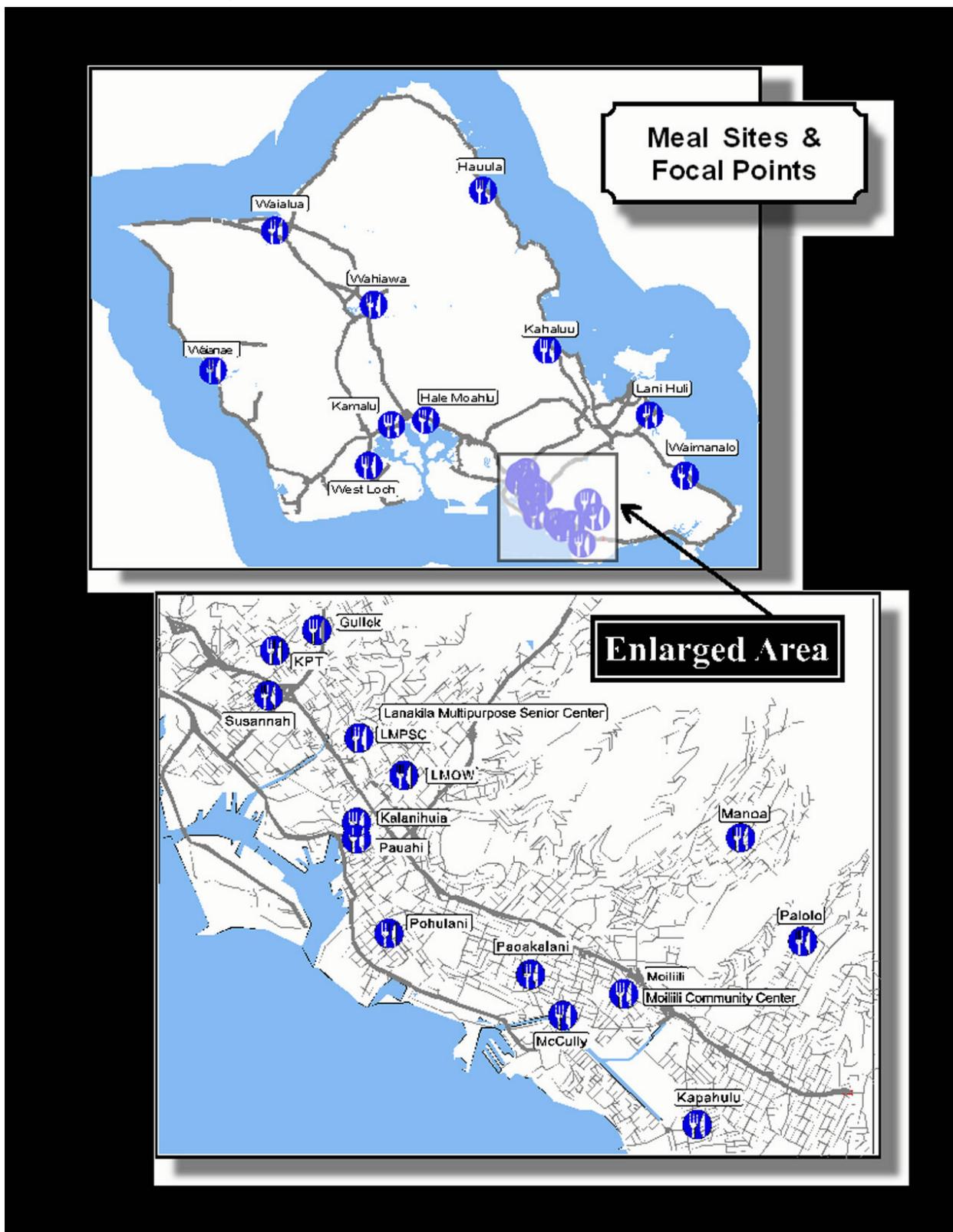
Description of Existing Programs and Services

Existing Programs and Services

The charts on the following pages list the programs and services provided by service providers contracted by EAD, as well as other programs available in Honolulu County. In reviewing this section, the reader should keep in mind the following:

- Information provided is not a complete inventory of all resources on Oahu for a particular service. Our Senior Information and Assistance Handbook was recently modified and updated based on information gathered from current providers, and used as our primary resource. Each was asked to provide general information about their agency such as location, hours of operation and contact name, as well as specific data as to the types of services provided. This information was used to update and make the Handbook current.
- Data representing unduplicated counts of individuals age 60+ are not included here. We are challenged to develop a uniform reporting methodology so that such data are meaningful and useful. Presently, these data are not complete as many service providers do not keep statistics on unduplicated numbers of persons served per year, by age or by geographical area served. At the same time, others do not have the capability or may not be willing to tally this data for our purposes. EAD will continue to address this issue and work to develop a uniform procedure for collecting unduplicated count information from our service providers.
- Services provided in the community are not standardized and vary considerably. However, for planning purposes we have listed the services reported under the categories used by the Older Americans Act to the extent possible. Several agencies provide services in addition to those shown; however, only those services that correspond to the Older Americans Act service categories are listed.

Map of Community Focal Points, Multi-Purpose Senior Centers & Nutrition Sites



Community Focal Points and Multi-Purpose Senior Centers

A Community Focal Point is a facility established to encourage the maximum co-location and coordination of services for older individuals. For Oahu, Lanakila and Mo'ili'ili Senior Centers are designated focal points as well as all congregate nutrition sites. Nutritional education is provided on an as-needed basis.

Table 12. Community Focal Points (as of 1/2011)

Gulick Dining Site <i>Areas served:</i> Kalihi/Liliha <i>Operates:</i> Monday – Thursday (8am – noon)	1846 Gulick Honolulu, HI (808) 848-0977
Hale Mohalu Senior Apartments Dining Site <i>Areas served:</i> Pearl City <i>Operates:</i> Monday – Friday (8am – noon)	800 3 rd Street Pearl City, HI (808) 352-0280
Hau’ula Satellite City Hall <i>Areas served:</i> Windward/Hau’ula <i>Operates:</i> Monday – Friday (8am – noon)	54-01 Kukuna Road Hau’ula, HI (808) 352-0288
Kahalu’u Key Project <i>Areas served:</i> Windward/Kahalu’u <i>Operates:</i> Monday – Friday (8am – noon)	47-200 Waihe’e Road Kahalu’u, HI (808) 239-5777
Kuhio Park Terrace House <i>Areas served:</i> Kalihi <i>Operates:</i> Monday, Wednesday, Friday (8am – noon)	1545 Linapuni Street Building A Honolulu, HI (808) 847-1808
Lanakila Central Office <i>Areas served:</i> Liliha/Pahoa/Honolulu <i>Operates:</i> Monday – Friday (8am – noon)	1809 Bachelot Street Honolulu, HI (808) 533-3054 (808) 531-0555
Lani Huli Apartments <i>Areas served:</i> Kailua <i>Operates:</i> Monday, Wednesday, Friday (8am – noon)	25 Alulike Street Kailua, HI (808) 561-0822
Paoakalani Senior Housing <i>Areas served:</i> Honolulu <i>Operates:</i> Monday – Friday (8am – noon)	1583 Kalakaua Avenue Honolulu, HI (808) 352-0281
Pauahi Elderly Housing <i>Areas served:</i> Chinatown/Downtown <i>Operates:</i> Monday – Friday (8am – noon)	171 North Pauahi Street Honolulu, HI (808) 585-6446
Pohulani Elderly Apartments <i>Areas served:</i> Kaka’ako <i>Operates:</i> Monday – Friday (8am – noon)	626 Coral Street Honolulu, HI (808) 352-0294
Wahiawa Recreation Center <i>Areas served:</i> Wahiawa <i>Operates:</i> Monday – Friday (8am – noon)	1139A Kilani Avenue Wahiawa, HI (808) 352-0293
Kupuna Home O’Wai’alua <i>Areas served:</i> Wai’alua <i>Operates:</i> Monday & Thursday (8am – noon)	67-088 Goodale Avenue Wai’alua, HI (808) 352-0288
Wai’anae District Park <i>Areas served:</i> Wai’anae <i>Operates:</i> Monday – Friday (8am – noon)	85-601 Farrington Highway Wai’anae, HI (808) 351-8001

Waimanalo District Park <i>Areas served:</i> Waimanalo <i>Operates:</i> Tuesday (8am – noon)	41-415 Hihimanu Street Waimanalo, HI (808) 259-7436
West Loch Village Housing <i>Areas served:</i> Ewa Villages/Westloch <i>Operates:</i> Monday – Friday (8am – noon)	91-415 Hihimanu Street Waimanalo, HI (808) 259-7436

Multi-Purpose Senior Centers

A multi-purpose senior center is a community facility for the organization and provision of a broad spectrum of services, which shall include, but not be limited to, provision of health (including mental health), social, nutritional and educational services and the provision of facilities for recreational activities for older individuals.

Table 13. Multi-Purpose Senior Centers

Lanakila Multi-purpose Senior Center <i>Areas served:</i> Alewa Heights/Honolulu <i>Operates:</i> Monday – Friday (8am – noon)	1640 Lanakila Avenue Honolulu, HI (808) 847-1322
Mo’ili’ili Community Center <i>Areas served:</i> Mo’ili’ili <i>Operates:</i> Monday – Friday (8am – noon)	2535 South King Street Honolulu, HI (808) 955-1555

Congregate Nutrition Sites and Home Delivery Distribution Centers

Each project will provide special menus, where feasible and appropriate to meet the particular dietary needs arising from the health requirements, religious requirements, or ethnic backgrounds of eligible participants. Each provides nutritional education on an as-needed basis.

Table 14. Congregate Nutrition Sites (as of 1/2011)

Gulick Dining Site <i>Areas served:</i> Kalihi/Liliha <i>Operates:</i> Monday – Thursday (8am – noon)	1846 Gulick Honolulu, HI (808) 848-0977
Hale Mohalu Senior Apartments Dining Site <i>Areas served:</i> Pearl City <i>Operates:</i> Monday – Friday (8am – noon)	800 3 rd Street Pearl City, HI (808) 352-0280
Hau’ula Satellite City Hall <i>Areas served:</i> Windward/Hau’ula <i>Operates:</i> Monday – Friday (8am – noon)	54-01 Kukuna Road Hau’ula, HI (808) 352-0288
Kahalu’u Key Project <i>Areas served:</i> Windward/Kahalu’u <i>Operates:</i> Monday – Friday (8am – noon)	47-200 Waihe’e Road Kahalu’u, HI (808) 239-5777
Kuhio Park Terrace House <i>Areas served:</i> Kalihi <i>Operates:</i> Monday, Wednesday, Friday (8am – noon)	1545 Linapuni Street Building A Honolulu, HI (808) 847-1808
Lanakila Central Office <i>Areas served:</i> Liliha/Pahoa/Honolulu <i>Operates:</i> Monday – Friday (8am – noon)	1809 Bachelot Street Honolulu, HI (808) 533-3054 (808) 531-0555

Lanakila Multi-purpose Senior Center <i>Areas served: Alewa Heights/Honolulu</i> <i>Operates: Monday – Friday (8am – noon)</i>	1640 Lanakila Avenue Honolulu, HI (808) 847-1322
Lani Huli Apartments <i>Areas served: Kailua</i> <i>Operates: Monday, Wednesday, Friday (8am – noon)</i>	25 Alulike Street Kailua, HI (808) 561-0822
Mo’ili’ili Community Center <i>Areas served: Mo’ili’ili</i> <i>Operates: Monday – Friday (8am – noon)</i>	2535 South King Street Honolulu, HI (808) 955-1555



Paoakalani Senior Housing <i>Areas served: Honolulu</i> <i>Operates: Monday – Friday (8am – noon)</i>	1583 Kalakaua Avenue Honolulu, HI (808) 352-0281
Pauahi Elderly Housing <i>Areas served: Chinatown/Downtown</i> <i>Operates: Monday – Friday (8am – noon)</i>	171 North Pauahi Street Honolulu, HI (808) 585-6446
Pohulani Elderly Apartments <i>Areas served: Kaka’ako</i> <i>Operates: Monday – Friday (8am – noon)</i>	626 Coral Street Honolulu, HI (808) 352-0294
Wahiawa Recreation Center <i>Areas served: Wahiawa</i> <i>Operates: Monday – Friday (8am – noon)</i>	1139A Kilani Avenue Wahiawa, HI (808) 352-0293
Kupuna Home O’Waiialua <i>Areas served: Waiialua</i> <i>Operates: Monday & Thursday (8am – noon)</i>	67-088 Goodale Avenue Waiialua, HI (808) 352-0288
Wai’anae District Park <i>Areas served: Wai’anae</i> <i>Operates: Monday – Friday (8am – noon)</i>	85-601 Farrington Highway Wai’anae, HI (808) 351-8001
Waimanalo District Park <i>Areas served: Waimanalo</i> <i>Operates: Tuesday (8am – noon)</i>	41-415 Hihimanu Street Waimanalo, HI (808) 259-7436
West Loch Village Housing <i>Areas served: Ewa Villages/Westloch</i> <i>Operates: Monday – Friday (8am – noon)</i>	91-415 Hihimanu Street Waimanalo, HI (808) 259-7436

Acute, Long Term Care, Institutional and Facility Care

Two hundred and forty-five providers returned surveys asking about which of 50 services they provided. 30.6% (75) of respondents reported providing only one service, 56.7% reported providing 3 or fewer services.

The five most frequently offered services were:

- Information Assistance (68 providers)
- Assessment/Screening (66)
- Exercise/Physical Activity for Elders (56)
- Volunteer Opportunities (54)
- Education/Training (54)

The five least offered services were:

- Letter Writing/Reading Assistance (2 providers)
- Caregiver Support Services (8)
- Driver/Pedestrian Safety Services (9)
- Home Repair/Maintenance (10)
- Employment Services (11)
- Interpreting/Translation (11)

Adult Day Services are provided to adults with medical or disabling conditions in order to prevent or delay the need for institutional care. Case management-authorized participants attend adult day care centers and receive care designed to meet their physical, mental, and emotional needs. Depending on the level of their need and the number of days authorized, participants may be enrolled in one or more of the following:

- *Adult Day Care* programs include services such as:
 - Personal care (body care, eating, positioning, transfer and toileting)
 - Social services
 - Routine health monitoring (vital signs, weight, dietary needs, etc.)
 - General therapeutic activities (recreational activities and relaxation therapy)
 - General health education (nutrition, stress management, preventive care)
 - Supervision
 - Assistance with arranging transportation
 - First aid as needed

The following agencies provide Adult Daycare/Health:

Aloha Nursing & Rehab Center	Kaneohe Community & Senior Center	Salvation Army - Adult Day Health Services
Aged to Perfection	Tripler Army Medical Center	SECOH Senior Center
Arcadia Retirement Residence	King Lunalilo Adult Day Care Center	St. Francis Medical Center-West
Leahi Adult Day Health Center	Kuakini Adult Day Care- Aiea Satellite	North Shore Hale Adult Day Care
Central Union Church - Adult Day Care and Day Health Center	Case Management Coordination Program - Public Health Nursing Branch	Kapolei Adult Day Care Center of Seagull Schools Inc.
Sakura House	Lotus Adult Day Care Center	VA Center for Aging
Easter Seals Hawaii Home and Community-Based Services	Waipahu Hongwanji Mission Adult Day Care Center	Waianae Coast Comprehensive Health Center
Franciscan Adult Day Center	The Arc in Hawaii	Ma'iili Ola Adult Day Care
Goodwill Industries of Hawaii Inc.	Hale Kako'o Alzheimer's Adult Day Care Center	Respite Companion Service Program (RCP)
Windward Seniors Day Care	Palolo Chinese Home	Jewish Community Services

	Preferred Home and Community Based Services	Ka Hale O Kupuna Daycare Center, LLC
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The following agencies provide Advocacy/Representation:

Abel Case Management Inc.	Pearl City Nursing Home	Palolo Chinese Home
Aloha Nursing & Rehab Center	Hawaii State Teachers Assoc. – Retired (HSTA-R)	Kokua Council
Ka Punawai Ola	Jewish Community Services	Residential Choices Inc.
Arcadia Retirement Residence	American Diabetes Association/Hawaii	KKV Elderly Services Program
Avalon Care Center	Kahuku Hospital	SECOH Senior Center
Bilingual Access Line (24-hours)	Kaneohe Community & Senior Center	Commerce & Consumer Affairs
Case Management Coordination Program - Public Health Nursing Branch	SCSEP (Senior Community Service Employment Program)	NARFE - National Association of Retired Federal Employees
Case Management Coordination Program - Public Health Nursing Branch	Child and Family Service, Honolulu Gerontology Program	State Office of the Ombudsman
Coalition for Affordable Long Term Care	Leahi Adult Day Health Center	State Office of Veterans Services
Ma’ili Ola Adult Day Care	Leahi Hospital Nursing Home	The Arc in Hawaii
Hawaii Disability Rights Center	Gallaudet University Regional Center	U.S. Consumer Product Safety Commission
Epilepsy Foundation of Hawaii	Mental Health Association in Hawaii	HCAP Honolulu Community Action Program
Options for Elders Inc.	Na Loio	ORI Anuenue Hale Inc.
Hale Kako'o Alzheimer's Adult Day Care Center	St. Francis Medical Center-West	University of Hawaii Elder Law Program
	Legal Aid Society	

The following agencies provide Assessment / Screening:

Convalescent Center of Honolulu	Hawaii Med-Quest Division (DHS)	Muscular Dystrophy Association
Adult Mental Health Division	Ho’opono	Oahu Care Facility
Aged to Perfection	Abel Case Management Inc.	Options for Elders Inc.
Alu Like	Hospice Hawaii	Pacific Health Ministry
Palolo Chinese Home	Housing Solutions Inc.	Ka Punawai Ola
Arcadia Retirement Residence	Integrated Case Management Services	Arcadia Home Health Services
ATRC	Island Nursing Home	Pearl City Nursing Home
Kahuku Hospital	Island Skill Gathering	Ponds at Punaluu
Case Management Inc.	Jewish Community Services	Queen's Medical Center
Kaneohe Community & Senior Center	Bilingual Access Line (24-hours)	Rehabilitation Hospital of the Pacific
Case Management Coordination Program - Public Health Nursing Branch	Kahala Nui Life Care Retirement Community & Hi’olani Care Center	Central Union Church - Adult Day Care and Day Health Center
Safe Haven – Puuhonua	The Arc in Hawaii	Lotus Adult Day Care Center
Child and Family Service, Honolulu Gerontology Program	Case Management Coordination Program - Public Health Nursing Branch	SCSEP (Senior Community Service Employment Program)
Dept. of Human Services (DHS)	Kapiolani Women's Health	St. Francis Medical Center-West

	Center	
Easter Seals Hawaii Home and Community-Based Services	Kapolei Adult Day Care Center of Seagull Schools Inc.	Senior Community Services Employment Program (SCSEP)
Epilepsy Foundation of Hawaii	King Lunalilo Adult Day Care Center	Salvation Army - Adult Day Health Services
Foster Grandparent Program	VA Center for Aging	The Plaza At Punchbowl
Hale Ho Aloha	Korean Care Home	Tripler Army Medical Center
Hale Nani Rehabilitation & Nursing Center	Leahi Adult Day Health Center	KKV Elderly Services Program
Harry and Jeanette Weinberg Care Center	Leahi Hospital Nursing Home	Vocational Rehabilitation Division
Hawaii Kai Retirement Community	CCHES Catholic Charities Hawaii Elderly Services	Windward Seniors Day Care
Project Dana		

The following agencies provide Assisted Transportation:

Easter Seals Hawaii Home and Community-Based Services	Kaneohe Community & Senior Center	SCSEP (Senior Community Service Employment Program)
Arcadia Home Health Services	KKV Elderly Services Program	CCHES Catholic Charities Hawaii Elderly Services
Case Management Coordination Program - Public Health Nursing Branch	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Senior Community Services Employment Program (SCSEP)
SECOH Senior Center	Medi-Cab	Senior Solutions
CCHES Transportation Services	Hawaii Kai Retirement Community	St. Francis Medical Center-West
Options for Elders Inc	Vocational Rehabilitation Division	The Plaza At Punchbowl
Hale Ho Aloha	ORI Anuenue Hale Inc	TheBus and TheHandi-Van
Moilili Senior Center	Project Dana	Tripler Army Medical Center
Island Nursing Home	Palolo Chinese Home	Alu Like
Jewish Community Services	Pearl City Nursing Home	Wahiawa General Hospital
Leahi Hospital Nursing Home	Ponds at Punaluu	Kahuku Hospital
HandiCabs of the Pacific		

The following agencies provide Attendant Care services:

Adult Mental Health Division	Kaneohe Community & Senior Center	Pearl City Nursing Home
Case Management Coordination Program - Public Health Nursing Branch	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Easter Seals Hawaii Home and Community-Based Services
Ponds at Punaluu	Korean Care Home	Project Dana
Harry and Jeanette Weinberg Care Center	Vocational Rehabilitation Division	Salvation Army - Adult Day Health Services
Hawaii Kai Retirement Community	Leahi Adult Day Health Center	Waikiki Health Center, Waikiki Friendly Neighbors
Island Nursing Home	Liliha Healthcare Center	Kuakini Care Home
Jewish Community Services	Lotus Adult Day Care Center	Wahiawa General Hospital
Ka Punawai Ola	Oahu Care Facility	Senior Solutions
Palolo Chinese Home	Options for Elders Inc.	Windward Seniors Day Care
Kahuku Hospital		King Lunalilo Adult Day Care Center

Caregiver support focuses on both the individual caregiver and the system that supports the caregiver. It includes in-home and out-of-home respite care services for family members and other unpaid caregivers who provide daily care to adults with functional disabilities.

The following agencies provide Caregiver Support Services:

Jewish Community Services	Project Dana
Muscular Dystrophy Association	SCSEP (Senior Community Service Employment Program)
Child and Family Service, Honolulu Gerontology Program	CCHES Catholic Charities Hawaii Elderly Services

Case Management services offer in-depth assistance to frail elders and individuals with disabilities who have significant health and social needs. Case managers conduct in-home assessments and consult with their clients in order to develop and implement a personalized service plan for each client. Case managers have regular follow-up contact with clients to ensure that their situations have stabilized. Screening and referral for case management services are provided through EAD's Information & Assistance program.

The following agencies provide Case Management in Honolulu County:

Senior Community Service Employment Program (SCSEP)	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Case Management Coordination Program - Public Health Nursing Branch
Adult Mental Health Division	Kahuku Hospital	Residential Choices Inc.
Bilingual Access Line (24-hours)	Kaneohe Community & Senior Center	KKV Elderly Services Program
Queen's Medical Center	Ke Ola Mamo	Safe Haven – Puuhonua
Rehabilitation Hospital of the Pacific	King Lunalilo Adult Day Care Center	Salvation Army - Adult Day Health Services
Case Management Inc.	Respite Nanea Inc.	Abel Case Management Inc.
Catholic Charities Hawaii Elderly Services (CCHES)	Epilepsy Foundation of Hawaii	Convalescent Center of Honolulu
CCHES Lanakila Multi-Purpose Senior Center	Leeward Integrated Health Services	St. Francis Medical Center-West
Leahi Hospital Nursing Home	Life Foundation	The Arc in Hawaii
Eldercare Resources Inc.	Ka Punawai Ola	Tripler Army Medical Center
Project REACH	Options for Elders Inc.	Tzu Chi Medical Clinic
Goodwill Industries of Hawaii Inc.	Maunalani Nursing & Rehabilitation Center	Vocational Rehabilitation Division
Wahiawa General Hospital	Palolo Chinese Home	VA Center for Aging
Hospice Hawaii	Pearl City Nursing Home	Ponds at Punaluu
Child and Family Service, Honolulu Gerontology Program	U.S. Vets Transitional Housing and Homeless Program	Integrated Case Management Services Jewish Community Services
	Housing Solutions Inc.	

