

# **CITY AND COUNTY OF HONOLULU**

**Elderly Affairs Division**

**Department of Community Services**



**FOUR-YEAR AREA PLAN ON AGING**

**October 1, 2007- September 30, 2011**

**for the**

**As the Planning Service Area**

**in the State of Hawaii**

**(revised 09/15/09)**

**715 South King Street, Suite 200  
Honolulu, Hawaii 96813  
Phone: (808) 768-7705**

## TABLE OF CONTENTS

Cover Page		1
Table of Contents		2
Verification of Intent		4
Executive Summary		5
<b>Introduction</b>		
A.	Orientation to AAA Plan	7
B.	An Overview of the Aging Network	8
C.	AAA Planning Process	17
<b>Part I.</b>	<b>Overview of the Older Adult Population, Existing Programs and Services, and Unmet Needs</b>	
A.	Overview of the Older Adult Population	
1.	Honolulu’s Population Profile	21
2.	Issues and Areas of Concern	50
B.	Description of Existing Programs and Services	
1.	Existing Programs and Services	59
2.	Maps of Community Focal Points, Multi-Purpose Senior Centers and Nutrition Sites	123
3.	Community Focal Points and Multi-Purpose Senior Centers	124
4.	Congregate Nutrition Sites and Home Delivered Distribution Centers	127
5.	Acute, Long-Term Care Institutional and Facility Care	142
C.	Unmet Needs	155
<b>Part II:</b>	<b>Recommendations</b>	
A.	Framework	160
B.	Prioritization of Needs and Issues	162
C.	Strategies to Meet Issues	163
<b>Part III:</b>	<b>Action Plans</b>	
A.	Summary of Goals	167
B.	Summary of Objectives	168
C.	Objectives and Action Plans	172

	D.	Targeting Services	
	1.	The Next Four Years	207
	2.	The Previous Year: FY 2006	211
	E.	Waivers	
	1.	Waiver to Provide Direct Service(s)	219
	2.	Waiver of Priority Categories of Services	220
<b>Part IV:</b>		<b>Funding Plans</b>	
	A.	Previous Year Expenditures for Priority Services (FY 2006) Title III Part B Federal Funds Only	221
	B.	Planned Service Outputs and Resource Allocation Levels	222
	C.	Minimum Percentages for Title III Part B Categories of Services	228
<b>Part V:</b>		<b>Evaluation Strategy</b>	229
		Appendices:	
	A.	Assurances	230
	B.	Staffing	241
	C.	Glossary	244
	D.	Public Hearings, Evaluations and Comments Received	250
	E.	Additional Costs of Providing Services Under Title III to Older Individuals Residing in Rural Areas	257
	F.	Eldercare	258
	G.	Evaluation	260

**Verification of Intent**

This Area Plan on Aging is hereby submitted for City and County of Honolulu's Elderly Affairs Division for the period October 1, 2007 through September 30, 2011.

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 older people in the planning and service area.

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

7/6/07  
Date

Signed   
Area Agency Director

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

7/6/07  
Date

Signed   
Chairperson  
Area Agency Advisory Council

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

1/22/07  
Date

Signed   
Mayor or Chairperson of the County Council

## **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 Title III grant. It was developed according to a uniform format issued by the EOA and covers a period of four years, October 1, 2007 through September 30, 2011.

The plan therefore describes EAD's strategies for the development of a comprehensive and coordinated system of services for older individuals 60 years of age and older and their caregivers on Oahu and other systems that will be needed as we move towards an increasing number of older individuals living on our island.

### **Content of the Plan**

There are six parts to 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 plans for action over the next four years

Part IV - Resource allocation, both projections 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:

1. Traditional needs assessment using census, survey and program data.
2. Assessment of the future environment, changing client population, and development of our vision, philosophy, mission, and desired outcomes.
3. Community planning input through forums, conferences, surveys and the Honolulu Committee on Aging.
4. Use of secondary data (existing studies, surveys).

Additionally, staff met over an extended period of time to discuss our strengths and interests as they related to the specific goals and objectives our agency would be pursuing over the next four years. What has evolved is a series of activities to be pursued.

An assets planning approach was used throughout focusing on community-defined issues, resources, and strategies. Self-determined capacities, values, and beliefs are the starting points of community capacity building. Collaboration and strengthening of relationships continued to be emphasized.

## Community Issues

The plan focuses on six major issues that address the following needs:

1. Access to information
2. Activities to address disease prevention and social engagement
3. Support for caregivers
4. Elder rights and benefits
5. In-home and community based programs and services, and
6. Community partnerships to address economic, workforce and physical capacity issues

## Four Year Goals and Objectives

- GOAL 1: Older individuals and their caregivers have access to information and an integrated array of health and social supports
- GOAL 2: Older individuals are active, healthy and socially engaged
- GOAL 3: Families are supported in caring for their loved ones
- GOAL 4: Older individuals are ensured of their rights and benefits and protected from abuse, neglect and exploitation
- GOAL 5: Older individuals have in-home and community based long-term care options
- GOAL 6: Hawaii's communities have the necessary economic, workforce and physical capacity for an aging society

These goals relate to the U. S. Administration on Aging's efforts to rebalance existing long-term care systems and offers *Choices for Independence* as a guide whose goals are to:

- A. Empower consumers to make informed decisions about their care options
- B. 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
- C. Build evidence-based prevention into community based systems for services enabling older adults to make behavioral changes that will reduce their risk of disease, disability and injury

Review of objectives is planned on an annual basis as development and implementation of planned projects evolve, with revisions being made if needed.

## **Introduction**

### **A. Orientation to AAA Plan**

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, 2007 to September 30, 2011.

This plan is made up of five major parts:

Part I provides an overview of the older adult population of the City and County of Honolulu 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 plans for action 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.

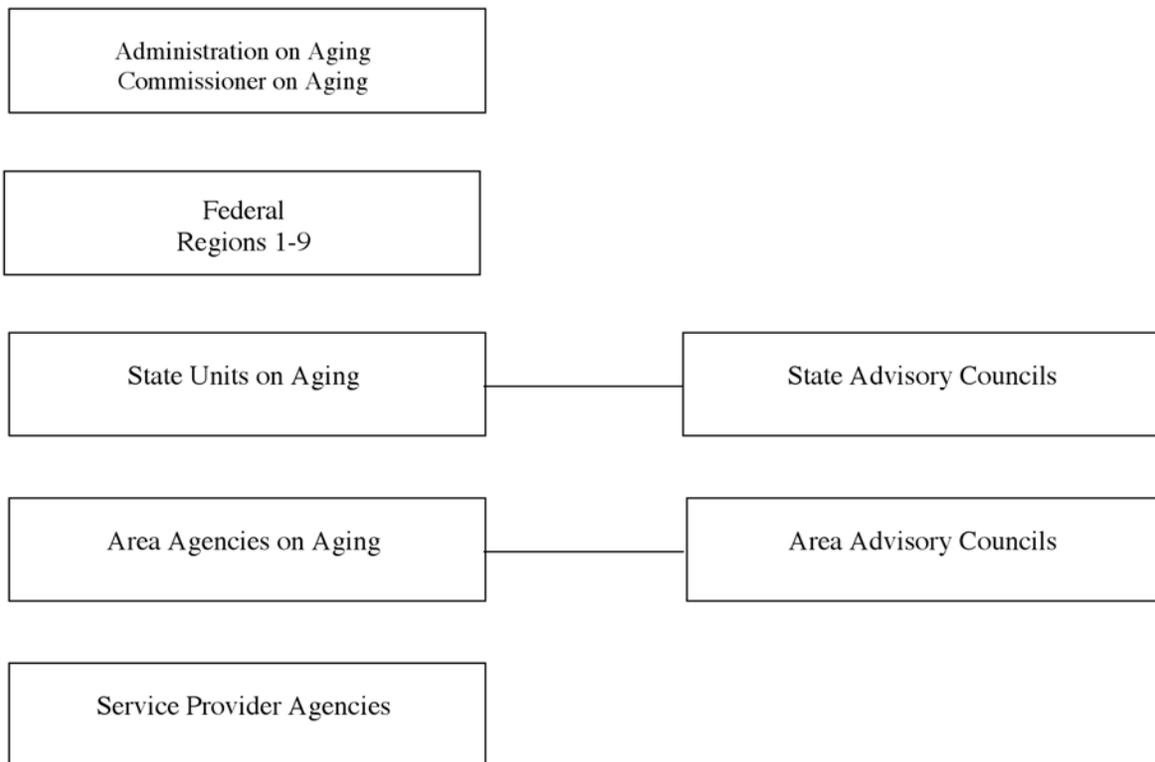
## B. An Overview of the Aging Network

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 well-being 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 and monitors and assesses 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 to offer leadership at both the state and local levels in the coordination of the delivery of access, home, and community services to the older adult population. This Office is responsible for statewide:

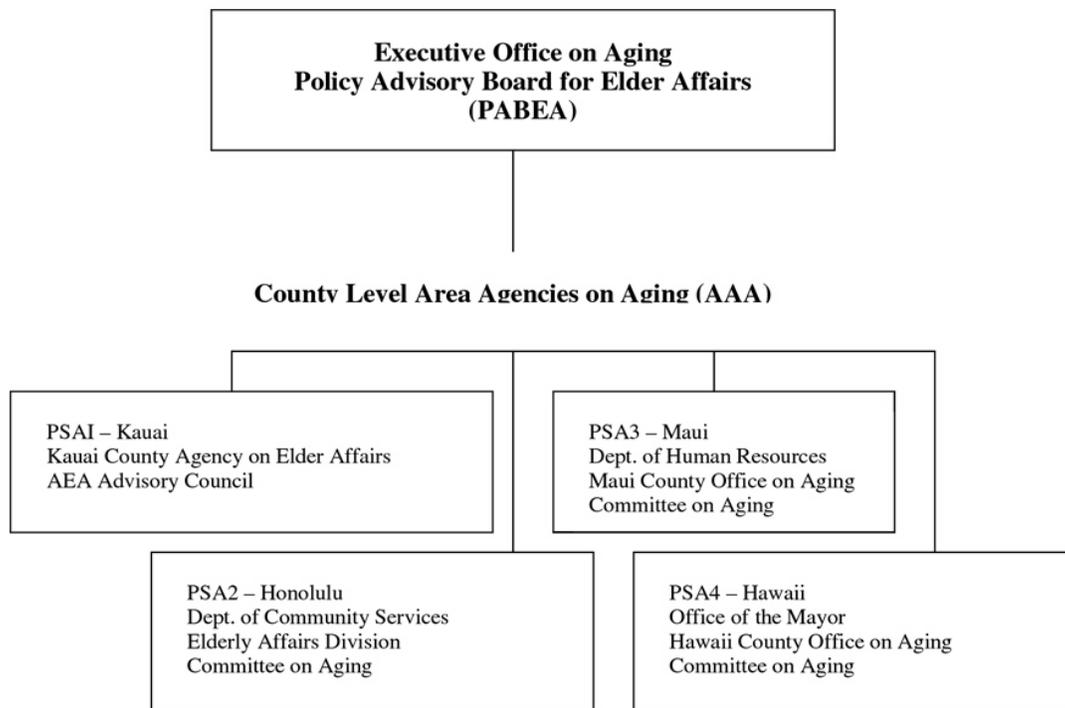
- \* planning
- \* policy and program development
- \* advocacy
- \* research
- \* information and referral
- \* coordination of services provided by public and private agencies for our elders and their families

Chapter 349 of the Hawaii Revised Statutes established the Policy Advisory Board for Elder Affairs (PABEA) which assists by advising on the development and administration of the State Plan and conducting public hearings on the State Plan, by representing the interests of older persons, and by reviewing and commenting on other State plans, budgets and policies which affect older persons.

The Executive Office on Aging has delineated the State into distinct planning and service areas for purposes of planning, development, delivery, and the overall administration of services. The EOA has designated each of the counties of the State -- namely, 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



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.

Chart 3

City and County of Honolulu Organizational Chart

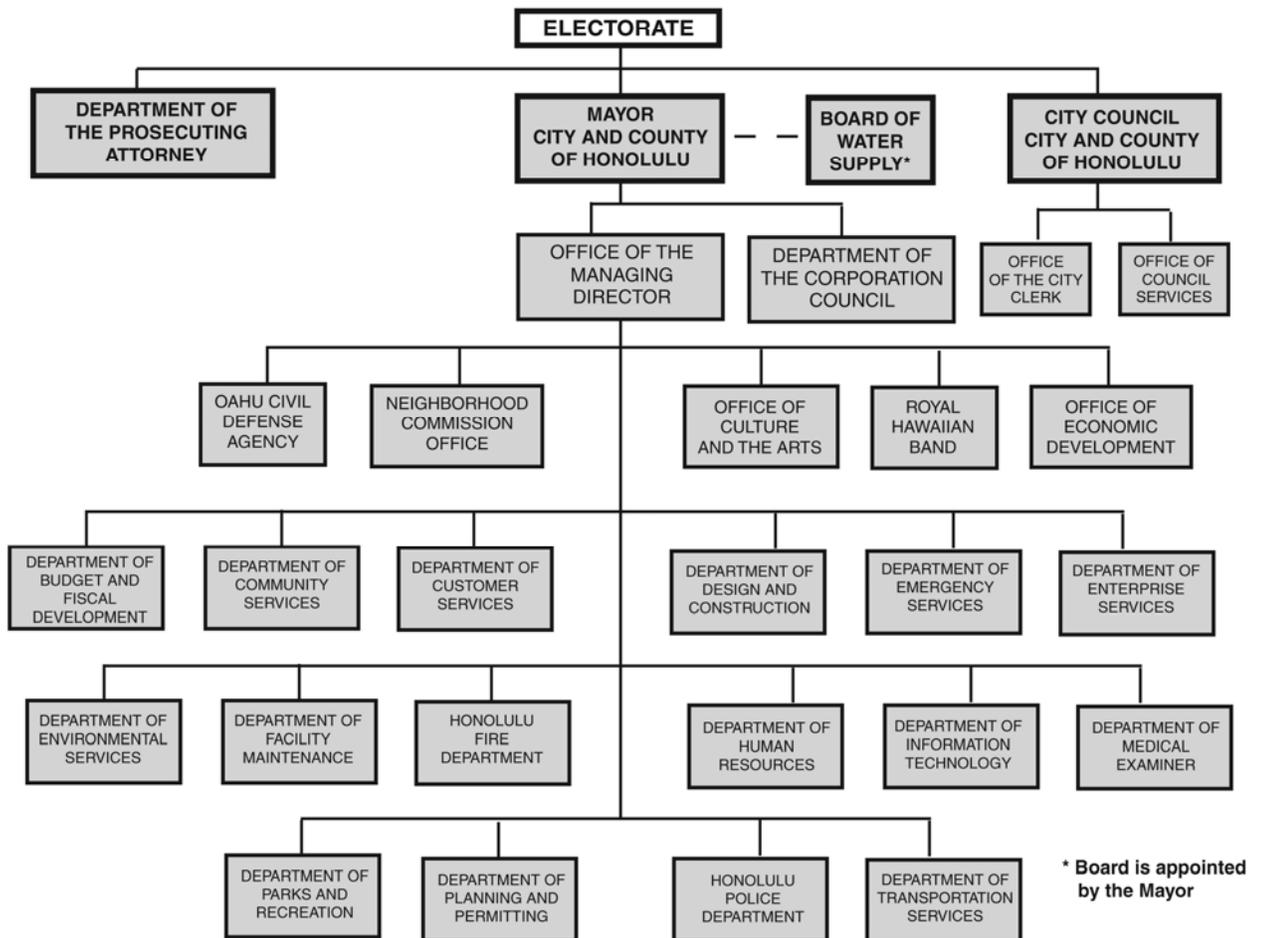


Chart 4

City and County of Honolulu Chart of Advisory Boards and Commissions



## **Aging Network Vision**

The following statement was developed to guide development of aging services on Oahu.

### **Vision**

Hawaii is a good place to live and grow old. Communities are healthy and thriving. Individuals of all ages and abilities are valued members of their families and communities – there is mutual understanding, respect, love, caring and support. Diversity among community members is celebrated and there are opportunities for members to contribute their gifts and talents. People are informed, resourceful, and responsible, working together to generate what is needed in order for community members to live happy, healthy, safe and productive lives in circumstances of their choice. Older adults age with dignity and without fear.

### **Philosophy**

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

### **Mission**

Our mission as the Aging Network is to develop and support opportunities that enable older adults to live to their fullest capacity in their homes and communities.

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

Its function is to “be a leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State Agency, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the planning and service area. These systems shall be designed to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities for as long as possible.”  
[Code of Federal Regulation Section 1321.53 (a)]

### **Activities of the Area Agency**

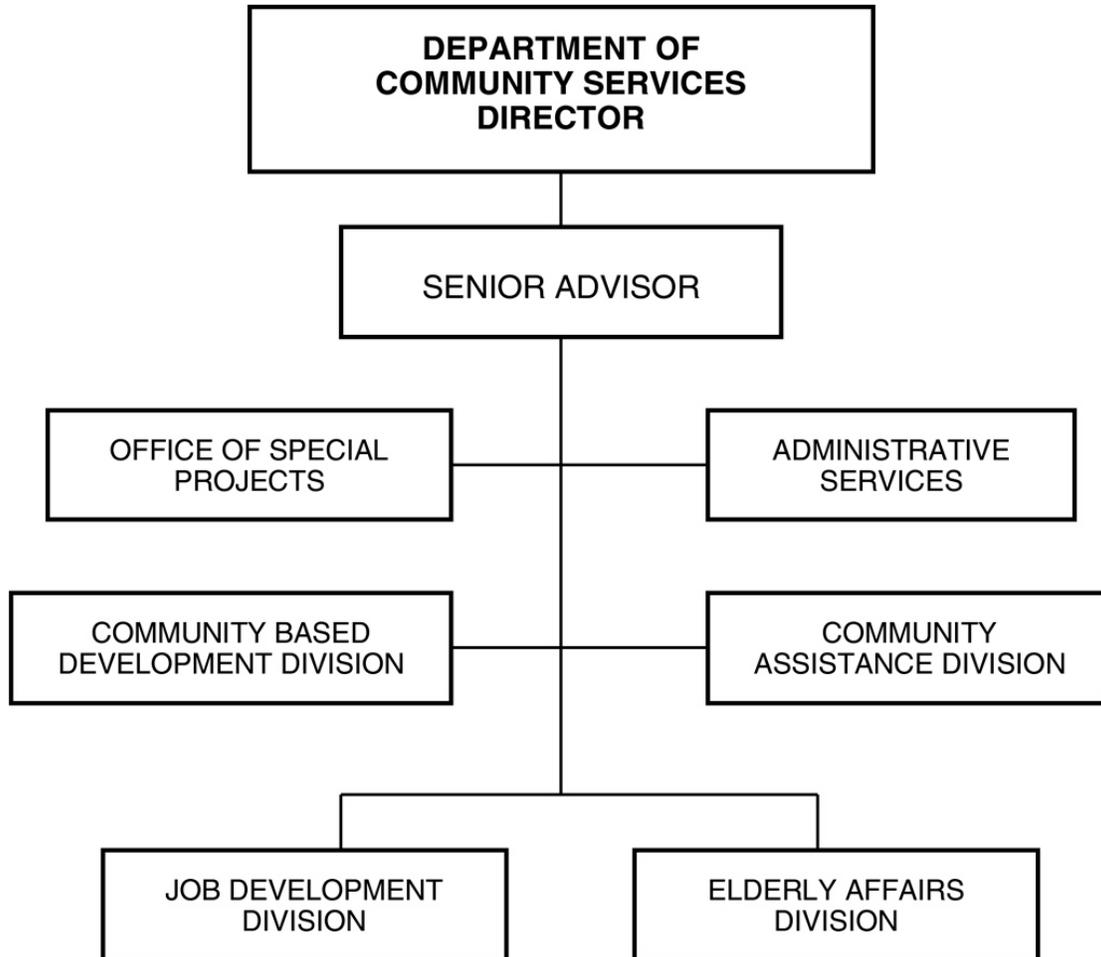
To carry out its mission, the Area Agency on Aging carries out activities defined in the Older Americans Act, as amended in 2006, specifically those listed in section 306(a)(6)(A-S) and 306(a)(13)(A). These activities are listed in Appendix A3a – General Assurances.

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

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

Chart 5

DCS Organizational Chart

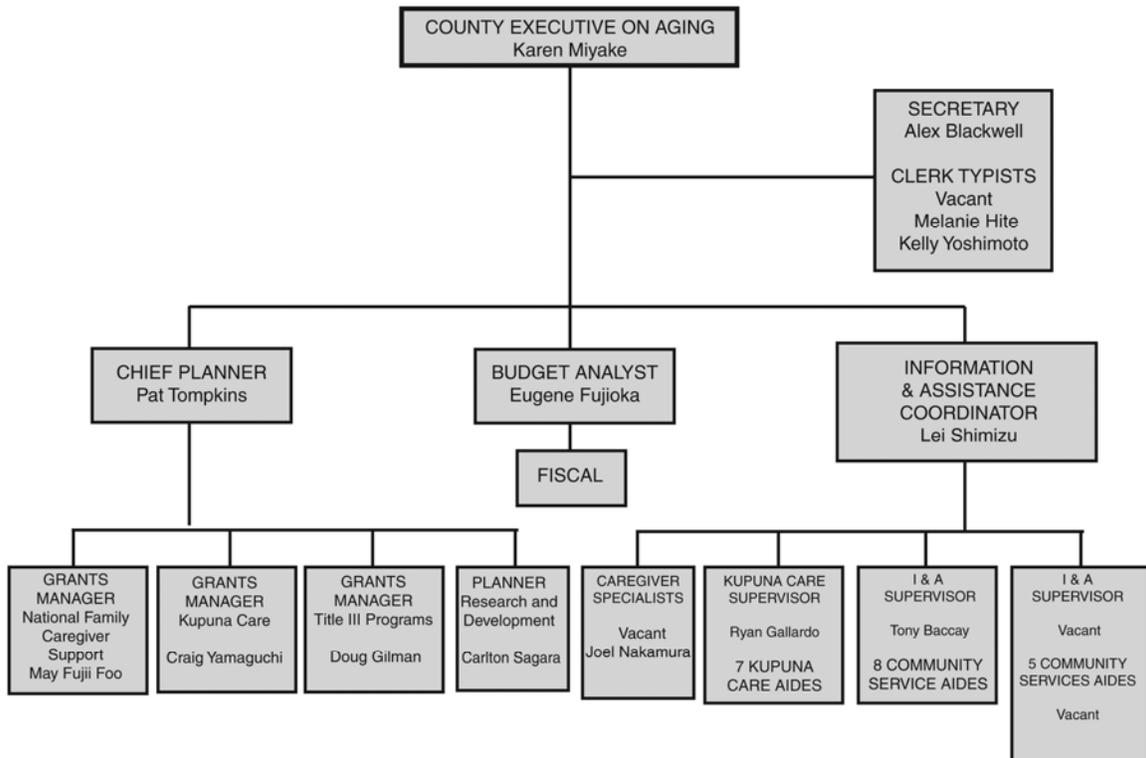


The Division is staffed by a County Executive on Aging, the Fiscal Officer and three clerical staff. Its planning branch is staffed by the Chief Planner, three Grants Managers and a Data Coordinator.

In addition, EAD provides Information and Assistance Services for the County. The Information and Assistance Unit consists of five full-time and twenty half-time positions. See Chart 6 below.

Chart 6

EAD Organizational Chart



## 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). They are appointed by the Mayor of the City and County of Honolulu and advise him and the Elderly Affairs Division in developing the area plan, conducting public hearings, representing the interests of older adults, and receiving and commenting on all community policies, programs and actions which affect older adults.

More than fifty percent of the sixteen members of the Honolulu Committee on Aging are over the age of 60. They are:

### Honolulu Committee on Aging FY 2008

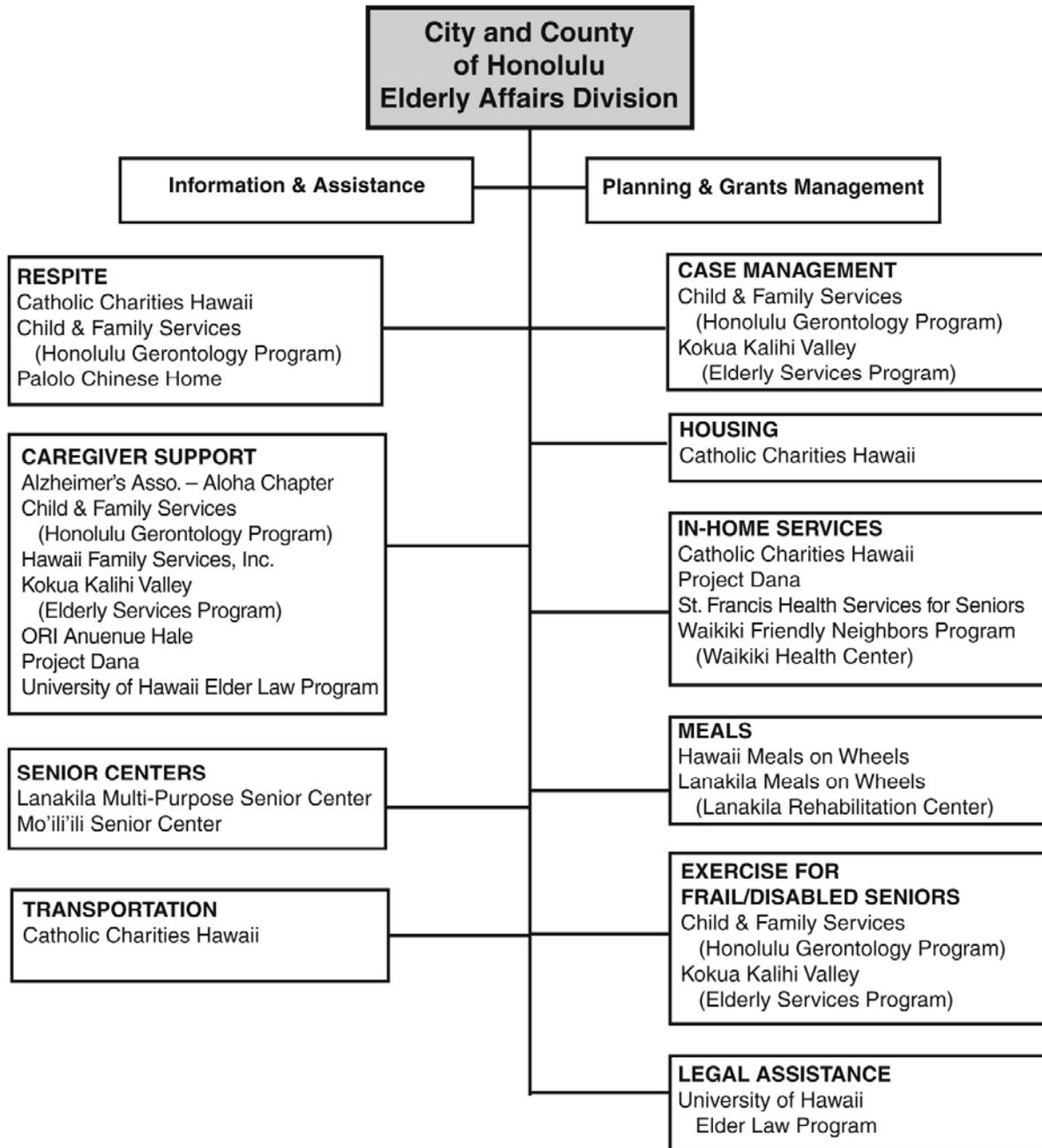
Chair	Alice A. Nagano
Vice-Chair	Wally Wake*
Secretary	Anita Loando-Achohido*
Senior Recognition	Joan Naguwa
Sub-Committee Chair	
Planning, Education and	Mary Matayoshi*
Advisory Sub-Committee Chair	
PABEA Liaison	Ruth Stepulis*
Ex-Officio Member	Roger Watanabe
Other Members	Timena Brown
	Albert T. Hamai*
	Cullen T. Hayashida, Ph.D.*
	Nickie Hines*
	Anthony M. Lenzer, Ph.D.*
	Maeona S. Mendelson, Ph.D.*
	Sesnita A.D. Moepono
	Liana N. Pang
	Frances "Sunny" Spohn*
	Florence P. Ward*

\* 60 years and older

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

Chart 7

Local Aging Network



## C. AAA Planning Process

### Purpose

For more than three decades, 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 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); and
- \* older individuals at risk for institutional placement.

The plan must be flexible enough to accommodate Honolulu's ever changing and diverse older adult population.

Initiatives in 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. Their addition to the over 60 population over the next two decades will generate a "tsunami" effect that will be felt across all aspects of the world's economy and will place substantial strain on Hawaii's current long-term care system.

And for the first time, 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 as described above, in the Honolulu planning and service area, the EAD did the following:

1. Developed a timeline and work plan for developing the plan
2. Determined the staff capacity building needed to undertake the planning process
3. Developed, in concert with the State Executive Office on Aging and the other county Area Agencies on Aging, the curricula needed for training
4. Participated in the training
5. Participated in a series of statewide planners meetings conducted by the State Executive Office on Aging, where the statewide area plan theme of *Designing Livable Communities for an Aging Society* was selected and statewide goals were developed



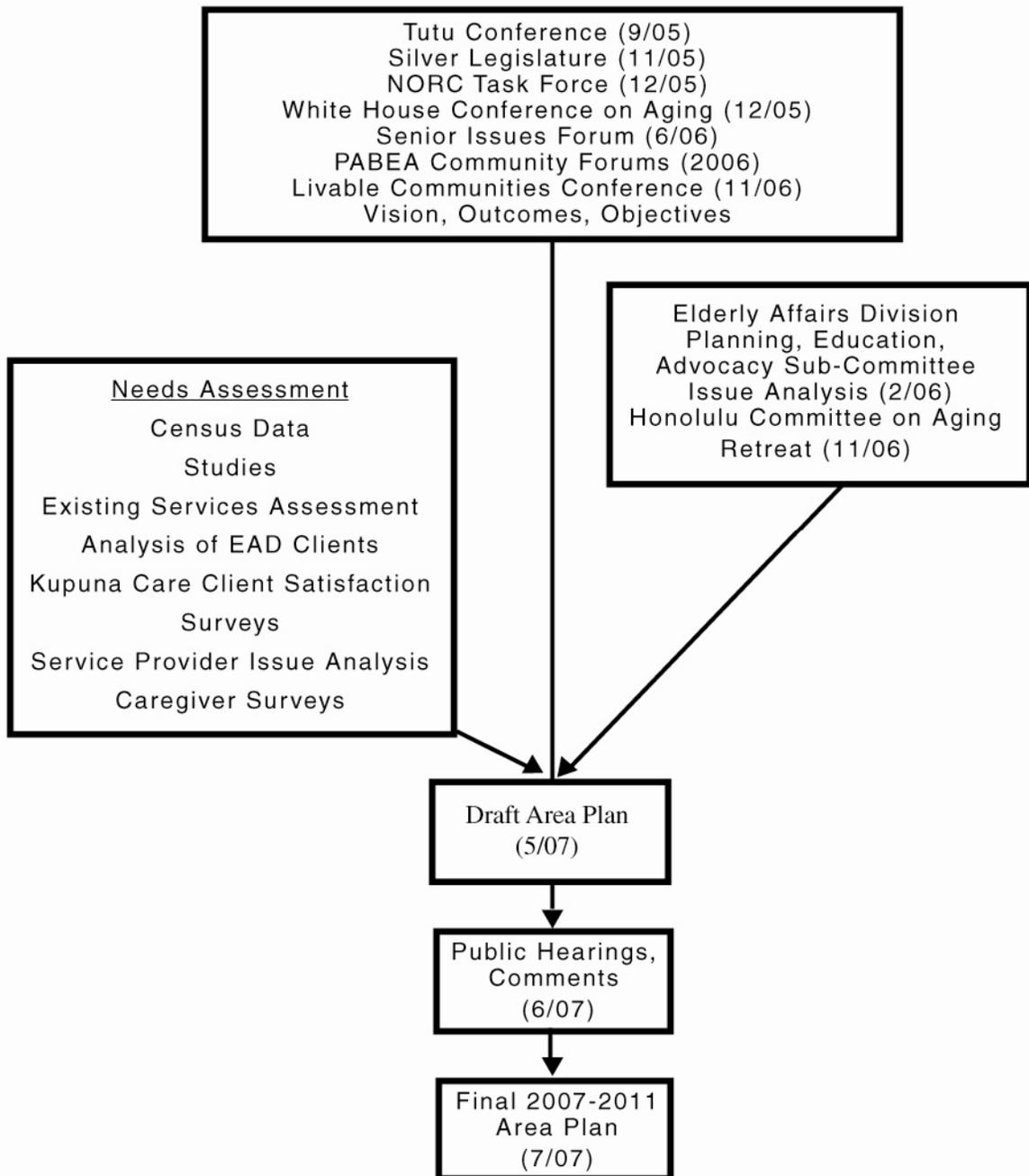
*Planners celebrate following discussions on the area and state plans:  
Top row: Pat Tompkins, Gail Gnazzo, John Tomoso, Alan Parker.  
Bottom row: Naomi Sugihara, Shirley Kidani, and Pauline Fukunaga.*

Staff used the strategies and techniques learned to complete:

1. Traditional needs assessments using census, survey and program data
2. Assessments of the future environment, changing client population and development of our desired outcomes
3. Community planning input through forums, conferences, surveys and the Honolulu committee on Aging
4. Review of secondary data sources provided by other agencies serving seniors

Throughout the planning process, an assets planning approach was used. See Chart 8 for an illustration.

**Chart 8**  
**2008 - 2011 Area Plan Development Process**



## Public Hearings

Notice of public information meetings were advertised in Honolulu Star Bulletin on June 3<sup>rd</sup>, 10<sup>th</sup> and 17<sup>th</sup>, 2007, inviting the public to attend and comment on the proposed Area Plan on Aging through oral or written testimony. In addition, fliers on the public hearings were widely distributed through the Aging Network. The following meetings were held at four community focal points across Oahu:

Thursday, June 14, 2007  
12:00 - 1:00 p.m.  
ORI Anuenue - Helemano Plantation  
64-1510 Kamehameha Highway  
Wahiawa, HI 96786  
(808) 622-3929

Monday, June 18, 2007  
11:30 am - 1:00 pm.  
Lanakila Multi-Purpose Senior Center  
1640 Lanakila Avenue  
Honolulu, HI 96817  
(808) 847-1322

Wednesday, June 20, 2007  
9:00 – 10:00 a.m.  
Waianae District Park  
85-601 Farrington Highway  
Waianae, HI 96792  
(808) 351-8001

Tuesday, June 26, 2007  
10:30 – 11:30 a.m.  
Kaneohe Community & Senior Center  
45-613 Puohala Street  
Kaneohe, HI 96744  
(808) 233-7317

In addition, the full Draft Area Plan as well as an Abstract were available on the Elderly Affairs Division's website at [www.elderlyaffairs.com/DraftAreaPlan.pdf](http://www.elderlyaffairs.com/DraftAreaPlan.pdf) beginning June 4, 2007. Abstracts were sent to all City and County of Honolulu Directors, Aging Network Service Providers and Neighborhood Board Chairs. A press release was issued by the City's Department of Customer Service on June 8, 2007.

Summaries of the hearings and general issues and areas of concern expressed may be found in Appendix D. Written comments received outside of the informational meetings may also be found in Appendix D.

### ORI Anuenue – Helemano Plantation

No oral or written testimony received.

### Lanakila Multi-Purpose Senior Center

No oral or written testimony received.

### Waianae District Park

No oral or written testimony received.

### Kaneohe Community & Senior Center

No oral or written testimony received.

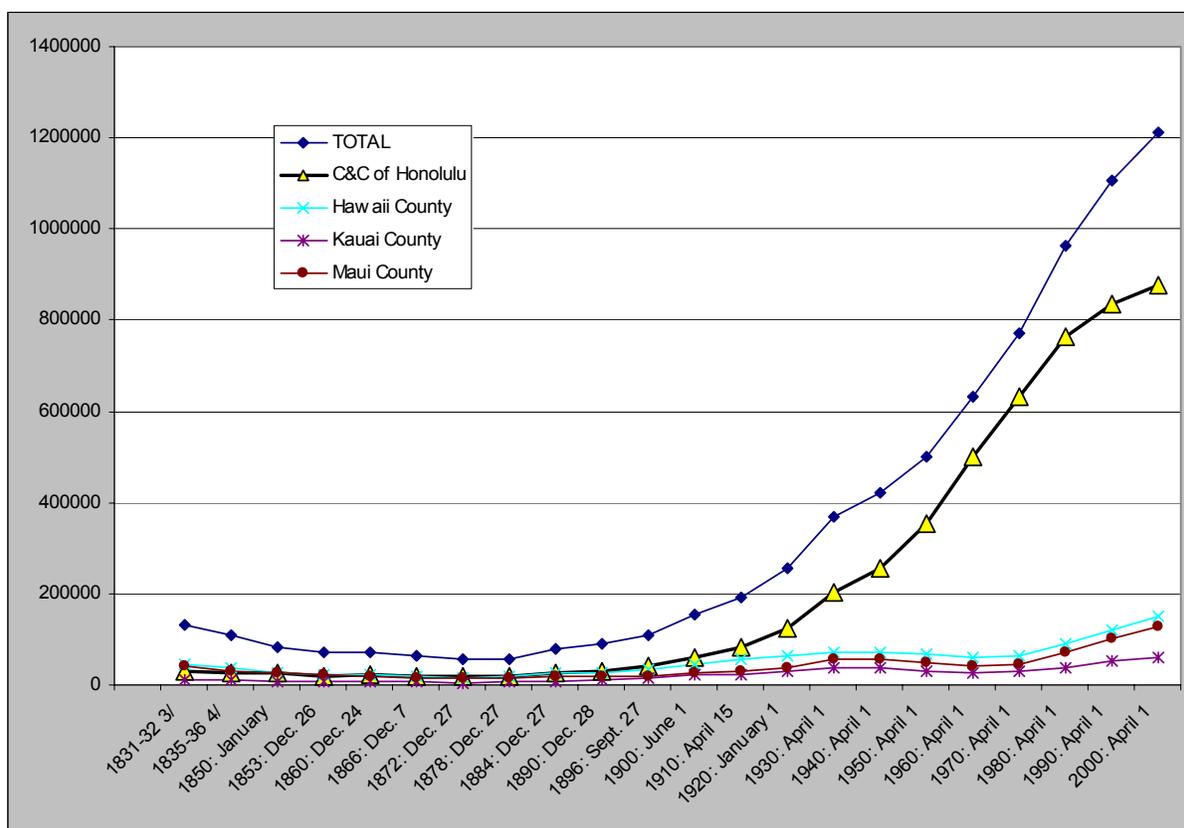
# Part I: Overview of Older Adult Population and Existing Programs and Services and Unmet Needs

## A. Overview of the Older Adult Population

### 1. Honolulu's Population Profile

The Hawaii State Data Book, 2005 presents a compilation of various censuses from 1831 through 2000. The U.S. Census Bureau began compiling a census for Hawaii in 1900. These censuses are resident totals and include members of the armed forces stationed in Hawaii and their families.

Beginning in 1900, the population of the City and County of Honolulu began to grow much more rapidly than the other counties. The 1980 Census found that the population of Honolulu comprised almost 82% of the state's total population. However, since 1980, the relative growth rate of Honolulu's population has slowed so that by the 2000 Census it comprised only 72.3% of the total state population.

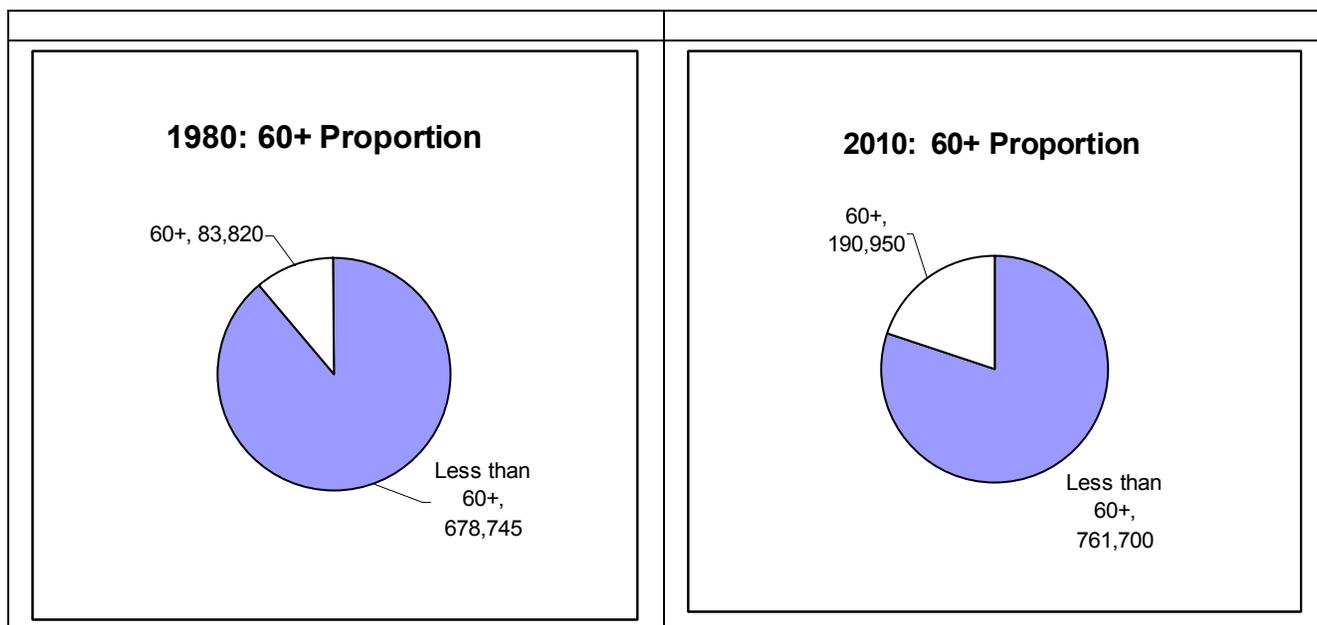


**Growing in numbers and as a proportion of the population.**

The City and County of Honolulu’s older adult population (persons 60 years and older) has shown steady and significant growth over the years. In 1980 the older adult population comprised 11.0% of Honolulu’s total population. In 2000, it comprised 17.2% of the county’s population. By 2010, the percentage is projected to jump to 20.0%. There will be an additional 107,130 people who are 60 years and older in 2010 than there were in 1980. What this means is that there will be more than twice as many older adults living in the City and County of Honolulu in 2010 as there were in 1980. For the most recent planning period, 2000 – 2010, it is estimated that an additional 40,040 older adults may need to be accommodated with varying services.

Honolulu	Total	60+	60+: % of Total	60+: Increase Between Decades
<b>1980 Census</b>	<b>762,565</b>	<b>83,820</b>	<b>11.0%</b>	
<b>1990 Census</b>	<b>836,231</b>	<b>128,490</b>	<b>15.4%</b>	<b>44,670</b>
<b>2000 Census</b>	<b>876,156</b>	<b>150,910</b>	<b>17.2%</b>	<b>22,420</b>
<b>DBEDT 2010</b>	<b>952,650</b>	<b>190,950</b>	<b>20.0%</b>	<b>40,040</b>

The chart below provides another view of how the growth of the 60-plus population will affect the character of Honolulu’s overall population. In 1980, about 11.0% -- a little more than one person in ten -- of Honolulu’s population was 60-years or older. By 2010, about 20% or one person in five will be 60-years or older.



For very old adults, 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 is projected to be over 500%, from 4,008 to 22,000 people. From 2000 to 2010, it is expected that the population of persons 85 years and older will nearly double, from 12,795 to 22,000 people. Services for an additional 9,241 persons may be needed by 2010.

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

By 2005, the generation born after World War I, who grew up during the Great Depression, will be those who are 85 years and older.

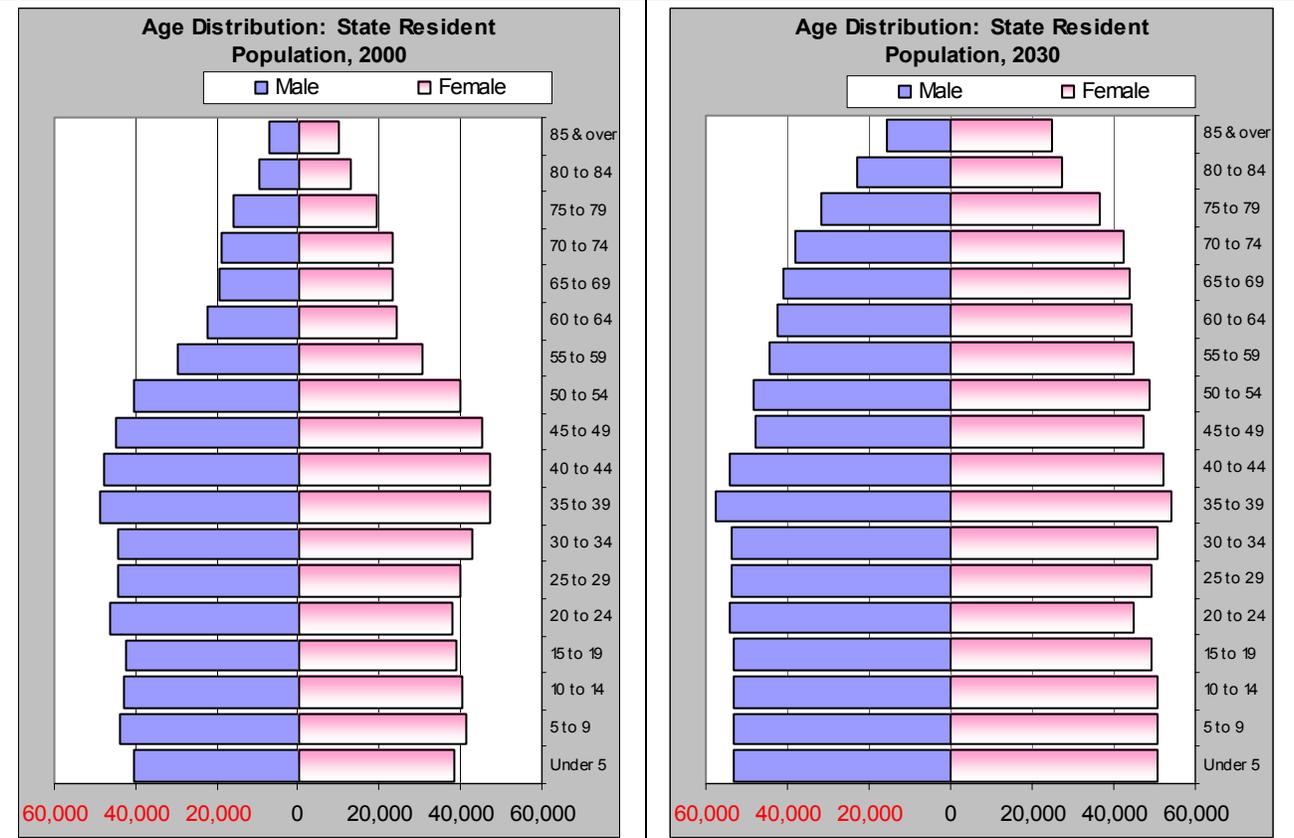
By 2030, the year that the leading edge of the Baby Boom Generation reaches 85 years fo age, the State's Department of Business, Economic Development and Tourism (DBEDT) projects this group will number 40,350 people.

## Aging Baby Boomers

“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.

In 2010, DBEDT estimates that the 85+ population will number 29,750 people. By 2030, the 85+ population is projected to increase by 35.6%, to 40,350 people.

**State population profiles for 2000 and 2030.**



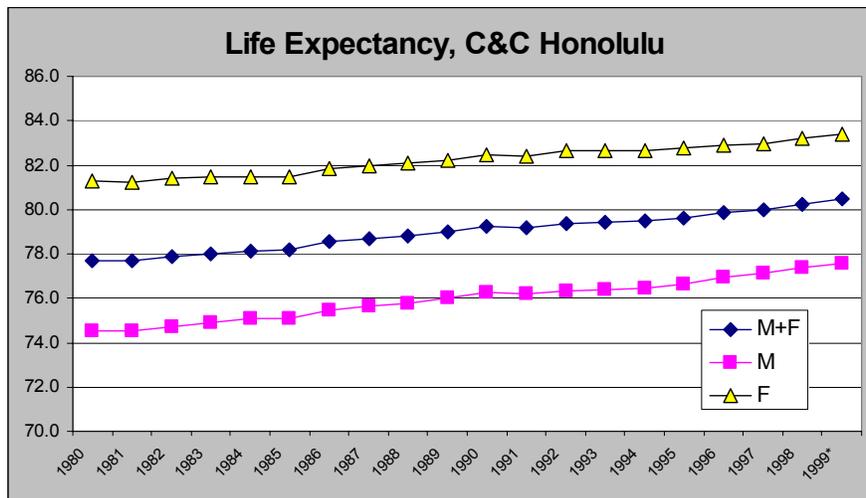
Source: State Data Book, 2005

## Increasing Life Expectancy

At 79.8 years, Hawaii has the longest life expectancy of all of the 50 states. By a slight margin, Honolulu had the highest average life expectancy among the counties, at 80.5 years. The life expectancy of females is about 6 years longer than males.

	1999		
	M+F	Males	Females
<b>Hawaii</b>	<b>77.3</b>	<b>74.2</b>	<b>80.7</b>
<b>Honolulu</b>	<b>80.5</b>	<b>77.6</b>	<b>83.4</b>
<b>Kalawao</b>	<b>80.4</b>	<b>77.5</b>	<b>83.7</b>
<b>Kauai</b>	<b>79.7</b>	<b>76.2</b>	<b>83.8</b>
<b>Maui</b>	<b>80.4</b>	<b>77.5</b>	<b>83.7</b>

A study of life expectancy in the United States found that life expectancy in all Hawaii counties steadily increased over the years covered by the study, 1980 through 1999.

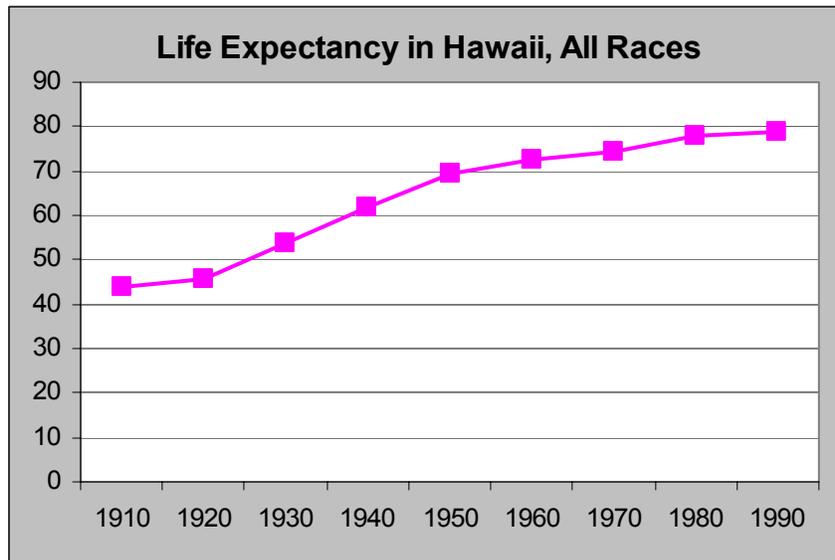


Source: [Eight Americas: Investigating Mortality Disparities across Races, Counties, and Race-Counties in the United States](#) Murray CJL, Kulkarni SC, Michaud C, Tomijima N, Bulzacchelli MT, et al. PLoS Medicine Vol. 3, No. 9, e260 doi:10.1371/journal.pmed.0030260

Life expectancy in the past has varied considerably by ethnicity. In 1910 the discrepancy of life expectancy at birth between Caucasians and "Others" was 39.2 years with Caucasians living longer. By 1990, the discrepancy had narrowed so that the largest difference -- between Chinese and Hawaiians -- was only 8.6 years.

