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## RESOLUTION

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APPROVING THE FOUR-YEAR AREA PLAN ON AGING UNDER THE OLDER AMERICANS ACT OF 1965, AS AMENDED IN 2006, AND AUTHORIZING THE MAYOR OR THE MAYOR'S DESIGNEE TO APPLY FOR STATE AND FEDERAL GRANT FUNDS, AND TO ENTER INTO INTERGOVERNMENTAL AGREEMENTS IN SUPPORT OF THIS PLAN.

WHEREAS, section 1-8.2, Revised Ordinances of Honolulu 1990, as amended, requires that when carrying out the provisions of any intergovernmental agreement, all applications and/or amendments thereof required to be provided by the City or its component departments shall first be presented to the City Council for its review and approval prior to its transmittal; and

WHEREAS, the City has been designated as the Area Agency responsible for the preparation of plans and programs for the support of the elderly population of the City; and

WHEREAS, pursuant to said Area Agency designation, the City has the legal status to apply for funds from the state of Hawaii and the federal government to support programs for elder persons; and

WHEREAS, the City has prepared the attached Four-Year Area Plan on Aging (the "Plan") for the fiscal years beginning October 1, 2015 and ending September 30, 2019, which Plan serves as its application for the allocation of state and federal monies under Title III of the Older Americans Act of 1965, as amended, and under related state programs; and

WHEREAS, the City has the ability to enter into grant agreements for the execution and administration of programs in support of elderly persons; and

WHEREAS, the City has the authority to enter into and administer agreements with organizations and agencies who are qualified to deliver services to the elderly; now, therefore,

BE IT RESOLVED by the Council of the City and County of Honolulu that the Four-Year Area Plan on Aging for the fiscal years beginning October 1, 2015 and ending September 30, 2019, attached hereto and which by reference is made a part hereof, be approved, and that in furtherance and support of the Plan the Mayor of the City and County of Honolulu or the Mayor's designated representative is hereby authorized (1) to apply for state and federal funds; (2) to enter into intergovernmental agreements with state and federal agencies, including any necessary amendments or



**RESOLUTION**

agreements incidental thereto; and (3) to enter into and administer agreements with organizations and agencies qualified to deliver services to the elderly; and

BE IT FINALLY RESOLVED that the Clerk be directed, and is hereby so directed, to transmit copies of this Resolution to the Governor, the Director of the State Executive Office on Aging, State of Hawaii, and to the Mayor, the Director of Community Services, Corporation Counsel and the Chair of the Honolulu Committee on Aging, City and County of Honolulu.

INTRODUCED BY:

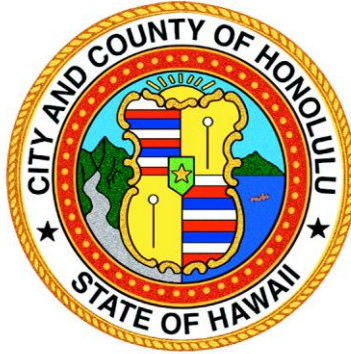
*Ann H. Koyama* (br)

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DATE OF INTRODUCTION:

**AUG 13 2015**  
Honolulu, Hawaii

Councilmembers



Elderly Affairs Division  
Department of Community Services

***FOUR-YEAR AREA PLAN ON AGING***

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***As the planning service area in the State of Hawaii***

October 1, 2015 - September 30, 2019

715 South King Street, Suite 211

Honolulu, Hawaii 96813

Phone: (808) 768-7705

[www.elderlyaffairs.com](http://www.elderlyaffairs.com)



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# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## VERIFICATION OF INTENT

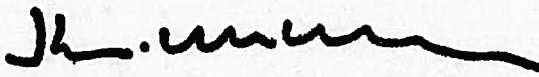
This Area Plan on Aging is hereby submitted for the City and County of Honolulu's Elderly Affairs Division for the period October 1, 2015 through September 30, 2019. It includes all assurances and plans to be followed by the City and County of Honolulu's Elderly Affairs Division under the provisions of the Older Americans Act, as amended, during the period identified.

The Area Agency identified herein will develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State Policies and Procedures. In accepting this authority, the Area Agency agrees to develop a comprehensive and coordinated system of services, and to serve as the advocate, for people age 60 and above, persons with disabilities and caregivers in the planning and service area.

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

Signed  Date 08/13/15  
Area Agency Director

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

Signed  Date AUG 13 2015  
Mayor or Chairperson of the County Council



## EXECUTIVE SUMMARY

The Four-Year Area Plan on Aging is being submitted by the City and County of Honolulu, Department of Community Services (DCS), Elderly Affairs Division (EAD) to the State of Hawaii Executive Office on Aging (EOA) in compliance with the Older Americans Act for the receipt of sub-grants or contracts from EOA's Federal and State grant programs. This plan was developed according to guidance issued by the EOA and covers a period of four years, October 1, 2015 through September 30, 2019.



The Plan describes EAD's objectives and strategies for the development of a coordinated system of services for individuals age 60 and older, their caregivers and persons with disabilities on the island of Oahu.

### Content of the Plan:

- Orientation to the Area Plan, Overview of the Aging Network and a Description of the Planning Process
- Overview of the Older Adult Population in Honolulu, Description of Existing Programs and Services, Summary of Unmet Needs
- Framework, Prioritizations of Needs and Services, and Financial Plan for Service Outputs and Resource Allocations
- Summary of Goals, Objectives and Evaluation Strategy, Summary of Targeted Services and Waivers
- Appendices

## Development of the Plan included:

- Needs assessment targeting elders – services received/services needed, program data, census data, and research data from surveys conducted by EAD staff.
- Assessment of past trends in population and services
- Reviewing the goals and recommendations of “Making Honolulu an Age-Friendly City: An Action Plan”, prepared by the University of Hawaii Center on Aging, dated March 25, 2015, and
- Development of our vision, philosophy, mission, and desired outcomes.

In accordance with guidance provided by the EOA, EAD staff developed objectives designed to meet each of the five established goals. It is the intent of EAD to utilize these objectives in alignment with a measurable evaluation strategy, developed in concert with EOA, to serve as a gauge for monitoring our progress.

Over the course of the next four years, EAD will do annual assessments of our progress and provide EOA with updates to our plan.

The Plan focuses on issues that address the following goals:

- Aging Well
- Strategic Partnerships and Alliances
- Aging and Disability Resource Center (ADRC)
- Long Term Services and Support
- Effective and Responsive Management

The development and initiation of additional services and programs that reach beyond the primary contracted service goals will be undertaken as time and resources permit.

## INTRODUCTION

### ORIENTATION TO AREA PLAN



The Four-Year Area Plan on Aging provides a framework by which EAD will create an age-friendly, accessible and caregiver-supportive community that encourages active living and healthy aging. The plan describes the functions of the local Area Agency on Aging, presents relevant demographic data, and outlines the major goals and objectives set by the State and to be achieved between 2015 and 2019.

This Area Plan is a document submitted by the Area Agency on Aging (AAA) to the State Executive Office on Aging (EOA) in compliance with

the Older Americans Act and for the receipt of sub-grants or contracts from EOA's federal and state grant programs. It contains the Area Agency's strategy for the development and implementation of a coordinated system for long-term care, in-home and community-based settings. The mechanisms used will be executed in a manner responsive to the needs and preferences of older individuals and their family caregivers, and in accordance with all federal and state requirements. The period of time covered by this plan is October 1, 2015 to September 30, 2019.

There are five major goals in this Plan. They are listed below:

GOAL 1: Aging Well

Maximize quality opportunities for seniors to age well, remain active and enjoy quality lives while engaging in their communities.

GOAL 2: Strategic Partnerships and Alliance

Forge strategic partnerships and alliances that will give impetus to meeting Hawaii's greatest challenges for the aging population.

GOAL 3: Aging and Disability Resource Center (ADRC)

Develop a Statewide ADRC system for *kupuna* and their *ohana* to access and receive long-term support services (LTSS) information and resources within their respective counties.

GOAL 4: Long-Term Services and Support

Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports including supports for families and caregivers.

GOAL 5: Effective and Responsive Management

Optimize the health, safety and independence of Hawaii's older adults.



## OVERVIEW OF THE AGING NETWORK



The Older Americans Act passed by Congress in 1965 established a social and nutrition services program for America's older adults. State and Area Offices on Aging were also established and a nationwide "Aging Network" was created. The purpose of this "Network" is to assist older adults to meet their physical, social, mental health and other needs as well as to maintain their well-being and independence.