The following agencies provide Chore services:

Preferred Home and Community Based Services	Kaneohe Community & Senior Center	Senior Companion Program (SCP)
Jewish Community Services	Options for Elders Inc.	Project Dana
St. Francis Medical Center-West	Alu Like	Waikiki Health Center
Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Child and Family Service, Honolulu Gerontology Program	Case Management Coordination Program - Public Health Nursing Branch

Congregate Meals help meet the dietary need of older people by providing nutrition education and nutritionally-sound lunches in a group setting. Several sites are located across Oahu (Honolulu County).

The following agencies provide Congregate Meals:

Aged to Perfection	Island Nursing Home	Oahu Care Facility
Alu Like	Ponds at Punaluu	Ka Punawai Ola
Arcadia Retirement Residence	Ka Hale O Kupuna Daycare Center, LLC	Hale Nani Rehabilitation & Nursing Center
Central Union Church - Adult Day Care and Day Health Center	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Leahi Adult Day Health Center
Convalescent Center of Honolulu	Kaneohe Community & Senior Center	Safe Haven – Puuhonua
Hawaii Kai Retirement Community	KKV Elderly Services Program	Salvation Army - Adult Day Health Services
Pearl City Nursing Home	Lanakila Meals on Wheels	The Plaza At Punchbowl
Hale Ola Kino	Lotus Adult Day Care Center	Wahiawa General Hospital
Harry and Jeanette Weinberg Care Center	Liliha Healthcare Center	Windward Seniors Day Care
	Hale Kupuna Care Home	

The following agencies provide Counseling services:

Adult Mental Health Division	Ho'opono	Residential Choices Inc.
Alcoholics Anonymous	Ka Punawai Ola	SagePlus
Bilingual Access Line (24-hours)	Leahi Adult Day Health Center	University of Hawaii Elder Law Program (UHELP)
Case Management Coordination Program - Public Health Nursing Branch	Case Management Coordination Program - Public Health Nursing Branch	Catholic Charities Community and Immigrant Services
Island Nursing Home	Jewish Community Services	Hospice Hawaii
Child and Family Service, Honolulu Gerontology Program	U.S. Vets Transitional Housing and Homeless Program	Senior Community Services Employment Program (SCSEP)
Catholic Charities Hawaii Elderly Services (CCHES)	Samaritan Counseling Center of Hawaii	St. Francis Medical Center-West
Lanakila Multi-Purpose Senior Center – CCHES	Kaneohe Community & Senior Center	Hale Nani Rehabilitation & Nursing Center
Consumer Credit Counseling Service of Hawaii	King Lunalilo Adult Day Care Center	Child and Family Service, Honolulu Gerontology Program
Convalescent Center of Honolulu	KKV Elderly Services Program	Salvation Army - Adult Day Health Services
Tzu Chi Medical Clinic	SageWatch	Kahuku Hospital
Oahu Care Facility	Leahi Hospital Nursing Home	VA Center for Aging
Golden Ager Association of Hawaii	Maunalani Nursing & Rehabilitation Center	Vocational Rehabilitation Division
Hale Ho Aloha	Moiliili Senior Center	Wahiawa General Hospital
Tripler Army Medical Center	Hina Mauka	Waikiki Health Center
Harry and Jeanette Weinberg Care Center	Epilepsy Foundation of Hawaii	Rehabilitation Hospital of the Pacific
Hawaii Family Services, Inc	Palolo Chinese Home	Windward Seniors Day Care

The following agencies provide Education/Training:

Adult Literacy Program (1), ESL (2)	Gallaudet University Regional Center	Muscular Dystrophy Association
Alu Like	Alzheimer's Association	Oahu Care Facility

Goodwill Industries of Hawaii Inc.	Harry and Jeanette Weinberg Care Center	Hawaii Disability Rights Center
American Diabetes Association/Hawaii	Better Business Bureau of Hawaii Inc.	Bilingual Access Line (24-hours)
Executive Office on Aging (EOA)	Hawaii Kai Retirement Community	Osher Lifelong Learning Institute (OLLI)
ATRC	Hawaii Family Services, Inc	Palolo Chinese Home
Oahu Civil Defense Agency	Honolulu Community College	Ponds at Punaluu
ORI Anuenue Hale Inc.	Honolulu Fire Department	Project Dana
Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Case Management Coordination Program - Public Health Nursing Branch	Senior Community Service Employment Program (SCSEP)
American Sign Language Interpreter Education Program	Catholic Charities Hawaii Elderly Services (CCHES)	Child and Family Service, Honolulu Gerontology Program
Mediation Center of the Pacific	Hawaii State Teachers Assoc. – Retired (HSTA-R)	University of Hawaii at Manoa
WorkHawaii/Oahu WorkLinks	Hospice Hawaii	The Arc in Hawaii
SeniorNet Learning Center	Kahuku Hospital	The Plaza At Punchbowl
Central Oahu Caregivers' Support Group	Kaneohe Community & Senior Center	CCHES Lanakila Multi-Purpose Senior Center
Epilepsy Foundation of Hawaii	KKV Elderly Services Program	U.S. Consumer Product Safety Commission
Care Club	Make Today Count	Moiiliili Senior Center
Walk Wise (Hawaii)	Take Charge of Your Money!	VA Center for Aging
Family Caregiver Training		Tripler Army Medical Center

Senior Employment Services are intended to help older workers find jobs. One-on-one job counseling is provided. Most agencies providing this service assist in locating training for older job seekers who need to upgrade their job skills. Other services include assistance with resumes, applications and interviewing techniques. Job placement is often the first step in securing other basic services such as housing.

The following agencies provide Employment Services:

Senior Community Services Employment Program (SCSEP)	Kaneohe Community & Senior Center	U.S. Vets Transitional Housing and Homeless Program
ATRC	Options for Elders Inc.	Adult Mental Health Division
Bilingual Access Line (24-hours)	Goodwill Industries of Hawaii Inc.	WorkHawaii/Oahu WorkLinks
	Vocational Rehabilitation Division	ORI Anuenue Hale Inc.

The following agencies provide Elder Escort services:

Alu Like	Ka Punawai Ola	Options for Elders Inc.
Arcadia Home Health Services	CCHES Catholic Charities Hawaii Elderly Services	Retirement Housing Foundation
Palolo Chinese Home	Kahuku Hospital	Pearl City Nursing Home
CCHES Lanakila Multi-Purpose Senior Center	Kaneohe Community & Senior Center	Harry and Jeanette Weinberg Care Center
Hale Ho Aloha	Kuakini Care Home	Project Dana
Hale Kupuna Care Home	Leahi Hospital Nursing Home	Ponds at Punaluu
Oahu Care Facility	Moiiliili Senior Center	Senior Solutions
Hawaii Kai Retirement Community	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	State Office of Veterans Services
Island Nursing Home		Waikiki Health Center

The following agencies provide Financial Management services:

NARFE - National Association of Retired Federal Employees	Case Management Coordination Program - Public Health Nursing Branch	Senior Community Services Employment Program (SCSEP)
Adult Mental Health Division	Kahuku Hospital	Island Nursing Home
Catholic Charities Hawaii Elderly Services (CCHES)	Kaneohe Community & Senior Center	Consumer Credit Counseling Service of Hawaii
CSI Inc.	Liliha Healthcare Center	The Arc in Hawaii
Child and Family Service, Honolulu Gerontology Program	St. Francis Medical Center-West	U.S. Vets Transitional Housing and Homeless Program
Hale Kupuna Care Home	Palolo Chinese Home	Wahiawa General Hospital
Pearl City Nursing Home	Reverse Mortgage Specialists of Hawaii	Take Charge of Your Money

The following agencies provide Friendly Visiting services:

Alcoholics Anonymous	Hospice Hawaii	Ponds at Punaluu
Alu Like	Jewish Community Services	Project Dana
Case Management Coordination Program - Public Health Nursing Branch	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	CCH Catholic Charities Hawaii Community and Immigrant Services
Pacific Health Ministry	Kahuku Hospital	SECOH Senior Center
Retirement Housing Foundation	Kaneohe Community & Senior Center	Hawaii Kai Retirement Community
Golden Ager Association of Hawaii	KKV Elderly Services Program	Senior Companion Program (SCP)
CCHES Lanakila Multi-Purpose Senior Center	Waikiki Health Center, Waikiki Friendly Neighbors	St. Francis Medical Center-West
Moilili Senior Center	Oahu Care Facility	Tzu Chi Medical Clinic
Harry & Jeanette Weinberg Senior Residence at Maluhia	Senior Community Services Employment Program (SCSEP)	American Lung Association of Hawaii
		Options for Elders Inc.

The following agencies provide Health Education/Promotion services:

Aged to Perfection	Ke Ola Mamo	Stop Smoking
Case Management Coordination Program - Public Health Nursing Branch	Central Union Church - Adult Day Care and Day Health Center	U.S. Vets Transitional Housing and Homeless Program
American Diabetes Association/Hawaii	Leahi Adult Day Health Center	KKV Elderly Services Program
Waikiki Health Center	Leahi Hospital Nursing Home	Wahiawa General Hospital
Arthritis Foundation, Hawaii Branch	Leeward Integrated Health Services	Epilepsy Foundation of Hawaii
VA Center for Aging	Lotus Adult Day Care Center	YMCA
American Lung Association of Hawaii	Mental Health Association in Hawaii	Senior Companion Program (SCP)
Catholic Charities Hawaii Elderly Services (CCHES)	Bilingual Access Line (24-hours)	Kapiolani Women's Health Center
CCHES Lanakila Multi-Purpose Senior Center	Muscular Dystrophy Association	Oahu Care Facility
Hawaii Kai Retirement Community	National Kidney Foundation of Hawaii	Kaneohe Community & Senior Center
Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Child and Family Service, Honolulu Gerontology Program	Senior Community Service Employment Program (SCSEP)

Moilili Senior Center	ORI Anuenue Hale Inc.	Kalihi Palama Health Center
SECOH Senior Center	Palolo Chinese Home	Alu Like
HMSA	Pearl City Nursing Home	Queen's Medical Center
	Ponds at Punaluu	Hospice Hawaii

The following agencies provide Health Screening/Maintenance:

Kapiolani Women's Health Center	Kaneohe Community & Senior Center	Bilingual Access Line (24-hours)
Alu Like	Queen's Medical Center	Residential Choices Inc.
Pacific Health Ministry	Ke Ola Mamo	Hospice Hawaii
Case Management Coordination Program - Public Health Nursing Branch	U.S. Vets Transitional Housing and Homeless Program	Senior Community Services Employment Program (SCSEP)
Catholic Charities Hawaii Elderly Services (CCHES)	Leahi Adult Day Health Center	Muscular Dystrophy Association
CCHES Lanakila Multi-Purpose Senior Center	Leeward Integrated Health Services	Therapists and Home Care On Call Inc.
Hale Ho Aloha	Liliha Healthcare Center	Windward Seniors Day Care
Waikiki Health Center	Moilili Senior Center	VA Center for Aging
HMSA	The Plaza At Punchbowl	Wahiawa General Hospital
Child and Family Service, Honolulu Gerontology Program	National Kidney Foundation of Hawaii	Kahala Nui Life Care Retirement Community & Hi'olani Care Center
KKV Elderly Services Program	Salvation Army - Adult Day Health Services	Harry and Jeanette Weinberg Care Center
Kalihi Palama Health Center	Ponds at Punaluu	

Home Delivered Meals, often known as "Meals on Wheels," provide nutritious hot meals to older people who are homebound and unable to prepare meals for themselves.



The following agencies provide Home Delivered Meals:

Alu Like	Hawaii Meals on Wheels	Palolo Chinese Home
Arcadia Home Health Services	Hawaii Kai Retirement Community	Retirement Housing Foundation
Arcadia Retirement Residence	Tripler Army Medical Center	St. Francis Medical Center-West
Harry & Jeanette Weinberg Senior Residence at Maluhia	Case Management Coordination Program - Public Health Nursing Branch	Kaneohe Community & Senior Center
King Lunalilo Home	Lanakila Meals on Wheels	Kahuku Hospital

The following agencies provide Home Repair/Maintenance services:

Arcadia Home Health Services	Kaneohe Community & Senior Center	Retirement Housing Foundation
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Island Skill Gathering	Ponds at Punaluu	Waikiki Health Center
Jewish Community Services	Project Dana	Options for Elders Inc
		U.S.D.A Rural Development

The following agencies provide Homemaker services:

Akamai Grocery Shopping & Delivery Service	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Child and Family Service, Honolulu Gerontology Program
Arcadia Home Health Services	Kaneohe Community & Senior Center	Harry and Jeanette Weinberg Care Center
Catholic Charities Hawaii Elderly Services (CCHES)	St. Francis Medical Center-West	Senior Companion Program (SCP)
Elder Care Services	Waikiki Health Center	VA Center for Aging
Project Dana	Senior Solutions	

The following agencies provide Hospice services:

Abel Case Management Inc.	Kahuku Hospital	Project Dana
Aloha Nursing & Rehab Center	Kaneohe Community & Senior Center	Samaritan Counseling Center of Hawaii
Arcadia Retirement Residence	KKV Elderly Services Program	Residential Choices Inc.
Case Management Coordination Program - Public Health Nursing Branch	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Harry and Jeanette Weinberg Care Center Hospice Hawaii
Leahi Hospital Nursing Home	Pearl City Nursing Home	Senior Solutions
Make Today Count	Liliha Healthcare Center	St. Francis Hospice
Leeward Integrated Health Services	Maunalani Nursing & Rehabilitation Center	St. Francis Medical Center-West
Queen's Medical Center	Hale Ho Aloha	Tripler Army Medical Center
Integrated Case Management Services	Oahu Care Facility	University of Hawaii Elder Law Program (UHELP)
Island Nursing Home	Options for Elders Inc.	VA Center for Aging
Ka Punawai Ola	Palolo Chinese Home	Wahiawa General Hospital

The following agencies provide Housing Assistance:

Adult Mental Health Division	Hawaiian Properties Ltd.	Housing Solutions Inc.
Case Management Coordination Program - Public Health Nursing Branch	Senior Community Service Employment Program (SCSEP)	Case Management Coordination Program - Public Health Nursing Branch
Waikiki Health Center	HUD	Tripler Army Medical Center
Case Management Inc.	Kahuku Hospital	Jewish Community Services
CCHES Catholic Charities Hawaii Elderly Services	U.S. Vets Transitional Housing and Homeless Program	Real Properties Services Corp.
CCHES Housing Assistance Program	Kaneohe Community & Senior Center	St. Francis Medical Center-West
Golden Ager Association of Hawaii	KKV Elderly Services Program	Harry & Jeanette Weinberg Senior Residence at Maluhia
Hale Mohalu Apartments	U.S.D.A. Rural Development	Safe Haven - Puuhonua

The following agencies provide Information Assistance:

Aged to Perfection	Hard of Hearing Coalition	Leahi Hospital Nursing Home
Better Business Bureau of Hawaii Inc.	Harry and Jeanette Weinberg Care Center	Leeward Integrated Health Services
Mental Health Association in Hawaii	Hawaii Disability Rights Center	Maunalani Nursing & Rehabilitation Center

Alu Like	Hawaii Family Services, Inc	Aloha United Way 211
Arthritis Foundation, Hawaii Branch	Hawaii Med-Quest Division (DHS)	State Office of the Ombudsman
Case Management Coordination Program – Public Health Nursing Branch	Central Union Church – Adult Day Care and Day Health Center	NARFE - National Association of Retired Federal Employees
Caregiver Respite Program	Moiliili Senior Center	Kahuku Hospital
Alcoholics Anonymous	Hospice Hawaii	Options for Elders Inc.
Ho’opono	Housing Solutions Inc.	ORI Anuenue Hale Inc.
CCHES Catholic Charities Hawaii Elderly Services	Integrated Case Management Services	Central Oahu Caregivers’ Support Group
HUD	Jewish Community Services	Pacific Gateway Center
National Kidney Foundation of Hawaii	Executive Office on Aging (EOA)	Kaneohe Community & Senior Center
City & County of Honolulu – Customer Services Department	Senior Community Services Employment Program (SCSEP)	Child and Family Service, Honolulu Gerontology Program
Palolo Chinese Home	Ponds at Punaluu	Project Dana
Gallaudet University Regional Center	Leahi Adult Day Health Center	Rehabilitation Hospital of the Pacific
Golden Ager Association of Hawaii	KKV Elderly Services Program	Salvation Army - Adult Day Health Services
Residential Choices Inc.	Korean Care Home	Safe Haven - Puuhonua
Hale Nani Rehabilitation & Nursing Center	U.S. Consumer Product Safety Commission	University of Hawaii Elder Law Program (UHELP)
SageWatch	SagePlus	Visiting Angels
SECOH Senior Center	Windward Seniors Day Care	Senior Hotline
State Office of Veterans Services	Lanakila Multipurpose Senior Center	St. Francis Medical Center-West
Waikiki Health Center	The Plaza At Punchbowl	Tripler Army Medical Center
Senior Solutions	Ka Punawai Ola	

The following agencies provide Interpreting/Translation services:

Bilingual Access Line (24-hours)	Catholic Charities Hawaii Elderly Services (CCHES)	Kaneohe Community & Senior Center
Leeward Integrated Health Services	Senior Community Service Employment Program (SCSEP)	Vocational Rehabilitation Division
Project Dana	KKV Elderly Services Program	The Plaza At Punchbowl
ORI Anuenue Hale Inc.	Moiliili Senior Center	

Legal Assistance provides representation to clients, helping older people secure rights, benefits and entitlements under federal, State and local laws. It also seeks to effect favorable changes in laws and regulations that affect older people and disabled citizens.

The following agencies provide Legal Assistance:

Bilingual Access Line (24-hours)	Epilepsy Foundation of Hawaii	Golden Ager Association of Hawaii
Long Term Care Ombudsman	Kaneohe Community & Senior Center	Lawyer Referral & Information Service
Legal Aid Society of Hawaii	Kahuku Hospital	Na Loio
Office of the Public Guardian	Project REACH	Retirement Housing Foundation
St. Francis Medical Center-West	U.S. Vets Transitional Housing and Homeless Program	University of Hawaii Elder Law Program (UHELP)

The following agencies provide Letter Writing/Reading Assistance:

Jewish Community Services	SCSEP (Senior Community Service Employment
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	Program)
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The following agencies provide Material Aid:

Case Management Coordination Program - Public Health Nursing Branch	Child and Family Service, Honolulu Gerontology Program	SCSEP (Senior Community Service Employment Program)
Catholic Charities Hawaii Elderly Services (CCHES)	Dept. of Human Services (DHS)	Epilepsy Foundation of Hawaii
Hospice Hawaii	Island Skill Gathering	Kahuku Hospital
Kaneohe Community & Senior Center	Kaumakapili Church Free Store	KKV Elderly Services Program
Safe Haven – Puuhonua	Salvation Army - Adult Day Health Services	City & County Real Property Tax
Tripler Army Medical Center	Community Clearinghouse	

The following agencies provide Nutrition Counseling:

Abel Case Management Inc.	Alu Like	Island Nursing Home
Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Case Management Coordination Program - Public Health Nursing Branch	Case Management Coordination Program - Public Health Nursing Branch
Convalescent Center of Honolulu	Central Union Church - Adult Day Care and Day Health Center	Golden Ager Association of Hawaii
Hale Nani Rehabilitation & Nursing Center	Harry and Jeanette Weinberg Care Center	Hawaii Kai Retirement Community
Hospice Hawaii	Waikiki Health Center	Ke Ola Mamo
Kaneohe Community & Senior Center	Bilingual Access Line (24-hours)	KKV Elderly Services Program
Lanakila Meals on Wheels	Leahi Hospital Nursing Home	The Plaza At Punchbowl
Salvation Army - Adult Day Health Services	Maunalani Nursing & Rehabilitation Center	Leeward Integrated Health Services
Pearl City Nursing Home	Arcadia Retirement Residence	Ponds at Punaluu
Queen's Medical Center	Oahu Care Facility	Stop Smoking
Liliha Healthcare Center	VA Center for Aging	Wahiawa General Hospital

The following agencies provide Nutrition Education:

Abel Case Management Inc.	Aged to Perfection	Alu Like
Bilingual Access Line (24-hours)	Case Management Coordination Program - Public Health Nursing Branch	Golden Ager Association of Hawaii
KKV Elderly Services Program	Kaneohe Community & Senior Center	Hawaii Kai Retirement Community
Hospice Hawaii	Lanakila Meals on Wheels	Ke Ola Mamo
Ponds at Punaluu	YMCA	Leahi Hospital Nursing Home
Leeward Integrated Health Services	National Kidney Foundation of Hawaii	Oahu Care Facility
ORI Anuenue Hale Inc.	The Plaza At Punchbowl	VA Center for Aging

The following agencies provide Outreach services:

Case Management Coordination Program - Public Health Nursing Branch	American Sign Language Interpreter Education Program	U.S. Vets Transitional Housing and Homeless Program
Arthritis Foundation, Hawaii Branch	Better Business Bureau of Hawaii Inc.	Bilingual Access Line (24-hours)

Alu Like	ATRC	Hospice Hawaii
Epilepsy Foundation of Hawaii	KKV Elderly Services Program	Kaneohe Community & Senior Center
HUD	Island Skill Gathering	Kahuku Hospital
Ho'opono	Ke Ola Mamo	The Arc in Hawaii
Lanakila Meals on Wheels	Lotus Adult Day Care Center	ORI Anuenue Hale Inc.
Palolo Chinese Home	Ponds at Punaluu	Project Dana
State Office of Veterans Services	Senior Community Service Employment Program	Salvation Army - Adult Day Health Services
University of Hawaii Elder Law Program (UHELP)	Commerce & Consumer Affairs	Preferred Home and Community Based Services
U.S. Citizenship and Immigration Services	SECOH Senior Center	UHELP - University of Hawaii Elder Law Program

The following agencies provide Personal Care Services:

Convalescent Center of Honolulu	Arcadia Home Health Services	Arcadia Retirement Residence
Bilingual Access Line (24-hours)	Harry and Jeanette Weinberg Care Center	Hale Nani Rehabilitation & Nursing Center
Central Union Church - Adult Day Care and Day Health Center	Case Management Coordination Program - Public Health Nursing Branch	Easter Seals Hawaii Home and Community-Based Services
Elder Care Services	Hale Ho Aloha	Jewish Community Services
King Lunalilo Adult Day Care Center	Kaneohe Community & Senior Center	Hawaii Kai Retirement Community
Senior Community Service Employment Program (SCSEP)	Leahi Adult Day Health Center	Kahala Nui Life Care Retirement Community & Hi'olani Care Center
Kahuku Hospital	Case Management Inc	SECOH Senior Center
Korean Care Home	Kuakini Care Home	Project Dana
Leahi Hospital Nursing Home	Liliha Healthcare Center	Maunalani Nursing & Rehabilitation Center
Oahu Care Facility	Options for Elders Inc.	Aged to Perfection
Palolo Chinese Home	Pearl City Nursing Home	Ponds at Punaluu
Preferred Home and Community Based Services	Senior Companion Program (SCP)	Respite Companion Service Program (RCP)
Senior Solutions	Hale Ola Kino	Island Nursing Home
Salvation Army - Adult Day Health Services	St. Francis Medical Center-West	St. Francis Health Services for Senior Citizens
Waikiki Health Center	The Arc in Hawaii	The Plaza At Punchbowl
Wahiawa General Hospital		Windward Seniors Day Care

The following agencies provide Placement Services:

Rehabilitation Hospital of the Pacific	Case Management Coordination Program - Public Health Nursing Branch	Hawaii Kai Retirement Community
Catholic Charities Hawaii Elderly Services (CCHES)	Hale Nani Rehabilitation & Nursing Center	Harry and Jeanette Weinberg Care Center
Windward Seniors Day Care	Island Nursing Home	Kahuku Hospital
Kaneohe Community & Senior Center	KKV Elderly Services Program	Maunalani Nursing & Rehabilitation Center
Waikiki Health Center	Leahi Hospital Nursing Home	Oahu Care Facility
Options for Elders Inc.	Abel Case Management Inc.	Palolo Chinese Home
Pearl City Nursing Home	Queen's Medical Center	Case Management Inc.
Leeward Integrated Health	Salvation Army - Adult Day	St. Francis Medical Center-West

Services	Health Services	
The Plaza At Punchbowl	Tripler Army Medical Center	Wahiawa General Hospital
	Residential Choices Inc.	