EXPECTATION OF LIFE AT BIRTH FOR BOTH SEXES COMBINED, BY RACE: 1910 TO 1990							
Year	All races	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Other
1910	44.0	54.8	54.2	(NA)	32.6	49.3	15.6
1920	45.7	56.5	53.8	28.1	33.6	50.5	28.4
1930	54.0	61.9	60.1	46.1	41.9	60.1	32.6
1940	62.0	64.0	65.3	56.9	51.8	66.3	59.5
1950	69.5	69.2	69.7	69.1	62.5	72.6	68.3
1960	72.4	72.8	74.1	71.5	64.6	75.7	62.2
1970	74.2	73.2	76.1	72.6	67.6	77.4	76.7
1980	77.8	75.8	81.7	79.3	71.8	80.9	79.0
1990	78.9	75.5	82.9	78.9	74.3	82.1	80.4

Source: Hawaii State Data Book, 2005



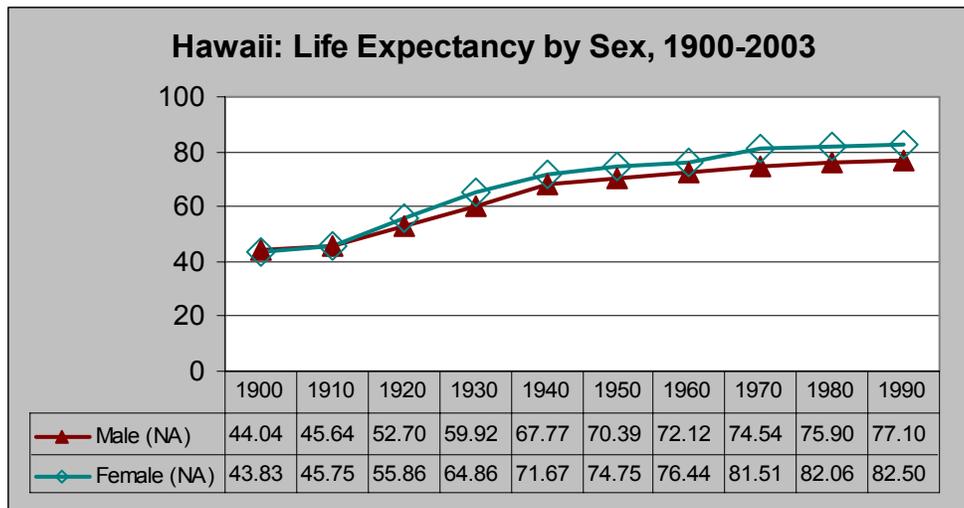
The first half of the 20<sup>th</sup> century showed large gains in longevity. Between 1910 and 1950, life expectancy in Hawaii increased by 25.6 years. These gains are largely attributed to public health measures developed in response to the germ theory of disease – practices such as doctors washing their hands, sterilizing instruments, and isolating sick children. These measures also brought about a significant decrease in infant and child mortality. Beginning in the 1940s, the control of infectious diseases was aided by the introduction of antibiotics such as penicillin.

Since the middle of the 20<sup>th</sup> century, advances in life expectancy are largely attributed to improvements in the control and prevention of chronic diseases of adulthood. (1) While the three major causes of death in 1950 – heart disease, cancer (malignant neoplasms) and stroke (cerebrovascular diseases) -- are still the top causes today, dramatic progress has been made in reducing the death rate for heart disease and stroke.

(1) CRS Report for Congress: Life Expectancy in the United States. March 3, 2005. Shrestha, Laura B. Order Code RL32792.

### **Life Expectancy Varies By Gender**

While overall life expectancy in Hawaii has been increasing, the life expectancy for women has been increasing somewhat faster than that of men. In 1910, the life expectancy for women in Hawaii was less than that of men by about 2 ½ months. By 2000, the difference in life expectancies between men and women was 5.4 years.

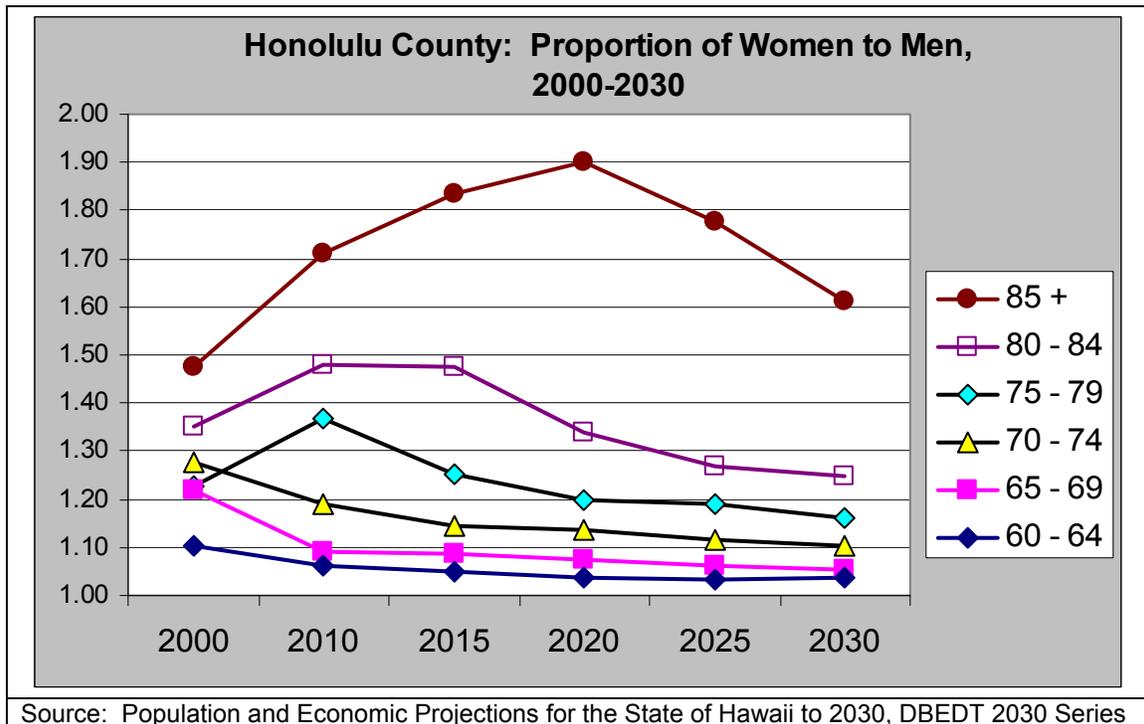


## Proportion of Women to Men

There are more older women than men in Honolulu County. The proportion of women to men differs among different age cohorts.

	2000	2010	2015	2020	2025	2030
<b>60+ Females</b>	83,094	105,300	118,200	131,100	142,500	151,850
<b>60+ Males</b>	67,099	85,600	98,100	111,350	123,250	132,500
<b>Females - Males</b>	15,995	19,700	20,100	19,750	19,250	19,350

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



## Rural

The number of persons on Oahu living in rural areas who are 60 years of age and older declined by over 77% since 1990. In 1990, there were 24,828 persons over 60 living in rural areas, whereas in 2000 that number was 5,622, a decline of 19,206 people.

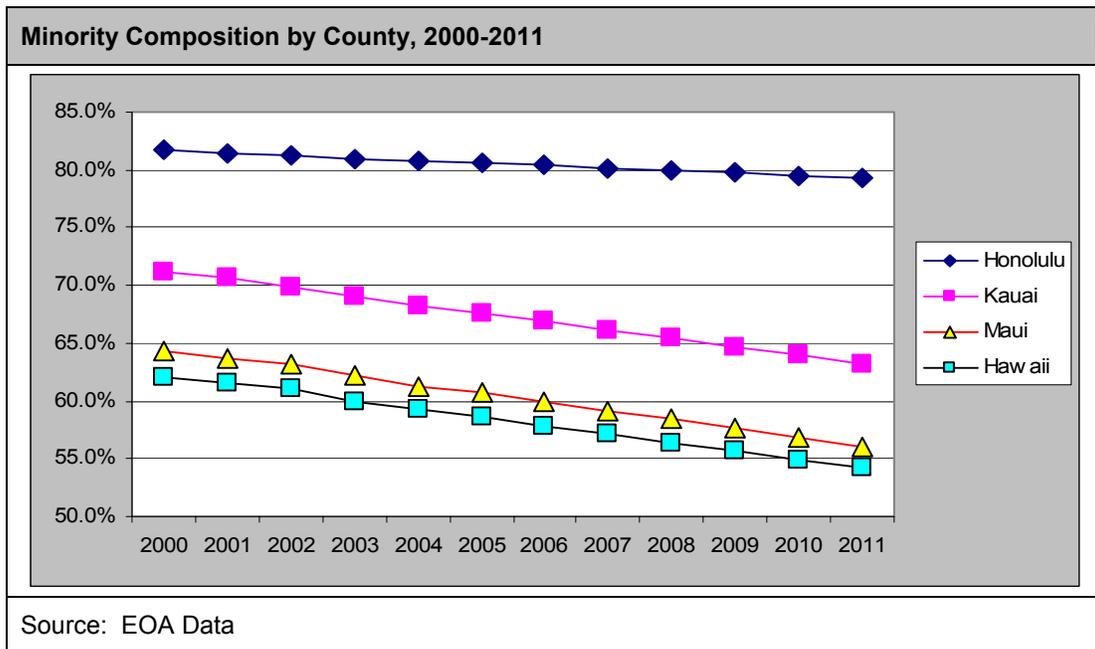
<b>Oahu Population Change, Persons 60+, Rural</b>			
Table 3c. Population living in rural areas (AoA/SPR definition)			
Honolulu	60+	Rural 60+	All Rural
1990 Census	<b>128,490</b>	<b>24,828</b>	<b>276,939</b>
2000 Census	<b>150,910</b>	<b>5,622</b>	<b>40,244</b>
Source: EOA Data			

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. The comparison of the 1990 and 2000 Censuses show that areas traditionally thought of as “country” – Waialua, Waianae, Koolauloa, Koolaupoko – gained population, while areas considered “town”, that is, Honolulu, lost population. The major population growth has been and continues to be in the Ewa district.

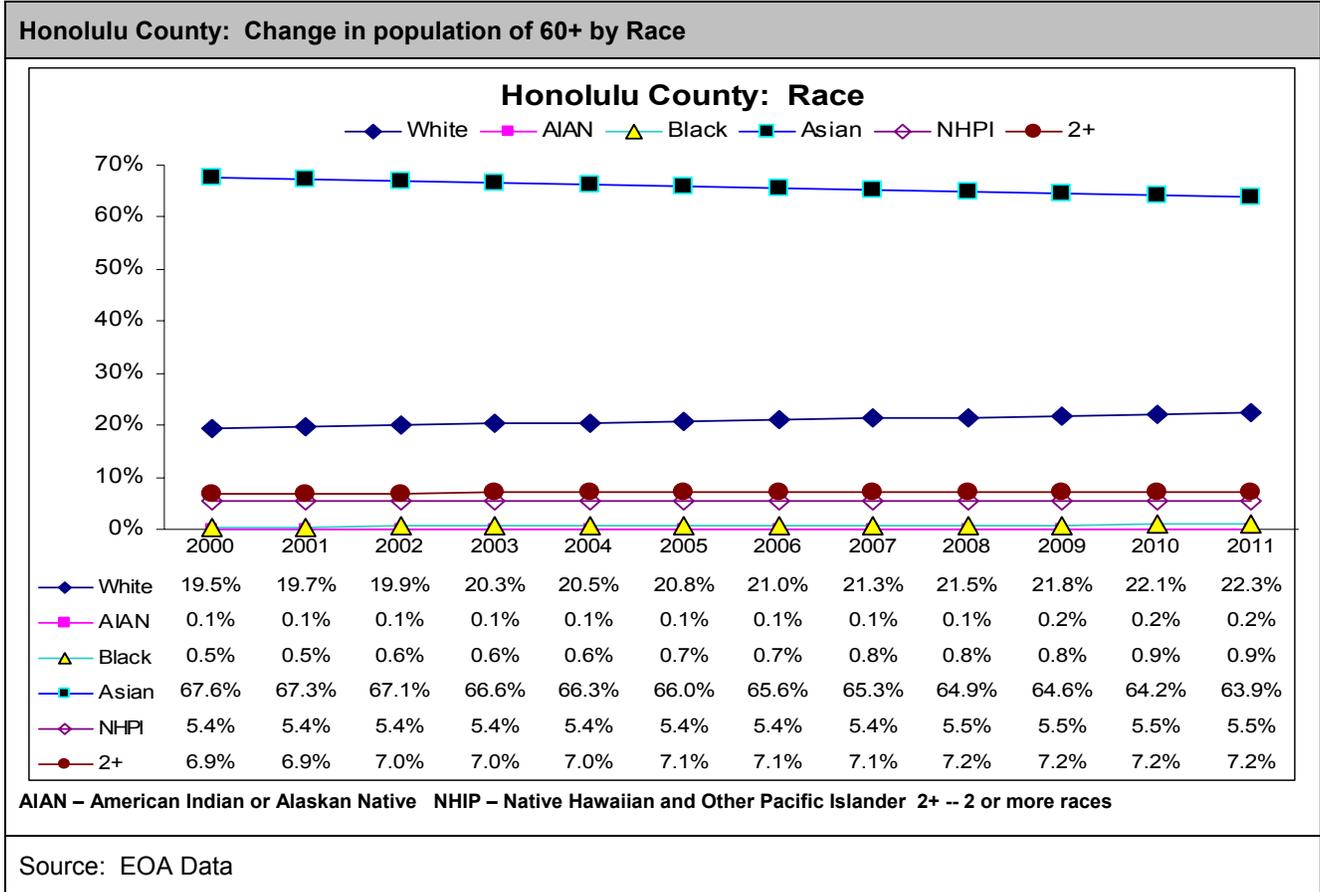
<b>Oahu Population Change 1990 – 2000 by District</b>			
	1990	2000	2000-1990
Honolulu	<b>377,059</b>	<b>372,279</b>	<b>(4,780)</b>
Ewa	<b>230,189</b>	<b>272,328</b>	<b>42,139</b>
Wahiawa	<b>43,886</b>	<b>38,370</b>	<b>(5,516)</b>
Waianae	<b>37,411</b>	<b>42,259</b>	<b>4,848</b>
Waialua	<b>11,549</b>	<b>14,027</b>	<b>2,478</b>
Koolauloa	<b>18,443</b>	<b>18,899</b>	<b>456</b>
Koolaupoko	<b>117,694</b>	<b>117,994</b>	<b>300</b>
Total	836,231	876,156	39,925
Source: Hawaii State Data Book, 2005			

## Changes in Ethnic Composition Over Time

According to the 2000 Census, the percentage of Honolulu's population considered to be "minority" was 77%. By 2011 the percentage of those considered minority will decrease to 73%, a change of 4%. The greatest changes between "minority" and "non-minority" will actually occur on the neighbor islands.



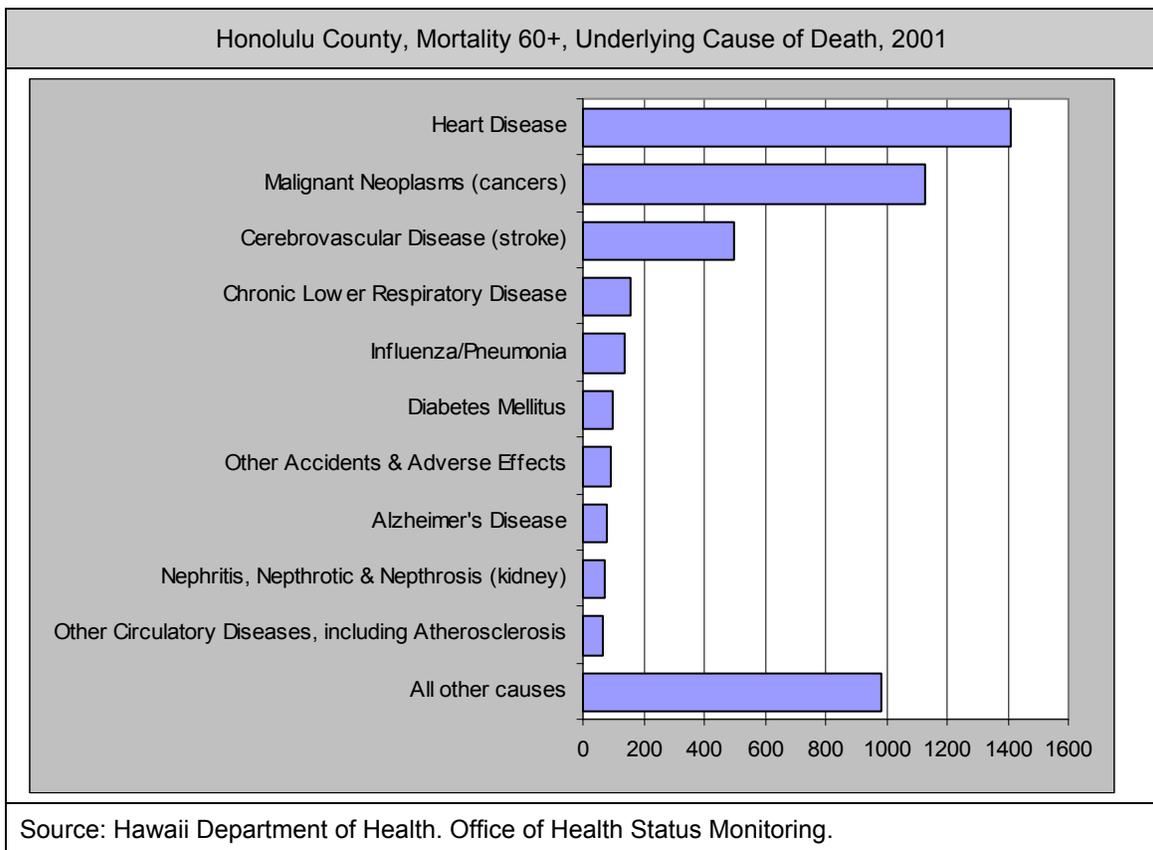
Among minority groups, the decrease in population representation will occur among persons whose only racial designation is Asian. Every other single-race minority group, along with persons of two or more races, will stay relatively proportionate. Part of the shift in the proportion of Asians can be attributed to the fact that Asians have a relatively high rate of marriage outside of their racial group.



## Health Status

### Cause of Death

Since at least 1950, the leading causes of death in the United States have been heart disease, cancer (malignant neoplasms), and stroke (cerebrovascular disease). These causes continued to hold the lead position in Honolulu in 2001.



The 10 leading causes of death in the City and County of Honolulu are heart disease, cancer (malignant neoplasms), stroke (cerebrovascular disease), chronic lower respiratory disease, diabetes, influenza/pneumonia, kidney disease, Alzheimer's Disease, accidents & adverse effects, and other circulatory diseases. Over the years the ranking of any particular disease may change slightly, but the top 10 remain the same.

Honolulu County: Mortality 60+: Underlying Cause of Death, 1999-2001						
	1999		2000		2001	
	Rank	Count	Rank	Count	Rank	Count
<b>Heart Disease</b>	<b>1</b>	<b>1388</b>	<b>1</b>	<b>1633</b>	<b>1</b>	<b>1412</b>
<b>Malignant Neoplasms (cancers)</b>	<b>2</b>	<b>1084</b>	<b>2</b>	<b>1046</b>	<b>2</b>	<b>1127</b>
<b>Cerebrovascular Disease (stroke)</b>	<b>3</b>	<b>490</b>	<b>3</b>	<b>442</b>	<b>3</b>	<b>496</b>
<b>Chronic Lower Respiratory Disease</b>	<b>4</b>	<b>190</b>	<b>4</b>	<b>167</b>	<b>4</b>	<b>158</b>
<b>Diabetes Mellitus</b>	<b>6</b>	<b>127</b>	<b>5</b>	<b>106</b>	<b>6</b>	<b>96</b>
<b>Influenza/Pneumonia</b>	<b>5</b>	<b>169</b>	<b>8</b>	<b>67</b>	<b>5</b>	<b>138</b>
<b>Nephritis, Nephrotic &amp; Nephrosis (kidney)</b>	<b>7</b>	<b>91</b>	<b>6</b>	<b>81</b>	<b>9</b>	<b>73</b>
<b>Alzheimer's Disease</b>	<b>10</b>	<b>68</b>	<b>9</b>	<b>66</b>	<b>8</b>	<b>81</b>
<b>Other Accidents &amp; Adverse Effects</b>	<b>9</b>	<b>75</b>	<b>7</b>	<b>70</b>	<b>7</b>	<b>92</b>
<b>Other Circulatory Diseases, including Atherosclerosis</b>	<b>7</b>	<b>91</b>	<b>10</b>	<b>57</b>	<b>10</b>	<b>68</b>
<b>All other causes</b>		<b>930</b>		<b>891</b>		<b>982</b>
Total (Honolulu County)		4703		4626		4723

Source: Hawaii Department of Health. Office of Health Status Monitoring.

It is believed that deaths from these diseases could be reduced with the introduction of behavioral changes such as increased exercise, reduced sun exposure and changes in dietary habits, etc.

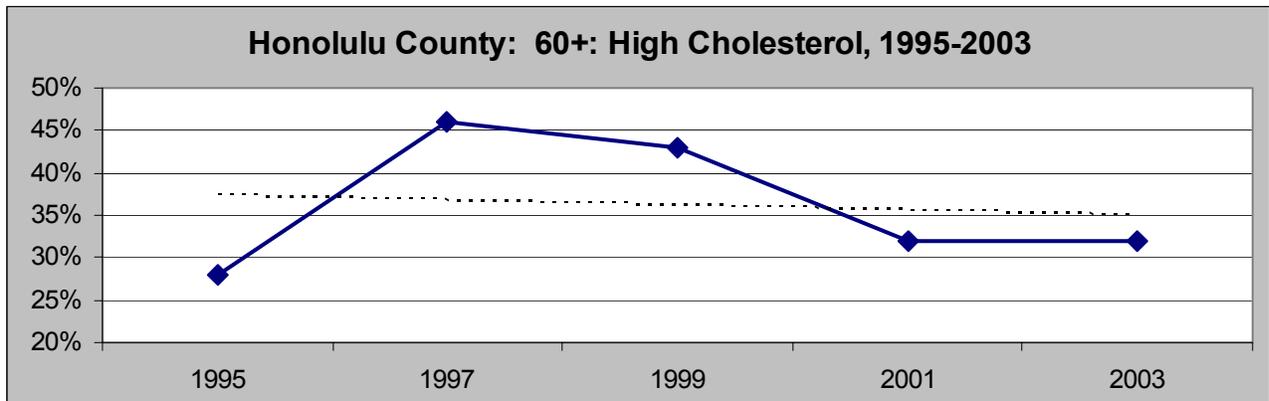
### Chronic Conditions

To date, efforts to reduce the relative prevalence of chronic conditions among Honolulu's senior population have had mixed success.

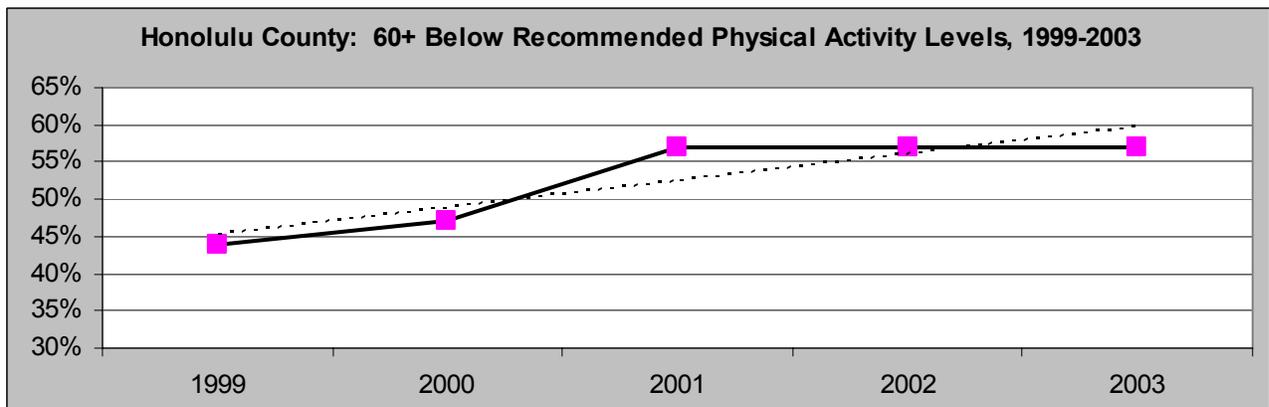
Honolulu County: 60+ Survey Results								
	1995	1997	1998	1999	2000	2001	2002	2003
<b>High Cholesterol (1)</b>	<b>28%</b>	<b>46%</b>		<b>43%</b>		<b>32%</b>		<b>32%</b>
<b>Below Recommended Physical Activity Levels (1,2)</b>				<b>44%</b>	<b>47%</b>	<b>57%</b>	<b>57%</b>	<b>57%</b>
<b>Less than 5 Fruits/Vegetables Daily (1)</b>			<b>65%</b>		<b>75%</b>	<b>70%</b>	<b>76%</b>	<b>66%</b>
<b>Diabetes (1)</b>				<b>11%</b>	<b>12%</b>	<b>15%</b>	<b>16%</b>	<b>17%</b>
<b>High Blood Pressure/Hypertension (1)</b>	<b>39%</b>	<b>42%</b>		<b>48%</b>		<b>51%</b>		<b>49%</b>
<b>Overweight or Obese (1)</b>				<b>41%</b>	<b>46%</b>	<b>42%</b>	<b>48%</b>	<b>37%</b>

(1) Source: Hawaii Department of Health, Behavioral Risk Factor Surveillance System.  
(2) Includes individuals who are physically inactive and individuals who exercise irregularly (do some physical activity but at a level below recommendations).

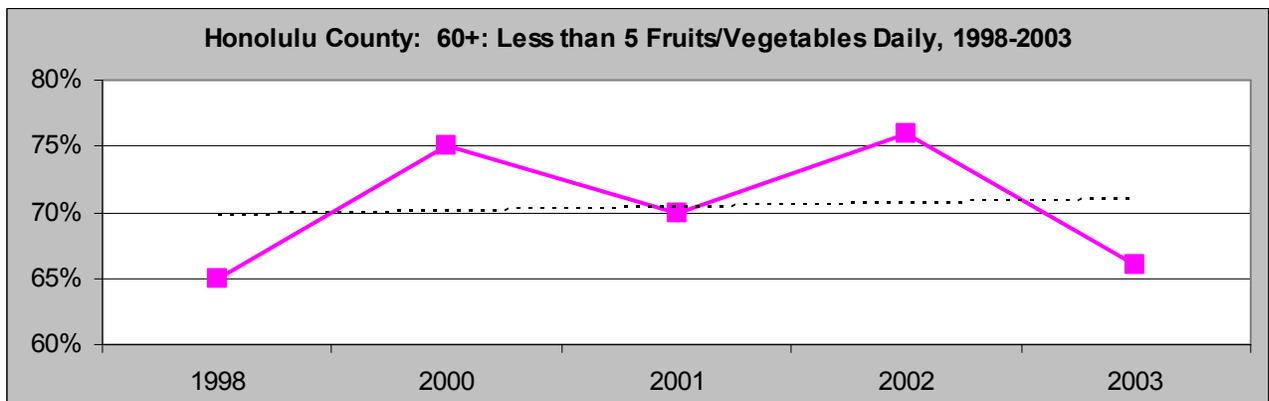
The incidence of high cholesterol among seniors has shown an overall decrease during the period surveyed. From a high of 46% in 1997, the proportion of seniors with high cholesterol decreased to 32% in 2003.



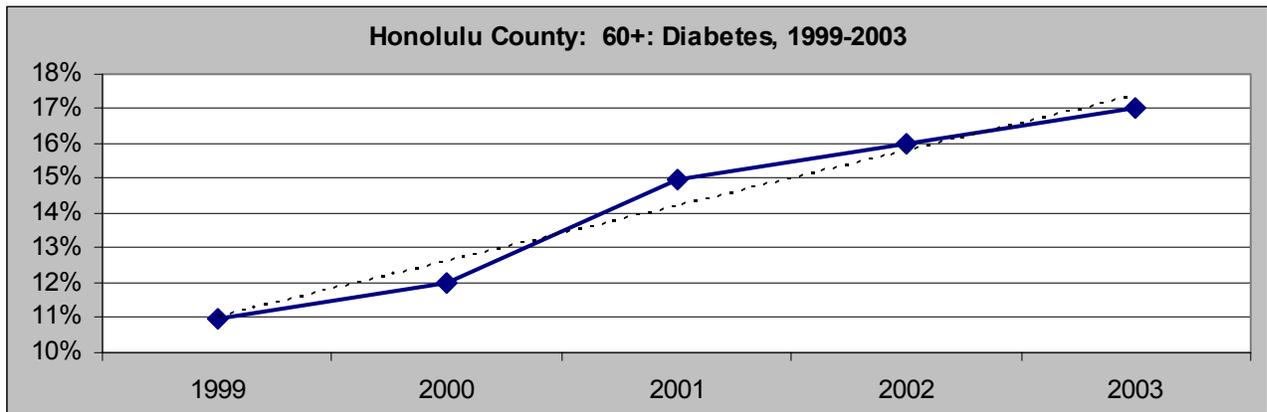
The proportion of seniors engaging in a recommended level of physical activity increased by about 13-percent between 1999 and 2003, from 44-percent to 57-percent.



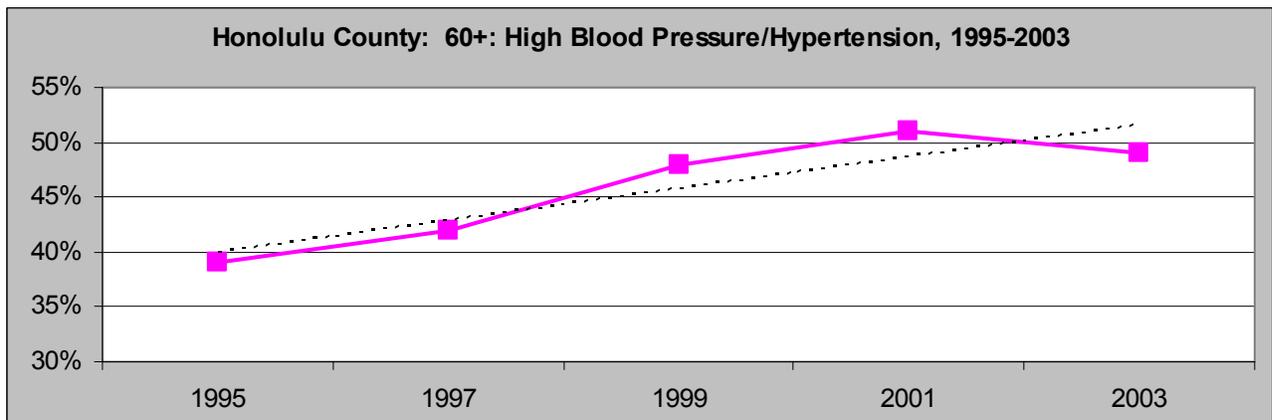
The proportion of seniors consuming less than 5 fruits or vegetables daily showed considerable variability over the survey period.



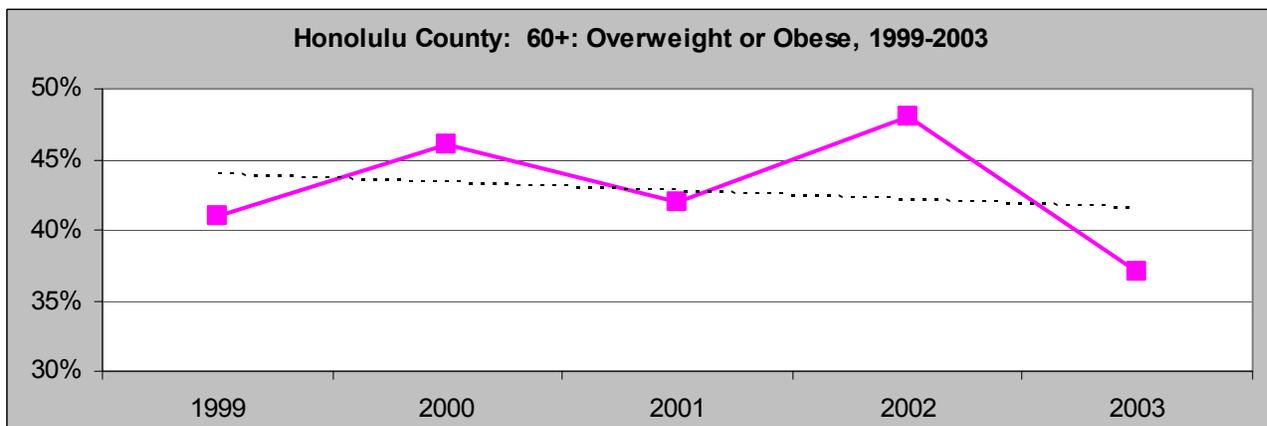
The proportion of seniors with diabetes increased from 11-percent in 1999 to 17-percent in 2003.



The proportion of seniors with high blood pressure/hypertension increased about 10-percent between 1995 and 2003.



The proportion of the seniors considered overweight or obese showed a decline, though only after rising during the first four years of the period surveyed.



There are a number of striking differences among the races reported by the Department of Health's Behavioral Risk Factor Surveillance System survey. For example, about 50% of Caucasians do not engage in the recommended level of physical activity as compared to 68% of Filipinos. On the other hand, 49% of Caucasians are identified as overweight or obese as compared to 37% of Filipinos so identified.

Honolulu County: 60+ by Race/Ethnicity (3-year Averages)*					
	Caucasian	Native Hawaiian	Filipino	Japanese	Total
<b>High Cholesterol, 1999-2003 (1)</b>	<b>30%</b>	<b>41%</b>	<b>28%</b>	<b>37%</b>	<b>36%</b>
<b>Below Recommended Physical Activity Levels, 2001-2003 (1,2)</b>	<b>50%</b>	<b>57%</b>	<b>68%</b>	<b>57%</b>	<b>57%</b>
<b>Less than 5 Fruits/Vegetables Daily, 2001-2003 (1)</b>	<b>65%</b>	<b>71%</b>	<b>67%</b>	<b>77%</b>	<b>71%</b>
<b>Diabetes, 2001-2003 (1)</b>	<b>10%</b>	<b>20%</b>	<b>22%</b>	<b>17%</b>	<b>16%</b>
<b>High Blood Pressure/Hypertension, 1999-2003 (1)</b>	<b>40%</b>	<b>57%</b>	<b>45%</b>	<b>54%</b>	<b>50%</b>
<b>Overweight or Obese, 2001-2003 (1)</b>	<b>49%</b>	<b>58%</b>	<b>37%</b>	<b>36%</b>	<b>42%</b>
(1) Source: Hawaii Department of Health, Behavioral Risk Factor Surveillance System. (2) Includes individuals who are physically inactive and individuals who exercise irregularly (do some physical activity but at a level below recommendations). * Percentages are the result of taking the average of three annual surveys. The surveys were conducted between 1999 and 2003.					

## Mental Health

The Behavioral Risk Factor Surveillance System for 2006 asked individuals whether their “Physical and/or mental health not good during past 30 days.” Respondents from Honolulu County were more likely to respond that their mental health was “not good” than residents of the other counties.

It should be noted, however, that the confidence intervals for these responses (the two columns on the right) identify a rather large interval into which a response might fall. In other words, since the confidence intervals of all the counties overlap, there is a chance that the people in all the counties are equally unhappy ... or happy.

GEOGRAPHIC AREAS	%	-C.I.95%	+C.I.95%
<b>STATE</b>	31.10	<b>28.7</b>	<b>33.5</b>
<b>COUNTY</b>			
<b>Honolulu</b>	31.8	<b>28.7</b>	<b>35.1</b>
<b>Hawaii</b>	27.4	<b>23.3</b>	<b>32</b>
<b>Kauai</b>	30.5	<b>23.8</b>	<b>38.2</b>
<b>Maui</b>	30.6	<b>26.1</b>	<b>35.6</b>
<b>HONOLULU County</b>			
<b>North Shore/Laie</b>	25.5	<b>14</b>	<b>41.7</b>
<b>Ka'a'wa/Kahalu'u/ Kaneohe</b>	26.2	<b>15.2</b>	<b>41.3</b>
<b>Kailua/Waimanalo</b>	26.2	<b>17.4</b>	<b>37.3</b>
<b>Wailae/Kahala/HawaiiKai</b>	40	<b>27.4</b>	<b>54.1</b>
<b>Kaimuki/Palolo/Waikiki</b>	30.7	<b>21.8</b>	<b>41.4</b>
<b>Manoa/Upper Makiki</b>	22.6	<b>14.2</b>	<b>34</b>
<b>Ala Moana</b>	41.9	<b>30.1</b>	<b>54.7</b>
<b>Nuuanu/Kalihi/MoanaLoa</b>	31.9	<b>21.9</b>	<b>43.8</b>
<b>Salt Lake/Foster Village</b>	35.9	<b>21.2</b>	<b>53.9</b>
<b>Aiea/Pearl City</b>	26.8	<b>19</b>	<b>36.5</b>
<b>Mililani/Wahiawa</b>	34	<b>25.2</b>	<b>44.1</b>
<b>Waipahu/Kapolei/Ewa</b>	37.6	<b>29.2</b>	<b>46.7</b>
<b>Nanakuli/Waianae</b>	25.5	<b>15.1</b>	<b>39.7</b>

## Disability

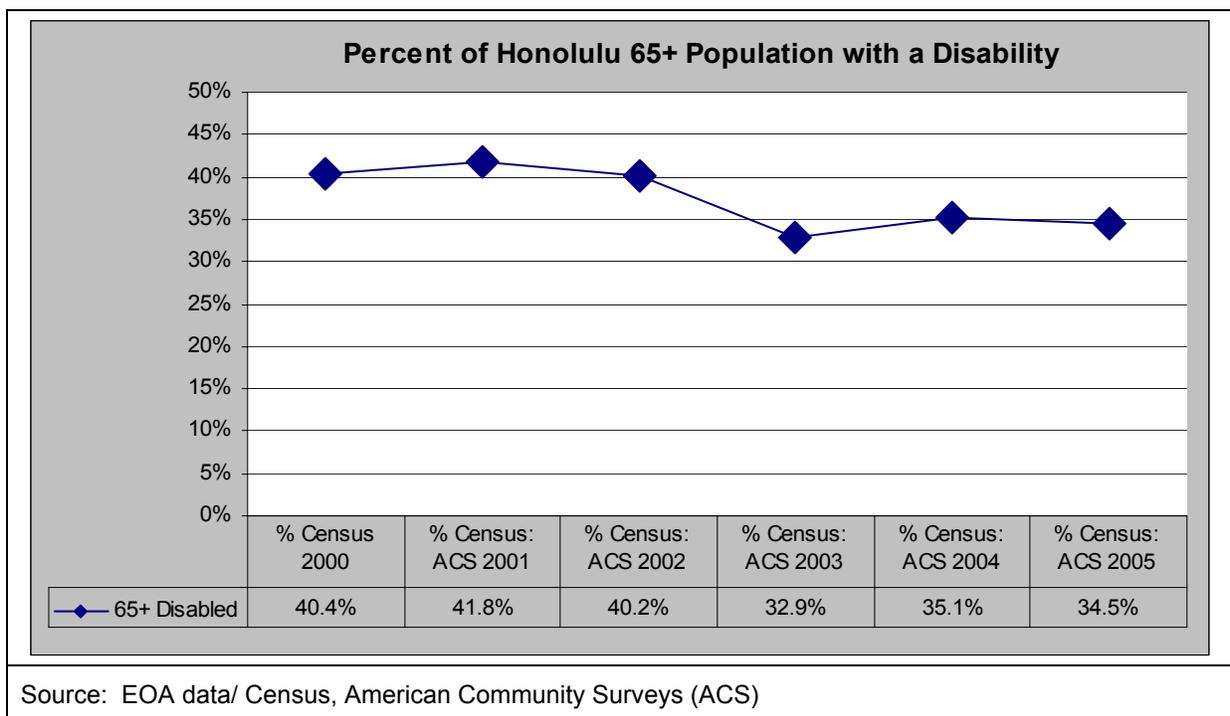
The proportion of Honolulu residents 65 years and older who have at least one disability appears to have fallen slightly from 2000 to 2005. A “disability” is defined as “long-lasting conditions” lasting 6 months or more, such as “(a) blindness, deafness, or a severe vision or hearing impairment (sensory disability) or (b) a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying (physical disability).” Disabilities are categorized by the type of activities they interfere with:

**Mental disability:** learning, remembering, or concentrating

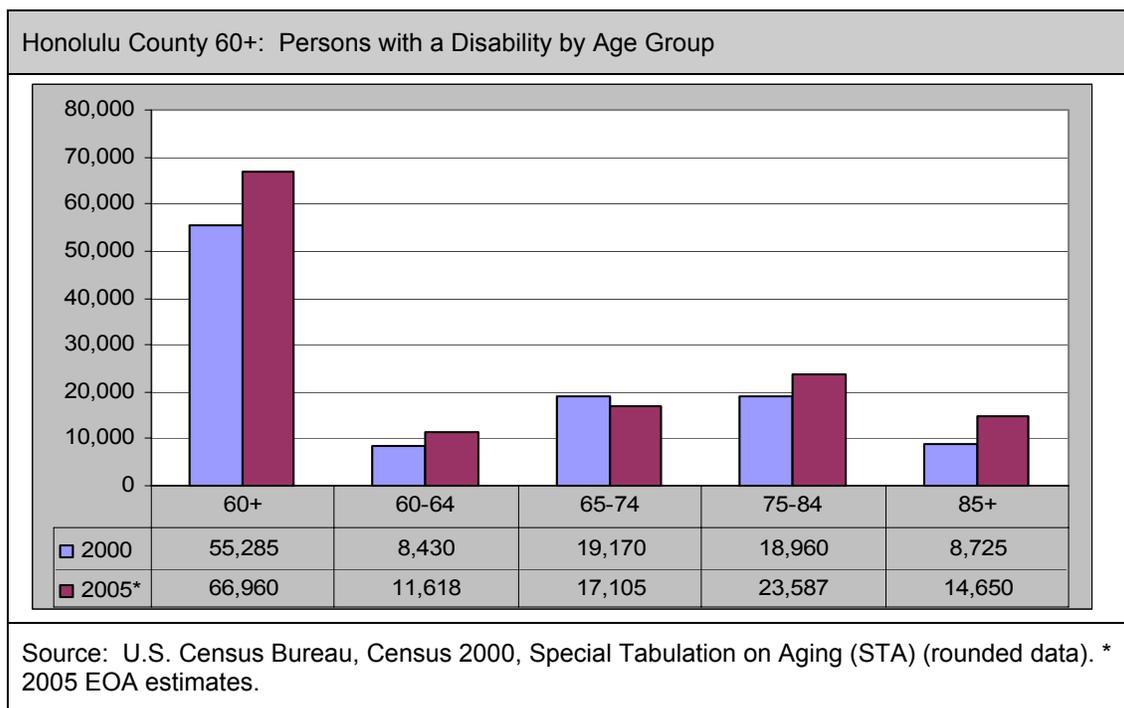
**Self-Care disability:** dressing, bathing, or getting around inside the home

**Going Outside the Home disability:** going outside the home alone to shop or visit a doctor’s office

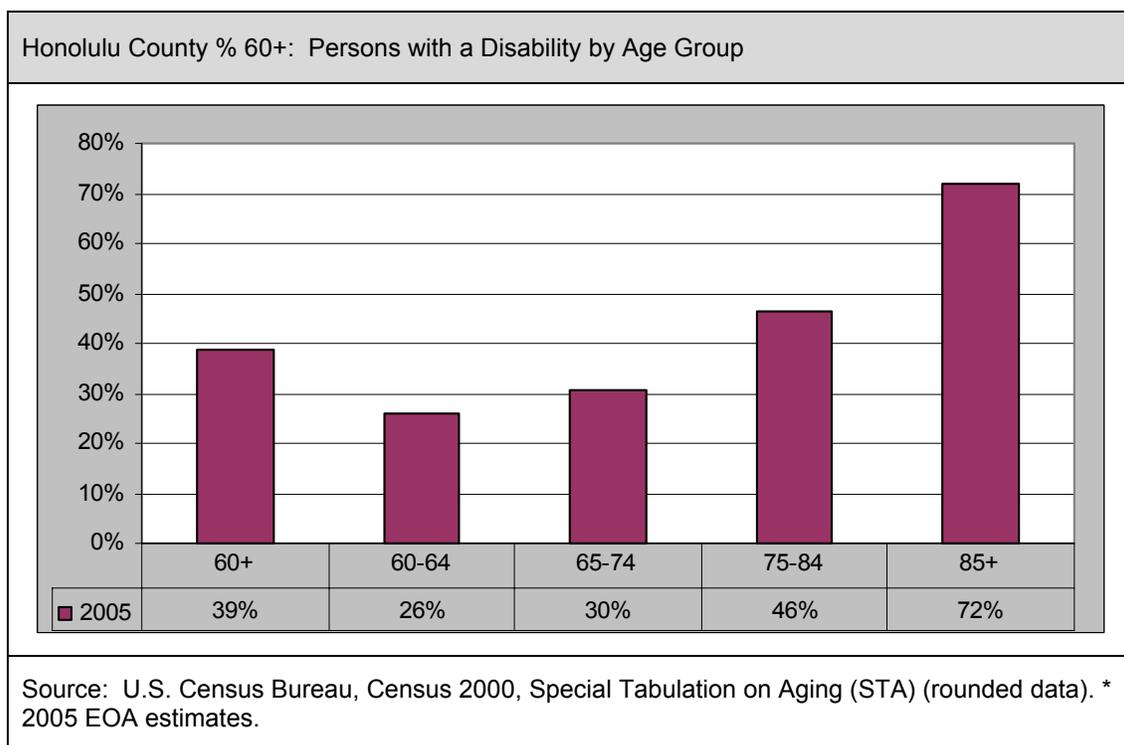
**Employment disability:** working at a job or business



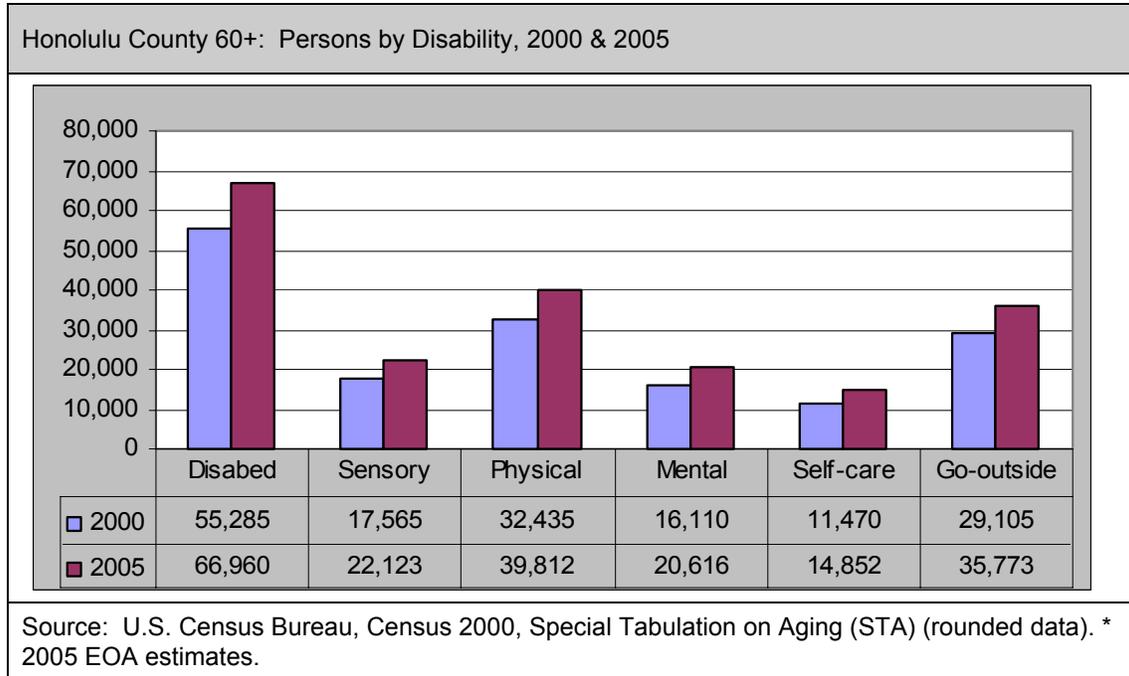
Between 2000 and 2005 the number of people 60 years of age and older with a disability increased by over 10,000 people. This increase was reflected in every age category except for persons 65 to 74 years of age.



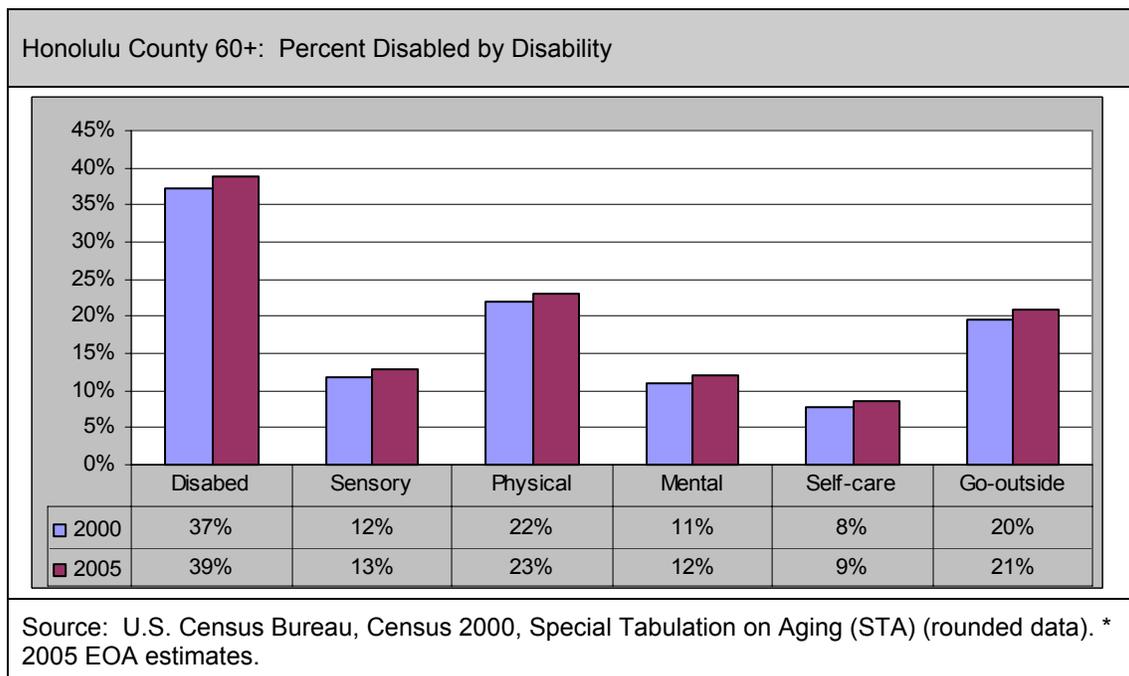
The proportion of persons 60 years and older with a disability increases with age. Of people 60 to 64-years old, one in four have at least one disability – a long-term condition that interferes with some aspect of their life. Among people 85-years or older, almost three out of four have a disability.



