



Making Honolulu an Age-Friendly City:

An Action Plan

Final
June 2015





Making Honolulu an Age-Friendly City:

An Action Plan

Prepared by:
The University of Hawai‘i
Center on Aging

Final
June 2015



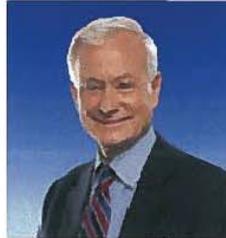
**OFFICE OF THE MAYOR
CITY AND COUNTY OF HONOLULU**

530 SOUTH KING STREET, ROOM 300 • HONOLULU, HAWAII 96813
PHONE: (808) 768-4141 • FAX: (808) 768-4242 • INTERNET: www.honolulu.gov

KIRK CALDWELL
MAYOR



ROY K. AMEMIYA, JR.
MANAGING DIRECTOR
GEORGETTE T. DEEMER
DEPUTY MANAGING DIRECTOR



March 2015

Aloha:

With this Action Plan, the City and County of Honolulu is on a trajectory to join the World Health Organization, AARP, and communities around the world in becoming an Age Friendly City. By 2030, more than a quarter of our population will be over the age of 65. O'ahu's natural beauty and ethnic and cultural diversity is complemented and enhanced as our population ages. Taking action now will enable Honolulu to further benefit from the opportunity presented in our emerging demographics.

As an Age Friendly City, safety and quality of life will improve for all, from kupuna to keiki. Affordable housing built in mixed-use neighborhoods along rail will allow our seniors to age in place and continue to be physically active, mentally involved, and socially connected. Through improved street lighting, dedicated bike lanes, more crosswalks, and better sidewalks, the City's Complete Streets initiative is already making our streets safer for young and old, pedestrians, bicyclists, and drivers.

Just as an Age Friendly Honolulu will accommodate people of all ages and walks of life, it will take such a broad coalition to move this effort forward to a successful conclusion. Becoming an Age Friendly City requires widespread community support and a shared mindset that must be incorporated into every phase of life – the way we design our parks, our streets, our neighborhoods, and more. Together, we can lay the foundation for Honolulu to thrive as an Age Friendly City for generations to come.

Sincerely,

A handwritten signature in black ink, appearing to read "Kirk Caldwell".

Kirk Caldwell
Mayor

This page is intentionally left blank.



Congressman Mark Takai **First Congressional District of Hawai'i**

February 7, 2015

On behalf of the First Congressional District of Hawai'i, I send my warm aloha to Mayor Caldwell, AARP Hawaii, and Kaiser Permanente on the Presentation of the Plan for an Age-Friendly Honolulu.

In Hawai'i, our Kupuna are an important part of our community. We value their wisdom and experience, but in order to share these gifts we must make sure that our aging loved ones have a seat at the table. This crucial first step towards creating an accessible Honolulu, will be important to ensure that our Kupuna have the quality of life they deserve.

Planning to build an age-friendly Honolulu also includes our keiki. The young people of Hawai'i hold the promise of our future. In order to position our great state so that it may continue to effectively move forward, we must be sure to invest in our children.

I commend the Mayor, AARP Hawaii, and Kaiser Permanente for their dedication and service to the generations of Hawai'i. Together we can ensure that Honolulu will be a place for all ages to come together and thrive in harmony.

Regrettably, my duties in Washington, DC do not allow me to take part in the presentation but please accept my best wishes for a successful and enjoyable event!

Aloha,

A handwritten signature in black ink, appearing to read "Mark Takai".

Mark Takai
Member of Congress

This page is intentionally left blank.

Mahalo to our Sponsors!

Visionary Sponsor



Fiscal Sponsor



Leader Sponsors



Friend Sponsor



Sponsor



Acknowledgements

The Steering Committee acknowledges the following with our thanks:

Honolulu City Council

Citizen's Advisory Committee Members

Technical Committee Members

Key Informant Interviewees

Focus group participants

AARP

City and County of Honolulu Departments and Staff

Department of Business, Economic Development, and Tourism, State of Hawai'i

Department of Health, State of Hawai'i

`Iolani School

O`ahu Metropolitan Planning Organization (OMPO)

Momi Cazimero

Table of Contents

Letter from the Mayor.....	i
Letter from U.S. Congressman Mark Takai	iii
Mahalo to our Sponsors	v
Acknowledgements.....	vi
List of Figures.....	viii
Executive Summary.....	ix
Introduction.....	1
Introduction to the Domains	13
Outdoor Spaces and Buildings	15
Transportation.....	29
Housing.....	45
Communication and Social Involvement.....	61
Civic Participation and Employment.....	77
Community Support and Health Services	91
The Road Ahead.....	109
Appendices.....	A-1

Appendices

A: Implementation Grids	A-3
B: Domain-Level Indicators	A-29
C: Programs and Services in the City and County of Honolulu.....	A-45
D: References	A-51
E: List of Resources	A-59
F: List of Acronyms and Abbreviations.....	A-63
G: Citizen’s Advisory Committee Membership.....	A-67
H: List of Key Informants and Focus Group Locations	A-73
I: Public Input.....	A-75

List of Figures

Introduction

Figure 1 – Vision for an Age-Friendly Honolulu	4
Figure 2 – Increase in 65+ Population in Honolulu 2010-2040	5
Figure 3 – Percent Older Adults	5
Figure 4 – Concentration Older Adults	6
Figure 5 – Rating of Honolulu as a Place to Live Among Adults Age 45 and Older..	6
Figure 6 – Importance of Staying in One’s Own Community Among Adults Age 45 and Older.....	6
Figure 7 – Age-Friendly City GIS Homepage.....	9
Figure 8 – Data Sources for Honolulu's Age-Friendly City Initiative	10
Figure 9 – Defining the City & County of Honolulu.....	11
Figure 10 – Timeline for Honolulu's Age-Friendly City Initiative.....	12

Outdoor Spaces and Buildings

Figure 1-1 – Park Coverage, Island of O`ahu.....	18
Figure 1-2 – Park Coverage, Honolulu Urban Core.....	19

Transportation

Figure 2-1 – U.S. Five-Year Pedestrian Fatality Rate, 2009-2013	35
Figure 2-2 – Contributing Factors for Fatal Pedestrian Crashes in Hawai`i, by person type, 2008-2012.....	36
Figure 2-3 – Pedestrian Accidents Density 2011 to 2013 – Honolulu Urban Core.	36
Figure 2-4 – Pedestrian Accidents Density 2011 to 2013 – Leeward Coast.....	37
Figure 2-5 – Pedestrian Accidents Density 2011 to 2013 – Windward O`ahu.....	37
Figure 2-6 – Biking Rates by Age Group 1995 - 2009	37

Housing

Figure 3-1 – Housing Options for Older Adults.....	50
--	----

Communication and Social Involvement

Figure 4-1 – Living Alone Age 65 and Older.....	69
---	----

Civic Participation and Employment

Figure 5-1 – Employment Age 65 and Older.....	82
---	----

Community Support and Health Services

Figure 6-1 – Integrated Care	101
------------------------------------	-----



EXECUTIVE SUMMARY

Making Honolulu an Age-Friendly City

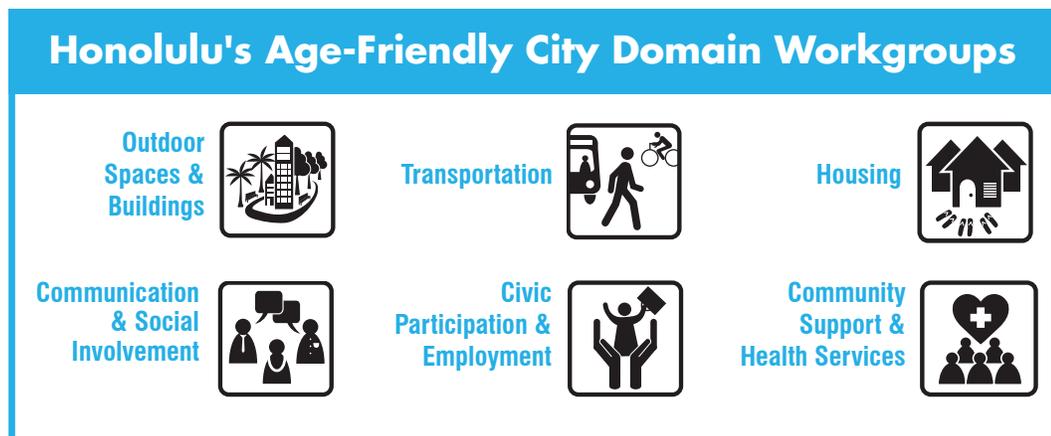
Background on Honolulu’s Age-Friendly City Initiative

Honolulu is in the midst of an exciting transformation. With the vision and leadership of Mayor Kirk Caldwell and AARP Hawai‘i, Honolulu is committed to becoming an age-friendly city. According to AARP, an age-friendly city entails “an inclusive and accessible urban or suburban environment that encourages active and healthy aging.”

In 2013, the City and County of Honolulu applied for and was accepted into the World Health Organization’s (WHO) Global Network of Age-Friendly Cities and Communities and AARP’s National Network of Age-Friendly Communities. This initiative was driven by the fact that Hawai‘i is the most diverse state, and is growing older at a faster pace than the rest of the nation.

Organization of Honolulu's Age-Friendly City Initiative

Honolulu's Age-Friendly City Initiative is led by a well-respected Steering Committee and supported by a Technical Committee that ensures this process is data driven. In addition, a Citizens Advisory Committee (CAC) was formed. The CAC is comprised of nearly 90 prominent members of the community, including representatives from City and County Departments, for-profit companies, non-profit organizations, advocates and the academic community. The CAC members were divided into six workgroups, in alignment with WHO's areas of focus.



The University of Hawai'i Center on Aging was selected as the consultant for Honolulu's Age-Friendly City Initiative. The Center on Aging team coordinated Honolulu's Age-Friendly City effort, facilitated the six workgroups, conducted focus groups and key informant interviews, and led in the development of the Action Plan. This Action Plan draws upon several sources of information/data:

- Workgroup feedback
- Focus groups and key informant interviews
- Feedback from the Living Age-Friendly Summit
- Feedback from the public comment period
- AARP's Livable Communities Survey of Honolulu
- Geographic Information System website, created using data from multiple city sources

Timeline for Honolulu's Age-Friendly City Initiative

2013

- May 2013 - Honolulu is accepted into WHO's Global Network of Age-Friendly Cities and Communities and AARP's National Network of Age-Friendly Communities
- June 2013 - Planning process begins, including selection of Citizen Advisory Committee (CAC) members and UH Center on Aging consultants

2014

- April 2014 - Honolulu's workgroup process kicks off with its first CAC Meeting
- May 2014 - CAC members begin meeting as smaller workgroups, in alignment with the WHO domains
- June 2014 - Second CAC Meeting to present key problem areas and goals, and begin process of developing recommendations
- July 2014 - UH Center on Aging begins key informant interviews and focus groups
- Oct. 2014 - Third CAC Meeting to share top recommendations by domain
- Nov. 2014 - UH Center on Aging begins drafting Action Plan

2015

- Feb. 2015 - Action Plan presented to the public through Living Age-Friendly Summit
- Spring 2015 - Public comment period
- Summer 2015 - Action plan completed, implementation begins

2018

- Summer 2018 - Honolulu and AARP review Honolulu's implementation progress

In this Executive Summary you will find the vision, goals, and recommendations for each of the domains. These goals and recommendations are presented in order of priority based on community and workgroup input. More detailed information can be found in the full Action Plan. In addition, Appendix A includes further information such as action steps, indicators, and 3-year benchmarks.



Outdoor Spaces and Buildings

Vision

We envision an outdoor environment that is clean, well designed and well maintained. There are many trees to offer shade, paths for walking and spaces to rest that can be used by people of all ages. Sidewalks are wide and include street trees and lighting. Public restrooms are available, clean and safe. Buildings are accessible, even to people with limited mobility. People of all ages and abilities are able to move about with ease, enjoy Honolulu's sunshine and natural beauty, and share the Aloha spirit with one another.

Goals and Recommendations for Outdoor Spaces and Buildings

Goal A: Outdoor spaces free of criminal activity and vandalism

- Implement Crime Prevention Through Environmental Design (CPTED) in outdoor spaces
- Increase Honolulu Police Department (HPD) monitoring
- Foster community pride

Goal B: Accessible spaces that accommodate persons with a range of disabilities

- Maximize wayfinding for persons of all abilities
- Maximize accessibility for all at public beaches and parks
- Specialized accessibility features in parks are available

Goal C: Outdoor spaces with services and amenities nearby

- Services and amenities are available and accessible

Goal D: Clean and attractive outdoor spaces

- Increase trees and other greenery
- Increase and maintain public restrooms
- Improve waste stations

Goal E: Multigenerational/multiuse spaces

- Promote outdoor fitness and health
- Use creativity in developing gardens and parklets



Transportation

Vision

We envision a city where everyone has access to safe, clean and timely transportation island wide. People are able to choose their preferred mode of transportation, whether it's walking, biking, driving, or specialized transport such as TheHandi-Van. It is easy to get where you want to go, even without a car. Public transportation is clean and safe, and streets are designed for all types of users.

Goals and Recommendations for Transportation

Goal A: Timely and responsive public transport

- Promote easy switching between modes of transport
- Address public transport needs of rural elders
- Optimize public transportation
- Advertise specialized transport options available to tourists
- Produce hard copy schedules for visually impaired
- Develop alternative modes of transport

Goal B: Increased pedestrian safety

- Implement changes to street design to accommodate pedestrians
- Educate the public on pedestrian rules
- Increase enforcement of rules

Goal C: Safe and maintained roadway design/infrastructure

- Ensure restrooms at transit stops are clean and accessible
- Increase walkable areas
- Maintain walkways and bikeways
- Minimize conflicts across modes of transport
- Improve visualization and navigation

Goal D: Increased bicycle safety

- Improve bicycle connectivity and bicycle access on streets
- Improve bicycle access on streets
- Increase enforcement of rules



Housing

Vision

We envision a city where people have the ability to choose where they want to live as their needs change. Housing is clean, safe, and accessible for all. People are able to connect with their neighbors, and the communities they live in are safe. Public transportation is nearby for those who desire it, along with services like grocery stores,

pharmacies, and doctor's offices. People are able to stay in their homes for as long as they desire, and those who chose to relocate to be closer to family or have more help with daily living have affordable options.

Goals and Recommendations for Housing

Goal A: Affordable housing options are widely available

- Revise current permitting requirements
- Maintain supply of affordable housing
- Increase home building efficiency
- Develop and expand shared housing opportunities
- Incentivize rental developers
- Increase the supply of available land

Goal B: Home modifications are affordable and widely available to older adults and persons with disabilities

- Streamline permitting process for home modifications
- Promote education and awareness of home modification and universal design
- Provide financial assistance with home modifications for older persons and persons with disabilities

Goal C: Age-friendly design is incorporated in new housing communities and units

- Make age-friendly design attractive to developers
- Create multigenerational and/or senior only developments
- Promote basic accessibility requirements
- Include emergency preparedness in planning and design
- Take advantage of Naturally Occurring Retirement Communities (NORCs)

Goal D: Development and expanded use of accessory dwelling units (ADUs) to provide affordable housing

- Revise Land Use Ordinance (LUO) and accompanying regulations
- Include ADUs in new housing developments



Communication and Social Involvement

Vision

We envision a Honolulu where people have information about events, activities, services, and resources that help them stay connected. This information is available in many languages and formats (radio, TV, newspaper, at local community centers). For people who want to use computers, they have access to them in multiple places, and classes are available for those who want them. For people who don't want to use computers, they still have access to the same information through their families, schools, churches, social clubs, or neighborhood associations.

We also envision a Honolulu where people can participate in a wide range of events and activities (cultural, leisure, recreational) that bring generations together. There are opportunities for older adults to share knowledge with younger generations, and build friendships. The places where these events are held are easy to get to, for example, near public transportation routes. For those who cannot leave their homes, neighbors reach out to them through friendly visits or phone calls.

Goals and Recommendations for Communication and Social Involvement

Goal A: Intergenerational opportunities to share knowledge, encourage mentorship, cultural exchange, and volunteer opportunities are available

- Expand intergenerational opportunities

Goal B: Programs, events, volunteer opportunities, and opportunities for lifelong learning are available

- Expand active aging opportunities
- Help homebound elders receive valuable social supports and services

Goal C: Information and data are easily accessible and user-friendly

- Improve access to technology
- Visibility for age-friendly initiatives

Goal D: People have the support to understand and use new technology

- Technology training widely available

Goal E: All segments of the population have access to information via a variety of modalities

- Disseminate information on community resources
- Promote positive messages on aging
- Reach rural and underserved populations



Civic Participation and Employment

Vision

We envision people will have the opportunity to work and/or volunteer for as long as they desire. There will be options for people wanting to start new careers or return to work. Flexible employment options will be available for those who care for loved ones, and there are opportunities for older and younger workers to share knowledge and skills. Volunteer options will also be available, and a resource center will help volunteers connect with organizations that fit their desires.

Goals and Recommendations for Civic Participation and Employment

Goal A: Older persons are recognized as assets, and their contributions are valued and respected

- Recognize the value of older workers

Goal B: Flexible employment options are available

- Promote flexible work options

Goal C: Workplaces are age friendly and there is a seamless system to transfer skills and increased opportunities for older workers to continue to work and be productive

- Create new opportunities in retirement
- Capitalize on experience of older workers
- Eliminate forced retirement based on age

Goal D: Volunteers have opportunities to develop leadership skills

- Cultivate volunteer leaders and retain volunteers

Goal E: Volunteer options are widely available

- Maximize promotion of volunteer opportunities
- Better match individuals and organizations



Community Support and Health Services

Vision

We envision a system that can support a rapidly aging population. Health and well-being is a priority, and care is easy to access, whether it's emergency care, preventative care, at-home care, or long-term care. Caregivers and families will have access to services and support to help their loved ones, including how to care for those with chronic illnesses. Honolulu will be a city where citizens stay healthy and maximize independence throughout their lives.

Goals and Recommendations for Community Support and Health Services

Goal A: Long-term services and supports (LTSS) are accessible and available

- Increase access to LTSS
- Develop additional LTSS
- Increase public awareness on planning for future LTSS needs
- Increase the availability of LTSS

Goal B: Health services are accessible and available

- Increase the accessibility of health services
- Increase the availability of health services
- Incentivize a stronger geriatric workforce
- Integrate health services, community supports, and family involvement

Goal C: Education and public awareness on healthy aging, elder care, and safety are widely available

- Develop education programs for families and professionals

Goal D: Older adults are safe from abuse and neglect

- Increase public education on abuse and neglect
- Foster collaboration between Adult Protective Services (APS) and community

Goal E: Public emergency and disaster planning accounts for older adults

- Ensure emergency transportation is available for medically and physically fragile
- Promote public education in preparing for emergencies and disasters
- Ensure emergency shelters are accessible

The Road Ahead

The next step is to take action. Implementation of Action Plan recommendations and strategies will be immediate and ongoing through a public/private implementation structure. An Age-Friendly City ordinance is in discussion which will bolster and legitimize implementation efforts. In addition, City departments will be assigned responsibility for implementation components of the plan.

In the implementation phase, the goal is to ensure sustainability, defined by community buy-in, stable funding, and political support. A parallel goal is ongoing coordination and collaboration through the public/private partnership structure. We intend for a permanent shift in thinking, in which plans, policies, and programs are viewed with an “age-friendly” lens.

In the road ahead, age-friendliness should become a common term in our lexicon and knowledge of aging and preparation for an aging population will be embraced by Honolulu’s citizens. With a clear vision and strong support, Honolulu will become an age-friendly city that optimizes quality of life and values the social capital of all its citizens.

Introduction





Introduction

Background on Honolulu’s Age-Friendly City Initiative

Honolulu is in the midst of an exciting transformation. With the vision and leadership of Mayor Kirk Caldwell and AARP Hawai‘i, Honolulu is committed to become an age-friendly city. According to AARP, an age-friendly city entails “an inclusive and accessible urban or suburban environment that encourages active and healthy aging.”¹ The World Health Organization (WHO) defines an age-friendly world as:

“ It is a place that enables people of all ages to **actively** participate in community activities. It is a place that treats everyone with **respect**, regardless of their age. It is a place that makes it easy to **stay connected** to those around you and those you love. It is a place that helps people stay **healthy** and active even at the oldest ages. And it is a place that helps those who can no longer look after themselves to live with **dignity** and **enjoyment**. ” - World Health Organization²

In 2013, the City and County of Honolulu applied for and was accepted into the WHO’s Global Network of Age-Friendly Cities and Communities, AARP National’s Network of Age-Friendly Communities. This prestigious designation indicates that Honolulu is a member of a dynamic and progressive network of cities and communities committed to become age-friendly. In turn, the City and County of Honolulu will leverage best practices through these networks. With strong support by Honolulu Mayor Kirk Caldwell and the Honolulu City Council, there was collective agreement for Honolulu’s Age-Friendly City (AFC) Initiative. Concurrently, Mayor Caldwell signed the Milken Institute’s Best Cities for Successful Aging Mayor’s Pledge.

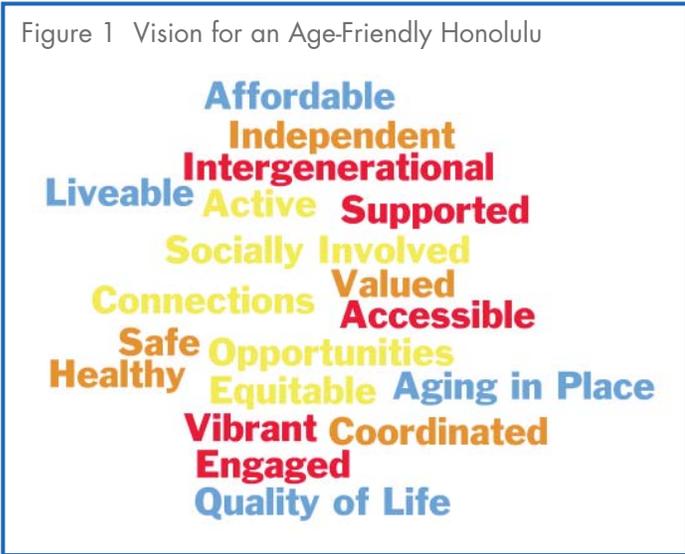


Vision for an Age-Friendly Honolulu

In an age-friendly Honolulu, inter-connected communities embrace older adults who want to remain socially involved and physically active; the city infrastructure remains responsive to capabilities and safety of its people; equitable services enable community-wide health promotion; robust opportunities for intergenerational exchanges exist; and, quality of life thrives among all residents. Honolulu’s leadership understands active aging is a lifelong process and this initiative embodies the city’s commitment to Honolulu being livable for all ages, not just for older adults. Safe and affordable transportation benefits all people, young and old. Families experience less stress when they have access to community support and health services for older adults under their care. A barrier-free city infrastructure enhances the mobility and independence of people of all ages with disabilities.

With this vision of an age-friendly Honolulu, the city embarked on a two year-long community input and planning process to develop this Age-Friendly City Action Plan.

Figure 1 Vision for an Age-Friendly Honolulu



Impetus for the Age-Friendly City Initiative: An Aging Population in Honolulu

Hawai`i is the most diverse state, and is growing older at a faster pace than the rest of the nation.^{3,4} In 2030, 24% of Hawai`i's population will be aged 65 or older, compared to 21% nationally. In Honolulu, 27% of residents will be 65 years and older by 2040. Worldwide, a demographic phenomenon is visible and is gaining momentum through the aging of the baby-boomer generation (born 1946-1964). Between 2010 and 2040, Hawai`i's population 65 years and older will increase 104%, compared with our total population increase of 28% over the same period.⁵



Hawai`i is revered as one of the best places to grow old in America – in large part because of the beauty of the islands, clean and lush natural resources, and the thriving Aloha spirit. Our state leads the nation in longevity and has the longest healthy life expectancy, meaning that a 65 year-old Hawai`i resident can expect to live another 16.2 additional years of life in good health.⁶

Figure 2 Increase in 65+ Population in Honolulu 2010-2040

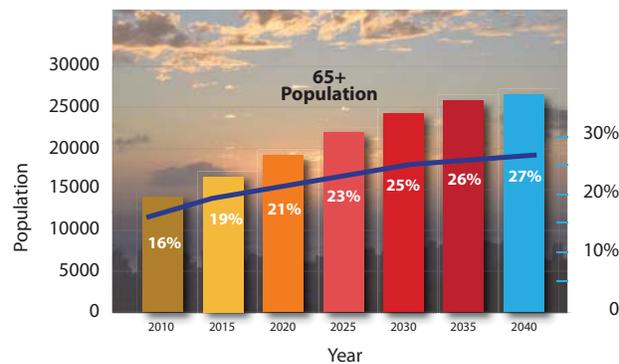
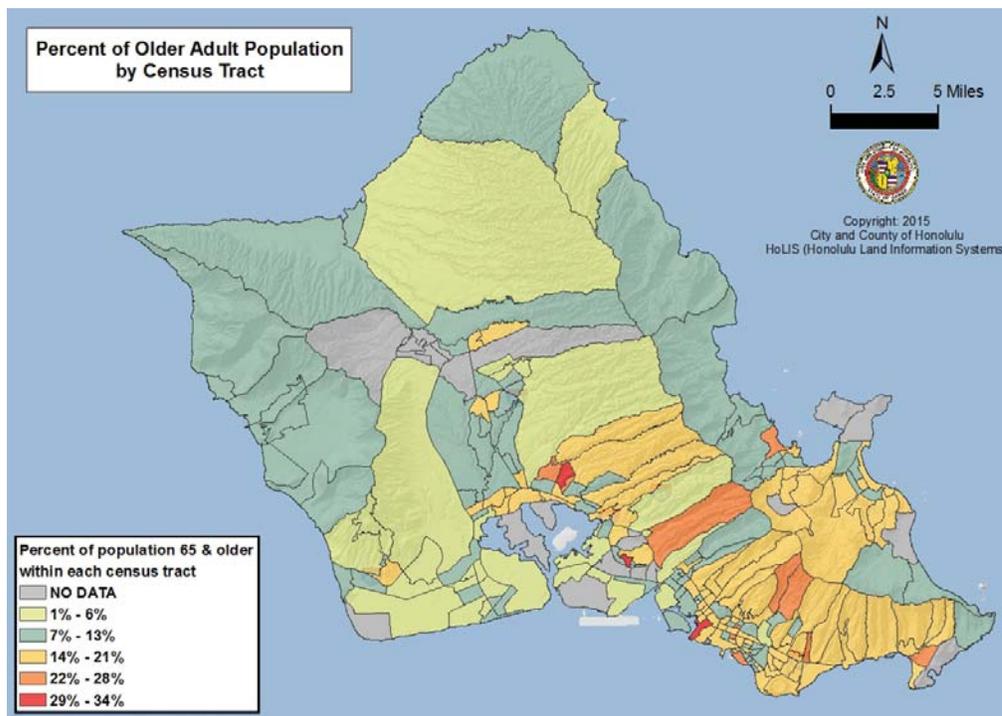
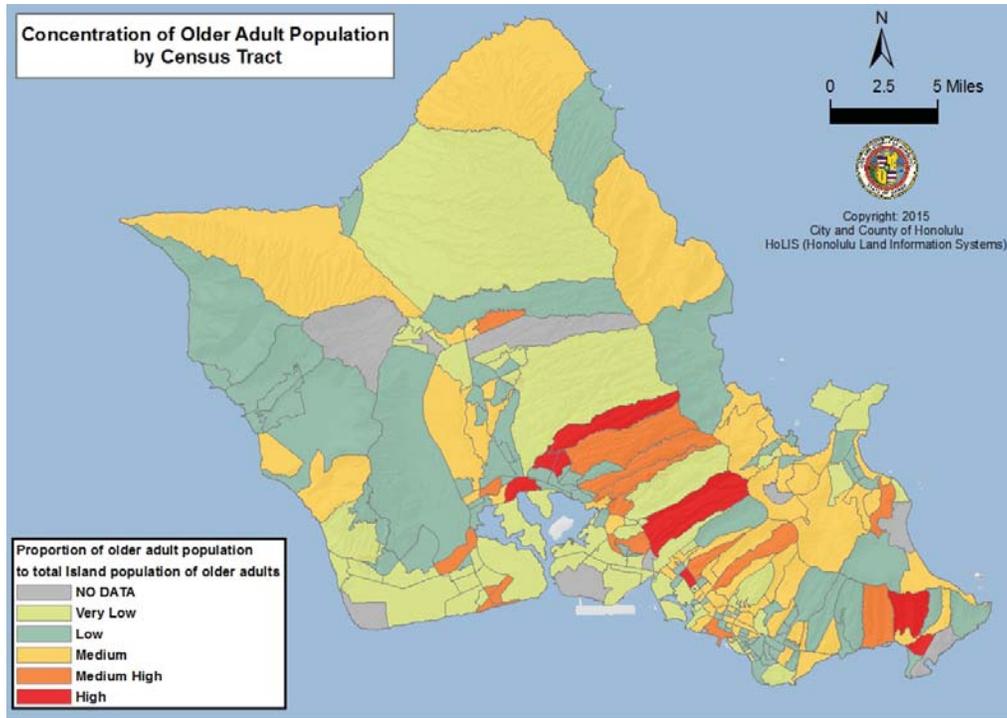


Figure 3 Percent Older Adults



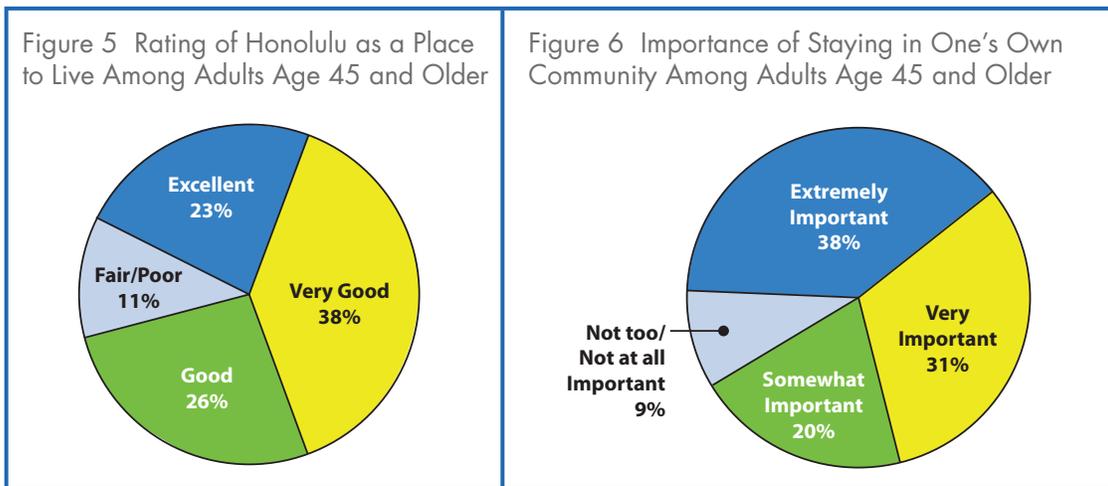
Source: Figure 3 presents 2010 Census statistics of the percentage of older adult population, those age 65 and older, within each census tract. Specifically, percentages were determined by dividing the total number of older adults in a census tract by the total population of that census tract. The graphic illustrates that the major location of older adults are in the southern portion of the island in the urban area of Honolulu and its surrounding neighborhoods.

Figure 4 Concentration Older Adults



Source: Figure 4 presents an analysis of older adults in a Census Tract compared to the total population of older adults for the entire island. The graphic emphasizes and highlights the census tracts that have the highest concentration of older adults. Concentrations were determined by dividing the total number of older adults in each census tract by the total population of older adults for the Island of Oahu (116,708). Classifications of Very Low, Low, Medium, Medium High, and Very High were assigned based on equal interval classification range with intervals at 0.25%, 0.50%, 0.75%, 1.00%, and greater than 1.00%.

Older adults in Hawai`i want to age in place, remaining active and independent in their communities. More than half of Honolulu’s older adults, or 57% percent, have lived in their communities for twenty years or more.⁷



Source: AARP (2014). AARP Livable Communities Survey of Honolulu

The cultural traditions and values passed down from older generations to younger generations continue to strengthen our communities, informal support networks, and multigenerational households that foster intergenerational learning, and support the transfer of wisdom from one generation to the next. Older adults (known as *kūpuna*) in Honolulu are a tremendous and valued resource and therefore, the city

should offer ample opportunities for older adults to be engaged in the community and with younger generations (*keiki*). Simultaneous with the demographic shift, a new paradigm is changing society's perceptions of aging toward a more positive view that embraces the surplus of human capital that lies within the older adult population, and the potential for these assets to strengthen Honolulu as a community for all ages. Honolulu can be a place that is *friendly to all ages and where all ages thrive*.

Organization of Honolulu's Age-Friendly City Initiative

Honolulu's Age-Friendly City Initiative is led by a well-respected Steering Committee comprised of City and community leaders and visionaries.

Steering Committee Members

Tom Dinell, (co-chair), Professor Emeritus, University of Hawai`i School of Urban Planning

Mike Formby, (co-chair), Director, City and County of Honolulu Department of Transportation Services

George Atta, Director, City and County of Honolulu Department of Planning and Permitting

Joy X. Barua, Director, Government and Community Relations, Kaiser Permanente Hawai`i

Michael J. Chun, Educator and Retired Headmaster, Kamehameha Schools, Kapalama Campus

Georgette Deemer, Deputy Managing Director, City and County of Honolulu

John Goody, Volunteer, AARP, and Member, City and County of Honolulu Transportation Commission

Ann Kobayashi, Member, Honolulu City Council and Chair of its Budget Committee

Sherry Menor-McNamara, President and CEO, The Chamber of Commerce of Hawai`i

Ramona Mullahey, Senior Analyst - Field Policy and Management, U.S. Department of Housing and Urban Development

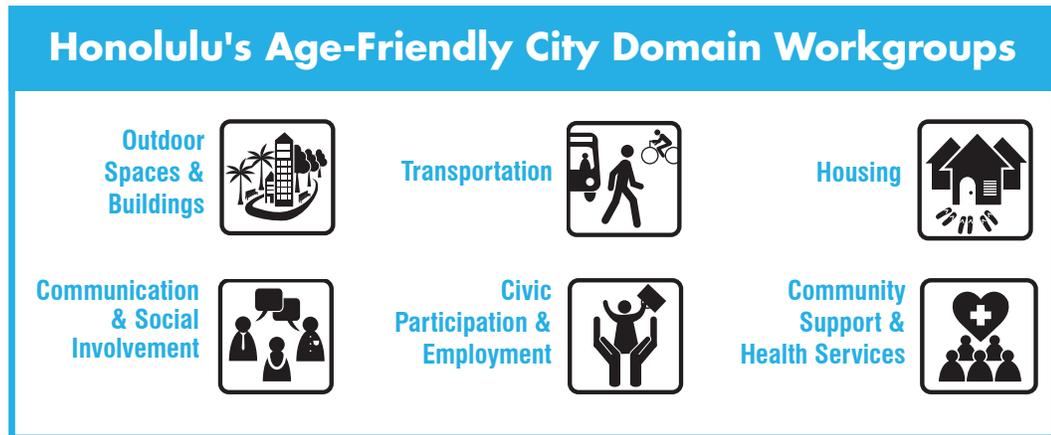
Gary Nakata, Interim Director, City and County of Honolulu Department of Community Services

Linda Schatz, Volunteer, AARP

Barbara Kim Stanton, State Director, Hawai`i AARP

A Citizens Advisory Committee (CAC) to the Steering Committee was comprised of prominent members of the community, including representatives from City and County Departments, for-profit companies, non-profit organizations, advocates and the academic community. Co-chairs for the CAC were Michael Chun, Ph.D., Mary Ann Barnes, R.N., and Sherry Menor-McNamara. Nearly 90 in all, these members were carefully selected and recruited by the Steering Committee (See Appendix G for a complete listing of CAC members). Both the Steering Committee and members of the CAC were diverse in age, with several on the Steering Committee and CAC over age 65.

The CAC members were divided into six workgroups, in alignment with Honolulu's organization of the WHO's age-friendly city domains.



The University of Hawai'i (UH) Center on Aging was competitively selected as the consultant for Honolulu's Age-Friendly City initiative. The team, led by Interim Director, Dr. Christy Nishita, has expertise in long-term care, aging policy and services, systems improvement, community building, gerontological social work, urban planning, public health, and communication.

University of Hawai'i Center on Aging Consultants

Christy Nishita, PhD - Principal Investigator

Leslie Kurisaki, MA - Consultant

Meredith Trockman, MA - Project Coordinator

Ashley Muraoka-Mamaclay, MURP - Consultant

Margaret Neal, Ph.D. - Consultant

Heather Chun, MSW - Consultant

Audrey Suga-Nakagawa, MPH - Consultant

Leanne Clark-Shirley, PhD - Consultant

Glenn Kimura, MUP - Consultant

As part of Honolulu's AFC initiative, the UH Center on Aging team coordinated the City's effort, facilitated the six workgroups, conducted focus groups and key informant interviews, and authored Honolulu's Action Plan.

The technical committee for the Age-Friendly City Initiative ensured that Honolulu's process was data driven. A Geographic Information System (GIS) website was created using data from multiple city sources in order to understand the current context in Honolulu. As the initiative progresses toward implementation, GIS maps will be one data source used to monitor implementation progress.