The following agencies provide Recreation:

Aged to Perfection	Alu Like	Hale Ola Kino
Easter Seals Hawaii Home and Community-Based Services	Central Union Church - Adult Day Care and Day Health Center	Kahala Nui Life Care Retirement Community & Hi'olani Care Center
Catholic Charities Hawaii Elderly Services (CCHES)	Hale Nani Rehabilitation & Nursing Center	CCHES Lanakila Multi-Purpose Senior Center
Harry & Jeanette Weinberg Senior Residence at Maluhia	Harry and Jeanette Weinberg Care Center	Hawaii Kai Retirement Community
Hawaii State Teachers Assoc. – Retired (HSTA-R)	King Lunalilo Adult Day Care Center	Kaneohe Community & Senior Center
Kahuku Hospital	Island Nursing Home	Korean Care Home
KKV Elderly Services Program	Leahi Adult Day Health Center	Leeward Integrated Health Services
Lanakila Meals on Wheels	Kuakini Care Home	Leahi Hospital Nursing Home
Moilili Senior Center	Liliha Healthcare Center	Lotus Adult Day Care Center
Makiki Christian Church	Makua Alii Senior Center	Makua Alii Senior Center
Maunalani Nursing & Rehabilitation Center	Preferred Home and Community Based Services	Muscular Dystrophy Association
Oahu Care Facility	Options for Elders Inc.	ORI Anuenue Hale Inc.
YMCA	Palolo Chinese Home	Pearl City Nursing Home
Ponds at Punaluu	Windward Seniors Day Care	Project Dana
Rehabilitation Hospital of the Pacific	Senior Community Service Employment Program (SCSEP)	Salvation Army - Adult Day Health Services
Dept. of Parks and Recreation	SECOH Senior Center	Senior Companion Program (SCP)
The Arc in Hawaii	Wahiawa General Hospital	Waikiki Health Center
	Safe Haven – Puuhonua	

The following agencies provide Respite Services:

Adult Mental Health Division	Island Nursing Home	Ponds at Punaluu
Salvation Army - Adult Day Health Services	Kaneohe Community & Senior Center	Preferred Home and Community Based Services
Aloha Nursing & Rehab Center	KKV Elderly Services Program	Muscular Dystrophy Association
King Lunalilo Home	Jewish Community Services	Residential Choices Inc.
Central Union Church - Adult Day Care and Day Health Center	Kapolei Adult Day Care Center of Seagull Schools Inc.	Case Management Coordination Program - Public Health Nursing Branch
St. Francis Medical Center-West	Bilingual Access Line (24-hours)	Senior Companion Program (SCP)
CCHES Respite Connection	Kahuku Hospital	Senior Solutions
Caregiver Respite Program	The Arc in Hawaii	Aged to Perfection
Convalescent Center of Honolulu	Leeward Integrated Health Services	Leahi Adult Day Health Center
Elder Care Services	Lotus Adult Day Care Center	The Plaza At Punchbowl
Hale Ho Aloha	Palolo Chinese Home	VA Center for Aging
Hale Ola Kino	Options for Elders Inc.	Wahiawa General Hospital
Harry and Jeanette Weinberg Care Center	Project Dana	Waikiki Health Center
Hospice Hawaii	Pearl City Nursing Home	Windward Seniors Day Care

The following agencies offer Support Groups:

Alcoholics Anonymous	Alzheimer's Association	Caregiver Respite Program
American Lung Association of Hawaii	Arthritis Foundation, Hawaii Branch	Bilingual Access Line (24-hours)
Senior Community Service Employment Program (SCSEP)	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Case Management Coordination Program - Public Health Nursing Branch
American Diabetes Association/Hawaii	Central Oahu Caregivers' Support Group	Epilepsy Foundation of Hawaii
Eldercare Support Group	Case Management Inc.	Family Caregiver Training
Ke Ola Mamo	Hospice Hawaii	Island Skill Gathering
Child and Family Service, Honolulu Gerontology Program	Kaneohe Community & Senior Center	St. Francis Medical Center-West
Care Club	Make Today Count	Stop Smoking
National Kidney Foundation of Hawaii	Rehabilitation Hospital of the Pacific	KKV Elderly Services Program
St. Francis Hospice	Muscular Dystrophy Association	Windward Seniors Day Care
The Plaza At Punchbowl	Tripler Army Medical Center	VA Center for Aging
	Project Dana	

The following agencies offer Telephone Reassurance services:

Alcoholics Anonymous	Alu Like	Project Dana
Senior Community Service Employment Program (SCSEP)	Case Management Coordination Program - Public Health Nursing Branch	Catholic Charities Hawaii Community and Immigrant Services
Central Oahu Caregivers' Support Group	Epilepsy Foundation of Hawaii	Golden Ager Association of Hawaii
Kaneohe Community & Senior Center	King Lunalilo Adult Day Care Center	KKV Elderly Services Program
St. Francis Medical Center-West	Moilili Senior Center	Bilingual Access Line (24-hours)
Senior Solutions	ORI Anuenue Hale Inc.	Tripler Army Medical Center
VA Center for Aging	Waikiki Health Center	Options for Elders Inc.

The following agencies provide Transportation Services:

U.S. Vets Transitional Housing and Homeless Program	Case Management Coordination Program - Public Health Nursing Branch	Disability and Communication Access Board
CCHES Transportation Services	Hale Nani Rehabilitation & Nursing Center	Harry and Jeanette Weinberg Care Center
Hale Ho Aloha	Handicabs of the Pacific Inc.	Kahuku Hospital
Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Kaneohe Community & Senior Center	Senior Community Service Employment Program (SCSEP)
Medi-Cab	Kapahulu Center	Ke Ola Mamo
KKV Elderly Services Program	Senior Companion Program (SCP)	Olaloa Retirement Community
Moilili Senior Center	Korean Care Home	Options for Elders Inc.
SECOH Senior Center	Palolo Chinese Home	Ponds at Punaluu
Project Dana	Road to Recovery	Safe Haven – Puuhonua
St. Francis Medical Center-West	Vocational Rehabilitation Division	CCHES Catholic Charities Hawaii Elderly Services
Senior Solutions	Hawaii Kai Retirement Community	The Plaza At Punchbowl

TheBus and TheHandi-Van	Alu Like	Windward Seniors Day Care
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The following agencies offer Volunteer Opportunities:

ATRC	Aged to Perfection	Alu Like
American Diabetes Association/Hawaii	American Lung Association of Hawaii	Adult Literacy Program (1), ESL (2)
Case Management Coordination Program - Public Health Nursing Branch	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Central Union Church - Adult Day Care and Day Health Center
Coalition for Affordable Long Term Care	Epilepsy Foundation of Hawaii	Golden Ager Association of Hawaii
Friends of Honolulu Hale	Foster Grandparent Program	Honolulu Community College
Hawaii Kai Retirement Community	Harry and Jeanette Weinberg Care Center	CCHES Lanakila Multipurpose Senior Center
Hospice Hawaii	Island Nursing Home	Lanakila Meals on Wheels
Kaneohe Community & Senior Center	Kaumakapili Church Free Store	KKV Elderly Services Program
Catholic Charities Hawaii Elderly Services	Leahi Adult Day Health Center	Mediation Center of the Pacific
Liliha Healthcare Center	Lotus Adult Day Care Center	Leahi Hospital Nursing Home
Moilili Senior Center	Palolo Chinese Home	Na Loio
National Kidney Foundation of Hawaii	Muscular Dystrophy Association	Retired and Senior Volunteer Program (RSVP)
Ponds at Punaluu	Project Dana	Pearl City Nursing Home
Child and Family Service, Honolulu Gerontology Program	Senior Community Service Employment Program (SCSEP)	Vocational Rehabilitation Division
St. Francis Hospice	Stop Smoking	Tzu Chi Medical Clinic
SeniorNet Learning Center	Road to Recovery	Wahiawa General Hospital
Waikiki Health Center	Windward Seniors Day Care	YMCA
YMCA Kaimuki		VA Center for Aging

The following agencies offer Counseling Services to caregivers:

Alzheimer's Association	Case Management Inc.	Caregiver Respite Program
Case Management Coordination Program - Public Health Nursing Branch	Case Management Coordination Program - Public Health Nursing Branch	Central Union Church - Adult Day Care and Day Health Center
CCHES Catholic Charities Hawaii Elderly Services	Central Oahu Caregivers' Support Group	Arcadia Retirement Residence
Harry and Jeanette Weinberg Care Center	Salvation Army - Adult Day Health Services	Epilepsy Foundation of Hawaii
Family Caregiver Training	Eldercare Support Group	Hawaii Family Services, Inc
Leahi Adult Day Health Center	Rehabilitation Hospital of the Pacific	Integrated Case Management Services
Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Child and Family Service, Honolulu Gerontology Program	Waianae Coast Comprehensive Health Center
Kaneohe Community & Senior Center	King Lunalilo Adult Day Care Center	KKV Elderly Services Program
Hospice Hawaii	Leahi Hospital Nursing Home	Lotus Adult Day Care Center
Make Today Count	Oahu Care Facility	ORI Anuenue Hale Inc
Kahuku Hospital	Palolo Chinese Home	Pearl City Nursing Home
Project Dana	Ka Punawai Ola	Windward Seniors Day Care
St. Francis Medical Center-West	Tripler Army Medical Center	University of Hawaii Elder Law Program (UHELP)
VA Center for Aging	Wahiawa General Hospital	

The following agencies offer Access Assistance to caregivers:

Alu Like	Caregiver Respite Program	Case Management Inc.
Case Management Coordination Program - Public Health Nursing Branch	Central Union Church - Adult Day Care and Day Health Center	Kahala Nui Life Care Retirement Community & Hi'olani Care Center
Child and Family Service, Honolulu Gerontology Program	CCHES Catholic Charities Hawaii Elderly Services	Harry and Jeanette Weinberg Care Center
Hawaii Family Services, Inc	Wahiawa General Hospital	Ka Punawai Ola
Leahi Adult Day Health Center	Kaneohe Community & Senior Center	National Kidney Foundation of Hawaii
Korean Care Home	Leahi Hospital Nursing Home	Senior Solutions
Oahu Care Facility	Options for Elders Inc.	Palolo Chinese Home
Salvation Army - Adult Day Health Services	Waikiki Health Center, Waikiki Friendly Neighbors	Rehabilitation Hospital of the Pacific
Pearl City Nursing Home	Project Dana	Tripler Army Medical Center

The following agencies offer Respite Services to caregivers:

Central Union Church - Adult Day Care and Day Health Center	Case Management Coordination Program - Public Health Nursing Branch	Kahala Nui Life Care Retirement Community & Hi'olani Care Center
CCHES Catholic Charities Hawaii Elderly Services	Harry and Jeanette Weinberg Care Center	Kaneohe Community & Senior Center
Hale Ho Aloha	Hospice Hawaii	Island Nursing Home
Korean Care Home	Kahuku Hospital	Lotus Adult Day Care Center
KKV Elderly Services Program	Leeward Integrated Health Services	Leahi Adult Day Health Center
Ponds at Punaluu	Residential Choices Inc.	Options for Elders Inc.
Project Dana	Palolo Chinese Home	Pearl City Nursing Home
Respite Companion Service Program (RCP)	Preferred Home and Community Based Services	Salvation Army - Adult Day Health Services
Senior Companion Program (SCP)	St. Francis Medical Center-West	Tripler Army Medical Center
Child and Family Service, Honolulu Gerontology Program	Waianae Coast Comprehensive Health Center	Waikiki Health Center
Windward Seniors Day Care	Case Management Inc.	Caregiver Respite Program
Wahiawa General Hospital		

The following agencies offer Supplemental Services to caregivers:

Hale Nani Rehabilitation & Nursing Center	Arcadia Home Health Services	U.S. Consumer Product Safety Commission
Caregiver Respite Program	Hale Kupuna Care Home	Alu Like
Child and Family Service, Honolulu Gerontology Program	Kaneohe Community & Senior Center	Salvation Army - Adult Day Health Services
Project Dana	Real Properties Services Corp.	ATRC
Tripler Army Medical Center		Oahu Care Facility

The following agencies offer Consumer Protection Services:

Better Business Bureau of Hawaii Inc.	Bilingual Access Line (24-hours)	Commerce & Consumer Affairs
Consumer Credit Counseling Service of Hawaii	University of Hawaii Elder Law Program (UHELP)	Child and Family Service, Honolulu Gerontology Program
Kaneohe Community & Senior Center	KKV Elderly Services Program	U.S. Consumer Product Safety Commission
Oahu Care Facility	St. Francis Medical Center-West	Leahi Hospital Nursing Home

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The following agencies offer Driver/Pedestrian Safety Services:

Kaneohe Community & Senior Center	CCHES Catholic Charities Hawaii Elderly Services	Salvation Army - Adult Day Health Services
Honolulu Police Department	Lotus Adult Day Care Center	Ponds at Punaluu
Walk Wise (Hawaii)	AARP	Alu Like

The following agencies offer Elder Abuse/Neglect Prevention Services:

University of Hawaii Elder Law Program (UHELP)	Bilingual Access Line (24-hours)	St. Francis Medical Center-West
Case Management Coordination Program - Public Health Nursing Branch	Child and Family Service, Honolulu Gerontology Program	Case Management Coordination Program - Public Health Nursing Branch
DHS Adult Protective Services	Kaneohe Community & Senior Center	Leahi Hospital Nursing Home
Oahu Care Facility	Office of the Public Guardian	Pearl City Nursing Home
SECOH Senior Center	Alu Like	Tripler Army Medical Center
Tzu Chi Medical Clinic	Kahuku Hospital	

The following agencies offer Exercise/Physical Activity for Elders:

Aged to Perfection	Alu Like	Island Nursing Home
Arcadia Home Health Services	Arcadia Retirement Residence	Arthritis Foundation, Hawaii Branch
Central Union Church - Adult Day Care and Day Health Center	Case Management Coordination Program - Public Health Nursing Branch	Case Management Coordination Program - Public Health Nursing Branch
CCHES Catholic Charities Hawaii Elderly Services	American Lung Association of Hawaii	Convalescent Center of Honolulu
Ke Ola Mamo	Hale Ho Aloha	Hale Ola Kino
Harry and Jeanette Weinberg Care Center	Hawaii Kai Retirement Community	KKV Elderly Services Program
Elam Sports Oahu Physical Therapy & Athletic Training	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	Child and Family Service, Honolulu Gerontology Program
Kaneohe Community & Senior Center	Kapiolani Women's Health Center	Kahuku Hospital
King Lunalilo Adult Day Care Center	Leahi Adult Day Health Center	Leeward Integrated Health Services
Kuakini Care Home	Korean Care Home	Leahi Hospital Nursing Home
Palolo Chinese Home	Liliha Healthcare Center	Lotus Adult Day Care Center
Salvation Army - Adult Day Health Services	Olaloa Retirement Community	National Kidney Foundation of Hawaii
Oahu Care Facility	Makua Alii Senior Center	ORI Anuenue Hale Inc.
Moilili Senior Center	Ponds at Punaluu	Pearl City Nursing Home
YMCA Kaimuki	Stop Smoking	SECOH Senior Center
Therapists and Home Care On Call Inc.	CCHES Lanakila Multipurpose Senior Center	Bilingual Access Line (24-hours)
The Plaza At Punchbowl	VA Center for Aging	Wahiawa General Hospital
Waikiki Health Center	Windward Seniors Day Care	YMCA
The Arc in Hawaii		

The following agencies offer IDs/Emergency Systems for Elders:

Kahala Nui Life Care Retirement Community & Hi'olani Care	Kaneohe Community & Senior Center	Case Management Coordination Program - Public Health
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Center		Nursing Branch
Lifeline Hawaii Services	Queen's Medical Center	St. Francis Lifeline
Kupuna Monitoring Systems, Inc.	Olaloa Retirement Community	St. Francis Medical Center-West
Windward Seniors Day Care	Retirement Housing Foundation	Ponds at Punaluu
Carrier Alert Program	The Plaza At Punchbowl	Tripler Army Medical Center
	Bilingual Access Line (24-hours)	

The following agencies offer Immigrant Services:

Immigrant Services/ Immigrant & Refugee support services	Case Management Coordination Program - Public Health Nursing Branch	CCH Catholic Charities Hawaii Community and Immigrant Services
CCHES Catholic Charities Hawaii Elderly Services	Golden Ager Association of Hawaii	Bilingual Access Line (24-hours)
Tzu Chi Medical Clinic	Na Loio	Pacific Gateway Center
Senior Community Service Employment Program	Kaneohe Community & Senior Center	U.S. Citizenship and Immigration Services

The following agencies offer Medication Management Services:

Abel Case Management Inc.	Adult Mental Health Division	Aged to Perfection
Arcadia Home Health Services	Arcadia Retirement Residence	Bilingual Access Line (24-hours)
Case Management Coordination Program - Public Health Nursing Branch	Central Union Church - Adult Day Care and Day Health Center	Kahala Nui Life Care Retirement Community & Hi'olani Care Center
Case Management Inc.	Hospice Hawaii	Hale Ho Aloha
Hale Nani Rehabilitation & Nursing Center	Hawaii Kai Retirement Community	Harry and Jeanette Weinberg Care Center
Ka Punawai Ola	Hale Ola Kino	Island Nursing Home
Leahi Adult Day Health Center	Convalescent Center of Honolulu	KKV Elderly Services Program
Korean Care Home	Waikiki Health Center	Leahi Hospital Nursing Home
Residential Choices Inc.	Liliha Healthcare Center	Safe Haven - Puuhonua
Pearl City Nursing Home	Ponds at Punaluu	Queen's Medical Center
Leeward Integrated Health Services	VA Center for Aging	Salvation Army - Adult Day Health Services
SECOH Senior Center	Senior Solutions	The Arc in Hawaii
The Plaza At Punchbowl		Wahiawa General Hospital

The following agencies offer Mental Health Services:

Adult Mental Health Division	Aged to Perfection	Safe Haven - Puuhonua
Case Management Coordination Program - Public Health Nursing Branch	Immigrant Services/ Immigrant & Refugee Support Services	U.S. Vets Transitional Housing and Homeless Program
Golden Ager Association of Hawaii	Epilepsy Foundation of Hawaii	Hawaii Kai Retirement Community
Hawaii State Hospital	Hospice Hawaii	Island Nursing Home
Bilingual Access Line (24-hours)	Kaneohe Community & Senior Center	KKV Elderly Services Program
Liliha Healthcare Center	Pearl City Nursing Home	Queen's Medical Center
Salvation Army - Adult Day Health Services	Waikiki Health Center	The Sex Abuse Treatment Center
Hale Kupuna Care Home	VA Center for Aging	Wahiawa General Hospital
	Windward Seniors Day Care	

OAHU SKILLED NURSING/INTERMEDIATE CARE FACILITIES

FACILITY	**TYPE/NUMBER OF CERTIFIED BEDS	*TYPE/NUMBER OF LICENSED BEDS
ALOHA NURSING & REHAB CENTRE 45-545 Kamehameha Highway Kaneohe, Hawaii 96744 Ph: (808) 247-2220 Fax: (808) 235-3676	141 SNF/NF	141 SNF/ICF
ANN PEARL NURSING FACILITY 45-181 Waikalua Road Kaneohe, Hawaii 96744 Ph: (808) 247-8558 Fax: (808) 247-4115	104 SNF/NF [also offers adult day health]	104 SNF/ICF
ARCADIA RETIREMENT RESIDENCE 1434 Punahou Street Honolulu, Hawaii 96822 Ph: (808) 941-0941 Fax: (808) 949-4965	11 SNF	81 SNF/ICF
AVALON CARE CENTER - HONOLULU, LLC 1930 Kamehameha IV Road Honolulu, Hawaii 96819 Ph: (808) 847-4834 Fax: (808) 848-8020	108 SNF/NF	108 SNF/ICF
CONVALESCENT CENTER OF HONOLULU 1900 Bachelot Street Honolulu, Hawaii 96817 Ph: (808) 531-5302 Fax: (808) 538-3219	182 SNF/NF	182 SNF/ICF
CRAWFORD'S CONVALESCENT HOME 58-130 Kamehameha Highway Haleiwa, Hawaii 96712 Ph: (808) 638-8514 Fax: (808) 638-8516	55 NF	55 ICF
HALE HO ALOHA 2670 Pacific Heights Road Honolulu, Hawaii 96813 Ph: (808) 524-1955 Fax: (808) 537-5418		59 SNF/ICF
HALE MALAMALAMA 6163 Summer Street Honolulu, Hawaii 96821 Ph: (808) 396-0537 Fax: (808) 396-5128	40 SNF/NF	40 SNF/ICF
HALE NANI REHABILITATION AND NURSING CENTER 1677 Pensacola Street Honolulu, Hawaii 96822 Ph: (808) 537-3371 Fax: (808) 528-1613	288 SNF/NF	288 SNF/ICF
HALE OLA KINO 1314 Kalakaua Avenue Honolulu, Hawaii 96826 Ph: (808) 983-4400 Fax: (808) 983-4490	26 SNF 6 SNF/NF	32 SNF/ICF
HAWAII MEDICAL CENTER EAST 2230 Liliha Street Honolulu, Hawaii 96817 Ph: (808) 547-6011 Fax: (808) 547-6616	52 SNF/NF	52 SNF
HI'OLANI CARE CENTER AT KAHALA NUI 4398 Malia Street Honolulu, Hawaii 96821 Ph: (808) 218-7000 Fax: (808) 218-7014	16 SNF 4 SNF/NF	60 SNF/ICF
HOSPICE HAWAII, INC. 566 Papalani Street Kailua, Hawaii 96734 Ph: (808) 924-9255 Fax: (808) 922-9161		5 SNF
ISLAND NURSING HOME 1205 Alexander Street Honolulu, Hawaii 96826 Ph: (808) 946-5027 Fax: (808) 941-5202	42 SNF/NF	42 SNF/ICF

FACILITY	**TYPE/NUMBER OF CERTIFIED BEDS	*TYPE/NUMBER OF LICENSED BEDS
KA PUNAWAI OLA 91-575 Farrington Highway Kapolei, Hawaii 96707 Ph: (808) 674-9262Fax: (808) 674-9623	26 SNF 94 SNF/NF	120 SNF/ICF
KAHUKU MEDICAL CENTER 56-117 Pualalea Street Kahuku, Hawaii 96731 Ph: (808) 293-9221Fax: (808) 293-2262	10 SNF/NF	10 SNF/ICF
KFH – MALAMA OHANA NURSING & REHAB CENTER 3288 Moanalua Road Honolulu, Hawaii 96819 Ph: (808) 432-7737Fax: (808) 432-7775	28 SNF/NF	28 SNF/ICF
KUAKINI GERIATRIC CARE 347 North Kuakini Street Honolulu, Hawaii 96817 Ph: (808) 547-9357Fax: (808) 547-9547	40 SNF/NF 147 NF	187 SNF/ICF
KULANA MALAMA 91-1360 Karayan Street Ewa Beach, Hawaii 96706 Ph: (808) 681-1203Fax: (808) 453-1929	30 SNF/NF	30 SNF
LEAHI HOSPITAL 3675 Kilauea Avenue Honolulu, Hawaii 96816 Ph: (808) 733-8000Fax: (808) 733-7914	179 SNF/NF [also offers adult day health]	98 SNF 81 ICF
LEEWARD INTEGRATED HEALTH SERVICES 84-390 Jade Street Waianae, Hawaii 96792 Ph: (808) 695-9508Fax: (808) 695-0225	93 SNF/NF	93 SNF/ICF
LILIHA HEALTHCARE CENTER 1814 Liliha Street Honolulu, Hawaii 96817 Ph: (808) 537-9557Fax: (808) 599-4722	92 SNF/NF	92 SNF/ICF
MALUHIA 1027 Hala Drive Honolulu, Hawaii 96817 Ph: (808) 832-3000Fax: (808) 832-3039	158 SNF/NF [also offers adult day health]	158 SNF/ICF
MAUNALANI NURSING AND REHABILITATION CENTER 5113 Maunalani Circle Honolulu, Hawaii 96816 Ph: (808) 732-0771Fax: (808) 735-5980	41 SNF 59 SNF/NF	100 SNF/ICF
NUUANU HALE 2900 Pali Highway Honolulu, Hawaii 96817 Ph: (808) 595-6311Fax: (808) 595-6188	75 SNF/NF	75 SNF/ICF
OAHU CARE FACILITY 1808 South Beretania Street Honolulu, Hawaii 96826 Ph: (808) 973-1900Fax: (808) 973-1910	82 SNF/NF	82 SNF/ICF
PALOLO CHINESE HOME 2459 10TH Avenue Honolulu, Hawaii 96816-3098 Ph: (808) 737-2555Fax: (808) 735-1754	43 SNF/NF	61 SNF/ ICF
PEARL CITY NURSING HOME 919 Lehua Avenue Pearl City, Hawaii 96782 Ph: (808) 453-1919Fax: (808) 453-1929	122 SNF/NF	122 SNF/ICF
THE QUEEN'S MEDICAL CENTER – PCU 1301 Punchbowl Street Honolulu, Hawaii 96813 Ph: (808) 538-9011Fax: (808) 547-4646	28 SNF/NF	28 SNF