The most common type of disability in both 2000 and 2005 was a physical disability, followed by Go-outside-the-home disability. The sum of individual disabilities adds up to more than the total number of persons with a disability because people may have more than one disability.



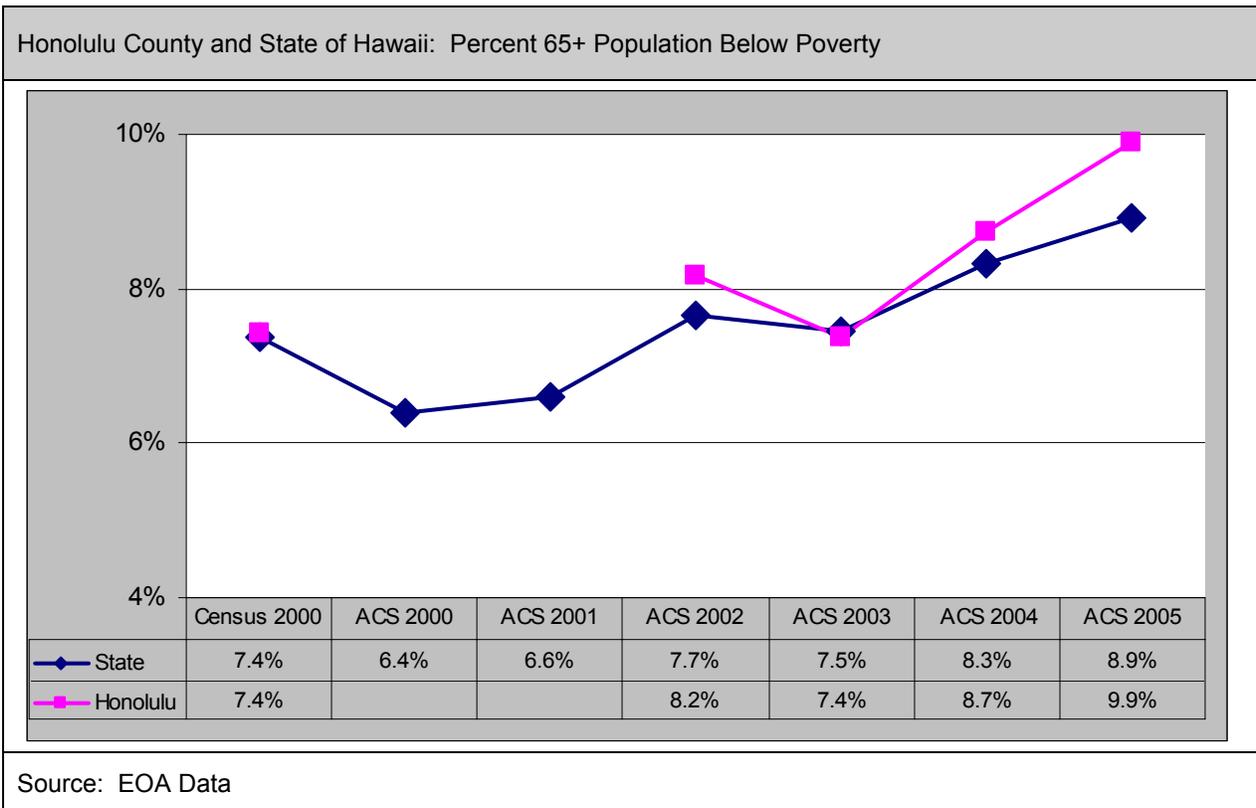
The table below indicates the prevalence of disabilities among people 60-years of age and older. For example, in 2005, about 2 out of 5 people 60 years of age or older had some kind of disability, and one in 10 had a self-care disability, that is, a problem dressing, bathing, or getting around inside the home.



## Income

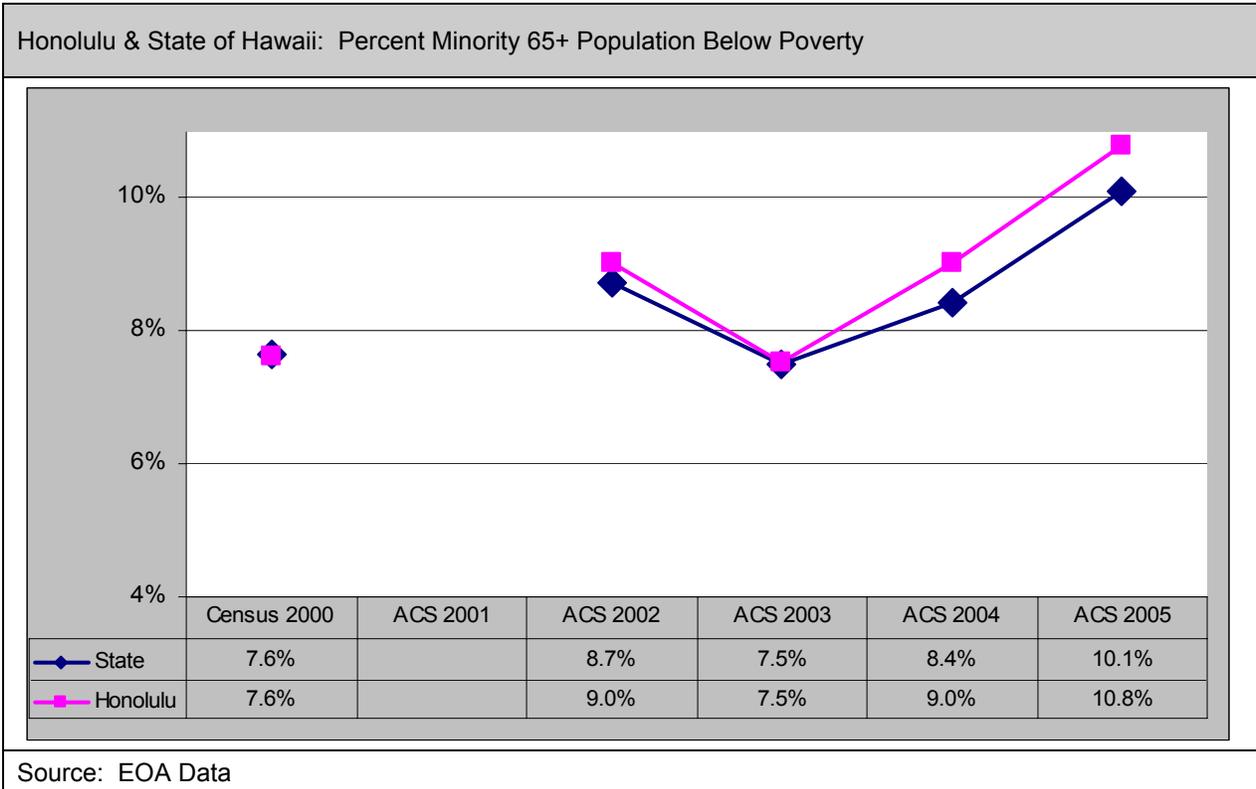
### Low-Income

Poverty rates for persons 65-years of age and older in Honolulu County are generally higher than the state average and appear to be rising at a faster rate. The poverty rates below are based on Federal poverty guidelines. The Administration on Aging adjusts these guidelines, which apply to the contiguous 48 states, taking into account the higher cost of living in Hawaii and Alaska. The poverty guidelines for Hawaii are determined to be 115% of the normal federal guidelines. Using the adjusted guidelines, the poverty rate for Honolulu and the state is somewhat higher than that illustrated below.



## Low-Income Minority

The poverty rate for minorities over 65 years of age in Honolulu is higher than for the overall 65+ poverty rate for the county. This poverty rate has been rising since 2003.



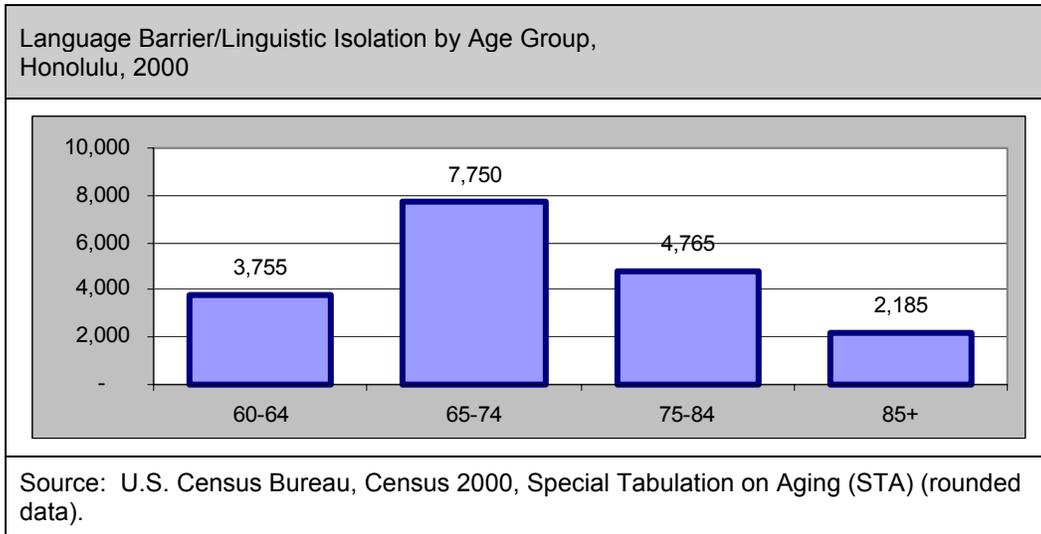
## Language Barriers

Of people 60 years of age or older in Honolulu, 18,455 or 12.2% experience a “language barrier”; that is, they speak English “not well” or “not at all”. About one out of six persons who are 85-years or older speak English “not well” or “not at all”.

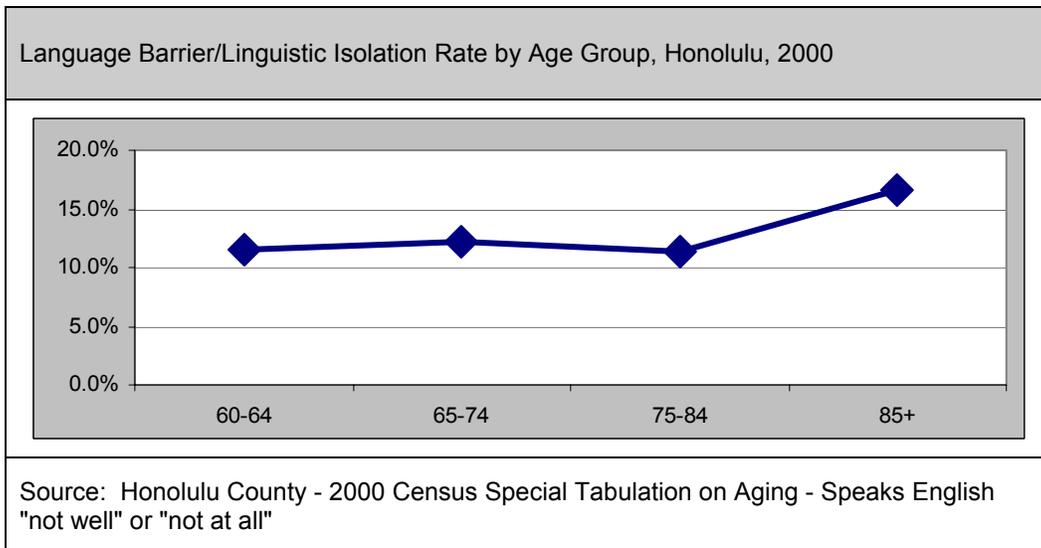
Language Barrier (speaks English “not well” or “not at all”)					
Honolulu, 2000					
	60+	60-64	65-74	75-84	85+
	<b>18,455</b>	<b>3,755</b>	<b>7,750</b>	<b>4,765</b>	<b>2,185</b>
	<b>12.2%</b>	<b>11.5%</b>	<b>12.2%</b>	<b>11.4%</b>	<b>16.6%</b>

Source: U.S. Census Bureau, Census 2000, Special Tabulation on Aging (STA) (rounded data).

The greatest number of seniors who are linguistically isolated are those who are between 65 and 74-years of age. [Note that the 60-64-year old group covers a cohort of only 5 years, while the 64-74-year old group covers a cohort of 10 years.]



The degree of linguistic isolation for seniors between the ages of 60 and 84 is about the same; about one in ten seniors between 60 and 84 have a problem speaking English. But, among seniors 85 years of age and older, the rate of linguistic isolation rises to 16.6% or about one in every six seniors.



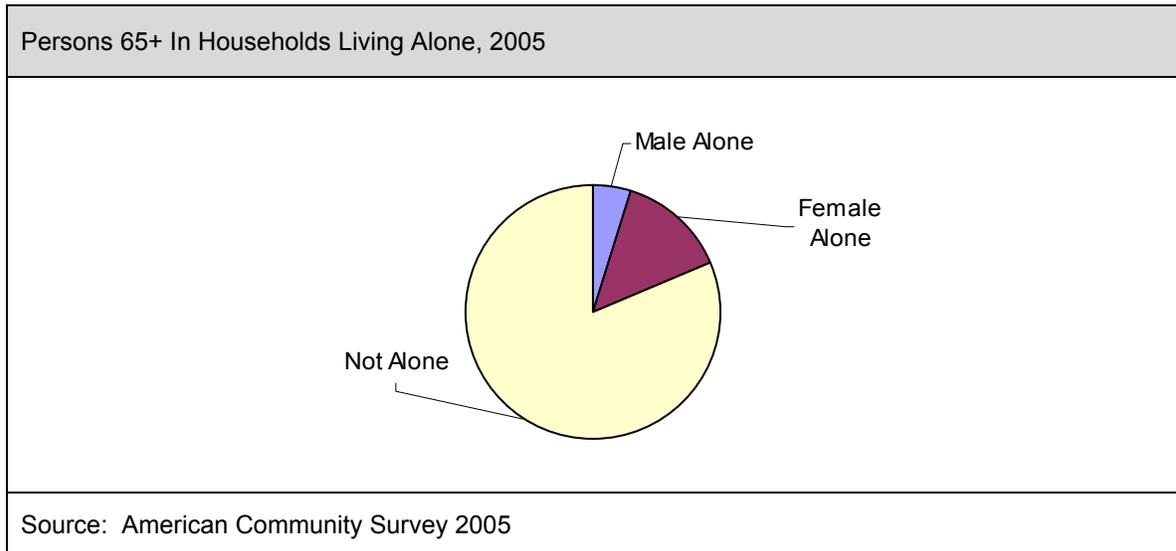
## Living Alone

Of 122,994 persons who are 65 years of age or older, 22,813 live alone. Of this number, 8,771 are renters.

Population in Non-family Households, Living Alone, Householder 65+ (Estimate), 2005				
Category	Living Alone	Total Category	Percent Total Category	Percent Total
Male	<b>5,690</b>	<b>49,989</b>	<b>11.4%</b>	<b>4.6%</b>
Female	<b>17,123</b>	<b>73,005</b>	<b>23.5%</b>	<b>13.9%</b>
Renter Occupied	<b>8,771</b>	<b>122,994*</b>	<b>7.1%</b>	<b>7.1%</b>

Source: American Community Survey 2005. \* All persons 65+ (not households).

Of all the people 65 years and older, 4.6% of the men and 13.9% of the women live alone for a total of 18.5% of all people 65 years of age and older who live alone.



## Caregivers

### Alzheimer's and Caregivers

The Alzheimer's Association estimates that about 11,834 people or 10% of Oahu's population 65 years of age or older have Alzheimer's Disease. A more conservative estimate by Spector suggests that 3.8% or 4,497 have cognitive impairment. [Spector, W.D. "Cognitive Impairment and Disruptive Behaviors Among Community Based Elderly Persons: Implications for Targeting Long Term Care," The Gerontologist 31(1): 60-66].

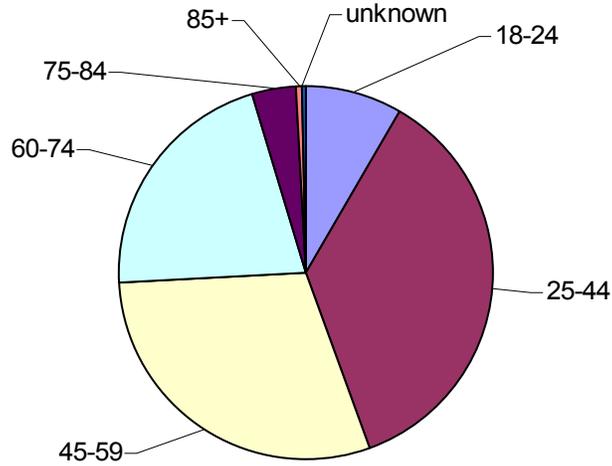
The Alzheimer's Association also notes that "more than 7 of 10 people with Alzheimer's disease live at home. Almost 75% of the home care is provided by family and friends." ["Statistics: About Alzheimer's Disease", Alzheimer's Disease and Related Disorders Association, Inc. 7/02, LIB620Z].

Family caregiving, especially of older family members such as parents and grandparents, is becoming more common. 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 people prefer and cultural practices support multiple generation households, family caregiving is even more prevalent. The 2000 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 of 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.

<b>Age Distribution Of Caregivers In Honolulu County</b>					
<b>Age</b>	<b>Caregiver</b>	<b>Not a caregiver</b>	<b>Don't know or refused</b>	<b>TOTAL</b>	<b>Caregiver, % of TOTAL</b>
18-24	<b>7,906</b>	<b>75,959</b>	<b>757</b>	<b>84,622</b>	<b>9.34%</b>
25-44	<b>34,500</b>	<b>229,249</b>		<b>263,749</b>	<b>13.08%</b>
45-59	<b>28,343</b>	<b>129,460</b>	<b>241</b>	<b>158,044</b>	<b>17.93%</b>
60-74	<b>20,026</b>	<b>91,656</b>		<b>111,682</b>	<b>17.93%</b>
75-84	<b>3,675</b>	<b>27,696</b>		<b>31,371</b>	<b>11.71%</b>
85+	<b>503</b>	<b>7,405</b>		<b>7,908</b>	<b>6.36%</b>
unknown	<b>308</b>	<b>3,103</b>		<b>3,411</b>	<b>9.03%</b>
<b>TOTAL</b>	<b>95,261</b>	<b>564,528</b>	<b>998</b>	<b>660,787</b>	<b>14.42%</b>
Source: Hawaii Behavioral Risk Factor Surveillance System 2000, Community Health Division, Department of Health, State of Hawaii.					

Honolulu, 2000: Caregivers By Age Group



Source: Hawaii Behavioral Risk Factor Surveillance System 2000, Community Health Division, Department of Health, State of Hawaii.

Women provide the majority of care, comprising 57.33% of caregivers.

**Gender Distribution Of Caregivers**

	Caregiver	Not a caregiver	Don't know or refused	TOTAL	Caregiver, % of TOTAL	% of All Caregivers
Male	54,017	398,825	972	453,814	11.90%	42.67%
Female	72,581	371,210	224	444,015	16.35%	57.33%
TOTAL	126,598	770,035	1,196	897,829	14.10%	100.00%

Source: Hawaii Behavioral Risk Factor Surveillance System 2000, Community Health Division, Department of Health, State of Hawaii.

Caregivers were slightly less likely to have health insurance and were more likely to rate their general health as “fair” or “poor” than non-caregivers; 16% and 11% respectively.

Honolulu, 2000: Health Characteristics of Caregivers and Non-Caregivers		
HEALTH CHARACTERISTICS	CAREGIVERS	NON-CAREGIVERS
<b>Has no health insurance</b>	<b>8%</b>	<b>6%</b>
<b>General health status</b>		
<b>Excellent</b>	<b>17%</b>	<b>22%</b>
<b>Very good</b>	<b>32%</b>	<b>33%</b>
<b>Good</b>	<b>35%</b>	<b>34%</b>
<b>Fair</b>	<b>11%</b>	<b>9%</b>
<b>Poor</b>	<b>5%</b>	<b>2%</b>
<b>Total</b>	<b>100%</b>	<b>100%</b>

Source: Hawaii State Department of Health. *Behavioral Risk Factor Surveillance System. 2000.*

When people were surveyed about who they would call to arrange for long-term care, caregivers were twice as likely as non-caregivers to indicate that they would provide the care themselves. Caregivers were somewhat less likely to indicate that they would call a nursing home or health service than non-caregivers; 8% to 13% respectively. Finally, caregivers were half as likely than non-caregivers to indicate that they did not know whom to call.

Honolulu, 2000: “Who Would You Call To Arrange For Long-Term Care?”		
	% CAREGIVERS	% NON-CAREGIVERS
<b>Relative or friend</b>	<b>30%</b>	<b>31%</b>
<b>Would provide care myself</b>	<b>44%</b>	<b>22%</b>
<b>Nursing home or home health service</b>	<b>8%</b>	<b>13%</b>
<b>Doctor or nurse</b>	<b>3%</b>	<b>4%</b>
<b>Area Agency on Aging</b>	<b>2%</b>	<b>2%</b>
<b>Other</b>	<b>2%</b>	<b>3%</b>
<b>Don’t know whom to call</b>	<b>11%</b>	<b>25%</b>
<b>Total</b>	<b>100%</b>	<b>100%</b>

Source: Hawaii State Department of Health. *Behavioral Risk Factor Surveillance System. 2000.*

Finally, the role of being a caregiver is one that is not always recognized, understood or accepted. Studies of the caregiving experience have identified a number of stages in the caregiving process.

## STAGES IN CAREGIVING FROM CAREGIVER PERSPECTIVE

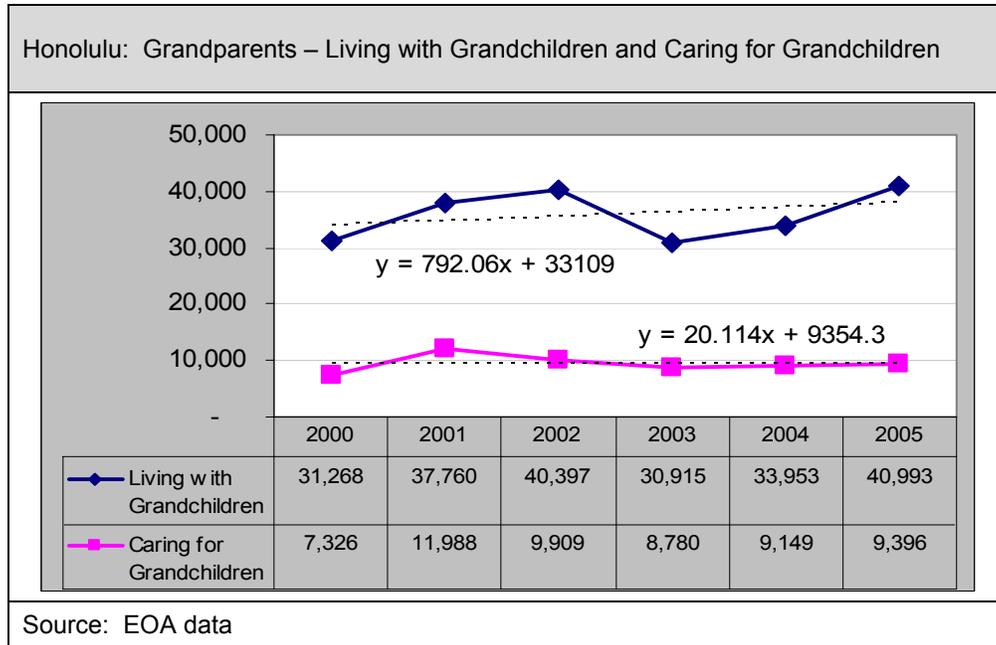
STAGE	DESCRIPTION
<b>I. Performing caregiving tasks</b>	When a dependency situation emerges in which a family member or close acquaintance performs tasks designed to assist an older individual with routine activities previously performed without assistance.
<b>II. Self-definition as a caregiver</b>	When individuals come to view themselves as caregivers and incorporate this activity onto their social or personal identity.
<b>III. Performing personal care</b>	When the caregiver begins providing personal care such as assistance with bathing, dressing, bladder and bowel evacuation, or other aspects of personal hygiene. Whereas the need for personal care marks the end of informal caregiving for many children, it often signals an unambiguous start of caregiving for spouses.
<b>IV. Seeking assistance and formal service use</b>	When the caregiver actively seeks out formal support services designed to assist informal caregivers. The frequent observation that many support services go unused likely reflects the fact that the services have been targeted to caregivers who have not yet reached this stage, which can be considered the “servable” moment.
<b>V. Consideration of nursing home placement</b>	When the caregiver seriously considers placing the elder into a nursing home as an alternative to informal caregiving. When caregivers fail to seek services prior to seriously considering nursing home placement, there is little opportunity for services to play a preventive role.
<b>VI. Institutionalization</b>	When nursing home placement occurs. As many dependent elders die without ever residing in a nursing home, not all caregivers reach this stage.
<b>VII. Termination of the caregiving role</b>	When caregiving has an explicit end. There are three possible reasons: 1) death of the elder (or caregiver); 2) recovery of the elder; or 3) termination of the caregiving role (i.e.—caregiver quits). The significance of this stage is that it acknowledges that care by informal caregivers continues to be provided after the elder has been institutionalized.

72 Montgomery, R.J.V., & Hatch L. The Feasibility of Volunteers and Families Forming a Partnership for Caregiving. In Brubaker T (Ed.), *Family and Long-term Care* (pp. 143-161). 1997. Beverly Hills, CA: Sage Publications.

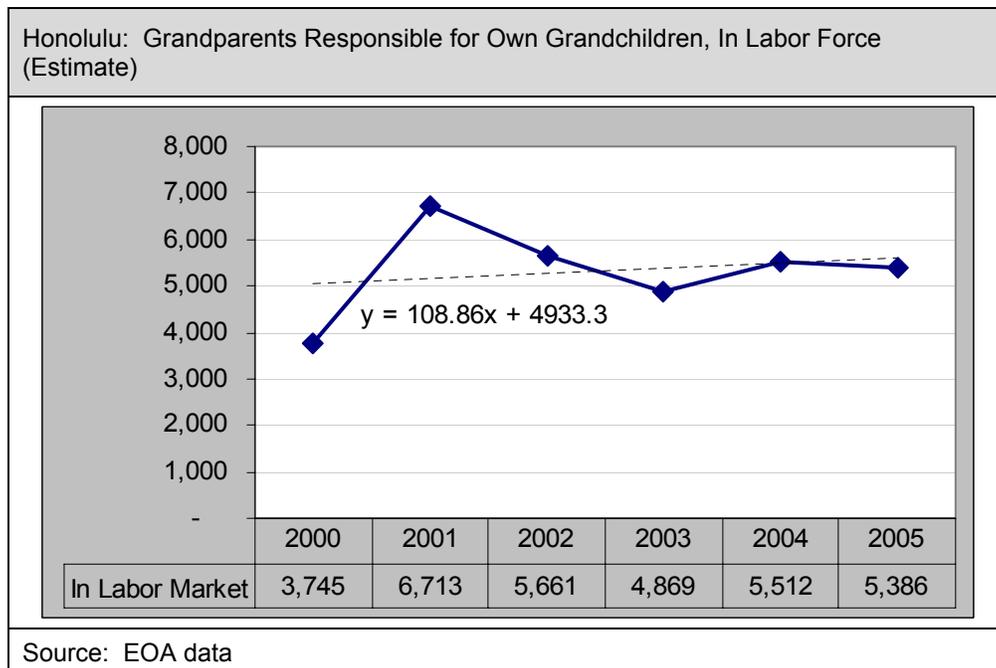
73 Pearlin, L.I. The Careers of Caregivers. *The Gerontologist*, 32:647. 1992.

## 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 to their grandchildren. This group has also been increasing, but at a lower rate of about 20 per year.



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.



## **2. Issues and Areas of Concern**

The preceding profile provided demographics of the older population using secondary data sources. This section describes the process used by Elderly Affairs Division to collect information about local needs, areas of concern, and strategies to meet those needs. It also summarizes key findings.

### **Approaches to Information Collection**

We utilized several processes to collect information about local needs, areas of concern, and strategies to meet needs:

1. Traditional needs assessment using census data, survey and program data.

For development of this area plan all of the Census 2000 data was available along with Special Tabulations that were developed for the Administration on Aging. In addition, the Census American Communities Surveys (ACS) data was available for 2001 through 2005. While the estimates provided by the ACS are based on data collected from a 10% sampling of Census families, they are none the less the best estimates for ongoing changes in our population.

Extent of Need for various categories of service (Part I, Section C) is estimated using theoretical formulas for rates of disability in the general population by age groups. Over the last 10 years, disabilities rates have begun to decline. This year the formula used to develop these estimates were updated for the first time in approximately 15 years through the diligent work of EOA staff.

We inventoried the existing services currently provided for those 60 and over on Oahu. Service Providers were asked to indicate what types of services they provided and to how many persons 60 and older. This is an extensive process. The problem with such an inventory is that often it is difficult to quantify specific services as they vary so much among providers even though we provide a glossary describing each service with our survey. Private service providers are often reluctant to share what they feel is proprietary data, especially in a market that is becoming increasingly competitive. Additionally, providers do not always keep data by age or location. In this inventory we found that service providers were more apt to simply indicate that a particular service was among those they provided and less likely to indicate the specific number served than in inventories conducted in previous years. The total number of units of service for each category is the sum of each of the providers' data. As a result, the total units of service for each category is more than likely inflated and the resulting numbers for unmet needs is probably smaller than it is in reality.

Program data was reviewed. Particularly useful were records of calls made by the public to our Information and Referral line as well as what our Community Service Aides see in the field as they canvas the island. This information is useful in informing us something about unmet needs. Waitlists for services are sometimes helpful but may not tell the entire story as people often do not get on wait lists -- they move on to another service or agency because they need the service immediately or they do not get the service they need because there is no capacity or the cost is too high. Additionally, our contracted service providers do not place individuals on waitlists until they have been able to complete an assessment and intake for the individual requesting service. Conducting assessments cost money and agencies prefer not to direct scarce funds to assessment if there is little likelihood of delivering the service in the near future.

2. Assessment of the future environment, changing client population, and development of our vision, philosophy, mission, and desired outcomes.

A variety of techniques are used, some providing more representative samples than others. Due to cost, our surveys did not randomly sample the target population. However, if results from a number of surveys provided similar information, especially if they concurred with research findings or accepted national surveys, we had strong reason to believe they likely reflected the current reality. We also analyzed our client population using SAMS data. This was helpful as it showed that we are reaching targeted groups at a higher rate than initially envisioned.

3. Community planning input through forums, conferences, surveys and the Honolulu Committee on Aging.

These group processes helped to give us more details about a particular concern or need, fleshing out the issue. Direct discussions were especially helpful with older adults, as literacy is a concern, especially with our older, non-English speaking populations. Even if seniors are literate, we have found they often do not like to complete phone or written surveys, especially if the surveys are long.

4. Use of secondary data (existing studies, surveys).

In Honolulu many agencies have the elderly as the target group for their mission. We collected and analyzed descriptive information about these agencies' target populations and about what's happening to them over time. As funding for human services either declines or remains stagnant, it is vitally important that providers of human services collaborate as well as not duplicate services in an effort to leverage resources.

Additionally, staff met over an extended period of time to discuss our strengths and interests as they related to the specific goals and objectives our agency would be pursuing over the next four years. What has evolved is a series of activities to be pursued.

## **New Data Collection**

### Analysis of EAD Clients

Approximately 8,000 older individuals received a variety of in-home and community based services in FY 06 including meals, personal care and transportation. Another 16,000 received additional services such as counseling, health promotion, housing and legal assistance. Family caregivers also benefited with 800 receiving a variety of assistance from case management to supplemental services. Of those older adults and their caregivers who received registered services 8% lived in rural areas, 15% were severely disabled, 30% were low-income/minority, 31% live at or below the poverty level, 63% have greatest social need and 72% are minority. EAD serves all targeted groups in excess of their prevalence in the community.

### Kupuna Care Client Satisfaction Surveys – 2005/2006

Two services and three service provider agencies were surveyed over the last 2 years. Forty-five percent of those surveyed responded. Of those responding to our survey on home-delivered meals services, 86% indicated this service met their needs and 90% would recommend the service to others. Ninety-eight percent of those responding to our transportation survey reported that the service met their needs, 99% felt safe when riding in the van and 100% would recommend the service to others.

EAD plans to continue to administer two client satisfaction surveys annually as part of our ongoing quality control program.

### Caregiver Conferences/Surveys

Begun in 2002 as a way to reach many caregivers at once, EAD continued to co-sponsor annual caregiver conferences. Each conference attracted more than 800 participants who attended sessions ranging from monitoring prescription drugs to managing difficult behaviors. Continuing partners, AARP, HMSA and Alu Like helped EAD to organize the events. The 2006 conference at the Hawaii Convention Center was planned in collaboration with the Assistive Technology Resource Center to address the needs of both caregivers and persons with disabilities.

Some interesting statistics about Hawaii' caregivers are:

- 14% of adults are informal caregivers providing regular care to an older adult
- the average age of caregivers in Hawaii is 47
- 43% are male and 57% are female
- 65% are employed
- 9% are 18-24; 36% are 25-44; 30% are 45-59; 20% are 60-74, 5% are 75 and older
- 18% are Native Hawaiian; 16% are Filipino; 15% are Japanese; 12% are Caucasian
- 35% of caregivers report that the person they care for lives in the same household
- 29% of care recipients continue to live alone
- the average length someone provide care is 4 years

Survey results have shown that the services family caregivers would consider using vary a great deal. When surveyed, family caregivers indicated they would consider using the following services:

Information & training	54%
Health services for caregivers	54%
Health services for care recipient	53%
Making a care plan, finding services	51%
Companionship for care recipient	48%
Transportation	46%
Light cleaning or meal preparation	43%
Day respite or supervision	43%
Caregiver support groups	41%
Overnight respite or supervision	35%
Personal or family counseling	35%
Bathing or personal services	33%
Home delivered meals	32%

\* Source: Profile of Hawaii's Older Adults and Their Caregivers, May 2006, State of Hawaii, Department of Health, Executive Office on Aging

### White House Conference on Aging Focus Groups – January 2005

In January 2005, EAD held a focus group comprised of service providers as well as other members of the community to discuss issues and priorities important to Oahu's seniors.

The following issues emerged as the most important:

- Health Promotion/Education – Programs encouraging healthy aging should be supported because those who stay active, healthy and informed usually require less intensive service provision as they age.
- Family Caregiving – Family members are the largest providers of care, saving the healthcare system and taxpayers untold millions of dollars annually. More often than not, their lives and finances are negatively affected by their caregiving activities. We should encourage development of solutions to ease these burdens.
- Workforce/Community Development – There is a shortage of qualified nurses at all levels, certified nurses' aides and home health workers. We need to create a system that attracts and prepares those who are interested and qualified to work in the home health industry.

- Affordable/Supportive Services, including Housing – Supportive services that allow seniors to maintain themselves in the environment of their choice should be supported.
- Long-Term Care – How will we pay for it?
- Death with Dignity – People want it but we can't agree on how to make it work.
- National (Universal) Health Insurance – Our healthcare system deals with aging by crisis management rather than as a natural process. Institutionalization should be the last resort – so how do we delay or prevent it?
- Social Security – Social Security Reform is coming whether we like it or not. How can we live with the proposed changes?

These issues and concerns helped to direct the development of focus groups for the Silver Legislature held in November 2005.

#### Alu Like's Needs Assessment Update – 2005

EAD contracts with non-profit service provider agencies that are directed to provide service preference to eligible individuals in specific target groups depending on the service being delivered. Minorities are one of the targeted groups. Of all those receiving registered services funded by EAD, Native Hawaiians comprised 5.4% of our client population.

Fortunately there is another non-profit agency that receives Title VI funding directly from the Administration on Aging to serve Native Hawaiians. Alu Like has two programs targeted to their elderly clients, *Ke Ola Pono No Nā Kūpuna Program (Good Health and Living for the Elderly)* provides nutritional and supportive services for Native Hawaiian elderly 60 years and older much like those provided with funding from EAD. The Native American Caregivers Support Program is a pilot project designed to establish quality standards through surveys and the evaluation of informational workshops, user-friendly manuals and practical toolkits for family caregivers of Native Hawaiians.

Its latest Needs Assessment conducted by SMS, Inc., found that:

- Native Hawaiian elders are more likely than elderly in other ethnic groups to report lower health status including: more diabetes, asthma, overweight and obesity
- Transportation is a key need to attend programs, visits to doctors and picking up groceries and prescriptions
- Homebound elders needs in-home service such as housekeeping and meals, especially on the weekend
- Respite services are required for those caring for spouses or other family and friends
- Food insecurity is related to lack of income even though they are more likely to receive public assistance than other ethnic groups
- Service providers also identified housing assistance as a major need

Recommendations included:

- Housing organizations to handle referrals for housing assistance
- Service providers should partner with other organizations so a full menu of in-home service can be offered when needed
- Programs offering health education, nutrition counseling and education, and exercise should reach more Kupuna
- Transportation services should be expanded
- Respite services should be made available to Kupuna caring for spouses and other family members and friends

#### “Ka Lei Mahana O Na Kupuna” Tutu Conference – September 2005

This conference for grandparents raising grandchildren was the first of its kind in Hawaii. Held at the Makaha Resort on the Wai’anāe Coast and co-sponsored with AARP, Alu Like, Hawaii Intergenerational Network, Queen Lili’oukalani Children’s Center and Hawaii Family Services, the conference brought together grandparents, service providers and elected representatives to provide a day of support for grandparents raising grandchildren. Hawai’i leads the nation in grandparent-headed households who are raising their second family. Lay leaders talked about traditional grandparent-grandchild relationships. Elected representatives provided information on grandparent rights, or the lack thereof, which resulted in vocal calls for changes to the system and the creation of a *Grandparents’ Bill of Rights*. A panel of community organizations provided information on resources in the Leeward area.

A survey of grandparent caregivers was conducted at the conference. Eighty-four attendees responded to the twenty-one question survey. Of the 84 who responded to the 21 questions survey, 61% were between the ages of 51 and 65; 79% were female and 71% were Hawaiian or part Hawaiian. Eighty-six percent were caring for their grandchildren who ranged in ages from under a year to 28. Surprisingly, 67% said their living arrangements were adequate even though most were caring for more than one grandchild. But almost all indicated they needed some type of financial assistance and were interested in learning about and receiving services but didn’t know where to go for support. Most said that other family members or friends helped them care for their grandchildren although 26% said they had no help. Since 65% cared for their grandchildren full-time, most were required to make substantial adjustments to their earning capacity with 13% changing or reducing their work hours, 23% using leave time or taking a leave of absence and another 45% quitting or retiring early. The reasons they were caring for their grandchildren were varied and ranged from the children’s parents being deployed (1) to on drugs (25).

#### Silver Legislature – November 2005

“From Grumble to Rumble” was held at the state Capitol November 16 - 18. Kokua Council, a long-time senior advocacy group, spearheaded the mock legislative session. More than 150 participants, ages 50-94, engaged in a mock legislative process to propose, lobby and vote on bills and resolutions that concern seniors. The participants’ careful work and impassioned advocacy alerted Legislators to the importance of issues effecting Hawaii’s seniors, their families and caregivers as well as the community.

The event laid the groundwork to take bills and resolutions to the 2006 Hawaii State Legislature. Key members of the Legislature established a Kupuna Caucus to promote legislation resulting from the conference. Some of the proposals that moved to forward during the 2006 and 2007 legislative sessions included: appropriation of funds to renovate empty state rental housing units; increased funding for Kupuna Care services; establishment of a state funded family caregiver assistance program; appropriations of \$206,000 to establish a long-term care resource initiative at Kapiolani Community College for paraprofessionals and family caregivers; and pedestrian safety initiatives.

#### NORC Task Force – October to December 2005

As a result of issues discussed during the 2005 Legislative session, Senate Concurrent Resolution 79 was passed requesting to convene a task force to facilitate the establishment of Naturally Occurring Retirement Communities (NORCs) in Hawaii. NORCs are any geographic area with a high concentration of elderly. In Hawaii we see these high concentrations in areas with apartments, condominiums and even entire neighborhoods of single-family homes where people have aged in place. As our community rapidly ages, it is becoming more apparent that we are not able to place, seniors needing substantial personal care into institutional facilities as Hawaii has very few skilled nursing beds as compared to the population needing such care. The cost of such care is prohibitive to both individuals and government. Bringing supportive services into NORCs is a potentially viable solution. This Task Force performed data collection and surveyed a number of existing property management companies who operate buildings that fit the NORC definition. The results showed that there is increasing awareness of the need and a general willingness to address the needs of residents if some of the liability issues can be addressed for both the management companies and the resident associations. It was recommended that further, more complete surveys be done of more buildings before attempting to establish aging in place projects.

### White House Conference on Aging – December 2005

The EAD County Executive on Aging attended the 2005 White House conference on Aging along with 11 other delegates representing Hawaii. A total of 1,200 delegates prioritized 50 resolutions and developed implementation strategies that were presented to the president and Congress to help guide our national aging policy. The top 10 priorities included: reauthorization of the Older Americans Act within 6 months; development of a coordinated, comprehensive long-term care strategy; ensure that older adults have transportation options to retain mobility and independence; strengthen and improve the Medicare program for seniors; support geriatric education and training for all healthcare professionals, para-professionals, health profession students and direct care workers; promote innovative models of non-institutional long-term care; improve recognition, assessment, and treatment of mental illness and depression among older adults; attain adequate number of healthcare personnel in all professions who are skilled, culturally competent and specialized in geriatrics; and improve state and locally based integrated delivery systems to meet 21<sup>st</sup> century needs of seniors.

### Planning, Education and Advocacy Sub-Committee to the Honolulu Committee on Aging - February 2006

The Planning, Education and Advocacy Sub-committee (PEAS) to the Honolulu Committee on Aging formed to concentrate on and coordinate HCOA's interest in providing education and advocacy of issues related to aging. The committee spent 18 months compiling and reviewing data and literature pertaining to the health status and needs of older individuals. The findings were summarized in a one-page document entitled, "State of elderly affairs in Honolulu, Hawaii, 2005." Major points of the summary included:

- More older individuals, in absolute numbers as well as proportions, are living longer but not necessarily better;
- Government and other aging related service providers have to meet serious and pressing needs of overwhelming magnitude faced by the older adult population;
- Within 6 years, the first wave of baby boomers transitioning into the older years may significantly intensify this already serious problem;
- EAD follows a policy of focus on secondary and tertiary support to meet the greatest needs, and therefore few resources are available to engage in primary prevention efforts.

PEAS recommended and HCOA accepted that the following broad outcomes guide future policy making, program planning and resource allocation efforts and initiatives:

- Older adults are able to live independently in their homes for as long as possible;
- Better quality of life for older adults and their family caregivers; and
- Effective primary prevention programs resulting in lower per capita costs.

Finally, PEAS recommended the following four broad goals to HCOA:

- Older adults are able to make informed decisions and have access to services in a timely manner; Family caregivers have supportive programs and services that address their needs so that they can continue to provide care for their older adults;
- Public and private sectors support workforce development for better care of our older adults; and
- Government policy and resource allocation efforts support primary prevention efforts for healthy/successful aging.

### Senior Issues Forum – June 2006

Held on June 30<sup>th</sup>, the senior issues forum "*Redirecting Aging in the 21<sup>st</sup> Century*" brought in 130 opinion leaders of all ages gathered to express their opinions and learn about aging issues on Oahu. They participated in discussions on 6 topics: Caregiving, Health and Long-Term Care, Housing, Mobility, Security and Volunteerism. Participants came from all sectors of the workforce and community including aging advocates, community organizations, government and non-profit agencies as well as interested individuals. After being provided with background information on the Aging Network and the demographics of Honolulu's seniors, focus groups met and produced a wealth of perspectives. Several issues emerged consistently: concern about decreased funding, increased need, Oahu's patchwork of long-term care, lack of information and the lack of political will. Barriers identified included: ageism, denial, lack of money, information, outreach and knowledge.

Potential bridges suggested with which to resolve issues included: collaboration, early education and intervention, primary prevention, increased funding, multi-lingual and cultural approaches and sensitivity training.

#### Service Provider Issues Analysis FY 2006

Each year in their annual reports, EAD's contracted service providers are asked to tell us the issues they continue to face as they strive to provide contracted services as well as new trends they are beginning to see. The following issues and trends topped the list for the most recent data collected at the end of June 2006:

##### Ongoing Issues:

1. Increase in chronic conditions due to increased age and frailty
2. Increase in the number of people requiring more one-on-one assistance, multiple services and follow-up
3. Increased homelessness, even among the elderly
4. Increased demand for affordable rental units as well as supportive services in elderly housing projects
5. Increased demand for home-delivered meals, transportation services, caregiver assistance, legal assistance for both clients and caregivers, health maintenance classes and other types of preventive services, and support for grandparents caring for minor grandchildren

##### New Trends:

1. Increased length of waitlists and the time it takes to begin services
2. Interest in developing a Grandparents Bill of Rights
3. Need to increase caregiver support services and to bring these services to the caregiver such as in the workplace or at more convenient times and/or locations
4. Awareness of the rapidly increasing number of older adults who need services
5. Need to provide services, especially Adult Day Care, on other days and at other times

#### Honolulu Committee on Aging Retreat – November 2006

Members of the Honolulu Committee on Aging participated in a retreat to discuss the role of the advisory council. They discussed their vision for Honolulu's as well the role seniors would play. They discussed what they would like to see evolving over the next 5 – 10 years and how they, as an advisory body to the Mayor of Honolulu could assist in seeing the vision fulfilled. They developed a first draft of their community vision that included: having a community that is livable and affordable, intergenerational, has an active citizenry and provides a wide-range of choices for older adults as well as families. They agreed to more clearly define this vision over the next several months. They also targeted mobility as their primary area of concern and submitted testimony to City Council on this issue as it related to the consideration of the development of a fixed guideway system for Honolulu.

#### PABEA Community Forums – 2006 - 2007

The Policy Advisory Board on Elderly Affairs (PABEA), an advisory group to the State Executive Office on Aging, held a number of public forums during 2006 and 2007. Community members, caregivers, service providers, government agencies and officials met to discuss areas of concern and priority issues regarding seniors in Hawaii. Four focus groups were held on Oahu with the following issues receiving priority status:

- Support for family caregivers
- Meeting residents' needs for personal care
- Protecting institutionalized patients during natural disasters
- Enhancing pedestrian safety
- Making prescription drugs more affordable
- Increasing consumer protection
- Preventing elder abuse
- Removal of barriers to aging in place
- Grandparent rights
- Improving health care

During the 2006 and 2007 Legislative sessions, PABEA and other aging network advocacy groups channeled the energies of the many and varied organizations, agencies and individuals concerned with elderly issues into advocacy and action, that resulted in the passage of a number of key pieces of legislation and additional funding for services for care recipients as well as caregivers.

#### Livable Communities Conference – November 2006

In an effort to expand dialogue and planning for Hawaii's aging society, the State Executive Office on Aging and the four County Area Agencies on Aging collaborated to expand the dialogue between public and private sectors, non-profit organizations and the community. A conference was held on November 15<sup>th</sup> at the East-West Center at the University of Hawaii at Manoa. More than 150 people from across the state attended, including representatives from government, policy makers, private sector, experts in transportation, housing, planning and the community. Keynote speakers and panels discussed a variety of issues facing Hawaii as it prepares for the aging tsunami. Questions were asked such as "Is your community a good place in which to grow up and to grow old?", "Will your community be able to meet your needs when you are 65, 75, 85 and older?", and "If not, what can you do now to begin to make your community a livable community for all ages?" Breakout groups organized by island discussed their next steps. Follow-up meetings on some of the topic areas such as pedestrian safety and transportation have taken place on Oahu. Further discussions on a variety of topics are planned.

### **Conclusion**

Currently, those 60 years and older living on Oahu, comprise 17.9% of our island's population. This cohort is expected to grow at a rate four times as fast as the population as a whole so that by 2020, one out of every four persons, or 25% of those living on Oahu will be 60 or older. Those 85 and older are the fastest growing group, growing at a rate more than four times as fast as the 60+ population.

Our state is blessed with tremendous ethnic and cultural diversity. We also see wide ranges in the health, wealthy and mobility of those 60 and older. Competing demands make it difficult to address the needs of all with our limited resources. The older old, often on fixed pensions, face increased medical costs as well as the physical impacts of chronic disease. Our service providers report that clients are experiencing increasing limitation due to increases in the number of Activities of Daily Living and Instrumental Activities of Daily Living. They find that individual cases take longer to treat, resulting in reduced number of clients served at increased costs per case.

Economic conditions factor in to the health and welfare of our seniors at an increasing rate. The increasing cost of living makes it difficult for families to provide the supports seniors need. Modernization initiatives proposed or enacted on of Social Security and Medicare, programs upon which most older adults depend for the majority of their retirement income as well as health care, are a great cause of concern. Many subsidized rental projects have been converted to condominiums while others continued to be threatened with sale to for-profit companies. A new threat sits just over the horizon as the first wave of lease expirations that will result in the land under condominiums reverting back to the landowners begins in 2007. A disproportionate share of these homeowners are elderly and will be left without a home or assets because no equity will exist as the fee owners take possession of the condominium or coop apartments. Several years of increases in assessed valuations have negatively affected both renters and homeowners regardless of age, putting additional stress on seniors living on fixed incomes who continue to pay a disproportionately large percentage of their income for housing. While Hawaii's recent economic conditions and low unemployment has helped many of our island residents, continuing high prices and low wages relative to the high cost of living continue to affect families as well as older adults. This sometimes results in less than optimal housing choices such as shared living quarters as adult offspring return home or as seniors must baby-sit grandchildren while their adult children work at more than one job. A more recent phenomenon is the increase in the number of grandparents raising grandchildren, only recently documented by the Census 2000, often due to the parents' drug use and/or incarceration.

The sheer volume of information on home and community based services, health care and housing options can be overwhelming. Technology can be a double-edged sword, on one hand providing our seniors with more options for the use of things like assistive devices. On the other hand, the overwhelming number of choices can also create confusion.

Ongoing trends include:

1. Increase in chronic conditions due to increased age and frailty
2. Increase in the number of people requiring more one-on-one assistance, multiple services and follow-up
3. Increased homelessness, even among the elderly
4. Increased demand for affordable rental units as well as supportive services in elderly housing projects
5. Increased demand for home-delivered meals, transportation services, caregiver assistance, legal assistance for both clients and caregivers, health maintenance classes and other types of preventive services, and support for grandparents caring for minor grandchildren
6. Increased incidence of financial abuse, exploitation and neglect of seniors, not only by strangers, but by family members
7. Need for overnight respite and mental health services
8. Continued staffing shortages, especially of multi-lingual workers and volunteers, due to the tight employment market
9. Continued reduction in the number of volunteers, especially for home-delivered meals, as those connected with the military continue to be activated, deployed or relocated and as the price of fuel continues to rise
10. Increased in hoarding behaviors that create health and safety issues
11. Increased need for counseling and placement services as families become unable to care for their loved ones
12. Rising health insurance and prescription medication costs and the need for assistance with medication management
13. Flat or decreased funding for services as the number of people needing them increase
14. Increased program costs
15. Increased concern of parents caring for adult children with disabilities between the ages of 50 and 59

Emerging issues in 2006 included:

1. Increased length of waitlists and the time it takes to begin services
2. Interest in developing a Grandparents Bill of Rights
3. Need to increase caregiver support services and to bring these services to the caregiver such as in the workplace or at more convenient times and/or locations
4. Awareness of the rapidly increasing number of older adults who needs services
5. Need to provide services, especially Adult Day Care, on other days and at other times
6. Increased demand for case management services
7. Unavailability of basic counseling services
8. Increase in the number of requests for supplemental service such as nutritional drinks, incontinence supplies, and durable equipment such as wheelchairs,
9. Increase in the number of clients wanting primary prevention services such as exercise and health maintenance programs
10. Increased demand for transportation services, especially for more personalized trips

## **B. Description of Existing Programs and Services**

The previous section described the older adult population and their needs. This section provides information on existing services on Oahu.