Technical Committee Members

Kari Benes, State of Hawai'i Department of Health

John Goody, Volunteer, AARP, and Member, City and County of Honolulu Transportation Commission

Yang-Seon Kim, PhD, State of Hawai'i Department of Business Economic Development and Tourism

John Knox, John M. Knox and Associates; Socio-economic consultants

Ramona Mullahey, Senior Analyst - Field Policy and Management, U.S. Department of Housing and Urban Development

Ken Schmidt, GIS Administrator, City and County of Honolulu

Randolph Sykes, O'ahu Metropolitan Planning Organization

Approach

This Action Plan is driven by both data and broad community input. For the former, the Department of Planning and Permitting created a GIS website (<http://gis.hicentral.com/storyboards/AFCHNL.html>) with story maps for each age-friendly domain. Guided by data, including data from the Hawai'i Department of Business, Economic Development, and Tourism and Hawai'i Department of Health, maps were created to understand the current conditions in Honolulu.

Figure 7 Age-Friendly City GIS Homepage



<http://gis.hicentral.com/storyboards/AFCHNL.html>

The Action Plan solicited broad community input from four data sources:

1)

Workgroup Process

Six workgroups tied to the Honolulu domains met five times each over a six-month period. Over the course of these meetings, groups developed a vision for an age-friendly city within the context of each domain, defined each domain's major problems, developed goals, recommendations, strategies, and outlined implementation considerations. In addition, the entire CAC met three times to review Age-Friendly City initiative goals and processes, share ideas and get feedback, and discuss next steps.

2)

AARP Livable Community Survey

AARP Hawai'i, along with National AARP Research office, fielded and analyzed a survey of Honolulu residents age 45+ in 2014, titled "Livability For All: The 2014 AARP Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+". The findings from nearly 600 respondents (n = 592) indicate important features and gaps in the community by WHO domain (See List of Resources in Appendix E for a link to the full report).

3)

Focus Groups and Key Informant Interviews

The UH Center on Aging conducted four focus groups with older adults and caregivers. The older adult focus groups were conducted in an urban area, rural area, and an area with predominantly immigrant older adults; and one focus group of caregivers was also conducted. In addition, thirteen key informant interviews were conducted with individuals selected because they are considered leaders or experts in the aging network or in community building. (See Appendix H for a complete list of focus group locations and key informant interviewees)

Figure 8 Data Sources for Honolulu's Age-Friendly City Initiative



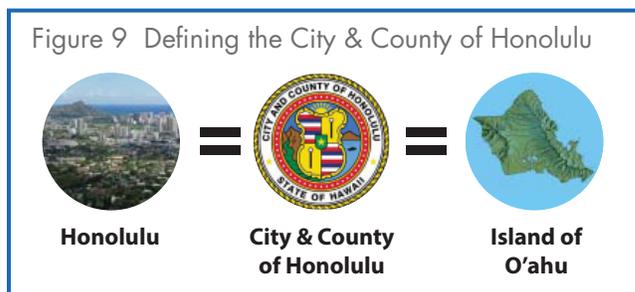
4)

Public Input

Input from the public was gathered in two ways. First, a Living Age-Friendly Summit was held in February 2015 to present Action Plan goals to the public. Attendees were invited to give feedback on priority domain areas and recommendations. Second, a draft version of the Action Plan was made available to the public. Over a 30-day period, individuals, organizations, and city and county departments were asked to provide comments and feedback on the plan. (See Appendix I for more detailed information regarding the Summit and the public comment period)

Data gathered from these four sources were carefully reviewed, synthesized, and integrated into this Action Plan. The needs and recommendations in this Action Plan for Honolulu reflect a broad range of perspectives from the community, through domain workgroups, AARP survey respondents, key informant interviews, focus groups, and public input.

What You Will Find in This Report



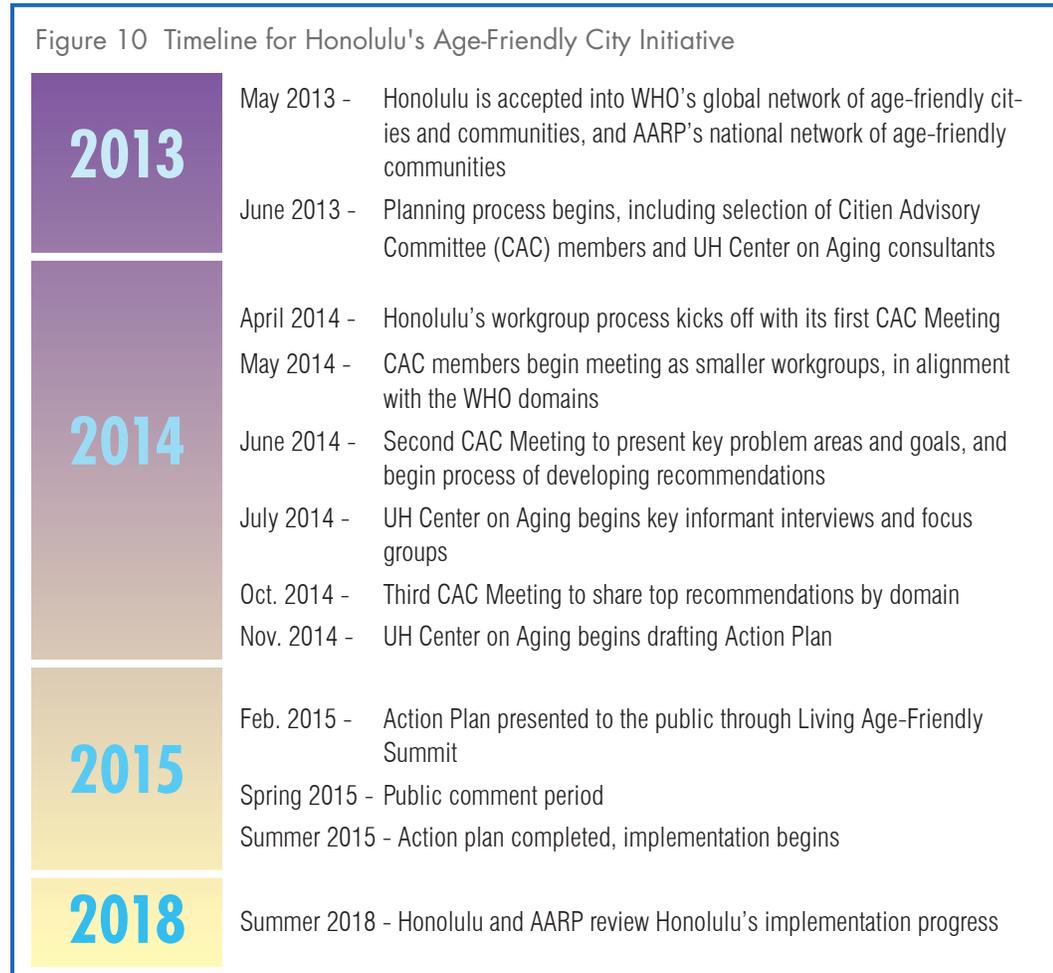
This Action Plan is intended to be purposeful and comprehensive, with each domain addressing the pertinent and important issues that

are appropriate for the City and County of Honolulu to address. For the purposes of this report, the term Honolulu refers to the City and County of Honolulu, meaning the entire island of O'ahu.

This Action Plan is written with a point of view that designing for older adults benefits and makes life easier for all generations. Although there is a focus on aging and older adults in this report, the recommendations have the potential to create a more livable community for all ages. In addition, the six age-friendly city domain areas cover distinct topics, but there are themes that overlap domains, highlighting opportunities for collaboration and partnership. You will see these central themes throughout the Action

Plan, including quality of life, health and wellness, workforce development, and intergenerational contact.

Figure 10 Timeline for Honolulu's Age-Friendly City Initiative



Introduction to the Age-Friendly City Domains



Honolulu's Age-Friendly City domains encompass all facets of our community life. The first three domains, Outdoor Spaces and Buildings, Transportation, and Housing, are key features of our built environment and have a strong impact on our mobility, safety, and security. The next three domains, influence our health and social welfare, and ensure that we live vibrant and healthy lives over our life course. These domains are Communication and Social Involvement, Civic Participation and Employment, and Community Support and Health Services.

The following sections are organized by domain and within each discuss the vision for the domain and the current context in Honolulu. In addition, each domain includes domain-specific goals, recommendations, and projects/actions. Goals are prioritized based on feedback from the Living Age-Friendly Summit held February 7, 2015.

What You Will Find in this Action Plan

In this Action Plan, there is a section for each age-friendly domain. Each section has the following components:

1. Vision and goals of an age-friendly city
2. Current context in Honolulu
3. Table outlining strengths, gaps, and challenges in Honolulu
4. Opportunities for improvement
5. Implementation plan

In Appendix A, you will find the implementation plan. It contains more information on recommendations, projects/actions, action steps, lead organization, indicators, and 3-year benchmarks. A lead organization is designated in the appendix, but there are many organizations and agencies that can play a valuable role. We expect the lead organization to be the convener and bring all players together. The 3-year benchmark

was chosen because as a member of AARP's network of age-friendly cities, Honolulu's implementation progress will be assessed at 3 years. Consider Appendix A as a menu of opportunities. Review the recommendations and see what you can do to make Honolulu more age-friendly.

Appendix B contains domain-level indicators. It will be used to determine whether Honolulu has made progress in the overall domain of outdoor spaces, transportation, etc. These indicators are aligned with World Health Organization indicators for an age-friendly city and will utilize Hawai'i data from large scale datasets such as the U.S. Census, American Community Survey, AARP's Livability Index and City and State departmental administrative data.

AARP's Livability Index



AARP's Public Policy Institute launched a new web-based tool, the Livability Index, in April 2015. The index assesses a set of essential community features that comprise a livable community and assigns scores at the community, city, and state levels.

Scores are based on the average of seven livability categories - housing, neighborhood, transportation, environment, health, engagement, and opportunity - which range from 0 to 100. Communities are scored by comparing them to one another, so the average community gets a score of 50. Overall, Honolulu's score of 53 indicates we are slightly above average when it comes to overall livability on a scale from 0 to 100.

This tool is designed to help stakeholders, including government agencies and departments, and communities themselves create plans for a more livable future for persons of all ages. This tool will be used to aid in measuring Honolulu's progress toward becoming a more age-friendly city. For more information on the index, visit <http://livabilityindex.aarp.org>.



Honolulu's Livability Index Score

Source: AARP Public Policy Institute



Outdoor Spaces and Buildings

To what extent does the natural and built environment help older people get around easily and safely in the community and encourage active community participation?

I. Vision

We envision an outdoor environment that is clean, well designed and well maintained. Public parks are abundant, with trees and landscaping, meandering paths and shaded rest areas. Parks and other public spaces are used by people of all ages. Even within the city core, there are corridors that provide unobstructed views from the mountains to the sea. Built areas include wide sidewalks with street trees, attractive pavements, lighting, benches, and other street furnishings. Public restrooms, indoors and outdoors, are available, clean and safe. Buildings are of an appropriate scale and



have a friendly, welcoming interface at the street level. Building interiors are accessible, even to those with limited mobility. People of all ages and abilities are able to move about with ease, enjoy Honolulu's sunshine and natural beauty, and share the Aloha spirit with one another.

II. Overview of Goals

The Outdoor Spaces and Buildings Workgroup went through a visioning process that considered the World Health Organization's (WHO) Age-Friendly Cities characteristics. The Workgroup identified five major goals for this domain. They are presented below in order of importance as determined by community feedback from the Living Age-Friendly event held February 7, 2015.



Outdoor spaces free of criminal activity and vandalism



Accessible spaces that accommodate persons with a range of disabilities



Outdoor spaces with services and amenities nearby



Clean and attractive outdoor spaces



Multigenerational/multipurpose use spaces



III. Current Context

Outdoor spaces and buildings encompass the physical environment and public spaces outside our homes. They encompass both the natural environment - open space, mountains, beaches, natural vegetation, ocean and sky; and the built environment - roadways, sidewalks, signage and street fixtures, buildings, shopping centers, plazas, and parks. This domain examines the current conditions in Honolulu and identifies opportunities for improvement that are feasible and appropriate for the City and County of Honolulu, through this Age-Friendly City Initiative.

The World Health Organization found that the outside environment and public buildings have a major impact on the mobility, independence, and quality of life of older people and affect their ability to age in place.¹

The following table summarizes the strengths, gaps and challenges in outdoor spaces and buildings in Honolulu.

Overview of Honolulu’s Outdoor Spaces and Buildings

STRENGTHS	GAPS	CHALLENGES
<p>Honolulu has a sunny and mild climate which allows people to be outdoors all year round</p> <p>Honolulu has an abundance of scenic natural features which are free and open to the public (e.g., beaches and coastal areas, mountains, etc.)</p> <p>Honolulu is relatively pollution free, has good air quality and a clean environment</p> <p>The city has abundant public park space and good park coverage - approximately 86% of Honolulu residents aged 64 and over are within a ten-minute walk of a public park</p> <div data-bbox="175 1787 561 1904" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Note: Based on data and viewpoints of workgroup members, key informants, and focus group participants</i></p> </div>	<p>Shortage of clean, accessible restrooms in public outdoor spaces and buildings</p> <p>Shortage of amenities such as benches, shaded rest areas, drinking fountains and food concessions in public spaces</p> <p>Concerns about crime and vandalism in public spaces</p> <p>Many outdoor spaces are not easily accessible for those with limited mobility</p> <p>Many outdoor spaces and buildings are not friendly to those with physical, cognitive, and/or mental disabilities</p> <p>Lack of awareness among the general public about what constitutes an age-friendly built environment</p>	<p>Limited public funding for construction of public amenities and facilities</p> <p>Time-consuming regulatory and environmental processes for construction of public improvements</p> <p>Limited funding and staff for adequate restroom maintenance - facilities with high volume of users require frequent cleaning and upkeep</p> <p>Difficulty in controlling/preventing vandalism, theft, illegal activities and long-term use by persons who are homeless</p> <p>Public is concerned and reluctant to use parks and outdoor spaces occupied by persons who are homeless</p>



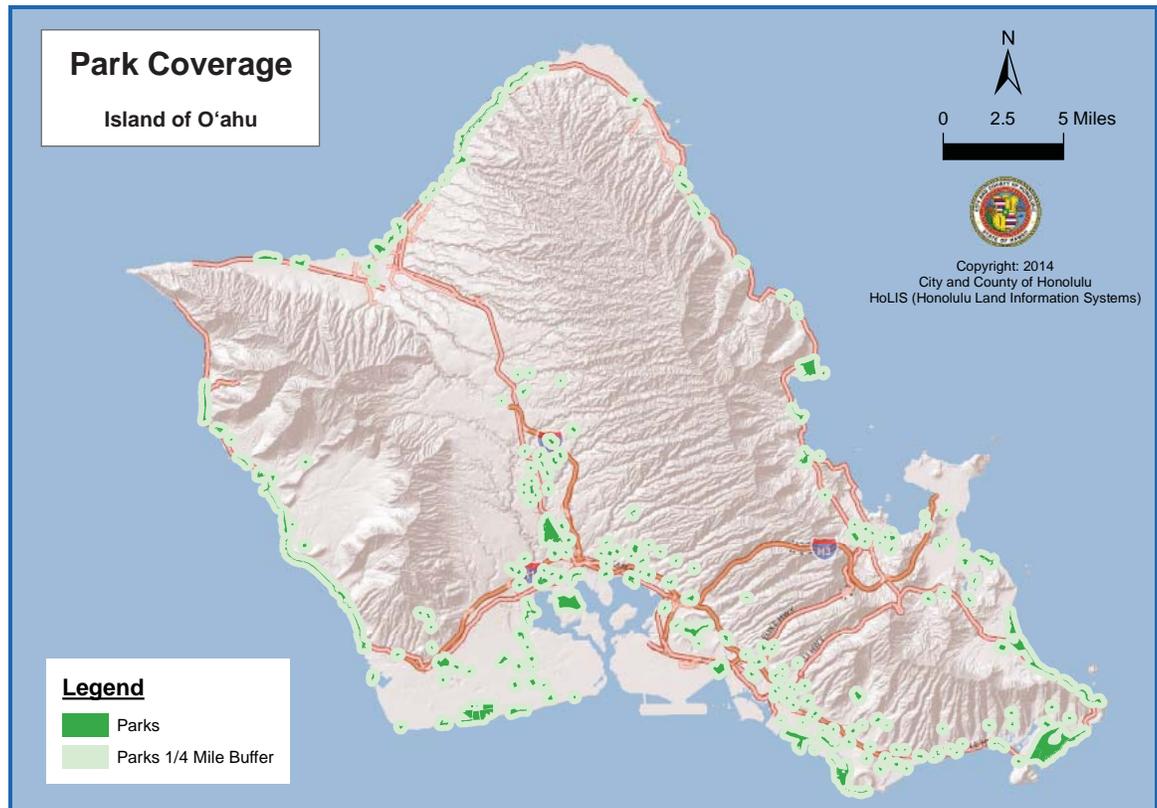


Figure 1-1 Park Coverage, Island of O'ahu

Parks and Open Spaces

Data indicate that Honolulu has an adequate amount of parks and open spaces. Most of the island, particularly in the Honolulu core, is well covered. The national non-profit Trust for Public Land (TPL) has developed a comprehensive rating system to measure how well cities meet the need for park space. From this 2013 analysis, Honolulu ranked 28th out of 60 major cities, based on acreage, amenities available, spending by agencies that own park land, and access. For the latter, access is defined as a ten-minute walk to a public park (a half-mile to a public park entrance) and uninterrupted by physical barriers such as highways or rivers. They evaluated park space and demographic data within a portion of Honolulu (generally from Moanalua on the west to Kahala on the east), and found that in this area, 82% of the population live within a ten-minute walk of a public park. Of those 64 years and older, 86% live within a ten-minute walk to a park.²

Park coverage, meaning a wide distribution of parks throughout the city, in addition to total park acreage, is important because older adults tend to utilize outdoor spaces that are close to home.



One older adult commented that she did not go to the larger district and regional parks, which she felt were for organized sports, young people and tourists. Instead, she and her friends appreciated the quiet neighborhood routes, small parks and gathering places within walking distance or a short drive away.

Despite the quantity and wide coverage of public parks, many outdoor spaces fall short of being age-friendly, especially for individuals with limited mobility. Even if a park is within a ten-minute walk from home, persons with limited mobility have difficulty leaving the home and utilizing park spaces. Poor conditions of sidewalks, few places to rest along the route, and poor accessibility within parks are barriers.



Figure 1-2 Park Coverage, Honolulu Urban Core

Trees are poems that the earth writes upon the sky. *-Kahlil Gibran*

Trees play an important role in maintaining the environmental and aesthetic qualities of a city. They make the environment more attractive and scenic, provide shade and cooling, and reduce stormwater runoff, energy consumption, and air pollutants. Trees reduce stress and have a calming effect. Their presence can also increase property values.

- The City and County of Honolulu is responsible for about 235,800 trees on O‘ahu; approximately 60% are along streets and 40% are in parks
- Honolulu has 0.16 street trees per capita - approximately one tree for every six people - significantly below the mean ratio of 0.37 reported for 22 U.S. cities
- The street tree canopy cover in Honolulu shades approximately 2.74% of paved surfaces



Source: Hawai‘i Municipal Forest Resource Analysis, November 2007

Public Restrooms

A major concern is the lack of clean, accessible restrooms. Although City GIS data³ show that nearly all public parks are equipped with comfort stations, many are not clean or well maintained.

This perception was also shared by many of the Honolulu adults (age 45+) who responded to the AARP Livable Communities survey,⁴ where 38% stated that accessible and clean restrooms for public use were not available. A relatively high percentage of survey respondents (25%) said they were not sure whether or not there were accessible and clean restrooms in public spaces.



In many outdoor spaces and buildings, restrooms that are available for public use have become increasingly scarce. In some areas, such as downtown Honolulu, Waikiki and Chinatown, it is extremely difficult to find a public restroom. Many retailers, restaurants and office buildings have closed their facilities to non-customers due to concerns about vandalism, criminal activity, and frequent use by individuals who are homeless.

Criminal Activity and Vandalism

Concerns about personal safety, crime and vandalism in public spaces are an issue for Honolulu residents and visitors of all ages. This is a particular concern in public restrooms that are not actively monitored. Older adults and individuals with limited mobility are most vulnerable.

Many Honolulu neighborhoods have organized Neighborhood Watch and citizen patrol programs. These programs are run in partnership with the Honolulu Police Department, and seek to involve community members, many of them older adults, in watching out for and reporting illegal and criminal behavior.

In 2010, the Honolulu Police Department began participating in an online tool, www.crimemapping.com, which provides data on the date, time, and location of different types of crimes. At present, the site does not identify and summarize crimes in public spaces, specifically parks and beaches.



Use of Public Spaces by People Who Are Homeless

Many public parks and other outdoor spaces in Honolulu are occupied by growing numbers of individuals who are homeless. It has become a common sight to find persons who are homeless sleeping in public parks, at bus stops, on sidewalks and build-



ing doorways, and panhandling at busy street corners. Homelessness has many contributing factors - including the high cost of housing, and often mental health and substance abuse issues - that are beyond the scope of this report. However, the visible and long-term use of public spaces by individuals who are homeless diminishes their use and



enjoyment by others.

Focus group participants reported being afraid to walk on city sidewalks or use public parks because of this.

A recently released study on homelessness by UH Mānoa and the State Department of Human Services found that the top spots for homeless households to sleep are streets/sidewalks (30%) and beaches/parks (27%). Homeless shelters were utilized by 22%.⁵

In November 2014, the Honolulu City Council approved a controversial “sit-lie law,” Bill 48, which bans people from sitting and lying on sidewalks in certain urban neighborhoods and business districts during specified hours (5am to 11pm). The bill was signed into law by Honolulu Mayor Kirk Caldwell in December 2014. Another bill to include pedestrian malls in Chinatown and Downtown Honolulu was signed into law in early 2015.

Public Amenities

In addition to public restrooms, other amenities such as benches, drinking fountains, shaded rest areas and intimate



gathering spaces are often lacking. These features are appreciated and used by people of all ages, and make outdoor spaces more inviting. Shade trees in public spaces, including sidewalks, provide protection from the sun, heat and rain, are aesthetically pleasing, and provide a connection to the natural environment. Workgroup members stressed the need for ample trees and greenery in outdoor spaces, including along pedestrian routes leading to public parks. The AARP Livable Communities survey respondents also expressed similar concerns. Almost one-fourth (23%) of survey respondents felt that well maintained public parks were not present in Honolulu, and one in three (31%) respondents said there are not enough sidewalks on O`ahu. Many rural communities and older urban neighborhoods, including those with a high percentage of older adults, have no sidewalks.



Parklet on Queen Street in the Kaka`ako area of Honolulu.
Photo: frolichawaii.com



Source: Seattle Department of Transportation
Photo: Perkins + Will

Got Parklet?

A parklet is a small space, usually an extension of the sidewalk, that repurposes part of the street into a space for people. Parklets provide places to gather, rest, and enjoy the outdoors, and include amenities like seating, greenery, bike parking, and art. The parklet concept is popular in cities like San Francisco, Seattle, Chicago and New York. In Honolulu, two parklets have recently been established in Kaka`ako.

Intergenerational Places

Outdoor spaces and buildings should be accessible to and used by people of all ages and abilities. An age-friendly city has many places where the generations can come together. Most City Department of Parks and Recreation centers and many schools incorporate programs and activities for children and older adults. Programs such as

after school tutoring and classes and weekend activities such as health fairs or community celebrations provide opportunities for people of different ages to interact.

Well-designed outdoor spaces also provide a welcoming environment for individuals of varying ages. Neighborhood parks, passive recreation areas and playgrounds, and walking trails and paths are popular with people of all ages. The availability of shaded rest areas and drinking fountains makes these facilities more accessible.



Source: PlayWorks

Pedestrian Safety

A major concern in outdoor spaces is the issue of pedestrian safety. This important issue is addressed in the Transportation section of this report.

III. Opportunities for Improvement

There is much that can be done to make public spaces friendly and welcoming to people of all ages and abilities. Clean, well-maintained public restrooms are important, as is the availability of other supportive services and amenities. Ample trees and shaded rest areas are a must. Signage and directional information in public spaces, including parks and beaches, should be simple, clear and uncluttered. Controlling illegal and criminal behavior, including vandalism, is important to provide a sense of security in the outdoor environment and in public spaces. This sense of security will encourage use of outdoor spaces by all generations and foster greater use of parks and beaches for recreation, leisure, and fitness.

“Healthy places are communities that are developed, designed, and built to promote good health.”

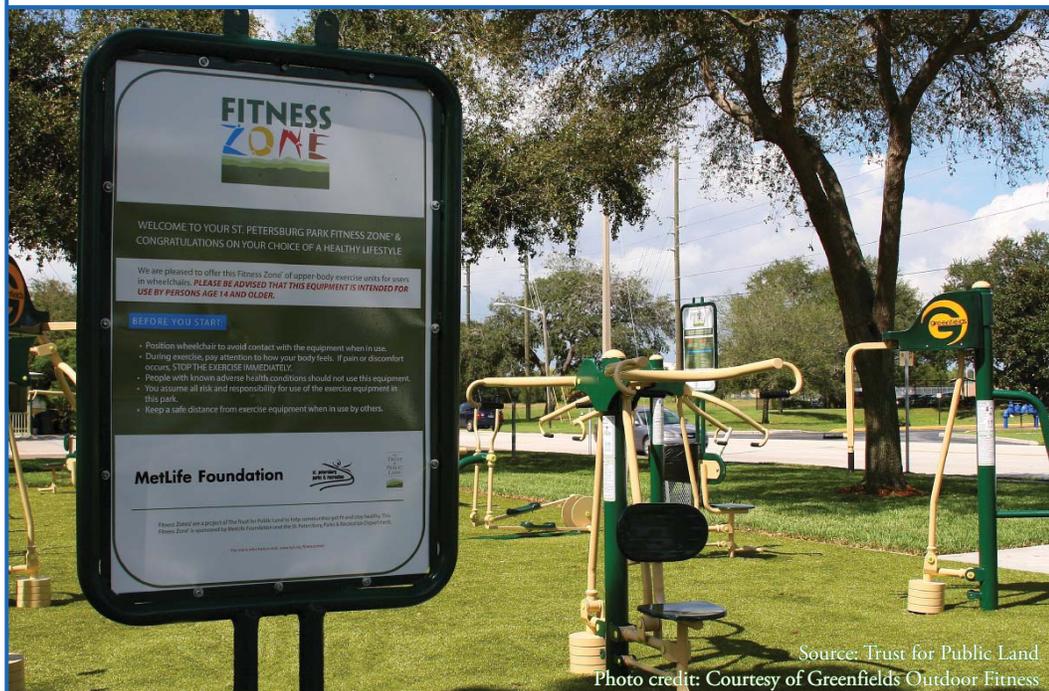
- U.S. Centers for Disease Control and Prevention

Healthy Aging & the Built Environment

The U.S. Office of the Surgeon General's National Prevention Strategy seeks to improve the health and quality of life for individuals and communities by moving away from a focus on sickness and disease to one based on prevention and wellness.

Our built environment - buildings, streets, open spaces, housing and infrastructure - greatly influences our wellness and health. Outdoor spaces that promote physical activity, walkable streets, safe and convenient housing, transportation options, and social opportunities can help older adults - and everyone else - maintain a healthy lifestyle.

Source: National Prevention Council, Office of the Surgeon General, 2011



Source: Trust for Public Land
Photo credit: Courtesy of Greenfields Outdoor Fitness

Individuals with limited mobility or other impairments, such as limited vision or dementia, should have ample opportunities to access public spaces. Walkways in beaches and parks should be wide, flat, and accessible, and signage should aid in wayfinding for persons with different types of sensory disabilities. For those with cognitive disabilities, the effort to make communities “dementia-friendly” has been a subject of growing interest at the national level. “Dementia” is a general term for a decline in mental ability severe enough to interfere with daily life. A dementia-friendly community is one in which people with dementia can feel confident and comfortable and participate in activities that are meaningful. For outdoor spaces and buildings, it means that the physical environment is accessible and easy to navigate.



Opportunities to use public spaces as places to bring the generations together for shared leisure, recreation and activities should be enhanced. Intergenerational programs and activities at schools, libraries, and community centers should continue and be expanded. These include storytelling, poetry, book readings, Hawaiiana, and environmental stewardship. Partnerships between community organizations and learning institutions present opportunities to bring people of various ages together, formally and informally.



The Outdoor Spaces and Buildings Workgroup discussed public spaces that are used frequently by older adults. It was recognized that public places, such as fast food restaurants and shopping malls, were popular places for older adults to congregate and socialize. However, many of these destinations are used by people of all ages as a place to meet friends, socialize and “hang out.” In looking to create desirable intergenerational places, we should consider the characteristics that make fast food restaurants or the local mall appealing - cleanliness, safety, accessibility, relief from the heat, presence of restrooms and comfortable seating. These are features to emulate in creating age-friendly outdoor spaces and buildings.

Designing Gardens for People with Dementia

Gardens are a source of pleasure and a place for relaxation and renewal, and can be designed to accommodate individuals with dementia in the following ways:

- Include straightforward wayfinding: the layout of paths - essentially a loop - could take the visitor on a journey and return them to the starting point, with trees and features acting as landmarks
- Create a series of places to sit with focal points to look at
- Provide solid boundary screening/fencing to help the garden feel safe and enclosed and discourage people from trying to leave
- Stimulate all of the senses with colorful fragrant plants and flowers, water features, wind chimes, etc.
- Use gentle changes rather than strong contrasts. For example, avoid: strong shadows on paths which might look like holes; abrupt changes in paving materials that may look like steps; and reflective materials that may look like water. These could cause confusion and present trip/fall hazards.



A dementia-friendly garden at Thurrock Community Hospital in Essex, United Kingdom.

Source: Gardens and Gardening for People with Dementia, The Society for Horticultural Therapy, United Kingdom, August 2007

V. Overview of Goals, Recommendations, and Projects/Actions

The following section outlines goals, recommendations, and projects/actions developed for the Outdoor Spaces and Buildings domain. Further details including action steps, lead organization, indicators, and 3-year benchmarks can be found in Appendix A.



Goal A: Outdoor spaces free of criminal activity and vandalism

Recommendations	Projects/Actions
Implement Crime Prevention Through Environmental Design (CPTED) in outdoor spaces	Implement CPTED features in high crime areas
Increase Honolulu Police Dept. (HPD) monitoring	Increase police presence in high crime areas in outdoor spaces
Foster community pride	Create a community ambassador program staffed by volunteers





Goal B: Accessible spaces that accommodate persons with a range of disabilities

Recommendations	Projects/Actions
Maximize wayfinding for persons of all abilities	Create standardized signage
Maximize accessibility for all at public beaches and parks	Modify walkways for accessibility
Specialized accessibility features in parks are available	Create dementia-friendly spaces within parks
	Implement beach wheelchair programs
	Create universally designed spaces for people with mobility issues
	Develop public relations campaign to publicize accessible parks



Goal C: Outdoor spaces with services and amenities nearby

Recommendations	Projects/Actions
Services and amenities are available and accessible	Create software application (app) that identifies services and amenities in public parks
	Develop a range of amenities in public parks
	Install automated external defibrillators (AEDs) in public parks





Goal D: Clean and attractive outdoor spaces

Recommendations	Projects/Actions
Increase trees and other greenery	Plant trees and other greenery to create shaded resting/gathering areas
Increase and maintain public restrooms	Increase number of restrooms in underserved areas
	Implement service agreements with vendors
	Use ozone generators in public restrooms to clean and minimize odors
Improve waste stations	Use combination waste/recycle/compost stations in place of regular trash cans



Goal E: Multigenerational/multiuse spaces

Recommendations	Projects/Actions
Promote outdoor fitness and health	Create multigenerational fitness and play areas for use by all ages
	Create maps and signs that incorporate distance information to promote fitness
Use creativity in developing gardens and parklets	Expand the City and County of Honolulu's Community Recreational Gardening Program
	Develop parklets to encourage and support street life, walking, and biking
	Develop healing gardens adjacent to health care facilities





Transportation

To what extent older adults have ample opportunity to travel conveniently and safely wherever they want to go in the community?

I. Vision

We envision a city where everyone has access to suitable, safe, clean, affordable and timely transportation throughout the island of O`ahu. A range of transportation options are available, including automobiles, bus transit, rail transit, specialized services such as TheHandi-Van, bicycling, and walking. In our age-friendly city, it is easy and convenient to get anywhere and everywhere without a car. Public transportation, ride-sharing, bicycling and walking are safe and desirable alternatives to driving, and streets are designed to accommodate all users. Ample walking and bicycling opportunities also promote health and wellness.



II. Overview of Goals

The Transportation Workgroup went through a visioning process that considered the World Health Organization's (WHO) Age-Friendly Cities characteristics. The Workgroup identified four major goals for this domain. They are presented below in order of importance as determined by community feedback from the Living Age-Friendly event held February 7, 2015.



Timely and responsive public transport



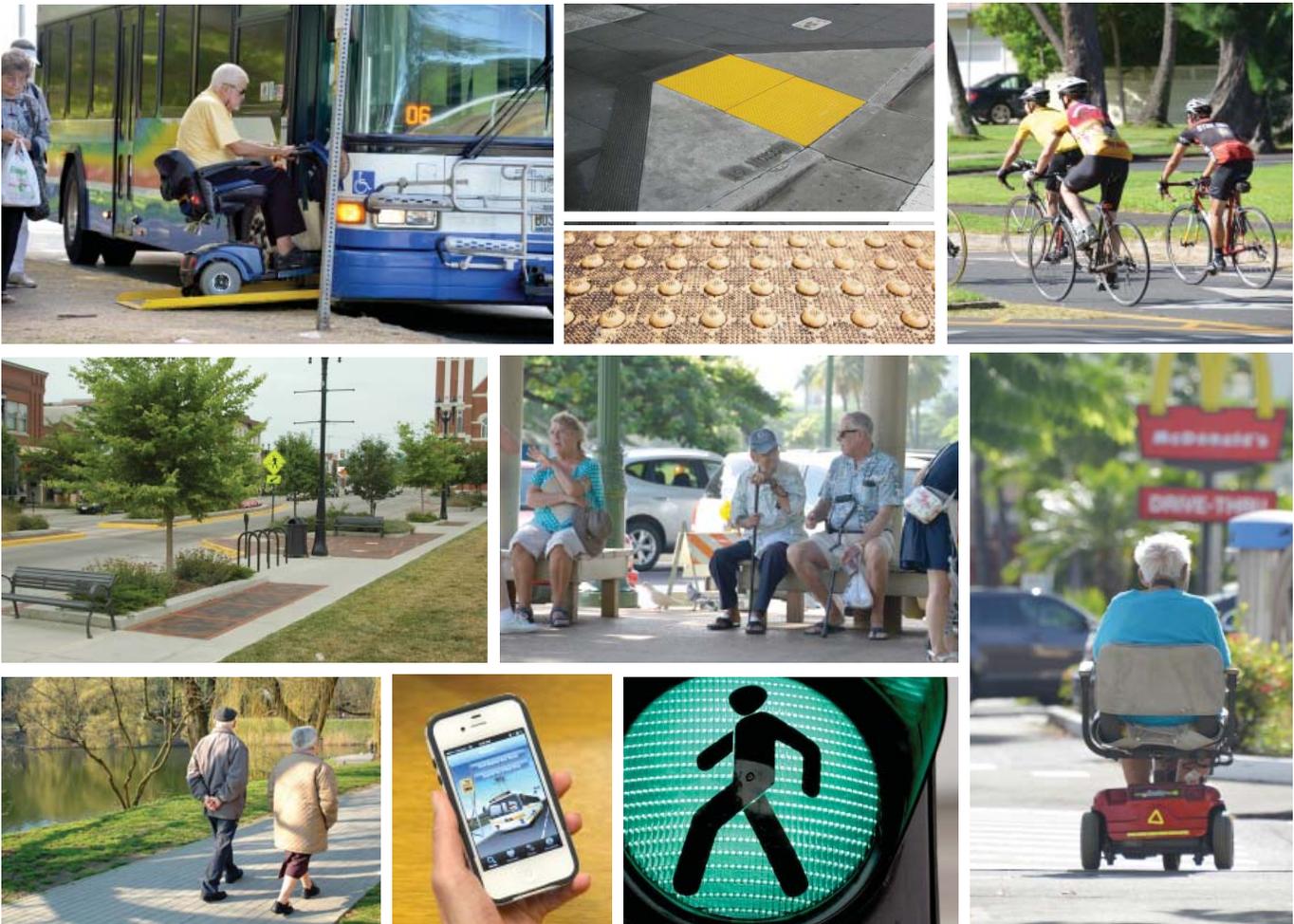
Increased pedestrian safety



Safe and maintained roadway design/infrastructure



Increased bicycle safety



III. Current Context

The Transportation domain focuses on how individuals get from one destination to another. It addresses the various modes of public and private transport, including buses, automobiles, walking, and bicycling. Transportation helps individuals retain their mobility and independence, allowing them to care for their physical needs and maintain social connections. This domain examines the current conditions in Honolulu and identifies opportunities for improvement that are feasible and appropriate for the City and County of Honolulu through this Age-Friendly City Initiative.

The following table summarizes the major strengths, gaps and challenges in Honolulu’s transportation domain.