FACILITY	**TYPE/NUMBER OF CERTIFIED BEDS	*TYPE/NUMBER OF LICENSED BEDS
WAHIAWA GENERAL HOSPITAL 128 Lehua Street Wahiawa, Hawaii 96786 Ph: (808) 621-4211 Fax: (808) 621-4490	103 SNF/NF	103 SNF/ICF

State of Hawaii Department of Health OHCA/Medicare February 18, 2010
 Office of Health Care Assurance - Medicare Section

LEGEND:

- * ICF - Intermediate Care Facility (Level of Care)2.
- * SNF - Skilled Nursing Facility (Level of Care)
- ** DP - Distinct Part
- ** NF - Nursing Facility (Title XIX Medicaid Reimbursement)
- ** SNF - Skilled Nursing Facility (Title XVIII Medicare Reimbursement)
- ** SNF/NF - Skilled Nursing/Nursing Facility (Title XVIII/XIX Medicaid/Medicare Reimbursement)

Table 15. Home Delivery of Meals & Distribution Centers

Home Delivered Hot Meals

Hawaii Meals on Wheels
 2728 Huapala – Room 209
 (808) 988-6747

Clients are provided Nutrition Counseling on an as-needed basis

ROUTE	JUDICIAL AREA	HD UNITS
Aiea	2	9
Aina Haina	1	9
Ainako	1	3
Downtown	1	7
Ewa	2	7
Enchanted Lake	7	11
Haiku	7	8
Hawaii Kai	1	9
Kailua	7	10
Kaimuki	1	4
Kaimuki (Palolo) – Dinner	1	9
Kalihi, Lower	1	9
Kalihi, Upper	1	8
Kaneohe	7	11
Kapiolani	1	10
Kinau	1	10
Kuliouou	1	6
Makiki	1	11
Makua Alii	1	7
Manoa	1	11
Makua	1	8
McCully	1	9
Moilili	1	9
Nuuanu	1	9
Pahoa	1	12
Palolo	1	13

Pearl City East	2	7
Pearl City West	2	7
Punahou	1	10
Sierra	1	9
Waikiki – Dinner	1	4
Waikiki (OCF)	1	6
Waikiki (PCH)	1	8
Waikiki (Straub)	1	12
Waimalu	2	7
Waimanalo	7	2
Woodlawn	1	11

Lanakila Meals on Wheels
1809 Bachelot Street
(808) 531-0555

Clients are provided Nutrition Counseling on an as-needed basis

ROUTE	JUDICIAL AREA	HD UNITS
Kapahulu	1	12
McCully	1	4
Nuuanu	1	8
Beretania	1	14
Kalihi 2	1	9
Hale Poai	1	15
Kalihi 3A-2	1	15
Wahiawa #1	3	10

Home Delivered Frozen Meals

Lanakila Meals on Wheels
 1809 Bachelot Street
 (808) 531-0555

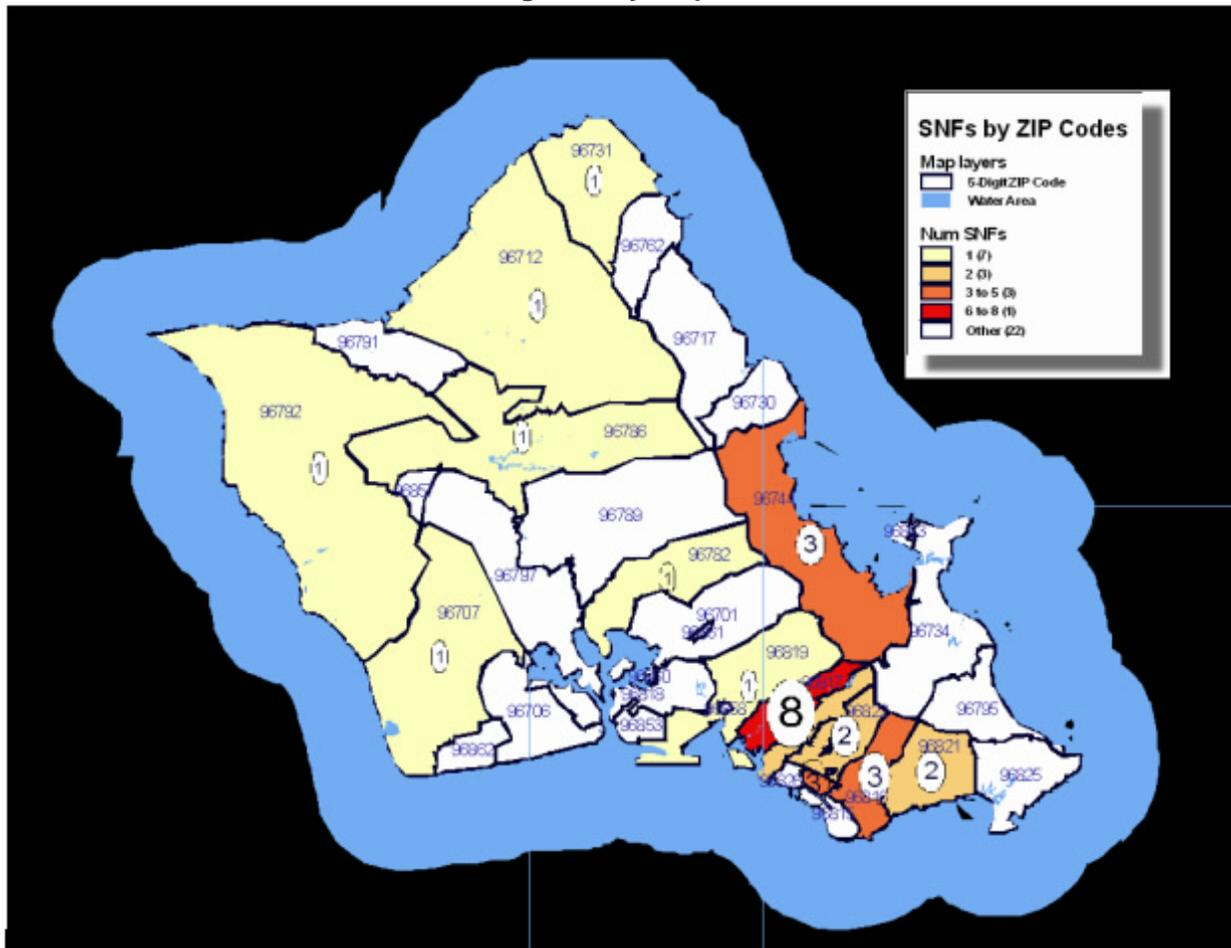
Clients are provided Nutrition Counseling on an as-needed basis

ROUTE	JUDICIAL AREA	HD UNITS
Kahuku	6	7
Waimanalo #1	7	7
Waimanalo #2	7	15
Waimanalo #3	7	15
Enchanted Lake	7	15
Keolu	7	10
Maunawili	7	5
Koolau Vie Drive	7	7
Kailua #1	7	10
Kaneohe #1	7	6
Kaneohe #2	7	12
Kaneohe #3	7	17
Kaneohe #4	7	6
Kaneohe #5	7	17
Kaneohe #6	7	5
Hauula	6	17
Puuluana	6	19
Kaawa	6	20
Hawaii Kai	1	8
Waikiki #1	1	8
Waikiki #2	1	5
Waikiki #3	1	7
McCully #1	1	6
McCully #2	1	6
Kaimuki #1	1	6
Kaimuki #2	1	2
Kaimuki #3A	1	5
Kaimuki/Waiialae	1	5
Kaimuki #3B	1	10
Kapahulu 1	1	11
University 1	1	5
University 2	1	5
Kinau 1	1	7
Kinau 2	1	6
Kinau 3	1	9
East 1-A	1	11
East 2	1	12
East 3	1	6
East 4	1	8
Punchbowl	1	11
West 2	1	15
West 3	1	8
West 4	1	8
West 5	1	11
West 6	1	9
West 7	1	7

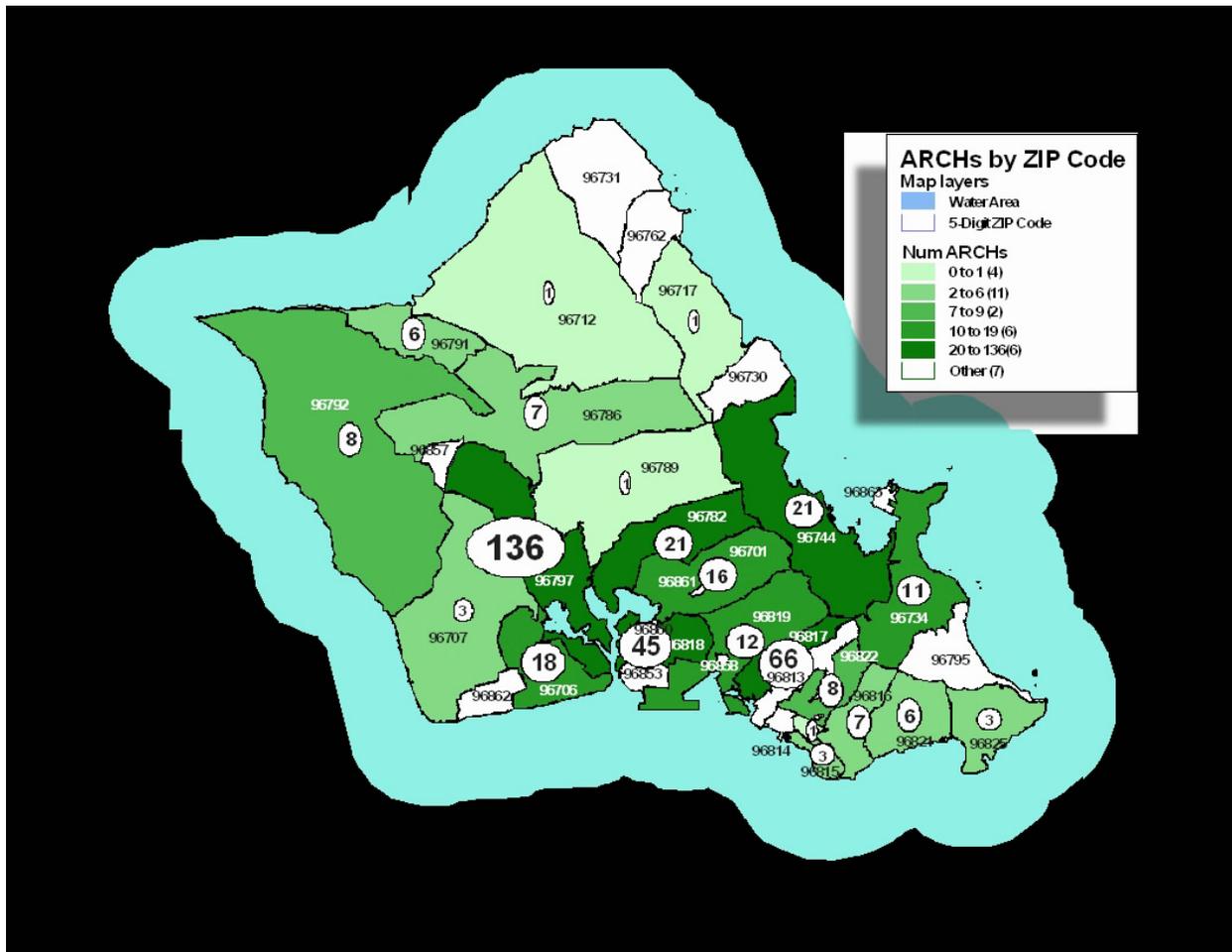
West 9	1	8
West 10	1	16
West 11	1	2
Kalihi Valley	1	12
Kalihi Gulick	1	10
Kalihi Alewa	1	8
Kalihi Kam IV	1	4
Kapalama	1	18
Kalihi Gulick	1	10
West 1B	1	5
Fort Shafter	1	5
Aiea 1	2	5
Aiea 2	2	8
Aiea 3	2	6
Aiea 4	2	5
Aiea 5	2	5
Pearl City 1	2	5
Pearl City 2	2	8
Pearl City 2/Noelani	2	12
Pearl City 3	2	9
Pearl City 4	2	8
Kaonohi	2	11
Waipahu 1	2	5
Waipahu 1A	2	15
Waipahu 2	2	7
Waipahu 3	2	11
Waipahu 4	2	4
Waipahu 5	2	7
Westloch 1	2	12
Ewa 1	2	10
Ewa 2	2	10
Makakilo	2	14
Waianae 1	4	27
Waianae 2	4	5
Waianae 3	4	10
Waianae 4	4	8
Waianae 5	4	23
Nanakuli 1	4	7
Nanakuli 2	4	15
Nanakuli 3	4	14
Mililani 1	3	7
Mililani 2	3	10
Mililani 3	3	8
Mililani 4	3	8
Wahiawa 1	3	10
Wahiawa 2	3	8
Wahiawa 2A	3	10
Wahiawa 3	3	5
Wahiawa 4	3	4
Waialua 1	5	11
Waialua 2	5	7
Pupukea	5	3



Table 16. Intermediate/Skilled Nursing Facility Map



ADULT RESIDENTIAL CARE HOMES MAP



AREA	ZIP	# ARCH	AREA	ZIP	#ARCH	AREA	ZIP	# ARCH
Aiea	96701	16	Wai'anae	96792	9	Foster Village	96818	1
Ewa Beach	96706	16	Waipahu	96797	136	Salt Lake	96818	13
Makakilo	96706	2	Honolulu	96815	1	Moanalua	96819	32
Kapolei	96707	3	Kapahulu	96815	1	Moanalua Valley	96819	1
Haleiwa	96712	1	Waikiki	96815	1	Aina Haina	96821	1
Punalo'u	96717	1	Kaimuki	96816	5	Kuliou'ou	96821	3
Kailua	96734	11	Palolo	96816	2	Niu Valley	96821	2
Kaneohe	96744	21	Alewa Hts.	96817	1	Manoa	96822	8
Pearl City	96782	21	Kalihi	96817	59	Hawaii Kai	96825	2
Wahiawa	96786	7	Nu'u'anu	96817	3	Kalama Valley	96825	1
Mililani	96789	1	Palama	96817	2	McCully	96826	1
Wai'alua	96791	5	Ali'amanu	96818	1			

Table 17. Oahu Residential Care Homes^{xxxviii}

AREA	RESIDENCE CAPACITY												AREA Total	Capacity by Area
	2	3	4	5	8	22	26	31	34	40	42	50		
Aiea	1		1	13		1							16	93
Aina Haina				3									3	15
Aliamanu				1									1	5
Ewa Beach		1	2	13									16	76
Foster Village				16	1								17	88
Haleiwa			1										1	4
Hawaii Kai				2							1		3	52
Kailua	1		1	10	1								13	64
Kaimuki				7	3								10	59
Kalihi		3	9	45									57	270
Kaneohe		1	1	20	2						1		25	163
Kapahulu				2									2	10
Kapolei				4									4	20
Kuliouou			1	2									3	14
Liliha			1					1	1				3	69
Makakilo				2									2	10
Manoa				4	7								11	76
Mililani				2									2	10
Moanalua		2		7									9	41
Moilili				1									1	5
Niu Valley				2									2	10
Nuuanu				1			1						2	31
Palama				1									1	5
Palolo				1								1	2	55
Pearl City			5	20									25	120
Punaluu							1						1	26
Punchbowl				1									1	5
Salt Lake	1	1	4	26									32	151
Wahiawa				6									6	30
Waianae			1	7									8	39
Waipahu	2	4	15	113									134	641
Grand Total	5	12	42	332	14	1	2	1	1	1	1	1	413	
Total by Capacity	10	36	168	1,660	112	22	52	31	34	40	42	50		2,257

- There are 413 Residential Care Homes on Oahu with a total capacity of 2,257.
- 80.4.% of Residential Care Homes have a capacity of 5 beds.
- 94.7% of Residential Care Homes have a capacity of 5 or fewer beds.
- 83% of the total beds are provided by facilities with 5 or fewer beds.

Table 18: Feature sets of Residential Care Homes:

Features: Care Home Type (ARCExp, ARCH I, ARCH II, ARCH II-Exp, Exp)
 Diet (R or S)
 Ambulatory (Amb or Full)
 Wheelchair (Yes or No)

AREA	FEATURES: Type/Diet(R,S)/Ambulatory(Amb,Full)/Wheelchair(Yes,No)																				Total		
	ARCEp-S-AMB-YES	ARCH II-Exp-R-AMB-YES	ARCH II-Exp-S-AMB-NO	ARCH II-Exp-S-AMB-YES	ARCH II-Exp-S-FULL-YES	ARCH II-S-AMB-NO	ARCH II-S-AMB-YES	ARCH II-S-FULL-NO	ARCH I-R-AMB-NO	ARCH I-R-AMB-YES	ARCH I-R-FULL-NO	ARCH I-S-AMB-NO	ARCH I-S-AMB-NO	ARCH I-S-AMB-YES	ARCH I-S-AMB-YES	ARCH I-S-FULL-NO	ARCH I-S-FULL-NO	ARCH I-S-FULL-YES	Exp-S-AMB-O	Exp-S-AMB-YES		Exp-S-FULL-NO	Exp-S-FULL-YES
Aiea								22	5				25	24		2				15			93
Aina Haina										10				5									15
Aliamano																				5			5
Ewa Beach									5				24			4			13	25		5	76
Foster Village	5			8					5				5	10					5	50			88
Haleiwa																				4			4
Hawaii Kai				42										5		5							52
Kailua				8						5			9							40	2		64
Kaimuki				16						5						15			5	18			58
Kalihi	5								34		12	5	93	9		10	3		10	89			270
Kaneohe		8		48					9	3	5		5	10						75			163
Kapahulu													5					5					10
Kapolei															5					10		5	20
Kuliouou													5						9				14
Liliha						34	31									4							68
Makakilo													5						5				10
Manoa			8	40	8							5	10							5			76
Mililani																				10			10
Moanalua																31			5	5			41
Moiliili																				5			5
Niu Valley																			5	5			10
Nuuanu				26								5											31
Palama																			5				5
Palolo				50					5														55
Pearl City									5	5			32	20		4				54			120
Punaluu				26																			26
Punchbowl																				5			5
Salt Lake											17		17	19		13			20	65			151
Wahiawa												5	5		5					15			30
Waianae												9	10							20			38
Waipahu									49		19		182	40		38			45	268			641
Total	10	8	8	264	8	34	31	22	117	28	53	5	431	167	5	131	3	5	127	788	2	10	2257



Assessing and Addressing the Needs of Elders and the Disabled of Honolulu County

Elderly and Disabled Populations Perspective

We surveyed elders across Oahu to obtain a representative cross-section of the elderly population's opinions of service needs, concerns about current and future needs of seniors, quality of services currently available, and what gaps in services currently exist. The charts on the following pages display in graphic form the outcome of these surveys.

Across Oahu, seniors pointed out that they would like to have more opportunities for social interaction, including meals at a meal site, and that they are concerned about the negative effect of social isolation on their physical and emotional health. A high number also indicate that they do not know where to go to get the information they need.

The number of respondents answering 'None/Does Not Apply' is representative of those elders residing in areas of Oahu where services are more readily available.



Chart 13. Honolulu County: Elderly and Disabled Perspective of Greatest Need

What services do you need that are not available in your community? (check all that apply)

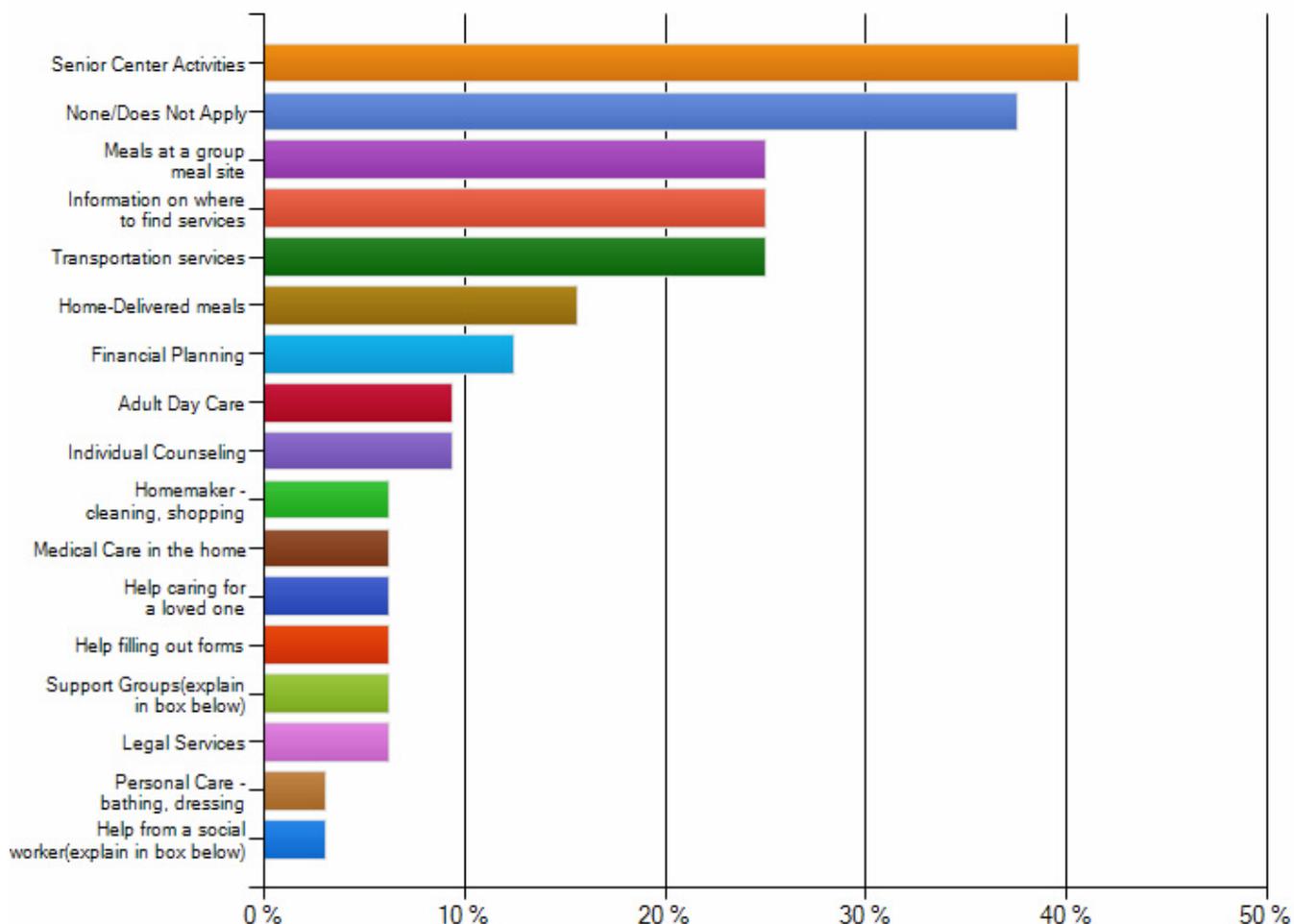


Chart 14. Honolulu County: Elderly and Disabled Perspective of Issues and Conditions that Could Affect their Quality of Life