The Federal Administration on Aging (AoA) provides leadership and expertise on program development, advocacy and initiatives affecting older Americans and their caregivers and families. Working closely with regional offices, state and area agencies on aging, tribal grantees and community service providers, it plans and directs grant programs designed

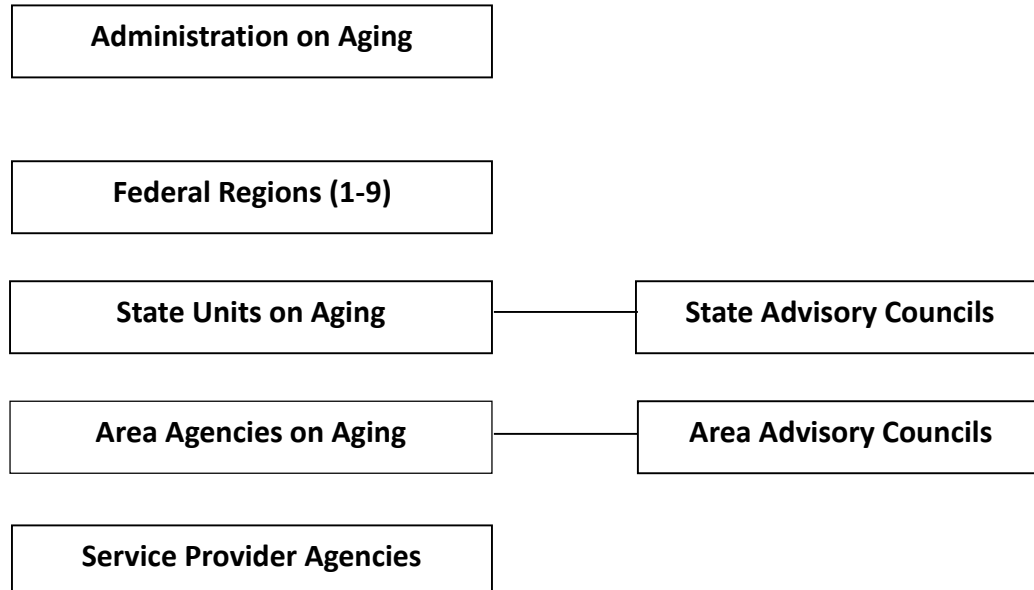
to provide planning, coordination and services to older Americans as authorized under the Older Americans Act and other legislation.

The AoA awards funding for nutrition and supportive in-home and community-based services for disease prevention/health promotion services, elder rights programs (long-term care ombudsman program, legal services, and elder abuse prevention efforts), the National Family Caregiver Support Program (NFCSP) and the Native American Caregiver Support Program (NACSP).

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

The following table provides a visual representation of our organizational structure.

## National Aging Network



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

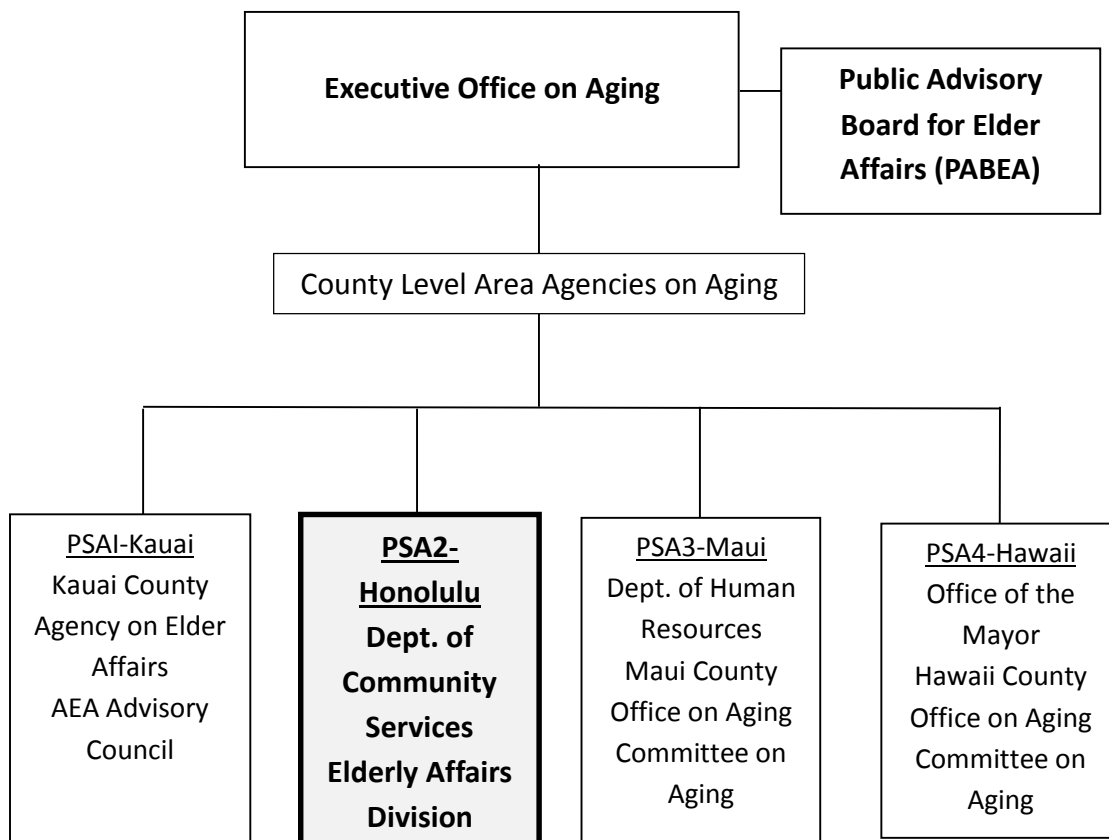
The Executive Office on Aging is responsible for the Statewide:

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

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

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

## State Network on Aging



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

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

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

The Department of Community Services, Elderly Affairs Division is the lead agency in the Network for the City and County of Honolulu's planning and service area for the entire island of Oahu.



## MISSION AND VISION OF THE AREA AGENCY ON AGING, ELDERLY AFFAIRS DIVISION (EAD)

### Mission:

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

The Elderly Affairs Division coordinates advocacy efforts on behalf of elders, encourages partnerships to improve and expand services, and contracts with agencies to provide services to seniors and caregivers. The types of services contracted include:

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

In addition, EAD also has an Information and Assistance Section that offers the following:

- Elderly Affairs Helpline and ADRC (768-7700) for telephone consultation, information and referral to services available for older adults, family caregivers and people with disabilities.
- Assessments of frail and homebound elders
- Speakers, event exhibits, publications, website
- Volunteer opportunities for active seniors (RSVP Program)

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

## **Staffing of the Area Agency**

The Elderly Affairs Division is part of the City and County of Honolulu, Department of Community Services.

## **Advisory Council**

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

The purposes of HCOA are:

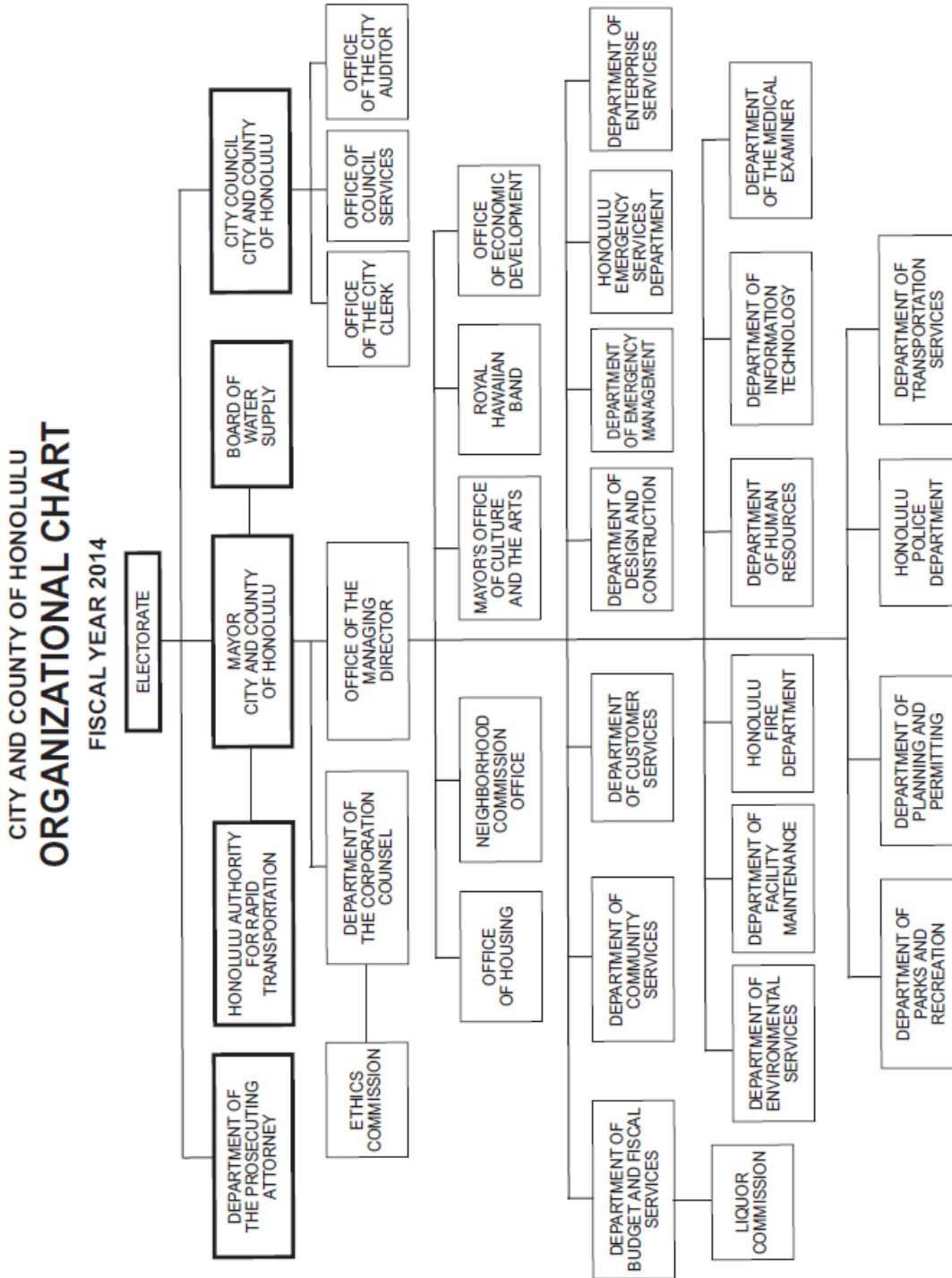
1. To advise the Mayor on matters pertaining to older adults in the City and County of Honolulu.
2. To advise Elderly Affairs Division (EAD) on all matters relating to the development, administration, and implementation of its area plan.
3. To endeavor to secure the widest possible citizen participation in its efforts to help identify and address concerns related to the older adult population.
4. To help collect and share information with the State Executive Office on Aging and EAD as requested or needed.
5. To foster public awareness and cooperation among community members and groups towards the development and support of opportunities that enable older adults to live to their fullest capacity in their homes and communities.
6. To advocate on matters pertaining to the older adults in accordance with priorities established by HCOA.
7. To assist in the studies, programs, and initiatives of EAD.
8. To otherwise serve as the local advisory council for EAD, as the area agency on aging, in accordance with the federal regulations of the Older Americans Act of 1965, as amended.