### **Existing Programs and Services**

The chart on the following pages shows programs and services provided by services providers contracted by EAD as well as other programs. In reviewing the data, 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 list was used as a starting point and other service providers were added as we became aware of them. Letters were sent to each provider with a list of service categories and a glossary of terms. 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 services provided and unduplicated number of older adults served by their programs.
- The period of time for which the data is reported is not uniform. As best as possible, it presents unduplicated counts of older adults 60 years of age and older who were served for the FY 2006 or that agency's last full year of service prior to the date of the survey, January – April 2007.
- Services provided in the community are not standardized and vary considerably. However, for planning purposes we listed the services reported under the categories use by the Older American Act to the extent possible. This is done to estimate the need in the next section. Many agencies provide more services than what is shown, but only those services that correspond to the Older Americans Act service categories are shown.
- Data was collected from annual reports, if available, by phone interview and by written survey. The data may not be complete as many service providers do not keep statistics on unduplicated numbers of persons served per year, by age or by geographical area served. Others may not have the capability or may not be willing to tally this data for our purposes. In many cases, estimates were given or calculated.
- "X" was used for those agencies which provide a particular service and responded to our survey but were unable or unwilling to provide the number of unduplicated persons served during the previous reporting period.

### Existing Programs and Services

SERVICE	PROVIDER	Num. Clients	Notes / Num. Providers
<b>AdultDayCare / Health</b>		<b>1,832</b>	<b>35</b>
	Aged to Perfection	80	
	Aloha Nursing & Rehab Centre	308	
	Arcadia Retirement Residence	90	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Central Union Church - Adult Day Care and Day Health Center	100	
	Easter Seals Hawaii Home and Community-Based Services	6	
	Eldercare Hawaii		<b>X</b>
	Franciscan Adult Day Center	59	
	Goodwill Industries of Hawaii Inc.	4	
	Hale Kako'o Alzheimer's Adult Day Care Center	40	
	Jewish Community Services		<b>X</b>
	Ka Hale O Kupuna Daycare Center, LLC	21	
	Kaneohe Community & Senior Center	1	
	Kapolei Adult Day Care Center of Seagull Schools Inc.	70	
	King Lunalilo Adult Day Care Center	20	
	Kuakini Adult Day Care- Aiea Satellite	75	
	Leahi Adult Day Health Center	38	
	Lotus Adult Day Care Center		<b>X</b>
	Ma'ili Ola Adult Day Care	25	
	North Shore Hale Adult Day Care	20	
	Options for Elders Inc.		<b>X</b>
	PACE Hawaii	94	
	Palolo Chinese Home	71	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Preferred Home and Community Based Services		<b>X</b>
	Respite Companion Service Program (RCP)		<b>X</b>
	Salvation Army - Adult Day Health Services	110	
	SECOH Senior Center	25	
	St. Francis Medical Center-West		<b>X</b>
	The Arc in Hawaii	9	
	Tripler Army Medical Center	20	
	VA Center for Aging		<b>X</b>
	Waianae Coast Comprehensive Health Center	31	
	Waipahu Hongwanji Mission Adult Day Care Center	95	
	Windward Seniors Day Care	240	
<b>Advocacy / Representation</b>		<b>24,586</b>	<b>43</b>
	Abel Case Management Inc.	70	
	Aloha Nursing & Rehab Centre	170	
	American Diabetes Association/Hawaii	100	
	Arcadia Retirement Residence	300	
	Avalon Care Center	490	
	Bilingual Access Line (24-hours)		<b>X</b>
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	3	
	Coalition for Affordable Long Term Care	7,000	
	Commerce & Consumer Affairs:	220	
	Eldercare Hawaii		<b>X</b>
	Epilepsy Foundation of Hawaii	600	
	Gallaudet University Regional Center		<b>X</b>

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Hale Kako'o Alzheimer's Adult Day Care Center	5	
	Hawaii Disability Rights Center	115	
	HCAP Honolulu Community Action Program	50	
	Honolulu Gerontology Program	61	
	Hawaii State Teachers Assoc. – Retired (HSTA-R)	4,000	
	Jewish Community Services		<b>X</b>
	Ka Punawai Ola	350	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center	5	
	KKV Elderly Services Program		<b>X</b>
	Kokua Council	80	
	Leahi Adult Day Health Center	10	
	Leahi Hospital Nursing Home		<b>X</b>
	Ma'ili Ola Adult Day Care	25	
	Mental Health Association in Hawaii		<b>X</b>
	Na Loio		<b>X</b>
	NARFE - National Association of Retired Federal Employees		<b>X</b>
	Options for Elders Inc.	50	
	ORI Anuenue Hale Inc.	12	
	Palolo Chinese Home		<b>X</b>
	Pearl City Nursing Home	277	
	Residential Choices Inc.	105	
	SCSEP (Senior Community Service Employment Program)	10	
	SECOH Senior Center		<b>X</b>
	Senior Community Services Employment Program (SCSEP)	203	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	St. Francis Medical Center-West		<b>X</b>
	State Office of the Ombudsman	5,983	
	State Office of Veterans Services	4,200	
	The Arc in Hawaii		<b>X</b>
	U.S. Consumer Product Safety Commission		<b>X</b>
<b>Assessment / Screening</b>		<b>29,052</b>	<b>63</b>
	Abel Case Management Inc.	70	
	Adult Mental Health Division	189	
	Aged to Perfection	80	
	Alu Like	300	
	Arcadia Home Health Services	20	
	Arcadia Retirement Residence	300	
	ATRC		<b>X</b>
	Bilingual Access Line (24-hours)		<b>X</b>
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	60	
	Case Management Inc.	300	
	Central Union Church - Adult Day Care and Day Health Center	100	
	Convalescent Center of Honolulu	129	
	Dept. of Human Services (DHS)	792	
	Easter Seals Hawaii Home and Community-Based Services	6	
	Epilepsy Foundation of Hawaii		<b>X</b>
	Foster Grandparent Program	160	
	Hale Ho Aloha	99	
	Hale Nani Rehabilitation & Nursing Center	450	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Kai Retirement Community	81	
	Hawaii Med-Quest Division (DHS)	15,000	
	Ho'opono	182	
	Honolulu Gerontology Program	772	
	Hospice Hawaii	681	
	Housing Solutions Inc.	24	
	Integrated Case Management Services	125	
	Island Nursing Home		<b>X</b>
	Island Skill Gathering	200	
	Jewish Community Services		<b>X</b>
	Ka Punawai Ola	314	
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center	300	
	Kapiolani Women's Health Center		<b>X</b>
	Kapolei Adult Day Care Center of Seagull Schools Inc.	70	
	King Lunalilo Adult Day Care Center	20	
	KKV Elderly Services Program	120	
	Korean Care Home	25	
	Leahi Adult Day Health Center	38	
	Leahi Hospital Nursing Home		<b>X</b>
	Lotus Adult Day Care Center		<b>X</b>
	Muscular Dystrophy Association		<b>X</b>
	Oahu Care Facility	88	
	Options for Elders Inc.	50	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	PACE Hawaii	94	
	Pacific Health Ministry	4,000	
	Palolo Chinese Home		X
	Pearl City Nursing Home	277	
	Ponds at Punaluu	50	
	Queen's Medical Center	400	
	Rehabilitation Hospital of the Pacific		X
	Safe Haven - Puuhonua	3	
	Salvation Army - Adult Day Health Services	25	
	SCSEP (Senior Community Service Employment Program)	5	
	Senior Community Services Employment Program (SCSEP)	250	
	St. Francis Medical Center-West		X
	The Arc in Hawaii		X
	The Plaza At Punchbowl	204	
	Tripler Army Medical Center	2,000	
	VA Center for Aging		X
	Vocational Rehabilitation Division		X
	Windward Seniors Day Care		X
<b>Assisted Transportation</b>		<b>6,477</b>	<b>34</b>
	Alu Like	125	
	Arcadia Home Health Services	2	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	CCHES Catholic Charities Hawaii Elderly Services	54	
	CCHES Transportation Services	550	
	Easter Seals Hawaii Home and Community-Based Services	6	
	Hale Ho Aloha	99	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Hawaii Kai Retirement Community	81	
	Island Nursing Home		<b>X</b>
	Jewish Community Services		<b>X</b>
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center	6	
	KKV Elderly Services Program		<b>X</b>
	Leahi Hospital Nursing Home		<b>X</b>
	Medi-Cab		<b>X</b>
	Moilili Senior Center	21	
	Options for Elders Inc.		<b>X</b>
	ORI Anuenue Hale Inc.	20	<b>20+</b>
	PACE Hawaii		<b>X</b>
	Palolo Chinese Home		<b>X</b>
	Pearl City Nursing Home	277	
	Ponds at Punaluu	50	
	Project Dana		<b>X</b>
	SCSEP (Senior Community Service Employment Program)	5	
	SECOH Senior Center		<b>X</b>
	Senior Community Services Employment Program (SCSEP)	10	
	Senior Solutions	5	
	St. Francis Medical Center-West		<b>X</b>
	The Plaza At Punchbowl	204	
	TheBus and TheHandi-Van	4,364	
	Tripler Army Medical Center	40	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Vocational Rehabilitation Division		X
	Wahiawa General Hospital		X
<b>Attendant Care</b>		<b>2,197</b>	<b>32</b>
	Adult Mental Health Division	9	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Easter Seals Hawaii Home and Community-Based Services	6	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Kai Retirement Community	81	
	Island Nursing Home		
	Jewish Community Services		X
	Ka Punawai Ola	314	
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center	1	
	King Lunalilo Adult Day Care Center	20	
	Korean Care Home	25	
	Kuakini Care Home		
	Leahi Adult Day Health Center	38	
	Liliha Healthcare Center		
	Lotus Adult Day Care Center		X
	Oahu Care Facility	88	
	Options for Elders Inc.		X
	Palolo Chinese Home	27	
	Pearl City Nursing Home	277	
	Ponds at Punaluu	50	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Project Dana	448	
	Salvation Army - Adult Day Health Services	110	
	Senior Solutions	10	
	Vocational Rehabilitation Division		<b>X</b>
	Wahiawa General Hospital		
	Waikiki Health Center	94	
	Windward Seniors Day Care		<b>X</b>
<b>Caregiver Support</b>		<b>10</b>	<b>4</b>
	Jewish Community Services		<b>X</b>
	Muscular Dystrophy Association		<b>X</b>
	Project Dana		<b>X</b>
	SCSEP (Senior Community Service Employment Program)	10	
<b>Case Management</b>		<b>6,937</b>	<b>50</b>
	Abel Case Management Inc.	70	
	Adult Mental Health Division	1,077	
	Bilingual Access Line (24-hours)		<b>X</b>
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	40	
	Case Management Inc.	200	
	CCHES Catholic Charities Hawaii Elderly Services	689	
	CCHES Lanakila Multi-Purpose Senior Center	100	
	Convalescent Center of Honolulu	129	
	Eldercare Resources Inc.	190	
	Epilepsy Foundation of Hawaii	175	
	Goodwill Industries of Hawaii Inc.	14	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Honolulu Gerontology Program	993	
	Hospice Hawaii	681	
	Housing Solutions Inc.	35	
	Integrated Case Management Services	125	
	Jewish Community Services		<b>X</b>
	Ka Punawai Ola	314	
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		<b>X</b>
	Ke Ola Mamo	130	
	King Lunalilo Adult Day Care Center	20	
	KKV Elderly Services Program	120	
	Leahi Hospital Nursing Home		<b>X</b>
	Leeward Integrated Health Services		<b>X</b>
	Life Foundation	57	
	Maunalani Nursing & Rehabilitation Center	135	
	Options for Elders Inc.	50	
	PACE Hawaii	94	
	Palolo Chinese Home		<b>X</b>
	Pearl City Nursing Home	277	
	Ponds at Punaluu	50	
	Project REACH	63	
	Queen's Medical Center	100	
	Rehabilitation Hospital of the Pacific		<b>X</b>
	Residential Choices Inc.	105	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Respite Nanea Inc.	50	
	Safe Haven - Puuhonua	3	
	Salvation Army - Adult Day Health Services	5	
	SCSEP (Senior Community Service Employment Program)	15	
	Senior Community Services Employment Program (SCSEP)	203	
	St. Francis Medical Center-West		X
	The Arc in Hawaii		X
	Tripler Army Medical Center	50	
	Tzu Chi Medical Clinic	20	
	U.S. Vets Transitional Housing and Homeless Program		X
	VA Center for Aging		X
	Vocational Rehabilitation Division		X
	Wahiawa General Hospital		X
<b>Chore</b>		<b>547</b>	<b>11</b>
	Alu Like	1	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Jewish Community Services		X
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kaneohe Community & Senior Center		X
	Options for Elders Inc.		X
	Preferred Home and Community Based Services		X
	Project Dana		X
	Senior Companion Program (SCP)		X
	St. Francis Medical Center-West		X
	Waikiki Health Center		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
<b>Congregate Meals</b>		<b>5,822</b>	<b>29</b>
	Aged to Perfection	80	
	Alu Like	800	
	Arcadia Retirement Residence	500	
	Central Union Church - Adult Day Care and Day Health Center	100	
	Convalescent Center of Honolulu	129	
	Hale Kupuna Care Home	5	
	Hale Nani Rehabilitation & Nursing Center	450	
	Hale Ola Kino	80	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Kai Retirement Community	450	
	Island Nursing Home		<b>X</b>
	Ka Hale O Kupuna Daycare Center, LLC	21	
	Ka Punawai Ola	314	
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kaneohe Community & Senior Center		<b>X</b>
	KKV Elderly Services Program		<b>X</b>
	Lanakila Meals on Wheels	1,522	
	Leahi Adult Day Health Center	38	
	Liliha Healthcare Center		<b>X</b>
	Lotus Adult Day Care Center		<b>X</b>
	Oahu Care Facility	88	
	PACE Hawaii	94	
	Pearl City Nursing Home	277	
	Ponds at Punaluu	50	
	Safe Haven - Puuhonua	3	

	Salvation Army - Adult Day Health Services	110	
	The Plaza At Punchbowl	204	
	Wahiawa General Hospital		X
	Windward Seniors Day Care		X
	<b>Counseling</b>	<b>8,736</b>	<b>52</b>
	Adult Mental Health Division	235	
	Alcoholics Anonymous	87	
	Bilingual Access Line (24-hours)		X
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	12	
	Catholic Charities Community and Immigrant Services	727	
	CCHES Catholic Charities Hawaii Elderly Services	197	
	CCHES Lanakila Multi-Purpose Senior Center	750	
	Consumer Credit Counseling Service of Hawaii		X
	Convalescent Center of Honolulu	129	
	Eldercare Hawaii	175	
	Epilepsy Foundation of Hawaii	45	
	Golden Ager Association of Hawaii		X
	Hale Ho Aloha	99	
	Hale Nani Rehabilitation & Nursing Center	450	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Family Services, Inc	40	
	Hina Mauka	58	
	Ho'opono	182	
	Honolulu Gerontology Program	450	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Hospice Hawaii	810	
	Island Nursing Home		<b>X</b>
	Jewish Community Services		<b>X</b>
	Ka Punawai Ola	314	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center	2	
	King Lunalilo Adult Day Care Center	20	
	KKV Elderly Services Program		<b>X</b>
	Leahi Adult Day Health Center	10	
	Leahi Hospital Nursing Home		<b>X</b>
	Maunalani Nursing & Rehabilitation Center	135	
	Moiliili Senior Center	82	
	Oahu Care Facility	88	
	PACE Hawaii	94	
	Palolo Chinese Home		<b>X</b>
	Rehabilitation Hospital of the Pacific		<b>X</b>
	Residential Choices Inc.	76	
	SagePlus	2,340	
	SageWatch	35	
	Salvation Army - Adult Day Health Services	20	
	Samaritan Counseling Center of Hawaii	10	
	Senior Community Services Employment Program (SCSEP)	203	
	St. Francis Medical Center-West		<b>X</b>
	Tripler Army Medical Center	300	
	Tzu Chi Medical Clinic	20	
	U.S. Vets Transitional Housing and Homeless Program		<b>S</b>

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	University of Hawaii Elder Law Program (UHELP)		X
	VA Center for Aging		X
	Vocational Rehabilitation Division		X
	Wahiawa General Hospital		X
	Waikiki Health Center	408	
	Windward Seniors Day Care		X
<b>Education Training</b>		<b>47,861</b>	<b>56</b>
	Adult Literacy Program (1), ESL (2)	57	
	Alu Like	600	
	Alzheimer's Association	150	
	American Diabetes Association/Hawaii		X
	American Sign Language Interpreter Education Program	25	
	ATRC		X
	Better Business Bureau of Hawaii Inc.		X
	Bilingual Access Line (24-hours)		X
	Care Club	242	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	14	
	CCHES Catholic Charities Hawaii Elderly Services	81	
	CCHES Lanakila Multi-Purpose Senior Center	747	
	Central Oahu Caregivers' Support Group	85	
	Eldercare Hawaii		X
	Epilepsy Foundation of Hawaii	2,800	
	Executive Office on Aging (EOA)	20,000	
	Family Caregiver Training	38	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Gallaudet University Regional Center		<b>X</b>
	Goodwill Industries of Hawaii Inc.	6	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Disability Rights Center	340	
	Hawaii Family Services, Inc	40	
	Hawaii Kai Retirement Community	450	
	Honolulu Community College	109	
	Honolulu Fire Department	7,935	
	Honolulu Gerontology Program	56	
	Hospice Hawaii		<b>X</b>
	Hawaii State Teachers Assoc. – Retired (HSTA-R)	4,000	
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		<b>X</b>
	KKV Elderly Services Program		<b>X</b>
	Make Today Count	25	
	Mediation Center of the Pacific	10	
	Moilili Senior Center	336	
	Muscular Dystrophy Association		<b>X</b>
	Oahu Care Facility	88	
	Oahu Civil Defense Agency	6,000	
	ORI Anuenue Hale Inc.	500	<b>500+</b>
	Osher Lifelong Learning Institute (OLLI)	1,000	<b>1000+</b>
	Palolo Chinese Home		<b>X</b>
	Ponds at Punaluu	75	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Project Dana		X
	SCSEP (Senior Community Service Employment Program)	5	
	Senior Community Services Employment Program (SCSEP)	203	
	SeniorNet Learning Center	205	
	Take Charge of Your Money!		X
	The Arc in Hawaii		X
	The Plaza At Punchbowl	204	
	Tripler Army Medical Center	500	
	U.S. Consumer Product Safety Commission		X
	University of Hawaii at Manoa	300	
	VA Center for Aging		X
	Walk Wise (Hawaii)		X
	WorkHawaii/Oahu WorkLinks	36	
<b>Employment Services</b>		<b>809</b>	<b>13</b>
	Adult Mental Health Division	23	
	ATRC		X
	Bilingual Access Line (24-hours)		X
	Goodwill Industries of Hawaii Inc.	5	
	Kaneohe Community & Senior Center		X
	Options for Elders Inc.		X
	ORI Anuenue Hale Inc.	120	120+
	SCSEP (Senior Community Service Employment Program)	8	
	Senior Community Service Employment Program		X
	Senior Community Services Employment Program (SCSEP)	203	
	U.S. Vets Transitional Housing and Homeless Program		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Vocational Rehabilitation Division		X
	WorkHawaii/Oahu WorkLinks	450	
<b>Escort</b>		<b>1,298</b>	<b>29</b>
	Alu Like	125	
	Arcadia Home Health Services	2	
	CCHES Catholic Charities Hawaii Elderly Services	54	
	CCHES Lanakila Multi-Purpose Senior Center	7	
	Hale Ho Aloha	99	
	Hale Kupuna Care Home	2	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Kai Retirement Community	81	
	Island Nursing Home		X
	Ka Punawai Ola		X
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		X
	Kuakini Care Home		X
	Leahi Hospital Nursing Home		X
	Moilili Senior Center	12	
	Oahu Care Facility	88	
	Options for Elders Inc.		X
	PACE Hawaii		X
	Palolo Chinese Home		X
	Pearl City Nursing Home	277	
	Ponds at Punaluu	25	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Project Dana		X
	Retirement Housing Foundation		X
	Senior Solutions	7	
	State Office of Veterans Services		X
	Waikiki Health Center		X
<b>Financial Management</b>		<b>987</b>	<b>22</b>
	Adult Mental Health Division	51	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	CCHES Catholic Charities Hawaii Elderly Services	16	
	Consumer Credit Counseling Service of Hawaii		X
	CSI Inc.		X
	Eldercare Hawaii		X
	Hale Kupuna Care Home	7	
	Honolulu Gerontology Program	6	
	Island Nursing Home		X
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		X
	Liliha Healthcare Center		X
	NARFE - National Association of Retired Federal Employees		X
	Palolo Chinese Home		X
	Pearl City Nursing Home	277	
	Reverse Mortgage Specialists of Hawaii	335	
	Senior Community Services Employment Program (SCSEP)	203	
	St. Francis Medical Center-West		X
	Take Charge of Your Money!		X
	The Arc in Hawaii		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	U.S. Vets Transitional Housing and Homeless Program		X
	Wahiawa General Hospital		X
<b>Friendly Visiting</b>		<b>7,098</b>	<b>29</b>
	Alcoholics Anonymous	70	
	Alu Like	300	
	American Lung Association of Hawaii		X
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	5	
	CCH Catholic Charities Hawaii Community and Immigrant Services	1	
	CCHES Lanakila Multi-Purpose Senior Center	870	
	Golden Ager Association of Hawaii		X
	Harry & Jeanette Weinberg Senior Residence at Maluhia	11	
	Hawaii Kai Retirement Community	450	
	Hospice Hawaii	455	
	Jewish Community Services		X
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		X
	KKV Elderly Services Program		X
	Moilili Senior Center	27	
	Oahu Care Facility	88	
	Options for Elders Inc.		X
	Pacific Health Ministry	4,000	
	Ponds at Punaluu	50	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Project Dana		X
	Retirement Housing Foundation	48	
	SECOH Senior Center		X
	Senior Community Services Employment Program (SCSEP)	25	
	Senior Companion Program (SCP)		X
	St. Francis Medical Center-West		X
	Tzu Chi Medical Clinic	140	
	Waikiki Health Center		X
<b>Health Education / Promotion</b>		<b>61,228</b>	<b>48</b>
	Aged to Perfection	200	
	Alu Like	500	
	American Diabetes Association/Hawaii		X
	American Lung Association of Hawaii		X
	Arthritis Foundation, Hawaii Branch	29,478	
	Bilingual Access Line (24-hours)		X
	Case Management Coordination Program - Public Health Nursing Branch	80	
	CCHES Catholic Charities Hawaii Elderly Services	929	
	CCHES Lanakila Multi-Purpose Senior Center	159	
	Central Union Church - Adult Day Care and Day Health Center		X
	Eldercare Hawaii		X
	Epilepsy Foundation of Hawaii		X
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Kai Retirement Community	450	
	HMSA	16,000	
	Honolulu Gerontology Program	259	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Hospice Hawaii	681	
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kalihi Palama Health Center		<b>X</b>
	Kaneohe Community & Senior Center		<b>X</b>
	Kapiolani Women's Health Center		<b>X</b>
	Ke Ola Mamo	130	
	KKV Elderly Services Program		<b>X</b>
	Leahi Adult Day Health Center	38	
	Leahi Hospital Nursing Home		<b>X</b>
	Leeward Integrated Health Services		<b>X</b>
	Lotus Adult Day Care Center		<b>X</b>
	Mental Health Association in Hawaii	8,500	
	Moilili Senior Center	116	
	Muscular Dystrophy Association		<b>X</b>
	National Kidney Foundation of Hawaii	1,080	
	Oahu Care Facility	88	
	ORI Anuenue Hale Inc.	500	<b>500+</b>
	PACE Hawaii		<b>X</b>
	Palolo Chinese Home		<b>X</b>
	Pearl City Nursing Home	277	
	Ponds at Punaluu	50	
	Queen's Medical Center	1,000	
	Salvation Army - Adult Day Health Services	50	
	SCSEP (Senior Community Service Employment Program)	10	
	SECOH Senior Center		<b>X</b>

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Senior Companion Program (SCP)		X
	Stop Smoking	146	
	U.S. Vets Transitional Housing and Homeless Program		X
	VA Center for Aging		X
	Wahiawa General Hospital		X
	Waikiki Health Center		X
	YMCA		X
<b>Health Screening / Maintenance</b>		<b>25,007</b>	<b>37</b>
	Alu Like	300	
	Bilingual Access Line (24-hours)		X
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	30	
	CCHES Catholic Charities Hawaii Elderly Services	458	
	CCHES Lanakila Multi-Purpose Senior Center	286	
	Hale Ho Aloha		X
	Harry and Jeanette Weinberg Care Center	41	
	HMSA	16,000	
	Honolulu Gerontology Program	280	
	Hospice Hawaii	455	
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kalihi Palama Health Center		X
	Kaneohe Community & Senior Center	300	
	Kapiolani Women's Health Center		X
	Ke Ola Mamo		X
	KKV Elderly Services Program	300	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Leahi Adult Day Health Center	38	
	Leeward Integrated Health Services		X
	Liliha Healthcare Center		X
	Moiliili Senior Center	77	
	Muscular Dystrophy Association		X
	National Kidney Foundation of Hawaii	377	
	PACE Hawaii		X
	Pacific Health Ministry	4,000	
	Ponds at Punaluu	50	
	Queen's Medical Center	1,000	
	Residential Choices Inc.	95	
	Salvation Army - Adult Day Health Services	110	
	Senior Community Services Employment Program (SCSEP)	60	
	The Plaza At Punchbowl	204	
	Therapists and Home Care On Call Inc.		X
	U.S. Vets Transitional Housing and Homeless Program		X
	VA Center for Aging		X
	Wahiawa General Hospital		X
	Waikiki Health Center		X
	Windward Seniors Day Care		X
	<b>Home Delivered Meals</b>	<b>3,515</b>	<b>16</b>
	Alu Like	250	
	Arcadia Home Health Services	30	
	Arcadia Retirement Residence	25	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Harry & Jeanette Weinberg Senior Residence at Maluhia	4	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Hawaii Kai Retirement Community	30	
	Hawaii Meals on Wheels	554	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		<b>X</b>
	King Lunalilo Home	285	
	Lanakila Meals on Wheels	1,784	
	PACE Hawaii		<b>X</b>
	Palolo Chinese Home	440	
	Retirement Housing Foundation	1	
	St. Francis Medical Center-West		<b>X</b>
	Tripler Army Medical Center	20	
<b>Home Repair / Maintenance</b>		<b>307</b>	<b>10</b>
	Arcadia Home Health Services	3	
	Island Skill Gathering	200	
	Jewish Community Services		<b>X</b>
	Kaneohe Community & Senior Center		<b>X</b>
	Options for Elders Inc.		<b>X</b>
	Ponds at Punaluu	50	
	Project Dana		<b>X</b>
	Retirement Housing Foundation	48	
	U.S.D.A Rural Development	6	
	Waikiki Health Center		<b>X</b>

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
<b>Homemaker</b>		<b>798</b>	<b>14</b>
	Akamai Grocery Shopping & Delivery Service	50	
	Arcadia Home Health Services	15	
	CCHES Catholic Charities Hawaii Elderly Services	162	
	Elder Care Services	43	
	Harry and Jeanette Weinberg Care Center	41	
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kaneohe Community & Senior Center		X
	Project Dana		X
	Senior Companion Program (SCP)		X
	Senior Solutions	21	
	St. Francis Medical Center-West		X
	VA Center for Aging		X
	Waikiki Health Center		X
<b>Hospice</b>		<b>3,392</b>	<b>36</b>
	Abel Case Management Inc.	20	
	Aloha Nursing & Rehab Centre		X
	Arcadia Retirement Residence	25	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	8	
	Eldercare Hawaii		X
	Hale Ho Aloha		X
	Harry and Jeanette Weinberg Care Center	8	
	Hospice Hawaii	681	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Integrated Case Management Services	125	
	Island Nursing Home		X
	Ka Punawai Ola		X
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		X
	KKV Elderly Services Program		X
	Leahi Hospital Nursing Home		X
	Leeward Integrated Health Services		X
	Liliha Healthcare Center		X
	Make Today Count	10	
	Maunalani Nursing & Rehabilitation Center	135	
	Oahu Care Facility	88	
	Options for Elders Inc.		X
	Palolo Chinese Home		X
	Pearl City Nursing Home	277	
	Project Dana		X
	Queen's Medical Center	200	
	Residential Choices Inc.	29	
	Samaritan Counseling Center of Hawaii	2	
	Senior Solutions	1	
	St. Francis Hospice	1,200	
	St. Francis Medical Center-West		X
	Tripler Army Medical Center	25	
	University of Hawaii Elder Law Program (UHELP)		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	VA Center for Aging		X
	Wahiawa General Hospital		X
<b>Housing Assistance</b>		<b>2,748</b>	<b>24</b>
	Adult Mental Health Division	121	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	2	
	Case Management Inc.	200	
	CCHES Catholic Charities Hawaii Elderly Services	496	
	CCHES Housing Assistance Program	561	
	Golden Ager Association of Hawaii		X
	Hale Mohalu Apartments	225	
	Harry & Jeanette Weinberg Senior Residence at Maluhia	50	
	Hawaiian Properties Ltd.	60	
	Housing Solutions Inc.	35	
	HUD	841	
	Jewish Community Services		X
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		X
	KKV Elderly Services Program		X
	Real Properties Services Corp.	50	
	Safe Haven - Puuhonua	3	
	SCSEP (Senior Community Service Employment Program)	10	
	St. Francis Medical Center-West		X
	Tripler Army Medical Center	2	
	U.S. Vets Transitional Housing and Homeless Program		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	U.S.D.A. Rural Development		X
	Waikiki Health Center		X
<b>Information Assistance</b>		<b>118,474</b>	<b>72</b>
	Aged to Perfection	300	
	Alcoholics Anonymous		X
	Aloha United Way 211	1,680	
	Alu Like	550	
	Arthritis Foundation, Hawaii Branch	338	
	Better Business Bureau of Hawaii Inc.		X
	Caregiver Respite Program	244	
	Case Management Coordination Program – Public Health Nursing Branch	80	
	Case Management Coordination Program – Public Health Nursing Branch	15	
	CCHES Catholic Charities Hawaii Elderly Services	682	(fr. Last survey)
	Central Oahu Caregivers' Support Group	160	
	Central Union Church – Adult Day Care and Day Health Center		X
	City & County of Honolulu – Customer Services Department		X
	Eldercare Hawaii	3,127	
	Executive Office on Aging (EOA)	25,927	
	Gallaudet University Regional Center		X
	Golden Ager Association of Hawaii		X
	Hale Nani Rehabilitation & Nursing Center	450	
	Hard of Hearing Coalition	10	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Disability Rights Center	210	
	Hawaii Family Services, Inc	40	
	Hawaii Med-Quest Division (DHS)		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Ho'opono		<b>X</b>
	Honolulu Gerontology Program	1,111	
	Hospice Hawaii	681	
	Housing Solutions Inc.	29	
	HUD		<b>X</b>
	Integrated Case Management Services	125	
	Jewish Community Services		<b>X</b>
	Ka Punawai Ola	314	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center	2	
	KKV Elderly Services Program		<b>X</b>
	Korean Care Home	25	
	Leahi Adult Day Health Center	10	
	Leahi Hospital Nursing Home		<b>X</b>
	Leeward Integrated Health Services		<b>X</b>
	Maunalani Nursing & Rehabilitation Center	135	
	Mental Health Association in Hawaii	600	
	Moilili Senior Center	82	
	NARFE - National Association of Retired Federal Employees		<b>X</b>
	National Kidney Foundation of Hawaii	1,080	
	Options for Elders Inc.		<b>X</b>
	ORI Anuenue Hale Inc.	20	<b>20+</b>
	PACE Hawaii	94	
	Pacific Gateway Center	6,000	
	Palolo Chinese Home		<b>X</b>
	Ponds at Punaluu	50	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Project Dana		X
	Rehabilitation Hospital of the Pacific		X
	Residential Choices Inc.	48	
	Safe Haven - Puuhonua	3	
	SagePlus	50,280	
	SageWatch	10,725	
	Salvation Army - Adult Day Health Services	10	
	SCSEP (Senior Community Service Employment Program)	20	
	SECOH Senior Center		X
	Senior Community Services Employment Program (SCSEP)	203	
	Senior Hotline	5,044	
	Senior Solutions		X
	St. Francis Medical Center-West		X
	State Office of the Ombudsman	1,012	
	State Office of Veterans Services	4,200	
	The Plaza At Punchbowl	204	
	Tripler Army Medical Center	400	
	U.S. Consumer Product Safety Commission		X
	University of Hawaii Elder Law Program (UHELP)	2,005	
	Visiting Angels	96	
	Waikiki Health Center		X
	Windward Seniors Day Care		X
<b>Interpreting / Translation</b>		<b>191</b>	<b>10</b>
	Bilingual Access Line (24-hours)		X
	CCHES Catholic Charities Hawaii Elderly Services	134	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Kaneohe Community & Senior Center		X
	Leeward Integrated Health Services		X
	Moiiliili Senior Center	32	
	ORI Anuenue Hale Inc.	20	20+
	Project Dana		X
	SCSEP (Senior Community Service Employment Program)	4	
	The Plaza At Punchbowl	1	
	Vocational Rehabilitation Division		X
<b>Legal Assistance</b>		<b>2,790</b>	<b>16</b>
	Bilingual Access Line (24-hours)		X
	Epilepsy Foundation of Hawaii	25	
	Golden Ager Association of Hawaii		X
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		X
	Lawyer Referral & Information Service		X
	Legal Aid Society of Hawaii	2,028	
	Long Term Care Ombudsman	40	
	Na Loio		X
	Office of the Public Guardian	158	
	Project REACH	111	
	Retirement Housing Foundation	3	
	SCSEP (Senior Community Service Employment Program)	5	
	St. Francis Medical Center-West		X
	U.S. Vets Transitional Housing and Homeless Program		X
	University of Hawaii Elder Law Program (UHELP)	408	

SERVICE	PROVIDER	Num. Clients	Notes / Num. Providers
<b>Letter Writing / Reading</b>		<b>10</b>	<b>2</b>
	Jewish Community Services		X
	SCSEP (Senior Community Service Employment Program)	10	
<b>Material Aid</b>		<b>59,588</b>	<b>17</b>
	Case Management Coordination Program - Public Health Nursing Branch	80	
	CCHES Catholic Charities Hawaii Elderly Services		X
	City & County Real Property Tax	54,026	
	Community Clearinghouse, The	154	
	Dept. of Human Services (DHS)	840	
	Epilepsy Foundation of Hawaii	800	
	Hospice Hawaii	681	
	Island Skill Gathering	200	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		X
	Kaumakapili Church Free Store	1,200	
	KKV Elderly Services Program		X
	Safe Haven - Puuhonua	3	
	Salvation Army - Adult Day Health Services	20	
	SCSEP (Senior Community Service Employment Program)	1,372	
	Tripler Army Medical Center	200	
<b>Nutrition Counseling</b>		<b>32,940</b>	<b>34</b>
	Abel Case Management Inc.	70	
	Alu Like	50	
	Arcadia Retirement Residence	50	
	Bilingual Access Line (24-hours)		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	8	
	Central Union Church - Adult Day Care and Day Health Center		<b>X</b>
	Convalescent Center of Honolulu	129	
	Golden Ager Association of Hawaii		<b>X</b>
	Hale Nani Rehabilitation & Nursing Center	450	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Kai Retirement Community	81	
	Hospice Hawaii	455	
	Island Nursing Home		<b>X</b>
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kaneohe Community & Senior Center		<b>X</b>
	Ke Ola Mamo		<b>X</b>
	KKV Elderly Services Program		<b>X</b>
	Lanakila Meals on Wheels	50	
	Leahi Hospital Nursing Home		<b>X</b>
	Leeward Integrated Health Services		<b>X</b>
	Liliha Healthcare Center		<b>X</b>
	Maunalani Nursing & Rehabilitation Center	135	
	Oahu Care Facility	88	
	PACE Hawaii		<b>X</b>
	Pearl City Nursing Home	277	
	Ponds at Punaluu	50	
	Queen's Medical Center	30,000	
	Salvation Army - Adult Day Health Services	110	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Stop Smoking	146	
	The Plaza At Punchbowl	204	
	VA Center for Aging		X
	Wahiawa General Hospital		X
	Waikiki Health Center		X
<b>Nutrition Education</b>		<b>3,005</b>	<b>24</b>
	Abel Case Management Inc.	70	
	Aged to Perfection	200	
	Alu Like	400	
	Bilingual Access Line (24-hours)		X
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	8	
	Eldercare Hawaii		X
	Golden Ager Association of Hawaii		X
	Hawaii Kai Retirement Community	450	
	Hospice Hawaii	455	
	Kaneohe Community & Senior Center		X
	Ke Ola Mamo		X
	KKV Elderly Services Program		X
	Lanakila Meals on Wheels	780	
	Leahi Hospital Nursing Home		X
	Leeward Integrated Health Services		X
	National Kidney Foundation of Hawaii	100	
	Oahu Care Facility	88	
	ORI Anuenue Hale Inc.	120	120+

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	PACE Hawaii		X
	Ponds at Punaluu	50	
	The Plaza At Punchbowl	204	
	VA Center for Aging		X
	YMCA		X
<b>Outreach</b>		<b>35,495</b>	<b>35</b>
	Alu Like	150	
	American Sign Language Interpreter Education Program	25	
	Arthritis Foundation, Hawaii Branch		X
	ATRC		X
	Better Business Bureau of Hawaii Inc.		X
	Bilingual Access Line (24-hours)		X
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	5	
	Commerce & Consumer Affairs:	765	
	Epilepsy Foundation of Hawaii	3,000	
	Ho'opono		X
	Hospice Hawaii		X
	HUD		X
	Island Skill Gathering	200	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		X
	Ke Ola Mamo		X
	KKV Elderly Services Program		X
	Lanakila Meals on Wheels	16,490	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Lotus Adult Day Care Center		X
	ORI Anuenue Hale Inc.	500	500+
	Palolo Chinese Home		X
	Ponds at Punaluu	50	
	Preferred Home and Community Based Services		X
	Project Dana		X
	Salvation Army - Adult Day Health Services		X
	SCSEP (Senior Community Service Employment Program)	10	
	SECOH Senior Center		X
	Senior Community Services Employment Program (SCSEP)	8	
	State Office of Veterans Services	4,200	
	The Arc in Hawaii		X
	U.S. Citizenship and Immigration Services		X
	U.S. Vets Transitional Housing and Homeless Program		X
	UHELP - University of Hawaii Elder Law Program		X
	University of Hawaii Elder Law Program (UHELP)	10,000	
	<b>Personal Care</b>	<b>3,617</b>	<b>49</b>
	Aged to Perfection	80	
	Arcadia Home Health Services	15	
	Arcadia Retirement Residence	75	
	Bilingual Access Line (24-hours)		X
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Inc.	200	
	Central Union Church - Adult Day Care and Day Health Center		X
	Convalescent Center of Honolulu	129	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Easter Seals Hawaii Home and Community-Based Services	6	
	Elder Care Services	5	
	Hale Ho Aloha	99	
	Hale Nani Rehabilitation & Nursing Center	450	
	Hale Ola Kino	80	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Kai Retirement Community	450	
	Island Nursing Home		X
	Jewish Community Services		X
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		X
	King Lunalilo Adult Day Care Center	20	
	Korean Care Home	25	
	Kuakini Care Home		X
	Leahi Adult Day Health Center	38	
	Leahi Hospital Nursing Home		X
	Liliha Healthcare Center		X
	Maunalani Nursing & Rehabilitation Center	135	
	Oahu Care Facility	88	
	Options for Elders Inc.		X
	PACE Hawaii		X
	Palolo Chinese Home		X
	Pearl City Nursing Home	277	
	Ponds at Punaluu	45	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Preferred Home and Community Based Services		X
	Project Dana		X
	Respite Companion Service Program (RCP)		X
	Salvation Army - Adult Day Health Services	110	
	SCSEP (Senior Community Service Employment Program)	5	
	SECOH Senior Center		X
	Senior Companion Program (SCP)		X
	Senior Solutions	20	
	Senior Solutions		X
	St. Francis Health Services for Senior Citizens	496	
	St. Francis Medical Center-West		X
	The Arc in Hawaii		X
	The Plaza At Punchbowl	170	
	Wahiawa General Hospital		X
	Waikiki Health Center		X
	Windward Seniors Day Care		X
<b>Placement</b>		<b>3,009</b>	<b>29</b>
	Abel Case Management Inc.	70	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Inc.	200	
	CCHES Catholic Charities Hawaii Elderly Services		X
	Hale Nani Rehabilitation & Nursing Center	450	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Kai Retirement Community	450	
	Island Nursing Home		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		X
	KKV Elderly Services Program		X
	Leahi Hospital Nursing Home		X
	Leeward Integrated Health Services		X
	Maunalani Nursing & Rehabilitation Center	135	
	Oahu Care Facility	88	
	Options for Elders Inc.	10	
	PACE Hawaii		X
	Palolo Chinese Home		X
	Pearl City Nursing Home	277	
	Queen's Medical Center	1,000	
	Rehabilitation Hospital of the Pacific	60	
	Residential Choices Inc.	38	
	Salvation Army - Adult Day Health Services	15	
	St. Francis Medical Center-West		X
	The Plaza At Punchbowl	73	
	Tripler Army Medical Center	10	
	Wahiawa General Hospital		X
	Waikiki Health Center		X
	Windward Seniors Day Care		X
<b>Recreation</b>		<b>8,488</b>	<b>52</b>
	Aged to Perfection	80	
	Alu Like	650	
	CCHES Catholic Charities Hawaii Elderly Services	454	
	CCHES Lanakila Multi-Purpose Senior Center	1,078	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Central Union Church - Adult Day Care and Day Health Center	100	
	Dept. of Parks and Recreation		<b>X</b>
	Easter Seals Hawaii Home and Community-Based Services	6	
	Hale Nani Rehabilitation & Nursing Center	450	
	Hale Ola Kino	80	
	Harry & Jeanette Weinberg Senior Residence at Maluhia	20	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Kai Retirement Community	450	
	Hawaii State Teachers Assoc. – Retired (HSTA-R)	200	
	Island Nursing Home		<b>X</b>
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center	360	
	King Lunalilo Adult Day Care Center	20	
	KKV Elderly Services Program		<b>X</b>
	Korean Care Home	25	
	Kuakini Care Home		<b>X</b>
	Lanakila Meals on Wheels	1,778	
	Leahi Adult Day Health Center	38	
	Leahi Hospital Nursing Home		<b>X</b>
	Leeward Integrated Health Services		<b>X</b>
	Liliha Healthcare Center		<b>X</b>
	Lotus Adult Day Care Center		<b>X</b>
	Makiki Christian Church	50	
	Makua Alii Senior Center	300	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Maunalani Nursing & Rehabilitation Center	135	
	Moiliili Senior Center	575	
	Muscular Dystrophy Association		<b>X</b>
	Oahu Care Facility	88	
	Options for Elders Inc.		<b>X</b>
	ORI Anuenue Hale Inc.	500	<b>500+</b>
	PACE Hawaii		<b>X</b>
	Palolo Chinese Home		<b>X</b>
	Pearl City Nursing Home	277	
	Ponds at Punaluu	50	
	Preferred Home and Community Based Services		<b>X</b>
	Project Dana		<b>X</b>
	Rehabilitation Hospital of the Pacific	90	
	Safe Haven - Puuhonua	3	
	Salvation Army - Adult Day Health Services	110	
	SCSEP (Senior Community Service Employment Program)	2	
	SECOH Senior Center		<b>X</b>
	Senior Companion Program (SCP)		<b>X</b>
	The Arc in Hawaii		<b>X</b>
	Wahiawa General Hospital		<b>X</b>
	Waikiki Health Center		<b>X</b>
	Windward Seniors Day Care		<b>X</b>
	YMCA		<b>X</b>

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
<b>Respite</b>		<b>1,467</b>	<b>44</b>
	Adult Mental Health Division		<b>X</b>
	Aged to Perfection	80	
	Aloha Nursing & Rehab Centre		<b>X</b>
	Bilingual Access Line (24-hours)		<b>X</b>
	Caregiver Respite Program	135	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	CCHES Respite Connection	31	
	Central Union Church - Adult Day Care and Day Health Center		<b>X</b>
	Convalescent Center of Honolulu		<b>X</b>
	Elder Care Services	8	
	Hale Ho Aloha	99	
	Hale Ola Kino		<b>X</b>
	Harry and Jeanette Weinberg Care Center	41	
	Hospice Hawaii	76	
	Island Nursing Home		<b>X</b>
	Jewish Community Services		<b>X</b>
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center	1	
	Kapolei Adult Day Care Center of Seagull Schools Inc.	15	
	King Lunalilo Home		<b>X</b>
	KKV Elderly Services Program		<b>X</b>
	Leahi Adult Day Health Center	57	
	Leeward Integrated Health Services		<b>X</b>

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Lotus Adult Day Care Center		X
	Muscular Dystrophy Association		X
	Options for Elders Inc.		X
	Palolo Chinese Home		X
	Pearl City Nursing Home	277	
	Ponds at Punaluu	15	
	Preferred Home and Community Based Services		X
	Project Dana		X
	Residential Choices Inc.	14	
	Salvation Army - Adult Day Health Services	50	
	Senior Companion Program (SCP)		X
	Senior Solutions		X
	St. Francis Medical Center-West		X
	The Arc in Hawaii		X
	The Plaza At Punchbowl	10	
	VA Center for Aging		X
	Wahiawa General Hospital		X
	Waikiki Health Center		X
	Windward Seniors Day Care		X
<b>Support Groups</b>		<b>4,528</b>	<b>34</b>
	Alcoholics Anonymous	120	
	Alzheimer's Association	158	
	American Diabetes Association/Hawaii		X
	American Lung Association of Hawaii	40	
	Arthritis Foundation, Hawaii Branch		X
	Bilingual Access Line (24-hours)		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Care Club	135	
	Caregiver Respite Program	55	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Inc.	20	
	Central Oahu Caregivers' Support Group	85	
	Eldercare Hawaii	90	
	Eldercare Support Group	165	
	Epilepsy Foundation of Hawaii	300	
	Family Caregiver Training	24	
	Honolulu Gerontology Program	55	
	Hospice Hawaii	15	
	Island Skill Gathering	200	
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kaneohe Community & Senior Center		<b>X</b>
	Ke Ola Mamo		<b>X</b>
	KKV Elderly Services Program		<b>X</b>
	Make Today Count	25	
	Muscular Dystrophy Association		<b>X</b>
	National Kidney Foundation of Hawaii	70	
	Rehabilitation Hospital of the Pacific	75	
	SCSEP (Senior Community Service Employment Program)	10	
	St. Francis Hospice	2,291	
	St. Francis Medical Center-West		<b>X</b>
	Stop Smoking	14	
	The Plaza At Punchbowl	30	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Tripler Army Medical Center	5	
	VA Center for Aging		X
	Windward Seniors Day Care		X
<b>Telephone Reassurance</b>		<b>1,616</b>	<b>23</b>
	Alcoholics Anonymous	65	
	Alu Like	600	
	Bilingual Access Line (24-hours)		X
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	5	
	CCH Catholic Charities Hawaii Community and Immigrant Services	5	
	Central Oahu Caregivers' Support Group		X
	Epilepsy Foundation of Hawaii	450	
	Golden Ager Association of Hawaii		X
	Kaneohe Community & Senior Center		X
	King Lunalilo Adult Day Care Center	20	
	KKV Elderly Services Program		X
	Moilili Senior Center	16	
	Options for Elders Inc.		X
	ORI Anuenue Hale Inc.	20	20+
	Project Dana		X
	SCSEP (Senior Community Service Employment Program)	5	
	Senior Solutions		X
	St. Francis Medical Center-West		X
	Tripler Army Medical Center	350	
	VA Center for Aging		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Waikiki Health Center		<b>X</b>
<b>Transportation</b>		<b>40,263</b>	<b>38</b>
	Alu Like	400	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	CCHES Catholic Charities Hawaii Elderly Services	902	
	CCHES Transportation Services	453	
	Disability and Communication Access Board		<b>X</b>
	Hale Ho Aloha	99	
	Hale Nani Rehabilitation & Nursing Center	450	
	Handicabs of the Pacific Inc.	10,838	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Kai Retirement Community	450	
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center	10	
	Kapahulu Center	282	
	Ke Ola Mamo		<b>X</b>
	KKV Elderly Services Program		<b>X</b>
	Korean Care Home	25	
	Medi-Cab		<b>X</b>
	Moiliili Senior Center	334	
	Olaloa Retirement Community	150	
	Options for Elders Inc.		<b>X</b>
	PACE Hawaii		<b>X</b>

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Palolo Chinese Home		X
	Ponds at Punaluu	50	
	Project Dana		X
	Road to Recovery		X
	Safe Haven - Puuhonua	2	
	SCSEP (Senior Community Service Employment Program)	5	
	SECOH Senior Center		X
	Senior Companion Program (SCP)		X
	Senior Solutions		X
	St. Francis Medical Center-West		X
	The Plaza At Punchbowl	204	
	TheBus and TheHandi-Van	25,000	
	U.S. Vets Transitional Housing and Homeless Program		X
	Vocational Rehabilitation Division	10	
	Windward Seniors Day Care		X
<b>Volunteer Opportunities</b>		<b>16,323</b>	<b>53</b>
	Adult Literacy Program (1), ESL (2)	30	
	Aged to Perfection	12	
	Alu Like	350	
	American Diabetes Association/Hawaii		X
	American Lung Association of Hawaii		X
	ATRC		X
	Case Management Coordination Program - Public Health Nursing Branch	7	
	CCHES Catholic Charities Hawaii Elderly Services	319	
	Central Union Church - Adult Day Care and Day Health Center		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Coalition for Affordable Long Term Care		X
	Epilepsy Foundation of Hawaii	200	
	Foster Grandparent Program	160	
	Friends of Honolulu Hale	10	
	Golden Ager Association of Hawaii		X
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Kai Retirement Community	450	
	Honolulu Community College		X
	Honolulu Gerontology Program	15	
	Hospice Hawaii		X
	Island Nursing Home		X
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kaneohe Community & Senior Center	60	
	Kaumakapili Church Free Store	5	
	KKV Elderly Services Program		X
	Lanakila Meals on Wheels	12,495	
	Leahi Adult Day Health Center	6	
	Leahi Hospital Nursing Home		X
	Liliha Healthcare Center		X
	Lotus Adult Day Care Center		X
	Mediation Center of the Pacific	50	
	Moiliili Senior Center	264	
	Muscular Dystrophy Association		X
	Na Loio		X
	National Kidney Foundation of Hawaii	15	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Palolo Chinese Home		X
	Pearl City Nursing Home	277	
	Ponds at Punaluu	5	
	Project Dana		X
	Retired and Senior Volunteer Program (RSVP)	750	
	Road to Recovery		X
	SCSEP (Senior Community Service Employment Program)	8	
	SeniorNet Learning Center	12	
	St. Francis Hospice	136	
	Stop Smoking		X
	Tzu Chi Medical Clinic	50	
	VA Center for Aging		X
	Vocational Rehabilitation Division	10	
	Wahiawa General Hospital		X
	Waikiki Health Center		X
	Windward Seniors Day Care		X
	YMCA		X
	YMCA Kaimuki	120	
<b>Caregiving: Counseling</b>		<b>4,380</b>	<b>43</b>
	Alzheimer's Association	145	
	Arcadia Retirement Residence	100	
	Caregiver Respite Program	244	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	75	
	Case Management Inc.	150	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	CCHES Catholic Charities Hawaii Elderly Services	153	
	Central Oahu Caregivers' Support Group	85	
	Central Union Church - Adult Day Care and Day Health Center		<b>X</b>
	Eldercare Hawaii		<b>X</b>
	Eldercare Support Group	25	
	Epilepsy Foundation of Hawaii	450	
	Family Caregiver Training	12	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Family Services, Inc	40	
	Honolulu Gerontology Program	191	
	Hospice Hawaii	810	
	Integrated Case Management Services	125	
	Ka Punawai Ola		<b>X</b>
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		<b>X</b>
	King Lunalilo Adult Day Care Center	20	
	KKV Elderly Services Program		<b>X</b>
	Leahi Adult Day Health Center	10	
	Leahi Hospital Nursing Home		<b>X</b>
	Lotus Adult Day Care Center		<b>X</b>
	Make Today Count	25	
	Oahu Care Facility	88	
	ORI Anuenue Hale Inc.	120	<b>120+</b>
	PACE Hawaii		<b>X</b>