Which of the following issues/conditions could affect your quality of life? (check all that apply)

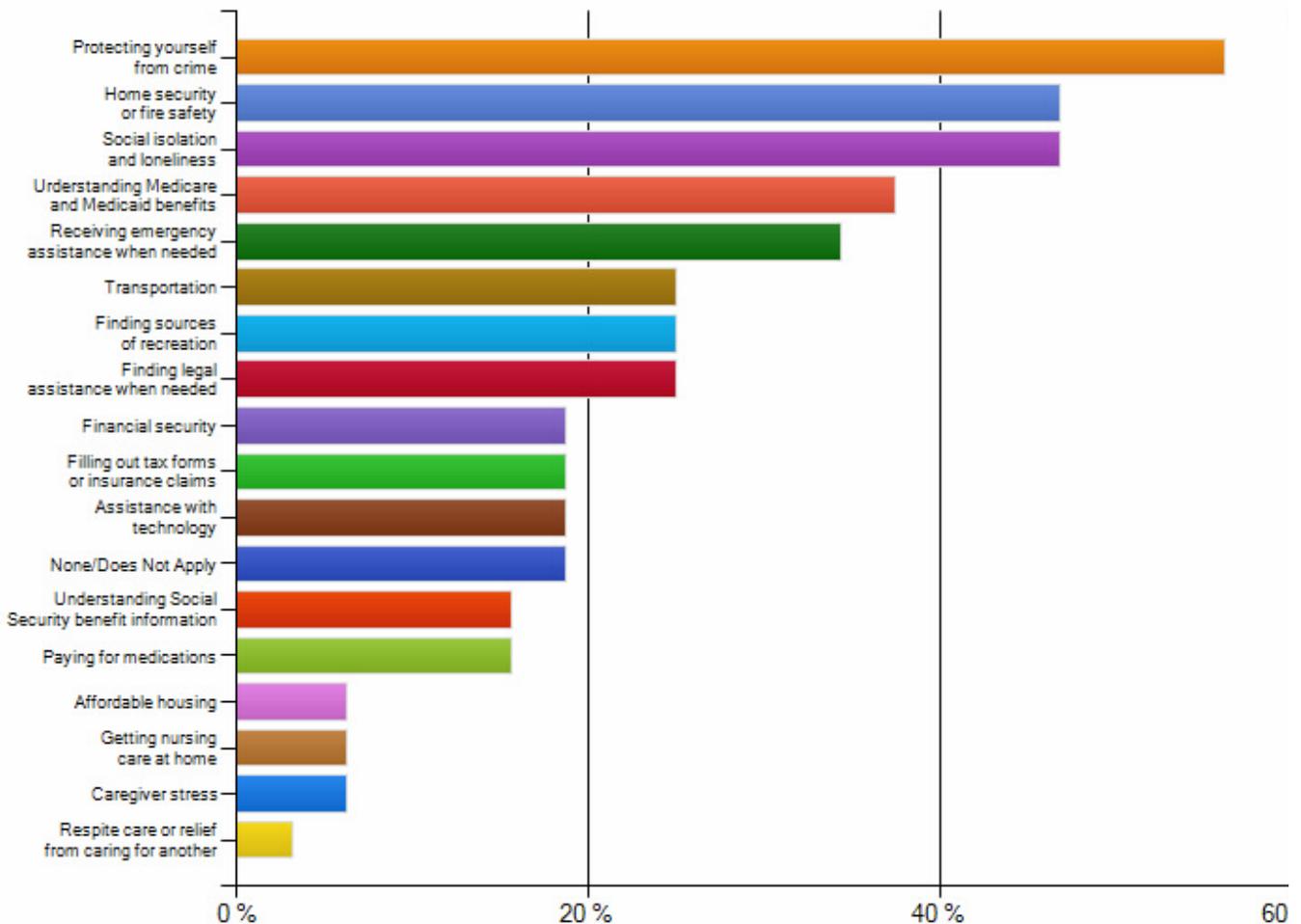


Chart 14 shows that a great many elders are concerned about protecting themselves from crime, home security and fire safety, and social isolation.

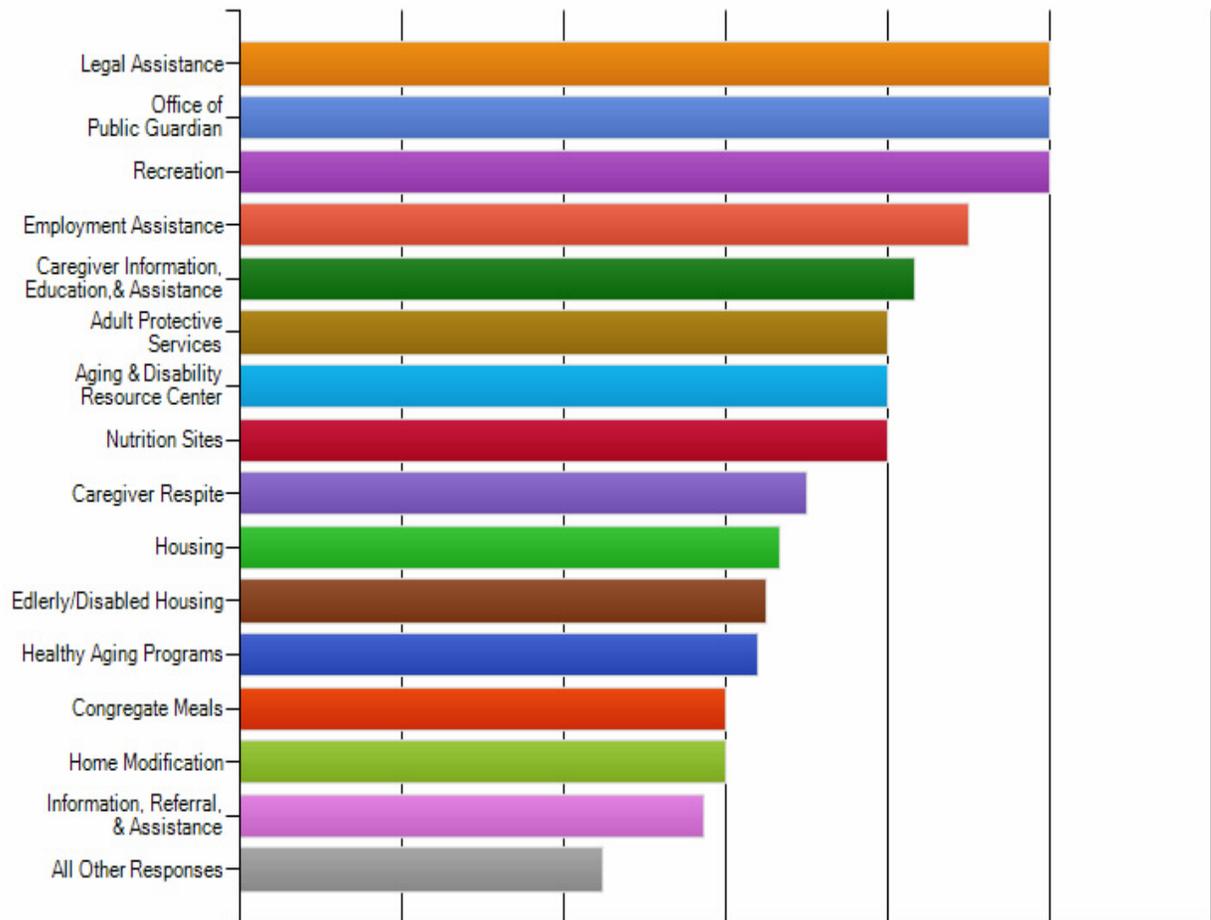
Service Providers’ Perspective

Those providing services to the elderly and/or the disabled of Honolulu County were surveyed in July, 2010 in order to get their perspective on the areas of greatest need. The service providers have frequent contact with these populations and are able to provide first-hand knowledge regarding needs, interests and suggestions for improvement.

As the following chart indicates, the majority of service providers find that ‘Legal Assistance,’ ‘Office of the Public Guardian’ and ‘Recreation’ are the areas of greatest need for seniors and persons with disabilities. Working together with EOA, we can focus our attention to applying funding to address these areas.

Chart 15. Honolulu County: Service Providers Perspective of Greatest Need

As a provider, what do you find to be the top 5 service needs in Honolulu County? Select one service as 1st, one service as 2nd, one service as 3rd, one service as 4th, and one service as 5th.



Conclusion and Discussion

One of the best methods of assessing unmet needs and areas in need of improvement is to ask: What is working? What is not working, and why is it not working? What do you need that you don't currently have? Elders are telling us their greatest needs and areas of concern center primarily on two categories: safety related issues - protection from crime, home security and fire safety, receiving emergency assistance when needed, and quality of life issues - social isolation and loneliness, transportation, finding sources of recreation, financial security and so forth. The reader must understand that these are preliminary studies. The results suggest the need for further, more in-depth, research.

For example, in terms of 'transportation,' what specifically are the problematic issues that need to be addressed? Is it the inability to continue driving one's vehicle? Or is it the lack of public transportation? Then again, it is possibly the lack of availability on demand – "I want it when I want it?" EAD needs to conduct further research on this topic to be able to offer appropriate, workable solutions, especially now as Honolulu County intends to develop a public rail system to reduce the current gridlock on Oahu's highways. Such a rail system needs to be, and is being, designed with consideration to the needs of the County's ever-growing elderly and disabled populations.

Another example is the high number of seniors who state that they need more/better sources of recreation, need to find ways to combat social isolation and loneliness, and would like access to

senior center activities. Here again, we need to conduct more in-depth research. What are the main reasons that seniors are isolative? Are they aware that social gathering places and activities exist? Do the current recreational offerings match the wants and needs? Do we need more offerings?

The 60+ population is quite a diverse group. It is possible that the 60 – 70 year-olds do not require much in terms of services? Most in this age group are relatively healthy, and many (especially the 60 – 65 year-olds) are still employed.

Also note that the majority of elders surveyed state that they do not know where to find information regarding where to find services. This continues to be a largely unmet need, despite EAD's ongoing efforts to address this need via handbooks, brochures, website and presentations throughout the years to interested groups. There appears to be a disconnection between the availability of services and the current methods used to inform the public of these services. We need to look further into this situation in order to understand what we it is that we must do differently.

Addressing Unmet Needs

To address the unmet needs, EAD does several things, including but not limited to:

- Elder Helpline researching alternative resources and maintaining a large database for the City and County of Honolulu
- Increasing outreach efforts and education, targeting elders living in rural areas and areas that have limited transportation options
- Emergency preparedness planning including:
 - Working with the City's expert consultant to develop a Continuity of Operations Plan (COOP) so that information and assistance is available during and following an emergency
 - Collaborating with City first responders (police, fire, ambulance, lifeguard) to have all EAD staff assigned to specific shelters to assist in any emergency
 - Working with Neighborhood Boards, condo associations and volunteer organizations to identify residents who would be at high risk and in need of assistance in an emergency
- Collaborations with other agencies that specialize in disability and other ADRC related areas
- Collaborations with other agencies that provide services to the elderly
- Monitoring Medicaid spend-down
- Assisting individuals with applying for services and understanding eligibility criteria for receiving services
- Advocating for services such as:
 - Additional funding for Kupuna Care services
 - Additional funding for Healthy Aging Programs
 - Aging in Place versus institutionalization
 - Maintaining independence and quality of life for seniors
 - Additional/ongoing trainings to address and prevent inappropriate hospital admissions/discharges (EAD is currently focusing intensive efforts in this area)
 - Coordinate continuum-of-care services for clients returning home from the hospital
 - Prevention of homelessness
 - Prevention programs such as Falls Prevention, Health Management/Self Management
- Modifying/adapting our Request for Proposals to fund programs that attempt to meet identified unmet needs
- Networking with others who may have resources (for example: Fall Prevention Consortium, Oahu Geriatric Mental Health Hui, AARP, hospitals, physician's offices, health clinics, senior centers, all EAD service provider agencies, KHON, KGMB, KITV, HMSA, American Savings, Kupuna Caucus, Miramar Hotel)

Methods employed to assess needs, prioritize funded services, and involve elders and caregivers in the needs assessment process:

- Trained outreach workers on the proper use of The Geriatric Assessment form to screen individuals and assess their needs
- Clients are scheduled for a home visit to make the assessment and complete an interview with the client and caregiver to further determine the caregiver needs
- Needs are assessed in accordance with EAD, EOA, and service provider guidelines
- Outreach workers follow up to determine if client has received services before closing the case and/or flagging it for future monitoring
- Statewide Needs Assessment Survey of Hawaii Elders, conducted by the Hawaii State Executive Office on Aging and local surveys are used to identify elder's needs
- Clients are screened for frailty level

Staff utilize the following sources for data to assess needs and prioritize funded services:

- Internet searches: EOA, DHS, and DOH websites, custom tables through American Factfinder/Census, Older American publications for information and website, websites of service providers
- Hawaii State Plan on Aging
- Service provider consumer satisfaction surveys
- Elder Helpline data
- Participation on and feedback from other coalitions
- Provider Information through Request for Proposals
- Data obtained from delivery of services to individuals residing on Oahu

EAD has taken several steps to prioritize services, including modifying our funding formula to include a rural factor, and giving providers flexibility to respond to their local needs through the service provider application and contracting process.

Part II: Recommendations



'To improve is to change. To be perfect is to change often.'

Winston Churchill

Framework

The Area Agency on Aging's recommendations subscribe to the general framework for program and service delivery for older adults developed throughout the State by the Executive Office on Aging. This framework is drawn from the Older Americans Act, as amended in 2006, and Chapter 349, Hawaii Revised Statutes. The Area Agency's recommendations are consistent with the objectives of the Older Americans Act, as amended in 2006, the U.S. Administration on Aging's goals and its strategies for Choices for Independence, and Chapter 349, Hawaii Revised Statutes Goals.

The Older Americans Act

The primary 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:

- An adequate income in retirement in accordance with the American standard of living
- The best possible physical and mental health which science can make available and without regard to economic status
- Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford
- Full restorative services for those who require institutional care, 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
- Opportunity for employment with no discriminatory personnel practices because of age
- Retirement in health, honor and dignity--after years of contribution to the economy
- Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training, and recreational opportunities
- Efficient community services, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner, and which are readily available when needed, with emphasis on maintaining a continuum of care for the vulnerable older individuals
- Immediate benefit from proven research knowledge which can sustain and improve health and happiness
- Freedom, independence and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation

Targeting of Services

The Older Americans Act, as amended in 2006, re-emphasized the intention of Congress to target services and resources on the needs and problems of those older individuals identified as having the greatest economic need, the greatest social need (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). Special emphasis has been placed on using outreach methods to target services to:

- Older individuals residing in rural areas
- Older individuals with greatest economic needs (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas)
- Older individuals with 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)
- Older individuals with severe disabilities
- Older individuals with limited English-speaking ability
- Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals)
- Older individuals at risk for institutional placement

EAD will continue to target limited public resources to those at highest risk and their caregivers.

Choices for Independence

In response to the 2006 Amendments to the Older Americans Act, the U.S. Administration on Aging presented its goals for 2007 - 2012. These goals are:

- Empower older people and their families to make informed decisions about, and be able to easily access, existing home and community-based options
- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home- and community-based services, including supports for family caregivers
- Empower older people to stay active and healthy through Older Americans Act services, including Evidence-Based Disease and Disability Prevention programs
- Ensure the rights of older people and prevent their abuse, neglect and exploitation

The U.S. Administration on Aging is leading efforts to rebalance long-term care systems and offers as a blueprint Choices for Independence. Choices for Independence is aimed at:

- Empowering consumers to make informed decisions about their care options
- Helping consumers who are at high-risk of nursing home placement, but not yet eligible for Medicaid, to remain in their own homes and communities through the use of flexible service models, including consumer-directed models of care
- Building evidence-based prevention into our community-based systems for services and enabling older people to make behavioral changes that will reduce their risk of disease, disability and injury

Chapter 349 Hawaii Revised Statutes Goals

Act 225, SLH 1974 mandated the State Commission on Aging to develop a Comprehensive Master Plan for the Elders. This plan appeared in 1975, and provided the framework for program administrators, legislators and members of the community to guide the development of systems-based coordinated policies and programs for Hawaii’s elderly population. Subsequently, the Comprehensive Master Plan for the Elderly: Update 1988 was adopted by the State Legislature in 1988. It serves as a blueprint for policy and program decisions for Hawaii’s older adults. At the same time in 1988, the Long Term Care Plan for Hawaii’s Older Adults was adopted by the State Legislature. It guides the State in the development, coordination and enhancement of long-term care policies and programs.

Prioritization of Issues and Services

Prioritization of Issues

Criteria for Selection of Priority Needs and Issues are that they:

- Are consistent with the framework described in the previous section
- Address a priority of the Older Americans Act:
- Service areas must include Access, In-home, Community-based, Legal and Family Caregiver Support Services
- Address older individuals who:
 - Reside in rural areas
 - Have greatest economic needs (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas)
 - 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)
 - Have severe disabilities
 - Have limited English-speaking ability
 - Have Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals)
 - Are at risk for institutional placement
- Have been established to be a priority need for which we can do one of the following:
 - Fund a viable gap-filling program/service which would not be available without Title III funding
 - Effectively support local initiatives/coalitions which address elderly concerns to maximize the impact of the effort
 - Focus public attention on an issue that needs to be addressed
 - Coordinate or collaborate with others to productively improve a condition of concern affecting older individuals
 - Effectively serve as a liaison/broker for agencies or individuals seeking to align themselves with others to address the needs of older individuals together

The final choice of the strategies to be employed is based on a combination of factors, including available resources (both funding and personnel), collaborative relationships (within the Aging Network as well as in the public and private sectors) and other conditions that can be realistically expected to become available during the timeframe of the Area Plan.

Strategies to Address Issues

The Elderly Affairs Division uses the following basic strategies to address issues.

Advocacy

Advocacy is a strategy used to influence public policy, to stimulate changes to programs and services that are administered by government and other organizations over which we do not have any direct control, and to promote programs and services which require financial support above and beyond the means of our limited Title III funds.

Advocacy activities are usually informational in nature, where we determine the facts and let others know what the impact of specific actions or inactions are on the older individuals living in our community and state.

Advocacy is most often manifested by:

- Monitoring legislation or activities
- Educating elected and appointed officials about issues affecting older individuals
- Providing testimony (faxed, oral, telephoned or written) to the Mayor, City Council and the Legislature
- Letters to elected and appointed government officials, funders and other organizations expressing support, concern or opposition on issues affecting older individuals
- Attending community meetings to inform others about issues affecting older individuals and to receive feedback
- Generating publicity for an issue affecting older individuals by providing media outlets with information and talking points

The purpose of the advocacy actions the Elderly Affairs Division undertakes is to help shape systems and programs so they are more responsive to the needs of older individuals.

Funding

Funding using Title III Older Americans Act, State Purchase of Service funds or other available funds are provided if the program or service is a:

- OAA Title III priority for which funding is required
- OAA priority to address a targeted population
- Community need or gap-filling program or service which would not be available in adequate supply if funding through the Elderly Affairs Division were not provided
- Beneficial service to the older individual or community which justifies the cost
- Program or service that will result in probable success

Coordination, Collaboration, Brokering, Planning and Capacity Building

This area includes a wide variety of activities whose common denominator is communication and sharing. The Area Agency is in an excellent position to provide coordination because it:

- Is a focal point in the community on issues concerning older individuals
- Has a long history of active and productive involvement in the broad range of aging activities and services
- Serves as a clearinghouse for program proposals on aging
- Has a strong information base
- Administers Information and Referral services that are able to maintain connections with the target population and community resources

The outcome of this coordination function is an improved aging service system. The different levels of coordination are:

- Cooperation – this includes “helping” activities such as information sharing, referral, advertising, review and comment on proposals
- Coordination – involves combining resources with others to extend or better meet the needs of older individuals by developing agreements to reduce duplicative functions, bridging gaps between functions or organizations, developing a common tool for increased efficiency across agencies, donating funds, staffing ad hoc committees and participating in community events that serve older individuals
- Collaboration – at this level of coordination, resources are combined or created for the purpose of developing an activity, program, service or policy that did not previously exist and/or which involves a certain degree of risk to each party
- Brokering/Facilitating – the Elderly Affairs Division serves as a liaison for individuals or agencies that desire to work together on an issue, facilitating resolution of disagreements

- Planning/Capacity Building – good planning brings together people who are affected, elicits common values and goals, encourages people to think of the possibilities, exposes or creates resources, stimulates shared risk and working together toward a shared goal. Coordination at this level also involves monitoring and evaluation of the process and outcomes, as well as correction of the methods being used to reach the goal, as needed

Information/Education

This is one of the most important functions that we can provide as an Area Agency on Aging. This strategy involves the collection and dissemination of accurate, timely and user-friendly information that is helpful to individuals, public and private agencies and decision makers.

The public is overwhelmed with information. It is everywhere. With the increase in the ready availability to technology as well as the sheer volume of information now available at the stroke of a key on a computer keyboard, it is getting more and more difficult for individuals to discern what information is accurate and based on fact. The Elderly Affairs Division serves as a unbiased filter and source of legitimate and comprehensive information for decision makers at all levels – from our elected and appointed officials to older individuals, their families and caregivers.

This Area Plan on Aging presents data that have been gathered, as well as a thorough analysis of what these data mean. Other common sources of information either used or generated by our agency are census data, needs assessments, plans, reports, brochures and handbooks. Information dissemination is targeted to Aging Network staff, older individuals, their families and caregivers, students interested in gerontology, human service agencies, government organizations, decision makers, the private sector and the general public.

Part III: Action Plans.



‘Some men look at things the way they are and ask why? I dream of things that are not and ask why not?’

Robert Kennedy
adapted from
George Bernard Shaw

Summary of Goals and Objectives (Table 19)

Goal	Objectives
Goal 1 – Empower older adults to stay healthy, active and socially engaged, using prevention and disease self-management strategies.	1.1 Expand evidence-based programs directed to reducing risk of injury, disease, and disability among older adults
	1.2 Target services to low-income minority elders and elders residing in rural areas
Goal 2 – Enable older adults to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.	2.1 Provide information, referrals and services to enable elders to maintain their independence and freedom of choice while remaining engaged with their communities
	2.2 Create a greater support network for elders, families and caregivers by providing necessary education, counseling, support and services to enable them to continue to provide care for the elder at home
Goal 3 – Develop Oahu’s Aging and Disability Resource Center (ADRC) to its fully functioning capacity to serve as a highly visible and trusted place where all persons regardless of age, income and disability can find information on the full range of long-term support options.	3.1 Use long-term care resources in the most efficient and effective way, utilizing alternative resources whenever possible, in a system that is streamlined, cost-effective and consumer-friendly
	3.2 Promote community awareness of public and private long-term care support options, as well as awareness of the ADRC, especially among underserved and hard-to-reach populations
Goal 4 – Manage funds and other resources efficiently and effectively, using person-centered planning to target public funds to assist persons at risk of institutionalization and impoverishment.	4.1 Implement Person-Centered Planning (PCP) in the ADRC
	4.2 Enhance the Person-Centered Planning (PCP) discharge planning model
Goal 5 – Ensure the rights of older people and prevent their abuse, neglect and exploitation	5.1 Promote an elder-friendly environment that values the contributions of elders
	5.2 Provide prompt and appropriate services to elders who are at high risk
	5.3 Ensure that services prioritize elders most in need

Action Steps and Strategies

Goal 1: Empower older adults to stay healthy, active and socially engaged, using prevention and disease self-management strategies.