## ORGANIZATIONAL STRUCTURE

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

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

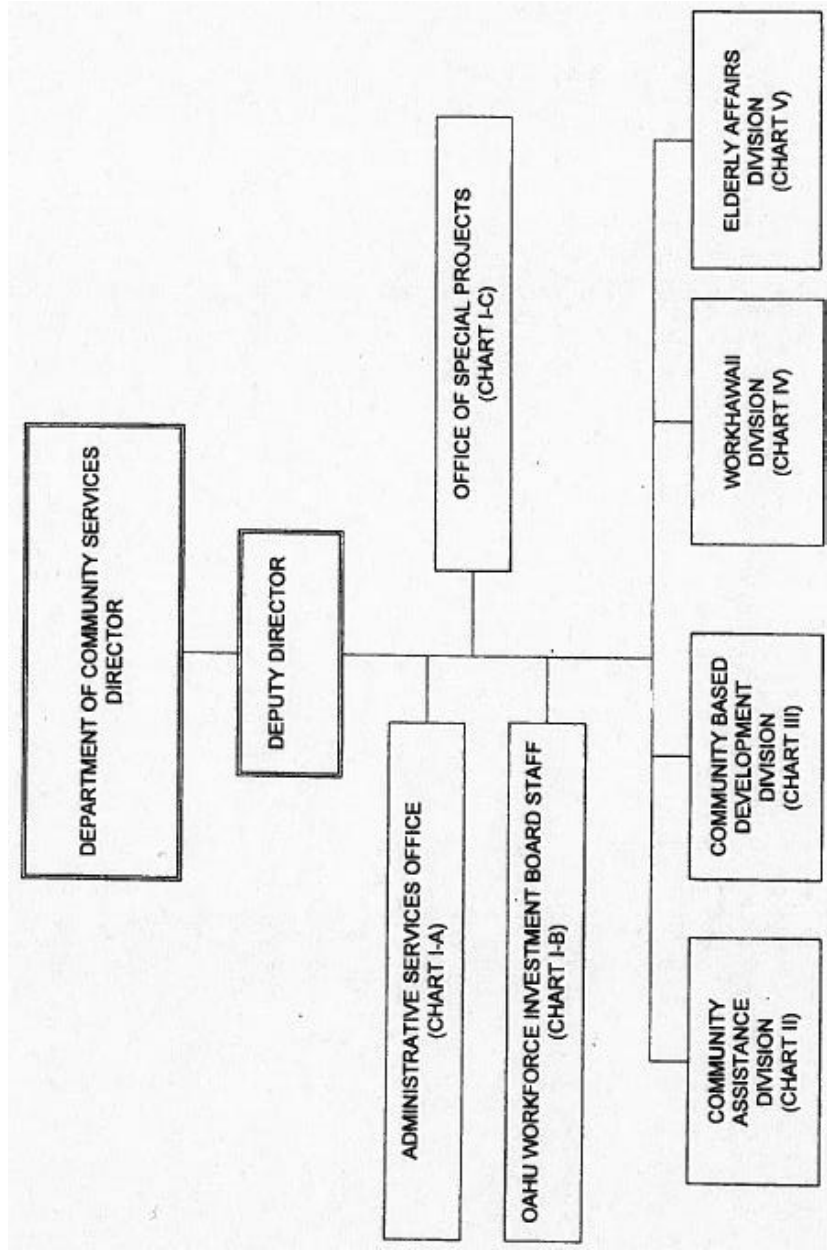
## CITY AND COUNTY OF HONOLULU ORGANIZATIONAL CHART





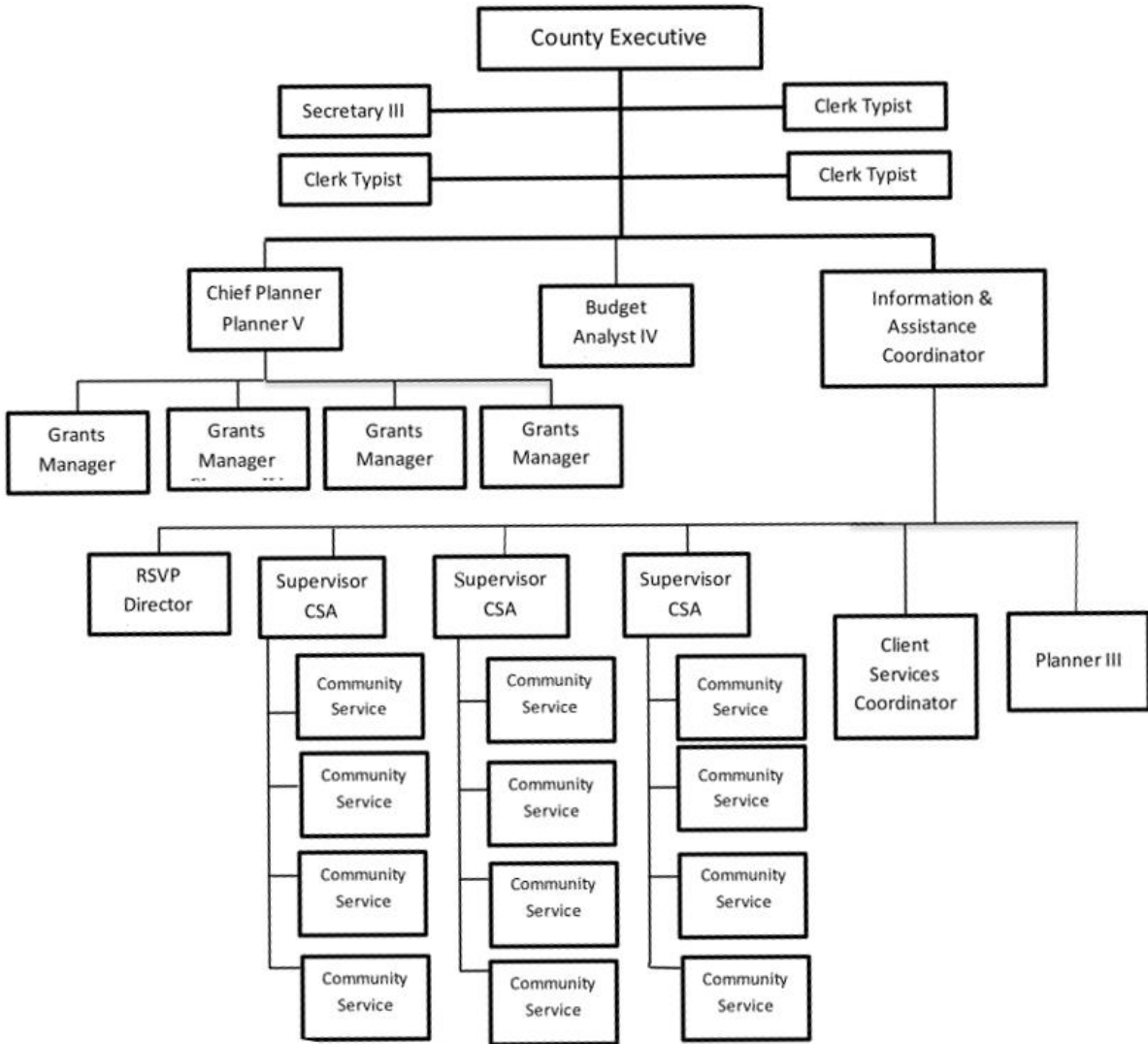
# HONOLULU COUNTY 4-YEAR PLAN ON AGING

CITY AND COUNTY OF HONOLULU DEPARTMENT OF COMMUNITY SERVICES



# HONOLULU COUNTY 4-YEAR PLAN ON AGING

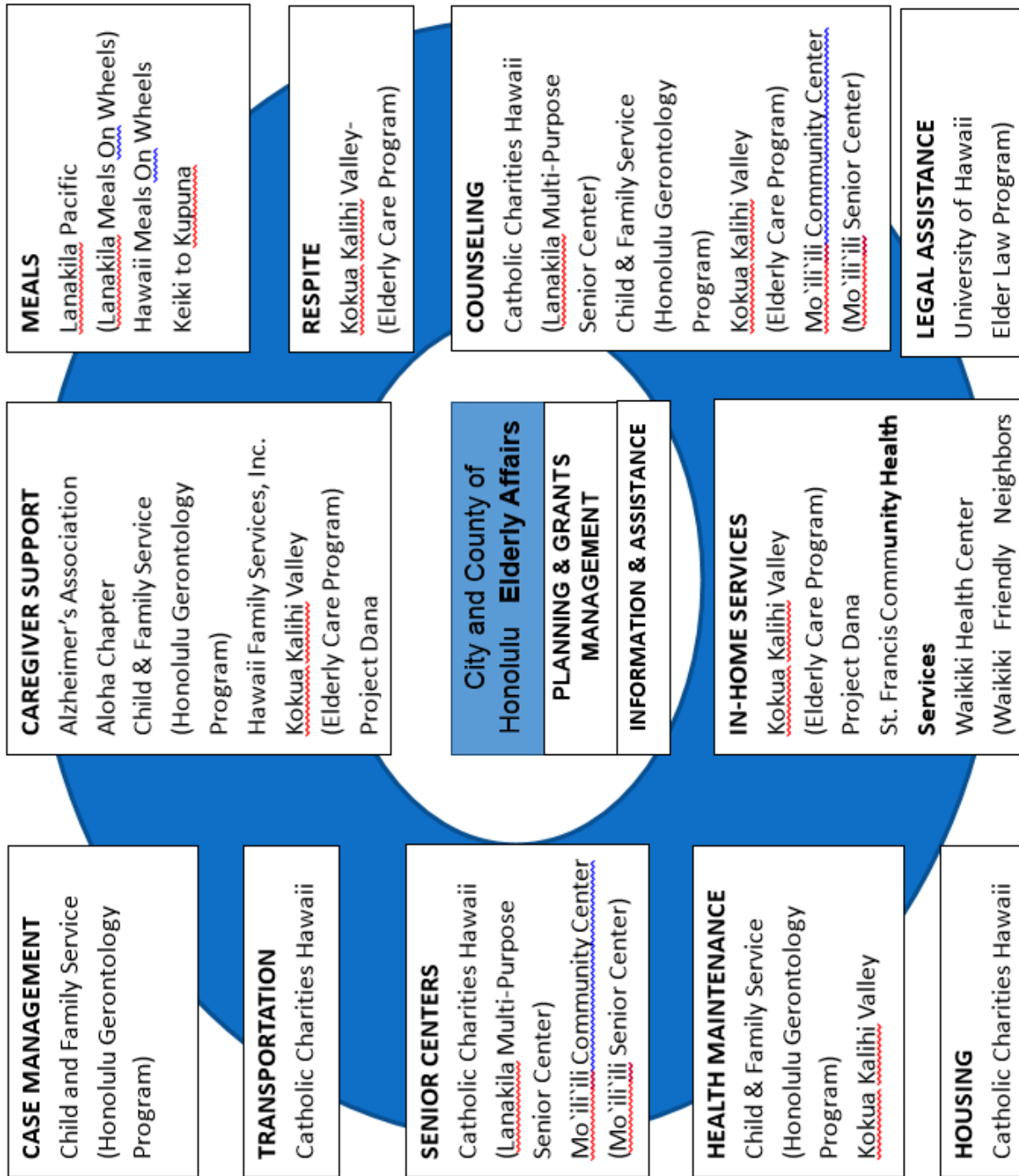
## CITY AND COUNTY OF HONOLULU ELDERLY AFFAIRS DIVISION



# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## LOCAL AGING NETWORK

Organizational Structure of Area Agency as it relates to the local-level network on aging services.





## PLANNING PROCESS

### PURPOSE



For over thirty years, the Elderly Affairs Division, the Area Agency on Aging for the City and County of Honolulu, has been charged with the design and delivery of a coordinated system of home and community based services.

In 2000, amendments to the Older Americans Act added services for caregivers, both of older adults and grandparents caring for their grandchildren. As a result of these changes and the implementation of Aging and Disability Resource Center (ADRC) functions, the limited financial resources available have prompted strict adherence to the following service prioritization criteria:

- older adults with greatest **economic** need,
  - an income at or below the poverty line
  - minorities at or below the poverty line
- older adults with greatest **social** need, and
  - physical and mental disabilities;
  - language barriers; and
  - cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that—
    - restricts the ability of an individual to perform normal daily tasks; or
    - threatens the capacity of the individual to live independently.
- older individuals **at risk for institutional placement**;
  - unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility

The 2006 amendment to the Older Americans Act included the following groups and activities of concern to the area agency on aging:

- Targeting of “**older individuals with limited English proficiency**” and “**older individuals at risk of institutional placement**” are added to needs assessment;
- Adding mental health services to the “access” category of priority services;
- Targeting of “**older individuals with limited English proficiency**” and “**older individuals at risk of institutional placement**” are added to services provision;
- Using trained volunteers to provide direct services;
- Adding caregivers, service providers and representatives of the business community to area agency advisory council;
- Coordinating of mental health services and screening;
- Facilitation by area agency of long-term care system development reflective of the principles of Choices for Independence;
- Development and coordination of emergency preparedness plans; and
- Conduct of special planning for baby boomers.

Addressing some of the above groups and services is beyond EAD’s current capacity. These issues will be taken up as the agency develops the capacity to provide these services and supports and as additional financial resources become available.