Overview of Honolulu’s Transportation System		
STRENGTHS	GAPS	CHALLENGES
<p>Extensive, award-winning and affordable public bus (TheBus) and paratransit system (TheHandi-Van) with wide coverage throughout the island of O`ahu and with discounted fares for seniors¹</p> <p>City’s Honolulu Rail Transit Project is constructing a 20-mile long high-capacity elevated rail line from West O`ahu to downtown and the Ala Moana Shopping Center. The rail line will tie into the bus system, enhancing Honolulu’s public transportation network</p> <p>Honolulu’s mild climate and relatively flat terrain make it suitable for walking and bicycling year round</p> <p>Honolulu already has 46 miles of bike paths, 52 miles of bike lanes, and 36 miles of bike routes⁴</p> <p>The current Mayor and City administration support making the city more bicycle and pedestrian friendly</p>	<p>Honolulu roadways are congested, and traffic congestion was ranked as the second worst the nation in 2013²</p> <p>Poorly maintained roads are a concern. The City’s 2013 Pavement Condition Report rated 15% of O`ahu streets “degraded” and 28% “unsatisfactory”³</p> <p>Bus service outside the urban core is not always reliable, frequent or accessible</p> <p>Bus stops and transit centers are not well maintained, and are often overrun by people sleeping on benches. Laws prohibiting smoking within 20 feet of a city bus stop are not enforced</p> <p>Lack of restrooms and other amenities at transit stops</p> <p>TheHandi-Van service is not equitable island wide and service is poor in certain geographic areas</p>	<p>Limited public funds for road improvements and roadway maintenance</p> <p>Limited public funds for bus and paratransit operations, which have resulted in cuts in service in recent years</p> <p>Pedestrian accidents have multiple and complex causes, including pedestrian and driver behavior, physical conditions, operation and design of roadways</p> <p>There is still a prevailing mindset that "roads are for cars" and that minimal congestion and maximum vehicle throughput should be the primary objectives in road and design operation</p> <p>Resources, design, right-of-way issues, and operational challenges in making roadways and streets safer and more inclusive for pedestrians and bicyclists of all ages</p>



Overview of Honolulu's Transportation System (continued)

STRENGTHS

Honolulu has a full-time Bicycle Coordinator and active citizen's advisory committee (Mayor's Advisory Committee on Bicycling (MACB)) tasked with making Honolulu a bike friendly city

There are a number of current City and State plans and public and private initiatives to make the city more bicycle and pedestrian friendly

- State of Hawai'i Act 54, Complete Streets, 2009, requires County and State transportation departments to accommodate all road users
- Honolulu's Complete Streets Ordinance, 2012, reflects City and public support toward making Honolulu pedestrian and bike friendly
- Plans for Transit Oriented Development (TOD) around future Honolulu rail stations provide an opportunity to create walkable and bicycle friendly neighborhoods

Recent and ongoing roadway projects have added bicycle lanes and routes to streets

Ridesharing options (e.g., taxi service, van pool, car share) are now offered in Honolulu

GAPS

There is a lack of awareness among older adults about what transportation services are available

Hawai'i has the highest rate of older pedestrian fatalities in the nation. The state is 13th in the nation for pedestrian fatalities among all age groups

Pedestrian infrastructure (sidewalks, pavement and lighting) is often poorly maintained or non-existent, street crossings are inconsistent (sounds, timing, etc.)

Honolulu is improving but not yet bike friendly. Bike infrastructure (bike lanes, paths, routes) is sparse and network lacks connectivity

Lack of enforcement of rules and regulations, e.g., direction of bike riding, riding on sidewalks, drivers keeping adequate clearance from bicyclists, etc.

There is limited awareness about new options such as car sharing and Bikeshare, etc.

CHALLENGES

Public perception that bicycling is unsafe and not a realistic transportation alternative for older adults

Education of all roadway users - drivers, bicyclists, and pedestrians - about their rights and responsibilities

Enforcement of rules and regulations governing cars, bicycles and pedestrians

As use of alternative transportation options increases, regulation of the industry may become necessary

Limited public funds for infrastructure improvements and right-of-way restrictions for implementation

Note: Based on data and viewpoints of workgroup members, key informants, and focus group participants.



We are a Car-Dependent City

Honolulu residents love their cars, and most people continue to drive as they get older. The AARP Livable Communities Survey found that 88% of respondents said they drive themselves as their primary mode of transportation. At the end of 2010, there were just over 700,000 registered personal and commercial cars and trucks on the island of O`ahu.⁵ This means there are more registered vehicles in the City and County of Honolulu than the 618,000 licensed drivers to operate them.

National studies have shown that the car is also a significant mode of transport for older adults who do not drive. These older adults are very dependent on others for rides - often on other older drivers.⁶

Street and Road Maintenance

Respondents to the AARP Livable Communities Survey gave high priority to well maintained streets and roads. Ninety three percent (93%) of survey respondents rated this feature as extremely or very important. However, only 44% felt that streets and roads were well maintained. The perception of poor road conditions appears to be corroborated by the City's December 2012 Pavement Condition Report⁷ that concluded that 15% of O`ahu's streets were considered "degraded" and 28% were rated "unsatisfactory." Only 57% of City-maintained streets on O`ahu were rated as "adequate."

Public Transportation

The City and County of Honolulu is currently constructing a 20-mile long, high-capacity elevated rail line from West O`ahu to downtown and the Ala Moana area. The purpose of the Honolulu Rail Transit Project is to improve mobility within a highly congested transportation corridor. The rail line will tie into the city bus system, enhancing the overall public transportation network. The entire line is projected to be completed in 2019.

“We can't accommodate so many cars; the island is just too small.”

-Focus group participant and lifelong resident of urban Honolulu



Honolulu’s municipal bus system is operated by O`ahu Transit Services (OTS) under contract with the City and County of Honolulu Department of Transportation Services. This national award-winning transit system⁸ provides island-wide bus transport for the general public (TheBus) and paratransit bus service (TheHandi-Van) for persons with disabilities who are unable to use TheBus. Since its inception, TheBus was twice named “America’s Best Transit System,” by the American Public Transportation Association, most recently in 2000-2001. TheBus and TheHandi-Van have a combined estimated daily weekday ridership of 239,400 persons.⁹ Discounted fares, monthly and annual passes are available to residents who are 65 years and older or persons with disabilities.

AARP Livable Communities survey respondents, Transportation Workgroup members, key informants and focus group participants expressed common concerns about public transportation. These include the cleanliness of vehicles, service reliability, and convenience. Poorly maintained bus stops and transit centers and a lack of restroom facilities are issues. Inconsiderate bus users and a failure to enforce rules such as the ban on smoking and loitering at bus stops bother some people.

Geographic Equity

Most of the island is served by public transportation, and most people live within a ten-minute walk to a bus stop.¹⁰ However, due to external factors including geographic constraints, fiscal and equipment limitations, and varying levels of demand for public transit services, bus service is not distributed evenly among all communities on O`ahu. Although service is frequent within the urban core where multiple routes converge and overlap, rural areas of O`ahu and many urban neighborhoods with a high percentage of older residents have infrequent or limited bus service. Neighborhoods with bus service averaging once every 30 minutes to an hour are not uncommon. Many bus routes offer frequent service during weekday peak hours when workers are commuting, but reduce service during the day when older adults may be traveling. Multiple transfers may be required to reach a grocery store, shopping area or doctor’s office, even within a few miles of home. These issues are common to public transit which must use its resources in a balanced way in priority of need, and is not designed to function as a taxi service.

“After three buses and walking from the bus stop to my doctor’s office, I am very tired.”

-Focus group participant and resident of Waialua, O`ahu



TheHandi-Van Paratransit Service

TheHandi-Van paratransit service is limited in rural and urban fringe areas. Focus group participants and workgroup members expressed concerns with long waits during peak morning and afternoon periods. Other concerns expressed include an inefficient reservation system, lack of responsiveness by customer service staff, and the need for smaller vehicles (e.g., vans or SUVs) to accommodate those with special needs. A Workgroup member cited an example of an older adult with a degenerative back condition who has difficulty riding the larger Handi-Van due to its poor suspension. TheHandi-Van, run by the City and County of Honolulu, provides service within program guidelines for those who qualify. In addition, private companies offer medical transportation services (e.g., HandiCab).



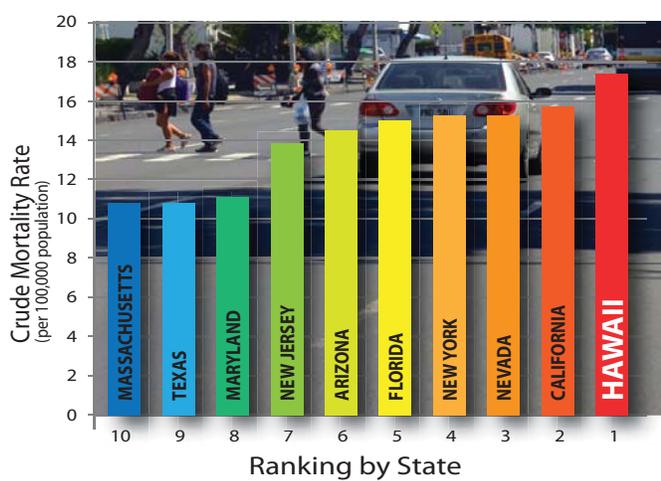
Pedestrian Safety

A pedestrian-friendly environment is one of the most important features of an age-friendly city. Walking was cited by 40% of AARP Livable Communities Survey respondents as a mode of transportation they rely on, and the percentage is likely much higher in the Honolulu urban core. Many older adults also walk for recreation and exercise.

National data¹¹ show that about 9% of all trips taken by those over age 65 are walking trips; among older adults who don't drive, walking accounts for almost one out of every four trips, and its importance increases with age.¹²

However, many Honolulu streets are not welcoming to pedestrians. The State of Hawai'i has the highest pedestrian fatality rate in the nation for adults age 60+. During the five-year period

Figure 2-1 U.S. Five-Year Pedestrian Fatality Rate, 2009-2013



Source: Fatality Analysis Reporting System (FARS), National Highway Safety Administration



from 2008 to 2012, 47 pedestrians over 60 years old were killed on Hawai'i's roads. Based on the average population within this demographic, this translates to a crude mortality rate of 17.4 deaths per 100,000 people, the highest rate in the U.S.¹³

State of Hawai'i Department of Health accident data suggests a number of contributing factors, including pedestrian and driver behavior (e.g., inattentiveness, distraction, speeding), as well as design and operation of roadways, intersections, and crosswalks. Figure 2-2 describes contributing factors for all fatal pedestrian crashes in Hawai'i.

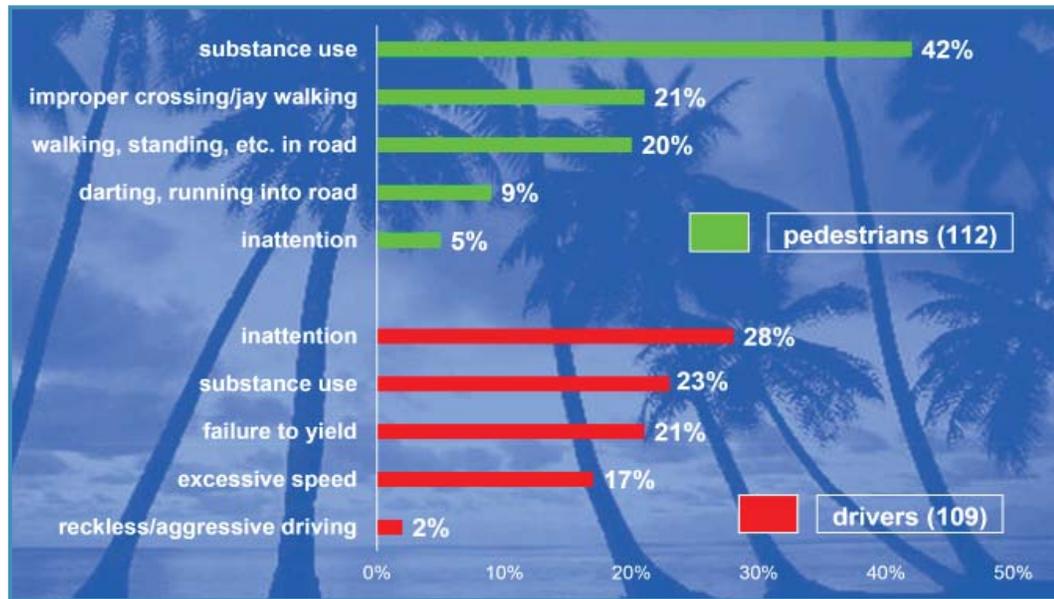


Figure 2-2 Contributing Factors for Fatal Pedestrian Crashes in Hawai'i, by person type, 2008-2012

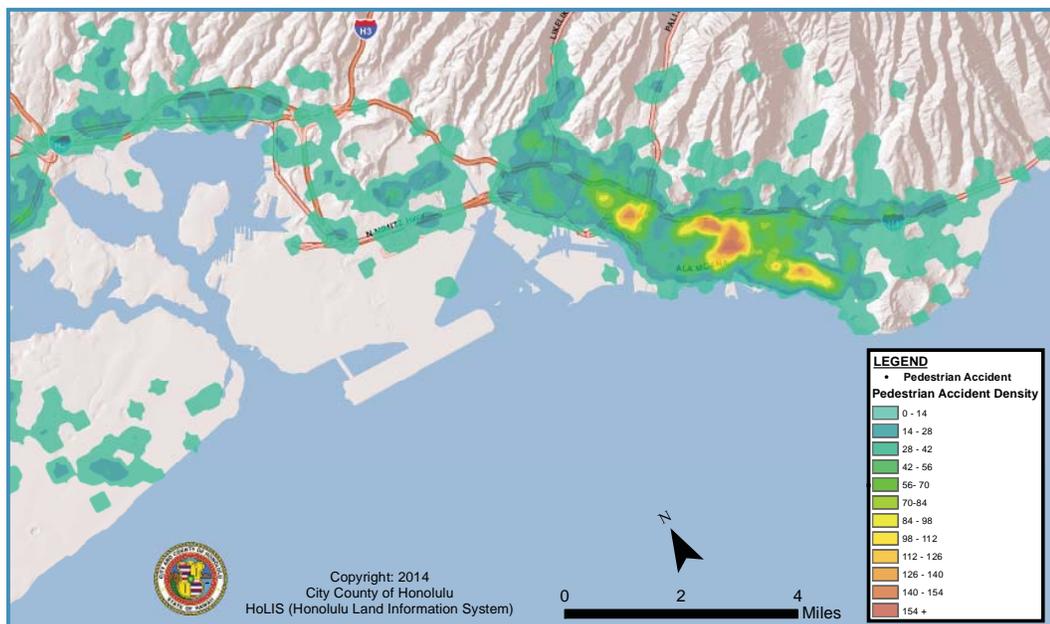


Figure 2-3 Pedestrian Accidents Density 2011 to 2013 – Honolulu Urban Core



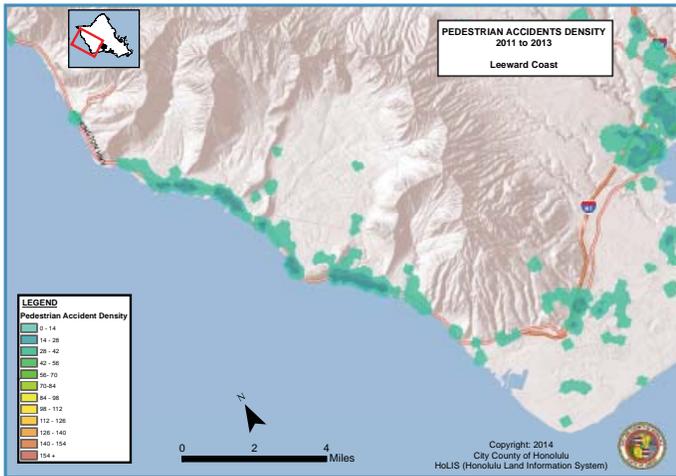


Figure 2-4 Pedestrian Accidents Density 2011 to 2013—Leeward Coast

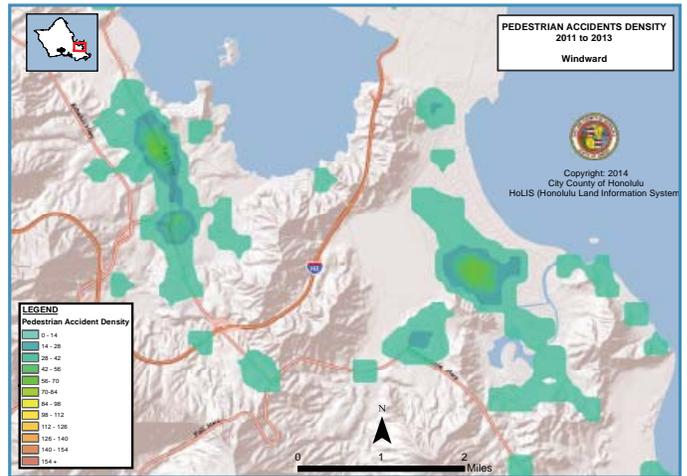


Figure 2-5 Pedestrian Accidents Density 2011 to 2013—Windward O'ahu

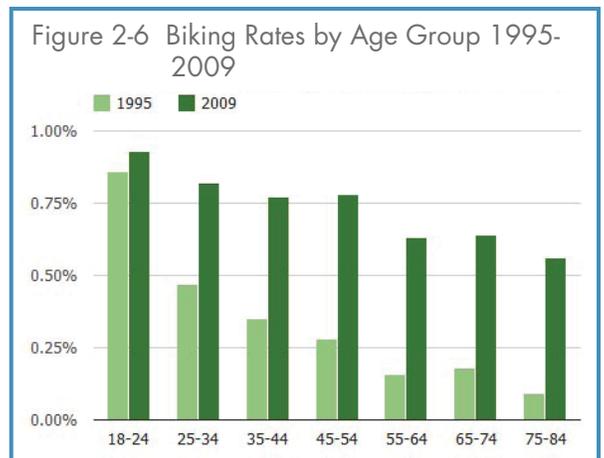
Figure 2-3 below illustrates frequency of pedestrian accidents in various areas and reveals a number of accident “hot spots.” Many of these high risk areas are located along busy roadway corridors where there are high volumes of cars, bus traffic and pedestrians. As illustrated on the map, the density of pedestrian accidents is highest 1) within downtown Honolulu; 2) on Beretania Street ewa (west) of Ke`eumoku Street; 3) along the mauka-makai (mountain to sea) corridors of Pi`ikoi and Ke`eumoku Streets between King and Beretania Streets, 4) Waikiki, and 5) Kalihi. Figures 2-4 and 2-5 show accident density along the Leeward Coast and in Windward O`ahu.

Streets with fast moving traffic, long crossings without a traffic signal, inadequate crossing times, and bus stops with nowhere to sit discourage those with limited mobility from venturing outside their homes. Over time, this can lead to social isolation and loneliness.

Bicycle Safety

In addition to being safe for pedestrians, an age-friendly city must be safe for bicyclists. Bicycle riding is an environmentally friendly, healthy, and affordable activity, and has grown in popularity in Honolulu, reflecting trends nationwide.

According to the latest 2010 U.S. Census data, bicycle ridership in every age group dramatically increased between 1995 and 2009. However, the older age groups saw the biggest increase in ridership. Studies show that older adults are the fastest growing group of bike riders



Source: Vertical scale measures share of all trips taken by bicycle. All data: National Household Travel Survey



in the country.¹⁴ In Honolulu, baby boomers who were at the forefront of the jogging and running boom that began in the 1970's are now in their late 50's and 60's, and many have turned to bicycling. It is also becoming a popular activity for visitors to O`ahu, particularly in the Waikiki vicinity and around Kailua town on the windward side.

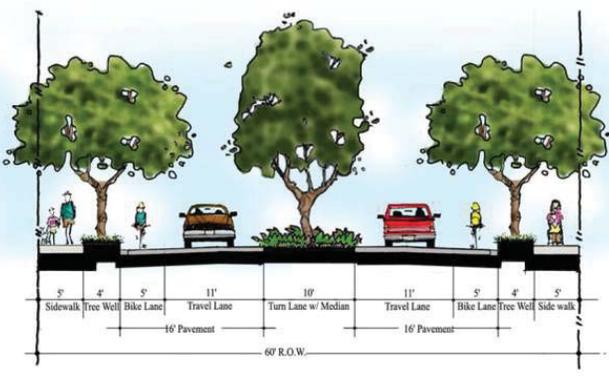
Nationwide data show that with the growing popularity of bicycling, particularly in urban areas, bicycle accidents and fatalities have increased. A recent study by the Governors Highway Safety Association found that between 2010 and 2011, the number of cyclists killed in vehicular crashes nationwide increased by 16%. Over the same period, other motor vehicle deaths grew by 1%.¹⁵ In Hawai`i, over the last five years, the number of non-fatal injuries due to crashes between bicycles and cars has steadily increased. In 2009, there were 95 non-fatal injuries, a rate of 10.1 per 100,000 residents. In 2013, this had increased to 156 non-fatal injuries, a rate of 15.9 per 100,000 residents.¹⁶ This increase in the number of bicycle accidents in Honolulu is likely due in part to more bicycles on the road. In fact, the League of American Bicyclists recently issued its rankings of bicycle friendliness for each state. Hawai`i ranked 43rd in the nation, three spots lower than 2014. Nevertheless, as bicycling continues to grow in popularity, and as more bicycle infrastructure is built throughout the city, safe bicycling for all is a high priority.

cycling continues to grow in popularity, and as more bicycle infrastructure is built throughout the city, safe bicycling for all is a high priority.

What are Complete Streets?

Complete Streets are streets for everyone. They have been defined as “transportation facilities that are planned, designed, operated, and maintained to provide safe access and mobility for all users, including bicyclists, pedestrians, transit riders, freight, and motorists...”

Source: Smart Growth America, National Complete Streets Coalition, <http://www.smartgrowthamerica.org/>



Graphic Source: Honolulucleancities.org

“This law is the beginning of a culture shift in Honolulu transportation planning”

-Jackie Boland, AARP Hawai`i Director of Community Outreach, commenting on the passage of Bill 26, Honolulu's Complete Streets Ordinance

IV. Opportunities for Improvement

In Honolulu, many exciting developments are underway. One role of Honolulu's Age-Friendly City Initiative will be to support and advocate for continued implementation of these initiatives.

Complete Streets

In 2009, the State of Hawai'i Legislature passed Act 54, SLH, Hawai'i's "Complete Streets" law. Act 54 law requires the State of Hawai'i Department of Transportation (HDOT) and county transportation departments to accommodate all users of the road, regardless of their age, ability, or preferred mode of transportation. That is, streets are to be designed and operated for everyone, not just cars. In compliance with the Hawai'i State law, in 2012, the Honolulu City Council passed Bill 26, enacting a Complete Streets ordinance for the City and County of Honolulu. The City is currently developing a manual to implement the Complete Streets policy, and will identify appropriate areas for Complete Streets improvements.

Complete Streets design principles modify roadways to make them safer for pedestrians and bicyclists as well as drivers. Improved street lighting, lane markings and signage responsive to diminishing eyesight with adequate contrast sensitivity are improvements that can assist older drivers. Improvements that may be beneficial for older pedestrians include re-timing pedestrian signals to account for slower walking speeds, constructing median refuges or sidewalk bulb-outs to shorten crossing distances, slowing traffic where necessary, installing seating and benches, curb ramps, and improving pavement markings. When feasible, greater separation between motorists, cyclists and pedestrians has been found to provide greater safety for everyone - bicyclists, pedestrians and drivers - as users of each mode become more aware of and careful of other road users.¹⁷

Transit Oriented Development (TOD)

The construction of the Honolulu Rail Transit project presents opportunities to enhance all aspects of Honolulu's transportation domain. The city's Transit Oriented Development (TOD) effort seeks to capitalize on the future transit stations as nodes to create more compact, walkable, and bicycle-friendly communities. The intent of TOD is to encourage residential and commercial uses around future transit stations taking advantage of the convenience of transit. By reducing the need for a car and integrating residential uses with supportive services, residents are better able to age in place, remain independent, and continue to be socially active and engaged in their communities.

O'ahu Bike Plan

The culture shift toward complete streets also presents opportunities to make them better and safer for bicyclists. The city's O'ahu Bike Plan (August 2012) is Honolulu's master plan for development of a bicycle friendly community where biking is safe, viable and popular travel choice. This plan identifies and prioritizes infrastructure improvements, including bike lanes and routes, and recommends bicycle-related events and educational programs for implementation.



King Street Cycle Track

Photo: Hawai'i Bicycling League

The current city administration has made bicycle friendliness a priority for the City. Honolulu has a full-time Bicycle Coordinator and an active Mayor's Advisory Committee on Bicycling (MACB). Strong and long-time community advocates, including the Hawai'i Bicycling League (HBL) and Cycle On Hawai'i, also continue to work toward a more bicycle friendly community.

Consistent with the complete streets policy and O'ahu Bike Plan, recent roadway improvement projects have included the addition of bike lanes and "sharrows" (shared lane markings) to streets in the Honolulu core. A one-way, protected bike lane (Cycle Track), the first of its kind in the state, was recently constructed on King Street from Alapai Street in downtown Honolulu to Isenberg Street near the University of Hawai'i at Mānoa. The two-mile long cycle track is separated from vehicle lanes by on-street parking and/or painted curbs, and will eventually be converted to two-way bike traffic. Bike Share Hawai'i's recently established Bike Share Program will enable customers to rent bikes for short trips between a network of unattended bike docking stations, thereby further encouraging bicycle use.

TheHandi-Van

The City's Human Services Transportation Coordination Plan Update (2012) identified strategies to coordinate transportation services to the special needs population that includes older adults, persons with disabilities, and persons with low income. Recommendations for TheHandi-Van include improving the scheduling process and improving on-time performance and trip length. Another identified need on O'ahu

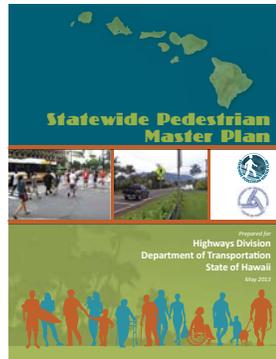


is a higher level of transportation service for certain populations, for example door *through* door service for frail older adults and persons with disabilities. Improving accessible transportation by private companies was also recommended.¹⁸



Other Planning Efforts

Planning documents at the Hawai'i State level further guide implementation of age-friendly transportation in Honolulu. These include the 2003 Bike Plan Hawai'i and the 2013 Pedestrian Master Plan and Pedestrian Toolbox, prepared by the



State of Hawai'i Department of Transportation (HDOT) with the participation of and funding by the Federal Highway Administration (FHWA). The State also participates in federal programs, such as Safe Routes to School (SRTS), which focuses on safe walking and bicycling routes to and from schools. Many schools function as community centers and therefore, this federal program benefits residents of all ages. Appendix E includes a list of resources applicable to this domain.

Safe Streets for Seniors New York City



New York City's Safe Streets for Seniors is a pedestrian safety initiative launched by the New York Department of Transportation (DOT) in 2008 in response to high traffic fatality rates among older adults. In New York City, adults

aged 65+ make up 12% of the population, but accounted for 39% of its pedestrian fatalities between 2002 and 2006.

The program initially identified 25 Senior Pedestrian Focus Areas (SPFAs) in all five boroughs, based on their density of senior pedestrian accidents in a five-year period. Specific mitigation measures were implemented to improve the safety of seniors and other pedestrians. These included extending pedestrian crossing times at crosswalks to accommodate slower walking speeds, constructing pedestrian safety islands, widening curbs and medians, narrowing roadways, and installing new stop controls and signals. Since the program began, annual senior pedestrian fatalities have decreased 19% citywide, from 58 senior fatalities in 2008 to 48 in 2012.

Source: Safe Streets for Seniors New York City



V. Overview of Goals, Recommendations, and Projects/Actions

The following section outlines goals, recommendations, and projects/actions developed for the Transportation domain. Further details including action steps, lead organization, indicators, and 3-year benchmarks can be found in Appendix A.



Goal A: Timely and responsive public transport

Recommendations	Projects/Actions
Promote easy switching between modes of transport	Ensure rail connects seamlessly with TheBus and TheHandi-Van
	Ensure adequate bike capacity on rail
Address public transport needs of rural elders	Implement TheBus and TheHandi-Van scheduling and route changes; smaller vehicles in rural areas
Optimize public transportation	Promote timeliness and responsiveness of TheHandi-Van scheduling and pickup
Advertise specialized transport options available to tourists	Advertise through social media, airline magazines
Produce hard copy schedules for visually impaired	Produce TheBus and TheHandi-Van schedules in different formats (e.g., Braille, large print)
Develop alternative modes of transport	Provide taxi discounts to older adults
	Expand and develop ride-share programs





Goal B: Increased pedestrian safety

Recommendations	Projects/Actions
Implement changes to street design to accommodate pedestrians	Implement safety improvements in high crash areas
	Determine roadways and sidewalks that require additional or new lighting
Educate the public on pedestrian rules	Develop an education campaign targeted to pedestrians and drivers
Increase enforcement of rules	Increase police presence in high accident areas
	Create "Citizens on Patrol" program



Goal C: Safe and maintained roadway design/infrastructure

Recommendations	Projects/Actions
Ensure restrooms at transit stops are clean and accessible	Create an adopt-a-stop program
Increase walkable areas	Construct sidewalks in areas heavily used by pedestrians
Maintain walkways and bike-ways	Implement maintenance improvements in critical areas
Minimize conflicts across modes of transport	Implement safety improvements in high conflict areas
Improve visualization and navigation	Improve signage to increase readability





Goal D: Increased bicycle safety

Recommendations	Projects/Actions
Improve bicycle connectivity and bicycle access on streets	Implement safety improvements in high crash areas
Educate the public on bicycle rules	Develop an education campaign targeted to bicyclists and drivers
Increase enforcement of rules	Increase police presence in high accident areas





Housing

To what extent do older people have housing options that are safe, affordable and allow them to maintain dignity and choice as their needs change?

I. Vision

We envision a city where people have a range of appropriate, safe and affordable housing options to accommodate changing preferences and needs over time. Whether a single family home, townhouse, condominium or apartment and whether living in the city, suburb or in the country, housing is physically accessible, clean, and safe. People are connected to and care about their neighbors and neighborhoods. Communities are walkable, and therefore promote health, with nearby access to public transportation. Services such as grocery stores, pharmacies, and doctor's offices are readily accessible. Residents are able to age in place in their homes and communities



throughout their lives, if desired. For those who choose to downsize, relocate closer to family members, or require more assistance with daily living, there are affordable housing options in or near their community of choice.

II. Overview of Goals

The Housing Workgroup went through a visioning process that considered the World Health Organization's (WHO) Age-Friendly Cities characteristics. The Workgroup identified four major goals for this domain. They are presented below in order of importance as determined by community feedback from the Living Age-Friendly event held February 7, 2015.



Affordable housing options are widely available



Home modifications are affordable and widely available to older adults and persons with disabilities



Age-Friendly design is incorporated in new housing communities and units



Development and expanded use of accessory dwelling units (ADUs) to provide affordable housing



III. Current Context

The Housing domain focuses on where people live and the place they call “home.” Article 25 of the Universal Declaration of Human Rights identifies housing as a universal human right, and part of the basic right to an adequate standard of living.¹ For older adults in Honolulu, housing may include a single family home, apartment, or condominium. If care and supervision are needed, then care homes, assisted living facilities, retirement communities, adult foster homes, or nursing homes are options. This domain examines the current conditions in Honolulu and identifies opportunities for improvement that are feasible and appropriate for the City and County of Honolulu through this Age-Friendly City Initiative.

The following table summarizes the strengths, gaps and challenges in Honolulu’s housing domain.

Overview of Honolulu’s Housing

STRENGTHS	GAPS	CHALLENGES
<p>Many Honolulu residents have lived in their homes and neighborhoods for years and are vested in their communities</p> <p>Honolulu residents generally feel strong a identity with their neighborhoods and communities</p> <p>Honolulu offers a mix of housing types, including single family homes, townhouses, apartments and condominiums in a range of prices</p> <p>Options for older adults include aging in place, senior living communities, continuing care retirement communities, assisted living and nursing homes</p> <p>Public rental housing and housing assistance programs funded by the federal government, State of Hawai‘i and City and County of Honolulu are available</p>	<p>Hawai‘i’s high cost of living is reflected in the high cost of housing, for both homeowners and renters</p> <p>The need for affordable rental housing far exceeds demand</p> <p>The supply of government assisted housing and available housing subsidies does not meet existing need. Housing wait lists are full</p> <p>Assisted living options are limited and very expensive, particularly within the central Honolulu area</p> <p>Rules governing publicly subsidized housing do not allow multi-generational living (e.g., grandparents raising grandchildren)</p> <p>Many existing single family homes and neighborhoods are not accessible to services, facilities and stores without a car</p> <p>Much of the existing housing inventory has not been designed with aging in mind, and do not meet the needs of aging adults</p>	<p>Honolulu’s demographics are rapidly changing, with those over 65 years old the fastest growing cohort. The aging population will influence the type of housing and location of housing needed in the future</p> <p>The ability to age in place is a major concern for most adults. People want to continue to live in their own home and community safely, independently and comfortably regardless of age, income, or ability level</p> <p>Ensuring a range of affordable housing options for individuals and families as their needs change over time can be difficult</p> <p>High land and construction costs, and a burdensome land use approval process make development of affordable housing costly and time consuming</p>



STRENGTHS

With the construction of the Honolulu Rail Transit project, there is an opportunity to provide Transit Oriented Development (TOD), including affordable housing in walkable neighborhoods along the rail corridor and near stations

Hawai'i has a culture of aloha and caring for others, which extends to family, neighbors, and others in the community

Many families have a tradition of extended family and intergenerational living, which is often used to alleviate the high cost of housing

GAPS

There is limited public knowledge about home modification criteria and options, even among the building community

Home modification and retrofit can be unaffordable to those on fixed incomes

Social isolation among older adults, especially those living alone, is a serious problem

Older adults living independently in homes or apartments may be vulnerable during natural disasters and emergencies

Homelessness is a growing problem in Honolulu, affecting people of all ages, including older adults

CHALLENGES

Balancing the need for affordable housing in convenient locations with public concerns about the environment, traffic, density, infrastructure capacity, land use, and property values

Revising the City's Land Use Ordinance (LUO) (i.e., City's zoning code) to allow broader development of accessory dwelling units (ADU)

Addressing concerns about expanded ADU use, including infrastructure capacity, density, street parking, and potential for illegal vacation rentals

Homelessness is a complex problem, compounded by the economy, high cost of living, and often mental illness and/or substance abuse

Note: Based on data and viewpoints of workgroup members, key informants, and focus group participants.

Honolulu is an Expensive Place to Live

Hawai'i has the highest cost of living in the nation, according to a recent report by the U.S. Commerce Department. The state's cost of living is 16% higher than the national average, and this is reflected in the price of housing, both ownership and rental. In July 2014, the median price of a single-family house on O`ahu was \$683,500, up 5.6% from the year before. The median price of a condominium was

\$351,750, up 1.8%.² The median cost of renting a two-bedroom apartment in Hawai'i is \$1,671 a month, about 71% higher than the national average of \$977.³

The federal government considers families who pay more than 30% of their income for housing as "cost burdened," meaning they may have difficulty affording necessities such as food, clothing, transportation, and medical



care.⁴ As of 2009, according to the U.S. Census Bureau, 49.2% of Hawai'i homeowners were spending 30% or more of their household income on homeownership, one of the highest rates in the nation.⁵ A large proportion of Honolulu residents over 65 years of age, both homeowners and renters, are currently paying more than 30% of their income for housing. The most economically vulnerable are hardest hit. It has been estimated that 75% of extremely low-income households in the state are paying more than half of their income in rent.⁶

The Desire to Age in Place

Many older adults in Honolulu have lived in their homes and communities for years, and most want to stay there as they age. The AARP 2014 Livable Communities Survey of Honolulu residents found that over half of survey respondents (54%) have lived in their community for over 21 years, and another 22% have lived in their community between 11 and 20 years.⁷



These survey respondents felt it was important for them to remain in their home and community, and believed their community is a good place for older people to live. Nearly seven in ten (68%) felt it was extremely or very important to stay in their community as they age. An even higher percentage, 79%, said it was extremely or very important to stay in their own home as they age.

For many older adults, aging in place has a broader connotation than simply living in one's home; it is also about their neighborhoods and aging in a familiar area. Familiarity becomes important as one grows older.⁸

“Aging in place is the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level.”