Our goal must be to increase the quality of life during the aging years for more people. As average life expectancy in Honolulu County continues to climb, we expect the trend of increasing prevalence of chronic conditions as people age to continue. Therefore, we will direct our efforts toward evidence-based strategies that address modifiable behavioral risk factors associated with healthy aging including:

- Physical activity level
- Weight
- Diet
- Smoking status
- Alcohol use
- Mental health
- Social network

Falls are a significant problem for older adults. Older people suffer five times more hospitalizations for falls than for other injuries. Falls are a leading cause of deaths caused by injury. In addition, only 22% of people who are hospitalized for falls are able to return home. According to the CDC, medical costs for non-fatal fall injuries were \$19 billion in 2000 and are expected to reach \$43.8 billion by 2020. Older adults' risk for falls can be reduced through evidence-based interventions that also address chronic conditions.^{xxxix}

A new vision of retirement is gaining strength. This new vision recognizes retirement as a time for leisure and reflection, but also a time for active engagement in community life. Most of these years will not be spent in nursing homes (where only about 5% of older adults live) or otherwise incapacitated. In fact, 60% of older adults report no disability whatsoever, and rates of disability have been decreasing dramatically for this population. Each generation of retirees has been healthier, wealthier, better educated and longer-lived than the one that preceded it.^{xl}



Objectives

- Expand evidence-based programs directed to reducing risk of injury, disease and disability among older adults.
- Target services to low-income minority elders and elders residing in rural areas.

Action Steps

- Facilitate the expansion and embedding of Chronic Disease Self-Management Program (CDSMP) and Enhanced Fitness (EF).

- Provide assistance through volunteers for elders to access and review their personal preventive service checklist available through the Medicare website
- Coordinate with community partners to provide presentations, including elders in rural communities, on health support, nutrition, disease prevention, falls prevention, fitness and other related seniors issues.

Outcomes/Measures

- By the 6-month post-test, 60% of individuals who complete CDSMP workshops will report increased minutes spent in physical activity per week, increased symptom control and decreased use of health services (compared to baseline), as measured by pre-post-test.
- Increased self-care skills and 60% reduction in stress level by those who complete caregiver support/education training sessions, as measured by self-report on annual satisfaction survey.
- Sixty percent of elders using senior centers and congregate meal sites will report satisfaction with the level of services received, as measured by the annual satisfaction survey.
- There will be at least 8 CDSMP Master Trainer or Lay Leader trainers in Honolulu County, as measured by CDSMP training records.
- CDSMP Master Trainers and/or Lay Leaders will provide up to 12 workshops per year, as measured by workshop syllabi and attendance sheets.
- Up to 120 elders per year will complete the CDSMP workshops, as measured by attendance records.
- Up to 20 caregivers will complete PTC workshops, as measured by workshop attendance sheets.
- Up to 1,000 seniors will participate at senior centers, as measured by senior center attendance records.
- Up to 500 individuals will participate at congregate meal sites, as measured by congregate meal site attendance records.

Goal 2: Enable older adults to remain in their own homes with a high quality of life for as long as possible through the provision of home- and community-based services, including supports for family caregivers.

Studies show that physical activity at high levels is a significant component of health-related quality of life for older adults. Sedentary behavior contributes to decreases in physical function as measured by bodily pain, role limitations and loss of vitality.



EAD will continue to promote increased physical activity for older adults in Honolulu County by working to expand access to physical activity classes, and advocating for land use policies that encourage designs for the built environment that promote health-enhancing behaviors, such as walking.

One approach to help more people exercise is to expand the availability of evidence-based, in-home and group physical activity programs throughout Honolulu County. Enhanced Fitness, an evidence-based group physical activity program has been proven to improve flexibility, balance and strength, and to improve health status. These classes are currently offered at various locations in Honolulu County. EAD will work to increase the number and location of these classes.

EAD will work in partnership with our current service providers and other organizations to promote the Active Options for Aging Americans Web site (www.activeoptions.org) to give people information about physical activity programs in their neighborhoods.

The way we build housing, roads and neighborhoods has a dramatic effect on people's well-being. For older adults, staying physically active and socially engaged correlates strongly with improved health outcomes. Chronic disease conditions such as heart disease, diabetes and depression can be improved by simple human behaviors, such as improving diet and increasing physical activity. Safe, accessible and well-designed landscapes and structures provide more opportunities for health-enhancing behaviors, such as the ability to walk to the store to buy fresh produce.^{xii}

Conversely, an isolated sedentary lifestyle can lead to depression, physical deterioration, increased medical expenditures and early death. Neighborhoods without sidewalks or services within walking distance, a lack of nearby parks, and streets that do not connect are features of built environments that discourage physical activity. The results of the Neighborhood Quality of Life Study (NQLS) found that "walkable" neighborhoods – characterized by mixed uses, connected streets, high residential density, and pedestrian-oriented retail – can enhance health and quality of life. The ideal "walkable" environment should take into account the needs of older adults, including frequent benches for resting and people-watching, crossing lights that allow for a slower pace, and sidewalks that accommodate walkers and wheelchairs. In another study, researchers found that individuals with easy access to open green space in urban settings reported fewer stress-related complaints, such as insomnia, fatigue and depression.

EAD will work with County and municipal planning Departments to influence policy decisions and advocate for requirements that the built environment be designed to promote health-enhancing behaviors and to provide access to healthy foods.

Objectives

- Provide information, referrals and services to enable elders to maintain their independence and freedom of choice while remaining engaged with their communities
- Create a greater support network for elders, families and caregivers by providing necessary education, counseling, support and services to enable them to continue to provide care for the elder at home

Action Steps

- Administer a client satisfaction survey
- Contract with providers of caregiver education and support
- Promote access to programs for caregivers
- Support ongoing Service Provider (SP) training
- Support and promote volunteers through programs and community events
- Work to identify and address unmet needs
- Participate in Inter-Disciplinary Team (IDT) meetings of monitored clients
- Examine ways to increase relevance of services for future elders and caregivers

Outcomes/Measures

- Contracts will be issued by July 1, as measured by date contract executed
- Monitoring will be conducted annually, as measured in annual report
- Elders will receive home- and community-based services, as measured by monthly reports
- Caregivers will receive support, as measured by monthly reports
- Volunteers will receive support, as measured and demonstrated by the number of volunteers participating in programs and community events
- Administration of client satisfaction surveys will be measured by the number of completed satisfaction surveys
- Service providers will participate in training(s), as measured by training attendance sheets

Goal 3: Develop Oahu's Aging and Disability Resource Center (ADRC) to its fully functioning capacity to serve as a highly visible and trusted place where all persons regardless of age, income and disability can find information on the full range of long-term support options.

The Aging and Disability Resource Center Program (ADRC) is a collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS). ADRCs serve as single points of entry into the long-term supports and services system for older adults and people with disabilities. Sometimes referred to as "one stop shops" or "no wrong door" systems, ADRCs address many of the frustrations consumers and their families experience when trying to find needed information, services and supports.

Through integration or coordination of existing aging and disability service systems, ADRC programs raise visibility about the full range of options that are available, provide objective information, advice, counseling and assistance, empower people to make informed decisions about their long term supports, and help people more easily access public and private long-term supports and services programs. By simplifying access to long-term care systems, ADRCs and other single point of entry (SEP) systems are serving as the cornerstone for long-term care reform.

AoA and CMS envision ADRCs as highly visible and trusted places available in every community across the country where people of all ages, incomes and disabilities are able to get information on the full range of long-term support options. Nationally, ADRC programs have taken important steps toward meeting AoA and CMS's vision by:

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

ADRC programs provide information and assistance to individuals needing either public or private resources, to professionals seeking assistance on behalf of their clients, and to individuals planning for their future long-term care needs. ADRC programs also serve as the entry point to publicly administered long-term supports, including those funded under Medicaid, the Older Americans Act and state revenue programs.

ADRCs target services to the elderly and individuals with physical disabilities, serious mental illness, and/or developmental/intellectual disabilities. The ultimate goal of the ADRCs is to serve all individuals with long-term care needs, regardless of their age or disability. The system should effectively assist consumers with identifying and accessing a range of home- and community-based resources that maintain the independence of older citizens and persons with disabilities and slow the rate of growth and expenditure in the states' Medicaid programs.^{xiii}

Objectives

- Use long-term care resources in the most efficient and effective way, utilizing alternative resources whenever possible, in a system that is streamlined, cost-effective and consumer-friendly
- Promote community awareness of public and private long-term care support options, as well as awareness of the ADRC, especially among underserved and hard-to-reach populations

Action Steps

- A planning group will develop a 5-year plan for EAD's ADRC program expansion

- Participate in a statewide visioning and decision-making process directed toward becoming a fully functioning ADRC
- Evaluate needs for increased resources (funding, office space, phone systems, IT, etc.)
- Advocate for increased support by County and State policymakers

Outcomes/Measures

- A 5-year ADRC plan will be developed, as evidenced by a written 5-year plan
- External evaluation will state that the program meets criteria for a “fully functioning” ADRC
- Advocacy for increased support will result in receipt of more resources, as measured by the amount of increased resources received

Goal 4: Manage funds and other resources efficiently and effectively, using person-centered planning to target public funds to assist persons at risk of institutionalization and impoverishment.

Having a person-centered plan is the first step in self-directed services. It needs to describe the services and supports needed to achieve the client's goals, i.e.: how often client will get each service, and the type of provider s/he would like to use to provide services. The plan will also contain the individual training requirements for providers of service, and contain a plan for how potential emergency needs will be met.^{xiii}

In order to embark upon person-centered planning, EAD and EOA must commit to having staff trained in this process. This is a serious commitment, both in terms of time and expense. With person-centered planning being a requirement, EAD is hopeful that EOA will secure the necessary funding for the "person-centered planning" training program.

Objectives

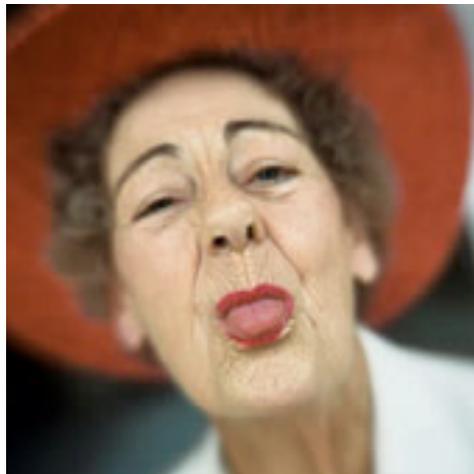
- Implement Person Centered Planning (PCP) in the ADRC
- Enhance the Person Centered Planning (PCP) discharge planning model

Action Steps

- Use a person-centered approach in the development of services, targeting persons who are at risk of institutionalization and/or impoverishment
- Implement the ADRC Expansion Plan

Outcomes/Measures

- Report, based on data collection, that compares nursing home cost to total cost of services



Goal 5: Ensure the rights of older people and prevent their abuse, neglect and exploitation.

Elder abuse in domestic settings is a serious problem, affecting hundreds of thousands of elderly people across the country. However, because it is still largely hidden under the shroud of family secrecy, elder abuse is grossly under-reported. Some experts estimate that only 1 out of 14 domestic elder abuse incidents (excluding the incidents of self-neglect) come to the attention of the authorities. Although it is impossible to know precisely how many cases go unreported, experts suggest that domestic elder abuse cases reported to state adult protective service or aging agencies represent only the tip of the iceberg.^{xliv}

The National Center on Elder Abuse (NCEA) defines elder abuse as the “knowing, intentional or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.” Abuse may include:

- Physical abuse: the use of physical force that may result in bodily injury, physical pain or impairment
- Emotional abuse: infliction of anguish, pain or distress through verbal or non-verbal acts
- Sexual abuse: non-consensual sexual contact of any kind with an elderly person
- Exploitation: illegal or improper use of an elder’s funds, property or assets
- Neglect: refusal, or failure, to fulfill any part of a person’s obligations or duties to an elderly person
- Abandonment: desertion of an elderly person by an individual who has physical custody of the elder, or by a person who has assumed responsibility for providing care to the elder
- Self-neglect: behavior of an elderly person that threatens the elder’s health or safety

Self-neglect is characterized as threatening one’s own health or safety by, for instance, not providing oneself with adequate food, water, clothing, or shelter. According to a recent report by the National Center on Elder Abuse (NCEA), self-neglect accounts for the majority of cases reported to Adult Protective Services. Most self-neglecting elders are 80 years old or older (approximately 45%), and over 75% of them suffer from some level of confusion.^{xlv}

Objectives

- Promote an elder-friendly environment that values the contributions of elders
- Provide prompt and appropriate services to elders who are at high risk
- Ensure that services prioritize elders most in need

Action Steps

- Convene a multicultural forum to enhance communication and cooperation with community service providers and other aging organizations
- Work with the Housing Authority in Honolulu County, as well as other interested partners and funders, to create a plan to meet current and future senior housing needs that support “aging in place”
- Educate policymakers and community members about the advantages of incorporating Universal Design (UD) principles into all types of housing development
- Participate in local emergency preparedness planning activities in developing planned responses for vulnerable and high risk populations
- Advocate for funds to coordinate transportation systems that serve mobility needs of older

adults and people with disabilities

- Partner with aging and disability service providers to develop and distribute elder-readiness printed materials to raise awareness, engage local government in discussion of elder-readiness in Honolulu County, and assist these partners in planning

Declaration of Compliance

The Area Agency on Aging agrees to administer the program in accordance with the Older Americans Act of 1965, as amended in 2006, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Elderly Affairs Division, shall prepare and develop an Area Plan for the next four years which shall provide assurances that the Elderly Affairs Division will set specific objectives for providing services to older individuals who: have greatest economic need, have greatest social need, are at risk for institutional placement, are low-income minorities, have limited-English proficiency, live in rural areas and/or are Native Americans. No means test shall be used to qualify any individual for service supported with funds from the Administration on Aging.

Definitions:

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 human assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility. (OAA, Sec 101 (45))

Greatest Economic Need: The need resulting from an income level at or below the poverty line. [OAA, Sec. 102 (27)]. This amount has been adjusted for Honolulu.

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 (28))

Limited English Proficiency: A person who speaks a language other than English at home and speaks English “not well” or “not at all”. [Census 2000]

Low Income: Having an income at or below the poverty line (as adjusted for Honolulu). It is the same as “Greatest Economic Need”.

Low-Income Minority: American Indian/Alaskan Native; Asian/Pacific Islander; Black, not of Hispanic origin; or Hispanic with an annual income at or below the poverty line (as adjusted for Honolulu).

Minority: American Indian/Alaskan Native; Asian/ Pacific Islander; Black, not of Hispanic origin; or Hispanic.

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

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, 2005)

The following Methods for Assuring Service Preference will apply:

1. State distribution of funds: The State's intra-state funding formula for allocating Title III funds will include factors and appropriate weights which reflect the proportion among the planning and service areas of targeted older populations.
2. Assurance of Service Preference: EAD's Area Plan provides assurances that preference will be given to providing services to older individuals with: greatest economic need, greatest social need, at risk for institutional placement, minorities, low-income minorities, limited- English proficiency, living in rural areas, and older Native Americans. It also includes proposed methods for implementing the preference requirements.
3. Area Plan Priority Services: EAD's area plan publishes methods by which the priority of services is determined. Such methods include factors and weights that provide preference to meeting the service needs of targeted populations.
4. Provision of services in high need areas: EAD divides its geographic area into sub-areas considering the following: distribution of 60+ having greatest economic need, distribution of 60+ having physical/mental disabilities, incidence of need for supportive/nutrition services, location of resources to meet needs, and adequacy/effectiveness of existing resources in meeting service needs. Upon review and analysis of information, EAD determines which locations will need service assistance due to high concentrations or high proportions of targeted populations, and specializes in the types of services most needed by these groups.
5. At risk for institutional placement efforts: EAD will:
 - a. Conduct outreach activities to identify those at risk for institutional placement
 - b. Conduct public education and media activities as well as outreach to reach caregivers of older individuals at risk for institutional placement who may need assistance in order to continue caring for their family member at home
 - c. Collaborate with agencies and organizations to maximize service delivery to frail older individuals in need of services
6. Targeting preference: EAD will include a condition in all contracts with its service providers that the provider:
 - a. Will specify how it intends to satisfy service needs of older individuals who:
 - Have greatest economic need
 - Have greatest social need
 - Are at risk for institutional placement
 - Are low-income
 - Are minority
 - Are low-income minority
 - Have limited-English proficiency
 - Live in rural areas
 - Are Native American
 - b. To the maximum extent feasible, will prioritize services to older individuals in the above defined targeted groups in accordance with their need for services
 - c. Will meet specific objectives established by EAD for providing service to older individuals in the above defined targeted groups in the planning and service area
 - d. If there is a waitlist, will give preference to older individuals in the above defined targeted groups

7. Low-income minority agency efforts: EAD will:
 - a. Maintain, as is reasonably feasible, older individual low-income minority participation rates in Title III funded programs at or above the percentage of distribution of older low-income minorities in their planning and service area, as determined by the most reliable data available
 - b. Promote, publicize and advocate for expansion and implementation of services for low-income and/or minority older individuals
8. Limited-English proficiency efforts: EAD will:
 - a. Encourage contracted service providers to hire bilingual staff
 - b. Encourage contracted service providers to translate agency materials in the primary languages used by their clients
 - c. To the extent possible, recruit and hire bilingual staff for EAD's Information and Referral branch
 - d. To the extent possible, translate information about its services into appropriate languages needed by clients
9. Rural agency efforts: EAD will:
 - a. Maintain, as is reasonably feasible, older individual rural participation rates in Title III funded programs at or above the percentage of distribution of older individuals living in rural in the planning and service area, as determined by the most reliable data available
 - b. Promote, publicize and advocate for expansion and implementation of services for older individuals living in rural areas
10. Service provision efforts to Native Americans: EAD will:
 - a. Maintain, as is reasonably feasible, participation rates of older Native Americans in Title III funded programs at or above the percentage of distribution of older Native Americans in the planning and service area, as determined by the most reliable data available
 - b. Promote, publicize and advocate for expansion and implementation of services to Native American older individuals
11. Collaborations: EAD will establish working relationships with appropriate public and private agencies and organizations to:
12.
 - a. Inform agencies and organizations of the availability of services under the area plan
 - b. Attain and maintain referral linkages for casework management, problem assessment and counseling
 - c. Identify individuals in need of services
 - d. Assess structural barriers (cost, distance, eligibility) and cultural barriers (distrust, language, service design) to use of services and work towards reducing barriers.
13. Targeted Information and Assistance/Outreach: The Information & Referral branch of EAD will:
 - a. Identify individuals eligible for priority assistance as described in the area plan and inform such individuals of the availability of assistance
 - b. Focus its efforts in pocket areas where a high number of targeted individuals live
 - c. In addition to targeted populations listed above, will emphasize linking services to isolated older individuals, those with severe disabilities and older individuals with Alzheimer's disease or related disorder as well as their caregivers



The Previous Year, FFY 2010

Table 20: Targeted Services

Programs and Services	GEN	GSN	LIM	Rural	LEP	At Risk for Institutionalization	Native American
Access							
Case Management	440	944	379	40	149	527	6
Assisted Transportation	9	19	8				
KC Transportation	241	502	197	39	44	93	3
Transportation	223	369	190	42	22		
In-Home							
Attendant Care	182	666	106	8	24	178	1
Meals - Home Delivered	700	1671	581	164	92	1101	13
Homemaker	71	132	38	4	4	46	
Chore	44	69	21	4	2	25	
Personal care	174	434	139	36	30	346	1
Nutrition Counseling	64	143	59	25	20		1
Community - Based							
Adult Day Care							
Meals - Congregate	344	505	313	56	72		

GEN = Greatest Economic Need GSN = Greatest Social Need

Table 21: Clients At Risk for Institutionalization by Service

Count of Clients At Risk for Institutionalization				
SERVICE	YES	NO	BLANK	Grand Total
01S Personal Care	346	88	1	435
02S Homemaker/Chore	46	88	1	135
03S Chore	25	44		69
04S Home Delivered Meals	1101	604	20	1725
06S Case Management	527	470	2	999
07S Congregate Meals		816		816
08S Nutrition Counseling		150		150
09S Assisted Transportation		24		24
10s KC Transportation	93	435		528
10S Transportation		805		805
13S Information and Assistance		3	1	4
F06 Attendant Care	178	514	5	697
FCG Counseling - Caregiver Support		55		55
FCG Counseling - Counseling		195		195
FCG Counseling - Education/Training		294		294
FCG Counseling - Support Groups		145		145
FCG Respite - In-home (not homemaker & personal care)		31		31
Grand Total	2316	4761	30	7107

Table 22: Native American Clients by Service

Count of Clients: Native American				
SERVICE	YES	NO	BLANK	Grand Total
01S Personal Care	1	434		435
02S Homemaker/Chore		135		135
03S Chore		69		69
04S Home Delivered Meals	13	1710	2	1725
06S Case Management	6	993		999
07S Congregate Meals		816		816
08S Nutrition Counseling	1	149		150
09S Assisted Transportation		24		24
10s KC Transportation	3	524	1	528
10S Transportation		803	2	805
13S Information and Assistance		4		4
F06 Attendant Care	1	696		697
FCG Counseling - Caregiver Support		55		55
FCG Counseling - Counseling	2	190	3	195
FCG Counseling - Education/Training	4	288	2	294
FCG Counseling - Support Groups	2	141	2	145
FCG Respite - In-home (not homemaker & personal care)		31		31
Grand Total	33	7062	12	7107

Table 23: Rural Clients by Service

Count of Clients: RURAL				
SERVICE	YES	NO	BLANK	Grand Total
01S Personal Care	36	399		435
02S Homemaker/Chore	4	131		135
03S Chore	4	65		69
04S Home Delivered Meals	164	1560	1	1725
06S Case Management	40	958	1	999
07S Congregate Meals	56	757	3	816
08S Nutrition Counseling	25	125		150
09S Assisted Transportation		24		24
10s KC Transportation	39	489		528
10S Transportation	42	763		805
13S Information and Assistance		4		4
F06 Attendant Care	8	686	3	697
FCG Counseling - Caregiver Support	1	54		55
FCG Counseling - Counseling	69	125	1	195
FCG Counseling - Education/Training	38	256		294
FCG Counseling - Support Groups	30	115		145
FCG Respite - In-home (not homemaker & personal care)	1	30		31
Grand Total	557	6541	9	7107

Table 24: Low Income Minority Clients by Service

Count of Clients: LIM				
SERVICE	YES	NO	BLANK	Grand Total
01S Personal Care	139	292	4	435
02S Homemaker/Chore	38	97		135
03S Chore	21	48		69
04S Home Delivered Meals	581	1107	37	1725
06S Case Management	379	598	22	999
07S Congregate Meals	313	467	36	816
08S Nutrition Counseling	59	86	5	150
09S Assisted Transportation	8	15	1	24
10s KC Transportation	197	326	5	528
10S Transportation	190	590	25	805
13S Information and Assistance		3	1	4
F06 Attendant Care	106	584	7	697
FCG Counseling - Caregiver Support	23	5	27	55
FCG Counseling - Counseling	8	56	131	195
FCG Counseling - Education/Training	27	37	230	294
FCG Counseling - Support Groups	2	38	105	145
FCG Respite - In-home (not homemaker & personal care)	4	4	23	31
Grand Total	2095	4353	659	7107

Table 25: Clients with Limited English Proficiency by Service

Count of Clients: LEP			
SERVICE	YES	NO	Grand Total
01S Personal Care	30	405	435
02S Homemaker/Chore	4	131	135
03S Chore	2	67	69
04S Home Delivered Meals	92	1633	1725
06S Case Management	149	850	999
07S Congregate Meals	72	744	816
08S Nutrition Counseling	20	130	150
09S Assisted Transportation		24	24
10s KC Transportation	44	484	528
10S Transportation	22	783	805
13S Information and Assistance		4	4
F06 Attendant Care	24	673	697
FCG Counseling - Caregiver Support	6	49	55
FCG Counseling - Counseling		195	195
FCG Counseling - Education/Training	6	288	294
FCG Counseling - Support Groups		145	145
FCG Respite - In-home (not homemaker & personal care)	3	28	31
Grand Total	474	6633	7107