## PROCESS

In order to design and deliver a coordinated system in Honolulu County, EAD staff will continue to:

- Develop and modify policies and procedures consistent with State and County policy requirements
- Revise contract administration and oversight procedures as needed and or as requirement by modifications to State and or County policy requirements,
- Revise agency operations specific to consumer intake and assessment, service authorization, service reporting and financial monitoring in

alignment with requirements set forth by the State Executive Office on Aging (EOA)

- Institute on-going discussions and training sessions with service providers to clarify contract expectations and definitions
- Provide opportunities for cross training amongst service providers and EAD
- Facilitate and or participate in advocacy discussions amongst service providers regarding policy and legislative matters
- Continue to provide informational outreach into the community regarding resources provided through EAD and its contracted service providers

## OVERVIEW OF THE OLDER ADULT POPULATION, EXISTING PROGRAMS AND SERVICES, AND UNMET NEEDS

### OVERVIEW OF HONOLULU'S OLDER ADULT POPULATION

The Older American's Act defines the population served as adults 60 years and older. Within this population, the priorities for receipt of services are those individuals with greatest social need and low-income minority. The term "Greatest Social Need" means the need caused by non-economic factors that include physical and mental disabilities, language barriers, cultural, social or geographical isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks, or threatens the capacity of the individual to live independently.

Based on the AoA's special tabulation on aging from 2008 to 2012, the total population on Oahu is about 950,000 people. Of this number, 191,000 (20.1%) is over 60 years old and 79.8% are minorities. Among minorities, 6.4% are low-income.

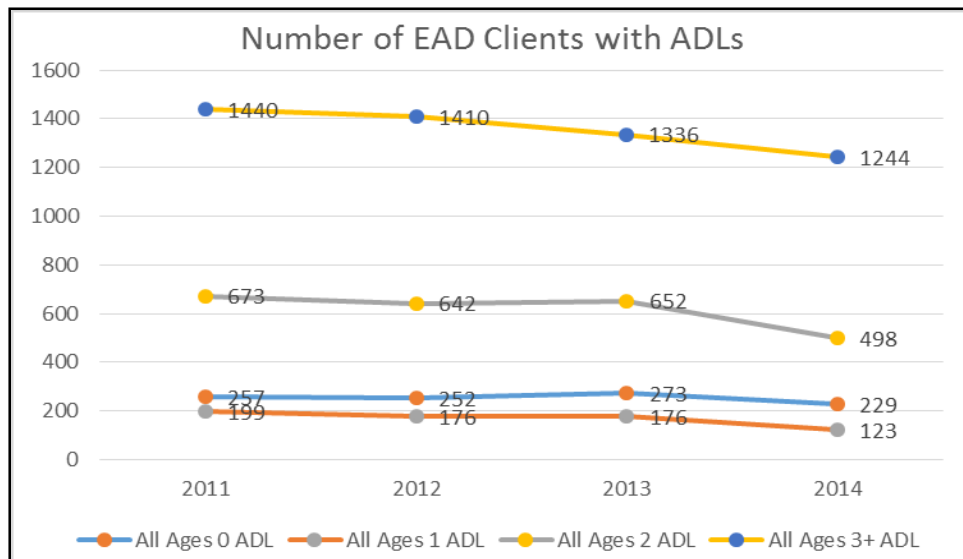


# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## ISSUES AND AREAS OF CONCERN

Between 2011 and 2014 the overall number of consumer's 60-years or older receiving registered services has declined by 489 or 19% from 2,593 in 2011 to 2,104 in 2014. This decline occurred across all age groups. Possible reasons for this decline include a termination of registered consumers due to contractual and policy changes required by the State Executive Office on Aging, rather than a decrease in older adults needing services.

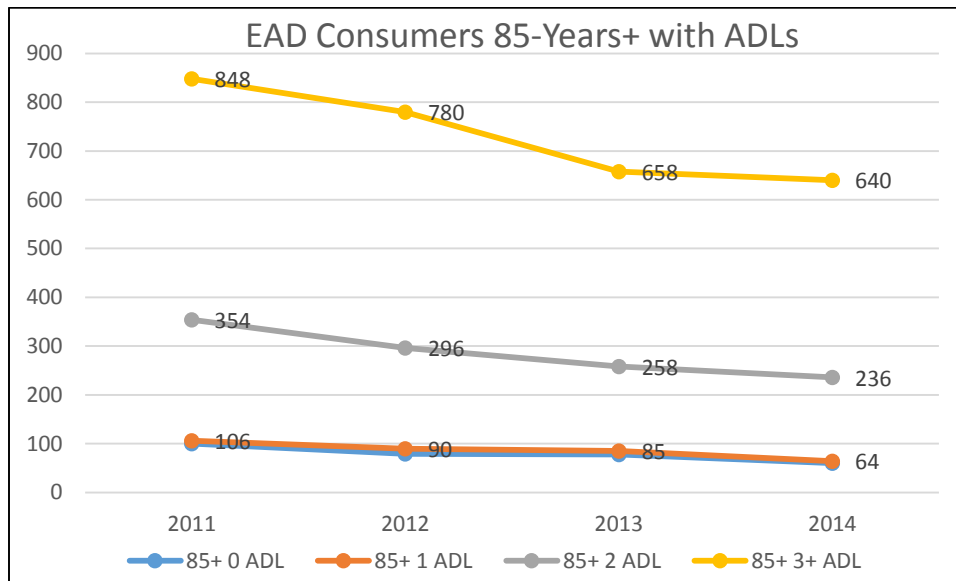
While the number of registered consumers overall may have declined during this time, the proportion of frail consumers, consumers with two or more ADLs, remained steady, varying between 81.1% in 2013 to 82.8% in 2014. The number of consumers in this group, however, also declined from a high of 2,113 in 2011 to 1,742 in 2014.



EAD SRT 2011 - 2014

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

While the number of frail consumers declined overall, this decline was especially significant in the 85-year plus age group, where the number of frail consumers dropped from 1,202 in 2011 to 876 in 2014, or 326 persons. Even more precipitous was that within this group, the number of seniors with 3 or more ADLs dropped from 848 in 2011 to 640 in 2014, or 208.



EAD SRT 2011 - 2014

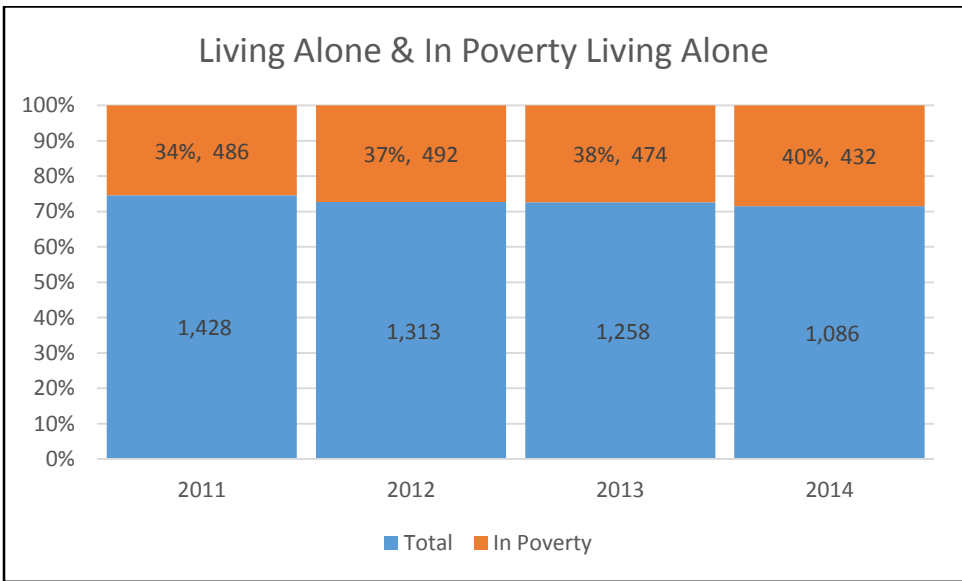
Another area of concern to EAD is the number of people living alone who are in poverty.

As noted above, for a number of reasons, the number of people served by EAD has declined. For those in poverty, the number has dropped from 1,428 in 2011 to 1,086 in 2014, a drop of 314, or about a 24% decrease. For those persons who were living alone and also in poverty there was a corresponding decline from 486 in 2011 to 432 in 2014, or 54 person, a decline of 11%. The differences in rates of decline between the total population living alone and those in poverty living alone means that proportionately, people living alone and in poverty increased from 34% in 2011 to 40% in 2014.

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

Lives Alone & In Poverty	2011	2012	2013	2014
Total	1,428	1,313	1,258	1,086
In Poverty	486	492	474	432
% Poverty	34%	37%	38%	40%

EAD SRT 2011 - 2014



EAD SRT 2011 - 2014

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

Caregivers: While the total number of caregivers has declined from 2011 to 2014, the proportion of caregivers by age group within each year has remained relatively stable.