--AARP 2011⁹

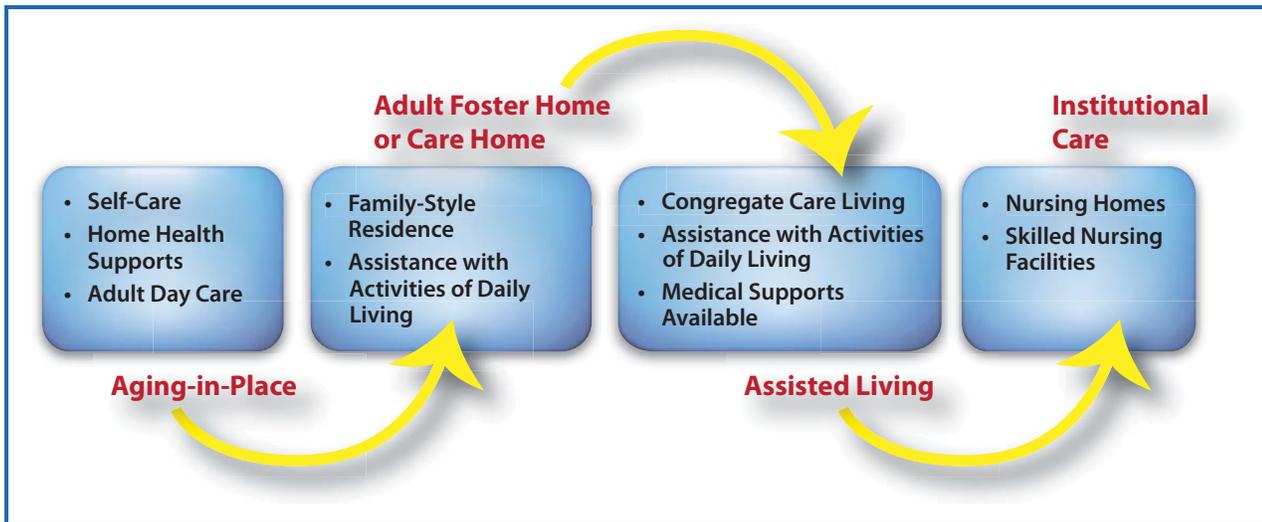


Figure 3-1 Housing Options for Older Adults

Homeowners Need Help to Age in Place

Of Honolulu heads of household 65 years of age and older, 77% are homeowners and 23% are renters.¹⁰

The majority of the respondents to the AARP Livable Communities Survey were homeowners (86%). Although most of these homeowners say they want to age in place, many say they will need to make home modifications in order to do so. Forty one percent (41%) of the survey respondents indicated they will need to make bathroom modifications such as grab bars and handrails; and 27% said they will need to make structural changes or major repairs such as a new roof or plumbing. Not surprisingly, most of these same respondents said that the availability of affordable home repair contractors was extremely or very important. But one half (51%) were not sure whether affordable home repair contractors are available in their community.

The Housing Workgroup confirmed that there is a large unmet need among homeowners for information and assistance with home modification and retrofit. Workgroup members who represent Honolulu's building, housing, and home finance communities have observed that many, if not most homeowners are not aware of the types of modification that are needed, how to select a suitable contractor, or where to get this information.

Housing Workgroup members also emphasized the importance of incorporating Universal Design principles in home modifications and in newly constructed housing, both rental and owner occupied.

UNIVERSAL DESIGN is the design of something (a product, environment, interface, etc.) so it can be used by anyone. In the context of aging in place, Universal Design is used to create products or environments (such as a home) in a way that is easily used, interacted with, and lived in, which contributes to an older person's quality of life.



Graphic adapted from: Claudine Casabonne, How Pinterest can teach you about Universal Design;

Need for More Affordable Rental Housing

O`ahu is experiencing a housing crisis. This was the assessment of the City's recently released housing plan, entitled Housing O`ahu: Islandwide Housing Strategy (Draft, September 2014). The need for affordable housing is escalating, and the marketplace is not building enough to keep up with demand. The study noted that most of the homes constructed over the last five years have been for higher income households and for-sale units.

The Islandwide Housing Strategy identified four target groups most in need of affordable housing and for whom assistance is currently insufficient. Among this list were "households earning less than 80% of median income," and "people who are over 65 years old who need special assistance and/or need to move into more age-friendly living arrangements (either with extended families or on their own)."¹¹

The Islandwide Housing Strategy noted the urgent need for more affordable rental units:

“from a supply perspective, the housing stock needs to include more affordable rental options which include smaller units (such as accessory dwelling units, studios, and micro-units) and more compact housing designs, such as townhouses and row-houses to minimize land costs. Beyond producing more compact, well-located units, assistance and services could be better oriented towards meeting

the needs of renters, including rental assistance and the more widespread dissemination of tenants’ rights information.”

Naturally Occurring Retirement Communities (NORC)

Naturally occurring retirement communities (NORC) are apartment buildings or neighborhoods where a large proportion (40%) of residents are older adults, at least 60 years old. These communities were not originally designed for seniors, but have evolved naturally. Some are condominiums or apartments with many older adults. Others are single family neighborhoods where young people have grown up and moved away and adults remain. NORCs exist in many neighborhoods, including Mānoa, Punchbowl, Mo`ili`ili, Kaimuki, and Kane`ohe. As Honolulu’s population ages, concentrations of older adults will present opportunities to take advantage of economies of scale in providing supportive services to these neighborhoods and buildings.

Accessory Dwelling Units (ADU)

ADUs are separate living areas with their own kitchen, bathroom, and sleeping facilities, built on a single-family lot, and may be inside, attached, or detached from the main house. ADUs have been commonly used in Hawai`i for multi-generational living, hence their local moniker, “`oha-na [family] units.” In 1992, the Honolulu City Council restricted the use of ADU on O`ahu to family members.

Recently, there has been renewed interest in the expanded use of ADUs to ease the shortage of affordable rental housing in Honolulu and to facilitate aging in place. Advocates for expanding the use of ADUs and removing the family-only requirement cite their potential to increase the inventory of affordable housing relatively quickly, with minimal public investment. ADUs are also supported by the vision, policies and guidelines of several of the Development Plans and Sustainable Communities Plans.

In September 2014, the City released its housing strategy that supported updating of the Land Use Ordinance (LUO), to allow ADUs to be added on existing single family lots. Supporting studies estimated that between 17,000 and 22,000 rental units could be built in existing neighborhoods under this program, and could provide housing options for retirees, caretakers, young couples starting out,



singles, and people simply wanting to downsize their living quarters.¹² The Housing Workgroup also strongly supported the expanded use of ADUs to increase the affordable housing inventory.



In late 2014, a resolution adopted by the Honolulu City Council would allow homeowners to build an ADU on their property that can be rented to anyone. In February 2015, a Department of Planning and Permitting drafted ADU bill received Planning Commission support and was sent to the City Council for consideration. Council adopted this bill in June 2015.

Living together,



Residents of the Silver Sage community in Boulder, Colorado, share common dining areas.

Muir Commons Cohousing Community in Davis, California was the first intergenerational cohousing community built in the United States. It was modeled after cohousing communities in Denmark, the birth place of cohousing. Built in 1990 on a 3-acre site, Muir Commons is made up of 26 homes, occupied by both adults and children. Each house includes complete kitchens and private yards. The heart of the community is its Common House, which includes a large kitchen and dining area to accommodate community gatherings and shared meals.

Source: <http://newoldage.blogs.nytimes.com>

Cohousing and house sharing are becoming increasingly popular housing options for all generations.

Cohousing communities are a cluster of homes, with common areas for shared meals, activities, and socialization. Residents actively participate in the design and operation of their community.

In **shared housing**, unrelated individuals pool their resources and live together in a home with the goal of reducing financial burden, providing companionship, and supporting personal care needs.

Source: <http://www.stillwaterseniorcohousing.com/>

Aging together



Source: Mike Belleme/The New York Times

Despite its tremendous potential to increase affordable housing, concerns still exist about limited sewer capacity in some areas of Honolulu, increased demand for street parking, an influx of renters, and unauthorized use of ADUs as vacation rentals.

While these concerns are legitimate, most of them are likely to be mitigated over time. For example, the city is currently updating sewer capacity, especially in older areas. Improved proximity to public transit choices (e.g., rail and bus) is expected to reduce on-street parking needs. ADU impacts on neighborhoods should be minimal since they will be introduced very gradually, likely be spatially dispersed, and limited to neighborhoods where they are not prohibited by home owner association regulations. The number of occupants will be limited by their small size (maximum of 800 square feet). The ADU ordinance also has safeguards against use as vacation rentals by requiring the owner or his family to reside on the property, by prohibiting subdivision and by requiring a minimum rental period of at least six months. To build an ADU, a residential property must be 3,500 square feet or larger, served by adequate infrastructure and have a building permit.

Growing Interest in Assisted Living

Assisted living is a long-term care option for older adults that combines housing, support services and health care, as needed. Assisted living is designed for individuals who require assistance with everyday activities such as meals, medication management, bathing, dressing and transportation. It provides a residential alternative to nursing home care. A relatively new concept 25 years ago, today assisted living is the most preferred and fastest growing long-term care option for older adults.¹³

The presence of affordable assisted living options in Honolulu was a high priority for AARP Livable Communities Survey respondents. Although 84% of survey respondents said this was extremely or very important, almost half (49%) were unsure whether affordable options exist. Almost one third of respondents (29%) said that affordable assisted living was not present in Honolulu.

If “affordable” is defined by spending no more than 30% of one’s monthly income on housing, these survey respondents are correct. Although assisted living is often less expensive than home health or nursing home care, the Hawai‘i median rate for a private one-bedroom apartment in an assisted living residence is \$4,750 per month. In urban Honolulu, the median rate is even higher, at \$4,975 per month.¹⁴

Older Adults Who Are Homeless



Homelessness is a serious and growing problem in Honolulu and the rest of the state. It is estimated that on the Island of O`ahu, 6,234 individuals were homeless in 2013.¹⁵ Of these individuals, about 55% were male, and 45% were female, and 341 (5%) were over the age of 60.

Honolulu Mayor Kirk Caldwell has made addressing homelessness a top priority and,



Photo Source: EZLandlordForms.com

in mid-2014, launched an ambitious plan to address this crisis. The strategy is called “Housing First” and is intended to provide shelter for individuals who are homeless and very low-income people in the Waikiki, Chinatown, and Waianae Coast areas of O`ahu.

In contrast to the traditional approach of moving individuals who are homeless through different levels of housing toward eventual independent living, the Housing First model transitions them immediately from

the streets or shelters into their own apartments. Once in stable and safe homes, these individuals are provided appropriate assistance with mental health or substance abuse services, job training, and other life skills.¹⁶ This is a radically different approach but one that has gained national recognition as a best practice and is proving to be effective in getting individuals who are chronically homeless off of the streets.

Much of the focus on providing housing for these very low income individuals is on the acquisition, rehabilitation and new construction of single room occupancy (SRO) units. Also known as “micro-units,” these small efficiency apartments are growing in popularity throughout the U.S. and often include kitchenettes and full or half-bathrooms. SRO’s represent significant untapped potential for development of much needed affordable housing,¹⁷ including housing for older adults.

IV. Opportunities for Improvement

Many current Honolulu homeowners want to age in place but need information on and assistance with home modification and retrofit. Housing Workgroup members saw this as a well-defined need which could be addressed immediately. They also identified the need for home modifications to meet emergency preparedness criteria. The incorporation of Universal Design principles in home renovation and new construction can also facilitate aging in place.

The ongoing construction of the Honolulu Rail Transit project presents opportunities for Transit Oriented Development (TOD), the creation of affordable housing located in walkable, convenient and age-friendly neighborhoods around the rail corridor and stations. TOD plans being developed for specific communities provide recommendations appropriate to the local area.



The mayor's Housing First initiative also presents an opportunity to address the growing problem of chronic homelessness and providing housing for the most economically vulnerable. The national interest in micro-units or single room occupancy housing presents an alternative affordable housing option. The Hawai'i Community Development Authority (HCDA) has recently issued a request for proposal for construction and operation of a micro-unit residential development on a 10,000 square foot site in Kaka'ako near downtown Honolulu.

V. Overview of Goals, Recommendations, and Projects/Actions

The following section outlines goals, recommendations, and projects/actions developed for the Housing domain. Further details including action steps, lead organization, indicators, and 3-year benchmarks can be found in Appendix A.



Goal A: Affordable housing options are widely available

Recommendations	Projects/Actions
Revise current permitting requirements	Allow less parking for affordable housing near transit stations
Maintain supply of affordable housing	Amend building codes to expedite permitting process for senior housing
	Develop and maintain a database to track at-risk affordable housing
	Require housing projects to be affordable for a longer period of time
Increase home building efficiency	Build micro-units and workforce housing
	Repurpose existing structures and shipping containers
Develop and expand shared housing opportunities	Develop intergenerational pilot - younger adults pay reduced rent and in exchange, help older adults
Incentivize rental developers	Employ incentives including density bonuses, fee reduction and waivers, expedited permitting
Increase the supply of available land	Plan developments above and under freeways and roadways





Goal B:

Home modifications are affordable and widely available to older adults and persons with disabilities

Recommendations	Projects/Actions
Streamline permitting process for home modifications	Create a separate "express permit line" for home modification permits
	Waive setback requirements when necessary (e.g., when building a ramp)
	Review historical home restrictions which limit home modifications
Promote education and awareness of home modification and universal design	Provide courses for individuals, builders and designers on home modification options
Provide financial assistance with home modifications for older persons and persons with disabilities	Utilize City's Housing Rehabilitation fund to provide low or no-interest loans





Goal C: Age-friendly design is incorporated in new housing communities and units

Recommendations	Projects/Actions
Make age-friendly design attractive to developers	Provide tax incentives for building housing near services
	Develop model projects that showcase universal design
Create multigenerational and/or senior only developments	Pilot model that promotes exchange between college students and older adults through co-location of college dorms and senior housing
	Create cohousing communities
Promote basic accessibility requirements	Adopt "visitability" regulations in new construction
Include emergency preparedness in planning and design	Ensure new housing developments are disaster-resilient, e.g., allow sheltering in place on a lower floor
Take advantage of Naturally Occurring Retirement Communities (NORCs)	Deliver services to large concentrations of older persons in neighborhoods or buildings





Goal D:

Development and expanded use of accessory dwelling units (ADUs) to provide affordable housing

Recommendations	Projects/Actions
Revise Land Use Ordinance (LUO) and accompanying regulations	Reduce water and sewer connection fees
	Increase City sewer capacity where necessary
Include ADUs in new housing developments	Encourage developers to allow ADUs within Home Owner Association conditions and offer as option to new home buyers





Communication and Social Involvement

To what extent do older adults have awareness of, access to, the ability to participate fully in, and provide input to all aspects of society and have opportunities to develop and maintain meaningful social networks tailored to meet diverse demographic needs related to age, social economic means, ethnicity, culture and technology abilities?

I. Vision

We envision a Honolulu in which residents have access to relevant information that helps them stay connected with community events, activities, services and resources. As an age-friendly city, public information is widely available in different languages, culturally tailored, and distributed through multiple communications channels such as radio, television, newspaper, and social media in a timely and sustainable manner. Information is also clearly accessible in visual and auditory presentations. There is



wide access to computers and the Internet in public places, such as libraries, along with readily available instructions and training for novice technology users. For non-technology users and those in isolated areas, they are able to obtain information from informal contacts such as via word-of-mouth, families, schools, churches, social and service clubs, and neighborhood associations.

We also envision a Honolulu in which residents actively participate in a wide range of social and cultural events, leisure and recreational activities, and interface with other individuals and groups of all ages. There is an abundance of opportunities for inter-generational exchanges of information, knowledge, tutelage, and friendship building. The venues, facilities and settings are conveniently located in neighborhoods and near public transit routes. Neighbors and volunteers reach out to engage socially isolated individuals through personal visits or telephone calls.

II. Overview of Goals

The Communication and Social Involvement Workgroup went through a visioning process that considered the World Health Organization's (WHO) Age-Friendly Cities characteristics. The Workgroup identified five major goals for this domain. They are presented below in order of importance as determined by community feedback from the Living Age-Friendly event held February 7, 2015.



Intergenerational opportunities to share knowledge, encourage mentorship, cultural exchange, and volunteer opportunities are available



Programs, events, volunteer opportunities, and opportunities for lifelong learning are available



Information and data are easily accessible and user-friendly



People have the support to understand and use new technology



All segments of the population have access to information via a variety of modalities



III. Current Context

Communication and social involvement encompass the way we obtain information, how we share information with others, and how we discover opportunities to engage with others in and around our community. Our ability to communicate with our community members directly impacts our health, wellbeing, and sense of belonging. In addition, staying connected to others helps avoid social isolation.

This domain examines the current conditions in Honolulu and identifies opportunities for improvement that are feasible and appropriate for the City and County of Honolulu through this Age-Friendly City Initiative.

The following tables summarizes the strengths, gaps and challenges in the domain of Communication and Social Involvement in Honolulu:

Overview of Honolulu’s Communication

STRENGTHS	GAPS	CHALLENGES
<p>Baby boomers are accessing information differently from previous generations-more are comfortable with email, Internet and social media</p> <p>Technology-related businesses and retail stores are offering in-house tutoring and user-assistance services</p> <p>Technology is quickly evolving with new applications and software that can be installed on smart phones and computers</p>	<p>Need to make information and access user-friendly including age-friendly formats and designs, multilingual, visual and auditory presentations</p> <p>Need support for people to learn new technology – the support must be part of the technology infrastructure</p> <p>Organizations are building their databases in silos - need to encourage open data* that is accessible and can be shared among multiple agencies to build applications for public use</p>	<p>Limited Wi-Fi access and connectivity, especially in rural and remote places. Limited financial resources for public access to computers and Wi-Fi</p> <p>Limited financial resources to offer public training and technical support to new users</p> <p>City and State have supported open data as a public policy, but it’s not consistently being implemented at the public departments and agencies level</p>

Note: Based on data and viewpoints of workgroup members, key informants, and focus group participants.

*Open data is defined in the next section.



Overview of Honolulu's Social Involvement

STRENGTHS

There are a wide range of existing resources, such as the YMCAs, City's Department of Parks and Recreation, and ethnic clubs that sponsor community and social activities

There are informal networks and community groups such as churches and neighbors who have information about isolated individuals and can reach out to them

Transit-Oriented Development (TOD) plans are encouraging the development of community venues near transit stations

GAPS

Need to sponsor more intergenerational recreation programs and classes that would include younger adults and older adults. Having a centralized resource directory that people can easily find and access will improve public awareness of the different community options

Lack of coordination and efforts to engage the informal community network and disseminate timely information

Lack of transportation is often a barrier for those with mobility limitations

CHALLENGES

Limited budget and staff to offer more recreational activities and classes

Limited budget, time and staff to research, consolidate and maintain a resource directory of social opportunities online and in print

Need to develop a stronger information structure that taps into and utilizes the informal, grassroots network

Limited funds and capacity of vehicles to transport people due to the increasing demand and rising cost of transportation services

Note: Based on data and viewpoints of workgroup members, key informants, and focus group participants.

Communication

People seek information through different communication venues and channels. Many individuals, especially older adults, still rely on traditional media sources such as radio, television, and print. However, more and more people are using the Internet and social media to obtain the most up-to-date information and resources. The baby boomers are the fastest growing users of the Internet and Facebook.¹ Pew Research Center's Internet & American Life Project found social media usage among boomers and seniors has tripled since 2009, from 13% to 43%.² There should be a balance in providing relevant and timely information to people with varying technical capacities and resources. Furthermore, information must be organized and coordinated such as in a centralized resource site that is widely known in the community and easy to access online, by phone and in person.

Honolulu currently has a 2-1-1 phone directory system, operated by Aloha United Way, that provides general information to the public. In addition, the City and County of Honolulu Elderly Affairs Division (EAD), the local area agency on aging, publishes the widely popular Senior Information and Assistance Handbook, which



has a comprehensive listing of health and long term care services and support resources available in the community. Sustaining these directories is a challenge because it requires time, staff, and funds to support. In addition, with the advent of the Internet, information changes at such a rapid pace that updating a directory, especially a hard copy, presents its own challenges.

The public can contact EAD for assistance by phone, online or in-person. The State Executive Office on Aging (EOA) is also developing the Aging and Disability Resource Centers (ADRC) statewide. ADRCs are a single access point that provides long-term care services and support information and resources to older adults, people with disabilities and others seeking assistance. Four counties across the state, including Honolulu, are in different stages of developing an ADRC.

The Assistive Technology Resource Centers of Hawai`i (ATRC) is a non-profit resource center that provides access to assistive technology (AT) for people of all ages with disabilities, enabling independence and participation in every aspect of community life, including employment and education. As a resource center, ATRC links people with technology and provides free individual and group demonstrations on technology devices and applications, technical assistance, device loans and other services in the community.

In addition to ATRC, the State of Hawai`i's Disability Communication Access Board (DCAB) serves as a public advocate of persons with disabilities in our community by providing advice and recommendation on legislation, rules, policies, procedures and plans relating to persons with disabilities and their civil rights or service needs. It has a resource directory of programs and services and provides other useful information and guides on subjects such as: 1) Emergency preparedness for persons with disabilities; 2) Hawai`i traveler tips for people with disabilities; 3) Legislation and laws in Hawai`i; 4) Statistics relating to Hawai`i's disability population; 5) Publications; and 6) State and Federal Resources.

“Baby boomers and seniors are the fastest growing users of the Internet and Facebook”¹



Social Involvement

Staying engaged in the community through a social network, education, volunteering or employment is vital for people's wellbeing and quality of life. People need to feel valued, cared for and have a sense of purposeful existence. An age-friendly city would provide people with opportunities to pursue their interests and interact socially, thereby staying active and busy. These would include leisure and recreational activities, educational pursuits, arts and culture, and volunteer work in their surrounding neighborhoods and communities.

Honolulu has many private and public organizations that offer a range of activities. For example, there are a number of health clubs and fitness centers, as well as community organizations (e.g., YMCA and YWCA) throughout the island of O`ahu. The City's Department of Parks and Recreation offers a wide range of affordable classes, from health and wellness, exercise, leisure activities such as mah jong and chess, to other areas of personal interests. Many ethnic and civic clubs and senior centers promote the arts and culture, language, martial arts, dance and music as well as community volunteer service opportunities. Schools, libraries, museums and health facilities always welcome the help of volunteers to enhance their programs and services in the community.

Dementia-Friendly Recreational Activities

Seattle, Washington's Parks and Recreation has recently established recreation programs geared to persons who live with memory loss. The "dementia-friendly" activities aim to enhance the lives of locals living with early stage memory loss. Activities have included fitness classes, watercolor painting at a Japanese garden, a snowshoe hike, volunteering at a local food bank, and a memory loss walking group at Woodland Park Zoo.

"The Memory Loss Zoo Walk is designed to get us out into the fresh air so we can have fun and socialize, and to help us feel we're part of a supportive community," says one participant who lives with memory loss.



Source: Seattle Parks and Recreation



IV. Opportunities for Improvement

Communication

Accessible and User-Friendly Information

In order to effectively reach all segments of Honolulu's population, there must be multiple modalities to receive and disseminate information. First of all, people want information to be clearly presented and easy to read, hear and understand. This includes visual and auditory presentation of information in a legible font size that includes simple instructions in layman's terms and is available in multiple languages for Honolulu's ethnically-diverse community. Even auditory information, if spoken too quickly (e.g., automated answering services), can be a source of frustration for phone users of any age. Many still prefer a live person to talk to.

While information technology is becoming the main stream for communication, the affordability of a computer, on-going Internet service and users' training can exclude those on limited income or who prefer traditional information sources such as newspapers, television or radio. Some people are uncomfortable using cell phones, and many more find it difficult to use computers effectively.⁴ Offering public access to computers in libraries and senior centers and free or low cost Wi-Fi connectivity can remove some of these barriers.

On a broader level, Honolulu can be innovative in the communication domain by adopting an open data policy. As it sounds, open data is data that are freely available and can be used as a tool to solve real-world problems.⁵ In Honolulu, City officials have supported the concept of open data and, in 2013, passed Ordinance 13-39 Relating to Open Data.⁶ This followed a similar executive directive issued by then Governor Neil Abercrombie to all state departments promoting the Open Data Initiative. This city ordinance allows information held by the City and deemed as public information to be available in open, standards-based machine readable formats. An example of the practical benefit of open data is the development of the "DaBus app", which provides real time location and arrival time of Honolulu's buses for riders. This application was developed by the private sector using open data from the City's public transit system. (DaBus App: <https://itunes.apple.com/us/app/dabus-the-oahu-bus-app/id503701268?mt=8>)



Technology Training

Technology is constantly evolving. There are always newer applications, software, and devices surfacing on the market. Older adults not familiar with or uncomfortable using technology may find this overwhelming and could be afraid they will not be able to learn and keep up with younger users. They may be more comfortable if technology training can be adapted to their pace of learning and is affordable. Having low-cost or free technical assistance would help increase computer literacy and access to information tremendously.

Bud and Esther's Cyber Café



Source: www.servingseniors.org

The Cyber Café, managed by the Consumer Center for Health Education and Advocacy (the health care team of the Legal Aid Society of San Diego), is open seven days per week. Seniors receive computer help as well as assistance with public benefits. Volunteers and student interns assist in café operations.

Maximizing the Communication Reach

Most people still get their information about events, activities and resources from free sources and informal networks such as community papers, bulletin notices in their community centers, neighbors, family members and word-of-mouth. These channels and individuals are especially vital for those who are socially isolated and don't have access to television, computers and radio. To further expand the information outreach to the public, agencies and organizations should engage as many community groups as possible to help get the word out to the targeted audience. Focal community centers such as churches, schools, health centers (especially in smaller rural areas) can serve as major links to people, services and information.



Social Involvement

Recreation and Fitness Classes for All

As the baby boomers surpass their 60th birthdays, many seek new interests and activities that will keep them healthy and socially engaged. The private gyms and fitness centers attract those with health plans that cover their membership fees to promote healthy aging. Meanwhile the City's Department of Parks and Recreation exercise and recreation classes are very popular, especially among retirees, because of their affordability; consequently, classes are often at full capacity. With the growing older population, there is a need for more affordable recreation and fitness classes to accommodate the rising demand and the needs of an age diverse population. There is age segmentation within this older consumer group, with varying levels of physical capabilities and diverse interests. Programs and activities should be customized and offered to fit their different needs. The physical locations of these programs are also very critical for accessibility, because transportation may be a barrier for those who no longer drive or don't live near a bus line.

Frail, homebound individuals are among the vulnerable and underserved groups. A lack of programs is an issue, especially for those who live in rural areas. Adult day care and home care services can offer a variety of exercise and socialization activities for those who are unable to join a senior center or gym. Faith-based and non-profit organizations, such as Project Dana and Waikiki Friendly Neighbors, are community model programs that provide in-person visits or phone calls that can reach out and maintain contact with these homebound individuals.

While popularity and demand for these activities and programs increase, many are unable to keep up and are constrained by limited budget, facilities, staffing and resources. Keeping these programs affordable and available for users may require creative partnerships and even the repurposing of public and private facilities. For example, churches lease their social halls to host Zumba

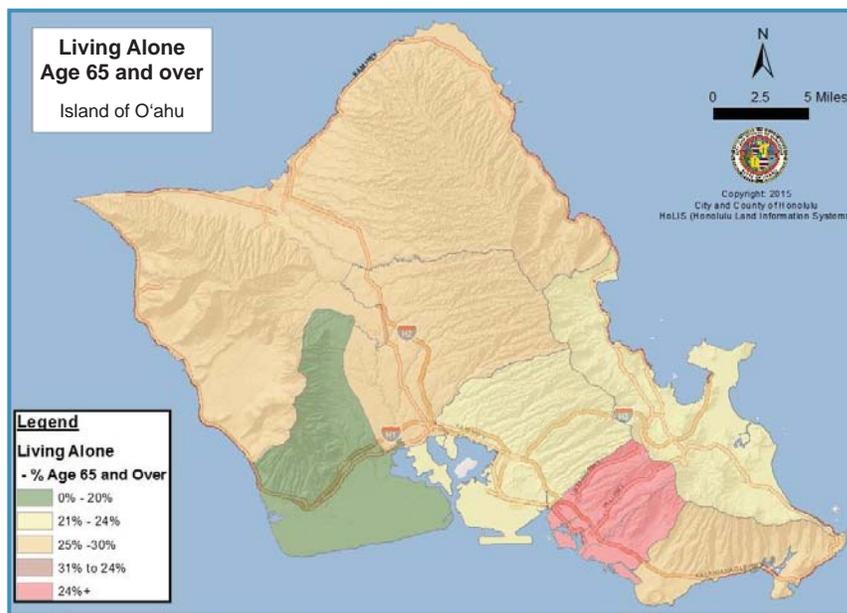


Figure 4-1 Living Alone Age 65 and Over

classes, yoga, and adult day care during the weekdays and evenings when they are not heavily used by the congregation. Schools allow neighborhood associations and youth clubs to host meetings and community events in their gyms and auditorium after hours and offer outdoor spaces such as fields to sports teams for practices and games. Even public libraries are reinventing themselves by offering rooms and spaces for workshops and positioning themselves as lifelong learning centers for youths and adults.

Opportunities for cognitive fitness should be widely available in an age-friendly community. The pursuit of knowledge through lifelong learning - whether it's learning a new skill or craft, mentoring or volunteering - has wonderful benefits for people of all ages. Lifelong learning opportunities keep minds sharp, improve memory, increase self-confidence, help people meet others who share similar interests, and build on skills individuals already have.

REINVENTING PUBLIC LIBRARIES

Many community libraries are receiving 21st century digital makeovers. The city of Chattanooga, Tennessee is undergoing a transformation. City leaders recently provided the entire city with a one-gigabit-per-second Internet speed, the first in the Western Hemisphere. This became a great opportunity to leverage the brand-new “GigCity” to improve — and expand — the library. With the help of grants and the library’s operating budget, the downtown library was outfitted with infrastructure to handle the highest-speed Internet. The 4th floor of the library was transformed into a community space. It’s now a



public space and home to several businesses, including a wedding-dress maker who uses the space to cut out patterns, and a writer in residence. One of the goals was not only to offer the high tech — like a popular 3-D printer available to the public — but low tech as well. They have sewing classes and other programs centered around making things, termed “maker spaces.” The library is becoming where the community can come and create things. The fourth floor will soon be adding the GigLab, a separate but inclusive gig-connected space designed specifically for gigabit-related experimentation and learning.

Source: Holly Korbey, “Rising to the Challenge: Re-Envisioning Public Libraries”. The Aspen Institute Dialogue on Public Libraries.



Intergenerational Mentoring and Transfer of Knowledge

The generation gap between tech-savvy youth and pre-computer grandparents has never been greater with the rapid technological advances in this new era. The youth wrapped up in social media may find it difficult to connect with the computer-challenged elders, while the older members may have difficulty keeping up with the cyber-speed kids. However, there are mutual benefits of developing intergenerational relationships between the young and the old.

For older adults, having the opportunities to mentor, teach and pass down treasured traditions, knowledge and skills, arts and culture help children identify and appreciate their place in the family and in history. Such social engagements enhance elders' self-esteem and value while paying homage to the past. For children, these relationships decrease negative behaviors and provide positive role models.

Schools, businesses, senior clubs and youth groups should develop intergenerational mentorship programs to exchange knowledge and skills and help bridge the chasms between the youth and elders.

An International Pairing of Older and Younger Generations



Source: CNA Speaking Exchange

The CNA Language School created the CNA Speaking Exchange program, an educational pilot project that connects older adults from the U.S. and students from Brazil through Skype. The older adults were recruited from a retirement community in Chicago and were happy to help young students practice their English. In turn, these older adults were given a role and sense of purpose.

‘Iolani School Curriculum in Aging and Intergenerational Relations

The “One Mile Project” is a high school class at ‘Iolani School. The purpose of this groundbreaking class is to empower students to develop empathy, examine aging issues and community needs, and utilize design thinking to develop and conduct community projects. This project is in partnership with Dr. Christy Nishita, Interim Director at the University of Hawai‘i Center on Aging,

Over the semester, students learn about a range of issues including aging demographic trends, policy issues, age-friendly communities, intergenerational relationships, and health issues. Students interact with older adults in the community and identify needs and issues. With strong leadership and support from their teachers, students are empowered to develop and implement community projects that benefit older adults in the community.

Through the class, the school developed ongoing relationships with key community organizations including Mo‘ili‘ili Community Center and Project Dana. The success of the class has spurred campus-wide intergenerational initiatives.

The class concept has also drawn national attention and was awarded a Youth Jumpstart grant from Generations United and AARP. The award recognizes youth-led intergenerational projects in the U.S. that address the needs of vulnerable adults aged 50 and over.



‘Iolani One Mile Project students presenting their proposal for an Intergenerational Center to the Iolani Board of Governors and key players in the aging network.



V. Overview of Goals, Recommendations, and Projects/Actions

The following section outlines goals, recommendations, and projects/actions developed for the Communication and Social Involvement domain. Further details including action steps, lead organization, indicators, and 3-year benchmarks can be found in Appendix A.

 Goal A: Intergenerational opportunities to share knowledge, encourage mentorship, cultural exchange, and volunteer opportunities are available	
Recommendations	Projects/Actions
Expand intergenerational opportunities	Recruit older volunteers within schools and community programs
	Create intergenerational cultural and leisure activities
	Promote student learning about empathy and aging issues
	Develop multigenerational task forces in neighborhoods
	Use technology to connect generations long-distance





Goal B: Programs, events, volunteer opportunities, and opportunities for lifelong learning are available

Recommendations	Projects/Actions
Expand active aging opportunities	Develop an Active Aging Directory
	Expand class and program offerings to include lifelong learning and entrepreneurship
Help home-bound elders receive valuable social supports and services	Expand and develop new friendly visitor volunteer programs



Goal C: Information and data are easily accessible and user-friendly

Recommendations	Projects/Actions
Improve access to technology	Offer free Wi-Fi island wide
	Open access to City information and data
Visibility for age-friendly initiatives	Wide use of Honolulu's age-friendly city logo and domain icons in marketing, communications
	Create age-friendly business certification





Goal D: People have the support to understand and use new technology

Recommendations	Projects/Actions
Technology training widely available	Offer discounted technology and training to older adults
	Technology training programs for unemployed or those transitioning to new careers
	Develop mobile technology van
	Free access to computers in community



Goal E: All segments of the population have access to information via a variety of modalities

Recommendations	Projects/Actions
Disseminate information on community resources	Create software applications (apps) that map resource locations
	Create online Kūpuna (older adult) media channel (e.g., YouTube)
	Place TVs scrolling community resources in public places
Promote positive messages on aging	Create an AFC marketing team to communicate positive views on aging
Reach rural and underserved populations	Ensure culturally tailored information, messaging, and marketing



This page is intentionally left blank.





Civic Participation and Employment

To what extent do older people have opportunities to participate in community decision making? And do older people have ample opportunities to contribute their experience and skills to the community in paid or unpaid work?

I. Vision

We envision that people's "golden years" are enriched by opportunities for encore careers and meaningful volunteer work in the community. In an age-friendly community, increasing numbers of people return to the workforce after retirement, if they desire, to assume new roles and careers. Some reinvent themselves by learning new skills and pursuing their passion and dreams as entrepreneurs. Meanwhile, others are able to continue working due to flexible work options offered by their employers. In turn, employers value the benefits of an intergenerational workforce and are able to retain the "wisdom inventory of their experienced older workers."¹





“Baby boomers are reinventing retirement.”

-Sharon O'Brien,
*“How Baby Boomers Will Change Retirement”*²

Individuals are volunteering their skills and services to the community and enjoying the benefits from volunteering, including a sense of self-worth, of feeling

active, and maintaining their health and social connections. Honolulu will have a strong volunteer infrastructure in place with resource centers that match organizations with people who share similar interests, and offer training and education to effectively lead and manage volunteers. There is an abundance of social networking activities that bridge new friendships and community inclusion.

II. Overview of Goals

The Civic Participation and Employment Workgroup went through a visioning process that considered the World Health Organization’s (WHO) Age-Friendly Cities characteristics. The workgroup identified five major goals for this domain. They are presented below in order of importance as determined by community feedback from the Living Age-Friendly event held February 7, 2015.



Older persons are recognized as assets, and their contributions are valued and respected



Flexible employment options are available



Workplaces are age-friendly and there is a seamless system to transfer skills and increased opportunities for older workers to continue to work and be productive



Volunteers have opportunities to develop leadership skills



Volunteer options are widely available



III. Current Context

The Civic Participation and Employment domain focuses on opportunities for individuals to be engaged in the community via volunteering, paid employment, or internships. The domain also focuses on mentorship opportunities, encore careers, entrepreneurship opportunities, and the transfer of knowledge from older to younger workers to maintain the workforce. Our perceptions of older workers and the value they bring to an organization or agency are also of importance.

This domain examines the current conditions in Honolulu and identifies opportunities for improvement that are feasible and appropriate for the City and County of Honolulu through this Age-Friendly City Initiative.