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Palolo Chinese Home		X
	Pearl City Nursing Home	277	
	Project Dana	36	
	Rehabilitation Hospital of the Pacific		X
	Salvation Army - Adult Day Health Services	10	
	St. Francis Medical Center-West		X
	Tripler Army Medical Center	100	
	University of Hawaii Elder Law Program (UHELP)	450	
	VA Center for Aging		X
	Wahiawa General Hospital		X
	Waianae Coast Comprehensive Health Center	40	
	Windward Seniors Day Care		X
<b>Caregiving: Access Assistance</b>		<b>3,276</b>	<b>28</b>
	Alu Like	100	
	Caregiver Respite Program	244	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	8	
	Case Management Inc.	100	
	CCHES Catholic Charities Hawaii Elderly Services	1,249	
	Central Union Church - Adult Day Care and Day Health Center		X
	Eldercare Hawaii		X
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Family Services, Inc	40	
	Honolulu Gerontology Program	250	
	Ka Punawai Ola		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kaneohe Community & Senior Center		X
	Korean Care Home		X
	Leahi Adult Day Health Center	10	
	Leahi Hospital Nursing Home		X
	National Kidney Foundation of Hawaii	10	
	Oahu Care Facility	88	
	Options for Elders Inc.		X
	Palolo Chinese Home		X
	Pearl City Nursing Home	277	
	Project Dana	48	
	Rehabilitation Hospital of the Pacific		X
	Salvation Army - Adult Day Health Services	15	
	Senior Solutions	50	
	Tripler Army Medical Center	200	
	Wahiawa General Hospital		X
	<b>Caregiving: Respite</b>	<b>1,836</b>	<b>34</b>
	Caregiver Respite Program	139	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Inc.	50	
	CCHES Catholic Charities Hawaii Elderly Services	59	
	Central Union Church - Adult Day Care and Day Health Center		X
	Hale Ho Aloha	99	
	Harry and Jeanette Weinberg Care Center	41	
	Hospice Hawaii	76	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Island Nursing Home		X
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center	1	
	KKV Elderly Services Program	80	
	Korean Care Home		X
	Leahi Adult Day Health Center	38	
	Leeward Integrated Health Services		X
	Lotus Adult Day Care Center		X
	Options for Elders Inc.		X
	PACE Hawaii		X
	Palolo Chinese Home		X
	Pearl City Nursing Home	277	
	Ponds at Punaluu	15	
	Preferred Home and Community Based Services		X
	Project Dana		X
	Residential Choices Inc.	14	
	Respite Companion Service Program (RCP)		X
	Salvation Army - Adult Day Health Services	50	
	Senior Companion Program (SCP)	264	
	St. Francis Medical Center-West		X
	Tripler Army Medical Center	75	
	Wahiawa General Hospital		X
	Waianae Coast Comprehensive Health Center		X
	Waikiki Health Center		X
	Windward Seniors Day Care		X

SERVICE	PROVIDER	Num. Clients	Notes / Num. Providers
<b>Caregiving: Supplemental Services</b>		<b>351</b>	<b>14</b>
	Alu Like		X
	Arcadia Home Health Services	20	
	ATRC		X
	Caregiver Respite Program	5	
	Hale Kupuna Care Home	7	
	Hale Nani Rehabilitation & Nursing Center		X
	Honolulu Gerontology Program	101	
	Kaneohe Community & Senior Center		X
	Oahu Care Facility	88	
	Project Dana		X
	Real Properties Services Corp.	5	
	Salvation Army - Adult Day Health Services	25	
	Tripler Army Medical Center	100	
	U.S. Consumer Product Safety Commission		X
<b>Consumer Protection</b>		<b>3,594</b>	<b>13</b>
	Better Business Bureau of Hawaii Inc.		X
	Bilingual Access Line (24-hours)		X
	Commerce & Consumer Affairs:	3,500	
	Consumer Credit Counseling Service of Hawaii		X
	Eldercare Hawaii		X
	Honolulu Gerontology Program	6	
	Kaneohe Community & Senior Center		X
	KKV Elderly Services Program		X
	Leahi Hospital Nursing Home		X
	Oahu Care Facility	88	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	St. Francis Medical Center-West		X
	U.S. Consumer Product Safety Commission		X
	University of Hawaii Elder Law Program (UHELP)		X
<b>Driver / Pedestrian Safety</b>		<b>692</b>	<b>8</b>
	Alu Like		X
	CCHES Catholic Charities Hawaii Elderly Services		X
	Honolulu Police Department	500	
	Kaneohe Community & Senior Center	140	
	Lotus Adult Day Care Center		X
	Ponds at Punaluu	2	
	Salvation Army - Adult Day Health Services	50	
	Walk Wise (Hawaii)		X
<b>Elder Abuse / Neglect</b>		<b>705</b>	<b>17</b>
	Alu Like		X
	Bilingual Access Line (24-hours)		X
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	4	
	Eldercare Hawaii		X
	Honolulu Gerontology Program	61	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center		X
	Leahi Hospital Nursing Home		X
	Oahu Care Facility	88	
	Office of the Public Guardian	158	
	Pearl City Nursing Home	277	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	SECOH Senior Center		X
	St. Francis Medical Center-West		X
	Tripler Army Medical Center	5	
	Tzu Chi Medical Clinic	20	
	University of Hawaii Elder Law Program (UHELP)		X
<b>Exercise / Physical Activity</b>		<b>11,560</b>	<b>55</b>
	Aged to Perfection	80	
	Alu Like	550	
	American Lung Association of Hawaii	40	
	Arcadia Home Health Services	10	
	Arcadia Retirement Residence	500	
	Arthritis Foundation, Hawaii Branch	357	
	Bilingual Access Line (24-hours)		X
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	5	
	CCHES Catholic Charities Hawaii Elderly Services	254	
	Central Union Church - Adult Day Care and Day Health Center	100	
	Convalescent Center of Honolulu	129	
	Elam Sports Oahu Physical Therapy & Athletic Training	951	
	Hale Ho Aloha	99	
	Hale Ola Kino	80	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Kai Retirement Community	450	
	Honolulu Gerontology Program	259	
	Island Nursing Home		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kahuku Hospital	12	
	Kaneohe Community & Senior Center	360	
	Kapiolani Women's Health Center		<b>X</b>
	Ke Ola Mamo		<b>X</b>
	King Lunalilo Adult Day Care Center	20	
	KKV Elderly Services Program		<b>X</b>
	Korean Care Home	25	
	Kuakini Care Home		<b>X</b>
	Leahi Adult Day Health Center	38	
	Leahi Hospital Nursing Home		<b>X</b>
	Leeward Integrated Health Services		<b>X</b>
	Liliha Healthcare Center		<b>X</b>
	Lotus Adult Day Care Center		<b>X</b>
	Makua Alii Senior Center	100	
	Moiliili Senior Center	513	
	National Kidney Foundation of Hawaii	50	
	Oahu Care Facility	88	
	Olaloa Retirement Community	100	
	ORI Anuenue Hale Inc.	500	<b>500+</b>
	PACE Hawaii	94	
	Palolo Chinese Home		<b>X</b>
	Pearl City Nursing Home	277	
	Ponds at Punaluu	50	
	Salvation Army - Adult Day Health Services	110	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	SECOH Senior Center		X
	Stop Smoking	146	
	The Arc in Hawaii		X
	The Plaza At Punchbowl	204	
	Therapists and Home Care On Call Inc.		X
	VA Center for Aging		X
	Wahiawa General Hospital		X
	Waikiki Health Center		X
	Windward Seniors Day Care		X
	YMCA		X
	YMCA Kaimuki	4,422	
<b>ID / Emergency Systems</b>		<b>1,514</b>	<b>16</b>
	Bilingual Access Line (24-hours)		X
	Carrier Alert Program	1	
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	Kaneohe Community & Senior Center	4	
	Kupuna Monitoring Systems, Inc.	150	
	Lifeline Hawaii Services	100	
	Olaloa Retirement Community	360	
	Ponds at Punaluu	50	
	Queen's Medical Center	100	
	Retirement Housing Foundation	48	
	St. Francis Lifeline	96	
	St. Francis Medical Center-West		X

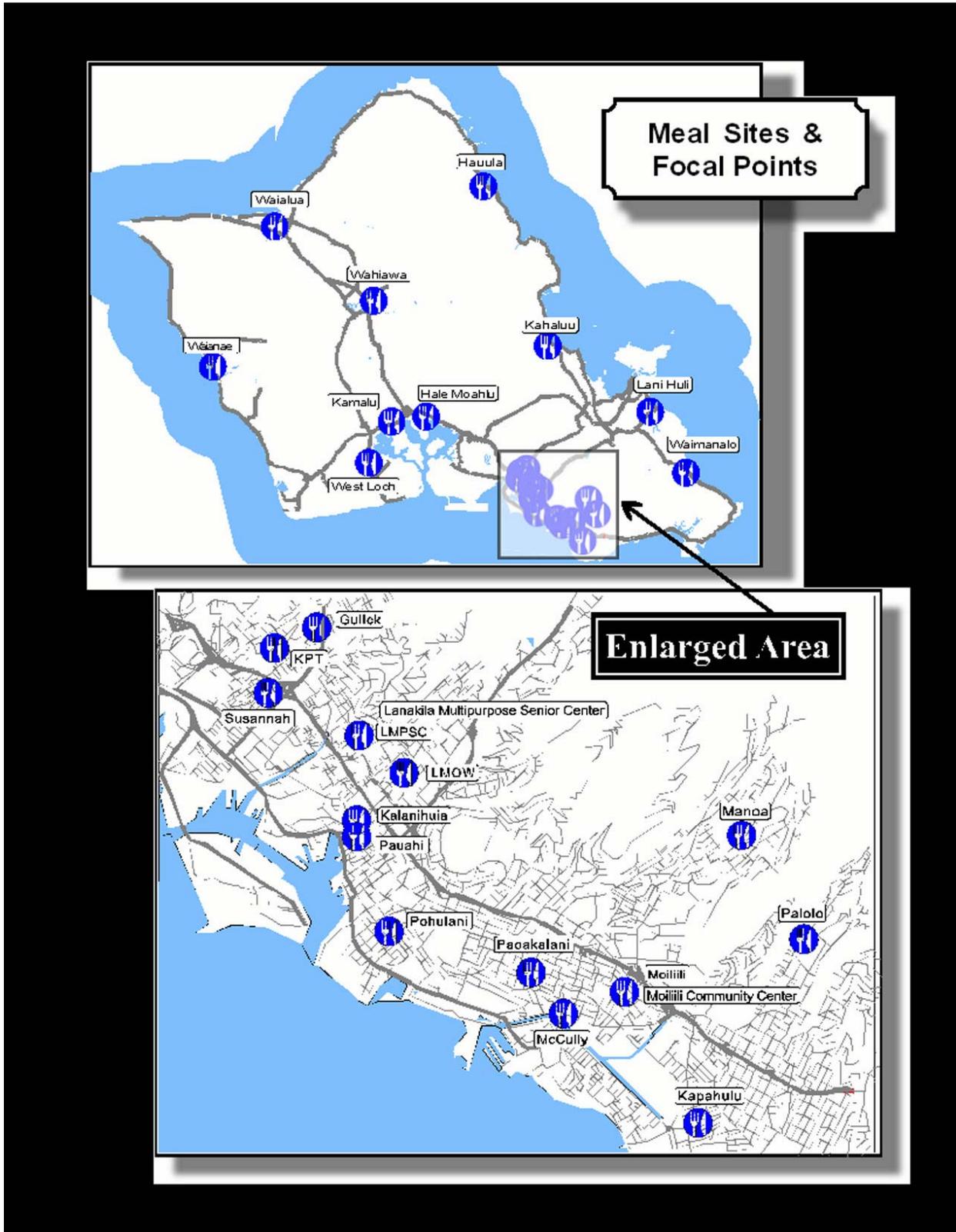
<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	The Plaza At Punchbowl	44	
	Tripler Army Medical Center	15	
	Windward Seniors Day Care		X
<b>Immigrant Services</b>		<b>8,454</b>	<b>12</b>
	Bilingual Access Line (24-hours)		X
	Case Management Coordination Program - Public Health Nursing Branch	80	
	CCH Catholic Charities Hawaii Community and Immigrant Services	14	
	CCHES Catholic Charities Hawaii Elderly Services		X
	Golden Ager Association of Hawaii		X
	Immigrant Services/ Immigrant & Refugee support services	50	
	Kaneohe Community & Senior Center		X
	Na Loio	60	
	Pacific Gateway Center	750	
	Senior Community Service Employment Program		X
	Tzu Chi Medical Clinic		X
	U.S. Citizenship and Immigration Services	7,500	
<b>Medication Management</b>		<b>4,775</b>	<b>41</b>
	Abel Case Management Inc.	70	
	Adult Mental Health Division	614	
	Aged to Perfection	80	
	Arcadia Home Health Services	15	
	Arcadia Retirement Residence	35	
	Bilingual Access Line (24-hours)		X
	Case Management Coordination Program - Public Health Nursing Branch	80	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Case Management Coordination Program - Public Health Nursing Branch	15	
	Case Management Inc.	200	
	Central Union Church - Adult Day Care and Day Health Center		<b>X</b>
	Convalescent Center of Honolulu	129	
	Hale Ho Aloha		<b>X</b>
	Hale Nani Rehabilitation & Nursing Center	450	
	Hale Ola Kino	80	
	Harry and Jeanette Weinberg Care Center	41	
	Hawaii Kai Retirement Community	81	
	Hospice Hawaii	455	
	Island Nursing Home		<b>X</b>
	Ka Punawai Ola	314	
	Kahala Nui Life Care Retirement Community & Hi'olani Care Center	466	
	KKV Elderly Services Program		<b>X</b>
	Korean Care Home	25	
	Leahi Adult Day Health Center	10	
	Leahi Hospital Nursing Home		<b>X</b>
	Leeward Integrated Health Services		<b>X</b>
	Liliha Healthcare Center		<b>X</b>
	PACE Hawaii		<b>X</b>
	Pearl City Nursing Home	277	
	Ponds at Punaluu	50	
	Queen's Medical Center	1,000	
	Residential Choices Inc.	86	
	Safe Haven - Puuhonua	2	

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Salvation Army - Adult Day Health Services	25	
	SECOH Senior Center		X
	Senior Solutions	5	
	The Arc in Hawaii		X
	The Plaza At Punchbowl	170	
	VA Center for Aging		X
	Wahiawa General Hospital		X
	Waikiki Health Center		X
<b>Mental Health</b>		<b>1,703</b>	<b>27</b>
	Adult Mental Health Division	190	
	Aged to Perfection	80	
	Bilingual Access Line (24-hours)		X
	Case Management Coordination Program - Public Health Nursing Branch	80	
	Case Management Coordination Program - Public Health Nursing Branch	5	
	Epilepsy Foundation of Hawaii	18	
	Golden Ager Association of Hawaii		X
	Hale Kupuna Care Home	1	
	Hawaii Kai Retirement Community	450	
	Hawaii State Hospital	29	
	Hospice Hawaii		X
	Immigrant Services/ Immigrant & Refugee Support Services	40	
	Island Nursing Home		X
	Kaneohe Community & Senior Center		X
	KKV Elderly Services Program		X
	Liliha Healthcare Center		X

<b>SERVICE</b>	<b>PROVIDER</b>	<b>Num. Clients</b>	<b>Notes / Num. Providers</b>
	Pearl City Nursing Home	277	
	Queen's Medical Center	500	
	Safe Haven - Puuhonua	3	
	Salvation Army - Adult Day Health Services	25	
	The Sex Abuse Treatment Center	5	
	U.S. Vets Transitional Housing and Homeless Program		X
	VA Center for Aging		X
	Wahiawa General Hospital		X
	Waikiki Health Center		X
	Windward Seniors Day Care		X
	<b>GRAND DUPLICATED TOTAL</b>	<b>615,888</b>	

## 2. Maps of Community Focal Points, Multi-Purpose Senior Centers & Nutrition Sites



### **3. Community Focal Points and Multi-Purpose Senior Centers**

**Community Focal Points** – 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.

**Multi-purpose Senior Centers** – 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.

### Community Focal Points and Multi-Purpose Senior Centers

Name	Address	Telephone	Geographic Area Served	Days and Hours Served	Services Provided
<b>Focal Points</b>					
Gulick Dining Site	1846 Gulick Honolulu	(808)848-0977	Kalihi/Liliha	Monday - Thursday 8-noon	Activities Nutrition Education
Hale Mohalu Sr. Apts. Dining Site	800 3 <sup>rd</sup> Street	(808)352-0280	Pearl City	Monday – Friday 8-noon	Activities Nutrition Education
Hau'ula Satellite City Hall	54-101 Kukuna Road	(808)352-0288	Windward Hau'ula	Monday – Friday 8-noon	Activities Nutrition Education
Kahalu'u Key Project	47-200 Waihe'e Road Kahalu'u	(808)239-5777	Windward Kahalu'u	Monday – Friday 8-noon	Activities Nutrition Education
Kalanihulia Apts.	1220 A'ala Street	(808)352-0289	Downtown Chinatown	Monday – Friday 8-noon	Activities Nutrition Education
Kamalu/ Ho'olulu Elderly Housing	94-941 Kauolu Place	(808)352-0284	Waipahu	Monday – Friday 8-noon	Activities Nutrition Education
Kapahulu Senior Center	3410 Campbell Avenue	(808)737-1748	Diamond Head Kapahulu	Tuesday 8-noon	Activities Nutrition Education
Kuhio Park Terrace House	1545 Linapuni Street Bldg. A	(808)847-1808	Kalihi	Monday Wednesday Friday 8-noon	Activities Nutrition Education
Lanakila Central Office	1809 Bachelot Street	(808)533-3054 (808)531-0555	Liliha Pahoehoe Honolulu	Monday – Friday 8-noon	Activities Nutrition Education
Lani Huli Senior Apts.	25 Aulike Street	(808)531-0555	Kailua	Monday Wednesday Friday 8-noon	Activities Nutrition Education
Manoa Gardens Elderly Housing	2790 Kahaloa Drive	(808)988-6330	Manoa	Monday Wednesday Friday 8-noon	Activities Nutrition Education
McCully Senior Citizen Club	2015 Kapiolani Blvd.	(808)973-7266	McCully Kapiolani	Monday 8-noon	Activities Nutrition Education
Palolo District Park	2007 Palolo Avenue	(808)352-0295	Palolo	Monday – Thursday 8-noon	Activities Nutrition Education
Paoakalani Senior Housing	1583 Kalakaua Avenue	(808)352-0281	Honolulu	Monday – Friday 8-noon	Activities Nutrition Education

Name	Address	Telephone	Geographic Area Served	Days and Hours Served	Services Provided
<b>Focal Points</b>					
Pauahi Elderly Housing	171 North Pauahi Street	(808)585-6446	Chinatown Downtown	Monday – Friday 8-noon	Activities Nutrition Education
Pohulani Ederly Apts.	626 Coral Street	(808)352-0294	Kaka’ako	Monday – Friday 8-noon	Activities Nutrition Education
Susannah Wesley	1117 Kaili Street	(808)845-1881	Honolulu	Monday – Friday 8-noon	Activities Nutrition Education
Wahiawa Rec Center	1139A Kilani Avenue	(808)352-0293	Wahiawa	Monday – Friday 8-noon	Activities Nutrition Education
Kupuna Home O’ Waialua	67-088 Goodale Avenue	(808)352-0288	Waialua	Monday Thursday 8-noon	Activities Nutrition Education
Wai’anae District Park	85-601 Farrington Highway	(808)351-8001	Wai’anae	Monday – Friday 8-noon	Activities Nutrition Education
Waimanalo District Park	41-415 Hihimanu Street	(808)259-7436	Waimanalo	Tuesday 8-noon	Activities Nutrition Education
West Loch Village Housing	91-415 Hihimanu Street	(808)259-7436	Ewa Villages Westloch	Monday – Friday 8-noon	Activities Nutrition Education
<b>Multi Purpose Senior Centers</b>					
Lanakila Multi-Purpose Senior Center	1640 Lanakila Avenue Honolulu	(808)847-1322	Alewa Heights Honolulu	Monday – Friday 8-noon	Activities Nutrition Education
Mo’ili’ili Community Center	2535 South King Street	(808)955-1555	Mo’ili’ili	Monday – Friday 8-noon	Activities Nutrition Education

#### 4. Congregate Nutrition Sites and Home Delivered Distribution Centers and Meal Delivery Routes

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.

<b>Congregate Dining Sites</b> <b>All sites are open from 8:00 am to 12:00 pm</b> Clients are provided Nutrition Counseling on an as needed basis						
Provider: LMOW 1809 Bachelot St.	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Kalihi/Liliha 1846 Gulick	(808) 848- 0977	1	55		Monday through Thursday	Activities Nutri. Educ.
Palama/ Chinatown Kalanihulia 1220 Aala St	(808) 352- 0289	1	15		Monday through Friday	Activities Nutri. Educ
Liliha/ Kapalama* LMPSC 1640 Lanakila Ave	(808) 847- 1322	1	35		Monday through Friday	Activities Nutri. Educ
Liliha/ Kapalama LRC 1809 Bachelot St	(808) 531- 0555	1	15		Monday through Friday	Activities Nutrition Education
McCully/ Moiliili* Comm Cnt 2535 S King St.	(808) 955- 1555	1	35		Monday through Friday	Activities Nutri. Educ

Provider: LMOW 1809 Bachelot St.	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Palolo/ Kaimuki/ Kakahulu Palolo Rec Cntr - 2007 Palolo Road	(808) 352- 0295	1	14		Monday through Thursday	Activities Nutri. Educ
Kakaako/ Ala Moana Paoakalani 1583 Kala- kaua Ave	(808) 352- 0281	1	20		Monday through Friday	Activities Nutri. Educ
Chinatown Pauahi Center - 171 N. Pauahi	(808) 585- 6446	1	32		Monday through Friday	Activities Nutri. Educ
Kakahulu Snr Cntr 3410 Campell Ave	(808) 737- 1748	1	22		Tuesday	Activities Nutri. Educ
Kuhio Park Terrace 1545 Linapuni St.	(808) 847- 1808	1	60		Monday Wednesday Friday	Activities Nutri. Educ
Kalihi/ Palama* Susannah Wesley 1117 Kaili St	(808) 845- 1881	1	11		Monday through Friday	Activities Nutri. Educ
Downtown Pohulani Elderly Apts. 626 Coral St.	(808) 352- 0294	1	55		Monday through Friday	Activities Nutri. Educ
Manoa Gardens Elderly Housing 2790 Kahalua Dr.	(808)988- 6330	1	11		Monday Wednesday Friday	Activities Nutri. Educ

Provider: LMOW 1809 Bachelot St.	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Pearl City Hale Mohalu Snr Apts. 800 3rd. St.	(808) 352- 0280	2	15		Monday through Friday	Activities Nutri. Educ
Ewa West Loch Village 91-1472 Renton Rd.	(808) 351- 8002	2	14		Monday through Friday	Activities Nutri. Educ
Waipahu* Kamalu Elderly Housing Pjt 94-941 Kauolu Pl.	(808) 352- 0284	2	9		Monday through Friday	Activities Nutri. Educ
Wahiawa* Rec Cntr 1139 A Kilani Ave	(808) 352- 0293	3	26		Monday through Friday	Activities Nutri. Educ
Waianae* District Park 85-601 Farrington Hwy.	(808) 351- 8001	4	13		Monday through Friday	Activities Nutri. Educ
Wailua* Kupuna Home O' 67-088 Goodale Ave	(808) 352- 0288	5	24		Monday and Thursday	Activities Nutri. Educ
Hauula* Satellite City Hall 54-010 Kukuna Rd.	(808) 352- 0288	6	11		Monday through Friday	Activities Nutri. Educ
Kahaluu* KEY Project 47-200 Waihee Rd.	(808) 239- 5777	7	16		Monday through Friday	Activities Nutri. Educ

Provider: LMOW 1809 Bachelot St.	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Kailua Lani Huli Apts. 25 Aulike Street	(808) 531- 0555	7	24		Monday Wednesday Friday	Activities Nutri. Educ
McCully Snr Club - 2015 Kapiolani Blvd.	(808) 973- 7266	1	35		Monday	Activities Nutri. Educ
Waimanalo District Park 41-415 Hihimanu St	(808) 259- 7436	7	50		Tuesday	Activities Nutri. Educ

<b>Home Delivered Hot Meals</b>						
Clients are provided Nutrition Counseling on an as needed basis						
Provider: HMOW - 2728 Hua- pala Rm 209	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Aiea	(808) 988- 6747	2		9	M-F 10:45 pickup lunch	
Aina Haina	(808) 988- 6747	1		9	M-F 10:30 pickup lunch	
Ainakoa	(808) 988- 6747	1		3	M-F 10:30 pickup lunch	
Downtown	(808) 988- 6747	1		7	M-F 11:00 pickup lunch	
Ewa	(808) 988- 6747	2		7	M-F 11:00 pickup lunch	
Enchanted Lake	(808) 988- 6747	7		11	M-F 10:15 pickup lunch	

Provider: HMOW - 2728 Hua- pala Rm 209	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Haiku	(808) 988- 6747	7		8	M-F 10:15 pickup lunch	
Hawaii Kai	(808) 988- 6747	1		9	M-F 10:30 pickup lunch	
Kailua	(808) 988- 6747	7		10	M-F 10:15 pickup lunch	
Kaimuki	(808) 988- 6747	1		4	M-F 10:30 pickup lunch	
Kaimuki (Palolo), Dinner	(808) 988- 6747	1		9	M-F 4:00 pickup dinner	
Kalihi, Lower	(808) 988- 6747	1		9	M-F 11:00 pickup lunch	
Kalihi, Upper	(808) 988- 6747	1		8	M-F 11:00 pickup lunch	
Kaneohe	(808) 988- 6747	7		11	M-F 10:15 pickup lunch	
Kapiolani	(808) 988- 6747	1		10	M-F 10:30 pickup lunch	
Kinau	(808) 988- 6747	1		10	M-F 11:15 pickup lunch	
Kuliouou	(808) 988- 6747	1		6	M-F 10:30 pickup lunch	
Makiki	(808) 988- 6747	1		11	M-F 10:30 pickup lunch	
Makua Alii	(808) 988- 6747	1		7	M-F 10:30 pickup lunch	

Provider: HMOW - 2728 Hua- pala Rm 209	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Manoa	(808) 988- 6747	1		11	M-F 10:30 pickup lunch	
Mauka	(808) 988- 6747	1		8	M-F 11:15 pickup lunch	
McCully	(808) 988- 6747	1		12	M-F 10:30 pickup lunch	
Moilili	(808) 988- 6747	1		9	M-F 10:30 pickup lunch	
Nuuanu	(808) 988- 6747	1		9	M-F 11:00 pickup lunch	
Pahoa	(808) 988- 6747	1		12	M-F 10:30 pickup lunch	
Palolo	(808) 988- 6747	1		13	M-F 10:30 pickup lunch	
Pearl City East	(808) 988- 6747	2		7	M-F 10:45 pickup lunch	
Pearl City West	(808) 988- 6747	2		7	M-F 10:45 pickup lunch	
Punahou	(808) 988- 6747	1		10	M-F 10:30 pickup lunch	
Sierra	(808) 988- 6747	1		9	M-F 10:30 pickup lunch	

Provider: HMOW - 2728 Hua- pala Rm 209	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Waikiki, Dinner	(808) 988- 6747	1		4	M-F 4:00 pickup dinner	
Waikiki (OCF)	(808) 988- 6747	1		6	M-F 10:30 pickup lunch	
Waikiki (PCH)	(808) 988- 6747	1		8	M-F 10:30 pickup lunch	
Waikiki (Straub)	(808) 988- 6747	1		12	M-F 11:15 pickup lunch	
Waimalu	(808) 988- 6747	2		7	M-F 10:45 pickup lunch	
Waimanalo	(808) 988- 6747	7		2	M-F 10:30 pickup lunch	
Woodlawn	(808) 988- 6747	1		11	M-F 10:30 pickup lunch	

Provider: LMOW 1809 Bachelot St.	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Kapahulu	(808) 531-0555	1		12	M-F	Nutrition Counseling
McCully	(808) 531-0555	1		4	M-F	Nutrition Counseling
Nuuanu	(808) 531-0555	1		8	M-F	Nutrition Counseling
Beretania	(808) 531-0555	1		14	M-F	Nutrition Counseling
Kalihi 2	(808) 531-0555	1		9	M-F	Nutrition Counseling
Hale Poai	(808) 531-0555	1		9	M-F	Nutrition Counseling
Kalihi 3A-2	(808) 531-0555	1		15	M-F	Nutrition Counseling
Wahiawa #1	(808) 531-0555	3		10	M-F	Nutrition Counseling

<p align="center"><b>Home Delivered Frozen Meals</b>  <b>Provider: Lanakila Meals on Wheels</b>            Clients are provided Nutrition Counseling on an as needed basis</p>						
Food Preparer: Kahuku Hospital	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Kahuku	(808) 531-0555	6		7		Nutrition Counseling
Waimanalo #1	(808) 531-0555	7		7		Nutrition Counseling
Waimanalo #2	(808) 531-0555	7		15		Nutrition Counseling
Waimanalo #3	(808) 531-0555	7		15		Nutrition Counseling
Enchanted Lake	(808) 531-0555	7		9		Nutrition Counseling
Keolu	(808) 531-0555	7		10		Nutrition Counseling
Maunawili	(808) 531-0555	7		5		Nutrition Counseling
Koolau View Dr	(808) 531-0555	7		7		Nutrition Counseling
Kailua #1	(808) 531-0555	7		10		Nutrition Counseling
Kaneohe #1	(808) 531-0555	7		6		Nutrition Counseling
Kaneohe #2	(808) 531-0555	7		12		Nutrition Counseling
Kaneohe #3	(808) 531-0555	7		17		Nutrition Counseling
Kaneohe #4	(808) 531-0555	7		6		Nutrition Counseling
Kaneohe #5	(808) 531-0555	7		17		Nutrition Counseling
Kaneohe #6	(808) 531-0555	7		5		Nutrition Counseling

Food Preparer: Kahuku Hospital	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Hauula	(808) 531-0555	6		17		Nutrition Counseling
Puuluana	(808) 531-0555	6		19		Nutrition Counseling
Kaawa	(808) 531-0555	6		20		Nutrition Counseling
Hawaii Kai	(808) 531-0555	1		8		Nutrition Counseling
Waikiki #1	(808) 531-0555	1		6		Nutrition Counseling
Waikiki #2	(808) 531-0555	1		5		Nutrition Counseling
Waikiki #3	(808) 531-0555	1		7		Nutrition Counseling
McCully #1	(808) 531-0555	1		6		Nutrition Counseling
McCully #2	(808) 531-0555	1		6		Nutrition Counseling
Kaimuki #1	(808) 531-0555	1		6		Nutrition Counseling
Kaimuki #2	(808) 531-0555	1		2		Nutrition Counseling
Kaimuki #3A	(808) 531-0555	1		5		Nutrition Counseling
Kaimuki Waialae	(808) 531-0555	1		5		Nutrition Counseling
Kaimuki #3B	(808) 531-0555	1		10		Nutrition Counseling
Kapahulu 1	(808) 531-0555	1		11		Nutrition Counseling

Food Preparer: LMOW	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
University 1	(808) 531-0555	1		5		Nutrition Counseling
University 2	(808) 531-0555	1		5		Nutrition Counseling
Kinau 1	(808) 531-0555	1		7		Nutrition Counseling
Kinau 2	(808) 531-0555	1		6		Nutrition Counseling
Kinau 3	(808) 531-0555	1		9		Nutrition Counseling
East 1-A	(808) 531-0555	1		11		Nutrition Counseling
East 2	(808) 531-0555	1		12		Nutrition Counseling
East 3	(808) 531-0555	1		6		Nutrition Counseling
East 4	(808) 531-0555	1		8		Nutrition Counseling
Punchbowl	(808) 531-0555	1		11		Nutrition Counseling
West 2	(808) 531-0555	1		15		Nutrition Counseling
West 3	(808) 531-0555	1		8		Nutrition Counseling
West 4	(808) 531-0555	1		8		Nutrition Counseling
West 5	(808) 531-0555	1		11		Nutrition Counseling
West 6	(808) 531-0555	1		9		Nutrition Counseling
West 7	(808) 531-0555	1		7		Nutrition Counseling

Food Preparer: LMOW	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
West 9	(808) 531-0555	1		8		Nutrition Counseling
West 10	(808) 531-0555	1		16		Nutrition Counseling
West 11	(808) 531-0555	1		2		Nutrition Counseling
Kalihi Valley	(808) 531-0555	1		12		Nutrition Counseling
Kalihi Gulick	(808) 531-0555	1		10		Nutrition Counseling
Kalihi Alewa	(808) 531-0555	1		8		Nutrition Counseling
Kalihi Kam IV	(808) 531-0555	1		4		Nutrition Counseling
Kapalama	(808) 531-0555	1		18		Nutrition Counseling
Kalihi Gulick	(808) 531-0555	1		10		Nutrition Counseling
West 1B	(808) 531-0555	1		9		Nutrition Counseling
Fort Shafter	(808) 531-0555	1		5		Nutrition Counseling
Aiea 1	(808) 531-0555	2		5		Nutrition Counseling
Aiea 2	(808) 531-0555	2		8		Nutrition Counseling
Aiea 3	(808) 531-0555	2		6		Nutrition Counseling
Aiea 4	(808) 531-0555	2		5		Nutrition Counseling
Aiea 5	(808) 531-0555	2		5		Nutrition Counseling

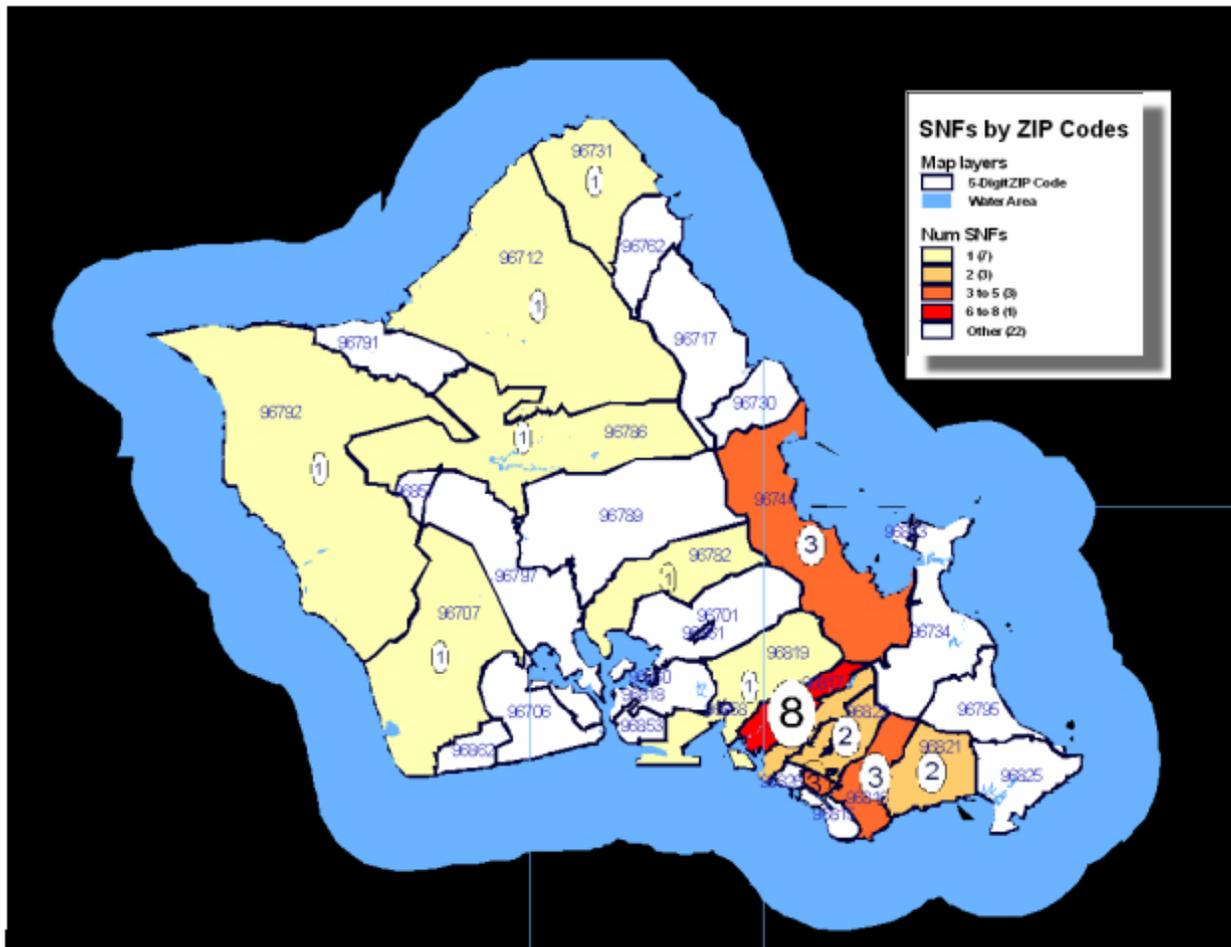
Food Preparer: LMOW	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Pearl City 1	(808) 531-0555	2		5		Nutrition Counseling
Pearl City 2	(808) 531-0555	2		8		Nutrition Counseling
Pearl City 2 Noelani	(808) 531-0555	2		12		Nutrition Counseling
Pearl City 3	(808) 531-0555	2		9		Nutrition Counseling
Pearl City 4	(808) 531-0555	2		8		Nutrition Counseling
Kaonohi	(808) 531-0555	2		11		Nutrition Counseling
Waipahu 1	(808) 531-0555	2		5		Nutrition Counseling
Waipahu 1A	(808) 531-0555	2		15		Nutrition Counseling
Waipahu 2	(808) 531-0555	2		7		Nutrition Counseling
Waipahu 3	(808) 531-0555	2		11		Nutrition Counseling
Waipahu 4	(808) 531-0555	2		4		Nutrition Counseling
Waipahu 5	(808) 531-0555	2		7		Nutrition Counseling
Westloch 1	(808) 531-0555	2		8		Nutrition Counseling
Westloch 2	(808) 531-0555	2		12		Nutrition Counseling
Ewa 1	(808) 531-0555	2		10		Nutrition Counseling
Ewa 2	(808) 531-0555	2		10		Nutrition Counseling

Food Preparer: LMOW	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Makakilo	(808) 531-0555	2		14		Nutrition Counseling
Waianae 1	(808) 531-0555	4		27		Nutrition Counseling
Waianae 2	(808) 531-0555	4		5		Nutrition Counseling
Waianae 3	(808) 531-0555	4		10		Nutrition Counseling
Waianae 4	(808) 531-0555	4		8		Nutrition Counseling
Waianae 5	(808) 531-0555	4		23		Nutrition Counseling
Nanakuli 1	(808) 531-0555	4		7		Nutrition Counseling
Nanakuli 2	(808) 531-0555	4		15		Nutrition Counseling
Nanakuli 3	(808) 531-0555	4		14		Nutrition Counseling
Mililani 1	(808) 531-0555	3		7		Nutrition Counseling
Mililani 2	(808) 531-0555	3		10		Nutrition Counseling
Mililani 3	(808) 531-0555	3		8		Nutrition Counseling
Mililani 4	(808) 531-0555	3		8		Nutrition Counseling
Wahiawa 1	(808) 531-0555	3		10		Nutrition Counseling
Wahiawa 2	(808) 531-0555	3		8		Nutrition Counseling
Wahiawa 2A	(808) 531-0555	3		10		Nutrition Counseling

Food Preparer: LMOW	Telephone	Judicial Area	Congregate Units	HD Units	Days & Hours	Other Services Provided
Wahiawa 3	(808) 531-0555	3		5		Nutrition Counseling
Wahiawa 4	(808) 531-0555	3		4		Nutrition Counseling
Waiialua 1	(808) 531-0555	5		11		Nutrition Counseling
Waiialua 2	(808) 531-0555	5		7		Nutrition Counseling
Pupukea	(808) 531-0555	5		3		Nutrition Counseling

## 5. Acute, Long-Term Care and Facility Care

### Intermediate/Skilled Nursing Facility Map

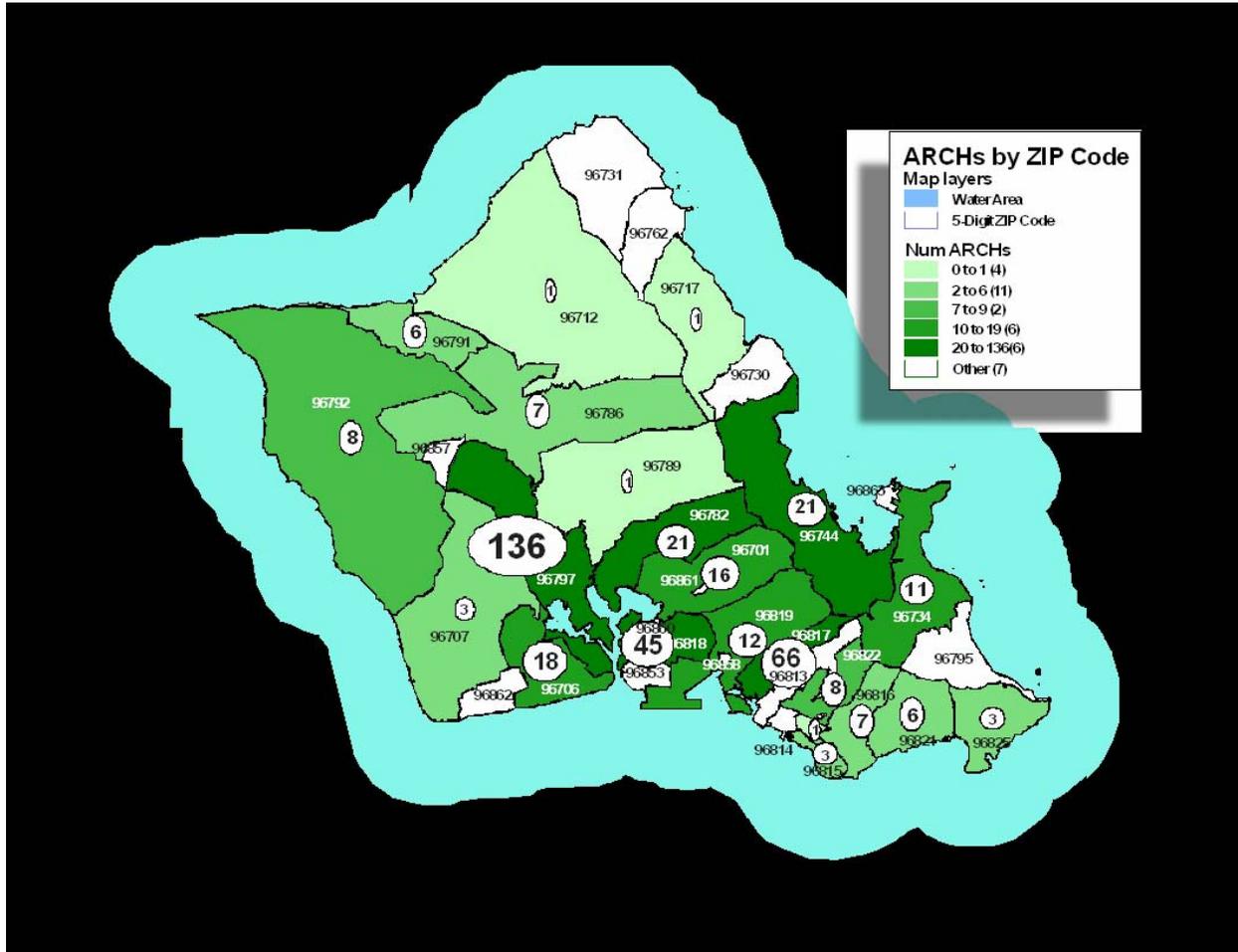


## SKILLED NURSING AND INTERMEDIATE CARE FACILITIES

Facility	Adult Day	* ICF - Intermediate Care Facility (Level of Care)	* SNF - Skilled Nursing Facility (Level of Care)	Address	City_State	ZIP	Phone
ALOHA NURSING & REHAB CENTRE				45-545 Kamehameha Hwy	Kaneohe, HI	96744	Ph: (808) 247-2220
ANN PEARL NURSING FACILITY	X	104 SNF/ICF		46-181 Waiakalua Rd.	Kaneohe, HI	96744	Ph: (808) 247-8568
ARCADIA RETIREMENT RESIDENCE			11 SNF	1434 Punahou St.	Honolulu, HI	96822	Ph: (808) 941-0941
AVALON CARE CENTER - HONOLULU, LLC			108 SNF/NF	1930 Kamehameha IV Rd.	Honolulu, HI	96819	Ph: (808) 947-4834
CONVALESCENT CENTER OF HONOLULU			182 SNF/NF	1900 Bachelot St.	Honolulu, HI	96817	Ph: (808) 531-6302
CRAWFORD'S CONVALESCENT HOME		55 ICF		58-130 Kamehameha Hwy	Haleiwa, HI	96712	Ph: (808) 638-8514
HALE HO ALOHA			85 SNF/ICF	2670 Pacific Heights Rd.	Honolulu, HI	96813	Ph: (808) 524-1955
HALE MALAMALAMA		40 SNF/ICF	40 SNF/NF	6163 Summer St.	Honolulu, HI	96821	Ph: (808) 396-0537
HALE NANI REHABILITATION AND NURSING CENTER			268 SNF/ICF	1677 Pensacola St.	Honolulu, HI	96822	Ph: (808) 537-3371
HALE OLA KING		42 SNF/ICF	32 SNF/ICF	1314 Kalaikaua Ave.	Honolulu, HI	96826	Ph: (808) 983-4400
HARRY AND JEANETTE WEINBERG CARE CENTER		52 SNF/ICF		46-080 Naimoku St.	Kaneohe, HI	96744	Ph: (808) 247-1870
HAWAII MEDICAL CENTER EAST		60 SNF/ICF		2230 Liliha St.	Honolulu, HI	96817	Ph: (808) 547-6011
H'I'OLANI CARE CENTER AT KAHALA NUI				4398 Malia St.	Honolulu, HI	96821	Ph: (808) 218-7400
HOSPICE HAWAII, INC.			5 SNF	566 Papalani St.	Honolulu, HI	96817	Ph: (808) 924-9255
ISLAND NURSING HOME		42 SNF/ICF		1205 Alexander St.	Honolulu, HI	96826	Ph: (808) 946-6027
KA PUNAWAI OLA		120 SNF/ICF		91-575 Farrington Hwy.	Kapolei, HI	96707	Ph: (808) 874-9262
KAHUKU HOSPITAL			12 SNF	56-117 Pualealea St.	Kahuku, HI	96731	Ph: (808) 293-9221
KUAKINI GERIATRIC CARE	X	187 SNF/ICF		347 North Kuakini St.	Honolulu, HI	96817	Ph: (808) 547-9357
LEAHI HOSPITAL	X	81 ICF	98 SNF	3675 Kilauea Ave.	Honolulu, HI	96816	Ph: (808) 733-8000
LEEWARD INTEGRATED HEALTH SERVICES		94 SNF/ICF		84-390 Jade St.	Waiānae, HI	96792	Ph: (808) 895-8508
LILIHA HEALTHCARE CENTER	X	92 SNF/ICF		1814 Liliha St.	Honolulu, HI	96817	Ph: (808) 537-9557
MALUHIA	X	158 SNF/ICF		1027 Hala Dr.	Honolulu, HI	96817	Ph: (808) 832-3000
MAUNALANI NURSING AND REHABILITATION CENTER		100 SNF/ICF		5113 Maunalani Circle	Honolulu, HI	96816	Ph: (808) 732-0771
MULIYANU HALE		75 SNF/ICF		2900 Pali Hwy.	Honolulu, HI	96817	Ph: (808) 595-6311
OAHU CARE FACILITY		82 SNF/ICF		1808 South Benetania St.	Honolulu, HI	96826	Ph: (808) 973-1900
PALOLO CHINESE HOME		15 ICF		2469 10th Ave.	Honolulu, HI	96816	Ph: (808) 737-2655
PEARL CITY NURSING HOME		122 SNF/ICF		919 Lehua Ave.	Pearl City, HI	96782	Ph: (808) 453-1919
QUEENS'S MEDICAL CENTER - PCU			28 SNF	1301 Punchbowl St.	Honolulu, HI	96813	Ph: (808) 537-7672
REHABILITATION HOSPITAL OF THE PACIFIC			20 SNF	228 North Kuakini St.	Honolulu, HI	96817	Ph: (808) 531-3511
WAHIAWA GENERAL HOSPITAL		103 SNF/ICF		128 Lehua St.	Wahiawa, HI	96786	Ph: (808) 821-4211

Source: Hawaii State Department of Health, listing of Medicare facilities  
Intermediate Care Facilities/Skilled Nursing Facilities: [www.hawaii.gov/health](http://www.hawaii.gov/health)

# 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
Punalu'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	Mano	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			