Caregiver Characteristics	Total	Under 60	Age 60-74	Age 75-84	Age 85+
2011	686	236	297	105	48
2012	589	219	242	88	40
2013	499	253	158	68	20
2014	513	192	210	80	31

EAD SRT 2011 - 2014

Caregiver Characteristics %	Total	Under 60	Age 60-74	Age 75-84	Age 85+
2011	100%	34%	43%	15%	7%
2012	100%	37%	41%	15%	7%
2013	100%	51%	32%	14%	4%
2014	100%	37%	41%	16%	6%

EAD SRT 2011 - 2014

In 2014, 37% of caregivers involved in EAD programs were under 60-years old, and 41% were 65 to 74-years old. Caregivers 65-years old and younger may also be employed and caring for minor children. This group, the so-called “sandwich generation” face the double burden of caring not only for children but also for aging parents or grandparents.



## CHALLENGES AND OPPORTUNITIES

Recent administrative and procedural changes affecting EAD require that the Agency clarify its relationships with other City departments as well as with its contracted service providers. These changes include the contracting process between the City and services providers and how contracts are monitored and enforced, how services are paid for, the conditions under which services providers are allowed to serve potential consumers, and the kinds of services which EAD will be required to directly provide. All these changes need to be integrated in to a system that has been chronically short of key staff at the administrative level.

Another notable change affecting EAD is the development and implementation of the Aging and Disability Resource Center (ADRC). This federal initiative's goal is to have a "single point of access" for information and services for older adults, people with disabilities, and their families.

As mentioned in "Making Honolulu an Age-Friendly City: An Action Plan", although the ADRC within the City and County of Honolulu is still in its early stages of development, once deemed fully functional, the ADRC will provide a centralized clearinghouse to access information of long-term services and supports.

ADRC started as an initiative in Wisconsin in the late 1990s. In 2002, AoA and CMS issued a joint solicitation to foster the expansion of the ADRC model in other states. These efforts have expanded and ADRCs are now official a core component of ACL's (which included AoA) mission. Currently, all 50 states, DC, and three territories have ADRC initiatives. More information about ADRC initiatives nationally can be found at: <http://www.adrc-tae.acl.gov>.

The ADRC Technical Assistance Exchange describes ADRCs as follows:

*“ADRCs serve as single points of entry into the long-term supports and services system for older adults and people with disabilities. Sometimes referred to as a “one-stop shops” or “no wrong door” systems, ADRCs address many of the frustrations consumers and their families experience when trying to find needed information, services, and supports. Through integration or coordination of existing aging and disability service systems, ADRC programs raise visibility about the full range of options that are available, provide objective information, advice, counseling and assistance, empower people to make informed decisions about their long term supports, and help people more easily access public and private long term supports and services programs.”*

Hawaii first received a grant to start an ADRC initiative in 2005. Initially, each county established its own processes independently. The then AoA issued guidance that established criteria for what it considered a “fully functioning ADRC.” This guidance encouraged states to establish consistent and clear policies and procedures for ADRCs. EOA responded by working with the AAAs and a consultant known as the Systems Change Developer (SCD) to develop a model for how ADRCs would operate in Hawaii. This model was included in a five year plan that was finalized in 2011. This plan can be found at: [http://www.hawaiiadrc.org/Portals/\\_AgencySite/Hi%20ADRC%205-Year%20Operational%20Plan%20-03-15-11.pdf](http://www.hawaiiadrc.org/Portals/_AgencySite/Hi%20ADRC%205-Year%20Operational%20Plan%20-03-15-11.pdf).

The approach included in the five year plan was refined based upon the experience in the pilot AAAs (Maui and Kauai). Each AAA has also had considerable flexibility to adapt the approach so that it best fits the needs and circumstances of the county it supports.

The ADRC effort in Honolulu enhances the following core AAA functions:

- **Information and Referral:** Under the ADRC, staff use a consistent and comprehensive information and referral process that is enhanced by the use of a database of community resources;
- **Eligibility Determinations:** As an AAA, EAD assumes the responsibility for all eligibility determinations. Under the ADRC, EAD uses a tool that has demonstrated statistical reliability and is used consistency across participating counties.
- **Authorization of Services:** Under the ADRC, EAD utilizes a person centered approach to determine types of services and provided by whom.
- **Collection of federally required data:** Under the ADRC, the State EOA will have direct access to standardized data in a consolidated database.

In alignment with requirements set forth by the State Executive Office on Aging, consistent standards across and within AAA's have been established.

The ADRC effort also requires the development of a written plan for meeting LTSS needs for individuals who receive KC or certain Title III services.

Under the ADRC initiative, these individuals will receive a person-centered support plan that is driven by the individual's goal and objectives. It will be a comprehensive plan that identifies all sources of support (including unpaid and privately paid support). The plan will identify potential risks and develop emergency plans.

## PRIORITIZATION OF ISSUES AND CONCERNS

In reviewing available data, EAD has identified what appears to be trends that highlight areas upon which we may have an impact. At this time, we have limited locally-based data on the extent or prevalence of these issues. Over the course of the next four years, we will be looking to identify or develop local sources of data and information to clarify the issues. Possible trends and areas to investigate include:

- Transportation needs – Transportation has consistently been listed nationally and locally as an “unmet need”; however, a survey by EAD in 2007 of transportation providers suggested that there was an excess of supply. A possible explanation for this discrepancy is that the services are not reaching the people who need them.

In “Making Honolulu an Age-Friendly City: An Action Plan”, one of the gaps mentioned in Honolulu’s Transportation System is that the bus service and The Handi-Van service are not always reliable, accessible or equitable in certain geographic areas. Furthermore, there was a lack of awareness among older adults about what transportation services were available. These findings seem to be in alignment with EAD’s explanation: Transportation services are not reaching those who need them.

- The Affordable Care Act and changes in Medicaid indicate an increasing focus on community-based care and deinstitutionalization, or “rebalancing”. This policy shift appears to be directed at Medicaid recipients. The increasing prominence of community-based care will require that EAD develop better relationships – inter-governmental and inter-departmental – to coordinate services. As well as develop relationships with agencies not traditionally brought to the table. This is an opportunity to discuss larger scale partnerships and initiatives that could better service our seniors.
- With the shift of care onto the community and a growing number of older adults in older age brackets becoming increasingly frail, the baby boomer generation will be facing added caregiver responsibilities. Community-based care will require greater involvement on the part of the family. This increased responsibility will be accompanied by increased stress brought on not only by the time they need to devote to the care recipient but also a deficit in knowledge of resources and skills to provide the care.

As mentioned in “Making Honolulu an Age-Friendly City: An Action Plan”, one of the challenges facing family members is that they are performing more complex health care tasks for those they care for, with too much reliance on

informal support structures to meet the ever increasing needs of the older adult. Also, information on health and community services can be difficult to obtain and/or navigate. All this points to the need for family and informal caregivers to have more education, training, and community support in light of this possible demographic shift.

- Related to the possible need for increased caregiver support is the role of caregivers in the community. The “sandwich generation” do not exist separate from their community. Many of them are employed and have and other community responsibilities. Even within the Aging Network, there are numerous instances of workers leaving to care for aging relatives. The prevalence of this phenomena, as well as the amount of time lost from work because of caregiving responsibilities needs to be investigated. We know that further considerations specific to the role that employers can play in supporting their caregiving employees.
- Related to the increase prevalence of Alzheimer’s and Dementia, we recognize to educate our staff and the larger community. In order to best serve the growing number of Oahu residents with this challenge, recognizing that the prevalence of Alzheimer’s Disease and related dementias will only increase in coming years, we are committed to identifying opportunities for our staff to be trained in dementia-capability, increase collaborations with other community and align our efforts to coincide with the State ADRD Plan.
- We also know both nationally and here locally there is a need to address affordable housing. Our premise is to support the desire of older adults to remain in their homes and communities for as long as possible.

In alignment with the Making Honolulu an Age Friendly City plan we will seek opportunities to provide information and assistance regarding home modifications and retrofitting, and look for partnerships in the community that provide and or advocate for affordable housing and or subsidy options.

## DESCRIPTION OF EXISTING PROGRAMS AND SERVICES

During the state fiscal year 2014, EAD contracted for 43 services with thirteen different service providers under 27 contracts. Of those services, five were provided under the Kupuna Care program through seven service providers. Three service providers were contracted using other State funds to provide 16 services including case management and recreation center services. Thirty-four services were provided under the Title III Older Americans Act by ten providers.