The following table summarizes the strengths, gaps and challenges of civic participation and employment in Honolulu:

Overview of Honolulu's Civic Participation and Employment		
STRENGTHS	GAPS	CHALLENGES
<p>There are many volunteer opportunities in Honolulu with the schools, non-profit service organizations, libraries, the arts and culture, churches, civic clubs, and more</p> <p>Honolulu has a number of mentorship programs that utilize former and current executives' expertise and experiences, such as SCORE, and the Aloha United Way Executives Loan Program</p> <p>Some employers are exploring flexible work options and dependent care benefits for their employees</p> <p>There are increasing numbers of educational classes and training for older adults on the use of technology, and social media, and other topics through adult education and community colleges, senior centers, and public workshops sponsored by non-profit organizations and private businesses</p>	<p>There is no consolidated resource or centralized directory of volunteer opportunities where volunteers and organizations can post their needs and interests and be matched appropriately</p> <p>There is a need for organizations and volunteer leaders to be trained on recruiting and managing a new cadre of volunteers who have distinctive needs and interests</p> <p>There is a need for intergenerational exchange of knowledge, skills and experience (i.e., cross generational mentoring)</p> <p>There is a need to provide transition/succession planning in businesses and organizations</p> <p>There is a lack of public awareness and understanding of older workers' value and contributions and a need to change public perception by promoting older workers' skills and assets</p> <p>There is a need to dispel negative perceptions of older workers and promote a fair assessment of employees' competence and skills</p>	<p>Establishing and maintaining a website or centralized database of volunteer resources/options in the community</p> <p>Limited training and education on effective leadership, recruitment and management of volunteers</p> <p>In order to get community buy-in, there is a need for leadership and coordination of public awareness and education that promote the values and attributes of older workers</p> <p>Limited staffing and funding to develop the resources, information, training curriculum and toolkits for employers to implement flexible work options, mentorship and succession planning programs</p> <p>Limited media support for raising public awareness of age discrimination or biases, issues facing an inter-generational workforce, and their negative impact in the workplace</p>



Overview of Honolulu's Civic Participation and Employment (continued)

STRENGTHS

The U.S. Small Business Administration (SBA) and affiliated business networks offer workshops and resources on new business startup and other training programs on entrepreneurship

GAPS

Human resource departments and managers require more resources and information to effectively manage and address the needs of an intergenerational workforce

Companies and employers are unaware of the wide array of flexible work options and the best ways to implement them

People need to plan better for the second half of their lives and may want to pursue volunteerism, leisure activities, employment or continuing education to remain engaged and healthy

There is a need for more education and training for people who want to learn new skills

CHALLENGES

Limited funding to expand adult education programs and training workshops for people seeking to learn new skills and knowledge

Note: Based on data and viewpoints of workgroup members, key informants, and focus group participants.

Civic Participation

Civic participation refers to personal and public activities that benefit our community while keeping older adults engaged as contributing members of society. Although there are a plethora of volunteer opportunities in Honolulu, people are not quite sure what would be the one best suited for them. The skills and interests of volunteers



Project Dana volunteer and care recipient

should be matched to the assigned position and organization. Many people are seeking a greater range of options and, similar to employment, prefer flexibility with work schedules and physical accommodations of the job. Transportation to and from the volunteer job site can potentially be a barrier for those who are unable to drive and can't access public transportation. By removing obstacles, people will have more opportunities to be actively engaged in the community and lead enriching lives.

In Honolulu, there are a number of programs that heavily rely on volunteers. Schools, libraries, museums and hospitals are popular venues for individuals who wish to contribute their time and services. Aloha United Way, AARP,





Unless we are engaged in our later years, we are just dying longer, not living longer.

-Jay Bloom, *Hawai'i's 2020 Vision: The State of Active Aging*³

RSVP (Retired Senior Volunteers Program), Sage PLUS (the State Health Insurance Assistance Program) and SMP (Senior Medicare Patrol) are among the many non-profit service and charitable organizations that engage people in worthwhile causes and interests. Volunteers from programs such as Project Dana provide an invaluable service in the community, visiting and helping older adults who are socially isolated.

Older adults are a valuable source of volunteers and can be engaged to address community needs. Hawai'i currently has programs that recruit older adults as volunteers to help socially isolated older adults and youth at risk. For example, the Hawai'i State Department of Human Services administers two statewide programs - the Senior Companion and Foster Grandparent Program. The Senior Companion program is a statewide volunteer program that enrolls eligible low-income seniors to provide in-home companionship and limited personal care to frail elders and respite to caregivers. The senior companions are given a small stipend for their services. The Foster Grandparent Program is also a volunteer program that recruits seniors statewide to assist children with special and exceptional needs in childcare and school settings.

Employment

Retirement in the new millennium is being redefined. There are more and more people working longer than in the past. With the aging baby boomers, longer life expectancy, and the poor economy, nearly 1 in 5 people age 65 and older are still in the workforce.⁴ For some workers, it is out of financial necessity, while others work to stay engaged and productive. In today's society, there are 3 to 4 generations working side by side, which add new facets to the workforce diversity.⁵ With this greater diversity, there is the potential to capitalize on the experience of older workers.

There are non-profit organizations in Honolulu that use the talents and skills of retired executives and professionals to provide technical advice and consultation in business start-ups and career options. SCORE and Aloha United Way Executive Loan Programs are community models that engage successful business people to provide helpful tips for budding entrepreneurs or existing businesses to help them fine-tune their operations and arm them with tools like a marketing plan.



The Hawai'i Department of Labor and Industrial Relations (DLIR) sponsors the Volunteer Internship Program (VIP) to stimulate job growth in Hawai'i. VIP is a voluntary program that allows job seekers, especially those receiving unemployment insurance benefits, to gain workforce training as interns. The program matches the interns with organizations (for profits and non-profits) that are willing to help them acquire new skills and experiences and open the door for future jobs. The Honolulu Community Action Program is a local non-profit with a mission to support low-income families on O`ahu become more self-reliant. One of its programs is the Senior Community Service Employment Program, in which low-income older adults receive training and assistance with job placement.



Source: The Honolulu Community Action Program

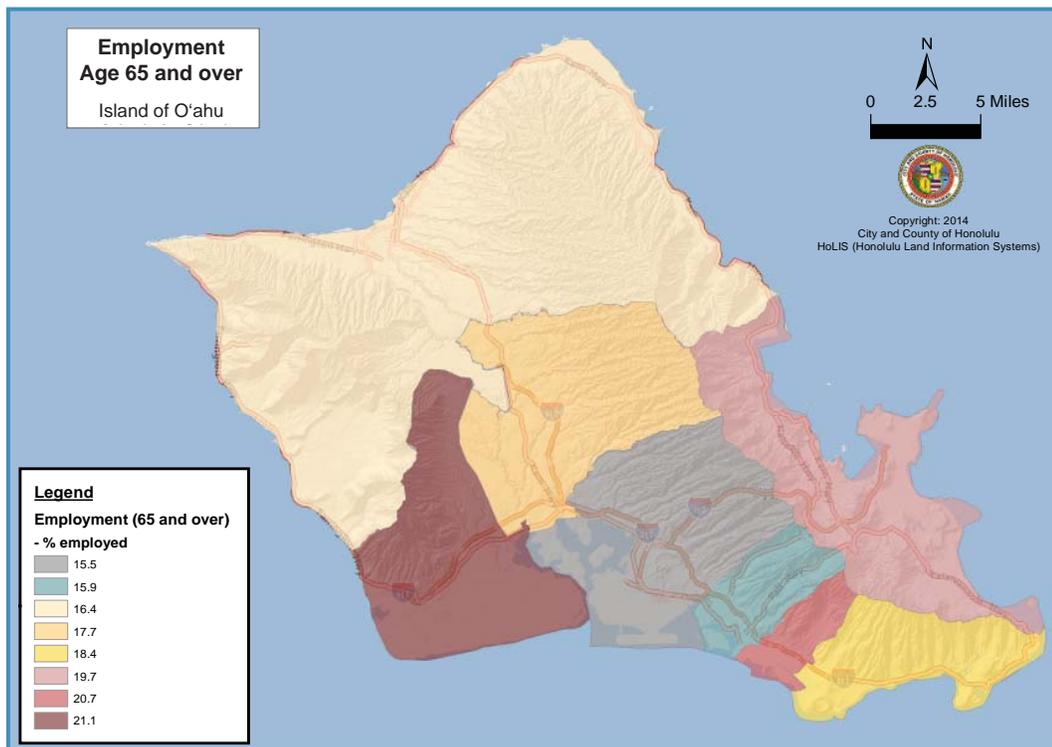


Figure 5-1 Employment Age 65 and over



IV. Opportunities for Improvement

Volunteer Resource Center

There are numerous volunteer opportunities throughout Honolulu where individuals can actively participate and be engaged in the community. Schools, hospitals, museums, human service organizations, and social interest groups are excellent volunteer venues that can utilize the extra human capital. However, people are not sure how and where they can volunteer and in what capacity. Having a consolidated resource center, whether it's online, a program operated by a public or private entity, or a printed directory would greatly assist individuals in identifying and being matched to organizations with similar interests and needs.



Project Dana and its youngest volunteers

Volunteer Leadership and Management

Today's volunteers are not the same as yesterday's. In the past, most of the volunteers were stay-at-home moms and retirees. Nowadays, there are many working women, single parents and grandparents raising grandchildren or continuing to work. Despite their busy schedules, many are still motivated and willing to volunteer their time and services for the right causes.

Influenced by the changing environment, experiences and life forces, the baby boomers approach volunteerism with different attitudes and expectations. This new cadre of volunteers demand flexibility, expect to be empowered and treated like professionals, and don't want to be micromanaged.⁶ The volunteer potential of baby boomers is vital to the non-profit world, not just because of the generation's size but also because of boomers' relatively high education levels, health, and wealth.

Aging Workforce – Transfer of Knowledge and Productivity

Many employers are unprepared to handle the challenges of an aging workforce and grapple with issues such as loss of expertise, workers providing care to aging family members and losing productivity, misperceptions and generation gaps between younger and older workers, and equipping older workers with the technology skills essential for increased productivity.⁷ The potential loss of institutional knowledge accrued among their long-time older workers and the need for succession planning are among the major concerns of employers. According to AARP, industries such as health care, public education and other public sector agencies have a high percentage of older workers and are facing an impending “brain drain.”⁸ The younger generation may not have the skill sets required to replace the older workers, or they tend to job hop, which makes it challenging for employers to develop a succession plan. Some organizations claim that older workers do not want to share their knowledge with others for fear of losing their value in the workplace.⁹

“In today’s society, there are 3 to 4 generations working side by side which add new facets to the workforce diversity.”

- Pitts-Catsoupes, Mirvis & Berzin. Leveraging age diversity for innovation, Journal of Intergenerational Relationships

Employers would benefit from workforce planning and deploying strategies such as mentoring programs in which older workers teach younger workers important knowledge, skills and institutional history. Reciprocally, the younger, technology-savvy employees can mentor these older workers with fewer technical skills. Other solutions include: phased retirement, by which older workers can gradually transition into retirement, giving them time to train their successors; training older workers for new positions in the company that are less physically demanding; and hiring back retirees as needed. Employers need help to solve their current and future staffing challenges.¹¹

Perceptions of Older Workers

Society’s common perceptions of older workers are mixed. The positive perceptions of older workers are: 1) good work ethic; 2) acquired knowledge and experience; 3) loyalty to the company; and 4) dependability and productivity. On the other hand, negative perceptions tend to portray them as: 1) less creative; 2) less flexible; 3) less able to perform physically demanding jobs; and 4) less open to new technology.¹² Although research has shown that age and work performance are not related, approximately 60% of workers between the ages of 45 and 74 believe that age is a liability



in the workplace.¹³ This anti-aging perception leads some employers to treat older workers unfairly despite the fact that age discrimination is prohibited in the U.S.

Older and younger workers tend to have different values in the workplace. Older workers seek more meaningful and personalized relationships with their supervisors through a direct, face-to-face communication rather than by virtual exchanges such as email and texting, which are commonly used by younger workers.¹⁴ Differences between young and older workers can be addressed through fostering understanding and providing empathy training. Some companies have created generational training programs that teach employees to appreciate the experiences, strengths, feelings, values and attitudes of other generations and seek common ground to bridge the gap.¹⁵ Companies and businesses must continue to seek ways to embrace and retain the creativity and the wide range of perspectives and skills generated from an age-diverse workforce.



Flexible Work Options and Other Age-Friendly Workplace Benefits

There is an array of flexible work options that allow employees to adjust when, where, and how they work so that they can balance their work and personal lives. Although flexible work options can benefit workers of all ages, they are especially beneficial to older workers who are transitioning into retirement, facing physical limitations, or have family caregiving responsibilities.

Family caregiving responsibilities are a major challenge for many workers. These caregivers tend to be in their mid 40's and at the prime of their careers.¹⁶ However, they are taking time off to accompany family members to medical appointments, manage their finances and household chores, and even provide daily care. Juggling these caregiving tasks along with their own family needs and careers can be extremely stressful and physically demanding on the working caregiver. It is not uncommon for caregivers to reduce their work hours, prematurely quit their jobs or seek retirement so that they can care for family members. To retain the knowledge and skills of these

mature and experienced workers, organizations may find it necessary to change their policies to address this growing issue. Flexible work options can be part of the solution and could include:

- Job sharing
- Tele-work from home
- Phased retirement program
- Part-time work
- Educational leave
- Time off for dependent care
- Benefits that provide respite care like adult day care

Employers could mutually benefit from flexible employment practices, with better employee retention, improved work productivity, increase in employee morale, and lower company health care costs with less stressed employees and reduced absenteeism.

The typical retirement planning seminar tends to focus on Social Security, pension and health benefits, and neglect to address the additional 20-30 years a retiree in Hawai'i would potentially face.¹⁷ There is a need to broaden a person's life plans beyond financial issues. For example, planning would include a self-assessment of interests, skills and the pursuit of volunteer, employment, leisure and recreational activities. These intrinsic activities contribute to a person's sense of self-worth, good health, and connectivity in the community and minimize the risk of social isolation and depression.

Encore Careers

Entrepreneurship is a growing trend among experienced American workers. New research shows that one in four Americans between the ages of 44 and 70 are interested in starting their own business or non-profit venture in the next five to ten years.¹⁸ Furthermore, according to AARP, nearly half of these aspiring entrepreneurs report a desire to be "Encore Entrepreneurs," meaning starting a business with a positive social impact.¹⁹ Whether because of a layoff, the need for supplemental income, the desire to create more work/life balance, or simply wanting to pursue something enjoyable, more and more older workers expect to go into business for themselves. People are living longer and healthier lives and view retirement years as an opportunity to stay active, grow and do something they've always dreamed of. AARP reported there were 7.4 million self-employed workers over the age of 50 in 2012, and this



number continues to grow each year.²⁰ Baby boomers are reinventing retirement in this country. There is a need to provide these budding entrepreneurs with actionable information they need to start and grow small businesses and the tools necessary to succeed and create jobs.

Model Program: Life Reimagined



An innovative, highly personalized new AARP approach — Life Reimagined — is designed to help people learn how to tackle a new life stage. A multimedia set of tools, resources and programs, available both online and in person, supports anyone interested in exploring life choices large or small —whether it’s an encore career, meaningful volunteering/mentoring experience, new health and recreational pursuits, or lifelong learning endeavors.



Source: AARP LifeReimagined

V. Overview of Goals, Recommendations, and Projects/Actions

The following section outlines goals, recommendations, and projects/actions developed for the Civic Participation and Employment domain. Further details including action steps, lead organization, indicators, and 3-year benchmarks can be found in Appendix A.

		Goal A: Older persons are recognized as assets, and their contributions are valued and respected
Recommendations	Projects/Actions	
Recognize the value of older workers	Create certification and awards program for age-friendly employers	
	Develop media campaign on value of older workers	
	Create toolkit for employers on issues such as mentorship, succession planning, retirement planning, and flexible work options	



Goal B: Flexible employment options are available

Recommendations	Projects/Actions
Promote flexible work options	Develop and expand flexible work/life policies
	Create a "temp agency" for retired CEOs



Goal C: Workplaces are age friendly and there is a seamless system to transfer skills and increased opportunities for older workers to continue to work and be productive

Recommendations	Projects/Actions
Create new opportunities in retirement	Develop entrepreneurship classes
	Adopt Encore Fellows Program
Capitalize on experience of older workers	Create workplace mentorship programs
	Develop a countywide mentorship database pairing older and younger workers
	Create expert speaker series
Eliminate forced retirement based on age	Eliminate requirement and refocus to retirement based on fitness/ability to perform





Goal D: Volunteers have opportunities to develop leadership skills

Recommendations	Projects/Actions
Cultivate volunteer leaders and retain volunteers	Develop a toolkit for organizations on volunteer recruitment, supervision, and retention
	Create a training program on volunteer leadership and management



Goal E: Volunteer options are widely available

Recommendations	Projects/Actions
Maximize promotion of volunteer opportunities	Utilize social media and public relations
Better match individuals and organizations	Create a matching program that is professionally run and provides ongoing support to volunteers



This page is intentionally left blank.





Community Support and Health Services

To what extent do older people have the resources, access, and availability of quality social, community support, and health services they need to stay healthy and maximize independence?

I. Vision

We envision a community and health care system that is prepared for the growing needs of a rapidly aging population. The health of our citizens is of highest priority. Our community will promote healthy behaviors and active lives for persons of all ages. Guided by people's preferences, need for affordability, and the direction of local and federal policies, our health care system will integrate community support and health services that offer a full continuum of care for people to "age in place". This continuum ranges from healthy aging programs, preventive and primary health care, to in-home care and services. As a result, older adults and caregivers will not be



frustrated and overwhelmed by a fragmented care system. We will be well educated and prepared for our role as caregivers, knowledgeable about aging issues including dementia and fall prevention, and able to successfully manage our chronic illnesses.

II. Overview of Goals

The Community Support and Health Services Workgroup went through a visioning process that considered the World Health Organization's (WHO) Age-Friendly Cities characteristics. The workgroup identified five major goals for this domain. They are presented below in order of importance as determined by community feedback from the Living Age-Friendly event held February 7, 2015.

-  Long-term services and supports (LTSS) are accessible and available
-  Health services are accessible and available
-  Education and public awareness on healthy aging, elder care, and safety are widely available
-  Older adults are safe from abuse and neglect
-  Public emergency and disaster planning accounts for older adults



Source: Wall Street Journal

Source: nursinghomesinhawaii.com



III. Current Context

The opportunities to strengthen health services and community support systems are vast. This domain examines the current conditions in Honolulu and identifies opportunities for improvement that are feasible and appropriate for the City and County of Honolulu through this age-friendly city initiative.



The language used within community support and health services can be confusing, and buzzwords used by health care professionals are often misunderstood by patients. During our life, we will use all systems of care at some point. **Prevention** is vital to healthy aging and helps people avoid the need for higher levels of health care. For example,

maintaining a healthy lifestyle may prevent the onset of many chronic conditions; having your medications reviewed by a pharmacist can prevent drug interactions; and home modifications can help people avoid preventable falls.

Regular contact with one's doctor, or the **primary care** system, will help optimize healthy aging. For those diagnosed with a chronic condition, such as diabetes or heart disease, close monitoring by their primary care physician is critical. **Acute care** systems provide active treatment for severe injury, a flare up of a chronic condition, an urgent medical condition, or during recovery from surgery. Care provided through acute care systems is short-term, such as surgery to repair a broken arm for a person who has fallen off his or her bike, a bone marrow transplant for a man who is fighting leukemia, or physical therapy for a woman recovering from a hip replacement.



Long-term care is important for persons who need ongoing services and support because of chronic illness, disability, or cognitive impairment. A range of long-term services and supports (LTSS) can help, and includes human assistance, such as bathing, toileting, and eating; service coordination to help people navigate care systems and

access services they need; health maintenance tasks such as medication management; and supportive services to families providing care. As functional impairment increases and health declines, however, it may be difficult for people to remain safely living in their home, and at this point, other long-term care options, such as assisted living or nursing homes, may be more appropriate.

The following table summarizes the strengths, gaps, and challenges in Honolulu’s community support and health services.

Overview of Honolulu’s Community Support and Health Services

STRENGTHS	GAPS	CHALLENGES
<p>People are living longer and are healthier</p> <p>People remain living in their homes and connected to their communities for longer</p> <p>A healthy lifestyle and active living are becoming mainstream practices with greater awareness of themselves</p> <p>Long-standing support and funding from the Hawai`i State Legislature for programs and services for all ages</p> <p>National entitlement programs support older adults, persons with disabilities, and low-income populations throughout Honolulu</p> <p>Established in 1999, Hawai`i’s state-funded Kūpuna Care Program enables services to frail and vulnerable older adults throughout Honolulu</p> <p>The population throughout Honolulu embraces cultural traditions and practices that value providing care to family members</p> <p>There is increased collaboration between the health and social care sectors</p>	<p>A workforce and provider short-ages leads to inability to meet older adults’ care needs</p> <p>To more efficiently target public resources, increased funding for community services is needed to support aging in place</p> <p>Some rural, vulnerable, and low-income communities are underserved</p> <p>Information on health and community services can be difficult to obtain and/or navigate; there is no centralized clearinghouse of community resources</p> <p>There is a lack of sustainable funding and capacity to deliver a sufficient supply of community support services</p> <p>All care systems’ services need to focus on health promotion and prevention, and wherever possible, be grounded in evidence-based research</p> <p>Accessibility challenges limit health and community support services to a portion of the population</p> <p>Family and informal caregivers require more education and community support</p>	<p>Attracting, training, and retaining geriatric professionals can be difficult</p> <p>There is no systemic measurement to predict the amount of public resources required to ensure care is accessible to all those in need</p> <p>Ensuring sufficient and appropriate services are available for vulnerable and disease-specific populations can be challenging (e.g., older adults with dementia, those at risk for self-neglect or abuse, those who are homeless, those with mental health needs, and those with chronic conditions)</p> <p>The Statewide Aging and Disability Resource Center (ADRC) is in the early stages of development within the City and County of Honolulu</p> <p>Information and referral systems often work within their own networks</p> <p>There is minimal connection to the private sector; emerging partnerships should engage new stakeholders and explore integrated services within naturally occurring places</p>



Overview of Honolulu's Community Support and Health Services (continued)

STRENGTHS

There is a growing awareness of the increasing needs of Honolulu's older adult population

Many innovative best practice programs and services are available to older adults throughout the City and County of Honolulu and are validated through research

Systems' change initiatives are evolving to align with federal, state, and local policy changes to health care and social services

Statewide groups have convened to develop systemic plans for at-risk and vulnerable populations; these initiatives will directly impact Honolulu's communities (e.g., statewide task force on Alzheimer's disease and related dementias; fall prevention consortium; elder abuse coalitions)

The Hawai'i State Legislature appropriated funding in 2014 for a statewide long-term care education campaign, which is scheduled to begin in 2015

GAPS

Families require end of life planning and education to make better informed health care decisions

Disaster and emergency planning efforts are not sufficiently developed to ensure safety of older adults living in the community

A scarcity of certified, available, and accessible language interpreters leads to inappropriate reliance on family translators

CHALLENGES

Older adults do not always utilize the health care system appropriately (e.g., inappropriate use of emergency rooms; restricted contact with doctors despite health decline)

Accessibility barriers to health and community services for some populations (e.g., transportation, technology, persons with disabilities under the age of 60)

Family members are performing more complex health care tasks to those they care for; too much reliance on informal support to meet increasing care needs

Cultural barriers to support aging in place (e.g., cultural expectation to care for family members; reluctance to seek help)

Many health care providers have limited knowledge of community services for older adults

The state's definition of a vulnerable adult limits Adult Protective Services' (APS') involvement; adults who do not meet the statutory requirement may fall through the cracks if services are not available

Healthy Aging and Wellness

According to America's Health Rankings, Hawai'i was again ranked as the healthiest state in the nation in 2014.¹ Community initiatives, such as Healthways Blue Zones Project, strive to provide citizens with opportunities to maximize their wellness, optimizing Honolulu's longevity. Around the world, longevity research has identified communities that are filled with vibrant residents who are actively living well into their hundreds; these communities have been identified as Blue Zones. To increase longevity, the project applies nine principles found within these Blue Zones, such as



encouraging people to find ways to move naturally, eating mindfully and stopping when 80% full, and spending time with family. Striving to help residents make small changes to make healthy choices easier, the Blue Zone Project targets four key environments; the *inner self* helps people discover their purpose in life, modifying one's *habitat* to encourage healthier activity, connecting with *social networks* that reinforce healthy behaviors, and connecting to and participating within Hawai`i's *communities*. Collaboration on new initiatives, such as Healthways Blue Zones Project, will be im-

perative to finding success in making well-being a priority throughout the City and County of Honolulu.

Healthy behaviors, including diet and exercise, should be promoted from an early age and continued across the life span. Among older adults, opportunities for healthy aging (both physically and mentally), wellness activities, and managing chronic illness are critical. Within Hawai`i's aging network (which includes a range of organizations and providers who serve older adults and their families throughout the state), programs such as the Chronic Disease Self-Management (CDSMP) program and EnhanceFitness, have been implemented and health outcomes validated through the "Healthy Aging Partnership." However, these programs and services are not currently available to all older adults throughout the City and County of Honolulu.

Partnership Between Kaiser Permanente and the Hawai`i Falls Prevention Consortium

Community partnerships provide opportunities to enhance the capacity of many wellness initiatives. For example, 32 partnerships combined to form the Hawai`i Falls Prevention Consortium, bringing together a broad spectrum of knowledge and resources to enhance the capacity of fall prevention efforts throughout the state. Among other partners, Kaiser Permanente has bolstered fall prevention efforts by airing educational public service announcements on their closed circuit system in all clinics statewide, offering free medication reviews and balance testing to older adults, and offering Tai Chi for Health to members within clinics and cooperating partner facilities like the YWCA, YMCA and some fitness companies. Kaiser Permanente is a model of the type of partners that are needed to scale initiatives that foster community wellbeing.

4 Fall Prevention Tips for Seniors YOU EVER FALL?

- 1 Have Your Medications Reviewed**
- 2 Have Your Eyes Checked**
- 3 Make Your Home Safe**
- 4 Stay Active and Exercise**

FOR INFORMATION CALL 733-4202

Graphic: <http://health.hawaii.gov/injuryprevention/home/preventing-falls/senior-fall-prevention-campaign-2014/>



Access to Information and Services

Many older adults, their caregivers, and families find it difficult to navigate the health care system to access information on the community support and health services they need. Currently, Honolulu is planning for the implementation of the Aging and Disability Resource Center (ADRC) within the City and County of Honolulu, aligning with the federal initiative to develop a “single point of access” for information and services for older adults and their families. The role of the ADRC will be to provide information and assistance to older adults, people with disabilities, and their families so they can access long-term services and supports. Once developed, a centralized clearinghouse will provide web-based community resources; an additional method of accessing information.

Affordability of Care

Limited public funding for services is available, and the affordability of health services and community supports remains a challenge facing older adults and their families. The high cost of long-term care is a primary concern among older adults and their families. For example, private home health care in Honolulu can average \$75,000 annually for a full-time home health care aide.² Nevertheless, 98% of adults in Honolulu surveyed by AARP’s Livable Communities survey rated affordable home health care as extremely important, with 86% reporting this service to be lacking in their community.³

The majority of older adults prefer to age-in-place. Given the high costs of long-term care, informal caregivers, typically family members, neighbors, and friends often step in to help care for their loved ones. The vast majority of long-term care in the U.S. is provided by these caregivers. They are the backbone of the long-term care system and need better information, education, and support.

Healthy Aging Partnership

Hawai‘i’s Healthy Aging Partnership offers two evidence-based programs, Better Choices, Better Health (BCBH) and EnhanceFitness. Both programs exemplify the opportunity to strengthen all systems through integrated care. BCBH participated in this nationally acclaimed Chronic Disease Self-Management Program, designed for people with chronic diseases to better manage their symptoms and improve their overall health. Program participants are hospitalized less often and use the emergency room less often, among other outcomes. A group exercise program with routines to address balance, strength, endurance, and flexibility, EnhanceFitness participants experience fewer falls, have improved mobility, and better balance. Hawai‘i’s Health Aging Partnership won the award for excellence in multicultural aging, and was presented the award by the Network of Multicultural Aging at the American Society on Aging conference, in 2013



Source: Executive Office on Aging (2014). Better Choices, Better Health And Enhance Fitness Ke Ola Pono - Healthy Living Fact Sheet

Costs of Care in the City and County of Honolulu

Honolulu Costs of Care, Median Annual Rates

Assisted Living - **\$48,000**

Nursing Home, Semi-Private Room - **\$124,830**

Nursing Home, Private Room - **\$135,050**

Source: Genworth (2015). Genworth Cost of Care Survey: Hawaii State-Specific Data

Hawaii Long-Term Care Facilities

30 Long-Term Care Facilities

2,609 licensed Beds through Department of Health

Source: Hawai'i Department of Health, Office of Healthcare Assurance (2014).

Skilled Nursing/Intermediate Care Facilities

For older adults and families who are eligible, Medicaid offers critical health and long-term care services. To target scarce public resources to those most in need, Medicaid was expanded in January 2015 through the Hawai'i Quest Integration (QI) program. The QI program creates a single, statewide managed care program and provides more health plan choices to aged, visually impaired, and persons with disabilities. Beneficiaries are more likely to be able to remain with the same health plan upon turning 65 or developing a disability. Also, beneficiaries will get access to more long-term services and support options that are medically necessary to prevent declines in health and in functioning.



Kūpuna Care is another statewide program designed to provide long-term services and supports to help older adults “age in place.” The program is administered by the Executive Office on Aging and implemented by the four Area Agencies on Aging: Hawai'i, Kaua'i, Maui (includes Moloka'i and Lāna'i) and O'ahu. The program provides a wide range of services, such as home delivered meals, transportation, in-home personal care and adult day care, using state funds, and targets those who are frail, vulnerable, and do not have access to other services. While the Kūpuna Care services are free to eligible participants, program enrollment is limited based on the amount of state funds allocated by the State Legislature. This program primarily serves the “gap group” who do not qualify for comparable public benefit programs or services but do not have sufficient financial resources to pay for the high cost of long-term care out-of-pocket.



Workforce Needs

As the City and County of Honolulu's population of older adults continues to grow, the capacity to provide quality care will be challenged without a stronger and more abundant workforce. Nationwide, there's a scarcity of geriatricians to meet the growing care needs of aging populations. In 2004, the University of Hawai'i at Mānoa, John A. Burns School of Medicine (JABSOM) became the fourth medical school in the United States to offer a full geriatrics department.⁴

Beyond geriatricians, there is a crucial need for a diverse health care workforce that includes nurses, social workers, and allied health professionals experienced in caring for older adults. Echoed by Hawai'i's Healthcare Workforce 20/20 Plan & Report (2009-2014), the state's capacity to meet the needs of our aging communities hinges on our ability to develop a more robust and sufficiently trained workforce.⁵

The availability of geriatricians is scarce and remains an urgent health care need throughout the entire state of Hawai'i.

Community Education and Awareness

It is critical for all of Honolulu's citizens to be aware of and understand aging issues. Persons of all ages, including children, are caregivers to older relatives.

Families in Honolulu need critical information on topics such as dementia, fall prevention, and end-of-life care. For example, through collaboration between Kokua Mau, a hospice and palliative care organization, and HMSA, one of the largest health plans in Hawai'i, a series of educational videos was created. By using videos to help people better understand the options they face, such as making care decisions with a family member who is entering the late stages of dementia, providers are better able to explain topics that are often complicated and necessary decisions that are fueled by complex emotions.

Education should begin at an early age for students to understand that our population is aging and that this will impact not only our health, but all aspects of our lives and society.

Making informed decisions, planning for care needs into the future, and being aware of support and services in the community to support older adults and families is vital. To increase community understanding of the need to plan for long-term care, the Hawai'i State Legislature appropriated funding in 2014 for a statewide long-term care education campaign, which is scheduled to begin in 2015.

Safety of Older Adults

As a community, Honolulu needs to prevent elder abuse and neglect. Financial exploitation, neglect, and self-neglect are the three most commonly reported forms of abuse in Honolulu and throughout the state.⁶ Private-public partnerships have evolved to combat fraud among older adults. The Hawai`i Partnership Against Fraud (HPAF), for example, is a collaboration of government entities, financial institutions, and other key stakeholders to provide public awareness and education to combat financial exploitation. The complexity of elder abuse requires a range of effective strategies that improve awareness and take action against abuse.

There are other agencies and organizations, as well, charged to increase safety among older adults. The Honolulu Department of Emergency Management is charged with coordinating emergency plans, programs, and initiatives. The Hawai`i State Chapter of the American Red Cross provides valuable services in emergency preparedness, lifesaving skills, and disaster relief. To address the particular needs of older adults during natural disasters, a Natural Disasters Safety and Readiness Guide for Seniors in Hawai`i was developed through Pacific EMPRINTS, and serves as a resource for future emergency planning efforts throughout Honolulu.⁷

IV. Opportunities for Improvement

Good integrated care holds the promise of eliminating the fragmented, medically-orientated care that often wastes [money] and leaves [people] with substantial needs and their families feeling confused and overwhelmed without needed support for daily physical and cognitive functioning.



Source: National Committee for Quality Assurance (2013). Integrated care for people with Medicare and Medicaid: A roadmap for quality

There are numerous opportunities to strengthen Honolulu's health and community support systems. This section is intended to highlight current initiatives that can be strengthened and opportunities for improvement that are feasible for the City and County of Honolulu to achieve. An overarching theme present within each of these opportunities is the need for workforce development to strengthen capacity within the City and County of Honolulu to accomplish many of the strategies recommended within the Action Plan.



Integration of Care Systems

It can be confusing for patients and families to navigate our health care systems, particularly for persons with multiple chronic conditions, with cultural barriers, or disabilities. An integrated system is necessary, coordinating the delivery of physical health, behavioral health and community support services. This integrated approach is important to control costs and to provide better care to our population. In fact, integrated care has been incentivized through the Patient Protection and Affordable Care Act of 2010 (ACA).

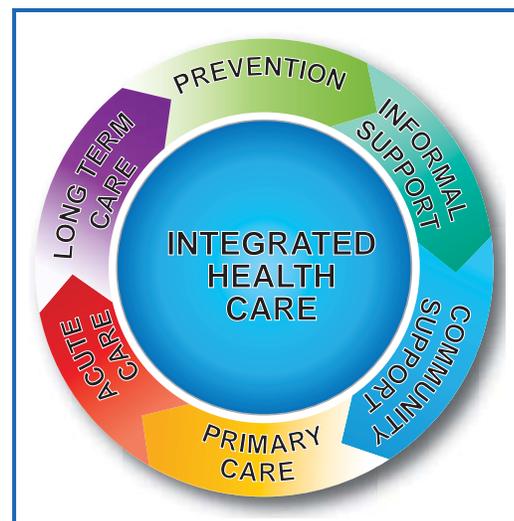


Figure 6-1 Intergrated Care

Eric Dishman is a champion of integrated care. In April 2014, Eric Dishman, an expert in health care innovation, addressed Honolulu’s policy makers, health care and aging-related professionals, businesses, and researchers. He inspired audiences with the potential of technology to integrate care for consumers. Over 400 people, including Honolulu’s Age-Friendly Citizens Advisory Committee, attended the two-day series at different venues in Honolulu. He introduced the concept of “shifting left” away from the traditional institutional care model (i.e., hospitals), which is expensive and unsustainable, and

Shift Left: Personal Health Paradigm of Care

Eric Dishman of Intel Corporation, Oregon, is widely recognized as a global leader in health-care innovation with specific expertise in home and community-based technologies and services for chronic disease management and independent living, and bringing healthcare home by using consumer health technologies and mobile solutions for care-workers. He champions the Personal Health Paradigm of Care, Intel’s care model that shifts away from the traditional institutional care to a more cost effective and preferred community-based care at the home. There are three pillars of the model:

1. Care Networking integrates virtual and team based where the patient is supported by the group of health care and informal caregivers (i.e., family) in which they share patient information on a virtual basis using tele-health technologies.

2. Care Anywhere focuses on the opportunity to care for the patient in the home using independent living technology that can monitor the individual’s vital signs, provide medication reminders, and set up an online group chat room to support communications with family/friends and permit conference calls with the care team.

3. Care Customization directs attention to the person-based treatment and assesses each person’s genetic risk and propensity to certain diseases. Patient education, behavior



modification and preventive care strategies are deployed to minimize the patient’s health risks and promote healthier lifestyles.

Source: Assistive Technology Resource Center of Hawai’i (2014). Future of Technology and Aging in Hawai’i - Report of Four Conferences Presentations by Eric Dishman

pivoting to more home and community-based care, which focuses on prevention, early detection and person-based treatment that includes the family caregivers as part of the care team. His message was profound and planted the seeds to create change within Honolulu's health system.

Develop Additional Services

Helping people to remain safely living in their communities for as long as possible will require additional services to meet older adults' care needs. Not unique to

Integrated Care Model: Japan's 2025 Vision

With Japan's older adult population expected to rise to one in three by 2025, the government has initiated ambitious goals for integrated approaches to providing care. In Japan, integrating health care means that long-term services and supports, preventive measures, and other health services are easy to access and coordinated for the individual and family by a care manager. Among other initiatives, Japan's approach to creating "dementia-friendly communities" has received international attention, with one scheme aiming to recruit 1 million volunteer "dementia friends" by 2015. Japan's dementia-friendly community initiative has trained 4 million volunteers, engaging volunteers in inclusive and prevention led approaches to dementia care.



Source: Japan Times

Hawai'i, informal caregivers are the backbone of the care system, providing 80% of care to older adults.⁸ In considering solutions to meeting the rising need for additional services, caregivers are essential to include in the integration of care systems. Activating caregivers as part of the solution, however, will require available and sufficient education, training, and community services for our caregivers.

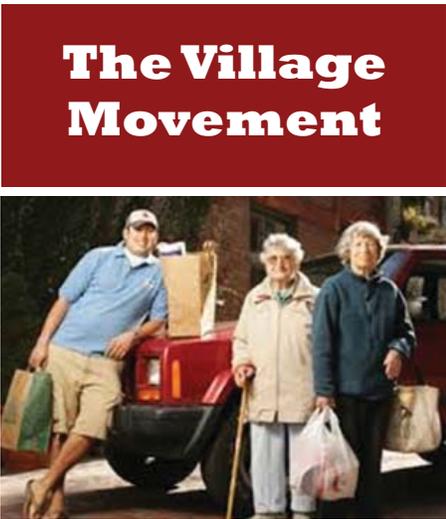
To develop additional services, models should be used that have proven health outcomes, referred to as "evidence-based programs." Evidence-based programs, such as the Healthy Aging Partnership in Hawai'i, have been implemented and health outcomes validated. However, these programs and services are not currently available to all older adults throughout the City and County of Honolulu. Additional evidence-based programs and services should be explored and considered within integrated care frameworks.