AREA	ZIP	MALE VAC	FEM VAC	TYPE	NAME	HOUSE #	STREET	CAP	DIET TYPE	AMB TYPE	WHC	PHONE
Aiea	96701	1	2	ARCH II	AIEA HTS. REST HOME, INC.	99-1657	Aiea Heights Dr.	18	S	FULLY	N	488-5521
Aiea	96701	1	1	Exp	CALUCAG ARCH. INC. I	99-042	Ie'ie Pl.	5	R	AMB	Y	484-1336
Aiea	96701	1	0	ARCH I	DAMASO PILAR	98-122	Kalike Pl.	5	R	AMB	N	486-0396
Aiea	96701	0	1	ARCH I	DUMLAO, ESTHER	99-1079	Halawa Hts. Dr.	4	S	AMB	N	486-3707
Aiea	96701	1	0	ARCH I	GARCIA, FE	99-568	Huakanu St.	5	S	AMB	N	486-3872
Aiea	96701	2	2	ARCH I	HALAWA HEIGHTS	99-619	Puailaa St.	4	R	AMB	N	486-7938
Aiea	96701	0	0	Exp	ILDEFONSO, CARLINA	99-075	Moanalua Rd.	5	S	AMB	N	487-3032
Aiea	96701	0	1	ARCH I	JOYCE YAMAOKA	98-388	Ponohana Lp.	5	S	AMB	N	488-9697
Aiea	96701	0	2	ARCH I	LAGADON, ROSALIA	98-130	Kalike Pl.	3	S	FULLY	N	488-8061
Aiea	96701	1	1	ARCH I	LAGVINE-NAMOCA	98-609	Kaamilo Street	5	S	AMB	N	485-0133
Aiea	96701	0	1	ARCH I	LILIA EVIOTA	99-816 A	Kealaluina Dr.	5	S	FULLY	N	488-0625
Aiea	96701	0	1	Exp	MINDA ROCHA	98-562	Kaimu Lp.	5	S	AMB	Y(1)	487-0624
Aiea	96701	1	0	ARCH I	NITA'S	98-029	Lii-ipo St.	5	R	AMB	N	488-2088
Aiea	96701	0	2	ARCH I	RAMOS, ERLINDA	98-063	Puaole Pl.	5	S	AMB	Y	488-0878
Aiea	96701	2	2	ARCH I	SANTOS, NOVELYN P.	98-209	Kanuku St.	5	R	AMB	N	488-1555
Aiea	96701	1	1	ARCH I	VICKY'S	99-1002-D	Puumakani St.	5	S	AMB	Y	488-0504
Ewa Beach	96706	0	1	Exp	AGUINALDO, PURIFICACION	91-2176-B	Fort Weaver Rd.	5	S	AMB	N	681-5364
Ewa Beach	96706	0	1	Exp	AURORA'S	91-1112	Kiwi St.	5	S	AMB	N	689-5936
Ewa Beach	96706	2	1	Exp	BALICO'S	91-1204	Kauiki St.	5	S	AMB	Y	689-7494
Ewa Beach	96706	1	1	ARCH I	BAYBAYAN, ROSITA	91-810	Haiamu St.	5	R	AMB	N	689-8662
Ewa Beach	96706	0	0	ARCH I	CORBILLA'S	91-1066	Hanalea St.	5	S	AMB	N	689-4882
Ewa Beach	96706	0	0	ARCH I	FELIPE, TESSIE	91-480	Pohakupuna Rd.	5	S	AMB	N	689-6074
Ewa Beach	96706	1	0	Exp	FIESTA, FLORELIZA C.	91-804	Apoke Place	4	S	AMB	Y	689-6892
Ewa Beach	96706	1	1	Exp	HILARIO'S	91-1137	Ahona St.	5	S	AMB	Y	689-8670
Ewa Beach	96706	0	0	ARCH I	HUGHES, HELEN	91-835	Kauili St.	5	S	AMB	N	689-5304
Ewa Beach	96706	1	0	ARCH I	LONGBOY, REGINA	91-709	Pohakupuna Rd.	5	S	AMB	N	689-8653
Ewa Beach	96706	0	1	ARCH I	LUCINA, FELIZA	91-1141	Kauiki St.	4	S	AMB	N	689-7092
Ewa Beach	96706	0	0	ARCH I	PASCUAL, SOLEDAD	91-711	Fort Weaver Rd.	5	S	FULLY	N	689-8569
Ewa Beach	96706	2	3	Exp	PAT'S	91-1029	Hanakahi Street	5	S	FULLY(#3)	Y(#2 & #4)	689-6800
Ewa Beach	96706	3	2	ARCH I	R.K.C.	91-938	Hanakahi St.	5	R	AMB	N	275-6367
Ewa Beach	96706	1	0	Exp	TORII	91-918	Hanakahi St.	5	S	AMB	N	689-6043
Ewa Beach	96706	0	1	Exp	VALDEZ, EVELYN	91-1129	Kiwi St.	5	S	AMB	N	689-5987
Makakilo	96706	0	0	ARCH I	DAGUMOL, SHIRLEY	92-603	Malahuna Lp.	5	S	AMB	N	682-5244
Makakilo	96706	1	0	Exp	LAGUNOY, ANITA	92-642	Makakilo Dr.	5	S	AMB	N	672-5947
Kapolei	96707	1	1	Exp	HERMELINA APUYA	92-761	Paakai St.	5	S	FULLY(#4)	Y	682-0642
Kapolei	96707	3	2	ARCH I	ISLAND LIVING	92-1269	Umena St.	5	R	AMB	Y	457-1066
Kapolei	96707	1	1	Exp	JML	92-560	Pilipono St.	5	S	AMB	Y	672-3406
Haleiwa	96712	0	0	Exp	INDEL'S	58-109	Kaunala St.	4	S	AMB	Y	638-9631

Punaluu	96717	5	5	ARCH II-Exp	THE GARDENS AT PUNALUU	53-594	Kamehameha Hwy.	26	S	AMB	Y	293-1100
Kailua	96734	1	0	Exp	FUJII	130	Kuulei Rd	5	S	AMB	Y	261-9061
Kailua	96734	1	1	Exp	HAWAIIAN PALMS	828	Oneawa Street	2	S	FULLY	N	262-8803
Kailua	96734	0	2	ARCH I	HIRONAKA, SHARLYNNE	416	Keolu Dr.	5	S	AMB	N	261-1129
Kailua	96734	0	1	ARCH I	KAILUA GARDENS	120	Mookua St.	5	S	AMB	Y	261-6081
Kailua	96734	0	1	Exp	KAILUA OHANA	1346	Akamai St.	5	S	AMB	Y	230-8131
Kailua	96734	3	2	ARCH I	KINA OLE ESTATE ELIMA, LTD.	1368	Kulooa Pl.	5	R	AMB	Y	233-4455
Kailua	96734	2	2	Exp	KOOLAU GARDENS	304-B	Kawainui St.	5	S	AMB	Y	263-5624
Kailua	96734	2	3	Exp	OILILUA ELDER CARE, INC., #II	711	Oneawa Street	5	S	AMB	Y(BR#3)	677-0882
Kailua	96734	1	1	ARCH I	PIHANA, THELMA	432	Kihapai St.	5	S	AMB	N	261-0924
Kailua	96734	1	1	ARCH I	SALAFINA	665A	Ulukahiki St.	4	S	AMB	N	261-8732
Kailua	96734	0	1	Exp	SERA, AURORA	1305	Mokapu Blvd.	5	S	AMB	Y	254-6124
Kaneohe	96744	1	0	Exp	AIDA'S	45-552	Liulua St.	5	S	AMB	N	235-1637
Kaneohe	96744	1	1	Exp	CEJ CHARITY	45-415	Kulaui St.	5	S	AMB	Y	235-4574
Kaneohe	96744	0	0	ARCH I	DARISAY, THELMA	45-371	Kanaka St.	3	R	AMB	N	247-3672
Kaneohe	96744	1	1	ARCH I	EMMA ROSE	47-442	Aialii Pl.	5	R	FULLY	N	239-5815
Kaneohe	96744	1	0	Exp	HOKULAKI ELDER CARE, LLC	45-526	Nakuluai St.	5	S	AMB	Y	234-0888
Kaneohe	96744	0	1	Exp	HOKULAKI SENIOR LIVING	45-217	William Henry Rd.	5	S	AMB	Y	235-8388
Kaneohe	96744	1	1	Exp	HOLY FAMILY I	47-410	Ahuimanu Rd.	5	S	AMB	Y	239-7993
Kaneohe	96744	2	2	ARCH II-Exp	HOLY FAMILY II	47-410	Ahuimanu Rd.	40	S	AMB	Y	239-7993
Kaneohe	96744	3	2	ARCH I	J & A	45-349	Keneta St.	5	S	AMB	Y	234-1580
Kaneohe	96744	2	3	ARCH I	KA MALAMA HOME I	45-388	Kamehameha Hwy.	5	S	AMB	Y	236-1000
Kaneohe	96744	3	2	ARCH I	KA MALAMA HOME II	45-332	Ka Hanahou Cir.	5	S	AMB	Y	234-5555
Kaneohe	96744	2	1	Exp	KINA OLE ESTATE	45-225	William Henry Rd.	8	S	AMB	Y	233-4455
Kaneohe	96744	3	2	Exp	KOOLAU VIEW	45-650	Pua Alowalo St.	5	S	AMB	N	834-1634
Kaneohe	96744	0	0	ARCH I	OLIPARES, CELESTINA	45-693	Keneta St.	4	R	AMB	N	235-6893
Kaneohe	96744	0	1	Exp	PASCUAL, MARISSA G.	45-220	Namoku St.	5	S	AMB	Y	235-7515
Kaneohe	96744	1	1	Exp	POHAI NANI - AHUI NANI	45-090	Namoku St.	5	S	AMB	Y	247-6211
Kaneohe	96744	1	1	Exp	POHAI NANI - AHUI OLU	45-090	Namoku St.	5	S	AMB	Y	247-6211
Kaneohe	96744	1	1	Exp	POHAI NANI AHUI LAULE'A	45-090	Namoku St.	5	S	AMB	Y	247-6211
Kaneohe	96744	1	1	Exp	POHAI NANI AHUI MALIE	45-090	Namoku St.	5	S	AMB	Y	247-6211
Kaneohe	96744	0	0	ARCH I	SELGA, NATIVIDAD	45-933	Keahala Pl.	5	R	AMB	N	247-1699
Kaneohe	96744	1	2	ARCH I	SUENAGA II	45-390	Kam. Hwy.	5	S	AMB	Y	236-3465
Pearl City	96782	2	0	ARCH I	ABAD, EDNA	98-312	Kaliuamoi Dr.	4	S	FULLY	N	487-1080
Pearl City	96782	1	2	ARCH I	ARCH LIVING HAWAII	1662	Hookani St.	5	S	AMB	Y	456-2638
Pearl City	96782	0	0	ARCH I	BATACAN, ROSALIA	650	Hoomaluu Cir.	4	S	AMB	N	456-3561
Pearl City	96782	0	2	ARCH I	BEN, PRISCA	339	Hoomaluu St.	4	S	AMB	N	456-9176
Pearl City	96782	0	1	Exp	DOMINGO, MARIA-THERESA C.	98-1651	Hoomaluke St.	5	S	AMB	Y	455-3365
Pearl City	96782	0	1	Exp	FE PENA	1621	Kaumoi St.	5	S	AMB	Y	455-8341
Pearl City	96782	0	1	Exp	FLOJO QUALITY AFFORDABLE CARE	1159	Kuokoa Street	5	S	AMB	Y	455-2853
Pearl City	96782	0	1	ARCH I	GINA'S	1233	Puu Kipa St.	5	S	AMB	N	456-5765
Pearl City	96782	0	0	Exp	JESUSA QUINABO ARCH II	1805	Hookupa St.	5	S	AMB	Y	456-9375
Pearl City	96782	0	1	Exp	JUANITA'S	1902	Palamoi St.	5	S	AMB	Y	455-1175
Pearl City	96782	1	1	Exp	LORENZO, CATHERINE	98-1591	Hoomaluke St.	5	S	AMB	Y	455-9327

Pearl City	96782	0	1	ARCHI	MARCY'S	98-016	Kaluamoi Pl.	4	S	AMB	N	488-8594
Pearl City	96782	1	1	Exp	MARY ANN'S	745	Puu Kala Street	5	S	AMB	Y	456-3138
Pearl City	96782	0	1	Exp	MOONLIGHT VISTA	98-1282	Hooahuai Pl.	5	S	AMB	Y	456-8671
Pearl City	96782	0	1	ARCHI	QUITEVIS, ELENA	1614	Maliuwai St.	5	S	AMB	N	455-7346
Pearl City	96782	2	1	ARCHI	RAQUEDAN, CRESCENCIA	2321	Anoomoo St.	5	R	AMB	N	456-5791
Pearl City	96782	1	2	ARCHI	RESUELLO, CARMELITITA	2338	Anoomoo St.	5	S	AMB	N	455-8119
Pearl City	96782	0	0	ARCHI	RIMANDO, ELDORA	1758	Hoolana St.	5	S	AMB	N	455-2392
Pearl City	96782	0	0	Exp	RODRIGUEZ, TERESITA	1647	Paaaina Pl.	5	S	AMB	Y	455-4465
Pearl City	96782	0	0	ARCHI	SNOUFFER, CELY	712	Hoomalimali St.	5	R	AMB	N	454-0741
Pearl City	96782	0	0	Exp	VALLEY VIEW PEARL CITY, L.L.C.	944	Maiha St.	3	F	AMB	Y	664-5701
Wahiawa	96786	1	1	Exp	A BETTER LIVING	83	Kilani Avenue	5	S	AMB	Y	621-8635
Wahiawa	96786	1	1	Exp	BALBAR, MARILYN	107B	Kilea Place	5	S	AMB	Y	621-5771
Wahiawa	96786	0	0	Exp	MARILYN'S	1665 A	Nakula St.	5	S	AMB	Y	621-5942
Wahiawa	96786	0	0	ARCHI	ORIBIO, JOVITA	29	Circle Dr.	5	S	AMB	Y	622-4250
Wahiawa	96786	0	1	Exp	RAQUEL, PERLITA	1656	Hoolulu R.	5	S	AMB	Y	621-4085
Wahiawa	96786	1	1	ARCHI	ROSARIO, TRINIDAD	372	Pakauwili Dr.	5	S	AMB	N	621-0819
Wahiawa	96786	1	0	ARCHI	UGALINO, JOSEFINA	1017	Ehoeho Ave.	5	S	FULLY	N	621-6174
Mililani	96789	0	0	Exp	MILILANI	95-117	Waikalani Dr.	5	S	AMB	Y	623-9004
Waiailua	96791	0	0	Exp	MABINI, LOLITA	68-330	Olohio St.	5	S	AMB	N	637-6018
Waiailua	96791	0	2	Exp	PADRON, MARTINA	67-361	Farrington Hwy.	5	S	AMB	N	637-9918
Waiailua	96791	1	1	ARCHI	SADOP, JUANITA	67-439	Kukea Cir.	5	R	AMB	N	637-9945
Waiailua	96791	0	0	ARCHI	TAPEZ, GLORIA	67-345	Kailuna St.	5	S	AMB	N	637-6167
Waiailua	96791	0	4	ARCHI	ZENAIDA'S	67-435	Kukea Cir.	5	S	AMB	Y	637-9770
Waianae	96791	0	3	Exp	ALOHA	86-107	Hoaha St.	5	S	AMB	Y	696-2430
Waianae	96792	0	0	ARCHI	ATANES, REMEDIOS	87-542	Manuu St.	4	S	AMB	N	668-4181
Waianae	96792	1	1	ARCHI	CIONITA G. SALAZAR	87-168	Kaukamana St.	5	S	AMB	Y	696-7944
Waianae	96792	5	1	ARCHI	CLASSIC RESIDENTIAL	87-237	Hookele Street	5	S	AMB	N	391-9586
Waianae	96792	0	0	ARCHI	DAQUIP, EUNICE	87-132	Palani St.	5	S	AMB	N	696-4462
Waianae	96792	1	0	ARCHI	GOLDEN ISLAND ARCH	86-120	Hoaha St.	5	S	AMB	Y	696-2430
Waianae	96792	1	9	Exp	IMELDA G. ARREOLA	87-164	Kaukamana St.	5	S	AMB	Y	697-1515
Waianae	96792	3	2	ARCHI	MIVA	87-158	Kaukamana St.	5	R	AMB	Y	387-7889
Waianae	96792	3	2	ARCHI	PARADISE	86-112	Hoaha St.	5	S	AMB	Y	696-2430
Waipahu	96797	1	1	ARCHI	A.L.D.E.	94-1475	Hiapo St.	5	S	AMB	N	671-0531
Waipahu	96797	0	1	Exp	ABBIE'S	94-579	Apii Pl.	5	S	AMB	N	676-9349
Waipahu	96797	0	2	Exp	AGRAAN, GLISERIA	94-1286	Hiapo St.	5	S	AMB	Y	676-9536
Waipahu	96797	0	1	ARCHI	AGUINALDO, LINA	94-449	Hiahia Lp.	5	S	FULLY	N	677-6395
Waipahu	96797	0	0	ARCHI	ANCHETA, EMILIANA	94-1518	Kahuaoa St.	4	S	AMB	N	671-0384
Waipahu	96797	0	0	Exp	ANCHETA, IMELDA	94-854	Avanel St.	5	S	AMB	Y	677-7486
Waipahu	96797	1	1	ARCHI	ANDAYA'S	94-029	Poailani Cir.	5	R	AMB	N	671-8287
Waipahu	96797	1	1	ARCHI	ANNE-DREWS GENTLE	94-921	Kahuailani St.	5	S	AMB	Y	678-3936
Waipahu	96797	1	0	ARCHI	ANNELYN RAYAL	94-362	Apowale St.	5	R	AMB	N	688-3503
Waipahu	96797	1	0	ARCHI	ANTONIO, MATEA	94-163	Loaa St.	4	R	AMB	N	677-2654
Waipahu	96797	1	0	ARCHI	BALANAY II	94-219	Kahuamani St.	5	S	FULLY	N	671-1602
Waipahu	96797	0	1	ARCHI	BALTAZAR, CERELINA	94-365	Kahuaoa St.	5	S	AMB	N	677-4067

Waipahu	96797	1	0	ARCH I	BALUALUA, ANGELITA	94-575	Apii St.	4	R	AMB	N	671-1075
Waipahu	96797	0	0	Exp	BELTRAN, MILAGROS	94-1382	Henokea St.	5	S	AMB	Y	671-0354
Waipahu	96797	1	0	ARCH I	BILLENA, MATHILDA	94-1169	Limahana St.	5	S	AMB	N	671-0670
Waipahu	96797	1	0	ARCH I	BOLOSAN, CARMELITA	94-087	Waialele Lp.	5	S	AMB	N	671-2983
Waipahu	96797	0	0	ARCH I	BOLOSAN, DOMIE	94-039	Waialele Lp.	5	S	AMB	N	677-3743
Waipahu	96797	0	1	ARCH I	BOLOSAN, NELY	94-269	Kahuapili St.	4	S	FULLY	N	671-4304
Waipahu	96797	1	0	Exp	BUENO #2	94-916	Kumuaio St.	5	S	AMB	N	678-9514
Waipahu	96797	1	0	ARCH I	CABACUNGAN, ESTER	94-1055	Lumialani St.	2	S	AMB	N	671-4700
Waipahu	96797	1	0	ARCH I	CABICO, MILAGROS	94-418	Piliwai Street	5	S	AMB	Y	671-2666
Waipahu	96797	1	0	Exp	CABINGABANG, DELIA	94-1121	Waipahu St.	5	S	AMB	N	671-7379
Waipahu	96797	0	0	ARCH I	CACAL, EVELYN	94-1161	Hinaea St.	5	S	AMB	N	676-5756
Waipahu	96797	0	0	Exp	CADIZ, VICKY	94-1381	Hiaai Pl.	5	S	AMB	Y	671-7308
Waipahu	96797	0	1	ARCH I	CARINO, LOLITA	94-1110	Hiihuna Pl.	3	S	AMB	N	676-1014
Waipahu	96797	2	0	Exp	CARMELITA'S	94-1020	Hapapa St.	5	S	AMB	N	671-0756
Waipahu	96797	1	0	Exp	CASTANAGA, IMELDA	94-972	Luminoo St.	5	S	AMB	N	671-2551
Waipahu	96797	1	0	ARCH I	CHANDAS	94-350	Apowale St.	5	S	FULLY	N	671-1671
Waipahu	96797	0	0	ARCH I	CHOYBETH'S	94-935	Hiapo St.	5	S	AMB	N	671-7010
Waipahu	96797	1	0	ARCH I	COLOMA, FLORENDO	94-283	Kahuanaani Pl.	3	R	AMB	N	678-1318
Waipahu	96797	1	0	Exp	CONNIE'S	94-1040	Kuhaulua St.	5	S	AMB	N	-445594
Waipahu	96797	0	1	ARCH I	CUARESMA, JULIA	94-548	Farrington Hwy.	5	S	AMB	N	676-7232
Waipahu	96797	1	0	ARCH I	DE VERA, LORETTA	94-865	Mokuahi St.	5	S	AMB	N	671-5191
Waipahu	96797	0	1	ARCH I	DEGUZMAN, LYDIA	94-293	Kahualena St.	5	S	AMB	N	676-0681
Waipahu	96797	1	0	Exp	DELA CRUZ, VIRGINIA	94-900	Kumuaio St.	5	S	AMB	Y	677-8941
Waipahu	96797	1	1	Exp	DOMINGO, LORETTA	94-488	Piliwai St.	5	S	AMB	Y	677-3202
Waipahu	96797	1	1	Exp	E MABINI	94-1063	Kuhaulua St.	5	S	AMB	Y	678-9549
Waipahu	96797	2	1	Exp	ED & ROSE	94-1112	Kahuailani St.	5	S	AMB	Y	676-9336
Waipahu	96797	0	1	ARCH I	EMY'S	94-1228	Halelehua St.	2	S	AMB	N	676-1612
Waipahu	96797	0	1	Exp	ESPINOZA'S	94-1273	Kahuanaui Street	5	S	AMB(BD#)	Y	676-7313
Waipahu	96797	1	0	Exp	ESTAS	94-1110	Hinaea St.	5	S	AMB	Y	677-3607
Waipahu	96797	0	0	ARCH I	EVELYN'S	94-824	Kumukula St.	5	S	AMB	N	671-8725
Waipahu	96797	0	0	Exp	FABIA, NINFA	94-301	Hiihuna Wy.	5	S	AMB	N	671-6983
Waipahu	96797	0	1	Exp	FAJOTINA, LILIA	94-438	Hoaeae Street	5	S	AMB	Y	676-7399
Waipahu	96797	0	2	ARCH I	FERNANDO, PERLITA	94-1351	Waipahu St.	4	S	AMB	N	671-4912
Waipahu	96797	0	1	ARCH I	FRONDA, MYRNA	94-571	Apii Pl.	5	S	AMB	N	676-7858
Waipahu	96797	1	0	ARCH I	GABA, ESTELITA	94-233	Kahulo Pl.	5	S	AMB	N	671-7446
Waipahu	96797	0	0	Exp	GABRIEL, JULIET	94-1034	Awanani St.	5	S	AMB	Y	677-0123
Waipahu	96797	0	0	ARCH I	GALAMGAM, CRESCENCIA	94-1278	Peki Pl.	5	S	FULLY	N	671-1847
Waipahu	96797	0	1	Exp	GALAN, JUANITA T.	94-324	Kipou St.	5	S	AMB	Y	671-8337
Waipahu	96797	0	1	ARCH I	GALARIO, AMELIA	94-464	Mahoe St.	5	R	AMB	N	671-7907
Waipahu	96797	1	0	Exp	GALARIO, ELENA	94-929	Kuakahi St.	5	S	AMB	N	677-5362
Waipahu	96797	0	0	ARCH I	GALARIO, VIOLETA	94-1440	Hiapo St.	5	R	AMB	N	676-1807
Waipahu	96797	0	3	ARCH I	GMV	94-242-A	Kahuahale St.	2	R	AMB	N	671-4895
Waipahu	96797	1	0	ARCH I	GOLDEN SUNSHINE	94-1145	Halelehua Street	5	R	AMB	N	677-1075
Waipahu	96797	1	0	ARCH I	GUTING, LINDA	94-1032 A	Lumikula St.	5	S	AMB	N	677-8669

Waipathu	96797	0	1	Exp	HOPE-FAITH	94-272	Pupukoa St.	5	S	AMB	Y	678-8248
Waipathu	96797	0	2	Exp	J & J	94-276	Pupukoa St.	5	S	AMB	N	676-7027
Waipathu	96797	3	2	Exp	J.R.R.	94-1087	Kuhaulua St.	5	S	AMB	Y	677-0245
Waipathu	96797	0	1	ARCH I	KAHUANANI PLACE	94-284	Kahuanani Pl.	5	S	AMB	N	676-4697
Waipathu	96797	0	0	Exp	KHRIST EMMANUEL	94-1178	Hina St.	5	S	AMB	Y	671-8607
Waipathu	96797	1	0	ARCH I	LEANO GLENDA	94-945	Kuhaulua St.	5	R	AMB	N	677-0262
Waipathu	96797	2	0	Exp	LEONILA NUESCA	94-946	Mapala Pl.	5	S	AMB	N	671-4791
Waipathu	96797	1	1	Exp	LITA SORIA	94-346	Hene Street	5	S	AMB	Y	677-2174
Waipathu	96797	0	1	ARCH I	LOLITA SUGA	94-414	Hianakui St.	3	S	AMB	N	676-0095
Waipathu	96797	0	2	ARCH I	LORES	94-1213	Halelehua St.	5	S	FULLY	N	671-4943
Waipathu	96797	1	1	ARCH I	LOTA BUMANGLAG	94-366	Kahuanani St.	5	S	AMB	Y	678-1967
Waipathu	96797	0	0	ARCH I	LYDIA QUEMADO	94-1292	Huakai St.	3	S	AMB	N	677-0401
Waipathu	96797	0	0	ARCH I	MADAMBA, CONSOLACION	94-1333	Waipahu St.	4	R	AMB	N	671-6581
Waipathu	96797	0	1	Exp	MARIA NORMA JACINTO	94-332	Kipou Pl.	5	S	AMB	Y	680-7851
Waipathu	96797	0	1	ARCH I	MARIE VIDUYA	94-1177	Halelehua St.	5	S	AMB	N	671-7662
Waipathu	96797	0	0	Exp	MARINA MANUEL	94-1035	Lumikula St.	5	S	AMB	N	671-8817
Waipathu	96797	1	0	Exp	MARQUEZ, LUZ	94-908	Kumuaao St.	5	S	AMB	Y	677-0932
Waipathu	96797	0	0	Exp	MARRHEY	94-211	Loaa St.	5	S	AMB	N	671-1136
Waipathu	96797	1	0	Exp	MARTIN OBALDO	94-572	Apii Pl.	5	S	AMB	Y	676-5384
Waipathu	96797	0	0	ARCH I	MELY MUELLER	94-949	Lumiloke St.	5	S	AMB	N	677-9089
Waipathu	96797	2	2	ARCH I	MILDRED'S	94-1273	Peki Place	5	S	FULLY	Y	671-3752
Waipathu	96797	1	0	ARCH I	MONA LIZA	94-455	Kahualena St.	5	S	AMB	N	677-0524
Waipathu	96797	1	1	Exp	MONEGAS, BRENDA	94-913	Kuhaulua St.	5	S	AMB	Y	680-0636
Waipathu	96797	0	1	ARCH I	MOTHER & DAUGHTER	94-369	Apowale St.	5	S	AMB	N	676-8893
Waipathu	96797	0	1	Exp	NAVARRO, REBECCA	94-1354	Hiiai Pl.	5	S	AMB	Y	671-0294
Waipathu	96797	0	1	ARCH I	NEBREJA, RAYMUNDA	94-023	Poailani Cir.	5	S	AMB	N	671-2291
Waipathu	96797	0	0	Exp	NELLIE MALABED'S	94-1371	Hiiai Pl.	5	S	AMB	N	676-1002
Waipathu	96797	0	1	Exp	NOEMIS	94-919	Kumuaao St.	5	S	AMB	Y(1)	677-7875
Waipathu	96797	1	0	ARCH I	OAMIL, REMEDIOS	94-1011	Akihloa St.	5	S	FULLY	N	676-1618
Waipathu	96797	1	0	ARCH I	OBALDO, MARCELINA	94-852	Kuhaulua St.	5	S	AMB	N	677-5838
Waipathu	96797	2	1	Exp	OHANA HALE	94-1063	Halelehua St.	5	S	AMB	Y	677-9718
Waipathu	96797	2	3	Exp	OILILUA ELDER CARE, INC., #1	94-379	Oililua Pl.	5	S	AMB	Y	677-0882
Waipathu	96797	0	0	ARCH I	PACLEB, ISABEL	94-1077	Kahuanui St.	5	R	AMB	N	676-0846
Waipathu	96797	1	0	ARCH I	PADRE, NORMA	94-607	Mahoe St.	5	R	FULLY/AMB	N	677-7174
Waipathu	96797	0	0	ARCH I	PARUBRUB, TINA	94-1108	Hina St.	4	R	AMB	N	671-3637
Waipathu	96797	0	0	ARCH I	PASCUA, ELENA	94-301	Kahualena St.	4	R	AMB	N	680-9492
Waipathu	96797	1	0	ARCH I	PASCUA, SALVACION	94-1230	Hinaea St.	5	S	AMB	N	671-7352
Waipathu	96797	1	1	ARCH I	PAULINO, PURIFICACION	94-389	Ikepono Pl.	5	S	AMB	N	671-3453
Waipathu	96797	1	1	ARCH I	QUEMADO, IRENE	94-1217	Halelehua St.	5	S	AMB	N	677-5882
Waipathu	96797	0	0	ARCH I	QUITON, FELICIDAD	94-564	Farrington Hwy.	4	R	AMB	N	671-5350
Waipathu	96797	0	2	ARCH I	R & M DURAN	94-628	Loa'a St.	5	S	AMB	Y	678-0150
Waipathu	96797	0	0	Exp	R.J. SANTIAGO	94-571	Loaa St.	5	S	AMB	Y	671-8901
Waipathu	96797	0	1	Exp	RAFAEL, EVELYN	94-105	Haasa St.	5	S	AMB	N	671-9717
Waipathu	96797	0	0	Exp	RAGONJAN, YOLANDA	94-335	Kahualena St.	5	S	AMB	Y	678-9747

Waipahu	96797	1	1	1	Exp	RAGUINDIN MALAMA KAUHALE	94-088	Awamoku St.	5	S	AMB	Y	677-7464
Waipahu	96797	1	0	0	ARCH I	RAMOS, DOLORES	94-1273	Waipahu St.	4	S	FULLY	N	677-5901
Waipahu	96797	1	0	0	ARCH I	RAMOS, VIRGINIA	94-557	Apili St.	5	S	AMB	N	676-0759
Waipahu	96797	3	0	0	ARCH I	REGUJUS, CONSUELO	94-239	Kahualea St.	4	S	AMB	N	671-7186
Waipahu	96797	0	1	1	ARCH I	REMY'S	94-447	Kahualea Pl.	4	S	AMB	N	677-5394
Waipahu	96797	0	1	1	Exp	RETUTA, BLANDINA	94-1116	Kahualea St.	5	S	AMB	N	676-4419
Waipahu	96797	0	1	1	ARCH I	REYES, CORAZON	94-931-A	Lumihohu St.	5	S	AMB	N	671-0606
Waipahu	96797	1	0	0	Exp	ROSANA DUMLAO	94-871	Awanel St.	5	S	AMB	Y	671-0166
Waipahu	96797	2	2	2	ARCH I	ROSE'S	94-083	Waikolee Ln.	5	S	AMB	N	676-0820
Waipahu	96797	0	1	1	Exp	ROSITA AGLUBA	94-1067	Kuhaulua St.	5	S	AMB	N	677-9081
Waipahu	96797	1	0	0	Exp	SAGADRACA, AURORA	94-329	Kiokio Pl.	5	S	AMB	Y	671-3695
Waipahu	96797	1	1	1	ARCH I	SAGUIBO, VERONICA	94-1377	Hiapo St.	5	S	AMB	N	677-4267
Waipahu	96797	0	1	1	Exp	SALES, ABNER	94-1156	Halehewa St.	5	S	AMB	Y	676-5140
Waipahu	96797	0	1	1	ARCH I	SAMANIEGO, AMELITA	94-941	Kuhaulua St.	5	S	AMB	N	206-8123
Waipahu	96797	1	0	0	ARCH I	SAMBAJON, REMEDIOS	94-1042	Halehewa St.	5	S	AMB	N	678-0409
Waipahu	96797	0	1	1	ARCH I	SARDON, MARIA	94-1311	Waipahu St.	4	S	FULLY	N	677-0940
Waipahu	96797	0	1	1	Exp	SERAPION, SHIRLEY	94-258	Kanuahele St.	5	S	AMB	Y	671-6376
Waipahu	96797	0	1	1	Exp	SIMPLICIANO'S	94-106	Kaupua Pl.	5	S	AMB	Y	671-0396
Waipahu	96797	0	0	0	ARCH I	TABLIT, ELPIDIO	94-544	Hiapia Ln.	5	R	FULLY	N	671-5255
Waipahu	96797	0	1	1	Exp	TABORA'S	94-970	Lumihohu St.	5	S	AMB	N	677-8767
Waipahu	96797	0	2	2	Exp	TACLAS'	94-559	Apili Place	5	S	AMB	Y	677-6804
Waipahu	96797	0	0	0	ARCH I	TENDER LOVING CARE	94-1227	Kanuanui St.	5	R	FULLY	N	671-0695
Waipahu	96797	0	1	1	Exp	TERESITA DOMINGO	94-905	Hiapo St.	5	S	AMB	Y	676-1126
Waipahu	96797	1	1	1	Exp	TESSIE M. GASPAR	94-112	Kaupua Pl.	5	S	AMB	Y	676-9034
Waipahu	96797	0	0	0	ARCH I	TSUHA, KIMIKO	94-122	Haaa St.	1	R	FULLY	N	677-7932
Waipahu	96797	1	1	1	ARCH I	UGALDE, FELY	94-537	Hiapaiole Ln.	5	S	AMB	N	677-5207
Waipahu	96797	0	0	0	ARCH I	USON, LYDIA	94-364	Kanuawai St.	4	S	FULLY	N	678-0785
Waipahu	96797	0	2	2	ARCH I	VALDEZ, EUFEMIA	94-560	Kahuamani St.	5	S	AMB	N	677-0172
Waipahu	96797	1	0	0	Exp	VALDEZ, MINDA	94-1031	Lumiauu St.	5	S	AMB	Y	677-5398
Waipahu	96797	0	0	0	ARCH I	VALLENTE, LOLITA	94-1341	Waipahu St.	4	S	AMB	N	677-5810
Waipahu	96797	0	1	1	ARCH I	VALOIS, ARACELI	94-1178	Hoomakoa St.	5	R	AMB	N	677-0593
Waipahu	96797	0	0	0	Exp	VARGAS, LEVY	94-296	Kanuahele St.	5	S	AMB	N	671-2088
Waipahu	96797	0	2	2	ARCH I	VIADO, OFELIA	94-625	Laenui St.	4	S	FULLY	N	678-0014
Waipahu	96797	1	0	0	ARCH I	VIERNES, MAY G.	94-1184	Hina St.	5	S	AMB	Y	676-4787
Waipahu	96797	1	0	0	ARCH I	VILLAR, MARYLIN	94-242	Pupukahi St.	5	S	AMB	Y	678-1482
Waipahu	96797	0	2	2	Exp	VILORIA-BAUTISTA, ELAINE	94-564	Anaaina Pl.	5	S	AMB	N	671-9034
Honolulu	96815	0	0	0	ARCH I	PAPALANI HALE AT RCOH	3509	Edna St.	5	S	AMB/FULLY	Y	732-1599
Kapahulu	96815	2	0	0	ARCH I	CABATU, ROBERT	3258-A	Hinano St.	5	R	AMB	N	734-0191
Waikiki	96815	3	2	2	ARCH I	LIU, YAYING	3118	Francis St.	4	R	AMB	N	737-8307
Kaimuki	96816	1	1	1	Exp	GLORIA V. ATMOSPORA	3544	Paho Ave.	5	S	AMB	N	734-8814
Kaimuki	96816	0	1	1	ARCH I	HOME AWAY FROM HOME	1321A	Patolo Avenue	5	S	FULLY	N	739-0640
Kaimuki	96816	4	4	4	ARCH II-Exp	KAIMUKI SENIOR CARE, L.L.C. (*918)	918	12th Avenue	8	S	AMB	Y	440-0560
Kaimuki	96816	4	4	4	ARCH II-Exp	KAIMUKI SENIOR CARE, L.L.C. (*930)	930	12th Avenue	8	S	AMB	Y	440-0560
Kaimuki	96816	4	4	4	ARCH II-Exp	WINMAX SENIOR CARE L.L.C.	3808	Harding Avenue	8	S	AMB	Y	440-0560

Paiolo	96816	0	0	0	ARCHI	EVERGREEN	3295	Kanekopa Pl.	5	R	AMB	N	734-2649
Paiolo	96816	0	0	0	ARCH I-Exp	PALOLO CHINESE HOME, INC.	2459	10th Ave.	60	S	AMB	Y	737-2555
Aieva Hts.	96817	2	0	0	ARCHI	ULEP, ESMENIA	2155	Makanani Dr.	2	S	AMB	N	841-0375
Kailhi	96817	2	1	1	Exp	3-J's	1624	Perry Street	5	S	AMB	Y	848-6592
Kailhi	96817	0	1	1	ARCHI	ABENOJA, MARILEE	1434	Konia St.	4	S	AMB	N	842-4880
Kailhi	96817	1	1	1	Exp	ACNAW'S	2467	N. School St.	5	S	AMB	Y	845-3589
Kailhi	96817	1	0	0	ARCHI	AGBAYANI, CONCEPCION	1705	Maliu St.	5	S	AMB	N	847-7108
Kailhi	96817	0	0	0	ARCHI	AGCAOILI, MARIA	1611	Kino St.	3	S	AMB	N	847-0338
Kailhi	96817	0	0	0	ARCHI	AMODO, MARCELINA	1719	Perry St.	5	S	FULLY	N	842-3678
Kailhi	96817	2	0	0	ARCHI	APUYA, ROGER	2517	Hoenui St.	5	R	AMB	N	845-5472
Kailhi	96817	0	1	1	ARCHI	ASHLEY	1835-A	Makuakane St.	5	R	AMB	N	847-0945
Kailhi	96817	1	1	1	Exp	BALA, LETICIA	1617	Machado St.	5	S	AMB	Y	843-0113
Kailhi	96817	3	2	0	ARCHI	BATOON, FIDELA L.R.	1804	Kahanu St.	5	S	FULLY	N	841-3285
Kailhi	96817	0	0	0	ARCHI	BAUTISTA, DOLORES	1939	Waikaha Pl.	4	S	AMB	N	847-1610
Kailhi	96817	0	0	0	ARCHI	BONILLA, CLAUDIA	2000	Ano Ln.	5	R	AMB	N	841-0872
Kailhi	96817	0	0	0	ARCHI	BUMANGLAG, VIOLETA	2152	N. School St.	5	R	AMB	N	845-1397
Kailhi	96817	1	0	0	ARCHI	CABICO, AJURORA	1721	Merkle St.	5	R	AMB	N	845-0113
Kailhi	96817	0	0	0	ARCHI	CABICO-PEREZ, LORRAINE	1318	Alani St.	5	S	AMB	N	841-6584
Kailhi	96817	0	0	0	ARCHI	CACPAL, ROSARIO	2807	Kamanaiaki St.	4	S	FULLY	N	847-3907
Kailhi	96817	0	0	0	ARCHI	CORA'S	1711	Ena Pl.	5	S	AMB	N	841-8596
Kailhi	96817	0	0	0	Exp	DALIGCON, NORMA	1586	Lehua St.	5	S	AMB	Y	848-1542
Kailhi	96817	0	1	1	ARCHI	DULDULAO, ERLINDA	1525-A	Adelaide St.	4	S	FULLY	N	841-2913
Kailhi	96817	0	1	1	Exp	E & R	3034	Kailhi St.	5	S	AMB	Y	842-6115
Kailhi	96817	1	0	0	ARCHI	ESTEBAN, VERONICA	1342	Kamehameha IV Rd.	5	S	AMB	N	843-0804
Kailhi	96817	3	2	2	ARCHI	FAMILY TIES	1103-A	Kahauiki Pl.	5	R	AMB	Y	841-1674
Kailhi	96817	2	3	3	Exp	FERRER	1701	Elua Street	5	S	AMB	Y	845-9980
Kailhi	96817	0	0	0	ARCHI	FIESTA, JOHNNY	1411	Gulick Ave.	5	R	AMB	N	847-1096
Kailhi	96817	0	0	0	ARCHI	GARCE, VIRGINIA	912	Emmeluth Ln.	4	R	AMB	N	841-5127
Kailhi	96817	0	0	0	ARCHI	GARCIA, JUANITA	1921	Ula St.	4	R	AMB	N	845-5732
Kailhi	96817	3	2	2	ARCHI	HALE HARMONY	1631	Owawa St.	5	S	AMB	Y	386-6493
Kailhi	96817	3	2	2	Exp	HELEN Y. AGBAYANI	1328	Kamehameha IV Rd.	5	S	AMB	Y	843-8203
Kailhi	96817	0	0	0	ARCHI	HIDALGO, FELY	1308	Middle St.	3	R	FULLY	N	841-6361
Kailhi	96817	0	0	0	ARCHI	HILLTOP	3555	Kailhi St.	5	S	AMB	N	847-1020
Kailhi	96817	1	0	0	ARCHI	HIPOL, MARGARITA	3583	Kailhi St.	5	R	FULLY	N	847-6369
Kailhi	96817	0	1	1	ARCHI	IBERA, EMERLINDA	1631	Kiiohana St.	5	S	AMB	N	841-5115
Kailhi	96817	2	3	3	Exp	JAMANDRE, EVANGELINE G.	2030	Uhu Street	5	S	AMB	Y	842-6597
Kailhi	96817	0	0	0	ARCHI	JULIAN, CLARITA	2364	Haumana Pl.	4	S	AMB	N	841-6783
Kailhi	96817	0	2	2	ARCHI	LUCAS, PRISCILLA	1560	Kealia Dr.	5	S	FULLY	N	842-7424
Kailhi	96817	0	0	0	ARCHI	LUCZON, CIPRIANA	1765	Gulick Avenue	5	S	AMB	N	848-0405
Kailhi	96817	0	0	0	ARCHI	MAGAAY, SHIRLEY	1529	Leilani St.	5	S	AMB	N	841-1448
Kailhi	96817	0	1	1	ARCHI	MALDONADO, ELIZABETH	2316	Kea Pl.	4	S	AMB	N	845-6675
Kailhi	96817	3	2	2	Exp	MANAYAN	1319	Gulick Avenue	5	S	AMB	Y	848-7730
Kailhi	96817	0	0	0	ARCHI	MARIANO, GLORIA	1614	Merkle St.	5	S	AMB	N	845-8436
Kailhi	96817	1	4	4	Exp	MERRY'S	2115 A	Gertz Lane	5	S	AMB	Y	847-4588

Kalihi	96817	0	0	ARCH I	MIGUEL, FRANCES	1111 Gulick Ave.	1	R	FULLY	N	847-0347
Kalihi	96817	1	1	ARCH I	OBREGO, ESPERANZA	1609 Mailu St.	5	S	AMB	N	841-2142
Kalihi	96817	0	0	Exp	OHANA	2011 Kaunualii St.	5	S	AMB	N	842-3003
Kalihi	96817	0	0	ARCH I	PASCUAL, ESTHER	1802 Wahine Pl.	4	S	AMB	N	842-0227
Kalihi	96817	1	0	ARCH I	PAULINO, CLARITA	1574 Machado St.	5	S	FULLY	N	845-8678
Kalihi	96817	0	0	ARCH I	REYES, CESARIA	2602 Nihi St.	4	R	FULLY	N	843-0597
Kalihi	96817	0	0	ARCH I	SADANG, JUANITA	2107 Kono Pl.	4	S	FULLY	N	845-5226
Kalihi	96817	1	0	ARCH I	SAGAYSAY, MAKRIINA	1112 Kopke St.	5	S	AMB	N	848-0451
Kalihi	96817	0	2	ARCH I	SEBASTIAN, ADELINA	1630 Leliani St.	5	R	AMB	N	845-2461
Kalihi	96817	1	0	Exp	SORIANO	2307 North School Street	5	S	AMB	N	845-0512
Kalihi	96817	3	2	ARCH I	SUN MOON	1020 Hala Drive	5	S	AMB	Y	595-1073
Kalihi	96817	3	2	Exp	SUSAN'S ADULT RESIDENTIAL CARE	1315 Gulick Ave.	5	S	AMB	Y	845-2879
Kalihi	96817	0	0	Exp	THE PINK CASTLE AN ARCH	1039 North School Street	5	S	AMB	Y	842-7418
Kalihi	96817	0	0	ARCH I	TUGADE, LYDIA	2411 Kini Pl.	4	S	AMB	Y	845-8749
Kalihi	96817	0	0	ARCH I	ULEP, JUANITA	2817 Nihi St.	5	S	AMB	N	845-1459
Kalihi	96817	1	0	ARCH I	VICENTE, ENRIQUETA	1501 Kokea St.	5	R	AMB	N	841-7817
Kalihi	96817	0	0	ARCH I	VICTORIA	1705 Ema Place	5	S	AMB	N	845-1820
Kalihi	96817	0	1	Exp	WEBER'S	3056 Nihi St.	5	S	AMB	Y	843-2061
Liliha	96817	0	2	ARCH II	KOREAN CARE HOME	525 Kikapu Pl.	31	S	AMB	Y(C&D only)	533-3157
Liliha	96817	0	0	ARCH II	KUAKINI HOME	347 N. Kuakini St.	34	S	AMB	N	547-9208
Liliha	96817	2	2	ARCH I	MARTHA'S	516 Ihe St.	4	S	FULLY	N	521-6181
Nuuanu	96817	1	1	ARCH II	HALE KUI'KE	95 Kawanakoa Pl.	26	S	AMB	Y	595-6770
Nuuanu	96817	1	1	ARCH I	LETTIE'S	739-D N. Judd St.	5	S	AMB	N	537-2622
Palama	96817	2	0	ARCH I	CALLO	1027 A. Lowell Place	5	S	AMB	N	843-1240
Aliamannu	96818	3	2	Exp	GAMIAO, NAYDA	3648 Likini St.	5	S	AMB	Y	422-8018
Foster Village	96818	1	1	Exp	A.C.T.G. ARCH #2	1447 Uila St.	5	S	AMB	Y	422-5888
Foster Village	96818	3	2	Exp	A.C.T.G. ARCH #3	1453 Uila St.	5	S	AMB	Y	422-5888
Foster Village	96818	3	2	Exp	A.C.T.G. GALLEGOS IV	1530 Piikea St.	5	S	AMB	Y(BR#4)	423-8808
Foster Village	96818	1	2	Exp	AGGASID	1439 Lehia Street	5	S	AMB	N	422-6027
Foster Village	96818	1	1	Exp	ALFE	1464 Puanakau St.	5	S	AMB	Y	422-8157
Foster Village	96818	2	3	Exp	DEBORA'S	1773 Piikea St.	5	S	AMB	Y	422-5684
Foster Village	96818	3	2	Exp	HALE KUPUNA	1783 Piikea St.	5	S	AMB	Y	421-1673
Foster Village	96818	0	1	ARCH I	JANET GILO'S	1547 Hala Dr.	5	S	AMB	N	422-2034
Foster Village	96818	0	1	Exp	JOSIE'S OHANA	1388 Hala Dr.	5	S	AMB	Y	422-4323
Foster Village	96818	0	1	Exp	MACRINA CASTILLO	1789 Piikea St.	5	S	AMB	Y	422-5376
Foster Village	96818	0	1	Exp	NONALES'	1035 Kukila St.	5	S	AMB	N	421-1106
Foster Village	96818	1	0	ARCH I	TUMBAGA, IRENEA	4506 Ukali St.	5	R	AMB	N	421-1470
Foster Village	96818	0	0	ARCH I	UNITED FAMILY CARE FACILITY	1328 Molehu Dr.	5	S	AMB	Y	421-1775
Salt Lake	96818	0	1	Exp	AGUINALDO'S	4406 Likini St.	5	S	AMB	Y	423-2196
Salt Lake	96818	0	0	ARCH I	AMODO, GLORIA	1437 Ala Leleu St.	4	S	FULLY	N	839-4107
Salt Lake	96818	1	1	Exp	CALUCAG ARCH, INC. II	1193 Ala Napunani Street	5	S	AMB	Y	836-5878
Salt Lake	96818	2	0	ARCH I	CASTILLO, ENRIQUETA	1067 Ala Lili'koi St.	5	S	AMB	N	839-1772
Salt Lake	96818	0	1	ARCH I	DAANG, AGUSTINA	1018 Luapele Dr.	5	R	FULLY	N	488-6159
Salt Lake	96818	1	0	ARCH I	DOWNNEY, NORMA	4038 Salt Lake Blvd.	4	S	FULLY	N	423-7854

Salt Lake	96818	0	0	0	Exp	FELARCA, ESSIE	4679	Likini St.	5	S	AMB	N	833-5630
Salt Lake	96818	2	2	2	ARCH I	HAVEN	4475	Lua'ole Street	5	S	AMB	N	488-2048
Salt Lake	96818	0	3	3	Exp	JACINTAS	1214	Ala Aloalo St.	5	S	AMB	N	836-3755
Salt Lake	96818	3	2	2	ARCH I	JAYLEN	3617	Puuku Mauka Dr.	5	S	AMB	Y	421-0377
Salt Lake	96818	0	1	1	Exp	MEDY'S ARCH I LLC	1447	Ala Leleu St.	5	S	AMB	Y	833-0919
Salt Lake	96818	1	1	1	Exp	NENITA S	5193	Likini St.	5	S	AMB	Y	839-3910
Salt Lake	96818	1	1	1	Exp	OLIVAS, ROSALINDA	3410	Aliamannu St.	5	S	AMB	N	423-1002
Salt Lake	96818	2	3	3	Exp	PAGUIRIGAN, MARIETTA B.	4007	Keaka Dr.	5	S	AMB	Y	421-0171
Salt Lake	96818	0	1	1	Exp	PRECIOUS MOMENT	4229	Keaka Dr.	5	S	AMB	Y	422-6368
Salt Lake	96818	0	1	1	Exp	PRIETO, GLORIA	3504	Likini St.	5	S	AMB	Y	422-2264
Salt Lake	96818	0	1	1	ARCH I	QUIOCHO, LOLITA	4103	Likini St.	5	R	FULLY	N	422-6128
Salt Lake	96818	1	0	0	Exp	R. C. GOLFWAY	1316	Ala Puuala Wy.	5	S	AMB	N	834-1634
Salt Lake	96818	1	0	0	ARCH I	RAMOS, ARSENIA	4028	Salt Lake Blvd.	3	R	FULLY	N	422-4866
Salt Lake	96818	1	0	0	Exp	RUIZ, ESTRELLITA	1142	Ala Lilikoi St.	5	S	AMB	N	839-6881
Salt Lake	96818	1	0	0	ARCH I	SANTOS, NORMA	4240	Keaka Dr.	5	R	FULLY	N	423-7454
Salt Lake	96818	0	1	1	ARCH I	SEGUERRE, SHIRLEY	1328	Ala Alii Street	5	S	AMB	N	488-8231
Salt Lake	96818	1	1	1	ARCH I	SUSAN	5145	Likini St.	5	S	AMB	Y	833-6093
Salt Lake	96818	0	2	2	Exp	TACOTACO, CRISTETA	1017	Ala Lehua St.	5	S	AMB	Y	833-5178
Salt Lake	96818	0	0	0	ARCH I	TAGAVILLA'S	5119	Likini St.	5	S	AMB	N	833-6495
Salt Lake	96818	0	0	0	ARCH I	TAMAYO, CRES	1075	Puolo Dr.	5	S	FULLY	N	422-4866
Salt Lake	96818	0	1	1	Exp	TRINIDAD, MARINA	3569	Puuku Mauka Dr.	5	S	AMB	Y(1)	422-4092
Salt Lake	96818	0	0	0	Exp	VILLA-MENDOZA	1419	Ala Leleu St.	5	S	FULLY	N	836-2269
Salt Lake	96818	3	2	2	ARCH I	WILMA'S	1805	Aupuni St.	5	R	AMB	N	841-2202
Salt Lake	96818	0	0	0	Exp	VIOLET'S	1104	Wiliki Dr.	5	S	AMB	Y	423-0563
Salt Lake	96818	2	0	0	ARCH I	VIRGIL'S	961	Ala Lehua St.	4	S	AMB	Y	839-1335
Salt Lake	96818	0	0	0	Exp	YOLANDA RAZON-COLLO	4345	Likini St.	5	S	AMB	Y(#4)	422-7881
Moanalu	96819	0	1	1	ARCH I	CASTRO, MARIA	1484	Ala Iolani St.	5	S	FULLY	N	839-5419
Moanalu	96819	2	0	0	ARCH I	ENRICO, CONSUELO	1558	Ala Aolaa Lp.	2	S	FULLY	N	839-5558
Moanalu	96819	0	1	1	Exp	GELACIO, ZOSIMA	1746	Ala Aolani Pl.	5	S	AMB	N	839-2520
Moanalu	96819	0	1	1	ARCH I	HALE OLU	1573	Ala Lani St.	4	S	FULLY	N	836-4727
Moanalu	96819	1	0	0	ARCH I	KALIHI	2009	Maahaoo Pl.	4	S	FULLY	N	839-7905
Moanalu	96819	0	2	2	ARCH I	LETICIAS	1375	Ala Hoku Pl.	5	S	FULLY	N	839-4790
Moanalu	96819	1	0	0	ARCH I	MADELINE'S	1353	Ala Aolani St.	5	S	FULLY	N	836-4547
Moanalu	96819	0	0	0	ARCH I	PASCUAL'S	1521	Ala Iolani Pl.	5	S	FULLY	N	834-2970
Moanalu	96819	0	2	2	ARCH I	RAMOS, CONSOLACION	1742	Ala Aolani Pl.	3	S	FULLY	N	833-9812
Moanalu	96819	0	1	1	ARCH I	SALVADOR, CIONITA	1533	Ala Iolani Pl.	5	S	FULLY	N	839-4157
Moanalu Va	96819	3	2	2	ARCH I	WHITEMAN'S	1632	Ala Lani Street	5	S	FULLY	N	836-2726
Moanalu Va	96819	3	2	2	ARCH I	AI ARCH	1329	Ala Iolani St.	5	R	AMB	Y	839-0538
Aina Haina	96821	0	1	1	ARCH I	L&M	1164	Hind luka Dr.	5	R	AMB	N	373-2109
Kuliouou	96821	0	1	1	ARCH I	JOY S. ALCONCEL	339-A	Eielaupe Rd.	5	S	AMB	N	396-2283
Kuliouou	96821	0	1	1	Exp	LUZ A. VIERNES	6020	Kalaniana'ole Hwy.	4	S	AMB	N	396-4223
Kuliouou	96821	0	2	2	ARCH I	RAMIRO, LYDIA	187	Nenue Street	5	S	AMB	N	377-2361
Niu Valley	96821	1	1	1	Exp	JAN'S HANA I	272	Paniao St.	5	S	AMB	N	377-3104
Niu Valley	96821	0	1	1	Exp	KNIGHT'S VICTORIA HOUSE	268	Paniao St.	5	S	AMB	Y	373-7437

Manoa	96822	3	2	Exp	LANIHULI HALE	2156	Lanihuli Dr.	5	S	AMB	Y	440-0560
Manoa	96822	1	0	ARCH I	LIVING MANOA	2385	Beckwith St.	5	S	AMB	Y	942-3122
Manoa	96822	1	1	ARCH II-Exp	MANOA COTTAGE	2035	Kamehameha Avenue	8	S	AMB/FULLY	Y	943-8767
Manoa	96822	1	1	ARCH I	MANOA COTTAGE TOO	2039	Kamehameha Ave.	5	S	AMB	Y	943-8767
Manoa	96822	4	4	ARCH II-Exp	MANOA ELDER CARE, L.L.C.	2870	Oahu Avenue	8	S	AMB	Y	440-0560
Manoa	96822	4	4	ARCH II-Exp	MANOA SENIOR CARE A	2250	Oahu Ave.	8	S	AMB	Y	440-0560
Manoa	96822	1	1	ARCH II-Exp	MANOA SENIOR CARE B	2240	Oahu Ave.	8	S	AMB	Y	440-0560
Manoa	96822	2	2	ARCH II-Exp	MANOA SENIOR CARE, INC.	2872	Oahu Avenue	8	S	AMB	Y	440-0560
Hawaii Kai	96825	21	21	ARCH II-Exp	LUNALILO HOME	501	Kekaulohi Street	42	S	AMB/Fully	N	395-1000
Hawaii Kai	96825	3	2	ARCH I	PARADISE PACIFIC	855	Nana Honua St.	5	S	AMB	N	396-2683
Kalama Valle	96825	1	2	Exp	NICOMEDES, EDNA F.	1271	Kaeleku St.	5	S	AMB	N	395-6410
McCully	96826	3	2	ARCH I	GAYLORD'S	1723	Matanai St.	5	R	AMB	Y	227-7173

Source: Hawaii State Department of Health, listing of Medicare facilities  
 (Adult Residential Care Homes)  
[www.hawaii.gov/health](http://www.hawaii.gov/health)

## C. Unmet Needs

The previous section describes needs and current services available. This section attempts to quantify some of these needs. The next table presents the following:

- Identifies a **Program** or **Service**
- Determines the **Extent of Need** (projected number of those 60 years and older who can be expected to need the service) by using various formulae
- Estimates the extent of **Formal** and **Informal Supports** available to fill that need, and
- Indicates an **Estimate** of the number of people who need, but are unable to get the service

The Columns of the table are:

- **PROGRAMS AND SERVICES:** The service being provided
- **DATA SOURCE AND METHODOLOGY:** The source for the formula used to estimate the Extent of Need
- **EXTENT OF NEED:** The Extent of Need is the number of person with certain characteristics that indicate they might need the service at some time. The Extent of Need figures are based on modified formulas provided by the State Executive Office on Aging (EOA). The characteristics of persons in need of a particular service have also been defined by EOA. The actual numbers presented as Extent of Need of the population for a particular program or service should be considered as a very gross and preliminary estimate.
  - The 2000 Census does not always provide population data for the specific age range of interest. For example, the 2000 Census provides data on “Language Spoken At Home” for persons 18 to 64-years old and for 65-years and over. In these cases, the number of persons 60 to 64-years old in these categories was estimated by taking the proportion of 60 to 64-year olds in the population in general and applying that proportion to the category. We assume that the resulting numbers for persons 60 to 64-years old underestimate the population with that characteristic.
  - The definition of “need” is not especially clear since it can range from absolute inability to function without a particular service, to an occasional need for that service. For example, a person who is bed-bound may “need” transportation services to go to the doctor, but so does a person who can own a car but has broken her leg. One person needs it all the time while the other person needs it only for a short time. In this case, we have chosen to include all levels of need.
  - Relating to the issues above, the unit of measure, the “person”, may not be the most meaningful way of defining the need for the service. For example, chore service may be better represented by service to households, which may contain more than one person.
  - The subgroup from which the service need estimate is derived may not be the same as the population for which the service need was defined. For example, the Census definition of “disability” is not exactly the same as the definition used by the Older Americans Act. In these cases, we simply use the Census definition.
  - A count of persons with the characteristics fitting a particular definition does not exist in the Census. For example, the Older Americans Act uses the criterion of “greatest social need” which includes the personal characteristics of linguistic, geographic, and social isolation. While the Census does provide counts of persons who are linguistically isolated and for persons who live in rural areas, there is no way to avoid double counting persons who are linguistically isolated **and** live in a rural area. In such cases, we have chosen to use the category that includes the most persons.