<b>Service Providers by Number of Services and Funding Source</b>						
	<b>Title III</b>	<b>Title IIIe</b>	<b>KC</b>	<b>Other State</b>	<b>Other</b>	<b>Grand Total</b>
Alzheimer's Association		3				3
CC Housing Assistance	1					1
CC Lanakila Multi-Purpose Senior Center				5		5
CC Para-Professional - CC CIS Service Unit	2					2
CC Transportation	1		1			2
CFS Case Management			1			1
CFS Health Maintenance	3					3
CFS Ohana Care		3			12	15
CFS REACH				1		1
EAD I&A					4	4
Hawaii Family Services Inc.		3				3

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	Title III	Title IIIe	KC	Other State	Other	Grand Total
Hawaii Meals on Wheels Inc.	1					1
Kokua Kalihi Valley			2			2
Kokua Kalihi Valley - Caregiver Respite		1				1
Kokua Kalihi Valley - Caregiver Support		3				3
Kokua Kalihi Valley - Health Maintenance	3					3
Lanakila Meals on Wheels Program	4					4
LMOW LRC Home Delivered Meals	3					3
LMOW LRC Home Delivered Meals (Fed)	1					1
LMOW LRC Home Delivered Meals (KC)			1			1
Moilili Senior Center				10		10
Project Dana - Caring for the Caregiver		2				2
Project Dana - Kupuna Care			1			1
St. Francis Health Services			1			1
UHELP	1					1
UHELP Caregiver Access	1					1
UHELP Caregiver Support	1					1
Waikiki Friendly Neighbor Program			1			1
<b>Grand Total</b>	<b>21</b>	<b>15</b>	<b>8</b>	<b>16</b>	<b>17</b>	<b>77</b>

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

The chart below lists the programs and services provided by service providers contracted by EAD. For information about other programs and services available in Honolulu County, please refer to our Senior Information and Assistance Handbook or visit our website at [www.elderlyaffairs.com](http://www.elderlyaffairs.com).

## KUPUNA CARE FUNDING (STATE)

Service	Description of Service	Providers
Attendant Care	This service provides primarily stand-by assistance, supervision or cues, and may include other activities to help maintain the independence of older adults.	<ul style="list-style-type: none"> <li>• Project Dana</li> <li>• Waikiki Friendly Neighbor</li> </ul>
Case Management	This service is a systematic assessment process that gathers information and assists clients, families, and/or caregivers to engage in a solution oriented process of identifying needs, exploring options and mobilizing formal and informal supports to achieve the highest possible level of consumer independence. Crisis and long term professional assistance is provided.	<ul style="list-style-type: none"> <li>• Child and Family Service</li> </ul>
Home-Delivered Meals	This services provides a meal to a qualified individual in his/her place of residence. The goals of this program are to promote better health and nutrition among older persons and provide opportunity for social contact, thereby, maintaining independence of individuals in their own homes when their ability to perform normal daily tasks is restricted to such a degree that independent living is threatened. For a home-bound elderly person, a home delivered meal may make the difference between remaining a home or institutionalization. The meal is served in a program administered by State Unit on Aging and/or the Area Agency on Aging and meets all of the requirements of the Older Americans Act and State/Local Laws. Note: State laws are acknowledged in the Nutrition Service Standards for Congregate and Home-Delivered Meals Program, Title III C of the Older Americans Act, Revised May 2000.	<ul style="list-style-type: none"> <li>• Lanakila Pacific</li> <li>• Keiki to Kupuna Foundation</li> </ul>



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Home-Maker	<p>This service provides assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. Perform routine-housekeeping duties such as dusting, sweeping, vacuuming, mopping, bathroom cleaning, dishwashing, kitchen cleaning, laundry, changing linens, making beds, and emptying light household trash.</p>	<ul style="list-style-type: none"> <li>• Catholic Charities</li> <li>• Kokua Kalihi Valley</li> <li>• Waikiki Friendly Neighbor</li> </ul>
Personal Care	<p>This service provides personal assistance, stand-by assistance, supervision or cues for older persons who are unable to perform independently, because of frailty or other disabling conditions, one or more of the personal care activities (activities of daily living - ADL) - eating, grooming, dressing, bathing, toileting, transferring in and out of chair and bed, and walking. The primary intent is to improve or maintain older persons' quality of life, self-sufficiency and ability to remain in their place of residence as long as possible and/or to delay premature or unnecessary institutionalization.</p>	<ul style="list-style-type: none"> <li>• Kokua Kalihi Valley</li> <li>• St. Francis Community Health Services</li> </ul>
Transportation	<p>This service provides curb-to curb transportation for older persons who require help in getting from one location to another using a vehicle. This may involve a helpful drive, who assists the older adults in ways such as pushing the older adult in a wheelchair to the vehicle, loading and unloading assistive devices into the vehicle, and securing the older adult in the seat.</p>	<ul style="list-style-type: none"> <li>• Catholic Charities Hawaii</li> </ul>

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## TITLE III FUNDING (FEDERAL)

Service	Description of Service	• Providers
Congregate Meals	A meal is provided to a qualified individual in a congregate or group setting. The goal of this service is to improve or maintain the older person's nutritional status, self-sufficiency and ability to remain in the community through the maintenance and provision of nutritional health and increased social interaction of older and other eligible persons at congregate dining sites. The meal is served in a program administered by State Unit on Aging and/or the Area Agency on Aging and meets all of the requirements of the Older Americans Act and State/Local laws. Note: State laws are acknowledged in the Nutrition Service Standards for Congregate and Home-Delivered Meals Program, Title III C of the Older Americans Act, Revised May 2000.	<ul style="list-style-type: none"> <li>• Lanakila Pacific</li> </ul>
Counseling	Using the casework mode of interactive contact with a consumer (through interview, discussion or lending a sympathetic ear), this service offers guidance to enable older persons to resolve concrete or emotional problems or to relieve temporary stresses. Professional or paraprofessional counseling may be provided on a one-on-one basis or on a group basis and may be conducted by paid, donated and/or volunteer staff within the scope or practice of the profession	<ul style="list-style-type: none"> <li>• Catholic Charities Hawaii</li> <li>• Child and Family Service</li> <li>• Kokua Kalihi Valley</li> </ul>
Escort (without transportation)	This service provides a person to accompany an older person from one point to another to provide protection to personally assist an older person to obtain a service. This service does not include providing transportation.	<ul style="list-style-type: none"> <li>• Catholic Charities Hawaii</li> </ul>
FCG Access Assistance-(Case Management)	This service assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.	<ul style="list-style-type: none"> <li>• Child and Family Service</li> <li>• University of Hawaii</li> </ul>
FCG Support (Counseling)		<ul style="list-style-type: none"> <li>• Alzheimer's Association</li> </ul>

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	By using the casework mode of interactive contact with a caregiver (through interview, discussion, or lending a sympathetic ear), this service offers guidance to enable caregivers to resolve concrete or emotional problems or to relieve the temporary stresses of giving care. Professional, paraprofessional, or peer counseling may be conducted by paid, donated, and/or volunteer staff within the scope or practice of the profession.	<ul style="list-style-type: none"> <li>• Child and Family Service</li> <li>• Hawaii Family Services</li> <li>• Kokua Kalihi Valley</li> <li>• Project Dana</li> </ul>
FCG-Support (Education/Training & Information Services)	This service provides education or training for caregivers and family members in an individual or group setting. Training may include general care issues or tailored to a specific care recipient (i.e. medication management, personal care, making the home environment safe and barrier free, disease prevention or remediation, or on stress management and other techniques to help the caregiver take care of him/herself). Information Services assists caregivers in obtaining access to the services and resources that are available with their communities.	<ul style="list-style-type: none"> <li>• Alzheimer's Association</li> <li>• Hawaii Family Services</li> <li>• Kokua Kalihi Valley</li> </ul>
FCG Support (Information Services)	This service assists caregivers in obtaining access to the services and resources that are available with their communities.	<ul style="list-style-type: none"> <li>• University of Hawaii</li> <li>•</li> </ul>
FCG Support (Support Groups)	This service assists groups of caregivers, who share a common problem or concern who meet together on a voluntary basis for mutual support. Members share their experiences, strengths and hopes and rely on one another for assistance. Support group sessions may be conducted by paid, donated, and/or volunteer staff within the scope or practice of the profession.	<ul style="list-style-type: none"> <li>• Alzheimer's Association</li> <li>• Hawaii Family Services</li> <li>• Kokua Kalihi Valley</li> <li>• Project Dana</li> </ul>
FCG Respite	This service offers temporary substitute supports or living arrangements for care recipients in order to provide a brief period of rest or relief for caregivers.	<ul style="list-style-type: none"> <li>• Kokua Kalihi Valley</li> </ul>
FCG Supplemental Services	This service provides on a limited basis to complement care provided by caregivers. Examples of supplemental services include but are not limited to incontinence supplies, home-delivered meals, nutritional supplements, and transportation.	<ul style="list-style-type: none"> <li>• Child and Family Service</li> </ul>