Expand and Cultivate Initiatives

There are many initiatives in place to strengthen community support and health services within the City and County of Honolulu. Community education efforts, such as the upcoming campaign funded by the Hawai'i State Legislature to increase public awareness of the need for long-term care planning, require strong leadership, partners, and ongoing support. Additionally, current aging initiatives such as the Hawai'i 2025: State Plan on Alzheimer's Disease and Related Dementias, The Hawai'i State Plan on Falls Prevention, and Elder Abuse efforts will also require continued coordination



and partnerships to further expand. Opportunities to cultivate new initiatives, such as programs to strengthen emergency planning for older adults or innovative pilot projects to evaluate new models of service delivery, are abundant.

<p>The Village Movement refers to a community with a large proportion of older adults. These older residents want to take care of themselves and each other in order to “age in place.” Villages incorporate as a non-profit organization, with all members paying a yearly membership fee. These monies are then used by the Village to provide support and services for members. Village models offer a range of basic and concierge services, including transportation, meals, housekeeping, computer classes, and</p>		<p>wellness seminars. Although Villages depend heavily on volunteers to provide many of the services and assist with daily operations, employed staff can provide administrative oversight of programs and services. Villages take pride in leveraging local services often at a discount to members. Founded in the Beacon Hill neighborhood of Boston, it has expanded to over 60 villages in the last 10 years.</p>
<p><i>Source: Beacon Hill Village, Boston, MA</i></p>		

V. Overview of Goals, Recommendations, and Projects/Actions

The following section outlines goals, recommendations, and projects/actions developed for the Community Support and Health Services domain. Further details including action steps, lead organization, indicators, and 3-year benchmarks can be found in Appendix A.



Goal A: Long-term services and supports (LTSS) are accessible and available

Recommendations	Projects/Actions
Increase access to LTSS	Develop and implement the Aging and Disability Resource Center (ADRC)
Develop additional LTSS	Develop and implement new LTSS models and options
Increase public awareness on planning for future LTSS needs	Conduct and evaluate a LTSS public awareness campaign
Increase the availability of LTSS	Reduce wait lists for LTSS





Goal B: Health services are accessible and available

Recommendations	Projects/Actions
Increase the accessibility of health services	Recruit and train additional community health workers to conduct outreach
	Develop and implement Community Paramedic Program
	Bilingual health translators are accessible to those in need
Increase the availability of health services	Utilize technology to increase access to health services
	Engage communities to scale health services (e.g., in naturally occurring retirement communities)
	Develop additional community health services
Incentivize a stronger geriatric workforce	Develop continuing education for allied health professionals
	Support geriatric professional development
Integrate health services, community supports, and family involvement	Ensure family involvement in the hospital discharge process
	Develop collaboration between health and community service providers





Goal C:

Education and public awareness on healthy aging, elder care, and safety are widely available

Recommendations	Projects/Actions
Develop education programs for families and professionals	Public and professional education on end-of-life care
	Public and professional training on medication management
	Public and professional training on fall prevention
	Public and professional education on dementia
	Public and professional training on healthy aging



Goal D:

Older adults are safe from abuse and neglect

Recommendations	Projects/Actions
Increase public education on abuse and neglect	Create training curricula for health care providers, social workers, banks, and first responders
	Create public awareness campaign
Foster collaboration between Adult Protective Services (APS) and community	Re-convene the Hawai'i Partnership Against Fraud (HPAF) coalition
	Bank staff to educate older customers on retirement planning, financial abuse
	Strengthen supports and services for individuals at-risk who do not meet APS statutes for investigation





Goal E:

Public emergency and disaster planning accounts for older adults

Recommendations	Projects/Actions
Ensure emergency transportation is available for medically and physically fragile	Develop plan for emergency transportation assistance
Promote public education in preparing for emergencies and disasters	Create public awareness campaign
	Develop plan specifically for isolated and home-bound individuals in each community
Ensure emergency shelters are accessible	Review current civil defense plans for needs of most vulnerable



This page is intentionally left blank.



The Road Ahead



Photo: CNN.com

This page is intentionally left blank.



The Road Ahead

Honolulu's Age-Friendly City (AFC) Action Plan is a culmination of two years of planning and broad community input from the Citizen's Advisory Committee, focus groups, key informant interviews, and an AARP survey of Honolulu residents age 45 and older. The Action Plan's recommendations are intended to be both innovative and build upon the current programs and initiatives in Honolulu.

The next step is to take action. Implementation of Action Plan recommendations and strategies will be immediate and ongoing through a public/private implementation structure. An Age-Friendly City ordinance is in discussion which will bolster and legitimize implementation efforts. In addition, City departments will be assigned responsibility for implementation components of the plan.

An implementation committee will partner with City and County government and will have a range of functions, including advocacy, education, public relations, collaboration, evaluation, and fundraising for the Age-Friendly City effort.

In the implementation phase, the goal is to ensure sustainability, defined by community buy-in, stable funding, and political support. A parallel goal is ongoing coordination and collaboration through the public/private partnership structure. We intend for a permanent shift in thinking, in which plans, policies, and programs are viewed with an “age-friendly” lens.

With the public/private partnership structure, the road ahead will consist of the following steps:

Through the public/private partnership structure, the road ahead will consist of the following steps:

- Initiate meetings and secure buy-in from potential partners
- Work with partner organizations to set priorities and timelines
- Support and collaborate with ongoing aging initiatives (e.g., Complete Streets, Alzheimer’s Disease and Related Dementias State Plan implementation)
- Initiate education and public relations campaigns to keep the AFC initiative visible in the community and effectively communicate AFC successes
- Identify strong advocates to ensure that age-friendliness is embraced by the community and a priority among policy makers
- Review the measurable and meaningful indicators proposed within this Action Plan. Ensure alignment with the WHO draft indicators and AARP Livability Index, which is expected to roll out in the coming months
- Monitor policy, programmatic, and/or technological developments and update implementation plans as necessary
- Active participation in AARP’s national network of age-friendly cities, as Honolulu’s progress will be assessed at 3 years to examine its implementation progress
- Ensure “quick wins” to ensure visibility and momentum in implementation

In the road ahead, age-friendliness should become a common term in our lexicon and knowledge of aging and preparation for an aging population will be embraced by Honolulu’s citizens. With a clear vision and strong support, Honolulu will become an age-friendly city that optimizes quality of life and values the social capital of all its citizens.

Appendices



Appendices

A: Implementation Plan	A-3
B: Domain-Level Indicators	A-29
C: Programs and Services in the City and County of Honolulu.....	A-45
D: References	A-51
E: List of Resources	A-59
F: List of Acronyms and Abbreviations.....	A-63
G: Citizen’s Advisory Committee Membership.....	A-67
H: List of Key Informants and Focus Group Locations	A-73
I: Public Input.....	A-75

This page is intentionally left blank.

Implementation Grids

During the process of creating this Action Plan, workgroups reviewed the characteristics of an age-friendly city as outlined by the World Health Organization (WHO). Second, they discussed existing conditions and main problem areas/gaps in the City and County of Honolulu. Third, they went through a visioning process and developed goals for each domain. Finally, workgroups outlined recommendations on how to achieve these goals. Interviews with key informants, focus groups with community members, and the AARP Livability survey provided additional information that was incorporated in to the goals and recommendations.

The goals were presented to the public at the Living Age-Friendly event held February 7, 2015, where the community was asked to provide feedback indicating which goal was most important to them. The goals in each domain appear in the order of importance based on this feedback.

On March 25, 2015, a draft of the Action Plan was made available to the public, including City departments, for review and feedback. Information gathered during this public comment period was incorporated into the implementation grids.

The following grids are organized by domain and contain information on recommendations, projects/actions, action steps, lead organization, indicators, and 3-year benchmarks. We designate a lead organization in the appendix, but there are many organizations and agencies that can play a valuable role. We expect the lead organization will be the convener and bring all players together in implementation. We designate an indicator for each recommendation so that we can judge our progress and success in implementation. Finally, the 3-year benchmark was chosen because as a member of AARP's network of age-friendly cities, Honolulu's implementation progress will be assessed at 3 years. Consider Appendix A as a menu of opportunities. Review the recommendations and see what you can do to make Honolulu more age-friendly.

Goal A: Outdoor spaces free of criminal activity and vandalism					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Implement (Crime Prevention Through Environmental Design) CPTED in outdoor spaces	Implement CPTED features in high crime areas	Develop a plan targeting high crime areas; implement pilot projects	Public-Private	Number of CPTED features; number of sites	Implement 1 pilot project
Increase Honolulu Police Dept. (HPD) monitoring	Increase police presence in high crime areas in outdoor spaces	Determine areas/times most in need; navigate competing HPD priorities	HPD	Level of police presence	Increase in presence in 2 communities
Foster community pride	Create a community ambassador program staffed by volunteers	Identify partner(s); explore roles of volunteers to provide directions, report concerns, and provide community presence	Public-Private	Level of buy-in; number of partners, volunteers	Implement 1 pilot project

Goal B: Accessible spaces that accommodate persons with a range of disabilities					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Maximize wayfinding for persons of all abilities	Create standardized signage	Create standardized rules for informational and wayfinding signage; replace, maintain, and update signage	DPR	Number of standardized wayfinding and informational signs	Creation of standardized rules
Maximize accessibility for all at public beaches and parks	Modify walkways for accessibility	Identify areas of least accessibility; design and implement pilot project	DPR	Number of accessible walkways	Implement 1 pilot project

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Specialized accessibility features in parks are available	Create dementia-friendly spaces within parks	Identify community partner; utilize key features from national and international models	Public-Private	Number of dementia-friendly spaces;types of features; utilization	Implement 1 pilot project
	Implement beach wheelchair programs	Identify partners; identify pilot sites in high use beaches	Public-Private	Number of beach wheelchair programs	Implement 1 pilot project
	Create universally designed spaces for people with mobility issues	Develop pilot in high need area; design goes beyond ADA minimum standards	DPR	Number of accessible spaces; utilization	Plan developed; pilot site developed
	Develop public relations (PR) campaign to publicize accessible parks	Identify partner; develop and implement PR campaign	Public-Private	Appropriateness of messaging; number and type of media outlets	PR campaign implemented

Goal C: Outdoor spaces with services and amenities nearby					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Services and amenities are available and accessible	Create software application (app) that identifies services & amenities in public parks	Identify community partner; create and beta test app	Public-Private	Level of buy-in; number of partners	In beta testing stage
	Develop a range of amenities in public parks	Assess current availability and level of maintenance; explore innovative new options for recreation, socialization	DPR	Dept. buy-in; progress	One new amenity or service in one public park
	Install automated external defibrillators (AEDs) in public parks	Purchase AEDs; train staff on use; select pilot location(s) and install	DPR	Number of AED machines installed	5 AED machines installed

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal D: Clean and attractive outdoor spaces					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Increase trees and other greenery	Plant trees and other greenery to create shaded resting/gathering areas	Identify areas frequently used for gathering; determine best landscaping options	DPR	Number of landscaping projects implemented that include shaded areas	3 new landscaping projects
Increase and maintain public restrooms	Increase number of restrooms in underserved areas	Identify areas and prioritize; construct restrooms	DFM	Number of restrooms in underserved areas	Areas identified and prioritized
	Implement service agreements with vendors	Examine success of current agreements in Waikiki and expand	DPR	Number of service agreements	Service agreements in 2 areas
	Use ozone generators in public restrooms to clean and minimize odors	Examine success of Chinatown pilot and expand	DFM	Percent of restrooms cleaned using ozone machine	Increase in number and use of machines
Improve waste stations	Use combination waste/recycle/compost stations in place of regular trash cans	Identify community partner; identify models and pilot	Public-Private	Number of combination waste stations	New waste stations utilized in 2 city parks

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal E: Multigenerational/multiuse spaces					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Promote outdoor fitness and health	Create multigenerational fitness and play areas for use by all ages	Utilize new outdoor activity systems for mobility, balance, and brain exercises	DPR	Number and types of fitness areas; utilization	Plan developed; pilot site identified
	Create maps and signs that incorporate distance information to promote fitness	Identify pilot site; develop signage; implement	DPR	Number of parks with signs that incorporate distance	New signage in 2 parks
Use creativity in developing gardens and parklets	Expand the City and County of Honolulu's Community Recreational Gardening Program	Identify creative approaches (e.g., rooftop gardens); identify pilot sites; implement	Public-Private	Number of gardens; number of people on wait lists	2 additional sites developed
	Develop parklets to encourage and support street life, walking, and biking.	Apply Kaka`ako model to other sites island wide	Public-Private	Level of buy-in; number of partners and resources leveraged	Parklet developed in 2 additional neighborhoods
	Develop healing gardens adjacent to health care facilities	Identify potential pilot site; examine best practices in using gardens as healing and therapy sites for patients, staff, and broader community	Public-Private	Level of buy-in; number of partners and resources leveraged	Plan developed; pilot site identified

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal A: Timely and responsive public transport					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Promote easy switching between modes of transport	Ensure rail connects seamlessly with TheBus and TheHandi-Van	Develop plan of coordination with key players	DTS; HART	Dept. buy-in; progress	Plans include seamless switching between transport
	Ensure adequate bike capacity on rail	Review existing rail plans	DTS; HART	Dept. buy-in; progress	Plans include bike capacity
Address public transport needs of rural elders	Implement TheBus and TheHandi-Van scheduling and route changes; smaller vehicles in rural areas	Develop plan; ongoing program of correction	DTS	Number of improvements	Plans developed
Optimize public transportation	Promote timeliness and responsiveness of TheHandi-Van scheduling and pickup	Develop plan; ongoing program of correction	DTS	Wait times for calls and pick up	Plans developed
Advertise specialized transport options available to tourists	Advertise through social media, airline magazines	Partner with Disability and Communication Access Board (DCAB) and Hawaii Tourism Authority (HTA)	DTS; DCAB; HTA	Appropriateness of messaging; number and type of media outlets	Advertisements in one airline magazine
Produce hard copy schedules for visually impaired	Produce TheBus and TheHandi-Van schedules in different formats (e.g., Braille, large print)	Partner with DCAB	DTS; DCAB	Number printed and distribution locations	Island wide distribution and availability

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Develop alternative modes of transport	Provide taxi discounts to older adults	Determine feasibility based on success in other cities	Public-Private	Level of buy-in; number of partners	Pilot program developed
	Expand and develop ride-share programs	Examine feasibility based on other ride-sharing programs	Public-Private	Feasibility; Level of utilization	Plan developed

Goal B: Increased pedestrian safety

Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Implement changes to street design to accommodate pedestrians	Implement safety improvements in high crash areas	Develop plan; ongoing program of correction; utilize Complete Streets design standards	DTS	Number of safety improvements	5 each year for 3 years
	Improve roadways and sidewalks that require additional or new lighting	Identify improvements needed; develop plan	DTS	Number of lighting improvements	5 each year for 3 years
Educate the public on pedestrian rules	Develop an education campaign targeted to pedestrians and drivers	Focus on key messages: laws and safety rules, dangers of speeding and distracted driving, cross-walk interactions	Public-Private	Appropriateness of messaging; number and type of media outlets	Identify marketing partner; develop campaign
Increase enforcement of rules	Increase police presence in high accident areas	Navigate competing Honolulu Police Dept. (HPD) priorities; buy-in	HPD	Percent increase police monitoring	Plan developed
	Create "Citizens on Patrol" program	Expand existing programs (e.g., Kailua) island wide	Public-Private	Level of buy-in; number of partners	Pilot group/site developed

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal C: Safe and maintained roadway design/infrastructure					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Ensure restrooms at transit stops are clean and accessible	Create an adopt-a-stop program	Community groups to clean and monitor restrooms for vandalism/illegal activity	Private	Level of buy-in; number of partners	Obtain buy-in; develop program
Increase walkable areas	Construct sidewalks in areas heavily used by pedestrians	Determine areas of need; develop plan; employ solutions	DFM	Number of sidewalk projects	2 each year for 3 years
Maintain walkways and bikeways	Implement maintenance improvements in critical areas	Develop plan; ongoing program of correction; employ appropriate engineering mitigation/solutions	DFM	Number of improvement projects	5 each year for 3 years
Minimize conflicts across modes of transport	Implement safety improvements in high conflict areas	Develop plan; ongoing program of correction; employ appropriate engineering mitigation/solutions	DTS	Number of safety improvements	5 each year for 3 years
Improve visualization and navigation	Improve signage to increase readability	Standardize; utilize different materials to aid in visualization	DTS	Number of improvements	5 each year for 3 years

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal D: Increased bicycle safety					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Improve bicycle connectivity and access on streets	Implement safety improvements in high crash areas	Develop plan; ongoing program of correction; utilize Complete Streets design standards	DTS	Number of safety improvements	5 each year for 3 years
Educate the public on bicycle rules	Develop an education campaign targeted to bicyclists and drivers	Focus on key messages: laws and safety rules; build on King St. Cycle Track brochure	Public-Private	Appropriateness of messaging; number and type of media outlets	Identify marketing partner; develop campaign
Increase enforcement of rules	Increase police presence in high accident areas	Navigate competing HPD priorities; buy-in	HPD	Percent increase in police monitoring	Plan developed

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal A: Affordable housing options are widely available					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Revise current permitting requirements	Allow less parking for affordable housing near transit stations	Support Transit Oriented Development (TOD) plans	Office of Housing; HPHA	Dept. buy-in; progress	Change in requirement
Maintain supply of affordable housing	Amend building codes to expedite permitting process for senior housing	Build on City Islandwide Housing Strategy	Office of Housing; HPHA	Dept. buy-in; progress	Plan developed
	Develop and maintain a database to track at-risk affordable housing	Build on City Islandwide Housing Strategy	Office of Housing; HPHA	Level of buy-in; number and type of partners	Plan developed
	Require housing projects to be affordable for a longer period of time	Build on City Islandwide Housing Strategy	Office of Housing; HPHA	Dept. buy-in; progress	Plan developed
Increase home building efficiency	Build micro-units and workforce housing	Support TOD plans	Public-Private	Number of micro-units and workforce housing units	Plan developed
	Repurpose existing structures and shipping containers	Monitor and expand Honolulu Community College (HCC) pilot project	Public-Private	Level of buy-in; number and type of resources leveraged	Review of HCC pilot; model proposed

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Develop and expand shared housing opportunities	Develop intergenerational pilot - younger adults pay reduced rent and in exchange, help older adults	Identify appropriate coordinator to match individuals; examine international models	Public-Private	Level of buy-in; number and type of resources leveraged	Development of pilot
Incentivize rental developers	Employ incentives including density bonuses, fee reduction and waivers, expedited permitting	Examine successful models in other localities	Office of Housing; HPHA	Dept. buy-in; progress; number and type of incentives	Creation of incentives
Increase the supply of available land	Plan developments above and under freeways and roadways	Examine similar TOD plans near rail stops	Public-Private	Level of support; buy-in	Plan developed

Goal B: Home modifications are affordable and widely available to older adults and persons with disabilities					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Streamline permitting process for home modifications	Create a separate "express permit line" for home modification permits	Determine threshold; express line for basic modifications	DPP	Dept. buy-in; progress	Change in policy
	Waive setback requirements when necessary (e.g., when building a ramp)	Review by Dept. of Planning and Permitting (DPP)	DPP	Dept. buy-in; progress	Change in policy
	Review historical home restrictions which limit home modifications	Review by DPP	DPP	Dept. buy-in; progress	Change in policy

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Promote education and awareness of home modification and universal design	Provide courses for individuals, builders and designers on home modification options	Provide incentives for contractors and builders to become a National Association of Home Builders (NAHB) Certified Aging in Place (CAPS) specialists	Private	Number of courses given; number of CAPS specialists	Courses offered 4 times in Honolulu
Provide financial assistance with home modifications for older persons and persons with disabilities	Utilize City's Housing Rehabilitation fund to provide low or no-interest loans	Create a set-aside in fund	Office of Housing; HPHA	Dept. buy-in; progress	Change in policy

Goal C: Age-friendly design is incorporated in new housing communities and units					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Make age-friendly design attractive to developers	Provide tax incentives for building housing near services	Incentivize developers and major corporations; TOD portfolio of financing options	Public-Private	Dept. buy-in; progress; number and type of incentives	Development of incentives
	Develop model projects that showcase universal design	NCSU Center for Universal Design as resource	Public-Private	Level of buy-in; number of partners and models	Development of one model project
Create multigenerational and/or senior only developments	Pilot model that promotes exchange between college students and older adults through co-location of college dorms and senior housing	Examine international models in Barcelona; Campus Continuum organization in U.S. as a resource	Public-Private	Level of buy-in; number and type of resources leveraged	Buy-in; funding; development of pilot

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Continued from recommendation above	Create cohousing communities	Examine existing intergenerational and senior-only cohousing communities nationally and internationally; develop pilot	Public-Private	Level of buy-in; number and type of resources leveraged	Buy-in; funding; development of pilot
Promote basic accessibility requirements	Adopt "visitability" regulations in new construction	Analyze "visitability" movement - started in Atlanta	Office of Housing; HPHA	Dept. buy-in; monitor progress	Adopt regulations
Include emergency preparedness in planning and design	Ensure new housing developments are disaster-resilient, e.g., allow sheltering in place on a lower floor	Safe rooms currently being considered for inclusion in building codes	Office of Housing; HPHA	Dept. buy-in; monitor progress	Change in policy
Take advantage of Naturally Occurring Retirement Communities (NORCs)	Deliver services to large concentrations of older persons in neighborhoods or buildings	Identify high need areas; buy-in from health and social services and merchants	Public-Private	Level of buy-in; number and type of resources leveraged	Buy-in; funding; development of pilot

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal D: Development and expanded use of accessory dwelling units (ADUs) to provide affordable housing					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Revise Land Use Ordinance (LUO) and accompanying regulations	Reduce water and sewer connection fees	Follow and expand City Resolution 14-200 Draft Accessory Dwelling Unit Bill	DPP	Dept. buy-in; level of advocacy; progress	Change in policy
	Increase City sewer capacity where necessary	Follow and expand City Resolution 14-200 Draft Accessory Dwelling Unit Bill	DPP	Dept. buy-in; level of advocacy; progress	Change in policy
Include ADUs in new housing developments	Encourage developers to allow ADUs within Home Owner Association conditions and offer as option to new home buyers	Assess demand for ADUs; discuss zoning changes	DPP	Dept. buy-in; number of plans with ADUs	Change in policy

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal A: Intergenerational opportunities to share knowledge, encourage mentorship, cultural exchange, and volunteer opportunities are available					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Expand intergenerational opportunities	Recruit older volunteers within schools and community programs	Build on Retired and Senior Volunteer Program (RSVP); Foster Grandparent Program models	Public-private	Level of buy-in; number of volunteers; number of sites	Expansion of current volunteer programs to 3 new sites
	Create intergenerational cultural and leisure activities	Identify opportunities and leaders to facilitate connections between age groups	Public-private	Level of buy-in; number of volunteers; number of sites	5 new activities identified and piloted
	Promote student learning about empathy and aging issues	Expand `Iolani aging and hospice curricula	Public-private	Monitor development of curricula; number of partners; number of sites	Curricula adopted at 3 additional schools
	Develop multigenerational task forces in neighborhoods	Build on neighborhood boards; leadership opportunities for old and young	Public-private	Level of buy-in; number of partners	Pilot site identified; pilot program developed
	Use technology to connect generations long-distance	Identify social purpose (e.g., learn a language - CNA Speaker Exchange Program)	Public-private	Level of buy-in; number and type of resources leveraged	Pilot program developed

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal B: Programs, events, volunteer opportunities, and opportunities for lifelong learning are available					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Expand active aging opportunities	Develop an Active Aging Directory	Build on existing directories by EAD, Kokua Kalihi Valley	Public-private	Level of buy-in; number and type of partners	Plan for directory; development of categories
	Expand class and program offerings to include lifelong learning and entrepreneurship	Examine best practices: new models of senior centers	DPR; senior centers	Level of buy-in, types of classes; number of attendees	Pilot site identified; pilot program developed
Help homebound elders receive valuable social supports and services	Expand and develop new friendly visitor volunteer programs	Build on existing programs at Project Dana, Kokua Kalihi Valley	Public-private	Level of buy-in; number and type of resources leveraged	Pilot program developed

Goal C: Information and data are easily accessible and user-friendly					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Improve access to technology	Offer free Wi-Fi island wide	Build on state broadband installation projects; Oceanic Hotspot project; Kaka`ako free Wi-Fi project	Public-Private	Level of buy-in; number and type of resources leveraged	Buy-in; plan developed
	Open access to City information and data	Build on City's open data ordinance and portal	City; Hawaii Open Data org.	Level of buy-in; monitor progress	Buy-in; plan developed
Visibility for age-friendly initiatives	Wide use of Honolulu's age-friendly city logo & domain icons in marketing	Use logos & icons to make initiatives & accomplishments visible	Public-Private	Level of buy-in; number and type of resources leveraged	Icons used on all marketing materials

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Continued from recommendation above	Create age-friendly business certification	Build on Portland and New York City's certification program	Public-Private	Level of buy-in; number and type of resources leveraged	Certification plan developed
-------------------------------------	--	---	----------------	---	------------------------------

Goal D: People have the support to understand and use new technology

Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Technology training widely available	Offer discounted technology and training to older adults	Partner with private technology businesses	Public-Private	Number of partners; number of trainings	One private business partner
	Technology training programs for unemployed or those transitioning to new careers	Build on `Oahu WorkLinks program	DCS	Number and type of sites; geographic distribution	Plans for expansion of existing programs
	Develop mobile technology van	Target rural, underserved areas	Public-Private	Level of buy-in; number and type of resources leveraged	Pilot developed
	Free access to computers in community	Target community centers, public housing, shelters	Public-Private	Number and type of sites; geographic distribution	Pilot developed

Goal E: All segments of the population have access to information via a variety of modalities

Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Disseminate information on community resources	Create software applications (apps) that map resource locations	Build on AFC's GIS website	Public-Private	Level of buy-in; number and type of resources leveraged	Plan for app developed
	Create online Kūpuna (older adult) media channel (e.g., YouTube)	Build on Kūpuna Power, Kūpuna Connection	Public-Private	Level of buy-in; number of partners	Pilot developed

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Continued from recommendation above	Place TVs scrolling community resources in public places	Identify areas where older adults socialize, pool community resources/events	Private	Number of sites; number of partners	TVs placed at 5 sites
Promote positive messages on aging	Create an AFC marketing team to communicate positive views on aging	Leverage social media, Internet, TV, radio, and print media	Public-Private	Appropriateness of messaging; number and type of media outlets	Marketing plan developed
Reach rural and underserved populations	Ensure culturally tailored information, messaging and marketing	Create AFC cultural advisory board to review/tailor age-friendly information	Public-Private	Level of buy-in; number and type of partners	Cultural advisory board formed; meetings planned

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal A: Older persons are recognized as assets, and their contributions are valued and respected					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Recognize the value of older workers	Create certification and awards program for age-friendly employers	Build on similar certification programs in Portland and New York City	Public-Private	Create business advisory board to develop certification program	Certification program created
	Develop media campaign on value of older workers	Campaign focusing on positive images of older workers and branding	Public-Private	Appropriateness of messaging; number and type of media outlets	Campaign plan created
	Create toolkit for employers on issues such as mentorship, succession planning, and flexible work options	Identify experts; develop curricula, determine distribution channels	Public-Private	Monitor progress	Toolkit created

Goal B: Flexible employment options are available					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Promote flexible work options	Develop and expand flexible work/life policies	Examine and adopt best practices from national employers	Public-Private	Level of advocacy; buy-in	National best practices identified; partnerships with local companies
	Create a "temp agency" for retired CEOs	Employ retirees temporarily at non-profits to lend expertise	Private	Level of buy-in; number and type of resources leveraged	Pilot program developed

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal C: Workplaces are age friendly and there is a seamless system to transfer skills and increased opportunities for older workers to continue to work and be productive					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Create new opportunities in retirement	Develop entrepreneurship classes	Build on existing programs such as AARP's Life Reimagined	Private	Number of classes and sites	Curriculum developed; pilot sites identified
	Adopt Encore Fellows Program	Adopt national program that matches seasoned professionals with social purpose organizations	Private	Level of buy-in; number and type of resources leveraged	Partnership with national program
Capitalize on experience of older workers	Create workplace mentorship programs	Build on existing programs such as Service Corps of Retired Executives	Private	Level of buy-in; number and type of resources leveraged	Pilot program developed
	Create mentorship database pairing older & younger workers	Community buy-in; IT support	Public-Private	Level of buy-in; number and type of resources leveraged	Buy-in; IT support identified
	Create expert speaker series	Recruit retired experts from all sectors	Private	Level of buy-in; number and type of experts recruited	Pilot program developed
Eliminate forced retirement based on age	Eliminate requirement and refocus to retirement based on fitness/ability to perform	Analysis; public awareness campaign; lobbying	Public-Private	Level of advocacy; buy-in	Analysis of issue completed

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal D: Volunteers have opportunities to develop leadership skills					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Cultivate volunteer leaders and retain volunteers	Develop a toolkit for organizations on volunteer recruitment, supervision, and retention	Build on existing resources: AARP "The New Breed;" National Organization for Volunteer Leaders (NOVL)	Private	Number of partners; level of distribution	Draft toolkit developed
	Create a training program on volunteer leadership and management	Develop curriculum in collaboration with universities and community colleges	Private	Number trained; number of sites	Pilot program developed

Goal E: Volunteer options are widely available					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Maximize promotion of volunteer opportunities	Utilize social media and public relations	Promote existing programs like AUW's "Get Connected Hawai'i" program	Private	Appropriateness of messaging; number and type of media outlets	Social media sites created
Better match individuals and organizations	Create a matching program that is professionally run and provides ongoing support to volunteers	Inventory opportunities; process of matching interest and skills	Private	Level of buy-in; number and type of resources leveraged	Pilot program developed

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal A: Long-term services and supports (LTSS) are accessible and available					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Increase access to LTSS	Develop and implement the Aging and Disability Resource Center (ADRC)	Execute the plan to implement the ADRC with ongoing collaboration with allied partners and the community	Public-Private	Monitor benchmarks; alignment with federal ADRC guidelines	Progress toward implementation
Develop additional LTSS	Develop and implement new LTSS models and options	Expand nursing facility services to include community services (e.g., Palolo Chinese Home outreach program)	Public-Private	Level of buy-in; number and type of resources leveraged	Pilot developed
		Provide "Eden at Home" model trainings to facilities island wide	Public-Private	Number of trainees/facilities	Trainings provided to staff at 5 facilities island wide
		Develop a toolkit on transfer of legal & financial responsibilities for caregivers	Public-Private	Guidebook developed	Draft of guidebook developed
Increase public awareness on planning for future LTSS needs	Conduct and evaluate a LTSS public awareness campaign	EOA partnership with contractor to conduct a LTSS public awareness campaign	Public-Private	Appropriateness of messaging, number and type of media outlets	Campaign developed and implemented
Increase the availability of LTSS	Reduce wait lists for LTSS	Solicit interest from additional LTSS contracted providers	EAD	Number and type of LTSS providers; number of people on wait lists	Increase in number and type of providers by 10%

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Goal B: Health services are accessible and available					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Increase the accessibility of health services	Recruit and train additional community health workers to conduct outreach	Train community health workers to provide culturally appropriate health education; linkages to services and resources	Public-Private	Training developed; number trained	Training curricula developed; pilot program developed
	Develop and implement a Community Paramedic Program	Develop training program; implement pilot	Public-Private	Level of buy-in; number of resources; monitor progress	Pilot plan developed
	Bilingual health translators are accessible to those in need	Strengthen and expand programs, including 'Helping Hands' Bilingual Access Line	Public-Private	Number and timeliness of translator response	Number and timeliness of translators increased by 10%
Increase the availability of health services	Utilize technology to increase access to health services	Expand tele-health programs in rural areas and for management of chronic conditions	Public-Private	Level of buy-in; number of resources; monitor progress	Pilot plan developed
	Engage communities to scale health services (e.g., in naturally occurring retirement communities)	Pilot in a neighborhood with a large concentration of older adults; buy-in from service providers	Public-Private	Level of buy-in; number of resources; monitor progress	Pilot plan developed
	Develop additional community health services	Expand community neighborhood clinics within senior and affordable housing	Public-Private	Level of buy-in; number of resources; monitor progress	Plan developed

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Incentivize a stronger geriatric workforce	Develop continuing education for allied health professionals	Curricula development and training in key areas, i.e., behavioral, mental health	Public-Private	Curricula developed; number trained	Curricula developed
	Support geriatric professional development	Incentives (scholarships, grants) for geriatric professionals to serve rural communities	Public-Private	Number and types of planning meetings; incentives	Incentive plan developed
Integrate health services, community supports, and family involvement	Ensure family involvement in the hospital discharge process	Advocate for policies that require family education during discharge planning (i.e., CARE Act)	Public-Private	Level of advocacy, buy-in	Progress in development and implementation of policies
	Develop collaboration between health and community service providers	Build on Maui County's model of Medicare reimbursement for health promotion programs	Public-Private	Level of buy-in; number and type of resources leveraged	Plan for expansion developed

Goal C: Education and public awareness on healthy aging, elder care, and safety are widely available					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Develop education programs for families and professionals	Public and professional education on end-of-life care	Support implementation of Kokua Mau and ACP's end of life video series for families and professionals	Public-Private	Number and type of trainings; number of attendees	Plan developed and piloted
	Public and professional training on medication management	Build on UH Hilo's Pharmacy programs and national evidence-based programs on medication management	Public-Private	Number and type of trainings; number of attendees	Plan developed and piloted

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Continued from recommendation above	Public and professional training on fall prevention	Build on Hawai'i's Fall Prevention Consortium education efforts	Public-Private	Number and type of trainings; number of attendees	Plan developed and piloted
	Public and professional education on dementia	Support initiatives in Hawai'i's Dementia State Plan	Public-Private	Number and type of trainings; number of attendees	Plan developed and piloted
		Develop training for first responders, bus drivers, and other community workers	Public-Private	Number of trainings; number of attendees	Plan developed and piloted
	Public and professional training on healthy aging	Strengthen and expand on efforts of Hawai'i's Healthy Aging Partnership	Public-Private	Number and type of trainings; number of attendees	Plan developed and piloted

Goal D: Older adults are safe from abuse and neglect					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Increase public education on abuse and neglect	Create training curricula for health care providers, social workers, banks, and first responders	Focus of training on types, signs, and requirements for mandated reporters	Public-Private	Number of trainings; number and type of trainees	Training developed
	Create public awareness campaign	Ensure campaign covers types of abuse, signs and symptoms	Public-Private	Appropriateness of messaging, number and type of media outlets	Campaign developed and implemented
Foster collaboration between Adult Protective Services (APS) & community	Re-convene the Hawai'i Partnership Against Fraud (HPAF) coalition	Buy-in from stakeholders; financial resources for continued collaboration	Public-Private	Number and types of partners; frequency of meetings; types of outputs	HPAF reconvened and ongoing meetings

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Continued from recommendation above	Bank staff to educate older customers on retirement planning, financial abuse	Buy-in from private sector and train financial institutions	Public-Private	Number of trainings for financial institutions	Trainings given to 2 financial institutions
	Strengthen supports for individuals at-risk who do not meet APS statutes for investigation	Better coordination and ensure timeliness in referral, service and follow-up	EAD; EOA; APS	Level of buy-in; number served	Agencies' perception of project operations improved

Goal E: Public emergency and disaster planning accounts for older adults					
Recommendations	Projects/Actions	Action Steps	Lead Organization	Indicators	3-year Benchmarks
Ensure emergency transportation is available for medically and physically fragile	Develop plan for emergency transportation assistance	Identify critical needs for persons with disabilities and health conditions, homebound	Honolulu Emergency Services Dept.	Level of buy-in; monitor progress	Draft plan developed
Promote public education in preparing for emergencies and disasters	Create public awareness campaign	Specific messaging and outreach to older adults and persons with disabilities	Public- Private	Appropriateness of messaging; number and types of media outlets	Campaign developed
	Develop plan specifically for isolated and home-bound individuals in each community	Engage neighborhood watch and neighborhood boards to identify and map these individuals	Honolulu Emergency Services Dept.	Level of buy-in from neighborhood watch/boards; number of communities participating	Draft plan developed
Ensure emergency shelters are accessible	Review current civil defense plans for needs of most vulnerable	Identify critical needs for persons with disabilities, health conditions, and homebound	Honolulu Emergency Services Dept.	Level of buy-in; monitor progress	Plans for persons with disabilities and health conditions are strengthened

Note: Domain goals and recommendations are presented in order of priority based on community and workgroup input. We expect the lead organization to be the convener and bring all players together.

Domain-Level Indicators

This appendix outlines domain-level indicators, data sources, and measures that may be used to measure Honolulu's progress on the domain level. Please note the differences between Appendix B and the previous appendix. Appendix A has indicators to note progress in implementing each individual recommendation whereas Appendix B contains domain-level indicators.

The indicators in this Appendix will be used to determine whether Honolulu has made progress in the overall domains of outdoor spaces, transportation, etc. These indicators are aligned with World Health Organization indicators for an age-friendly city and will utilize Hawai'i data from large scale datasets such as the U.S. Census, American Community Survey, AARP's Livability Index, and departmental administrative data from the City and State.