- The National Health Interview Survey – Supplement on Aging (NHIS-SOA) conducted by the National Center for Health Statistics provides rates of disability for certain activities. These rates were applied to a number of services.
- **EXISTING CAPACITY:** Existing Capacity is estimated from a survey that asked providers to indicate the types of services provided and the number of persons receiving each service over a 12-month period. An attachment to the survey briefly defined each service.

Providers were selected from the previous Area Plan and were supplemented by providers listed in EAD's *Senior Information and Assistance Handbook*. About 60% of the surveys were returned. To be consistent with the Extent of Need figures, the survey results should try to represent the population of formal service providers. Because of limitations of time and resources, no attempt was made to do this. The results of the extent of formal supports should therefore be taken as a raw sample from the population rather than an estimate of the population itself.

Issues relating to the completeness and consistency of the survey include:

- Results are a sample, not a population estimate.
  - No estimate was made of the extent to which clients may be receiving the same service from more than one provider.
  - The definitions and interpretations of programs and services are not consistent across service providers. This means that the interpretation of what constitutes such a service is very broad. For example, the "Personal Care" may mean the provision of only a bath, or it may mean personal grooming and light chores as well as bathing.
  - Interpretations also vary according to different levels or intensities of a service counted under the same category. "Case Management" may mean only a short-term intervention to one agency while it may mean only a long-term commitment to another.
  - Finally, the availability of the service may be restricted to specific groups. For example, one "Homemaker" service may be only available to persons who participate in a particular program or live in a specific area, while another such service is available to anyone willing to pay for it.
- **INFORMAL CAPACITY:** The number of persons whose need for a service is satisfied by an Informal Capacity is estimated to be 76% of persons who need the service. These services are provided without a formal agreement to provide that service, usually by a friend or family member. In previous Area Plans, this number was not made explicit; rather it was simply incorporated into the formula which produced the "extent" number. We have chosen to make the number of informal supports explicit to be consistent with the National Family Caregiver Support Program which recognizes the contribution of informal support providers. In addition, factoring out informal support providers provides a more complete picture of the extent of the population in need of the various services.
  - **UNMET NEED:** This number is the result of subtracting both the Existing and Informal Capacities from the Extent of Need.

Issues relating to the accuracy of the Unmet Need include:

- Not all Existing Capacities have been surveyed, therefore the Unmet Need may be high.
- Not all categories of service have a readily available means of estimating the Extent of Need, therefore the Unmet Need indicated may be a low or negative number.
- Existing Capacity may include people who are receiving a service from multiple service providers, therefore the Unmet Need may actually be higher.
- The estimate of who needs a service may be too low.

**Unmet Needs**

<b>PROGRAMS AND SERVICES</b>	<b>DATA SOURCE AND METHODOLOGY</b>	<b>EXTENT OF NEED</b>	<b>EXISTING CAPACITY</b>	<b>INFORMAL CAPACITY</b>	<b>UNMET NEEDS</b>
<b><u>ACCESS (TITLE IIIB)</u></b>					
Information & Assistance	BFRSS 2000; all adults 18+	696,421	118,474		577,947
Outreach	BFRSS 2000; all 60+ and caregivers under age 60 (14%)	245,571	35,495		210,076
Case Management	NHIS-D, 2004, MEPS 2002 Special Tabulation Diminished functional capacities which require the provision of services by formal service providers or family caregivers	50,467	6,937	38,355	5,175
Assisted Transportation	NHIS-D, MEPS 2002 Special Tabulation Physical or cognitive difficulty using regular vehicular transportation	50,467	6,477	38,355	5,635
Transportation	60+ mobility disadvantaged; 65+ non-drivers - AARP report: Aging Americans: Stranded Without Options; 21% of 60+	36,157	40,263		(4,106)
<b><u>SUPPORTIVE SERVICES - COMMUNITY BASED (TITLE IIIB)</u></b>					
Adult Day Care	NHIS – D. MEPS 2002 Special Tabulation Need daytime personal care in a supervised, congregate setting	50,467	1,832		48,635
Congregate Meals	60+ Hot meals in a congregate or group setting	172,177	5,822		166,355
Health Maintenance	60+ with Disability 60+ with Chronic Conditions	66,960	25,007		41,953
Housing Assistance	65+ Low-Income 65+ Renter		2,748		(2,748)

**Unmet Needs – page 2**

<b>PROGRAMS AND SERVICES</b>	<b>DATA SOURCE AND METHODOLOGY</b>	<b>EXTENT OF NEED</b>	<b>EXISTING CAPACITY</b>	<b>INFORMAL CAPACITY</b>	<b>UNMET NEEDS</b>
<b><u>SUPPORTIVE SERVICES - IN-HOME (TITLE IIIB)</u></b>					
Attendant Care (1)			2,197		<b>(2,197)</b>
Chore	NHIS 2003-2004; DHHS, CMS, MCBS 2002 Difficulty standing and performing heavy housework	45,139	547		44,592
Homemaker	NHIS 2004 Needs help of another person handling routine needs such as household chores, shopping or getting around	18,929	798		18,131
Home Delivered Meals	NHIS-D, MEPS 2002 Special Tabulation Hot meals delivered to frail, homebound	50,467	3,515	38,355	8,597
Nutrition Counseling	BFRSS 2003 Nutritionally at risk	111,915	32,940		78,975
Nutrition Education	60+ and caregivers under 60 Nutrition information	245,571	3,005		<b>(242,566)</b>
Para-Professional Services					
Counseling (1)			8,736	0	<b>(8,736)</b>
Escort (1)			1,298	0	<b>(1,298)</b>
Literacy/Language		18,455	10	14,026	4,419
Personal Care	DHHS, CDC, National Center for Health Statistics, NHIS 2004	9,922	3,617	7,541	<b>(1,236)</b>
Respite	BFRSS 2000 Adult caregivers 18+ (14%)	97,499	1,467	74,099	21,933

**Unmet Needs – page 3**

<b>PROGRAMS AND SERVICES</b>	<b>DATA SOURCE AND METHODOLOGY</b>	<b>EXTENT OF NEED</b>	<b>EXISTING CAPACITY</b>	<b>INFORMAL CAPACITY</b>	<b>UNMET NEEDS</b>
<b>LEGAL (TITLE IIIB &amp; IV)</b>					
Legal Assistance	60+	172,177	2,790		169,387
Elder Abuse & Neglect	65+ Living Alone	22,813	705		22,108
<b>NATIONAL FAMILY CAREGIVER SUPPORT SERVICES (TITLE IIIE)</b>					
Access Assistance	BFRSS 2000 Adult caregivers 18+ (14%) Assists caregivers in obtaining access to services	97,499	3,276		94,223
Information Services	All adults 18+	696,421	6,139		690,282
Counseling	BFRSS 2000 Adult caregivers 18+ (14%)	97,499	4,380		93,119
Respite	BFRSS 2000 Adult caregiver 18+ (14%)	97,499	1,836		95,663
Supplemental Services	BFRSS 2000 Adult caregiver 18+ (14%) Services provided on a limited basis which may include home modifications, emergency response systems, and incontinence supplies	97,499	351		97,148
Support Groups	BFRSS 2000 Adult caregiver 18+ (14%)	97,499	4,528		92,971
Training	BFRSS 2000 Adult caregiver 18+ (14%)	97,499	326		97,173
<b>MULTI-PURPOSE SENIOR CENTER</b>					
Recreation	60+	172,177	1,423		170,754

(1) Estimate of need not available

## **Part II: Recommendations**

Part II, Recommendations, consists of three sections which describe the Framework, Prioritization of Needs and Issues and Strategies to Meet Issues.

### **A. 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**

One of the primary and contributing federal legislation designed to address the needs of older Americans is the Older Americans Act. The Older Americans Act of 1965, as amended, states that in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

- \* 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; and
- \* 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 the Congress to target services and resources on the needs and problems of those older individuals identified as having the greatest economic need, the greatest social need, (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); and
- \* older individuals at risk for institutional placement.

## 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 and 2012. The 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; and
- \* 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.

## B. Prioritization of Needs and Issues

This section of the Area Plan describes the process by which priority needs and issue were established and the strategies which were used to address those issues.

### 1. Criteria for Selection of Priority Needs and Issues

Criteria for selection of priority needs and issues are that they:

- a. Are consistent with the framework described in the previous section;
- b. Address a priority of the Older Americans Act:  
Service areas must include Access, In-home, Community-based, Legal and Family Caregiver Support Services
- c. 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); or
  - are at risk for institutional placement.
- d. 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 to an issue that needs to be addressed;
  - coordinate or collaborate with others to productively improve a condition of concern affecting older individuals; or
  - effectively serve as a liaison/broker for agencies or individuals seeking to align themselves with other 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.

## **C. Strategies to Meet Needs and Issues**

The Elderly Affairs Division uses four basic strategies to address needs and issues. They are:

### **1. 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 of 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.

### **2. Funding**

Funding using Title III Older Americans Act, State Purchase of Service funds or other available funds as provided if the program or services 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; or
- program or service that will result in probable success.

### **3. 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; and
- its administrators 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 of 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 service 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 agencies for individuals or agencies who desire to work together on an issue, facilitating areas of disagreement;
- 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 towards 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.

#### **4. 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 the decision makers at all levels – from our elected and appointed officials to older individuals, their families and caregivers.

This Area Plan on Aging is an excellent example of our agency’s ability to compile as well as to collect data. 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.

## The Prioritization of Services for Funding:

List of Programs and Services	Criteria					Total Score Points	Potential Resources			
	Title III	GEN, GSN, LIM, OIRA	Priority Issues	Benefit Cost	Probable Success		OAA	State	County	Other
<b>ACCESS</b>										
Information & Assistance	5	5	5	5	5	25	X		X	X
Outreach	5	5	5	5	5	25	X		X	X
Case Management	5	5	5	5	5	25		X		X
Case Management Abused Elders	5	5	5	5	5	25		X		X
Kupuna Care Transportation	5	5	5	5	5	25		X		X
Regular Transportation	5	5	5	5	5	25	X			X
Alternative Transportation	5	5	5	5	5	25	X			X
Escort	5	5	5	5	5	25	X			X
<b>IN-HOME</b>										
Attendant Care	5	5	5	5	5	25		X		X
Chore	5	5	5	5	5	25		X		X
Counseling	4	5	5	5	5	24	X			X
Homemaker	5	5	5	5	5	25		X		X
Home-Delivered Meals	5	5	5	5	5	25	X	X		X
Friendly Visiting	5	5	4	4	5	23		X		X
Housing Assistance	4	5	5	5	5	24	X			X
Literacy/ Language Assistance	4	5	5	5	5	24	X			X
Personal Care	5	5	5	5	5	25		X		X
Respite	5	5	5	5	5	25	X			X
Telephone Reassurance	5	5	4	4	4	22		X		X

Programs and Services	Title III	GEN, GSN, LIM, OIRA	Priority Issues	Benefit Cost	Probable Success	Score Points	OAA	State	County	Other
<b>COMMUNITY BASED</b>										
Adult Day Care	5	5	5	5	5	25		X		X
Health Maintenance	4	4	5	5	5	23	X			X
Health Promotion	4	4	4	5	5	22	X			X
Congregate Meals	4	5	4	5	3	21	X	X		X
Senior Centers	4	3	4	5	5	21		X		X
Volunteer Opportunities	4	4	5	5	5	23	X	X		X
<b>LEGAL SERVICES</b>										
Advocacy/Representation	5	5	5	5	5	25	X			X
Services	5	5	5	5	5	25	X			X
Education	5	5	5	5	5	25	X			X
<b>CAREGIVER SUPPORT</b>										
Access	5	5	5	5	5	25	X			X
Counseling	5	5	5	5	5	25	X			X
Support Groups	5	5	5	5	5	25	X			X
Training	5	5	5	5	5	25	X			X
Information Services	5	5	5	5	5	25	X			X
Respite	5	5	5	5	5	25	X			X
Supplemental Services	5	5	5	5	5	25	X			X

The evaluation criteria are presented in the order of their priority/importance:

\*Title III priorities are met (services associated with access to services, in-home services, and legal assistance)

\*Older individuals with greatest economic need (GEN) and other individuals with greatest social need (GSN), low-income minority (LIM) individuals, and older individuals residing in rural areas (OIRA) are served;

\*Priority needs are addressed;

\*Potential benefit to cost is great; and

\*Probability of program/service success is high.

## **Part III: Action Plans**

Part III, Action Plans, contains a Summary of our Goals, a Summary of our Objectives under each of those Goals, details on the Actions, Outcome and Effectiveness Measures for each Objective, our plans for Targeting service delivery and all required Waivers.

### **A. Summary of Goals:**

**The State and Area Agencies on Aging are pursuing the following goals:**

- **Older individuals and their caregivers have access to information and an integrated array of health and social supports.**
- **Older individuals are active, healthy, and socially engaged.**
- **Families are supported in caring for their loved ones.**
- **Older individuals are ensured of their rights and benefits and protected from abuse, neglect, and exploitation.**
- **Older individuals have in-home and community based long term care options.**
- **Hawaii's communities have the necessary economic, workforce, and physical capacity for an aging society.**

## B. Summary of Objectives

Goal	Objectives
<b>GOAL 1 - Older individuals and their caregivers have access to information and an integrated array of health and social supports.</b>	1-1 Clients using the Aging and Disability Resource Center will say they were able to access information to health and social supports for older individuals, persons with disabilities, caregivers and others, will have an increased understanding of the need to plan for long-term care; and will know who to call for help
	1-2 As a result of EAD's ability to better staff its Information & Assistance section, 1 on 1 contacts to targeted older individuals (older individuals residing in rural areas, with greatest economic need, with greatest social need, with severe disabilities, with limited English-speaking ability, with Alzheimer's disease or related disorders with neurological and organic brain dysfunction, at risk of institutional placement) and their caregivers will increase by 25%.
	1-3 As a result of the development and implementation of a training program, I&A staff will be prepared to support the implementation of the virtual Aging and Disability Resource Center.
	1-4 Information made available through EAD's publications to older individuals, persons with disabilities, caregivers and others will result in increased knowledge about how to access needed services.
	1-5 Clients receiving one on one assistance by Information & Assistance staff will be successfully linked to eligible for services and benefits including assistance with Medicare Part D enrollment
	1-6 EAD will develop an internal emergency preparedness plan. Staff will be assigned specific functions to enable the AAA to remain operational during emergencies such as power outages and storms as well as times of disaster or health emergencies declared by the City & County of Honolulu or State of Hawaii.
	1-7 EAD will collaborate with the City & County of Honolulu, State and community agencies to develop an emergency preparedness plan to ensure that the needs of older adults continue to be met, to the maximum extent possible, during emergencies such as power outages and storms as well as times of disaster or health emergencies declared by the City & County of Honolulu or State of Hawaii.

Goal	Objectives
<b>GOAL 2 – Older individuals are active, healthy and socially engaged.</b>	2-1 The Chronic Disease Self-Management program is embedded in the Aging Network.
	2-2 Health Maintenance will be transitioned to an evidence-based program resulting in participants reporting reduce illness and injury as well as improved strength, balance and well-being.
	2-3 Nutrition Education will be transitioned to an evidence-based program resulting in improved nutritional risk status for participants.
	2-4 New partnerships with the State Department of Health will result in the increased rate of immunization among older adults.
	2-5 The rate of falls involving older individuals is reduced as a result of collaborative efforts in falls prevention.
	2-6 Older adult volunteers express satisfaction, remain active and socially engaged, and improve physical, mental or emotional well-being as a result of their volunteer experience.
<b>GOAL 3 - Families are supported in caring for their loved ones.</b>	3-1 Caregivers have access to services a coordinated system of in-home, community based services, for the older individuals through the Kupuna Care program and report these services meet their needs and support their ability to continue providing care.
	3-2 Caregivers have access to services through a coordinated system of gap-filling, supportive, community based services for older individuals funded by the Older American Act and other funding and report that these services meet their needs and support their ability to continue providing care.
	3-3 Caregivers have access to services for themselves through a coordinated system of gap-filling, supportive, community based services funded by the Older American Act and other funding and report that these services meet their needs and support their ability to continue providing care.
	3-4 Improved access to information and support to caregivers through the WE CARE program will reduce stress and absenteeism and support their ability to continue providing care as well as increase productivity benefiting employees as well as employers.
	3-5 Improved access to information and support to caregivers through the MAKING THE LINK program will reduce stress and increase their access to health care supporting their ability to continue providing care.

Goal	Objectives
<b>GOAL 4 - Older individuals are ensured of their rights and benefits and protected from abuse, neglect and exploitation.</b>	4-1 Older residents residing in long-term care facilities are ensured of their rights and benefits as a result of the partnership of the State Executive Office on Aging's Long-Term Care Ombudsman and EAD to develop a cadre of Volunteer Representatives.
	4-2 At least 500 at risk older individuals will receive legal services and report they feel less at risk for abuse, neglect and exploitation.
	4-3 As a result of the Case Management Service for Abused Elders program, abuse, neglect and/or exploitation of program participants will be reduced.
	4-4 Information made available through EAD's legal publications to older individuals, persons with disabilities, caregivers and others will result in increased knowledge about how to access needed services.
	4-5 As a result of access to information about legal services, older individuals can accurately identify at least 2 resources on rights, benefits or protection from abuse.
<b>GOAL 5 - Older individuals have in-home and community based long-term care options.</b>	5-1 By September 2008 the State Executive Office on Aging and the Area Agencies on Aging will examine various options for long-term care financing including but not limited to cash and counseling.
	5-2 At least 3,300 frail older individuals will receive services through the Kupuna Care program, a coordinated system of in-home, community based services. They will report that these services meet their needs and support their ability to remain at home.
	5-3 At least 10,000 older individuals will receive services through a coordinated system of gap-filling, supportive, community based services funded by the Older American Act and other funding. They will report that these services meet their needs and support their ability to remain at home.

Goal	Objectives
<b>GOAL 6 - Hawaii's communities have the necessary economic, workforce and physical capacity for an aging society.</b>	6-1 On an ongoing basis, EAD will participate in groups working to ensure the development and availability of a comprehensive, affordable and accessible public transportation system that supports the ability of older individuals to age in place in the community of their choice.
	6-2 On an ongoing basis, EAD will participate in groups working to ensure that the State and County Highway Safety Plans include strategies to reduce casualties to older individuals as a result of walking, riding bicycles and/or driving or riding in/on a motorized vehicle.
	6-3 On an ongoing basis, EAD will work with housing authorities, developers, owners and non-profits to ensure the development of comprehensive and affordable housing that supports the older individuals' ability to age in place in the community of their choice.
	6-4 On an ongoing basis, EAD will work with groups to develop strategies to address the development of an adequate workforce to assist older individuals, whether they live at home or in institutional settings.
	6-5 On an ongoing basis, EAD will work with groups to develop strategies to address the needs of older individuals who want to continue employment either due to need or desire.

## C. Objectives and Action Plans

**GOAL 1 - Older individuals and their caregivers have access to information and an integrated array of health and social supports.**

### **Statement of Objective (# 1-1)**

Clients using the Aging and Disability Resource Center will say they were able to access information to health and social supports for older individuals, persons with disabilities, caregivers and others; will have an increased understanding of the need to plan for long-term care; and will know who to call for help.

### **Reference to Priority:**

#### **OAA 306(a)(2)(A)**

- (2) Provide assurances that an adequate portion, as required under section 307(a)(2), of the amount allocated 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

### **U. S. Administration on Aging Strategic Goals & Objectives 2007- 2012**

Goal 1: Empower older people and their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options –

- (A) Provided streamlined access to health and long-term care through Aging and Disability Resource Center programs

<b>Major Action Steps to Achieve Objectives</b>	<b>Completion Date</b>
1. Continue EAD participation in all state ADRC subcommittees	Ongoing
2. Hire a facilitator	07/30/07
3. Develop work plan/timeline	09/30/07
4. Contract a website design consultant	11/30/07
5. Define contents of website	01/31/08
6. Develop a sustainability plan	06/30/08
7. Implement phase 1 of the virtual ADRC	09/30/08
8. Baseline of usage is established for first year of operation	09/30/09
9. Develop comprehensive (define different levels and dates) inventory of aging (disability, caregivers, boomers) using AIRS taxonomy resources available for residents of Oahu	09/30/11

**Outcome(s):**

By 09/30/11, 60% of clients surveyed will report they were able to access information to health and social supports for older adults, persons with disabilities, caregivers and others

By 09/30/11, 60% of clients surveyed will report they have increased understanding of the need to plan for long-term care for older adults, persons with disabilities, caregivers and others

By 09/30/11, 60% of clients surveyed will report they know whom to call for help for long-term care for older adults, persons with disabilities, caregivers and others

**Effectiveness Measure(s)**

# ADRC meetings attended

Facilitator contracted

Web designer contracted

Timeline developed

ADRC website contents defined

Service provider data collected and input

Sustainability plan developed

Website available to public by 09/30/08

# Website hits

Client surveys

**GOAL 1 - Older individuals and their caregivers have access to information and an integrated array of health and social supports.**

**Statement of Objective (# 1-2)**

As a result of EAD's ability to better staff its Information & Assistance section, 1 on 1 contacts to targeted older individuals (older individuals residing in rural areas, with greatest economic need, with greatest social need, with severe disabilities, with limited English-speaking ability, with Alzheimer's disease or related disorders with neurological and organic brain dysfunction, at risk of institutional placement) and their caregivers will increase by 25%.

**Reference to Priority:**

**OAA 306(a)(2)(A)**

(2) Provide assurances that an adequate portion, as required under section 307(a)(2), of the amount allocated 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); and

**OAA 306(a)(4)(A)(i)(I)**

(4) Provide assurances that the area agency 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 individuals, older individuals with limited English proficiency, and older individuals residing in rural areas

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |  |          |
|--|----------|
| 1. Hire 5 additional Community Service Aides   | 09/30/07 |
| 2. Train, review, redraw and reassign Community Service Aides as needed to provide better coverage of Oahu | 12/31/07 |
| 3. Maintain case log sheets  | Ongoing  |
| 4. Report contacts   | Ongoing  |
| 5. Evaluate staff reassignments  | 06/30/08 |
| 6. Identify other staffing needs to provide services necessary<br>Ensure client access to support          | 07/31/08 |

**Outcome(s):**

By June 30, 2008, EAD's Information & Assistance section will have 5 additional Community Service Aides. 1 on 1 contacts to targeted older persons and their caregivers will increase by 25%

**Effectiveness Measure(s)**

- # Community Service Aides
- # Contacts
- # Low-Income
- # Minority
- # Greatest Economic Need
- # Greatest Social Need
- # Limited English Proficiency
- # Living in Rural Areas
- # At Risk for Institutional Placement

**GOAL 1 - Older individuals and their caregivers have access to information and an integrated array of health and social supports.**

**Statement of Objective (#1-3)**

As a result of the development and implementation of a training program, Information & Assistance staff will be prepared to support the implementation of the virtual Aging and Disability Resource Center.

**Reference to Priority:**

**OAA 306(a)(2)(A)**

- (3) Provide assurances that an adequate portion, as required under section 307(a)(2), of the amount allocated 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)

**U. S. Administration on Aging Strategic Goals & Objectives 2007- 2012**

- Goal 1: Empower older people and their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options –
  - (B) Empower individuals, including middle aged individuals, to plan for future long-term care needs

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |   |          |
|---|----------|
| 1. Determine skill set needed for staff to implement the Aging and Disability Resource Center | 09/30/07 |
| 2. Develop training curriculum  | 12/30/07 |
| 3. Implement training curriculum  | 03/31/08 |
| 4. Test training results  | 06/30/08 |
| 5. Implement learned skills in the implementation of the Aging and Disability Resource Center | 09/30/08 |

**Outcome(s):**

By September 30, 2008, EAD will have developed and implemented a training program. As a result, Information & Assistance staff is prepared to support the implementation of the virtual Aging and Disability Resource Center.

**Effectiveness Measure(s)**

Training Curriculum Developed

# Staff Completing Training

# Staff Competent to Work in Aging and Disability Resource Center

**GOAL 1 - Older individuals and their caregivers have access to information and an integrated array of health and social supports.**

**Statement of Objective (# 1-4)**

Information made available through EAD's publications to older individuals, persons with disabilities, caregivers and others will result in increased knowledge about how to access needed services.

**Reference to Priority:**

**OAA 306(a)(2)(A)**

(2) Provide assurances that an adequate portion, as required under section 307(a)(2), of the amount allocated 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).

**Major Action Steps to Achieve Objectives**

**Completion Date**

1. Review existing publications	12/30/07
2. Determine gaps	06/30/08
3. Develop plan for new publication development	12/30/08
4. Add first new publication – Housing Guide	06/30/09
5. Add one new publication annually	Ongoing
6. Client surveys	Ongoing

**Outcome(s):**

60% of those using EAD's publications report their access to information has increased their ability to access needed services.

**Effectiveness Measure(s)**

# New publications developed

# Clients reporting EAD publications increased their ability to access services

**GOAL 1 - Older individuals and their caregivers have access to information and an integrated array of health and social supports.**

**Statement of Objective (# 1-5)**

Clients receiving one on one assistance by I&A staff will be successfully linked to eligible for services and benefits including assistance with Medicare Part D enrollment

**Reference to Priority:**

**OAA 306(a)(2)(A)**

(2) Provide assurances that an adequate portion, as required under section 307(a)(2), of the amount allocated 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.

**Major Action Steps to Achieve Objectives**

**Completion Date**

1. Intake and assessment of needs	Ongoing
2. Make referrals to appropriate agencies	Ongoing
3. Track referred contacts for follow-up	Ongoing
4. Assist with Medicare Part D enrollment	Ongoing
5. Client surveys	Ongoing

**Outcome(s):**

60% of those served by I&A staff will be successfully linked to eligible for services and benefits including assistance with Medicare Part D enrollment

**Effectiveness Measure(s)**

# Intakes

# Referrals

# Follow-up contacts

# Clients using contracted transportation services

#Enrolled in Medicare Part D

# Linkages

**GOAL 1 - Older individuals and their caregivers have access to information and an integrated array of health and social supports.**

**Statement of Objective (# 1-6)**

The Elderly Affairs Division will develop an internal emergency preparedness plan. Staff will be assigned specific functions to enable the AAA to remain operational during emergencies such as power outages and storms as well as times of disaster or health emergencies declared by the City & County of Honolulu or State of Hawaii.

**Reference to Priority:**

**OAA 307(a)(29)**

The plan shall include information detailing how the State will coordinate activities and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

**OAA 307(a)(30)**

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including State Public Health Emergency Preparedness and Response Plan.

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |  |          |
|--|----------|
| 1. Research existing plans of other AAAs   | 03/31/08 |
| 2. Draft initial internal emergency preparedness plan for review and approval by all appropriate personnel including the County Executive on Aging | 06/30/08 |
| 3. Finalize internal emergency preparedness plan   | 09/30/08 |
| 4. The County Executive on Aging will oversee the training of EAD all staff in their responsibilities  | 12/31/08 |

**Outcome(s):**

By 12/31/08, 100% of EAD staff will understand and be able to fully execute their internal emergency preparedness responsibilities thereby ensuring that the AAA remains operational during emergencies such as power outages and storms as well as times of disaster declared by the City and County of Honolulu or State of Hawaii.

**Effectiveness Measure(s)**

EAD internal emergency preparedness plan developed  
EAD internal emergency preparedness plan approved  
EAD internal emergency preparedness plan implemented  
100% of EAD staff trained in the internal emergency preparedness responsibilities  
100% of EAD staff indicates they are prepared to continue AAA operational activities during emergencies

**GOAL 1 - Older individuals and their caregivers have access to information and an integrated array of health and social supports.**

**Statement of Objective (# 1-7)**

The Elderly Affairs Division will collaborate with City and County of Honolulu, State of Hawaii and community agencies to develop an emergency preparedness plan to ensure that the needs of older adults continue to be met, to the maximum extent possible, during emergencies such as power outages and storms as well as times of disaster or health emergencies declared by the City & County of Honolulu or State of Hawaii.

**Reference to Priority:**

**OAA 307(a)(29)**

The plan shall include information detailing how the State will coordinate activities and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

**OAA 307(a)(30)**

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including State Public Health Emergency Preparedness and Response Plan.

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |  |          |
|--|----------|
| 1. Research other State of Hawaii, City and County of Honolulu and Home and Based Services agency emergency plans to assist in establishing best practices to include in the development of EAD's internal emergency preparedness plan         | 09/30/08 |
| 2. Include language in RFPs for FY10-11 to require the submittal of an agency emergency preparedness plan for all services as well as a plan to include an emergency plan in the care plan for all clients receiving case management services. | 11/30/08 |
| 3. Begin meeting with appropriate agencies to define the AAAs role in overall disaster preparedness  | 03/31/09 |
| 4. Incorporate requirement for contracted service provider agencies to have an emergency preparedness plan for their agency into contracts for FY10-11   | 06/30/09 |
| 5. Incorporate requirement for contracted service providers delivering case management services to have an emergency plan in each clients care plan  | 06/30/09 |
| 6. Draft AAA emergency preparedness plan that coordinates with existing plans of the City and County of Honolulu's Department of Emergency Management  | 09/30/09 |
| 7. The County Executive on Aging will oversee the training of EAD staff in their responsibilities  | 12/31/09 |

**Outcome(s):**

By 12/31/09, 100% of staff will understand and be able to full execute their countywide emergency preparedness responsibilities thereby ensuring that the needs of older adults continue to be met, to the maximum extent possible, during emergencies such as power outages and storms as well as times of disaster or health emergencies declared by the City and County of Honolulu or State of Hawaii.

**Effectiveness Measure(s)**

# of City and County of Honolulu agencies collaborated with

# of State of Hawaii agencies collaborated with

# of Community agencies collaborated with

Countywide emergency preparedness plan developed

Countywide emergency preparedness plan approved

Countywide emergency preparedness plan implemented

100% of EAD staff trained in their countywide emergency preparedness responsibilities

100% of EAD staff indicates they are prepared to execute their countywide emergency preparedness responsibilities thereby ensuring that the needs of older adults continue to be met, to the maximum extent possible, during emergencies such as power outages and storms as well as times of disaster declared by the City and County of Honolulu or State of Hawaii.

100% of service provider agencies have an emergency preparedness plan as well as a plan to include an emergency plan in the care plan for all clients receiving case management services.

**GOAL 2 - Older individuals are active, healthy and socially engaged.**

**Statement of Objective (#2-1)**

The Chronic Disease Self-Management program is embedded in the Aging Network.

**Reference to Priority :**

**OAA 306(a)(7)**

(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 setting, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

(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

**U. S. Administration on Aging Strategic Goals & Objectives 2007- 2012**

Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare –

(A) Increase the use of Evidence-Based Disease and Disability Prevention Programs for older people at the community level

**U.S. Administration on Aging Initiative: Choices for Independence**

Building evidence-based prevention programs into to community-based system of services for older adults, enabling them to make behavioral changes that will reduce their risk of disease, disability and/or injury

**Major Action Steps to Achieve Objectives**

**Completion Date**

1. EAD will contract with Alu Like for implementation of the CDSMP program	07/01/07
2. CDSMP will be replicated with fidelity on Oahu	06/30/09
3. Up to 100 people will be trained to be Master or Lay Trainers in the CDSMP	06/30/10
4. Up to 50 CDSMP groups will have been formed	06/30/10
5. CDSMP is embedded into the Aging Network	06/30/11
6. Client surveys	Ongoing

**Outcome(s):**

By June 30, 2011, the Chronic Disease Self-Management program will be embedded in the Aging Network.

75% of the participants in the CDSMP groups will report better management of their chronic disease.

75% of the CDSMP participants will report satisfaction with the CDSMP.

75% of Service Providers implementing CDSMP will report satisfaction with the CDSMP.

**Effectiveness Measure(s)**

# CDSMP Contracts between EAD and members of the Aging Network

# Master and/or Lay Trainers Certified

# CDSMP Groups Established

# CDSMP participants

Client surveys

Aging Network surveys

**GOAL 2 - Older individuals are active, healthy and socially engaged.**

**Statement of Objective (#2-2)**

Health Maintenance will be transitioned to an evidence-based program resulting in participants reporting reduce illness and injury as well as improved strength, balance and well-being.

**Reference to Priority:**

**OAA 306(a)(7)**

(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 setting, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

(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

**U. S. Administration on Aging Strategic Goals & Objectives 2007- 2012**

Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare –

(A) Increase the use of Evidence-Based Disease and Disability Prevention Programs for older people at the community level

**U.S. Administration on Aging Initiative: Choices for Independence**

Building evidence-based prevention programs into to community-based system of services for older adults, enabling them to make behavioral changes that will reduce their risk of disease, disability and/or injury

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |  |          |
|--|----------|
| 1. EAD will review existing evidence-based Health Maintenance programs for replication | 12/31/07 |
| 2. Service standards for an evidence-based Health Maintenance program are developed    | 06/30/08 |
| 3. New program standards are incorporated into RFP                                     | 12/31/08 |
| 4. Evidence based Health Maintenance programs are implemented                          | 07/01/09 |
| 5. Client surveys  | Ongoing  |

**Outcome(s):**

By June 30, 2009, EAD will have contracted for at least one evidence-based Health Maintenance program.

75% of participants will report lower rates of illness and injury

75% of participants will report improved strength and balance

75% of participants will report improved well-being.

75% of participants will report satisfaction with the new Health Maintenance program.

75% of Service Providers implementing and evidence-based Health Maintenance program will report satisfaction with the program.

**Effectiveness Measure(s)**

# Evidence based Health Maintenance contracts

# Groups

# Participants

Client Surveys

Aging Network surveys

**GOAL 2 - Older individuals are active, healthy and socially engaged.**

**Statement of Objective (#2-3)**

Nutrition Education will be transitioned to an evidence-based program resulting in the improved nutritional risk status for participants.

**Reference to Priority:**

**OAA 306(a)(7)**

(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 setting, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

(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

**U. S. Administration on Aging Strategic Goals & Objectives 2007- 2012**

Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare –

(A) Increase the use of Evidence-Based Disease and Disability Prevention Programs for older people at the community level

**U.S. Administration on Aging Initiative: Choices for Independence**

Building evidence-based prevention programs into to community-based system of services for older adults, enabling them to make behavioral changes that will reduce their risk of disease, disability and/or injury

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |   |          |
|---|----------|
| 1. EAD will review existing evidence-based Nutrition Education programs for replication   | 12/31/07 |
| 2. Service standards for an evidence-based Nutrition program are developed or a pre-tested program is selected for implementation on Oahu | 06/30/08 |
| 3. New program standards are incorporated into RFP  | 12/31/08 |
| 4. Evidence-based Nutrition Education programs implemented  | 07/01/09 |
| 5. Nutritional Risk Assessments completed   | Ongoing  |
| 6. Satisfaction Surveys administered  | Ongoing  |

**Outcome(s):**

By June 30, 2009, Nutrition Education will be included as one of the evidence-based programs in the Aging Network.

75% of participants will have improved nutritional risk status.

75% of participants will report satisfaction with the program.

75% of Service Providers implementing evidence-based Nutrition Education will report satisfaction with the program.

**Effectiveness Measure(s)**

# Evidence-based Nutrition Education contracts

# Nutrition Education participants

Nutrition Risk Assessments

Client Surveys

Aging Network Surveys

**GOAL 2 - Older individuals are active, healthy and socially engaged.**

**Statement of Objective (# 2-4)**

New partnerships with the State Department of Health will result in the increased rate of immunization among older adults.

**Reference to Priority:**

**OAA 306(a)(7)**

(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 setting, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

(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

**U. S. Administration on Aging Strategic Goals & Objectives 2007- 2012**

Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare –

(B) Promote the use of the prevention benefits available under Medicare

**U.S. Administration on Aging Initiative: Choices for Independence**

Building evidence-based prevention programs into to community-based system of services for older adults, enabling them to make behavioral changes that will reduce their risk of disease, disability and/or injury

**Major Action Steps to Achieve Objectives**

**Completion Date**

1. Establish collaboration with DOH	12/30/07
2. Develop strategy to increase immunization rate of older adults	03/31/08
3. Implement strategy	06/30/08
4. Begin immunization program	09/30/08
5. Track immunization rate	Ongoing

**Outcome(s):**

Rate of immunization among older individuals will increase annually.

Rate of flu occurrence among older individuals will decrease annually.

Death rate as a result of flu and/or pneumonia among older individuals will decrease annually.

**Effectiveness Measure(s)**

Collaboration established

Strategy developed

Strategy implemented

# Older Adults immunized

% Increase in immunizations

% Incidence of flu

% Deaths resulting from flu or pneumonia

**GOAL 2 - Older individuals are active, healthy and socially engaged.**

**Statement of Objective (#2-5)**

The rate of falls involving older individuals is reduced as a result of collaborative efforts in falls prevention.

**Reference to Priority:**

**OAA 306(a)(7)**

(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 setting, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

(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

**U. S. Administration on Aging Strategic Goals & Objectives 2007- 2012**

Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare –

(A) Increase the use of Evidence-Based Disease and Disability Prevention Programs for older people at the community level

**U.S. Administration on Aging Initiative: Choices for Independence**

Building evidence-based prevention programs into to community-based system of services for older adults, enabling them to make behavioral changes that will reduce their risk of disease, disability and/or injury

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |  |               |
|--|---------------|
| 1. EAD will continue its collaborations with Agencies to continue a partnership on fall prevention   | Ongoing       |
| 2. EAD will collaborate with the partnership to produce a falls conference   | Semi-annually |
| 3. Participants in the Falls Conference ill be to track incidence of fall on their clients   | Semi-Annually |
| 4. Participants in falls prevention classes will be surveyed as to their confidence in not being falling or being injured in a fall before and after course completion | On-going      |
| 5. Data collected will be tracked for comparison   | On-going      |

**Outcome(s):**

The rate of falls involving older individuals will be reduced.  
Participants will report they have increased ability to avoid falls.  
Participants report they have fewer injuries due to falls.

**Effectiveness Measure(s)**

- # Meetings
- # Conferences
- # Participants at Conference
- % Decrease in falls
- # Service Providers tracking falls data
- Client Surveys

**GOAL 2 - Older individuals are active, healthy and socially engaged.**

**Statement of Objective (#2-6)**

Older adult volunteers express satisfaction, remain active and socially engaged, and improve physical, mental or emotional well-being as a result of their volunteer experience.

**Reference to Priority:**

**OAA 306(a)(6)(c)(iii)**

- (C) (i) where possible, enter into arrangement with organization providing day care service 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;
- (iii) makes 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 setting

**OAA 306(a)(6)(E)**

- (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; and

**OAA 306(3)(I)**

- (3) An area agency on aging, in cooperation with governmental officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on action determined by the area agency to build the capacity in the planning and service areas to meet the needs of older individuals for -
  - (I) civic engagement

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |  |          |
|--|----------|
| 1. EAD will collaborate with AARP, RSVP, Senior Companion, Volunteers for Honolulu Hale and others to increase the number of volunteer opportunities available to older adults | Ongoing  |
| 2. Lists are maintained  | Ongoing  |
| 3. Referrals are made  | Ongoing  |
| 4. Linkages tracked  | Ongoing  |
| 5. Value of volunteer services calculated  | Ongoing  |
| 6. Satisfaction surveys completed  | Ongoing  |
| 7. Volunteer Recognition event held  | Annually |

**Outcome(s):**

75% of older volunteers express satisfaction, remain active and socially engaged, and improve physical, mental or emotional health as a result of their volunteer involvement.

At least one volunteer recognition event is held annually.

**Effectiveness Measure(s)**

# Collaborations

# Volunteers

# Organizations using volunteers

# Linkages

Value Estimate of Volunteer Services

# Surveys

Level of Volunteer Satisfaction

# Volunteers Recognized

# Attendees at Volunteer Recognition Event

**GOAL 3 - Families are supported in caring for their loved ones.**

**Statement of Objective (#3-1)**

Caregivers have access to services a coordinated system of in-home, community-based services, for the older individuals through the Kupuna Care program and report these services meet their needs and support their ability to continue providing care.

**Reference to Priority:**

**OAA 306(a)(7)**

(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 setting, 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

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |   |               |
|---|---------------|
| 1. Increase visibility of services for caregivers using displays at community events, giving presentations to groups and in various media | On-going      |
| 2. Contract with selected service providers   | Semi-Annually |
| 3. Monitor progress   | Monthly       |
| 4. Evaluate program/funding levels  | Annually      |
| 5. Administer satisfaction surveys  | Ongoing       |

**Outcome(s):**

Caregivers will have access to services.

60% will report that these services meet their needs.

60% report services received support their ability to continue providing care.

**Effectiveness Measure(s)**

# Monitoring Reports

# Evaluations

# Caregivers

# Caregivers with care recipients receiving services funded by EAD

# Units of Service

# Surveys

Client Satisfaction

**GOAL 3 - Families are supported in caring for their loved ones.**

**Statement of Objective (# 3-2)**

Caregivers have access to services through a coordinated system of gap-filling, supportive, community-based services for older individuals funded by the Older American Act and other funding and report that these services meet their needs and support their ability to continue providing care.

**Reference to Priority:**

**OAA 306(a)(7)**

(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 setting, 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

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |   |               |
|---|---------------|
| 1. Increase visibility of services for caregivers using displays at community events, giving presentations to groups and in various media | On-going      |
| 2. Contract with selected service providers   | Semi-Annually |
| 3. Monitor progress   | Monthly       |
| 4. Evaluate program/funding levels  | Annually      |
| 5. Administer satisfaction surveys  | Ongoing       |

**Outcome(s):**

Caregivers will have access to services.

60% will report that these services meet their needs.

60% report services received support their ability to continue providing care.

**Effectiveness Measure(s)**

# Monitoring Reports

# Evaluations

# Caregiver

# Caregivers with care recipients receiving services funded by EAD

# Units of Service

# Surveys

Client Satisfaction

**GOAL 3 - Families are supported in caring for their loved ones.**

**Statement of Objective (#3-3)**

Caregivers have access to services for themselves through a coordinated system of gap-filling, supportive, community-based services funded by the Older American Act and other funding and report that these services meet their needs and support their ability to continue providing care.

**Reference to Priority:**

**OAA 306(a)(7)**

(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 setting, 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

**Major Action Steps to Achieve Objectives**

**Completion Date**

1. Review service standards	Semi-Annually
2. Develop Request for Proposals	Semi-Annually
3. Contract with selected service providers	Semi-Annually
4. Monitor progress	Monthly
5. Evaluate program/funding levels	Annually
6. Administer client satisfaction surveys	Ongoing
7. Amend contracts	Annually
8. Administer satisfaction surveys	Ongoing

**Outcome(s):**

Caregivers will have access to services for themselves.

60% report that these services meet their needs.

60% report services received support their ability to continue providing care.

**Effectiveness Measure(s)**

# RFPs

# Service Providers Submitting Proposals

# Monitoring Reports

# Evaluations

#Contract Amendments

# Clients

# Units of Service

# Surveys

Level of Client Satisfaction

**GOAL 3 - Families are supported in caring for their loved ones.**

**Statement of Objective (# 3-4)**

Improved access to information and support to caregivers through the WE CARE program will reduce stress and absenteeism and support their ability to continue providing care as well as increase productivity benefiting employees as well as employers.

**Reference to Priority:**

**OAA 306(a)(7)**

(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 setting, 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

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |  |         |
|--|---------|
| 1. Develop informational packets for employers and their employees   | Ongoing |
| 2. Develop surveys for employers and employed caregivers to assess if their needs are being met, their stress level, rate of absenteeism and productivity level. Administer prior to starting an employee support group and periodically thereafter to ascertain the program's effectiveness. Revise periodically. | Ongoing |
| 3. Make presentations to employers to develop awareness and support for the employees who are caregivers   | Ongoing |
| 4. Provide technical assistance to employers to assist them in meeting the needs of their employees  | Ongoing |
| 5. Increase attendance and the number of City and County employees education/support groups  | Ongoing |
| 6. Continue to assist the Department of Human Resources Training Division as needed  | Ongoing |
| 7. Expand the in-house resource library  | Ongoing |

**Outcome(s):**

Caregivers have improved access to information and support.  
Caregivers report reduced stress and absenteeism.  
Employers report reduced absenteeism and increased productivity.  
Number of in-house caregiver library resources is increased.