Achievements and Accomplishments

Summary of EAD Accomplishments

- Began operating “virtual” Aging and Disability Resource Center website in early 2010, to further expand information and assistance services to older adults, persons with disabilities and their caregivers
- Maintains and monitors 30 contracts with 13 public and non-profit agencies
- Completed implementation of the fourth year Healthy Aging Partnership grant and received additional ARRA funds to continue plans for sustainability through March 31, 2012
- Expanded the Chronic Disease Self-Management Program (CDSMP) to include Arthritis Self-Management (ASMP) and Diabetes Self-Management (DSMP)
- Received an additional evidence-based grant to include Enhanced Fitness (EF), to be implemented by partnering with two contracted service providers
- Made significant progress toward reshaping the Information and Assistance Unit to better serve the public through the development of a virtual Aging and Disability Resource Center, improving training opportunities for staff and expanding initiatives in partnership with others to provide additional service to older adults living in the capture areas
- Continue to provide assistance to frail older adults who cannot live at home without adequate help from family and/or formal services via the Kupuna Care Program
- Participated in three health fairs: John A. Burns School of Medicine, Senior Fair, and the Family Caregivers’ Awareness Day
- Participated in the statewide Caregivers Coalition and its Advocacy Committee to support legislative bills and resolutions
- Serve on Grandparents Caring for Grandchildren Task Force
- Provide information to the Joint Legislative Committee on Aging in Place
- Co-chair the Caregiver Informational Series with AARP
- Co-chair the annual Family Caregiver Awareness Day and Resource Fair
- Two staff trained to lead the “Powerful Tools for Caregivers” workshop

- Co-facilitated the 6-week evidence-based program for caregivers caring for family members with Parkinson’s disease
- Contracted service providers continue to be monitored through monthly, quarterly, and annual narrative, statistical and financial measures
- Expanded outreach to rural areas continues through EAD’s satellite offices at Kahuku Hospital and the Hauula Oahu Work Links office
- Established a satellite office at Leahi Hospital
- In discussions with St. Francis Hospital to develop a satellite office in West Oahu/Ewa
- Completed development of a common client assessment form (MACS form), including a streamlined electronic version that automatically populates intake/assessment forms of EAD’s service providers
- Continue partnerships with the Honolulu Fire Department and the Honolulu Police Department, to refer elders who frequently call first responders for non-emergency assistance
- Engaged in the ADRC Expansion project for the next five years
- Assumed sponsorship of the federal Retired and Senior Volunteer Program (RSVP, which includes 300 active volunteers working at 40 volunteer stations around the island
- Won grants for the Medicare Improvements for Patients and Providers Act (MIPPA) program, the Benefits Enrollment Center (BEC) program, and the Fire Safety Education program

Summary of Service Provider Accomplishments

Alzheimer’s Association

- Continue to conduct “What Now?” classes to family caregivers to improve the quality of life for persons with Alzheimer’s disease by increasing understanding and awareness of the disease, improving caregiver’s skills, and reducing caregiver stress
- Continue to conduct Caregiver Counseling to assist individuals and families in planning for, or living with Alzheimer’s disease
- Continue to provide outreach activities specifically targeted to low income, minority, and rural populations
- Continue collaborative efforts with Kahuku Medical Center, Castle Memorial Hospital, Papakolea Community Center, Kapiolani Hospital at Pali Momi, and the Ponds at Punaluu
- Participated in mediation panel discussion for the UH Law School
- Continue partnership with the Association for Conflict Resolution
- Organizing “early-stage” support groups to support families in rural areas
- Continue offering quarterly workshops to provide Alzheimer’s information

Catholic Charities Hawaii

- Paraprofessional Services – goal is to prevent the premature or unnecessary institutionalization of elders and assist them in maintaining their independence. This goal is met by providing paraprofessional services, through paid and volunteer staff, for individuals 60 years and older.
- Working to establish a volunteer component to recruit, assess, train and monitor volunteers to assist elderly clients
- Established a volunteer component to compliment the full time staff in providing services to elders
- Met with various organizations and community leaders to recruit and retain volunteers interested in providing services to elders
- Established walk in sites at three low income senior housing projects to provide services to needy tenants
- Ninety per cent of the clients assisted by the program were able to remain in their homes with all entitled benefits
- Accomplished outreach activities to reach low income, minority, low income minority and rural elders by making presentations at sites where elders congregate

Housing Assistance Program – goal is to enhance the independence of Oahu’s elders by assisting them to gain access to affordable and supportive housing.

- Continue helping seniors plan ahead and apply for senior housing projects. In the urban core
- Updated the O’ahu Housing Guide
- Continue to promote and advocate for appropriate and affordable senior and special needs housing
- Participate on the Diocese Roadmap, including the Bishop’s Task force on Homelessness and Affordable Housing
- Conduct group housing counseling sessions for elders to reduce the waitlist and provide information and resources to elders more quickly
- Continue to enable many elders to avoid homelessness
- Operate three group homes for elders
- Provide consultation to organizations and groups regarding housing options/ needs and to promote more affordable housing for seniors
- Provide case management/counseling services in senior and family projects
- Continue to work with other agencies, developers (particularly non-profits), and funders of new developments to promote the inclusion of aging-in-place services in senior housing
- *Kupuna Care Transportation Service* - goal is to provide specialized transportation for the elderly on Oahu to help them remain independent, and to avoid premature or unnecessary institutionalization. This specialized transportation services targets frail elders 60 years old or older.
- Continue to transport elders to the meal sites
- Continue to transport elders to go grocery shopping
- Continue to transport elders to go to their medical appointments
- Trained EAD outreach workers on standards and required documents to assist in the transportation assessments of new clients
- Continue once a month Drivers' Safety Education Training Program to educate van drivers on safe driving practices and to remind them of CCH's concern for safety
- Added a new shopping group – Kapolei Seniors
- Continue to reach into neighborhoods with a high concentration of low income and minority
- *Lanakila Multi-Purpose Senior Center* – goal and purpose is to serve as a community facility for the organization and provision of a broad spectrum of services and recreational activities for older individuals.
- Continue active recruitment of new members
- Continue outreach activities to increase the public’s awareness of the Center
- Continue to offer new recreational activities to attract new members and keep existing members from becoming bored and inactive
- Continue to offer a variety of new excursions and restaurant trips
- Continue with exercise activities
- Began a new Yoga class
- Continue doing outreach to minority elders
- Continue to seek/ hire individuals with bilingual abilities
- Write monthly newsletter articles that share information on cultural activities and traditions
- *Respite Connection Program* – goal is to prevent the premature or unnecessary institutionalization of elderly persons by preventing caregiver burn out.
- Continue to inform/assist elders, care givers and other community service providers about services
- Continue to recruit in home respite service providers and maintain them in pool of workers
- Continue outreach efforts to caregivers through informational fairs and presentations
- Continue recruitment efforts to increase number of care providers so that the demand for services could be met
- Continue to target the low income, minority, low income minority and rural populations
- Continue to seek other funding to supplement existing program funds

- Explore opportunities to partner or collaborate with employment and accounting firms to provide free or low cost payroll services for elderly care recipients and their caregivers

Child & Family Service (CFS)

- Passed re-accreditation with no findings that needed correction – COA representatives shared how impressed they were with the staff's level of commitment and hard work
- Gerontology Program's Intake Worker, CRP supervisor and case manager routinely speak with various community resources to encourage referrals
- Training of the staff in gerontology issues, including a Certificate on Aging from the Institute for Geriatric Social Work at the Boston University School of Social Work (IGSW)
- Gerontology's Health Maintenance Program provided service for over 200 persons and conducted over 900 exercise sessions
- Provided social support services through counseling, health promotion and education/socialization to health maintenance program clients
- Continued marketing efforts to reach out to more seniors in various areas of Oahu
- Made referrals to Ohana Care and/or Caregiver Respite to help caregivers keep their care recipient at home while receiving the support the caregivers need
- Made presentations to the Health Maintenance groups on the services available through Gerontology
- In the area of Education and Promotion the program had a first time partnership with the Hawaii National Guard in setting up mobile health clinics at several exercise sites
- Opened a new site at the Waianae District Park in September of 2009
- Marketing efforts have resulted in increased enrollment in the Nanakuli group
- Completed training by the Arthritis Foundation to update staff certification in the newest exercise program
- The 'Ohana Care (OC) Program is in its eighth year of providing services to Oahu's elders and their unpaid caregivers to improve their quality of life and to prolong the caregiving relationship at home and in the community by delaying or avoiding institutional placement of the elderly care receiver
- The REACH Program continues to provide case management services to seniors ages sixty and older, living in their own homes or with family, who have experienced or are at risk of physical, psychological or sexual abuse, financial exploitation, neglect by a caregiver or self-neglect
- In 2010, in conjunction with the CFS Gerontology Programs, REACH implemented Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors), an evidence-based depression awareness and management program
- The Senior Case Management Program (SCM) continues to receive referrals from a wide variety of community resources, such as EAD, other Kupuna Care agencies, hospitals, physicians, home care, nursing homes, hospice and other private service providers, relatives, friends, and at times from the seniors themselves

Hawaii Family Services

- The program works with grandparents raising grandchildren, and on the Wai`anae Coast, this is the only agency providing services for grandparents raising grandchildren
- The goal of this program continues to be to improve the quality of life, and the power and effectiveness of the grandparents as caretakers of their grandchildren
- The grandparents served through this program are raising their grandchildren primarily because the parents are substance abusers, incarcerated, had their parental rights terminated, or one or both parents are deceased
- The program does not turn anyone away and maintains close working relationships with the other agencies on the coast to whom clients are referred for services

- The elderly served by this program do not qualify for services under the Kupuna Care guidelines
- The Wai`anae Coast remains outside of the catchment area for many of the services available on Oahu

Hawaii Meals on Wheels

- Continue to assure continual hot-meal delivery service to all clients
- Continue with implementation of a waitlist management program
- Expanding in areas which were previously unserved by our agency
- Continue outreach to expand services and support through solicitation of churches, community groups, business associations, student groups, and senior organizations, via speaking engagements, and print media advertising
- Continue to grow partnership with the University of Hawai'i School of Social Work to provide on-site training and professional development to students
- Continue to keep clients informed of other aging network information via a monthly client bulletin
- Continue to support all elder care services even when HMOW does not directly benefit from these funds

Kokua Kalihi Valley (KKV)

- KKV Elderly Services Program's focus is on services for individuals who are frail and over 60-years-old and their families
- All KKV programs, including Elderly Services, are dedicated to serving the health and related educational and social needs of low income, underserved minority families and individuals who reside in Kalihi Valley
- The benefits accomplished by Caregiver Support Groups are again continue to be positive. Caregivers report developing improved problem-solving skills and reduced stress
- The Kalihi Valley Elder Center is highly utilized as a wide variety of services are now available to the elders
- Clinical home visits are regularly made to homebound case managed/Caregivers' elders
- KKV continues as a station for Senior Companions
- The Gulick Elder Center Dental Clinic has completed its third year of operation as a regular weekly service
- The Gulick Elder Center Behavioral Health Clinic completed its second year of operation as a regular monthly service
- The respite subsidy system through the services of ProService Hawaii has been excellent
- KKV developed educational materials for various aspects of fraud, waste, and abuse, and translated the brochures into Ilocano and Samoan

Lanakila Meals on Wheels

B. ACCOMPLISHMENTS FROM LANAKILA MEALS ON WHEELS AND MORE! PROGRAMS

July 2009

- U.S. Congresswoman Mazie Hirono visited with seniors at KWC, Kahaluu Key Project. Dolly Mae Gualdarama, KWC leader, and participants hosted the event and presented handcrafted ti leaf lei to the visitors, which also included Lanakila Pacific President and CEO, Marian Tsuji; Vice President, Les Murashige; and Lanakila Meals on Wheels and more! staff. Cara Mazzei and Marvin Buenconsejo from the representative's office shared tropical fruit baskets with the seniors.
- Lanakila Pacific celebrated its seventieth anniversary with festivities and entertainment provided by ukulele virtuoso, Jake Shimabukuro and Hands in Harmony, from Lanakila Pacific's TLC program. Formerly known as Lanakila Rehabilitation Center, Lanakila Pacific's, voyage of growth was shared with the audience in a visual presentation by LP President and CEO, Marian Tsuji.
- The Hawaii Air National Guard, partnering with the State of Hawaii Department of Health and various Department of Defense Medical Units - Army, Air Force, and Navy Guard/Reserve, provided free health services under the Hawaii Medical Innovative Readiness Training Program (HI-MIRT) in the community under the project name, *E Malama Kakou*, "to care for all." Medical and dental services to the community, including sports physicals, vision screening and other services were provided. Participants in both LMOW's congregate dining and home delivery programs, as well as residents in the community received these services.

AUGUST 2009

- Honolulu Gerontology launched a semiweekly exercise program for six weeks at the KWC, Waianae Community Center. Seniors participated in strength and endurance activities to promote healthy aging.

SEPTEMBER 2009

- Lanakila Meals on Wheels and more! participated in the 25th anniversary of the Hawaii Seniors' Fair The Good Life Expo at the Neal S. Blaisdell Center with an information booth donated by The Plaza for Assisted Living. Hawaii Pacific University College of Nursing students provided complimentary blood pressure readings for the public. A give-away contest invited the public to learn more about Lanakila Meals on Wheels and more! by entering and answering questions about congregate and home delivery programs.

OCTOBER 2009

- Lanakila Meals on Wheels and more! participated in HMSA's Island Scene Festival at Kakaako Gateway Park. HMSA donated copies of "Bountiful Flavors" cookbooks for sale with all proceeds benefiting LMOW programs. Lanakila Kitchen (formerly known as Xpress Chefs) also sold local produce from a Farmer's Market booth. HMSA matched final proceeds from the Farmer's Market sales and participating vendors donated their fees and proceeds from sales to LMOW's programs.
- Lanakila Pacific's premiere event, The Good Table, was held at participating restaurants across Oahu. At 6:00PM on October 9th, diners who purchased tables were served a special menu at seventy-two select establishments, ranging from a fine dining experience to casual dining. Proceeds from this single event raised over \$50,000 and generated approximately 6,400 meals for Lanakila Meals on Wheels and more! seniors.

NOVEMBER 2009

- Thanksgiving meals were delivered to approximately 800 home bound seniors on LMOW's Home Delivery program. Over 250 volunteers representing many local community businesses and groups and LMOW staff participated in this annual affair. Lanakila Meals on Wheels *and more!* welcomed new director Toni Fegers with this event.

DECEMBER 2009

- Christmas meals were delivered to approximately 800 home bound seniors on LMOW's Home Delivery program. Over 250 volunteers representing many local community businesses and groups and LMOW staff participated in this annual event.
- Mrs. Kiso Okubo celebrated her 100th birthday at the KWC, Wahiawa Parks and Recreation Center, surrounded by participants and KWC leader, Peggy Ottenheimer. LMOW Director, Toni Fegers presented Mrs. Okubo with a card and banner marking her milestone.

JANUARY 2010

- Kupuna Wellness Center leaders and participants participated in excursions to various attractions and locations on Oahu promoting knowledge and awareness of the local community.

FEBRUARY 2010

- The City and County of Honolulu Department of Parks and Recreation Seniors' Valentine Dance was attended by seniors from Kupuna Wellness Centers at Hauula Community Center, Pohulani Elderly Housing, and Waianae District Park. The Honorable Mayor, Mufi Hanneman, and local celebrities participated in this annual event.

MARCH 2010

- LMOW in partnership with MOWAA joined the nationwide campaign to raise awareness of senior hunger with March for Meals 2010. Supported by Kupuna Wellness Center seniors, AARP Hawaii, and Lanakila Pacific staff and participants, the event was presided by the Honorable Mayor Mufi Hannemann who led the rally from Honolulu Hale to the Hawaii State Capital.

APRIL 2010

- The 44th Annual Mayor's Senior Recognition Program at the Hawaii Convention Center was attended by Lanakila Meals on Wheels *and more!* recognizing sixteen outstanding senior volunteers who contributed their time providing service to others at Kupuna Wellness Centers programs.

MAY 2010

- Lanakila Pacific staff and supporters participated in the 32nd Annual Visitor Industry Charity Walk with proceeds benefitting LMOW programs.

JUNE 2010

- Stanford University's Chronic Disease Self Management Program workshop was presented to seniors at the Kupuna Wellness Center, Kupuna Home O'Waialua. Graduates from the six week course were presented with certificates from Elderly Affairs Division of the City and County of Honolulu.

Moiliili Community Center

- Received \$5,000 from the Visitor Industry Charity Walk to help with transportation costs, including gas & oil, and maintenance so that we can continue to transport our performers to various locations
- Received \$25,000 unsolicited from the Harry and Jeanette Weinberg Foundation for senior activities in February. The money was shared between the Kupuna Support Center and the Senior Center program, and assisted with balancing our budget
- Senior Center Program received one-third of the total amount collected in the Recycling project held at the Kaimuki High School
- Senior Network sponsored an osteoporosis heel screening in December, 2009
- Raised over \$4,000 through craft fairs and rummage sales
- Marketed our activities and services to the general public through our participation in the PrimeTime Wellness Fair, the Honolulu Festival, JCCH Ohana Festival, JCCH Children's Day Celebration, and display/demonstration/sales tables at the Princess Kaiulani and Sheraton Waikiki Hotels
- Teachers with the Rhythm & Life exercise program were formally tested and certified by the instructors from Japan
- Ongoing solicitation and recruitment for more teachers to train to bring the Rhythm & Life exercise program out to the community

ORI Anuenue

- Implemented Adult Day Care operations at our Wellness Center – availability of this service offers families some relief for the caregiver in caring for their elderly family member, some of whom have early stages of Alzheimer's or dementia
- Continued the once weekly Health Talks by the Doctor
- Those who attended our sponsored events stated the information they received was pertinent to their daily life and most said that they gained more knowledge in caring for their elderly family member as well as learning things benefiting their own personal life
- In October 2009, the Halloween Fun Fair drew many seniors from all over the island. This event helped to promote more visits to our facility and more inquiries into our program
- Participated in the Wahiawa Hongwanji Senior Fair to promote our programs to the Wahiawa neighborhood
- Began operations of the Adult Day Care Center in April 2010, to provide caregiving relief to family caregivers
- Continue to take advantage of opportunities to disseminate information about our programs at community events, through community presentations, to groups who tour our facility, and through social service providers such as the Department of Health and the Department of Human Services
- Continue to offer the Caregiver Training support session weekly – family caregivers may join in at any of these sessions
- Continue to offer health and wellness activities regularly for seniors to participate in. After the activity, there is a small group discussion where both the elderly family member and the family caregiver can talk with the doctor, ask questions, and discuss support issues at no charge
- Attempt to offer different activities in order to draw the interest of the seniors, especially activities where the caregiver and the care recipient can participate together
- Continue to disseminate flyers/brochures which describe the agency's programs and services offered to seniors and people with disabilities
- Continue to disseminate information to community leaders and potential participants in the rural areas, to help us outreach to older adults with the greatest economic and/or social need
- Continue to disseminate information to low income, public housing, assisted living / care facilities in the targeted rural service areas to outreach to individuals with severe disabilities

- Promote program services through the local media through public service announcements in the radio targeted for languages other than English and/or advertising in newspapers such as Sing Tao Daily, Korean Central Daily, Fill-Am Courier, the North Shore News, etc
- Continue to cultivate bilingual volunteers who are able to communicate with participants whose primary language is other than English

Project Dana

- Caring for the Caregiver Support Group Program successfully completed its ninth year of service at the end of FY 2009-2010
- Organizes ongoing educational presentation sessions, offering caregivers a wide-range of speakers from within and outside the community, on a variety of topics aimed at assisting caregivers – issues and concerns dealing with the aging process from a physiological, psychological, economic and social approach in order to empower and guide the caregiver to make wiser choices in their own problem-solving situations
- Arranges for presentations by local professionals on various safety topics such as fall prevention and the various aides on the market to prevent falls/accidents from occurring in the home front
- Continues offerings as part of a joint effort between the Honolulu Police Department (HPD), Hawaii State Department of Commerce and Consumer Affairs (DCCA), and The State of Hawaii -- Attorney General's office (AG), and SMP on topics that advocate preventive measures in personal security and crime prevention of the caregiver and his/her recipient
- Provides for frequent outings to provide complete respite for the caregiver participants
- Continues to conduct frequent "Rap Sessions" for caregiver participants - providing a safe place for family caregivers to gather, share their feelings and experiences, in a supportive and confidential environment, while giving and receiving advice in problem-solving and coping
- Maintains several support groups in rural areas for the rural caregiver
- Continues to network with other agencies by collaboratively working together for the benefit of the older adult population and their care giving families
- Continues to find means to facilitate the older adult population with allowable monetary gifts or goods and services to ameliorate in-home care for both caregiver and care recipient
- Continues to be very active and successful in promoting community awareness and disseminating resources to the public audience through presentations, community health fairs, speaking engagements, conferences, and education seminars
- Continues ongoing recruitment of new members
- Continues ongoing publicity for the Caring for the Caregiver Support Group

St Francis Health Services for Senior Citizens (HSSC)

- Continues to present at various community events to increase program awareness – speaking to senior citizen groups about HSSC services
- Continues to promote program benefits via media advertising, featuring the program on the St. Francis Healthcare System (SFHS) website and Facebook
- Maintains collaborative relationships with home care agencies, hospitals, social workers, discharge planners, and health care organizations to inform them of service availability
- Maintains existing personal care attendant staffing levels
- Responds appropriately to trends in client needs in order to determine staffing levels
- SFHS call center staff trained to promote HSSC services and facilitate client scheduling
- Provide workplace safety education through SFHS annual competency fair
- Ongoing communication with personal care attendants on a one-on-one basis approximately 10 times per year and on an as-needed basis
- Continues to serve as a proactive resource to decrease the risk of client hospitalization and/or institutionalization and assists clients and caregivers in addressing potential medical issues prior to the need for emergent care

- Actively searches for alternative sources of funding to expand the availability of personal care services to seniors
- Services to clients living in rural areas continues to be a priority
- Continues to research and evaluate new agencies to add to our list of agencies with which we collaborate

University of Hawaii Elder Law Program (UHELP)

- Educated over a thousand caregivers and/or care receivers on such topics as advance directives on healthcare, planning for mental and physical incapacity, public benefits, elder abuse prevention, and caregiving support and medical decisions at the end of life
- Educated healthcare providers, social workers and caregivers about guardianship.
- Advocated for better elder abuse law
- Wrote newspaper articles to raise the community's awareness about elder abuse
- Educated target groups about the new POLST (physician orders for life sustaining treatment) law, including the importance of the advance directive
- Educated physicians and healthcare providers about Surrogate Decision Making
- Ongoing advocacy for vulnerable elders
- Distributed the handbook, *Deciding Who Cares*, to over a thousand families. The booklet guides families and medical professionals on issues such as public benefits, caregiving, and health care decision making, mental capacity
- Provided *pro bono* services to help elders with advance directives on healthcare, wills, powers of attorney, and gave counseling on temporary restraining orders, and public benefits
- Continue to target services to low income and socially isolated elders
- Modified hours and appointments to be responsive to bus schedules and handi-van schedules
- Provided testimony and technical information to the legislature to improve the laws on elder abuse, nursing homes, and living and dying with dignity

Waikiki Friendly Neighbors

- Maintain continuity regarding the program mission to support independency and provide for the socialization and essential needs of frail, isolated elderly individuals
- Ongoing recruitment for clients incorporating the agency website, community events and speaking engagements
- Ongoing recruitment and retention of community volunteers
- Ongoing retention and recruitment of bi-lingual volunteers with language abilities matched to serve non-English speaking and English second language clients
- Maintain long standing relationship with Hawaii Pacific University (HPU), student nursing community internship program, designing program opportunities to enhance the student experience
- Maintain relationships with local academic institutions – University of Hawaii, Kapiolani Community College, Chaminade University and Punahou School providing volunteer opportunities for students
- Maintained acknowledgments of volunteers in recognition for their service
- Ongoing exploration regarding new media opportunities to build program awareness and promote WFN services
- Conduct various holiday events throughout the year
- Ongoing relationship with the Hard Rock Café restaurant providing free holiday dinners to WFN clients
- Updated volunteer training materials
- Updated WFN brochure including professional photos illustrating volunteer and client interaction
- Updated volunteer opportunities and client services posted on the WHC and Aloha United Way's websites

- Participate with Kupuna Care network providers in support of legislative activities
- Ongoing capacity building with HPU community nursing program
- Maintain network with Aloha United Way, Kalakaua Homes to obtain client referrals and promote volunteer opportunities
- Ongoing promotion of WHC health services to clients
- Established budget for Hawaii FoodBank purchases to supplement low income clients with nutritional needs
- Researching potential support from the Hawaii Community Foundation, People In Need grant
- Collaborate within the aging network by accepting and providing client referrals
- Continue to provide services for low income residents in senior housing facilities
- Ongoing recruitment of bi-lingual long-term community volunteers
- Provide referral assistance to clients with mental health disorders as identified by student nurse interns
- Ongoing outreach to qualified seniors promoting WFN services within the service area
- Solicit advocacy for increased government support



Waivers

Waiver to Provide Direct Services

Waiver to Provide Direct Service

Elderly Affairs Division

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning October 1, 2010 through September 30, 2015

Service

Title III Reference

Funding Source

Title III

State

County \$ 431,610

Other

Total

Justification

Outreach and Information and Referral are two services which have been provided by the Elderly Affairs Division since 1976. These two services are related and are programmatically carried out almost simultaneously.