World Health Organization's Draft Indicators

The indicators noted in this appendix are aligned with the World Health Organization's (WHO) age-friendly city indicators. WHO is in the process of drafting core and supplementary indicators that will help cities and communities to measure their progress toward becoming more age-friendly. These indicators are meant to be used to collect baseline data prior to implementation of the Action Plan, as well as to monitor progress over time. In addition, these indicators are flexible, meaning they can be modified and adapted for each city striving to become more age-friendly.

Currently, the WHO indicators are in draft form and they anticipate finalizing them in 2015. The University of Hawai'i Center on Aging (COA) has reviewed and adopted WHO draft indicators that align with Honolulu's AFC goals. These indicators are marked with an asterisk (*) in the following grids.

AARP Livability Index

AARP's Public Policy Institute launched a new web-based tool, the Livability Index, in April 2015. The index assesses a set of essential community features that comprise a livable community. Scores are based on the average of seven livability categories - housing, neighborhood, transportation, environment, health, engagement, and opportunity - which range from 0 to 100. These seven scores are aggregated in to one overall score of a given community, city, or state, which also range from 0 to 100. Communities are scored by comparing them to one another, so the average community gets a score of 50, while above-average communities score higher and below-average communities score lower. This tool is designed to help stakeholders, including government agencies and departments, and communities themselves create plans for a more livable future for persons of all ages. This tool will be used to aid in measuring Honolulu's progress toward becoming a more age-friendly city. Indicators developed based on the Livability Index are marked with two asterisks (**) in the following grids.

Domain Indicators for Honolulu's Age-Friendly City Initiative

The following tables, organized by domain, outline possible domain indicators, data sources and measures that may be used in assessing Honolulu's progress toward becoming more age-friendly. Some of the indicators include current data sources and measures. Others will need to be developed by an external evaluator, who will develop new surveys and measures to monitor implementation.

Goal	Indicator	Data Source	Measure
Outdoor spaces free of criminal activity and vandalism	Proportion of older adults who feel safe from crime and harassment on city sidewalks, in public parks and public areas	Survey by external evaluator	Survey item(s) such as: "Do you feel safe in public parks and other public areas?"
	Proportion of older adults who have stopped frequenting certain outdoor and public spaces because of the presence of homeless, fear of crime or harassment, or other perceived threats to personal safety	Survey by external evaluator	Survey item(s) such as: "Have you stopped going to public parks and/or outdoor spaces because of the homeless population, fear of crime or harassment, or other perceived threats to personal safety? Please indicate where these places are."
	Progress toward implementing innovative crime prevention design features	External evaluator to monitor progress	Benchmarks developed by external evaluator
	Progress toward decreasing the number of crimes in outdoor spaces and buildings	Honolulu Police Dept. (HPD) crime statistics	Number of crimes in outdoor spaces and buildings
	Rates of violent and property crime**	AARP Livability Index, Neighborhood Section	Combined violent and property crimes per 10,000 people
Accessible spaces that accommodate persons with a range of disabilities	Proportion of older adults who report that public spaces and buildings in their community are accessible by all people, including those who have limitations in mobility, vision, or hearing*	AARP Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+; Survey by external evaluator	Livability survey questions 8p and 8q: "Does your neighborhood where you live have the following? p. Public buildings that are handicap accessible; q. Public buildings that are well maintained/clean." Development of additional measures
	Progress toward developing innovative wayfinding and dementia-friendly design features in parks and outdoor spaces	External evaluator to monitor progress	Benchmarks developed by external evaluator

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Outdoor spaces with services and amenities nearby	Proportion of older adults within a 10-minute walk of a public park	Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+; Trust for Public Land's ParkScore ratings; Survey by external evaluator	Livability survey question 8l: "Does your neighborhood where you live have the following? l. Public parks that are close by." Survey item(s) such as "How long does it take you to walk to your neighborhood park?"
	Number of amenities in close proximity**	AARP Livability Index, Neighborhood Section	Number of grocery stores and farmers' markets within a half-mile; Number of libraries within a half-mile; Number of parks within a half-mile
	Number of people with access to exercise opportunities**	AARP Livability Index, Health Section	Percentage of people who live within a half-mile of parks and within 3 miles of recreational facilities
	Proportion of older adults who report there are accessible, clean comfort stations (e.g., restrooms) available for public use	AARP Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+; DPR; Survey by external evaluator	Livability survey question 8n: "Does your neighborhood where you live have the following? n. Accessible clean restrooms that are available for public use." Condition ratings of various C&C park comfort stations.
	Progress toward developing innovative technology-based methods to locate desired services, classes and amenities in public spaces	External evaluator to monitor progress	Benchmarks developed by evaluator
	Proportion of older adults who report there are available resting places in outdoor spaces	Dept. of Planning and Permitting (DPP); DPR; Survey by external evaluator	Location of benches and rest areas shaded by trees and other means in outdoor spaces. Survey item(s) such as "Do outdoor spaces in your community have adequate resting places?"

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Clean and attractive outdoor spaces	Proportion of older adults who report public parks and outdoor spaces are attractive and well-maintained	AARP Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+; Collaborate with the City & County's (C&C) Dept. of Parks and Recreation (DPR), Division of Urban Forestry, Horticulture Services Branch for data collection	Livability survey questions 8m and 8q: Does your neighborhood where you live have the following? m. Well maintained public parks; q. Public buildings that are well maintained/clean." Number of trees planted.
	Proportion of older adults who actively use public parks on a regular basis	Survey by external evaluator	Survey item(s) such as: "How often do you visit your local park?"
Multigenerational/multipurpose use spaces	Progress toward development of multigenerational features and opportunities within public spaces	External evaluator to monitor progress	Benchmarks developed by external evaluator
	Progress toward development of multipurpose spaces within public areas	External evaluator to monitor progress	Benchmarks developed by external evaluator

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Timely and responsive public transport	Proportion of on-time public transportation services	O`ahu Transit Services (OTS); DTS; HDOT	On-time statistics
	Proportion of older adults who report timely and responsive public transportation services	AARP Livable Communities Survey of Honolulu, Hawai`i Adults Age 45+; External evaluator to monitor progress	Livability survey questions 8a, 8b and 8e: "Does your neighborhood where you live have the following? a. Easily accessible public transportation; b. Clean public transportation vehicles; e. Reliable public transportation." Survey by external evaluators
	Proportion of services in underserved/rural areas	DTS; HDOT; Honolulu Land Information Systems (HoLIS); OTS; External evaluator to monitor progress	Proportion of services in rural areas; Proportion of older adults who report they are able to access needed transportation in underserved areas
	Proportion of housing within walking distance to a public transportation stop (500m or 0.31 miles)*	HoLIS; OTS; DTS; HDOT	Bus routes of TheBus and the 1/4 mile walkability access
	Number of transit stations and vehicles that are ADA-accessible**	AARP Livability Index, Transportation Section	Percentage of transit stations and vehicles that are ADA-accessible

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Continued from goal above	Number of buses and trains per hour**	AARP Livability Index, Transportation Section	Total number of buses and trains per hour in both directions for all stops within a quarter-mile
	Proportion of public transport vehicles with an adequate amount of designated places for older people or people who have disabilities, including paratransit*	DTS; HDOT; AARP Livable Communities Survey of Honolulu, Hawai`i Adults Age 45+	Proportion of vehicles with accessible seating as compared to the population in need of utilizing each mode of transport. Livability survey questions 8c and 8h: "Does your neighborhood where you live have the following? c. Conveniently located public transportation stops; h. Special transport services for seniors or people with disabilities"
Increased pedestrian safety	Number of pedestrian safety improvements	Dept. of Transportation Services (DTS); Hawai`I State Dept. of Transportation (HDOT); External evaluator to monitor progress	Number and type of pedestrian improvements. Benchmarks developed by external evaluator
	Rate of pedestrian accidents and fatalities, including pedestrians over 65 years old	Fatality Analysis Reporting System (FARS); Dept. of Health (DOH) Injury Prevention and Control Section	Pedestrian fatality rates and motor vehicle collision accidents involving pedestrians
	Number of walk trips per household**	AARP Livability Index, Transportation Section	Estimated walk trips per household per day
	Number of fatal crashes per year**	AARP Livability Index, Transportation Section	Annual average number of fatal crashes per 100,000 people

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Continued from goal above	Proportion of older adults who report that their neighborhood is suitable for walking, including those who use wheelchairs and other mobility aids*	Dept. of Customer Service; AARP Livable Communities Survey of Honolulu, Hawai`i Adults Age 45+	Number of sidewalk complaints. Livability survey questions 8j, 8k, 8r, 8s: "Does your neighborhood where you live have the following? j. Sidewalks that have dropped curbs to road level; k. Audio/visual pedestrian crossings; r. Enough sidewalks; s. Easy to read traffic signs"
Safe and maintained roadway design/ infrastructure	Proportion of O`ahu's streets considered "degraded," "unsatisfactory" and "adequate"	Dept.of Facility Maintenance (DFM); DTS; HDOT	DFM's Pavement Condition Survey - 2012 survey. Support ongoing data collection
	Number of existing potholes and potholes repaired	DTS and HDOT	Number and inventory of pothole and road repair complaints, planned and ongoing repairs
	Proportion of older adults who feel roads are not well maintained	AARP Livable Communities Survey of Honolulu, Hawai`i Adults Age 45+	Livability survey question 8i: "Does your neighborhood where you live have the following? i. Well-maintained streets and roads"
Increased bicycle safety	Miles of bike lanes and bike paths constructed, miles of signed shared routes	DTS; Collaboration with Mayor's Advisory Committee on Bicycling (MACB) and Hawai`i Bicycling League (HBL) for data collection	Miles of bike lane, bike paths, and signed shared routes. Existing and proposed bikeways
	Rate of bicycle accidents and fatalities, including bicyclists over 65 years old	DOH Injury Prevention and Control Section	Bicyclist fatality rates and motor vehicle collision accidents involving bicyclists
	Number of bicycle education programs conducted by the City and County (C&C) and community partners	Collaboration with MACB and HBL for data collection	Number and location of courses offered and number of attendees annually

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Affordable housing options are widely available	Number of new affordable rental units constructed or created per year	Dept. of Planning and Permitting (DPP); Hawai'i Housing Finance and Development Corporation; Hawai'i Public Housing Authority; Hawai'i Community Development Authority	Number of newly created affordable rental units
	Length of permit approval process for development of affordable and senior housing	DPP; External evaluator to monitor progress	Length of time for approval process. Evaluation of measures taken to expedite process
	Percent of income devoted to housing costs**	AARP Livability Index, Housing Section	Percent of income devoted to monthly housing costs
	Proportion of older adults who live in a household that spend less than 30% of their disposable income on housing*	U.S. Census, American Community Survey; Dept. of Business, Economic Development & Tourism (DBEDT)	Homeowner cost and renter cost
	Number of subsidized housing units**	AARP Livability Index, Housing Section	Number of subsidized housing units per 10,000 people in a county
Home modifications are affordable and widely available to older adults and persons with disabilities	Proportion of older adults who have a number of home contractors to choose from	National Association of Home Builders (NAHB); AARP Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+	Number of Certified Aging in Place Specialists in Honolulu. Livability survey question 8v: "Does your neighborhood where you live have the following? v. A variety of home contractors to choose from"

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Continued from goal above	Proportion of older adults who have access to affordable home repair contractors	AARP Livable Communities Survey of Honolulu, Hawai`i Adults Age 45+	Livability survey question 8u: "Does your neighborhood where you live have the following? u. Home repair contractors who are affordable"
	Percent of units with basic accessibility features**	AARP Livability Index, Housing Section	Percentage of housing units with extra-wide doors or hallways, floors with no steps between rooms, and an entry-level bedroom and bathroom
Age-friendly design is incorporated in new housing communities and units	Proportion of new housing and community developments that include age-friendly design features	Survey of developers regarding age-friendly design features	Survey item(s) indicating the specific types of age-friendly features in new developments
	Number of trainings and events for the public and building industry professionals on age-friendly design, universal design, etc.	External evaluator to monitor progress	Number of trainings and events. Number in attendance.
Development and expanded use of accessory dwelling units (ADUs) to provide affordable housing	Number of building permits issued annually for ADUs	DPP	Number of permits issued annually for ADUs
	Number of registered ADUs	DPP	Number of registered ADUs

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Intergenerational opportunities to share knowledge, encourage mentorship, cultural exchange, and volunteer opportunities are available	Number and types of intergenerational and mentoring programs	External evaluator to monitor progress	Benchmarks developed by external evaluator
	Proportion of older adults who report feeling respected and socially included in their community*	Existing scales or survey to be developed	Survey questions such as: "Do you feel respected in your community? Do you feel socially included in your community?"
	Degree of social engagement**	AARP Livability Index, Engagement Section	Extent to which residents eat dinner with household members, see or hear from friends and family, talk with neighbors, and do favors for neighbors
Programs, events, volunteer opportunities, and opportunities for lifelong learning are available	Number and types of social, recreational, leisure and intergenerational resources	Elderly Affairs Division (EAD); External evaluation; AARP Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+	Number and types of social, recreational and intergenerational resources. External evaluation. Livability survey question 12j: "Does your neighborhood where you live have the following? j. Local schools that involve older people in events/activities"
	Number of performing arts companies, museums, concert venues, sports stadiums, and movie theaters**	AARP Livability Index, Engagement Section	Total number of performing arts companies, museums, concert venues, sports stadiums, and movie theaters per 10,000 people
	Proportion of older adults who were enrolled in education or training, either formal or informal, in the past year*	DOE, public and private education, and training institutions	Number of enrollees stratified by age
	Proportion of older adults who report participating in group physical activities in their leisure time*	Survey to be developed	Survey question such as: "In your leisure time, do you participate in group physical activities?"

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Information and data are easily accessible and user-friendly	Progress toward centralizing public information in one location-open data	External evaluator to monitor progress	Benchmarks developed by external evaluator
	Proportion of information distributed in a variety of user-friendly modalities	External evaluator to monitor progress	Benchmarks developed by external evaluator
People have the support to understand and use new technology	Proportion of older adults using technology and taking technology-related classes	Collaborate with Dept. of Education (DOE) and other community organizations to collect data	Number of technology courses offered, Number of enrollees stratified by age
All segments of the population have access to information via a variety of modalities	Number of public inquiries to key community organizations and government agencies	Collaborate with community organizations and government agencies to collect data	Number of inquiries including website hits, phone calls, and in-person inquiries

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Older persons are recognized as assets, and their contributions are valued and respected	Proportion of older adults who report that they are evaluated by skill and knowledge, and not by age	AARP Livable Communities Survey of Honolulu, Hawai`i Adults Age 45+; External evaluator to monitor progress	Livability survey question 12c: "Does your neighborhood where you live have the following? c. Policies against age discrimination." Survey developed by external evaluator
	Number of workplaces with policies and procedures that support persons with disabilities, older workers, and/or caregivers of older adults	AARP Livable Communities Survey of Honolulu, Hawai`i Adults Age 45+; External evaluator to monitor progress	Livability survey question 12h: "Does your neighborhood where you live have the following? h. Workplaces that are adapted to meet the needs of people with disabilities." Survey developed by external evaluator
	Number of intergenerational mentoring programs in the workplace	External evaluation in collaboration with SHRM and Chamber of Commerce	Survey of companies, developed by external evaluator
Flexible employment options are available	Number of workplaces who offer flexible work options to employees	AARP Livable Communities Survey of Honolulu, Hawai`i Adults Age 45+	Livability survey question 12a and 12d: "Does your neighborhood where you live have the following? a. A range of flexible job opportunities for people age 45 or older; d. Job opportunities that provide retirement benefits"

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Workplaces are age friendly, and there is a seamless system to transfer skills and increased opportunities for older workers to continue to work and be productive	Number of workplaces offering programs that include succession planning and transfer/exchange of knowledge	Collaborate with Society for Human Resource Management (SHRM) and Chamber of Commerce for data collection; External evaluator to monitor progress	Survey of companies developed by external evaluator
	Proportion of business start-ups by older entrepreneurs	Collaborate with Dept. of Commerce and Consumer Affairs (DCCA) and the Small Business Association (SBA) for data collection	Number of business start-ups stratified by age
	Proportion of older adults who are currently employed*	U.S. Census; Public Use Micro data Areas (PUMA); AARP Livable Communities Survey of Honolulu, Hawai`i Adults Age 45+	Percentage of population 65 and over employed; Livability survey question 12b and D11: "12. Does your neighborhood where you live have the following? b. Training for people age 45 or older; D11. Which of the following best describes your current employment status? (response options include 'Unemployed but looking for work')"
Volunteers have opportunities to develop leadership skills	Number of volunteer leadership training and management programs and trainees	External evaluation in collaboration with volunteer leadership programs such as Network of Volunteer Leaders (NOVL) Hawai`i and national organizations	Number of volunteer leadership programs; Number of trainees

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Volunteer options are widely available	Progress toward establishment of a focal center that matches older adults to volunteer opportunities and provides ongoing support	External evaluator to monitor progress	Benchmarks developed by external evaluator
	Proportion of older adults who report engaging in volunteer activity in the last month on at least one occasion*	Survey by external evaluator	Survey item(s) such as "Within the last month, have you engaged in a volunteer activity at least once?"

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Long-term services and supports (LTSS) are accessible and available	Proportion of older adults who report having access to LTSS	AARP Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+; External evaluator to monitor progress	Livability survey questions 10d and 10g: "Does your neighborhood where you live have the following? d. Affordable home health care; g. Home care services including health, personal care and housekeeping." Development of additional survey and evaluation measure(s) such as: "Are you able to access LTSS that meet your needs?"
	Proportion of older adults who report having their personal care or assistance needs met in their home setting through the use of formal (public or private) services*	Survey of older adults developed by external evaluator	Development of survey item(s) such as: "What personal care or assistance do you need? What do you receive?"
Health services are accessible and available	Proportion of older adults who report having access to and affordable health services	AARP Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+	Livability survey question 10a and 10h: "Does your neighborhood where you live have the following? a. Easily accessible health and social services; h. Affordable health services"
	Number geriatricians and allied health professionals experienced in working with older adults	External evaluation in collaboration with medical school, other educational institutions, and health plans, to collect data	Number of geriatricians and allied health professionals experienced in working with older adults
	Severity of clinician shortage**	AARP Livability Index, Health Section	Degree of health care professional shortages
	Proportion of older adults who report conveniently located emergency care centers and reliable emergency ambulance service	AARP Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+	Livability survey question 10b: "Does your neighborhood where you live have the following? b. Conveniently located emergency care centers"

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Goal	Indicator	Data Source	Measure
Education and public awareness on healthy aging, elder care, and safety are widely available	Proportion of older adults who report that local sources of information about their health concerns and needs are available*	AARP Livable Communities Survey of Honolulu, Hawai`i Adults Age 45+	Livability survey question 10i: "Does your neighborhood where you live have the following? i. Easy to find community and local public health information"
	Number of older adult hospitalized due to falls	HawaiiHealthMatters.org	Hospitalization rate due to falls among seniors
Older adults are safe from abuse and neglect	Number of reported cases of maltreatment of older adults (as a proportion of the total number of older adults)*	Adult Protective Services; Dept. of Health	Number of intakes and investigations
Public emergency and disaster planning accounts for older adults	Progress toward development of emergency preparedness plans targeting the specific needs of older adults and persons with disabilities	External evaluator to monitor progress	Benchmarks developed by external evaluator

*Denotes WHO Age-Friendly Indicator developed by the Global Network of Age-Friendly Cities and Communities (GNAFCC)

**Denotes AARP Livability Index Measure

Programs and Services in the City and County of Honolulu

Compared to other states across the country, Hawai`i has consistently ranked high as a good place for older adults to live. In 2014, for example, the United Health Foundation’s America’s Health Report ranked Hawai`i second in the nation in senior health, citing particular strengths including low shortage of geriatricians, low prevalence of smoking and obesity, and low rates of preventable hospitalizations (United Health Foundation, 2014). Older adults in Hawai`i benefit from a number of existing programs and services that provide assistance, care, guidance, support, and facilitation in the community or in residential settings. These programs and services are housed in public agencies, private businesses, and non-profit organizations, and often focus on special target populations, such as older adults, persons with disabilities, veterans, or certain cultural and ethnic groups.

Although these services play an integral role in our community, such services and programs are fragmented. There is no governing body in the state that oversees or organizes them under one umbrella. There is some cooperation and organization around services for older persons (the “aging network”), persons with disabilities (the “disability network”), and persons with mental health needs (the “mental health network”); this largely stems from state-level agencies and funding streams targeting these groups. But even within each network, there is still systemic fragmentation, which can be challenging for older adults and family caregivers.

Finding and Accessing Services

As increasing numbers of older adults with multiple chronic diseases “age-in-place” in their own homes and communities, the need for education and awareness of community resources becomes critical due to the varied and often complex demands for remaining at home. Often with increasing frailty, older adults and family members need to obtain information about community and long-term care services in order to participate in planning, weigh options and outcomes, and communicate with service providers about their care preferences and needs.

When older adults and families don’t have adequate information and awareness of community services and supports, they bear - along with public health systems - significant costs from unnecessary hospitalizations, lower quality of life, dissatisfaction with care and living situations, and family breakdowns. To support aging in place, families need to be knowledgeable, informed, and part of the decision-making process. Most commonly, older adults and family members don’t know where to start to look for help and information. The process can be overwhelming, especially when the situation is urgent (e.g., discharge from hospital).

There are a number of home and community-based services available that can help support older adults’ ability to remain independent and in the community. Yet, navigating the complex network of aging and disability services can be a daunting task, even for trained professionals. Generally, home and community based services fall under the following categories:

Complexity of Decision-Making to Support Aging in Place

- What type of housing or setting?
- Who will provide care? And what type of care?
- Where can I find services such as housekeeping or meals?
- How will I pay for care?
- How will I arrange for home modifications, equipment, supplies?
- What will happen if emergency back-up or respite is needed?

Service Category	Definition and Examples
Adult Day Care	Provides care outside the home. Participants have the opportunity to interact with others while being part of a safe and structured environment. Centers typically have staffed activities such as music, exercise programs, and discussion groups.
Adult Protective Services	Provides crisis intervention, without regard to income, including investigation and emergency services for dependent adults who are reported to be physically abused, neglected, financially exploited by others or seriously endangered due to self-neglect.
Attendant Care	Companion assistance and/or helpful reminders and oversight to assist with daily tasks such as preparing meals, shopping for personal and food items or using the telephone.
Caregiver Support & Counseling	Information, referrals, support groups, training, education and counseling to assist caregivers in accessing services and resources, problem solving and making decisions related to their caregiver roles.
Caregiver Respite	Services which offer temporary, substitute supports or living arrangements for older persons in order to provide a brief period of relief or rest for caregivers. Examples include: (1) in-home respite such as personal care or homemaker services, and (2) respite provided by attendance of the care recipient at a senior center, adult day care or other non-residential program.
Case Management	Crisis and long-term professional assistance for clients to identify needs, explore options, develop a care plan, link to and coordinate services, monitor and follow up.
Chore Services	Help with heavy housework.
Congregate Meals	Nutritious meals provided in a group dining setting.
Disease Prevention and Health Promotion Services	Health screenings, nutrition counseling, education and health maintenance programs to prevent and mitigate the effects of chronic diseases including osteoporosis, hypertension, diabetes and heart disease.
Friendly Visiting	Volunteers provide friendly visiting (companionship), respite for caregivers, help with errands, transportation to medical appointments and grocery shopping assistance.
Home Delivered Meals	Nutritious meals delivered to a client's home.
Home Health Care	Skilled medical care that can include nursing; speech, occupational, physical, or respiratory therapy; home health aides; and social work or psychiatric care.
Home Modification	Renovations to increase the ease of use, safety, security and independence in the home. Examples: installing grab bars or ramps. Using a licensed contractor is recommended.
Homemaker Services	Help with preparing meals, shopping for grocery and/or personal items, managing money, using the telephone and doing light housework.

Service Category	Definition and Examples
Hospice Care	Medical, social, and emotional services for the terminally ill and their families. Can be provided in the home or a facility.
Housing Assistance	Help with identifying housing needs, understanding options, and obtaining adequate housing to improve an individual's present housing arrangement, or to relocate to more suitable housing when needed. Examples include senior housing apartments, adult residential care homes, foster care homes, assisted living facilities and retirement/independent living communities.
Information and Assistance	A service that (a) provides individuals with information on services available within communities; (b) links individuals to the services and opportunities that are available within the communities; and (c) to the maximum extent practical, establishes adequate follow-up processes.
Legal Assistance	Legal advice and counseling provided by an attorney or other person acting under the supervision of an attorney.
Medical Alarm or Safety Device	Several types of personal medical alert systems exist on the market. Generally speaking, they provide immediate access to a trained professional in the event of a fall or an emergency with the click of a button that you wear.
Para-professional Services	Counseling, accompanying to appointments, assistance with completing applications.
Personal Care	Help for those who are unable to bathe, eat, dress, toilet, and/or transfer themselves safely.
Recreation, Leisure, Physical Fitness	Programs that foster the health and well-being of older persons such as music, dancing, games and crafts, excursions, and group exercise classes.
Transportation	Transportation from one location to another. May include door-to-door or curb-to-curb assistance.

Source: Elderly Affairs Division, http://www.elderlyaffairs.com/site/448/about_services.aspx

In the City and County of Honolulu, the above community services can be accessed via the comprehensive list of directories and searchable databases below:

1. Elderly Affairs Division, City and County of Honolulu

The Elderly Affairs Division (EAD), the local Area Agency on Aging for the island of O`ahu, is housed in the City's Department of Community Services. Its purpose is to "plan, support and advocate for programs to promote the well-being of O`ahu's older adults and caregivers and to address and respond to the priority needs of all seniors". It offers resources to locate services, apply for government assistance, and produce several resource guides for the City and County (C&C) of Honolulu. There are three main guides that detail resources for older adults and their families on O`ahu. A key and often used resource is the green "Senior Information and Assistance Handbook", which is available via the link below and also at American Savings Bank branches. Also available at the EAD website are the "Family Caregiving Guide" and "Oahu Housing Information for Seniors."

- Home page for the EAD, the local area agency on aging for Honolulu:
<http://www.elderlyaffairs.com/site/1/home.aspx>

- **Senior Information and Assistance Handbook:** Produced every few years by EAD with support from American Savings Bank (ASB), this handbook is a useful guide that provides the names and contact info of organizations/agencies by service type. The handbook is also available on EAD’s website and at ASB branches. Here is the link to the 2012-2014 PDF version:
http://www.honolulu.gov/rep/site/dcs/ead_docs/2012seniorhandbook.pdf
- **Family Caregiving Guide:** Produced with support by the Hawai`i USA Federal Credit Union, this guide is designed to help caregivers. The guide offers caregiver tips, information on accessing geriatricians, case management, caregiver support groups, and caregiver education programs, and other resources like durable medical equipment providers. Here is the link to 2013 PDF version:
http://www.elderlyaffairs.com/Portals/_ExpressSite//File/FCG2013final.pdf
- **Oahu Housing Information for Seniors:** This guide offers descriptions and facts about housing options for older adults on the island of O’ahu. Here is the link to the online version:
<http://www.elderlyaffairs.com/site/449/publications.aspx#Oahu%20Housing>

2. Aloha United Way 2-1-1

Aloha United Way 2-1-1 is a non-profit, statewide, free, confidential telephone hotline and web-based information and referral system which allows citizens to find contact information for community programs and services that address a wide range of needs. Individuals of all ages can dial 2-1-1 from a telephone, or visit the website (<http://www.auw211.org/>) to search available resources. There is a “2-1-1 for Seniors” section of the website to specifically search for services commonly needed by and designed for older adults. Staff are typically trained to listen and ask questions in a way that enables them to best identify and address the caller’s needs. Here is the link to 2-1-1 for Seniors:
<http://www.auw211.org/Subcategory.aspx?;Oahu;5;65;F;0;180712;Seniors>

3. Kokua Kalihi Valley

Kokua Kalihi Valley (KKV) is a non-profit federally qualified health center located in Honolulu that provides a wide range of services including: community engagement, medical care, dental care, behavioral health services, nutrition, home visits, elderly services, youth development, and cultural appreciation. Programs for older adults include case management, caregiver support, geriatric consultation, memory clinic, and home visits. Eligibility for elder care services include: age 60 and older, permanent resident of Hawai`i, two or more difficulties with activities of daily living (ADL) or instrumental activities of daily living (IADL), not living in an institution, care home, or adult foster home, and if on Medicaid, not receiving chore services or personal care. Here is the link to the website: <http://www.kkv.net/>. Here is a direct link to the services page: <http://www.kkv.net/index.php/services-and-activities>

On its website, KKV produced a publication entitled “Services and Housing Options for Seniors on O`ahu - 2013”. The booklet contains descriptions of housing types and options, medical and social services, and financial options as well as contact information for local resources. Here is the link to the booklet: <http://www.kkv.net/images/downloads/2013kkvseniorhousing.pdf>

4. Kokua Mau

Kokua Mau is a statewide non-profit organization that offers resources, information, and services related to hospice and palliative care, as well as advanced directives. The organization participates in advocacy efforts, community engagement and professional education. Their resource page provides links to local and national hospice and palliative care resources. Here is the link to the organization: <http://kokuamau.org/>. Here is the link to the resources page: <http://kokuamau.org/resources>

Pulling it All Together: A Coordinated System of Care

The above is intended to be a comprehensive collection of resources available to older adults and families to support aging in place. However, a persisting limitation is that older adults and families may not know what they need, what is available, or do not know the right terminology for a service to facilitate the search within the directory or website. Ideally, the future will bring a more person-centered, coordinated system of care.

Recent federal policy trends and funding incentives are shifting the state toward this goal through the development of Aging and Disability Resource Centers (ADRCs), which intend to simplify the experience of obtaining information and accessing supports and services in the community for consumers and their families. The ADRC initiative is intended to be a “single door” entry for all persons seeking long-term support, minimizing confusion, enhancing individual choice, and supporting informed decision-making. ADRCs help individuals and their families identify long-term supports and service (LTSS) needs, understand their long-term support options including the publicly and privately funded programs available to them, and develop and activate a LTSS plan.

Characteristics of an ADRC include:

1. Comprehensive, person-centered assessment of health and social needs
2. Options counseling, a service in which consumers become aware of home and community based services and supports available to them
3. Eligibility determination, support in determining eligibility for different services
4. Care transition planning, coordinated support for those transitioning between settings (e.g., transition from hospital to home)

ADRCs are being implemented within each county of Hawai'i, with funding administered through EOA. Each county is at different stage of ADRC development; currently, Honolulu County is planning for implementation. When fully implemented, the ADRC will provide the needed support and person-centered, coordinated care to older adults, people with disabilities, and family members throughout the City and County of Honolulu.

This page is intentionally left blank.

References

(organized by chapter/domain)

Introduction

1. AARP (2014). *The AARP network of age-friendly communities: An introduction*. Retrieved from <http://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/an-introduction.html>
2. World Health Organization (2007). *Global age-friendly cities: A guide*. Retrieved from http://whqlibdoc.who.int/publications/2007/9789241547307_eng.pdf
3. American Community Survey (2010). *5-year estimates*. Retrieved from http://www.census.gov/acs/www/data_documentation/data_main/
4. State of Hawai`i Department of Business, Economic Development and Tourism (2012). *Population and economic projections for the State of Hawai`i to 2040*. Retrieved from http://files.hawaii.gov/dbedt/economic/data_reports/2040-long-range-forecast/2040-long-range-forecast.pdf
5. Centers for Disease Control and Prevention (2013). *State-specific healthy life expectancy at age 65 years*. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6228a1.htm>
6. Nelson, B. M. & Harrison, E.Y. (2014, June). *Livability for All: The 2014 AARP Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+*. Retrieved from http://www.aarp.org/content/dam/aarp/research/surveys_statistics/il/2014/Livability-For-All-The-2014-Livable-Communities-Survey-of-Honolulu-Hawaii-Adults-Age-45-Plus-AARP-res-il.pdf



Outdoor Spaces & Buildings

1. World Health Organization (2007). *Global age-friendly cities: A guide*. Retrieved from http://whqlibdoc.who.int/publications/2007/9789241547307_eng.pdf
2. Park Score, Honolulu (2014). [Maps and tables depicting park information for the City and County of Honolulu]. *Trust for Public Land, Park score index*. Retrieved from <http://parkscore.tpl.org/city.php?city=Honolulu>
3. City and County of Honolulu Geographic Information System (2014). [Maps depicting information for the City and County of Honolulu]. *Honolulu as an Age-Friendly City Maps and GIS Database*. Retrieved from <http://gis.hicentral.com/storyboards/AFCHNL.html>
4. Nelson, B. M. & Harrison, E.Y. (2014, June). *Livability for All: The 2014 AARP Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+*. Retrieved from http://www.aarp.org/content/dam/aarp/research/surveys_statistics/il/2014/Livability-For-All-The-2014-Livable-Communities-Survey-of-Honolulu-Hawaii-Adults-Age-45-Plus-AARP-res-il.pdf

5. Hurley, T. (2014, November 20). Hundreds of isle's homeless are new to state. *Honolulu Star Advertiser*. Retrieved from <http://www.staradvertiser.com>



Transportation

1. Lee, V. (2005, July 21). TheBus thrived under manager's leadership. *Honolulu Star Bulletin*. Retrieved from <http://archives.starbulletin.com/2005/07/21/news/story8.html>
2. Sterling, A. (2014, March 4). Honolulu has 2nd worst traffic in U.S. in 2013. *KITV News*. Retrieved from <http://www.kitv.com/news/hawaii/honolulu-has-2nd-worst-traffic-in-us-in-2013/24802042>
3. City and County of Honolulu Department of Facility Maintenance. (2012, December). *Pavement condition report*. Retrieved from <http://www.oahumpo.org/wp-content/uploads/2013/02/Pavement-Condition-Report-Final.pdf>
4. City and County of Honolulu, Department of Transportation Services. (2012, August). *Oahu Bike Plan, a Bicycle Master Plan*. Retrieved from <https://docs.google.com/a/hawaii.edu/file/d/0BzDd83EefyHUdjJIY2FEcjJLaHc/edit?pli=1>
5. Dashefsky, H. (2011, April 15). Car crazy in Honolulu. *Honolulu Magazine*. Retrieved from <http://www.honolulumagazine.com/Honolulu-Magazine/April-2011/Car-Crazy-in-Honolulu/>
6. Rosenbloom, S. (2009, Summer). Meeting transportation needs in an aging-friendly community. *Generations - Journal of the American Society on Aging*, 33(2), 33-43. Retrieved from <http://www.aarp.org/content/dam/aarp/livable-communities/learn/transportation/meeting-transportation-needs-in-an-aging-friendly-community-aarp.pdf>
7. City and County of Honolulu Department of Facility Maintenance. (2012, December). *Pavement Condition Report*. Retrieved from <http://www.oahumpo.org/wp-content/uploads/2013/02/Pavement-Condition-Report-Final.pdf>
8. Lee, V. (2005, July 21). TheBus thrived under manager's leadership. *Honolulu Star Bulletin*. Retrieved from <http://archives.starbulletin.com/2005/07/21/news/story8.html>
9. City and County of Honolulu Department of Transit Services/O'ahu Transit Services, Fiscal Year 2012-2013.
10. City and County of Honolulu Geographic Information System (2014). [Maps depicting information for the City and County of Honolulu]. *Honolulu as an Age-Friendly City Maps and GIS Database*. Retrieved from <http://gis.hicentral.com/storyboards/AFCHNL.html>

11. Sweeney, M. (2004, July). *Travel patterns of older Americans with disabilities* [Working Paper 2004-001-OAS] Prepared for the U.S. Bureau of Transportation Statistics. Washington, D.C. Retrieved from http://www.rita.dot.gov/bts/sites/rita.dot.gov.bts/files/publications/bts_working_papers/2004/paper_01/pdf/entire.pdf
12. Rosenbloom, S. (2009, Summer). Meeting transportation needs in an aging-friendly community. *Generations - Journal of the American Society on Aging*, 33(2), 33-43. Retrieved from <http://www.aarp.org/content/dam/aarp/livable-communities/learn/transportation/meeting-transportation-needs-in-an-aging-friendly-community-aarp.pdf>
13. State of Hawai`i Department of Health (2013). Data from the Fatality Accident Reporting System (FARS), National Highway Safety Administration.
14. Anderson, M. (2014, June 19). Bike use is rising among the young but it is skyrocketing among the old. Retrieved from: <http://www.peopleforbikes.org/blog/entry/bike-use-is-rising-among-the-young-but-it-is-skyrocketing-among-the-old>
15. Shaver, K. (2014, October 27). Rise in U.S. bicycle fatalities concerns safety advocates. *The Washington Post*. Retrieved from <http://www.washingtonpost.com/blogs/dr-gridlock/wp/2014/10/27/rise-in-u-s-bicycle-fatalities-concerns-safety-advocates/>
16. State of Hawai`i Department of Health, 2014
17. Miller, S. (2014, September 5). New DOT report: Protected bike lanes improve safety for everyone. *Streetsblog NYC*. Retrieved from <http://www.streetsblog.org/2014/09/05/new-dot-report-shows-protected-bike-lanes-improve-safety-for-everybody/>
18. City and County of Honolulu, Department of Transportation Services. (2012). Human services transportation coordination plan 2012. Retrieved from http://www.honolulurides.org/docs/120708Coord_Plan_FINAL.pdf