**Effectiveness Measure(s)**

- # Employers
- # Employees
- # Groups
- Rate of Stress Reduction
- Rate of Absenteeism
- Rate of Productivity
- # Materials in In-House Library

**GOAL 3 - Families are supported in caring for their loved ones.**

**Statement of Objective (# 3-5)**

Improved access to information and support to caregivers through the MAKING THE LINK program will reduce stress and increase their access to health care supporting their ability to continue providing care.

**Reference to Priority:**

**OAA 306(a)(7)**

(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 setting, 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

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |  |         |
|--|---------|
| 1. Develop informational packets for Doctors to give to caregivers of their clients                                | Ongoing |
| 2. Develop opportunities for caregivers to access support groups.  | Ongoing |
| 3. Develop a survey for to assess caregivers level of stress, use of health care and if their needs are being met. | Ongoing |
| 4. Make presentations to caregivers to develop awareness and to encourage their participation in support groups.   | Ongoing |

**Outcome(s):**

Caregivers have improved access to information and support.  
Caregivers report reduced stress  
Caregivers report increased use of health care for themselves  
Caregivers report their needs are being met

**Effectiveness Measure(s)**

# Doctors  
# Caregivers  
# Support groups  
Rate of stress reduction  
Rate of use of health care  
Rate of needs being met

**GOAL 4 - Older individuals are ensured of their rights and benefits and protected from abuse, neglect and exploitation.**

**Statement of Objective (# 4-1)**

Older residents residing in long-term care facilities are ensured of their rights and benefits as a result of the partnership of the State Executive Office on Aging's Long-Term Care Ombudsman and EAD to develop a cadre of Volunteer Representatives.

**Reference to Priority:**

**OAA 306(a)(2)(C)**

- (2) Provide assurances that an adequate portion, as required under section 307(a)(2), of the amount allocated for part B to the planning and service area will be expended for the delivery of each of the following categories of services –  
(C) legal assistance

<b>Major Action Steps to Achieve Objectives</b>	<b>Completion Date</b>
1. Establish with EOA a partnership to address resident rights in long-term care facilities	01/31/08
2. Develop with EOA a plan for recruiting, training and supporting volunteers to speak on behalf of residents in long-term care facilities	09/30/08
3. Assist EOA in securing at least 1 LTCO Volunteer Representative in each nursing and assisted living facility to advocate on behalf of residents	09/30/09
4. Assist EOA in the administration of survey About how older adults and/or their caregivers feel about the efforts of the Volunteer Representative to ensure their rights and benefits	Ongoing

**Outcome(s):**

Older individuals residing in long-term care facilities are ensured of their rights and benefits as a result of the implementation of the LTCO Volunteer Representative program.

**Effectiveness Measure(s)**

LTCO Partnership established  
Plan developed to recruit, train and support Volunteer Representatives  
# Volunteer Representatives  
# of LTC facilities with a Volunteer Representative  
Client/Caregiver surveys

**GOAL 4 - Older individuals are ensured of their rights and benefits and protected from abuse, neglect and exploitation.**

**Statement of Objective (# 4-2)**

At least 500 at risk older individuals will receive legal services and report they feel less at risk for abuse, neglect and exploitation.

**Reference to Priority:**

**OAA 306(a)(2)(C)**

- (2) Provide assurances that an adequate portion, as required under section 307(a)(2), of the amount allocated for part B to the planning and service area will be expended for the delivery of each of the following categories of services –  
(C) legal assistance

<b>Major Action Steps to Achieve Objectives</b>	<b>Completion Date</b>
1. Review service standards	Semi-Annually
2. Develop Request for Proposals	Semi-Annually
3. Contract with selected service providers	Semi-Annually
4. Monitor progress	Monthly
5. Evaluate program/funding levels	Annually
6. Administer client satisfaction surveys	Ongoing
7. Amend contracts	Annually

**Outcome(s):**

At least 500 at risk older individuals will receive legal services annually.  
80% of those receiving legal services report they are at a reduced their risk of abuse, neglect and/or exploitation.

**Effectiveness Measure(s)**

- # RFPs
- # Service Providers submitting proposals
- # Monitoring reports
- # Evaluations
- #Contract amendments
- # Clients
- # Units of service
- # Surveys
- Level of client satisfaction

**GOAL 4 - Older individuals are ensured of their rights and benefits and protected from abuse, neglect and exploitation.**

**Statement of Objective (# 4-3)**

As a result of the Case Management Service for Abused Elders program, abuse, neglect and/or exploitation of program participants will be reduced.

**Reference to Priority:**

**OAA 306(a)(2)(C)**

- (2) Provide assurances that an adequate portion, as required under section 307(a)(2), of the amount allocated for part B to the planning and service area will be expended for the delivery of each of the following categories of services –  
(C) legal assistance

**Major Action Steps to Achieve Objectives**

**Completion Date**

1. Review service standards	Semi-Annually
2. Develop Request for Proposals	Semi-Annually
3. Contract with selected service providers	Semi-Annually
4. Monitor progress	Monthly
5. Evaluate program/funding levels	Annually
6. Administer client satisfaction surveys	Ongoing
7. Amend contracts	Annually

**Outcome(s):**

At least 80 at risk older individuals will receive Case Management services.

50% of those receiving Case Management services report they are at a reduced their risk of abuse, neglect and/or exploitation.

50% of those receiving Case Management services report they are have not experienced abuse, neglect and/or exploitation in the past year.

50% of those receiving Case Management services report they have an improved quality of life.

**Effectiveness Measure(s)**

# RFPs

# Service Providers submitting proposals

# Monitoring reports

# Evaluations

#Contract amendments

# Clients

# Units of service

# Surveys

Level of client satisfaction

**GOAL 4 - Older individuals are ensured of their rights and benefits and protected from abuse, neglect and exploitation.**

**Statement of Objective (# 4-4)**

Information made available through EAD's legal publications to older individuals, persons with disabilities, caregivers and others will result in increased knowledge about how to access needed services.

**Reference to Priority:**

**OAA 306(a)(2)(C)**

(2) Provide assurances that an adequate portion, as required under section 307(a)(2), of the amount allocated for part B to the planning and service area will be expended for the delivery of each of the following categories of services –  
(C) legal assistance

<b>Major Action Steps to Achieve Objectives</b>	<b>Completion Date</b>
1. Review existing publications	12/30/07
2. Determine gaps	06/30/08
3. Develop plan for new publication development	12/30/08
4. Update existing or add new publication	06/30/09
5. Add one new publication annually	Ongoing
6. Client surveys	Ongoing

**Outcome(s):**

60% of those using EAD's legal publications report increased knowledge of how to access needed services.

**Effectiveness Measure(s)**

# New publications developed

# Clients reporting EAD publications increased access to services

**GOAL 4 - Older individuals are ensured of their rights and benefits and protected from abuse, neglect and exploitation.**

**Statement of Objective (# 4-5)**

As a result of access to information about legal services, older individuals can accurately identify at least 2 resources on rights, benefits or protection from abuse.

**Reference to Priority:**

**OAA 306(a)(2)(C)**

(2) Provide assurances that an adequate portion, as required under section 307(a)(2), of the amount allocated for part B to the planning and service area will be expended for the delivery of each of the following categories of services –  
(C) legal assistance

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| 1. Plan and present outreach events | 06/30/08 and ongoing thereafter |
| 2. Develop and administer survey    | 06/30/08 and ongoing thereafter |

**Outcome(s):**

Older individuals are able to identify at least 2 resources on rights, benefits or protection from abuse

**Effectiveness Measure(s)**

# Informational sessions

# Attendees

# able to identify 2 or more resources

**GOAL 5 - Older individuals have in-home and community-based long-term care options.**

**Statement of Objective (# 5-1)**

By September 2008 the State Executive Office on Aging and the Area Agencies on Aging will examine various options for long-term care financing including but not limited to cash and counseling.

**Reference to Priority:**

**OAA 306(a)(7)**

(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 setting, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

(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 preference of older individuals and family caregivers;

(ii) facilitate the provision by service providers, of long-term care in home and community-based settings; and

(ii) target services to older individuals at risk for institutional placement to permit such individuals to remain in home and community-based settings

**Major Action Steps to Achieve Objectives**

**Completion Date**

1. EOA/AAA form partnership to explore in-home and community-based LTC financing options	09/30/07
2. Identify Best Practices	09/30/08
3. Select pilot project for Oahu	09/30/09
4. Develop service criteria and issue An RFP	12/30/09
5. Select a Service Provider and contract	06/30/10
6. Pilot program begins implementation	07/01/10
7. Analyze pilot project's success/failure	09/30/11

**Outcome(s):**

LTC financing option are examined

Pilot project selected, implemented and evaluated for replication

**Effectiveness Measure(s)**

# meetings

# Options considered

# Proposers

Pilot implemented

Pilot applicability for replication assessed

**GOAL 5 - Older individuals have in-home and community-based long-term care options.**

**Statement of Objective (# 5-2)**

At least 3,300 frail older individuals will receive services through the Kupuna Care program, a coordinated system of in-home, community-based services. They will report that these services meet their needs and support their ability to remain at home.

**Reference to Priority:**

**OAA 306(a)(7)**

(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 setting, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

(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 preference of older individuals and family caregivers;
- (ii) facilitate the provision by service providers, of long-term care in home and community-based settings; and
- (ii) target services to older individuals at risk for institutional placement,, to permit such individuals to remain in home and community-based settings

**Major Action Steps to Achieve Objectives**

**Completion Date**

1. Review service standards	Semi-Annually
2. Develop Request for Proposals	Semi-Annually
3. Contract with selected service providers	Semi-Annually
4. Monitor progress	Monthly
5. Evaluate program/funding levels	Annually
6. Administer client satisfaction surveys	Ongoing
7. Amend contracts	Annually

**Outcome(s):**

At least 3,300 frail older individuals will receive services through the Kupuna Care program, a coordinated system of in-home, community based services. They will report that these services support their ability to remain at home.

**Effectiveness Measure(s)**

- # RFPs
- # Service Providers Submitting Proposals
- # Monitoring Reports
- # Evaluations
- # Contract Amendments
- # Clients
- # Units of Service
- # Surveys
- Level of Client Satisfaction

**GOAL 5 - Older individuals have in-home and community-based long-term care options.**

**Statement of Objective (# 5-3)**

At least 10,000 older individuals will receive services through a coordinated system of gap-filling, supportive, community based services funded by the Older American Act and other funding,. They will report that these services meet their needs and support their ability to remain at home.

**Reference to Priority:**

**OAA 306(a)(7)**

(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 setting, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

(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 preference of older individuals and family caregivers;
- (ii) facilitate the provision by service providers, of long-term care in home and community-based settings; and
- (ii) target services to older individuals at risk for institutional placement,, to permit such individuals to remain in home and community-based settings

**Major Action Steps to Achieve Objectives**

**Completion Date**

1. Review service standards	Semi-Annually
2. Develop Request for Proposals	Semi-Annually
3. Contract with selected service providers	Semi-Annually
4. Monitor progress	Monthly
5. Evaluate program/funding levels	Annually
6. Administer client satisfaction surveys	Ongoing
7. Amend contracts	Annually

**Outcome(s):**

At least 10,000 older individuals will receive services through a coordinated system of gap-filling, supportive, community-based services funded by the Older American Act and other funding. They will report that these services support their ability to remain at home.

**Effectiveness Measure(s)**

- # RFPs
- # Service Providers Submitting Proposals
- # Monitoring Reports
- # Evaluations
- # Contract Amendments
- # Clients
- # Units of Service
- # Surveys
- Level of Client Satisfaction

**GOAL 6 - Hawaii's communities have the necessary economic, workforce and physical capacity for an aging society.**

**Statement of Objective (# 6-1)**

On an ongoing basis, EAD will participate in groups working to ensure the development and availability of a comprehensive, affordable and accessible public transportation system that supports the ability of older individuals to age in place in the community of their choice.

**Reference to Priority**

**OAA 306(3)(D)**

(3) An area agency on aging, in cooperation with governmental officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on action determined by the area agency to build the capacity in the planning and service areas to meet the needs of older individuals for -

(D) transportation

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |  |         |
|--|---------|
| 1. Continue participation in focus groups on Transit Oriented Development    | Ongoing |
| 2. Continue participation on Committee on Accessibility                      | Ongoing |
| 3. Continue support of the Honolulu Committee on Aging on issues of mobility | Ongoing |

**Outcome(s):**

Increase # of collaborations with governmental, non-profit and private sector organizations interest in the development of comprehensive, affordable and accessible public transportation system that supports the ability of older individuals to age in place in the community of their choice

Increase # of older individuals using public transportation

Increase # of older individuals using para-transit services

**Effectiveness Measure(s)**

# Resource identified

# Collaborations developed

# Organizations involved in collaboration

Supportive housing policy developed

Supportive housing policy implemented

# Projects where supportive housing is implemented

# Persons using supportive housing services

**GOAL 6 - Hawaii's communities have the necessary economic, workforce and physical capacity for an aging society.**

**Statement of Objective (# 6-2)**

On an ongoing basis, EAD will participate in groups working to ensure that the State and County Highway Safety Plans include strategies to reduce casualties to older individuals as a result of walking, riding bicycles and/or driving or riding in/on a motorized vehicle.

**Reference to Priority**

**OAA 306(3)(E)**

(3) An area agency on aging, in cooperation with governmental officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on action determined by the area agency to build the capacity in the planning and service areas to meet the needs of older individuals for -.

(E) public safety

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |   |          |
|---|----------|
| 1. Continue participation on the Pedestrian/Bicycle Safety and WalkWise Committees        | Ongoing  |
| 2. Collaborate with Service Providers in the selection of a project for pedestrian safety | 12/30/07 |
| 3. Write for grants or find companies willing to partner in the pedestrian safety project | 06/30/08 |
| 4. Implement the pedestrian safety project  | 12/30/08 |

**Outcome(s):**

Increase # of collaborations with governmental, non-profit and private sector organizations interest in the development of comprehensive pedestrian safety program

Reduce # of older pedestrians injured

Reduce # of older pedestrian fatalities

**Effectiveness Measure(s)**

# Resource identified

# Collaborations developed

# Organizations involved in collaboration

Pedestrian safety project selected

Pedestrian safety project implemented

# Older pedestrian injuries

# Older pedestrian deaths

**GOAL 6 - Hawaii's communities have the necessary economic, workforce and physical capacity for an aging society.**

**Statement of Objective (# 6-3)**

On an ongoing basis, EAD will work with housing authorities, developers, owners and non-profits to ensure the development of comprehensive and affordable housing that supports the older individuals' ability to age in place in the community of their choice.

**Reference to Priority**

**OAA 306(3)(C)**

(3) An area agency on aging, in cooperation with governmental officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on action determined by the area agency to build the capacity in the planning and service areas to meet the needs of older individuals for -

(C) housing

**Major Action Steps to Achieve Objectives**

**Completion Date**

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |   |          |
|---|----------|
| 1. Identify resources                                 | 06/30/08 |
| 2. Develop collaborations and partnerships            | 06/30/09 |
| 3. Develop a plan for a policy on supportive housing  | 12/30/09 |
| 4. Implement plan for supportive housing policy       | 06/30/10 |
| 5. Support the passage of a supportive housing policy | 06/30/11 |

**Outcome(s):**

Increase # of collaborations with governmental, non-profit and private sector organizations interest in affordable supportive housing options

Increase # of affordable housing units for older individuals and grandparents raising grandchildren

Increase # of collaborations for the development of supportive housing policies for older individuals

**Effectiveness Measure(s)**

# Resource identified

# Collaborations developed

# Organizations involved in collaboration

Supportive housing policy developed

Supportive housing policy implemented

# Projects where supportive housing is implemented

# Persons using supportive housing services

**GOAL 6 - Hawaii's communities have the necessary economic, workforce and physical capacity for an aging society.**

**Statement of Objective (# 6-4)**

On an ongoing basis, EAD will work with groups to develop strategies to address the development of an adequate workforce to assist older individuals, whether they live at home or in institutional settings.

**Reference to Priority**

**OAA 306(3)(F)**

- (3) An area agency on aging, in cooperation with governmental officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on action determined by the area agency to build the capacity in the planning and service areas to meet the needs of older individuals for -  
(F) workforce and economic development

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |   |          |
|---|----------|
| 1. Identify resources                                   | 06/30/08 |
| 2. Develop collaborations and partnerships              | 06/30/09 |
| 3. Develop a plan for a policy on workforce development | 12/30/09 |
| 4. Implement plan on workforce development              | 06/30/10 |

**Outcome(s):**

Increase # of collaborations with governmental, non-profit and private sector organizations interested in workforce development  
Increase # of programs that support training caregivers, community health workers and nurses

**Effectiveness Measure(s)**

# Resource identified  
# Collaborations developed  
# Organizations involved in collaboration  
Policy on workforce development developed  
Workforce development policy implemented  
# Projects supporting the training of caregivers, community health workers and nurses  
# Persons trained

**GOAL 6 - Hawaii's communities have the necessary economic, workforce and physical capacity for an aging society.**

**Statement of Objective (# 6-5)**

On an ongoing basis, EAD will work with groups to develop strategies to address the needs of older individuals who want to continue employment either due to need or desire.

**Reference to Priority**

**OAA 306(3)(F)**

(3) An area agency on aging, in cooperation with governmental officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on action determined by the area agency to build the capacity in the planning and service areas to meet the needs of older individuals for -  
(F) workforce and economic development

**Major Action Steps to Achieve Objectives**

**Completion Date**

1. Identify resources	06/30/08
2. Develop collaborations and partnerships	06/30/09
3. Develop a plan for a policy on employment of Older individuals	12/30/09
4. Implement plan on employment of older individuals	06/30/10

**Outcome(s):**

Increase # of collaborations with governmental, non-profit and private sector organizations interested in employment of older individuals

Increase # of programs that support employment of older individuals

**Effectiveness Measure(s)**

# Resource identified

# Collaborations developed

# Organizations involved in collaboration

Policy on employment of older individuals developed

Policy on the employment of older individuals implemented

# Projects supporting the employment of older individuals

# Older individuals employed

## D. Targeting Services

### 1. The Next Four Years

#### Methods for Providing Services to:

**Older Individuals with Greatest Economic Need, Greatest Social Need, At Risk for Institutional Placement, Low-Income Minority, Limited-English Proficiency, Living in Rural Areas, and Native Americans**

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

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

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

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

With respect to targeting services to older individuals:

- with greatest economic and social needs,
- who are at risk for institutional placement,
- who are low-income minority,
- who have limited English proficiency,
- who live in rural areas, and
- who are Native Americans (American Indians, Alaskan Natives and Native Hawaiians)

the following methods for assuring service preference will apply.

## Declaration of Compliance

The Area Agency on Aging 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. 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

1. **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.
2. **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))
3. **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))
4. **Low Income:** Having an income at or below the poverty line (as adjusted for Honolulu). It is the same as "Greatest Economic Need".
5. **Minority:** American Indian/Alaskan Native; Asian/ Pacific Islander; Black, not of Hispanic origin; or Hispanic.
6. **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).
7. **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]
8. **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)
9. **Native American:** Refers to American Indians, Alaskan Natives, and Native Hawaiians. (OAA, Sec 601)

## Methods for Assuring Service Preference

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, and
  - 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 will:
  - 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, or
    - 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, and
  - 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, and
  - b. Promote, publicize and advocate for expansion and implementation of services for low-income and/or minority older individuals.

8. Limited-Elish 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, and
  - 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, and
  - 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, and
  - 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:
  - 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, and
  - d. Assess structural barriers (cost, distance, eligibility) and cultural barriers (distrust, language, service design) to use of services and work towards reducing barriers.
  
12. 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, and
  - 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.

## 2. Targeting Services--The Previous Year – FY 2006

### Characteristics

For FY 2006, the Elderly Affairs Division contracted with seventeen public and non-profit agencies through thirty-two contracts for services on Oahu to individuals 60 years of age and older and their caregivers. Approximately 8,000 older individuals received in-home and community-based services, with another 16,000 receiving counseling, health promotion, housing and legal assistance. More than 800 family caregivers also received a variety of assistance from case management to supplemental services.

Of those older adults and their caregivers who received registered services, 8% lived in rural areas, 15% were severely disabled, 30% were low-income/minority, 31% live at or below the poverty level, 63% have greatest social need and 72% are minority.

### Methods Used to Satisfy Their Service Needs

Methods use by EAD and our contracted service providers to give preference to older adults with greatest economic and or social need, low-income and minority older individuals included:

#### Elderly Affairs Division

As a condition in all contracts with its service providers, EAD stipulates that service providers will give preference to older individuals and their caregivers in the following targeted groups:

- greatest economic need
- greatest social need
- low-income
- minority
- low-income minority
- limited English-proficiency
- live in rural areas, or
- Native Americans

FY 2006 saw the continuation of Kupuna Care (KC), a program that provides eight personal care services to older individuals with two or more ADLs or IADLs and one unmet need using State Purchase of Service funds. KC provides these services to eligible older individuals and encourages voluntary contributions from those who are able to pay, normally those whose income exceeds 300% of the area's poverty level, adjusted for family size.

#### Information and Assistance Program

EAD's I&A and Referral program currently has seven part-time Community Service Aides (CSA). EAD has a preference for hiring bi- and multi-lingual individuals that meet the job specifications. During FY 2006, CSAs and their supervisors provided the following direct services to targeted populations:

1. Service Locations: CSAs were divided into urban and rural teams and were assigned to Walk-in Information stations that were regularly staffed to assure proximity to target populations.
2. Selected Outreach: Group presentations were made to clubs, churches, private and non-profit organizations, housing projects, community and health fairs, congregate dining sites and community and senior centers in languages spoken by members of the group.

3. One-on-One Outreach: Annually, the I&A supervisor analyzed the demographics of Oahu's population and determined which geographical areas were under-represented in our client base on the basis of our targeting priorities. Based on this census tract data, areas of need were selected and targeted outreach was performed.
4. Collaborative Efforts: I&A staff collaborated with community agencies and programs that work with clients in our targeted groups and facilitated outreach and dissemination of information to hard to reach groups.
5. Service Preference/Referral: I&A Senior Hotline Supervisors and CSAs referred those who were able to pay to fee-for-service providers in the community.

## **Service Providers**

Contracted service providers used activities to reach targeted groups. These included:

### Alzheimer's Association

- Outreach activities specifically targeted low-income, minority, low-income minority and rural populations through a variety of mediums: health fairs, information tables, informal networking with those populations, and inter-agency outreach to create awareness about the programs and services available: counseling, education and training and support groups.
- Chapter staff collaborated with entities that serve these hard to reach populations – Native Hawaiian Civic Clubs, Churches, Senior Centers, Kokua Kalihi Valley Health Center, the Waianae Coast Comprehensive Health Center, Alu Like and more in areas including Waialua, Waianae, Kalihi, Aiea, Salt Lake, Makakilo, Ewa Beach, Waipahu, Wahiawa, Chinatown, the Lanakila Okinawan club, Hui O Kiluaea, Waimanalo Health Center, etc.
- Chapter staff utilized groups that required interpreters this year – Korean, Chinese...and the response from the Kupuna has been very positive.

### Catholic Charities Hawaii (CCH)

- When a waiting list is established, these targeted groups are served before elders without a preference.
- The Parish Relations Committee met with parishes around Oahu to explain our services.
- CCH continued to seek individuals with bilingual abilities though these special skills are hard to recruit.
- Staff continued to receive training for cultural sensitivity.
- Throughout the year, advocacy and participation in housing coalitions targeted the service needs of low-income elders, which included many minority seniors.
- Advocacy to eliminate the credit check barrier in 7 senior housing projects also assisted low income elders to obtain housing.
- Our initiative to obtain waivers of minimum income regulations directly provided access to housing for low income people.
- CCH participated in community fairs to outreach to elderly individuals, their families and aging network staff about services.
- This year, CCH also sent flyers advertising our services throughout the public library system, including to rural areas.
- Provided oral translations, when feasible, for non-English speaking elders and used other culturally sensitive communication means wherever possible.

### Child & Family Service

- Ohana Care (OC) Respite Funds are sometimes used to assist primarily low-income Caregiver Respite Program clients to pay for a Respite Aide which they would otherwise not be able to afford.
- CRP maintains close working relationships with other agencies in the aging network that share the mission of helping low-income clients and encourage clients to access these services. This networking and understanding assures that referrals of low-income clients will receive priority.
- CRP outreach efforts at the Caregiver Conference in August 2005 and June 2006 were directed toward ethnically and economically diverse groups.
- CRP maintains an ethnically and linguistically diverse group of Respite Aides in its database in order to be well-equipped to meet the needs of minority clients and families.
- Low-income clients and families are given priority for care and respite from the program's Senior Companions. These Companions, who are primarily of minority ethnicities, are trained volunteers who can give caregivers a much needed break by providing up to 4 hours of help a day, 1 to 3 times a week.
- Both OC Funds are used to assist primarily low-income clients. These funds are used to meet a wide variety of needs to preserve the caregiving relationship such as paying for housekeeping and respite help, adult day care, medication, dentures, incontinent supplies, access ramps, medical equipment and nutritional beverages that the clients would otherwise not be able to afford.
- As part of OC's assessment process, clients are routinely screened for eligibility for entitlement programs such as Medicaid, SLMB, QMB, Food Stamps, DHS chore, DHS transportation, PACE, and Nursing Home Without Walls and assisted in making application to those programs when appropriate.
- OC maintains close working relationships with other agencies in the aging network that share the mission of helping low-income clients and encourage clients to access these services. This networking and understanding assures that referrals of low-income clients will receive priority.
- OC staff reflects ethnic diversity representing Japanese, Filipino, and Caucasian cultures with access to Hispanic and Hawaiian heritage through other HGP staff.
- OC outreach efforts at the Caregiver Conferences in August 2005 and June 2006 and the Kaimuki Senior Group were directed toward ethnically and economically diverse groups.

### Franciscan Adult Day Care

- Networked with other providers in the Aging Network for referrals.
- Placed advertisements in community calendars and public service announcements in area newspapers.
- Collaborated with Wahiawa General Hospital to host a training for caregivers to reach those in rural areas.
- Attendance at community events such as fairs and the Caregiver Conference.

### Hawaii Family Services (HFS)

- The program is situated in a rural area on the Leeward Coast of Oahu with a high concentration of minorities and Native Hawaiians.
- Information was distributed to all area medical offices, agencies and businesses.
- HFS was a key partner in planning a conference on the Wai'anae Coast for grandparents raising grandchildren.

### Hawaii Meals on Wheels (HMoW)

- HMoW was selected to be one of the recipients of a promotional campaign designed by Ad2. This campaign included television and radio ads, the redesign of the HMoW logo, prominent ads in major newspapers and video and still footage to be used in future promotions.
- Solicited volunteers from churches, community groups, business associations, student groups and senior organizations via speaking engagements and print media advertising.

### Kokua Kalihi Valley (KKV)

- Continued contract agreements with Housing and Community Development Corporation of Hawaii (HCDCH) to administer direct health and case management services to low-income ethnic elders and immigrants in Kalihi Valley Homes Project, Kuhio Park Terrace Housing Project, and Hauiki Housing Project.
- Continued Public Housing Primary Care grant with the Bureau of Primary Health Care under Department of Health and Human Services in the Federal government to serve low-income public housing residents in Kalihi Valley.
- Increased outreach services, door-to-door visits and marketing about availability of KKV Elderly Services Program including health screenings (e.g. diabetes screenings, cholesterol check, blood pressure check, etc.)
- Continued to expand the elder network in Kalihi Valley to other ethnic groups through KKV health maintenance groups and through caregiver support and respite.
- Strived to maintain a workforce representative of the cultures and languages needed to assist the ethnic elders and minority residents of Kalihi Valley who we serve.
- Utilized and match employees with specific ethnic and cultural background to recruit and support those residents/clients who seek and who could benefit from KKV's services.
- Recruited specific multi-lingual volunteers and additional way of reducing any barriers created to non-English speakers, especially in the languages that are less common or more difficult to find appropriate workers such as Micronesian, Cambodian etc.
- Translated health education, client satisfaction surveys, forms, and applications into key languages used by Kalihi Valley residents including Samoans, Ilokano, Laotian and Chuukese.
- Advertised KKV's services as being available regardless of ability to pay for the cost.
- Produced information about KKV Elderly Services program for both a broad and targeted media distribution and disseminate the information as public service announcements on commercial radio. This information is designed to reach the underserved immigrant population in Kalihi.
- Continued to provide the highest quality of care to promote "word-of-mouth" referrals to bring more needy clients to KKV's services.
- Expanded the elder network in Kalihi Valley to other ethnic groups through KKV Health Maintenance Groups and through the Caregiver support and respite programs.
- Increased public awareness by participating in special community events and collaborating program with other agencies in the aging network. Plan to work with other groups to have a health fair focused on seniors and caregivers in Kalihi.
- Continued staff development training by continuing to attend educational conferences on aging, and to offer cultural awareness training about various cultural groups served by KKV.

### Lanakila Meals on Wheels (LMOW)

Performed several outreach activities in targeted low income, minority, low-income minority and rural areas such as Wai'anae, Hale'iwa, Ka'a'awa, Kahuku, Kunia, Laie and Wai'alua area.

Conducted door to door canvassing of seniors who need home-delivered meal service in the Ewa, Waipahu, Waialua, Waianae, Kahuku and Kalihi area.

Created and distributed flyers to professionals, para-professionals and groups within the aging field to identify low-income minority seniors

Sent public service announcements and press releases to identified ethnic print, and broadcast media, before and after each holiday delivery.

Disseminated LMOW brochures at large events where seniors gather such as The Seniors Expo Fair, The Caregivers Conference & Lanakila's Gift Fair.

Distributed LMOW brochures to health facilities, medical offices and senior housing complexes.

Planned and scheduled an open house event at all dining sites.

### Mo'ili'ili Community Center (MCC)

- Worked with Leahi HCAP to bring the information for the Federal Food Surplus Distribution to as many people as possible and serve as a distribution site.
- Maintained a list of those we know who need reminders as to when the food distribution is being held along with notification and assistance in applying for LIHEAP (Low-Income Home Energy Assistance Program).
- Maintaining Japanese speaking staff is our first priority as 79% of our participants are of Japanese ancestry.
- Members who can speak Cantonese or Mandarin are called upon to assist when needed.
- A few of our Korean seniors are bilingual in Japanese and Korean, and they assist us when needed.
- Subsidies are offered regularly to assist any senior wanting to participate in an activity, but unable to afford the full amount.

### ORI Anuenue

- The location of the training facility is nearby the rural communities of Kunia, Haleiwa, Waialua and the North Shore.
- Our Caregiver Training is offered at not charge to the community.
- Some classes were offered on the weekend.
- Advertising with the Honolulu Star-Bulletin, Midweek, four military newspapers.
- Advertising was also done in the Fil-Am Courier (Filipino newspaper), Sing Tao Daily (Chinese newspaper), Korea Daily, Hawaii Hochi (Japanese), North Shore News, and Pacific Media Publishing (Ka Nupepa).
- Presentation boards were made which featured programs and services offered by the agency. This is used for promotional events in the community.
- Collaborated with the Central Oahu Caregivers' Support Group, senior clubs/organizations, church groups and nearby business and community associations, providing information about our programs to their leaders.
- Public service announcements were distributed to radio.
- The Aloha Pumehana newsletter included information about our program services.
- Attended community events/fairs to promote the training.
- Collaborated with other service providers from the Aging Network.

### Project Dana

- Stories regarding Project Dana ran in Westside Stories and North Shore News, local area newspapers in rural areas.
- The Waianae Coast Comprehensive Health Center included our project in their newsletter.
- The Office of Hawaiian Affairs staff were provided information for the clients of Hawaiian descent.
- Information was mailed to the social work departments in clinics in designated areas.
- Information on our program was distributed at 5 conferences, workshops and fairs.
- 14 presentations were made.

### Salvation Army

- Focused our enrollment efforts mainly on low-income minority individuals.
- Conducted presentations with Social Workers at Rehab of the Pacific.

### University of Hawaii Elder Law Program (UHELP)

- Student law clerks were recruited and contacted minority groups, did outreach, communicated with clients, had some bi-lingual ability and were willing to travel to rural areas.
- Served minority groups at our office, nutrition sites, senior centers, institutions and private homes.
- The immobile, bedbound or homebound were able to have access to preventive law by information presented by the media, on websites, by counsel and advice by our attorney.
- Provided legal services such as wills, advance directive for healthcare and durable general powers of attorney enhanced their autonomy and independence.
- Contacted church, senior groups through phone, e-mail, fax, and mail.
- Distributed flyers or *Deciding What If?* booklets with information and UHELP name, phone, fax, address and what we do prominently displayed.

### Waianae Coast Comprehensive Health Center

The program is situated in a rural area on the Leeward Coast of Oahu with a high concentration of minorities and Native Hawaiians.

- Low income, minority, low-income minority and rural populations were targeted.
- Low-income families were provided assistance with extended hours to enable them to maintain or seek employment.

### Waikiki Friendly Neighbors

- Continued assigning nursing students to with large percentage of seniors.
- Continued our relationship with Kalakaua Homes, a low-income State run housing facility.
- Increased client count by reaching seniors unaware of aging network.
- Worked successfully with the office of Public Guardian to benefit clients who may be suffering from self-neglect.

### **Extent Objectives Met**

Of those older adults and their caregivers who received registered services, 8% lived in rural areas, 15% were severely disabled, 30% were low-income/minority, 31% live at or below the poverty level, 63% have greatest social need and 72% are minority.

## Previous Year's Targeting Outputs (FY 2006)

### Kupuna Care and Title III

Service	Number of Persons Served						
	GEN	GSN	LIM	Rural	LEP	At Risk for Institutionalization	Native American
<b>Access</b>							
Case Management	391	782	389	70	45	414	8
Assisted Transportation	21	11	15	11	0	3	0
KC Transportation	291	373	287	31	22	53	1
Transportation	185	429	181	26	11	26	3
<b>In-home</b>							
Attendant Care	134	403	134	4	4	110	2
Meals - Home Delivered	816	1680	808	248	33	823	9
Homemaker	82	143	80	2	1	25	1
Personal Care	195	489	193	38	21	356	2
Nutrition Counseling	14	37	14	2	3	20	0
<b>Community - Based</b>							
Adult Day Care	11	14	11	0	1	12	0
Meals - Congregate	603	989	600	116	33	175	4

## Previous Year's Targeting Outputs (FY 2006)

### National Family Caregiver Support – Title IIIe

Service	Number of Persons Served						
Programs and Services	GEN	GSN	LIM	Rural	LEP	At Risk for Institutionalization	Native American
<b>Counseling, Support Groups &amp; Training</b>							
Caregiver Support	21	15	21	0	4	6	0
Counseling	30	142	30	67	3	33	1
Education/ Training	29	81	29	41	8	7	1
Support Groups	13	49	13	21	0	2	0
<b>Respite Care</b>							
Adult Day Care	2	19	2	6	1	6	0
Homemaker	2	2	2	0	0	0	0
In-home (not homemaker & personal care)	10	13	10	5	0	5	1
Institutional	0	2	0	1	1	0	0
Personal Care	5	8	5	1	1	5	0
<b>Supplemental Services</b>							
Assistive Devices	2	2	2	0	0	1	0
Incontinence Supplies	2	6	2	3	0	3	0
Nutritional Supplements	1	0	1	0	0	0	0
Others	1	2	1	1	0	0	0

## E. Waivers

### Waiver to Provide Direct Service

#### Elderly Affairs Division

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

For the period beginning October 1, 2007 through September 30, 2011

#### 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 social 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 – Not Applicable

### Elderly Affairs Division

#### JUSTIFICATION FOR WAIVER

#### PRIORITY CATEGORIES OF SERVICES

For the duration of the Area Plan (2003-2007)

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

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

N/A

**Legal Assistance**

N/A

**Justification**

N/A

## PART IV: Funding Plan

Part IV provides expenditures for the previous year, planned service outputs and resource allocation levels for each of the four years of the plan, and minimum percentages for Title IIIB categories of services.

### Previous Year Expenditures for Priority Services (FY 2006) Title III Part B Federal Funds Only

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

Service	Budgeted Compliance Amount (Dollars)	FY 06 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%
<b>Title III Part B Total</b>	<b>\$661,386</b>	<b>\$606,824</b>	<b>53.3%</b>



Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units						Planned Service Output and Resources Allocation Levels									
	2008		2009		2010		2011		2008		2009		2010		2011	
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source
SUPPORTIVE SERVICES - IN HOME																
Attendant Care	590	32,554	590	32,554	590	32,554	590	32,554	\$ 118,016	A						
									\$ 1,200	PI						
Chore	70	550	70	550	70	550	70	550	\$ 20,000	A						
										PI		PI		PI		PI
Homemaker	220	3,200	220	3,200	220	3,200	220	3,200	\$ 105,970	A						
										PI		PI		PI		PI
HD Meals																
Meals	1,071	160,337	1,071	160,337	1,071	160,337	1,071	160,337	\$ 889,243	A						
Nutrition Counsel	152	152	152	152	152	152	152	152	\$ 22,527	NC-2						
Nutrition Educ.	854	6	854	6	854	6	854	6	\$ 2,727	XO						
Outreach	2,500	3,000	2,500	3,000	2,500	3,000	2,500	3,000	\$ 95,398	ND						
										PI		PI		PI		PI
Housing Assistance	450	4,250	450	4,250	450	4,250	450	4,250	\$ 250,666	NB						
Assistance	100	N/A	100	N/A	100	N/A	100	N/A	\$ 25,652	XO						
Linkages									\$ 8,000	PI						
NB = Federal Funds (Title III-Part B)																
NC-1= Federal Funds (Title III-Part C-1)																
NC-2= Federal Funds (Title III-Part C-2)																
ND = Federal Funds (Title III-Part D)																
NE = Federal Funds (Title III-Part E)																
NO = Federal Funds (Other)																









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

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

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

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

## **PART V: Evaluation Strategy**

The City and County of Honolulu's Elderly Affairs Division is developing and will implement an evaluation plan of their respective Area Plans. The evaluation plan is based on the stated goals and objectives as described in Part V 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:

6. To what extent were the stated objectives met?
7. How satisfied were the clients with the services provided?
8. To what extent were there changes in the clients' knowledge, attitude, and behavior?
9. How successful were the services in terms of cost-benefit?

The City and County of Honolulu's 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. See Appendix H for a template of the program logic model.

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

The City and County of Honolulu's Elderly Affairs Division will submit an Annual Cumulative Area Plan Evaluation Report to the 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.

## **Appendix A: Assurances**

- A1. Assurance of Compliance with the Department of Health and Human Services Regulation Under Title VI of the Civil Rights Act of 1964**
- A2. Department of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended**
- A3. General and Program Specific Provisions and Assurances**
  - a. General Assurances**
  - b. Program Specific Assurances**
  - c. Other Assurances as Related to the Code of Federal Regulation 1321.17(F) 1 to 15**
  - d. Certification Regarding Lobbying**

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.

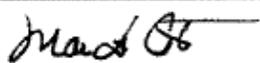
If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real 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)

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:

**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.

7/16/07 Maui O. Senior Advisor  
Date Signature and Title of Authorized Official

### **A3a. 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, areawide, 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.

**A3b. Program Specific Provisions and Assurances**

Program specific assurances will follow the intent of the area plans as stated in section 306 of the Older Americans Act, as amended in 2006.

Section 306 AREA PLANS

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

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

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

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

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

(6)(F) Each area agency will:

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

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

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

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

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

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

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

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

(ii) the nature of such contract or such relationship.

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

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

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

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

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

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

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

### **A3c. Other Assurances As Related to the Code of Federal Register 1321.17(F) 1 to 15**

#### **1321.17(f)(1)**

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

#### **1321.17(f)(2)**

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

#### **1321.17(f)(3)**

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

#### **1321.17(f)(4)**

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

#### **1321.17(f)(5)**

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

#### **1321.17(f)(6)**

Area plans will specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the past fiscal year;

#### **1321.17(f)(7)**

The State Agency on Aging will develop policies governing all aspects of programs operated under this part, including the manner in which the ombudsman program operates at the State level and the relation of the ombudsman program to Area Agencies where Area Agencies have been designated;

#### **1321.17(f)(8)**

The State Agency on Aging will require the area agencies on aging to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts will place special emphasis on reaching older individuals with the greatest economic or social needs with particular attention to low income minority individuals, including outreach to identify older Indians in the planning and service area and inform such older Indians of the availability of assistance under the Act.

#### **1321.17(f)(9)**

Data collection from Area Agencies on Aging to permit the State to compile and transmit to the Commissioner accurate and timely statewide data requested by the Commissioner in such form as the Commissioner directs; and

**1321.17(f)(10)**

If the State agency proposes to use funds received under section 303(f) of the Act for services other than those for preventive health specified in section 361, the State plan and the area plan will demonstrate the unmet need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with the greatest economic or social need, with special attention to low-income minorities.

**1321.17(f)(11)**

Area Agencies will compile available information, with necessary supplementation, on courses of post-secondary education offered to older individuals with little or no tuition. The assurance will include a commitment by the area agencies to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites, and in other appropriate places.

**1321.17(f)(12)**

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

**1321.17(f)(13)**

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

**1321.17(f)(14)**

- (i) The State agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
- (ii) State and Area Agencies on Aging will, consistent with budgeting cycles (annually, biannually, or otherwise), submit the details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and
- (iii) The State agency certifies that any such expenditure by an Area Agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

**1321.17(f)(15)**

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

**The Area Agency on Aging will meet all assurances as required under CFR §1321.53 - 1321.61, 1321.63 - 1321.75.**

**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 and officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

Department of Community Services  
Organization

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>
<b>1. <u>General Administration</u></b>	<b><u>Descriptive Position Title</u></b>
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
<b>2. <u>Program Planning</u></b>	
Coordinating planning with other agencies and organization to promote new or expanded benefits and opportunities for older people	County Executive on Aging, Planner, Grants Managers and I&A Coordinator
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 those needs	Planner, Grants Managers and I & A Coordinator

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

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 under the Plan

Budget Analyst, Grants Managers 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 cueing, 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)).

(1) **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)).

(2) **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)).

(2) **Neglect** means: (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)).

(4) **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 stepgrandparent 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

**Black or African American:** 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).

**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).

**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).

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

**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)).

**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).

**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.

## Appendix D. Public Hearings, Evaluations and Comments Received

Thursday, June 14, 2007, Noon  
ORI Anuenue – Helemano Plantation

	Last Name	First Name	Affiliation
1	Pang	Dr. Francis D. I.	ORI; Private Practice D. Ac.
2	Enos	Florina	None
3	Oshiro	Dr. Peggy Y.	ORI; DAC
4	Taramoto	Bella	ORI
5	Yoshimoro	Betty	ORI
6	Gallardo	Ryan	EAD
7	Shimizu	Lei	EAD
8	Miyake	Karen	EAD
9	Tompkins	Pat	EAD

No testimony was presented but the following questions were asked and statements made:

Grandparents getting services – why should children with abilities be getting service?

Who made the determination that the Grandparents should get services? Who do they call to find out about the available programs and services?

Can you provide form letters for Advocacy on EAD's website and also provide them to Service provider agencies who can distribute to their clients.

Need more funding for additional services.

**Monday, June 18, 2007, 11:30 a.m.  
Lanakila Multi-Purpose Senior Center**

	Last Name	First Name	Affiliation
1	Miyamoto	George	EAD
2	Nakamoto	Alice	LMPSC
3	Tari	Amy	LMPSC
4	Clemente	Roger	EAD
5	Machado	Henry	LMPSC
6	Akana	Sarah	LMPSC
7	Ritter	Seesuko	LMPSC
8	Madajan	Bill	LMPSC
9	Manu	Minnie	LMPSC
10	Tambalo	Susan	EAD
11	Rueda	Remy	Lanakila Rehab Center
12	Evans	Barb	EAD
13	Otake	Emmie	LMPSC
14	Higa	Tamie	LMPSC
15	Miyashiro	Tamiko	LMPSC
16	Kanede	Yoshiku	LMPSC
17	Chikawa	Dorine	LMPSC
18	Takamoto	Gladys	LMPSC
19	Matsumoto	Lillian	LMPSC
20	Takai	Yurie	LMPSC
21	Uepeda	Norie	LMPSC
22	Wong	Marilyn	EAD
23	Lenzer	Tony	HCOA
24	Nagano	Alice	HCOA
25	Miyake	Karen	EAD
26	Yoshioka	Wayne	Hawaii Public Radio
27	Tompkins	Pat	EAD

No testimony was presented but the following questions were asked and statements made:

What is the current funding for the meals programs? Why is it different from last year?

Need additional funding for meals programs to serve those being cut from program and the others on the waitlist.

Shortage of affordable senior housing – concerned that there is not enough and that seniors can't afford what is available.

Grandparents getting services – is this a national trend? Is it increasing?

Impressed with the large variety and amount of service that is available for seniors, even though it is not enough.

Information needs to get out about what is available.

Money that is appropriated through the Legislature should be released by the Governor – grant-in-aid funds that were awarded to LMPSC for the last 2 years have not actually come to the center.

Complaint about long waits for Handi-Van – sometimes have to wait 2 hours for the van to come pick them up. Also, not enough service is available.

If these are government services and there is no income requirement, then why are they telling us to buy long-term care insurance? Shouldn't all the services be free?

**Wednesday, June 20, 2007, 11:30 a.m.**  
**Wai'anae District Park**

	Last Name	First Name	Affiliation
1	Evangeline	Lana i	Group Dining
2	Sedeno	Josephine	Group Dining
3	Feliciano	Sharra	EAD
4	Tellio	Carolyn	EAD
5	Nakamura	Violet	Group Dining
6	Yuen	Jang	Group Dining
7	Arsiga	Helen	Group Dining
8	Laurita	Pauline	Group Dining
9	Mahi	Hilolo W.	
10	Jacobs	Debra	Lanakila Rehab Center
11	Montervon	Malie	Group Dining
12	Morimoto	Janet	Group Dining
13	Puou	Joyce	Group Dining
14	Canea	Emily	Group Dining
15	Marrero	Matu	EAD
16	Loe	Joe	Group Dining
17	Mendelson	Mae	HCOA
18	Tompkins	Pat	EAD

No testimony was presented but the following questions were asked and statements made:

How much funding has been allocated for safety and emergency preparedness?

If you don't have that type of funding, are you working with organizations that do? Who are they?

More funding needed for meals programs – both home-delivered and congregate.

Need to fund more organizations that use mostly volunteers to provide services.

How do we tell important people what is important to us.

Need more contact with Leeward Coast.

Two seniors needed assistance with personal issues that the CSAs addressed.

**Tuesday, June 26, 2007, 10:30 a.m.**  
**Kaneohe Community & Senior Center**

	Last Name	First Name	Affiliation
1	Ganstein	Debbie	Kailua NHB
2	Souza	Lorraine	EAD
3	Mark	Violet	Koolau Senior Hui
4	Matayoshi	Mary	HCOA
5	Busch	Ned	Kahalu'u NHB
6	Noborikawa	Amy	EAD
7	DeBiasi	Donna	EAD
8	Bright	Teresa	EAD
9	Tompkins	Pat	EAD

No testimony was presented but the following questions were asked and statements made:

Length of time it takes to release additional funding even though it has been passed by the legislature. Last session the funding was not released for several months.

Emergency preparedness should be part of the plan. Need for plan to assist isolated seniors, disabled seniors.

Need for additional funding as senior population grows

Shortages in the meals programs resulting in seniors being cut from the program and not having a meal.

Increased costs to deliver services without increased funding.

What are requirements for someone to receive Kupuna Care or Caregiver services?

Why is there no means test applied in order to get services?

What is "targeting" and how does it work?

Need to encourage private enterprise to develop programs to serve seniors, both profit and non-profits.

Need for more information for seniors on available services.

When and where will the updated Senior and Assistance Handbook be available?

In addition to the Public Hearing testimony, two written comments were received from the City and County of Honolulu's Department of Design and Construction and the Honolulu Police Department. The letters follow:

POLICE DEPARTMENT  
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET - HONOLULU, HAWAII 96813  
TELEPHONE: (808) 529-3111 - INTERNET: www.honolulu.gov

RECEIVED

MUFI HANSEN  
MAYOR



'07 JUN 29 AIO #54 BOISSE P. CORREA  
CHIEF

DEPT OF COMMUNITY SERVICES  
GLEN R. KALIVABA  
PAUL D. PUTZLUB  
DEPUTY CHIEFS

OUR REFERENCE: MH-NTK

June 26, 2007



TO: DEBORAH KIM MORIKAWA, DIRECTOR  
DEPARTMENT OF COMMUNITY SERVICES

ATTENTION: PAT TOMPKINS, CHIEF PLANNER  
ELDERLY AFFAIRS DIVISION

FROM: BOISSE P. CORREA, CHIEF OF POLICE  
HONOLULU POLICE DEPARTMENT

SUBJECT: DRAFT FOUR-YEAR AREA PLAN ON AGING

This is in response to your memorandum of June 12, 2007, regarding the draft four-year area plan on aging. The area that the Honolulu Police Department will most likely become involved is "Goal 4: Older individuals are ensured of their rights and benefits and protected from abuse, neglect and exploitation."

The Family Violence Detail, Criminal Investigation Division, investigates all domestic violence cases. The State of Hawaii Department of the Attorney General investigates the reported abuse of the elderly that occurs within licensed care homes or facilities. In addition, White Collar Crime and Financial Fraud Details of the Criminal Investigation Division investigate cases of financial exploitation against the elderly.

Should you have any questions, please have a member of your staff contact Major Alan Fujimoto of the Criminal Investigation Division at 529-3205.

BOISSE P. CORREA  
Chief of Police

*Serving and Protecting With Aloha*

DEPARTMENT OF DESIGN AND CONSTRUCTION  
CITY AND COUNTY OF HONOLULU

650 SOUTH KING STREET, 11<sup>TH</sup> FLOOR  
HONOLULU, HAWAII 96813  
Phone: (808) 768-6480 • Fax: (808) 523-4567  
Web site: www.honolulu.gov

RECEIVED

MUFI HANNEMANN  
MAYOR



'07 JUN 29 AIO 54

EUGENE C. LEE, P.E.  
DIRECTOR

DEPT OF COMMUN.  
SERVICES

CRAIG I. NISHIMURA, P.E.  
DEPUTY DIRECTOR

June 28, 2007



MEMORANDUM

TO: DEBORAH KIM MORIKAWA, DIRECTOR  
DEPARTMENT OF COMMUNITY SERVICES

ATTN: PAT TOMPKINS, CHIEF PLANNER  
ELDERLY AFFAIRS DIVISION

FROM:  EUGENE C. LEE, P.E., DIRECTOR

SUBJECT: DRAFT 4-YEAR AREA PLAN ON AGING (OCTOBER 1, 2007 –  
SEPTEMBER 30, 2011)

Thank you for giving us the opportunity to comment on the above Draft 4-Year Area Plan on Aging.

The Department of Design and Construction has no comments to offer at this time.

ECL:lt (212968)

**Appendix E:**

**Additional Costs of Providing Services  
Under Title III to Older Individuals  
Residing in 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 Ederly 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., Palolo Chinese Home, 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.

**Appendix G: Evaluation**

**Program Logic Model:**

**Goal 1:** \_\_\_\_\_

**Objective 1:** \_\_\_\_\_

Resources	Activities	Outputs	Outcomes	Measures	Data Collection Tool
\$ Personnel Equipment Supplies Volunteers	1. 2. 3. 4.				

**Objective 2:** \_\_\_\_\_

Resources	Activities	Outputs	Outcomes	Measures	Data Collection Tool
\$ Personnel Equipment Supplies Volunteers	1. 2. 3. 4.				