Staff consists of 13 part-time outreach aides, most of whom are bilingual, and two supervisors. They are divided into rural and urban teams and canvass selected communities on Oahu, locating isolated older adults and those from the targeted populations to inform and refer them to services. Aides are also sent out to assess and assist individuals who call our publicized Senior Information Hotline (768-7700 effective October 1, 2007) on a case-by-case basis where the Hotline intaker determines that a home visit is needed to help the caller.

The City and County of Honolulu provides \$431,610 funding for Information and Referral/Outreach services. Additional in-kind support includes office space, administrative support, use of Satellite City Halls as walk-in sites, and availability of City printing services.

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

Waiver of Priority Categories of Services

Elderly Affairs Division

JUSTIFICATION FOR WAIVER

PRIORITY CATEGORIES OF SERVICES

For the duration of the Area Plan (2011-2015)

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, Information and Assistance, and Case Management Services)	N/A
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
Justification	N/A

Part IV: Funding Plan



'We must become the change we want to see.'

Mahatma Gandhi

Previous Year Expenditures for Priority Services (fy 2010), Title III Part B Federal Funds Only (Table 26)

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.

Service	Budgeted Compliance Amount (Dollars)	FY 10 Actual Expenditures	% for Title III Categories
Access			
Sub-total	\$314,654	\$301,077	26.4%
In-Home			
Sub-total	\$215,762	\$174,863	15.8%
Legal			
Sub-total	\$130,970	\$125,884	11.1%
Title III Part B Total	\$661,386	\$606,824	53.3%

Planned Service Outputs and Resource Allocation Levels (Table 27)

The tables below indicate estimated allocation levels for fy 2011 thru 2015 based on fy 2009 funding.

ACCESS		
Accounts	Acct. Amt.	% EAD/Acct Total
TOTAL	\$1,820,905	28%
III-B	\$ 256,357	22%
III-C1	\$ -	0%
III-C2	\$ -	0%
III-E	\$ -	0%
Other Fed	\$ -	0%
State Gen	\$1,081,457	40%
Proj Inc	\$13,100	5%
Cty In-K	\$ 441,510	100%
Other In-K	\$28,481	7%

LEGAL		
Accounts	Acct. Amt.	% EAD/Acct Total
TOTAL	\$251,304	4%
III-B	\$119,074	10%
III-C1	\$ -	0%
III-C2	\$ -	0%
III-E	\$ -	0%
Other Fed	\$ -	0%
State Gen	\$ -	0%
Proj Inc	\$ -	0%
Cty In-K	\$ -	0%
Other In-K	\$132,230	31%

Supportive Svcs - IN-HOME		
Accounts	Acct. Amt.	% EAD/Acct Total
TOTAL	\$ 2,838,136	44%
III-B	\$549,120	47%
III-C1	\$-	0%
III-C2	\$356,186	100%
III-E	\$-	0%
Other Fed	\$135,580	68%
State Gen	\$ 1,618,722	59%
Proj Inc	\$35,140	13%
Cty In-K	\$-	0%
Other In-K	\$143,388	33%

Supportive Svcs - CAREGIVER SUPPORT		
Accounts	Acct. Amt.	% EAD/Acct Total
TOTAL	\$448,645	7%
III-B	\$ -	0%
III-C1	\$ -	0%
III-C2	\$ -	0%
III-E	\$406,300	100%
Other Fed	\$ -	0%
State Gen	\$ -	0%
Proj Inc	\$3,200	1%
Cty In-K	\$ -	0%
Other In-K	\$39,145	9%

Supportive Svcs - COMMUNITY-BASED		
Accounts	Acct. Amt.	% EAD/Acct Total
TOTAL	\$ 1,154,540	18%
III-B	\$250,632	21%
III-C1	\$513,360	100%
III-C2	\$-	0%
III-E	\$-	0%
Other Fed	\$64,560	32%
State Gen	\$30,000	1%
Proj Inc	\$211,100	80%
Cty In-K	\$-	0%
Other In-K	\$84,888	20%

ACCESS		
SERVICE	PERSONS	UNITS
Case Management	717	15,190
Case Mgt- Abused Elders	31	170
Information & Assistance	6,200	15,313
Outreach	42,336	28,000
Transportation - Kupuna Care	209	2,103
Transportation - Regular	227	1345

Supportive Svcs. - CAREGIVER SUPPORT		
SERVICE	PERSONS	UNITS
Access Assistance	536	540
Case Management	93	3,621
Counseling	455	2,641
Information Services	3,034	85
Respite Care	32	5,183
Supplemental Services	25	32
Support Groups	157	1,103
Training	380	1,334

Supportive Svcs - COMMUNITY-BASED		
SERVICE	PERSONS	UNITS
Congregate Meals - Meals	1,049	73,502
Congregate Meals - Nutrition Education	7,774	776
Congregate Meals - Outreach	4,445	4,406
Congregate Meals - Recreation	3,114	7,439
Health Maintenance - Educ/Promo	954	1,319
Health Maintenance - Screening	640	3,069

LEGAL		
SERVICE	PERSONS	UNITS
Legal - Cases	375	1,350
Legal - Education Sessions	1,172	74

Supportive Svcs - IN-HOME		
SERVICE	PERSONS	UNITS
Attendant Care	675	42,585
Chore -	96	329
HD Meals - Meals	1,855	245,705
HD Meals - Nutrition Counsel	158	162
HD Meals - Nutrition Educ.	562	7
HD Meals - Outreach	4,225	4,254
Homemaker	74	557
Housing Assistance - Assistance	419	4,363
Para-Pro Services: Counseling	922	4,524
Para-Pro Services: Escort	45	437
Para-Pro Services: Literacy/Language Asst	26	293
Personal Care	464	25,259
Respite: Counseling	17	83
Respite: Information & Assistance	77	184

Chart 16: Funds Allocated by Account – fy 2010

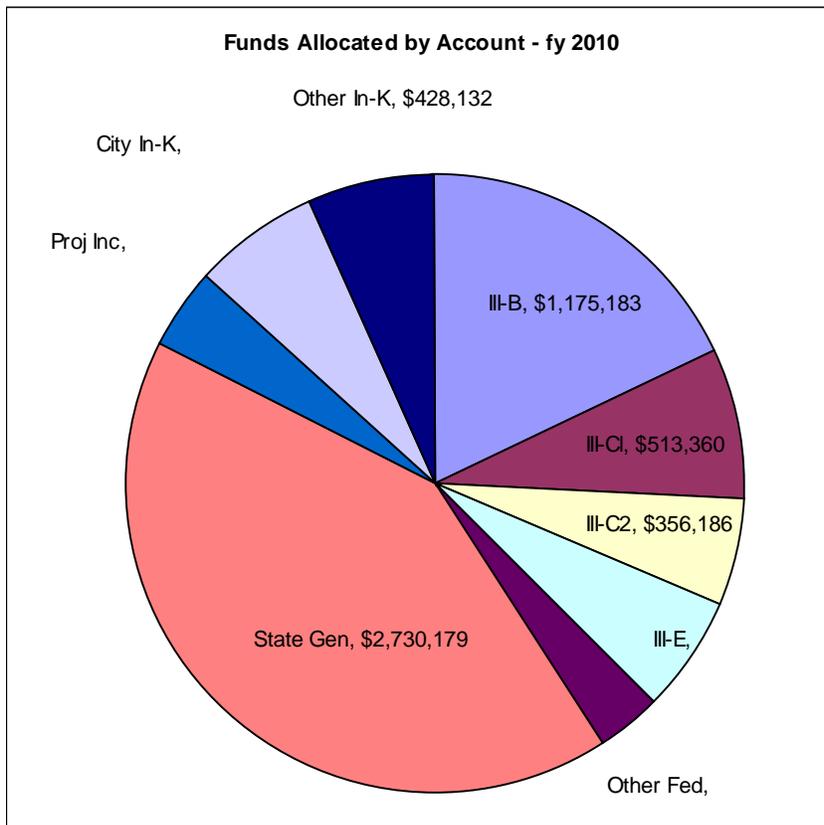
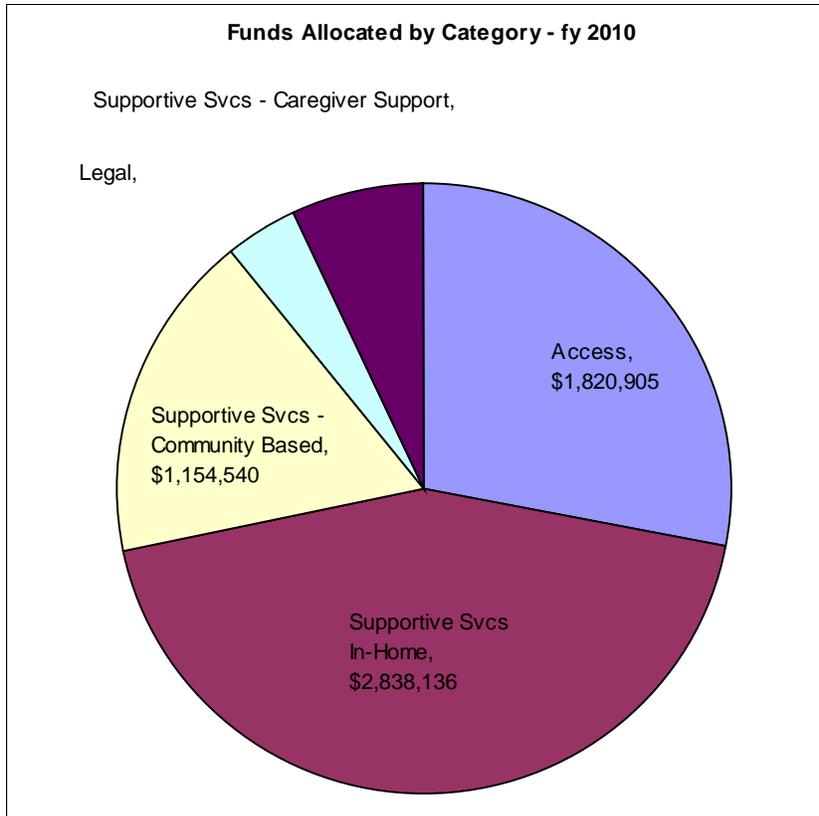


Chart 17: Funds Allocated by Category – fy 2010



Minimum Percentages for Title III Part B Categories of Services (2012-2015)
(Table 28)

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

<u>Categories of Services</u>	<u>Percent</u>
Access*	22%
In Home	10%
Legal	10%
Total Percent	42%

*Transportation, health services (including mental health services), outreach, information and assistance, and case management services)

Part V: Evaluation Strategy



'Life is a succession of lessons which must be lived to be understood.'

Ralph Waldo Emerson

The Elderly Affairs Division is developing and will implement an evaluation plan of its respective Area Plans. The evaluation plan is based on the stated goals and objectives as described in Part III of the Area Plan. The evaluation plan consists of process and outcome evaluations, and will address the following questions:

Process evaluation:

1. To what extent were the stated activities met?
2. Who and how many were served?
3. To what extent were the targeted populations served?
4. To what extent were the services utilized?
5. How does current performance compare to previous performance?

Outcome evaluation:

1. To what extent were the stated objectives met?
2. How satisfied were the clients with the services provided?
3. To what extent were there changes in the clients' knowledge, attitude and behavior?
4. How successful were the services in terms of cost-benefit?

The Elderly Affairs Division drafted program logic models for each stated goal. The models identify anticipated/intended resources, activities, outputs, outcomes and measures, and data collection tool.

The evaluation will be conducted through the use of uniform survey instruments developed jointly by EOA and the AAAs.

The City and County of Honolulu's Elderly Affairs Division will submit an Annual Cumulative Area Plan Evaluation Report to EOA. This narrative report will be based on data gathered from the evaluation conducted according to the evaluation plan, as well as other reports listed in the Federal and State Reporting Requirements for AAAs.

Appendices

Appendix A. Assurances

A1. Compliance with Civil Rights Act

Appendix A1

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 the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

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

Date _____

7/10/2007

(Applicant)

By


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

Department of Community Services
715 South King Street, Suite 311
Honolulu, HI 96813

(Applicant's mailing address)

A2. Rehabilitation Act of 1973, as Amended

Appendix A2

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.F.R. 84.5(b)].

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

- a. employs fewer than fifteen persons
- b. 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:

Elderly Affairs Division
Name of Designee(s) – Type or Print

City and County of Honolulu
Department of Community Services
Name of Recipient – Type or Print

715 S. King Street, Suite 311

Street Address

99-6001257
(IRS) Employer Identification Number

Honolulu
City

(808) 768-7760
Area Code & Telephone Number

Hawaii 96813
State Zip

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

7/10/2007
Date

Maia O'Neil Senior Advisor
Signature and Title of Authorized Official

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

HHS-641 [7/84] REV.] AEA 9/2002

A3. General and Program Specific Provisions and Assurances.

Appendix A3 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 230 through 235.

Thibot Mac d O'K. Senior Advisor
Date Signature and Title of Authorized Official

General Assurances

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

1. General Administration

a. Compliance with Requirements

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

b. Efficient Administration

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

c. General Administrative and Fiscal Requirements

The Area Agency's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 92 and 45 CFR 16 except where these provisions are superseded by statute and with the State Policies and Procedures Manual for Title III of the Older Americans Act.

d. Training of Staff

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

e. Management of Funds

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

f. Safeguarding Confidential Information

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

g. Reporting Requirements

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

h. Standards for Service Providers

All providers of service under this Plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation, and other standards prescribed in law or regulations. The Area Agency provides that where the

State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

i. **Amendments to Area Plan**

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

j. **Intergovernmental Review of Services and Programs**

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

k. **Standards for a Merit System of Personnel Administration**

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

2. **Equal Opportunity and Civil Rights**

a. **Equal Employment Opportunity**

The Area Agency has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 70.4.

b. **Non-Discrimination on the Basis of Handicap**

All recipients of funds from the Area Agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and useable by handicapped persons, as specified in 45 CFR 84.

c. **Non-Discrimination on the Basis of Age**

The Area Agency will assure compliance with 45 CFR 91 which is the regulation for The Age Discrimination Act of 1975 as amended and is designed to prohibit discrimination on the basis of age.

d. **Civil Rights Compliance**

The Area Agency has developed and is implementing a system to ensure that benefits and services available under the Area Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

3. **Provision of Services**

a. **Needs Assessment**

The Area Agency has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the PSA for allocating resources to meet those needs.

b. **Priorities**

The Area Agency has a reasonable and objective method for establishing priorities for service and such methods are in compliance with the applicable statute.

c. **Eligibility**

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

d. **Residency**

No requirements as to duration of residence or citizenship will be imposed as a condition of participation in the Area Agency's program for the provision of services.

e. **Coordination and Maximum Utilization of Services**

The Area Agency to the maximum extent coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.

4. Non-Construction Programs

a. Legal Authority

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

b. Hatch Act

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

c. Single Audit Act of 1984

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

d. Other Laws

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

Program Specific 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 2006.

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

(a) Each area agency on aging designated under section 305(a)(2)(A) 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 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, 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, 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 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

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

(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 title, a requirement that such provider will—

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

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

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

(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 Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals 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; and

(ii) inform the older individuals referred to in sub-clauses (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 title, 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) 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 that meet the requirements under section 676B of the Community Services Block Grant Act; 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;

(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 Act, 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 Act 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 203(b), within the area;

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

(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 Act;

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

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(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 title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and

(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 203(b) within the planning and service area.

(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 title 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 title 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 title 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 Act (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 title 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 title;

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

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

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care; and

(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.

(b)(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; and

(K) any other service as determined by such agency.

(c) 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) (1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act 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 title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title 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, and titles XIX and XX of the Social Security Act.

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

(f) (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 title.

(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 title 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.

Additionally, the Area Agency on Aging agrees to comply with the requirements of the Older Americans Act, as amended in 2006, including sections: 305, 307, 373, and 705 and all applicable Federal Rules and Regulations.

Other Assurances as Related to the Code of Federal Regulation 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)(l) 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.

Certification Regarding Lobbying

A3d. Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of 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 an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (3) The undersigned 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

Hawaii
State


Authorized Signature
Department of Community Services

7/10/2007
Date

Appendix B. Staffing

<u>Primary Area Agency Responsibilities</u>	<u>Position with Lead Authority for Decision-Making for Defined Responsibilities</u>
1. <u>General Administration</u>	<u>Descriptive Position Title</u>
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, Planner
Responding to the views of older persons relative to issues of policy development and program implementation under the plan	County Executive on Aging, 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	Grants Managers, Data Coordinator
Fiscal management	Budget Analyst with support of Grants Managers
Personnel management	County Executive on Aging and I&A Coordinator for I&A Programs
Information management/reporting	Data Coordinator
2. <u>Program Planning</u>	
Coordinating planning with other agencies and organization to promote new or expanded benefits opportunities for older people	County Executive on Aging, I&A Coordinator, Planner Grants Managers
Assessing the kinds and levels of services needed by older persons in the planning and service area, and the effectiveness of other public or private programs serving	I & A Coordinator, Planner, Grants Managers

those needs

Defining means for giving preference to older persons with greatest economic or social need

Planner

Defining methods for establishing priorities for services

Planner

Conducting research and demonstrations

All Staff

Resource identification/ grantsmanship

All Staff

3. Advocacy

Monitoring, evaluating and commenting on all plans, programs, hearings and community actions which affect older people

County Executive on Aging, Planner and Grants Managers

Conducting public hearings on the needs of older persons

County Executive on Aging, 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 Plan

I & A Coordinator, CSA Supervisors

4. Systems Development

Defining community service area boundaries

Planner

Designating community focal points

Planner

Pursuing plans to assure that older people in the planning and service area have reasonably convenient access to services

Planner with support of Grants Managers and I & A Coordinator

Entering into subgrants or contracts with service Providers

Grants Managers

Providing technical assistance to service providers

Grants Managers, Data Coordinator and Budget Analyst

Pursuing plans for developing a system of services comprised of access services, in-home services, community services

Planner with support of Grants Managers 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

Planner, Grants Managers and I & A Coordinator

5. Program Maintenance

Monitoring performance of all service providers

Budget Analyst, Grants Managers

under the Plan

and Data Coordinator

Evaluating performance of all service providers

Budget Analyst, Grants Managers
And Data Coordinator

Providing feedback to 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,
Planner, Grants Managers and
Budget Analyst

Appendix C. 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 include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. (FSRR, 2005).

Assisted Transportation: Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. (FSRR, 2005).

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, 2005).

Chore: Assistance such as heavy housework, yard work or sidewalk maintenance for a person. (FSRR, 2005).

Congregate Meal: A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the OAA and State/Local laws. (FSRR, 2005).

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 (12)).

Education and Training Service: A supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, preretirement education, financial planning, and other education and training services which will advance the objectives of the Older Americans Act, as amended. (OAA, Sec 302 (3)).

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, 2005).

Homemaker: Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (FSRR, 2005).

Information and Assistance: A service that: a) provides individuals with information on services available within the communities; b) links individuals to the services and opportunities that are available within the communities; c) to the maximum extent practicable, establishes adequate follow-up procedures. (FSRR, 2005).

Legal Assistance: Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. (FSRR, 2005).

Nutrition Counseling: Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status. (FSRR, 2005).

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, 2005).

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, 2005).

Personal Care: Personal assistance, stand-by assistance, supervision or cues. (FSRR, 2005).

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: Transportation from one location to another. Does not include any other activity. (FSRR, 2005).

2. Services to Caregivers

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, 2005).

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, 2005).

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, 2005).

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, 2005).

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, 2005).

3. Facilities

Focal Point: A facility established to encourage the maximum collocation and coordination of services for older individuals. (OAA, Sec 102 (25)).

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 (33)).

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 102 (15)).

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 101 (45)).

Child: An individual who is not more than 18 years of age or who is an individual with a disability. (OAA, Sec. 372 (1)).

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 (8)).

Elder Abuse, Neglect, and Exploitation: Abuse, neglect, and exploitation, of an older individual. (OAA, Sec 102 (23)).

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 (13)).

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 (24)).

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 (34)).

Physical Harm: Bodily injury, impairment, or disease. (OAA, Sec 102 (36))

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 (4)).

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 (26)).

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 (27)).

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 (28)).

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, 2005).

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, 2005).

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, 2005).

Older Individual: An individual who is 60 years of age or older. (OAA, Sec 102 (35)).

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, 2005).

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, 2005).

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 (9)).

5. Ethnic Groups

African American or Black: A person having origins in any of the black racial groups of Africa. (FSRR, 2005).

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, 2005).

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, 2005).

Caucasian or White: A person having origins in any of the peoples of Europe, the Middle East, or North Africa. (FSRR, 2005).

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (FSRR, 2005).

Indian: A person who is a member of an Indian tribe. (OAA, Sec 102 (5)).

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 Hawaii, Guam, Samoa or other Pacific Islands. (FSRR, 2005).

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 system for providing— (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) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs. (OAA, 102 Sec (44)).

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 (16)).

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 (17)).

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 (10)).

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 (47)).

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 (50)).

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 (37)).

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).

Sources:

(FSRR) Federal and State Reporting Requirements, 2005.
(OAA) Older Americans Act, as amended, 2006.

Appendix D. Evaluations

Because of time and resource constraints, the Area Plan will be made available to the public on the EAD website (www.elderlyaffairs.com). The website has provisions for public comments and questions.

Appendix E. Additional Costs of Providing Services to Rural Areas

Rural Areas	FY 2006 Actual Costs	Projected Costs
Haleiwa, Hauula, Kaaawa, Kahuku,	\$295,658	\$260,789
Kunia, Laie, Waianae, Barbers Point NAS		

Appendix F. Eldercare

Eldercare

In accordance with the Older Americans Act, Section 306(a)(13), the Elderly Affairs Division will:

306(13)(A)

maintain integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

306(a)(13)(B)

disclose to the Commissioner and the State agency;

306(a)(13)(B)(i)

the identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

306(a)(13)(B)(ii)

the nature of such contract or such relationship;

306(a)(13)(C)

demonstrate that a loss or diminution in the quantity or quality of services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

306(a)(13)(D)

demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

306(a)(13)(E)

on the request of the Commissioner or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

The Elderly Affairs Division has contracted with the following services providers to provide the necessary services:

Alzheimer's Association – Aloha Chapter, Catholic Charities Hawaii, Hawaii Family Services, Hawaii Meals on Wheels, Child & Family Service – Honolulu Gerontology Program, Kokua Kalihi Valley Comprehensive Family Services, Lanakila Rehabilitation Center, Mo'ili'ili Community Center, ORI Anuenue Hale, Inc., Project Dana, St. Francis Healthcare System of Hawaii, William Richardson School of Law – University of Hawaii at Manoa, and the Waikiki Health Center.

Contracts with each service provider serve as the tool by which they are paid. Contracts are either grants which are paid based on costs incurred or performance based contracts which are paid according to units performed.

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