Housing

1. United Nations. (n.d.). Universal declaration of human rights. Retrieved from <http://www.un.org/en/documents/udhr/>
2. Song, J. (2014, August 8). O`ahu home prices continue to rise. *Honolulu Magazine*. Retrieved from http://www.honolulumagazine.com/Honolulu-Magazine/Real-Estate/August-2014/Oahu-Home-Prices-Continue-to-Rise/#.VH5e2zHF_oE
3. Murakami, K. (2013, September 4). Living Hawai`i: Why is the price of paradise so high. *Honolulu Civil Beat*. Retrieved from <http://www.civilbeat.com/2013/09/19815-living-hawaii-why-is-the-price-of-paradise-so-high/>

4. U.S. Department of Housing and Urban Development (2014). *Affordable housing*. Retrieved from http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing
5. U.S. Census Bureau (2012). Owner-occupied housing units - Value and costs by state: 2009. Retrieved from <http://www.census.gov/compendia/statab/2012/tables/12s0996.pdf>
6. Hawai'i Appleseed Center for Law and Economic Justice (2013, November). *Reimagining housing in Hawai'i*. Retrieved from <http://www.hiappleseed.org/sites/default/files/HI%20Appleseed-Innovative%20Housing%20Models%20%282013%29.pdf>
7. Nelson, B. M. & Harrison, E.Y. (2014, June). *Livability for All: The 2014 AARP Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+*. Retrieved from http://www.aarp.org/content/dam/aarp/research/surveys_statistics/il/2014/Livability-For-All-The-2014-Livable-Communities-Survey-of-Honolulu-Hawaii-Adults-Age-45-Plus-AARP-res-il.pdf
8. Wiles, J.L., Leibing, A., Guberman, N., Reeve, J., & Allen, R.E.S. (2012). The meaning of "Aging in Place" to older people. *The Gerontologist*, 32(3), 357-36. doi: 10.1093/geront/gnr098
9. Farber, N., Shinkle, D., Lynott, J., Fox-Grage, W., & Harrell, R. (2011). Aging in place: A state survey of livability policies and practices. Washington, DC: AARP. Retrieved from <http://assets.aarp.org/rgcenter/ppi/liv-com/aging-in-place-2011-full.pdf>
10. U.S. Census Bureau (2010). American communities survey 2008-2010, State of Hawai'i. Prepared by the State of Hawai'i, Department of Business, Economic Development and Tourism
11. City and County of Honolulu (2014, September). *Housing O'ahu: Islandwide housing strategy - Draft*. Retrieved from https://www.honolulu.gov/rep/site/dppto/dppto_docs/Housing_Oahu_Draft_9-12-14.pdf
12. *ibid.*
13. Assisted Living Federation of America (2014). Retrieved from <http://www.alfa.org/alfa/default.asp>
14. Genworth (2014). *2014 cost of care survey Hawai'i: State specific data*. Retrieved from <https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/Hawaii-040114.pdf>
15. University of Hawai'i Center on the Family (2013). Homeless service utilization report Hawai'i 2013. Retrieved from http://uhfamily.hawaii.edu/publications/brochures/402d5_HomelessServiceUtilization2013.pdf

16. City and County of Honolulu Mayor's Office of Housing (2014, July 21). *Housing First*. Retrieved from <http://www.honolulu.gov/housing/ohou-first.html>
17. Hawai'i Appleseed Center for Law and Economic Justice (2013, November). *Reimagining housing in Hawai'i*. Retrieved from <http://www.hiappleseed.org/sites/default/files/HI%20Appleseed-Innovative%20Housing%20Models%20%282013%29.pdf>



Communication and Social Involvement

1. La Fever, N. (2013, August 22). Seniors and boomer social media use numbers soared. Retrieved from <http://www.seniorsforliving.com/blog/2013/08/22/senior-and-boomer-social-media-use-numbers-soar/>
2. *ibid.*
3. New York Academy of Medicine (2008, Fall). *Towards an age friendly New York City: A findings report*. Retrieved from https://www.health.ny.gov/diseases/aids/providers/conferences/docs/nyam_age_friendly_report.pdf
4. Open Data Institute (n.d.). What makes data open? Retrieved from <http://theodi.org/guides/what-open-data>
5. City and County of Honolulu. (2013, November 27). A Bill for an ordinance: Ordinance 13-39 relating to open data. Retrieved from <http://www4.honolulu.gov/docushare/dsweb/Get/Document-145974/8bfh056l.pdf>



Civic Participation and Employment

1. Wells-Lepley, M., Swanberg, J. Williams, L., & Nakai, Y. (2013). The voices of Kentucky employers: Benefits, challenges, and promising practices for an aging workforce. *Journal of Intergenerational Relationships*, 11(3), 255-271. doi: 10.1080/15350770.2013.810065
2. O'Brien, S. (2015). How baby boomers will change retirement. Retrieved from <http://seniorliving.about.com/od/retirement/a/newboomerretire.htm>
3. State of Hawai'i Executive Office on Aging (2013, November). *Hawai'i 2020: The state of active aging*. Retrieved from http://www.hawaiiadrc.org/Portals/_AgencySite/HCBS_1.pdf
4. Arnone, W.J. (2006). Are employers prepared for the aging of the U.S. workforce? *Benefits Quality*, 22(4), 7-12. Retrieved from <http://homepages.uwp.edu/crooker/786-SHRM/articles/trend-age-bq-2006.pdf>
5. Pitt-Catsoupes, M., Mirvis, P., & Verzin, S. (2013). Leveraging age diversity for innovation. *Journal of Intergenerational Relationships*, 11(3), 238-254. doi: 10.1080/15350770.2013.810059

6. McKee, J. & McKee, T. (2012). *The New Breed: Second Edition: Understanding and Equipping the 21st Century Volunteer*. US:Simple Youth Ministries
7. Wells-Lepley, M., Swanberg, J. Williams, L., & Nakai, Y. (2013). The voices of Kentucky employers: Benefits, challenges, and promising practices for an aging workforce. *Journal of Intergenerational Relationships*, 11(3), 255-271. doi: 10.1080/15350770.2013.810065
8. AARP (2004, September). *Staying ahead of the curve 2004: Employers best practices for mature workers*. Retrieved from http://assets.aarp.org/rgcenter/econ/multiwork_2004.pdf
9. Wells-Lepley, M., Swanberg, J. Williams, L., & Nakai, Y. (2013). The voices of Kentucky employers: Benefits, challenges, and promising practices for an aging workforce. *Journal of Intergenerational Relationships*, 11(3), 255-271. doi: 10.1080/15350770.2013.810065
10. Pitt-Catsoupes, M., Mirvis, P., Verzin, S. (2013). Leveraging age diversity for innovation. *Journal of Intergenerational Relationships*, 11(3), 238-254. doi: 10.1080/15350770.2013.810059
11. Wells-Lepley, M., Swanberg, J. Williams, L., & Nakai, Y. (2013) The voices of Kentucky employers: Benefits, challenges, and promising practices for an aging workforce. *Journal of Intergenerational Relationships*, 11(3), 255-271. doi: 10.1080/15350770.2013.810065
12. *ibid.*
13. Adler, G. & Hilber, D. (2009), Industry hiring patterns of older workers. *Research on Aging*, 31(1), 69-88. doi: 10.1177/0164027508324635
14. Haeger, D. & Lingham, T. (2013). Intergenerational collisions and leadership in the 21st century. *Journal of Intergenerational Relationships*, 11(3), 286-303. doi: 10.1080/15350770.2013.810525
15. Wells-Lepley, M., Swanberg, J. Williams, L., & Nakai, Y. (2013). The voices of Kentucky employers: Benefits, challenges, and promising practices for an aging workforce. *Journal of Intergenerational Relationships*, 11(3), 255-271. doi: 10.1080/15350770.2013.810065
16. Neal, M.B., & Hammer, L.B. (2007). Working couples caring for children and aging parents: Effects on work and well-being. Series in applied psychology. Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers
17. State of Hawai`i Executive Office on Aging (2013). Hawai`i's 2020 Vision: The State of Active Aging, A White Paper on Aging for the 21st Century.

18. Silverberg, D. (2012, September 26). *50+ entrepreneurs have ripe opportunities and resources*. Retrieved from <http://blog.aarp.org/2012/09/26/50-entrepreneurs-have-ripe-opportunities-and-resources/>
19. *ibid.*
20. Abrahms, S. (2013, October). *Ready for your second career?* Retrieved from <http://www.aarp.org/work/working-after-retirement/info-10-2013/ready-for-your-second-career.html>



Community Support and Health Services

1. United Health Foundation (2014). America's health rankings, Hawai'i. Retrieved from <http://www.americashealthrankings.org/HI>
2. State of Hawai'i Executive Office on Aging (2014). *Better Choices, Better Health And Enhance Fitness Ke Ola Pono - Healthy Living Fact Sheet*.
3. Met Life (2012). *Market Survey Of Long-Term Care Costs*. New York: Met Life Mature Market Institute. Retrieved from <https://www.metlife.com/assets/cao/mmi/publications/studies/2012/studies/mmi-2012-market-survey-long-term-care-costs.pdf>
4. Nelson, B. M. & Harrison, E.Y. (2014, June) *Livability for All: The 2014 AARP Livable Communities Survey of Honolulu, Hawai'i Adults Age 45+*. Retrieved from http://www.aarp.org/content/dam/aarp/research/surveys_statistics/il/2014/Livability-For-All-The-2014-Livable-Communities-Survey-of-Honolulu-Hawaii-Adults-Age-45-Plus-AARP-res-il.pdf
5. Genworth (2014). *Genworth Cost Of Care Survey: Hawai'i State-Specific Data*. Retrieved from <https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/Hawaii-040114.pdf>
6. Hawai'i Department of Health Office of Healthcare Assurance (2014). *Skilled Nursing/ Intermediate Care Facilities*. Retrieved from <http://health.hawaii.gov/ohca/medicare-facilities/skilled-nursingintermediate-care-facilities/>
7. State of Hawai'i, Twenty-Seventh Legislature (2013). *H.B.1-Related to Aging*. Retrieved from <http://legiscan.com/HI/text/HB1/id/912953>
8. Workforce Development Council (2011). *Hawai'i's Healthcare Workforce 20/20 Plan & Report*. Retrieved from <http://www.hawaiiipca.net/media/assets/HawaiiHealthcareWorkforce2020PlanandReport-DRAFT.pdf>

List of Resources

The following are useful resources that may be of interest to readers. They include more in-depth information from The World Health Organization (WHO), AARP, Action Plans from other cities in the Age-Friendly Network, and selected resources.

AARP's National Network of Age-Friendly Cities

AARP (2014). *The AARP network of age-friendly communities: An introduction*. Retrieved from <http://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/an-introduction.html>

AARP International (n.d.). *AARP's network of age-friendly communities*.

AARP Public Policy Institute (2015). *Livability Index*. Retrieved from <https://livabilityindex.aarp.org/>

WHO Global Network of Age-Friendly Cities and Communities

World Health Organization (2007). *Global age-friendly cities: A guide*. Retrieved from http://whqlibdoc.who.int/publications/2007/9789241547307_eng.pdf

World Health Organization (2009). WHO global network of age-friendly cities: A guide [Brochure]. Geneva, Switzerland: WHO Press

World Health Organization Centre for Health Development (2014). *Measuring the age-friendliness of cities: A guide to using core indicators – Draft*.

Action Plans from Other Cities

City of Vancouver Social Policy Division (2013). *The age-friendly action plan 2013-2015: A safe, inclusive, and engaging city for seniors*. Retrieved from <http://vancouver.ca/files/cov/age-friendly-action-plan.pdf>

Edmonton Series Coordinating Council (2011, Spring). *Vision for an age-friendly Edmonton action plan*. Retrieved from http://www.edmonton.ca/city_government/documents/PDF/Final-Final_Seniors_council_plan_May26.pdf

Middle Georgia Regional Commission (2013). *Macon-Bibb County, Georgia: 2013 Age-Friendly Community Action Plan*. Retrieved from <http://www.aarp.org/content/dam/aarp/livable-communities/documents-2014/Macon-Bibb,%20Georgia,%20Age-Friendly%20Action%20Plan-AARP.pdf>

The Age-Friendly Portland Advisory Council (2013, October 8). *Action plan for an age-friendly Portland*. Retrieved from http://www.pdx.edu/ioa/sites/www.pdx.edu.ioa/files/Age-Friendly%20Portland%20Action%20Plan%2010-8-13_0.pdf

The New York Academy of Medicine (2008, Fall). *Toward an age-friendly New York City: A findings report*. Retrieved from <http://www.nyam.org/news/docs/AgeFriendly.pdf>

The New York Academy of Medicine (2009, August). *Age-friendly NYC*. Retrieved from http://www.nyc.gov/html/dfta/downloads/pdf/age_friendly/agefriendlynyc.pdf

The New York Academy of Medicine (2011, Spring). *Age-friendly NYC: A progress report*. Retrieved from http://www.nyam.org/agefriendlynyc/Age-Friendly-NYC-Report-Final-High-Res2_new.pdf

University of Victoria Centre on Aging (2006). *District of Saanich, British Columbia, Canada World Health Organization's age-friendly cities project*. Retrieved from <http://www.saanich.ca/parkrec/community/pdf/SaanichWHOAgeFriendlyCitiesReport.pdf>

Selected Resources

Abrams, S. (2011, January 31). Elder co-housing, a new option for retirement-or sooner! *AARP Bulletin*.

American Planning Association (2014.) *Aging in Community Policy Guide*. Retrieved from <https://www.planning.org/policy/guides/pdf/agingincommunity.pdf>

American Planning Association (2014). *Investing in place: Two generations' view on the future of communities: millennials, boomers, and new directions for planning and economic development*. Retrieved from <https://www.planning.org/policy/polls/investing/pdf/pollinvestingreport.pdf>

Anthony-Goodwin, D. (2013, December 20). *Seattle Parks and Recreation pilots new dementia-friendly recreation opportunities for locals*. Retrieved from <http://parkways.seattle.gov/2013/12/20/seattle-parks-and-recreation-pilots-new-dementia-friendly-recreation-opportunities-starting-in-january-2014/#sthash.2b8mOUty.GzhwXEii.dpbs>

Assisted Living Federation of America (2009). *Overview of Assisted Living*. Retrieved from http://www.alfa.org/alfa/Assessing_Cost.asp

CH2MHLL (2010, November). *Complete streets task force complete streets legislative report*. Prepared for the State of Hawai'i Department of Transportation Services. Retrieved from <http://www.oahumpo.org/wp-content/uploads/2013/02/COMPLETE-STREETS-TASK-FORCE-Act-54-Report.pdf>

City and County of Honolulu Mayor's Office of Housing (2014, July 21). *Housing First*. Retrieved from <http://www.honolulu.gov/housing/ohou-first.html>

Hawai'i Bicycle League (2014). *Know your rights: Honolulu bicycle laws and regulations*. Retrieved from <http://www.hbl.org/bikelaws>

Hofschneider, A. (2014, October 23). *Just how bad is Honolulu's housing crisis? Honolulu Civil Beat*. Retrieved from <http://www.civilbeat.com/2014/10/just-how-bad-is-honolulus-housing-crisis/>

Housing LIN (2009, December 21). *Neighbourhoods for life, Designing dementia friendly outdoor environments*. Retrieved from <http://www.housinglin.org.uk/Topics/browse/HousingandDementia/Design/?parent=5091&child=6988>

- Mears, T. (2015, April 20). How Baby Boomers are creating their own retirement communities. *US News and World Report: Money*. Retrieved from <http://money.usnews.com/money/retirement/articles/2015/04/20/how-baby-boomers-are-creating-their-own-retirement-communities>
- Hurley, T. (2014, November 20). Hundreds of isles' homeless are new to state. *Honolulu Star Advertiser*.
- Metlife Foundation & Generations United (2015). Creating an age-advantaged community: A toolkit for building intergenerational communities that recognize, engage and support all ages. Retrieved from <http://www.gu.org/Portals/0/documents/Reports/15-report-intergenerational-creating-an-age-advantaged-community-toolkit.pdf>
- National Conference of State Legislatures & AARP Public Policy Institute (2011, December). *Ageing in place: A state survey of livability policies and practices*. Retrieved from <http://assets.aarp.org/rgcenter/ppi/liv-com/aging-in-place-2011-full.pdf>
- New York Academy of Medicine (2013). Resilient communities: Empowering older adults in disasters and daily life. Retrieved from <http://www.nyam.org/agefriendlynyc/initiatives/current/disaster-preparedness-and.html>
- New York City Department of Transportation (2015). Safe streets for seniors. Retrieved from <http://www.nyc.gov/html/dot/html/pedestrians/safeseniors.shtml>
- Prasad, A., Steels, S., Dagg, K., & Kane, M. (2014). *Developing indicators for age-friendly cities* [PDF document]. Retrieved from http://www.who.int/kobe_centre/ageing/age_friendly_cities/6_Prasad_Developing-Indicators-for-AFC.pdf
- Robinson, L. Saisan, J. & White, M. (2014, December). *Senior housing options*. <http://www.helpguide.org/articles/senior-housing/senior-housing-options.htm>
- SMS Research & Marketing Services, Inc. (2011, November). *Hawaii Housing Planning Study 2011*. Prepared for Hawai'i Housing Finance and Development Corporation. Retrieved from <http://files.hawaii.gov/dbedt/hhfdc/resources/HHPS2011%20study.pdf>
- Safe Routes to School National Partnership (2015). Safe routes to school in Hawai'i. Retrieved from <http://saferoutespartnership.org/state/srts-in-your-state/hawaii>
- Sallis, J.F. & Spoon, C. (2015). Making the case for designing active cities. *Active Living Research*. Retrieved from <http://activelivingresearch.org/sites/default/files/MakingTheCaseReport.pdf>
- State of Hawai'i Department of Transportation, Highways Division (2013). Statewide pedestrian master plan. Retrieved from <http://hidot.hawaii.gov/highways/files/2013/07/Pedest-Plan-PedMP.pdf>
- Sustain & Growing Health (2007, August). *Gardens and gardening for people with dementia*. Retrieved from: http://www.sustainweb.org/resources/files/reports/Dementia_Factsheet.pdf

- Urban Land Institute (2015). *Building Healthy Places Toolkit: Strategies*. Retrieved from <http://uli.org/research/centers-initiatives/building-healthy-places-initiative/building-healthy-places-toolkit/>
- U.S. Environmental Protection Agency, Office of Children's Health Protection and Environmental Education (2009, August). *Growing Smarter, Living Healthier, A Guide to Smart Growth and Active Aging*. Retrieved from <http://www.aarp.org/content/dam/aarp/livable-communities/act/planning/growing-smarter-living-healthier-a-guide-to-smart-growth-active-aging-aarp.pdf>
- Vargas, K.E., McPherson, E.G., Simpson, J.R., Peper, P.J., Gardner, S.L., & Xiao, Q. (2007). *City of Honolulu, Hawai'i Municipal Forest Resource Analysis*. Retrieved from: http://actrees.org/files/Research/psw_cufr724_HNL_MFRA.pdf
- Wiles, J.L., Leibing, A., Guberman, N., Reeve, J., & Allen, R.E.S. (2011) The Meaning of "Aging in Place" to older people. *The Gerontologist*, 52(3) 357-366. doi: 10.1093/geront/gnr098

This page is intentionally left blank.

List of Acronyms and Abbreviations

This appendix contains a complete listing of all acronyms and abbreviations used in the body of the Action Plan, as well as in the preceding appendices. It is meant as a quick reference guide. All acronyms and abbreviations are spelled out the first time they appear in each chapter or appendix.

Acronym/ Abbreviation	Description
AAA	American Automobile Association (when used in a transportation context)
AAA	Area Agency on Aging (when used in a health and social services context)
AARP	Originally known as American Association of Retired Persons
ACA	Affordable Care Act
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ADRC	Aging & Disability Resource Center
ADU	Accessory Dwelling Unit (`ohana unit)
AED	Automated External Defibrillator
AFC	Age-Friendly City
AMHD	Adult Mental Health Division, Department of Health, State of Hawai`i
APA	American Planning Association
APS	Adult Protective Services, Adult Protective & Community Services Branch, Department of Human Services, State of Hawai`i
ARCH	Adult Residential Care Home
ASB	American Savings Bank
ATRC	Assistive Technology Resource Centers of Hawai`i
AT	Assistive Technology
AUW	Aloha United Way
AYSO	American Youth Soccer Organization
BBB	Better Business Bureau
BCBH	Better Choices, Better Health, Healthy Aging Partnership Hawai`i
BIA	Building Industry Association of Hawai`i
BID	Business Improvement District
C&C	City & County of Honolulu
CAPS	Certified Aging-in-Place Specialist
CCS	Community Care Services, Adult Protective & Community Services Branch, Department of Human Services, State of Hawai`i
CDC	Centers for Disease Control & Prevention, United States
CDSMP	Chronic Disease Self-Management Program
CEU	Continuing Education Units
CFADAR	Citizens for a Fair ADA Ride
CFS-EAP	Child & Family Services Employee Assistance Program

Acronym/ Abbreviation	Description
CMS	Centers for Medicare and Medicaid Services, Department of Health and Human Services, United States
COA	Center on Aging, University of Hawai`i at Mānoa
CPTED	Crime Prevention Through External Design
CSI, Inc.	Comfort, Security, Independence of Hawai`i
DCAB	Disability & Communication Access Board, Department of Health, State of Hawai`i
DCCA	Department of Commerce & Consumer Affairs, State of Hawai`i
DDC	Department of Design & Construction, City & County of Honolulu
DDD	Developmental Disabilities Division, Department of Health, State of Hawai`i
DFM	Department of Facility Maintenance, City & County of Honolulu
DHS	Department of Human Services, State of Hawai`i
DLNR	Department of Land & Natural Resources, State of Hawai`i
DMV	Department of Motor Vehicles, Department of Customer Services, City & County of Honolulu
DOE	Department of Education, State of Hawai`i
DOH	Department of Health, State of Hawai`i
DPP	Department of Permitting & Planning, City & County of Honolulu
DPR	Department of Parks & Recreation, City & County of Honolulu
DPS	Department of Public Safety, State of Hawai`i
DTS	Department of Transportation Services, City & County of Honolulu
EAD	Elderly Affairs Division, Department of Community Services, City & County of Honolulu
EMS	Emergency Medical Services, Honolulu Emergency Services Department, City & County of Honolulu
EOA	Executive Office on Aging
ETF	Educational Training Fund
FACE	Faith Action for Community Equity
FARS	Fatality Analysis Reporting System, National Highway Safety Administrations, United States
FEMA	Federal Emergency Management Agency, United States
FHWA	Federal Highway Administration, Department of Transportation, United States
FQHC	Federally Qualified Health Centers
FTA	Federal Transit Administration, Department of Transportation, United States
GIS	Geographic Information System
HAH	Healthcare Association of Hawai`i
HART	Honolulu Authority for Rapid Transit
HBL	Hawai`i Bicycling League
HCC	Honolulu Community College
HCDA	Hawai`i Community Development Authority, Department of Business, Economic Development & Tourism, State of Hawai`i
HCF	Hawai`i Community Foundation

Acronym/ Abbreviation	Description
HDOT	Hawai`i Department of Transportation, State of Hawai`i
HEA	TheBus Search Engine
HECO	Hawaiian Electric Company
HHIC	Hawai`i Health Information Corporation
HiNOA	Hawai`i Neighborhood Outreach to the Aged, Palolo Chinese Home
HLTCA	Hawai`i Long-Term Care Association
HMSA	Hawai`i Medical Services Association
HoLIS	Honolulu Land Information Systems
HPAF	Hawai`i Partnership Against Fraud
HPD	Honolulu Police Department, City & County of Honolulu
HPGS	Hawai`i Pacific Gerontological Society
HSTA -R	Hawai`i State Teachers Association -Retired
HTA	Hawai`i Tourism Authority
HUD	Department of Housing & Urban Development, United States
IADL	Instrumental Activities of Daily Living
IRA	Individual Retirement Account
IT	Information Technology
JABSOM	John A. Burns School of Medicine, University of Hawai`i
KCC	Kapi`olani Community College
KKV	Kokua Kalihi Valley
LEED	Leadership in Energy & Environmental Design
LIHTC	Low Income Housing Tax Credit
LTC	Long-Term Care
LTSS	Long-Term Services & Supports
LUO	Land Use Ordinance
MACB	Mayor's Advisory Committee on Bicycling
MADD	Mothers Against Drunk Driving
MUTCD	Manual on Uniform Traffic Control Devices
NAHB	National Association of Home Builders
NIA	National Institute on Aging, Department of Health & Human Services, United States
NIMBY	Not In My Back Yard
NORC	Naturally Occurring Retirement Community
NOVL	Network of Volunteer Leaders
NYC	New York City
OMPO	O`ahu Metropolitan Planning Organization
OT	Occupational Therapist
OTS	Office of Transportation Services, Department of Transportation, City & County of
PABEA	Policy Advisory Board for Elderly Affairs, State of Hawai`i
Pacific EMPRINTS	Pacific Emergency Management, Preparedness, & Response Information Network & Training Services

Acronym/ Abbreviation	Description
PR	Public Relations
PSA	Public Service Announcement
PT	Physical Therapist
PTO	Paid Time Off
QI	Quest Integration Program
QR	Quick Response Code
RSVP	Retired & Senior Volunteer Program, Elderly Affairs Division, City & County of Honolulu
SBA	Small Business Administration
SCORE	Service Corps of Retired Executives
SFM	State Fire Marshal, Fire Department, City & County of Honolulu
SHOPO	State of Hawai`i Organization of Police Officers
SHRM	Society for Human Resource Management
SMP	Senior Medicare Patrol
SPFA	Senior Pedestrian Focus Areas
SRO	Single Room Occupancy Units
SRTS	Safe Routes to School
TAP	Transportation Alternatives Program
TMA	Transportation Management Area
TOD	Transit-Oriented Development
TPL	Trust for Public Land
UH	University of Hawai`i
USDOJ	Department of Justice, United States
VA	Veteran's Affairs, United States
VIP	Volunteer Internship Program, Department of Labor & Industrial Relations, State of
VOAD	National Volunteer Organizations in Active Disasters
WMATA	Washington Metropolitan Area Transit Authority, Washington DC
YMCA	Young Men's Christian Association
YWCA	Young Women's Christian Association

Citizen's Advisory Committee Membership

The Citizens Advisory Committee (CAC) was comprised of prominent members of the community, including representatives from City and County Departments, for-profit companies, non-profit organizations, advocates and the academic community. Co-chairs for the CAC were Dr. Michael Chun, Mary Ann Barnes, and Sherry Menor-McNamara. Nearly 90 in all, these members were carefully selected and recruited by the Steering Committee. The CAC members were divided into six workgroups, in alignment with the WHO domains of an age-friendly city. Each group had a designated chairperson (noted with an asterisk (*) in tables below) and was assigned a facilitator.

Domain	Facilitator
Outdoor Spaces and Buildings	Meredith Trockman, M.A.
Housing	
Transportation	
Communication and Social Involvement	Audrey Suga-Nakagawa, M.P.H.
Civic Participation and Employment	
Community Support and Health Services	

Name	Organization/Affiliation
Outdoor Spaces & Buildings	
Chris Dacus*	Department of Parks and Recreation, City & County of Honolulu
Amy Blagriff	AIA Honolulu
Art Challacombe	Department of Permitting and Planning, City & County of Honolulu
Bobbie Lau	Howard Hughes Corporation
Chad Taniguchi	Hawai'i Bicycling League
David Striph	Howard Hughes Corporation
Duane Buote	Disability and Communication Access Board, Department of Health, State of Hawai'i
Ed Manglallan	Department of Facility Maintenance, City & County of Honolulu
Francine Wai	Disability and Communication Access Board, Department of Health, State of Hawai'i
Gary Kuraoka	Department of Budget and Fiscal Services, City & County of Honolulu

*Notes Workgroup Chair

Name	Organization/Affiliation
Jodi Chew	U.S. Department of Agriculture - Forest Service
John Koga	Artist-Sculptor
John Whalen	PlanPacific, Inc.
LeeAnn Crabbe	Queen Lili'uokalani Trust
Lola Irvin	Department of Health, State of Hawai'i
Markus Owens	Environmental Services, City & County of Honolulu
Marti Townsend	Outdoor Circle
Mervina Cash-Kaeo	ALU LIKE, Inc.
Paul Quintiliani	Kamehameha Schools Bishop Estate - Commercial Real Estate Division
Raymond Ancheta	Honolulu Police Department, City & County of Honolulu
Transportation	
Brian Gibson*	O`ahu Metropolitan Planning Organization
Aki Marceau	Honolulu Authority for Rapid Transportation
Asia Yeary	U.S. Environmental Protection Agency
Barbra Armentrout	Diamond Head/Kapahulu/St. Louis Neighborhood Board No. 5
Drew Astolfi	Faith Action for Community Equity
Elizabeth Fischer	U.S. Department of Transportation Federal Highway Administration, Hawai'i Branch
Francis Cofran	Ala Moana Center/General Growth Properties
Heidi Hansen-Smith	Healthy Hawai'i Initiative, Department of Health, State of Hawai'i
Jeanne Schultz-Afuvai	Hawai'i Institute for Public Affairs

*Notes Workgroup Chair

Name	Organization/Affiliation
Kari Benes	EMS & Injury Prevention System Branch, Department of Health, State of Hawai'i
Paul Luersen	CH2M Hill
Randolph Sykes	O'ahu Metropolitan Planning Organization
Robert Nehmad	3M Hawai'i
Housing	
Gwen Yamamoto-Lau*	Hawai'i USA Federal Credit Union
Anthony Ching	Hawai'i Community Development Authority, State of Hawai'i
Crystal van Beelen	Emergency Management, City & County of Honolulu
Curt Kiriu	CK Independent Living Builders
Debra Luning	Gentry Homes, Ltd.
Harold Senter	Department of Permitting and Planning, City & County of Honolulu
Janice Takahashi	Hawai'i Housing Finance & Development Corporation, State of Hawai'i
Jesse Wu	U.S. Department of Housing and Urban Development
Jon Wallenstrom	Forest City Hawai'i, LLC
Joyce Noe	School of Architecture, University of Hawai'i
Jun Yang	Office of Housing, City & County of Honolulu
Ken Schmidt	Department of Permitting and Planning, City & County of Honolulu
Mae Mendelson	Intergenerational Center, Chaminade University
Mark Forman	HMSA Foundation
Marvin Awaya	Pacific Housing Assistance Corporation

*Notes Workgroup Chair

Name	Organization/Affiliation
Norma Hara	School of Architecture, University of Hawai'i; Norma Hara Design
Communication and Social Involvement	
Jan Dill*	Partners in Development Foundation
Allison Blankenship	ʻIolani School
Bruce Bortoff	AARP Hawai'i
Burt Lum	Hawai'i Open Data
Jerry Rauckhorst	Catholic Charities Hawai'i
Joanne Tachibana	United Nations - Hawai'i
Jodi Mishan	State Task Force on Alzheimer's Disease & Related Dementia
Karen Tom	Board of Water Supply
Kirk Uejio	ʻIolani School
Lisa Ontai	YMCA Metropolitan Office
Pamela Chow	College of Tropical Agriculture and Human Resources, University of Hawai'i
Raymond Ancheta	Honolulu Police Department, City & County of Honolulu
Roger Watanabe	Department of Parks and Recreation, City & County of Honolulu
Sheri Kajiwara	Customer Services, City & County of Honolulu
Tracy Kubota	Enterprise Services
Civic Participation and Employment	
Ann Greenlee*	U.S. Department of Labor, Vets Employment & Training Service
Annie Koh	Department of Urban and Regional Planning, University of Hawai'i

*Notes Workgroup Chair

Name	Organization/Affiliation
Candice Sakuda	Chaminade University
Cullen Hayashida	Kapi`olani Community College
Denise Tsukayama	City & County of Honolulu
Dwight Takamine	Department of Labor & Industrial Relations, State of Hawai`i
Frank Yim	Senior Community Services Employment Program, Honolulu Community Action Program
Gail Fujita	Economic Development Administration Hawai`i
Jackie Boland	AARP Hawai`i
Merlita Compton	Kokua Kalihi Valley
Paul Brewbaker	TZ Economics
Pono Chong	Chamber of Commerce Hawai`i
Robert Piper	Honolulu Community Action Program, Inc.
Ron Lockwood	AARP Hawai`i
Sue Radcliffe	State Health Planning and Development Agency
Wesley Lum	Executive Office of Aging, Department of Health, State of Hawai`i
Community Support and Health Services	
Keawe Kaholokula*	Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawai`i
Chris van Bergeijk	Hawai`i Community Foundation
David Jenkins	Honolulu Fire Department, City & County of Honolulu
Gary Kajiwara	Kuakini Health System
Jan Harada	Helping Hands Hawai`i

*Notes Workgroup Chair

Name	Organization/Affiliation
Kacey Robello	Hawai'i Farm Bureau O`ahu Markets
Keali'I Lopez	Department of Commerce & Consumer Affairs, State of Hawai'i
Madi Silverman	Going Home Plus, Department of Human Services, State of Hawai'i
Nalani Aki	Elderly Affairs Division, Department of Community Services, City & County of Honolulu
Shayne Enright	Emergency Management, City & County of Honolulu
Shelley Wilson	Wilson Care Group
TheodoraHarrison	Kūpuna Education Center, Kapi`olani Community College
William Atwater	First Hawaiian Bank

*Notes Workgroup Chair

List of Key Informants and Focus Group Locations

In order to gain a more complete picture of the City and County of Honolulu, the UH Center on Aging completed key informant interviews and focus groups. Thirteen key informant interviews were conducted with individuals considered leaders or experts in the aging network or in community building (see Table 1 for a list of key informants). In addition, four focus groups with older adults and caregivers were conducted. The older adult focus groups were held in an urban area, rural area, and an area with predominantly immigrant older adults; and one focus group of caregivers was also conducted (see Table 2 for a list of focus group locations).

Table 1: Key Informants

Name	Affiliation at Time of Interview
Eldon Wagner, Ph.D.	Dept. of Sociology, University of Hawai`i
Gary Powell	The Caregiver Foundation
Heather Chun	Executive Office on Aging
Kim Gennaula	`Iolani School, AUW (Former President)
Linda Axtell-Thompson	HMSA
Marc Alexander	Hawai`i Community Foundation
Marilyn Seely	Executive Office on Aging (Former Director)
Randolph Sykes	The Interfaith Alliance Hawai`i
Rose Nakamura	Project Dana
Senator Suzanne Chun-Oakland	Senate Human Services Committee
Shari Kogan, M.D.	Queen's Medical Center
Anthony Lenzer, Ph.D.	Gerontologist and Advocate
Wesley Lum, Ph.D.	Executive Office on Aging

Table 2: Focus Group Locations

Organization	Selection Criteria	Location
Kokua Kalihi Valley Community Center (translator provided by the center)	Large minority, immigrant population	Honolulu
Mo`ili`ili Community Center	Urban location	Honolulu
Waialua Community Center	Rural location	Waialua
The Caregiver Foundation	Caregivers	Kaneohe

This page is intentionally left blank.

Public Input

An important part of Honolulu’s Age-Friendly City (AFC) Initiative is to obtain buy-in and input from City Departments and the broader community. In order to achieve this, public input and comment was gathered in two ways: 1) the Living Age-Friendly Summit, and 2) a Public Comment Period.

Living Age-Friendly Summit

On February 7, 2015, over 500 community members, CAC members, Steering Committee members, and public officials attended the Living Age-Friendly Summit. Attendees were provided with an informational packet on the AFC Initiative and listened to presentations from Mayor Kirk Caldwell and Ms. Mary Ann Barnes (President of Kaiser Permanente, Hawai‘i). In addition, two panels highlighted goals and key recommendations in each of the six domains. Attendees were also given an opportunity to ask questions during a Q&A session.



Feedback regarding the goals and recommendations presented at the summit were gathered in three different ways. First, attendees were given a comment card. On the card, they were asked to give feedback as well as to rank order the six domains in order of importance from most important (1) to least important (6). Second, attendees were given the opportunity to participate in a pledge wall by writing their pledge to action on one of two poster boards, indicating what they would be willing to do to make Honolulu more age-friendly. Finally, attendees were each given a set of 12 dot-shaped stickers. They were directed to boards placed around the room that corresponded to each of the domains. Within each domain were the specific goals for that domain. Attendees were asked to place these stickers in the goal(s) that were most important to them.



The consultants for this project, the University of Hawai‘i Center on Aging (COA), gathered and synthesized this feedback in to a final draft of the Action Plan. Also, the goals within each domain were re-ordered to reflect the priorities of summit attendees. This Action Plan draft was then released to the public for further feedback during the public comment period.

Public Comment Period

A draft of the Action Plan was released to the public on March 25, 2015. A press release was sent out from Mayor Caldwell’s office and the plan was made available for download on the AFC website (www.KupunaToKeiki.com). Hard copies were made available for public view at four different branches of the Hawai`i State Public Library System as well as the City & County’s Municipal Reference Center. A large-print version for those who are visually impaired was made available at the main branch of the Hawai`i State Public Library.

CDs were delivered to each City and County Director along with a letter from the Mayor and request for feedback. Representatives from the Mayor’s office attended neighborhood board meetings on `Oahu to publicize the plan and let community members know they had the opportunity to provide feedback. Finally, special requests for those who had barriers to access the plan were handled by COA.

The public comment period closed on April 27, 2015. All comments and suggestions were addressed and, when appropriate, changes were incorporated in to the final version of the Action Plan. The final Action Plan is available for viewing on the KupunaToKeiki.com website.