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<p>Health Education and Promotion</p>	<p>This service provides instructional sessions and seminars through either formal or informal methods to support and assist older persons to enable them to maintain health and wellness, prevent illnesses, and monitor chronic conditions. Evidence based disease prevention and health promotion services are to be provided at multi-purpose senior centers, congregate meal sites, through home-delivered meal programs, or at other appropriate sites.</p>	<ul style="list-style-type: none"> <li>• Child and Family Service</li> <li>• Kokua Kalihi Valley</li> </ul>
<p>Health Screening</p>	<p>This service provides one-on-one support and assistance to older persons to maintain an independent lifestyle, including health screening to detect and/or prevent illnesses and monitoring chronic conditions, medication management, and follow up.</p>	<ul style="list-style-type: none"> <li>• Child and Family Service</li> <li>• Kokua Kalihi Valley</li> </ul>
<p>Home-Delivered Meals</p>	<p>This service provides a meal to a qualified individual in his/her place of residence. The goals of this program are to promote better health and nutrition among older persons and provide opportunity for social contact, thereby, maintaining independence of individuals in their own homes when their ability to perform normal daily tasks is restricted to such a degree that independent living is threatened. For a home-bound elderly person, a home delivered meal may make the difference between remaining a home or institutionalization. The meal is served in a program administered by State Unit on Aging and/or the Area Agency on Aging and meets all of the requirements of the Older Americans Act and State/Local Laws. Note: State laws are acknowledged in the Nutrition Service Standards for Congregate and Home-Delivered Meals Program, Title III C of the Older Americans Act, Revised May 2000.</p>	<ul style="list-style-type: none"> <li>• Hawaii Meals on Wheels</li> <li>• Lanakila Pacific</li> </ul>
<p>Housing Assistance and Linkages</p>	<p>This service provides housing assistance services that improves the consumer's present housing arrangement or to relocate to a more suitable housing when needed. This helps the consumer to continue</p>	<ul style="list-style-type: none"> <li>• Catholic Charities Hawaii</li> </ul>

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

	again in their place of residence or in a more suitable housing location.	
Legal Assistance	This service provides legal support and guidance, legal intervention and education to increase the awareness of older persons about specific legal issues that pertain to their specific needs. The goal of this program is to protect and support the autonomy and independence of the older population	<ul style="list-style-type: none"> <li>• University of Hawaii</li> </ul>
Nutrition Education	This service provides individualized advice and guidance to older adults who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods of improving their nutritional status, performed by a registered dietician or other health professional functioning within their legal scope of practice.	<ul style="list-style-type: none"> <li>• Lanakila Pacific</li> </ul>
Outreach	This service is an intervention initiated by an agency or organization for the purpose of identifying potential consumers and encouraging their use of existing service and benefits.	<ul style="list-style-type: none"> <li>• Lanakila Pacific</li> </ul>
Recreation	This service fosters the health and social well-being of older persons through social interaction and the meaningful and satisfying use of time.	<ul style="list-style-type: none"> <li>• Lanakila Pacific</li> </ul>
Transportation	This service provides curb-to-curb transportation for older person who require help in getting from one location to another, using a vehicle. This does not include the provision of any other activity.	<ul style="list-style-type: none"> <li>• Catholic Charities Hawaii</li> </ul>

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## OTHER STATE FUNDING

Service	Description of Service	Providers
Assisted Transportation	This service provides door-to-door assistance and transportation, including an escort, to older persons who has difficulties (physical or cognitive) using regular vehicular transportation.	<ul style="list-style-type: none"> <li>• Moiliili Senior Center</li> </ul>
Case Management for Abused Elders	This service is a systematic assessment process that gathers information and assists clients, families, and./or caregivers to engage in a solution oriented process of identifying needs, exploring options and mobilizing formal and informal supports to achieve the highest possible level of consumer independence. The focus is on the problems of abuse and self-neglect for those older adults, ages sixty and older, who are living in their own homes or with family who are being or are at risk of physical, psychological or sexual abuse, financial exploitation, and neglect by a caregiver or self-neglect.	<ul style="list-style-type: none"> <li>• Child and Family Service</li> </ul>
Counseling	Using the casework mode of interactive contact with a consumer (through interview, discussion, or lending a sympathetic ear), this service offers guidance to enable older persons to resolve concrete or emotional problems or to relieve temporary stresses. Professional or paraprofessional counseling may be provided on a one-to-one basis (hour) or on a group basis (session) and may be conducted by paid, donated, and/or volunteer staff within the scope of practice for the profession.	<ul style="list-style-type: none"> <li>• Moiliili Senior Center</li> </ul>
Education/Training	This service provides instructional sessions and seminars through either formal or informal methods which assist older persons to acquire knowledge and	<ul style="list-style-type: none"> <li>• Catholic Charities Hawaii</li> </ul>

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

	skills for vocational improvement, personal/social enrichment, and to better cope with life situations.	<ul style="list-style-type: none"> <li>• Moiliili Senior Center</li> </ul>
Escort (without transportation)	This service provides a person to accompany an older person from one point to another to provide protection to personally assist an older person to obtain a service. This service does not include providing transportation.	<ul style="list-style-type: none"> <li>• Moiliili Senior Center</li> </ul>
Health Education and Promotion	This service provides instructional sessions and seminars through either formal or informal methods to support and assist older persons to enable them to maintain health and wellness, prevent illnesses, and monitor chronic conditions. Evidence based disease prevention and health promotion services are to be provided at multi-purpose senior centers, congregate meal sites, through home-delivered meal programs, or at other appropriate sites.	<ul style="list-style-type: none"> <li>• Catholic Charities Hawaii</li> <li>• Moiliili Senior Center</li> </ul>
Health Screening	This service provides a one-on-one support and assistance to older persons to maintain an independent lifestyle, including health screening to detect and/or prevent illnesses and monitoring chronic conditions, medication management, and follow-up.	<ul style="list-style-type: none"> <li>• Catholic Charities Hawaii</li> </ul>
Physical Fitness/Exercise	This service provides group-oriented programs that offer exercise and physical fitness activities for the purpose of improving strength, flexibility, endurance, muscle tone, reflexes, cardiovascular health, and/or other aspects of physical functioning.	<ul style="list-style-type: none"> <li>• Catholic Charities Hawaii</li> <li>• Moiliili Senior Center</li> </ul>
Recreation and Leisure	This service provides programs that foster the health and social well-being of older persons through social interaction and the meaningful and satisfying use of time. Older persons participate in activities such as sports, performing arts, games and crafts, excursions, visits, music, dancing, etc. either as a spectator or as a participant, facilitated by a provider.	<ul style="list-style-type: none"> <li>• Catholic Charities Hawaii</li> <li>• Moiliili Senior Center</li> </ul>

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Telephone Reassurance	This service provides phoning on a regular scheduled basis in order to provide comfort or help, and/or to check on the well-being and safety of an older person who may be homebound, lives alone, or is temporarily alone.	<ul style="list-style-type: none"><li>• Moiliili Senior Center</li></ul>
Transportation	This service provides curb-to-curb transportation for older person who require help in getting from one location to another, using a vehicle. This does not include the provision of any other activity.	<ul style="list-style-type: none"><li>• Moiliili Senior Center</li></ul>
Volunteer Development Opportunities	This service recruits volunteers to assist with the programs and program development.	<ul style="list-style-type: none"><li>• Moiliili Senior Center</li></ul>



## UNMET NEEDS

For the purposes of this plan, an “unmet need” is defined as the difference between the number of persons with a characteristic or quality as defined by the Census (such as a disability or poverty) minus the number of persons served by EAD with the same characteristic or quality. The difference between the Census number and EAD’s number will be defined as an unmet need.

Census data is from 2008-2012 ACS Special Tabulation on Aging File or table name from the Special Tabulation appears under the table below, e.g. HIs2007a. “EAD” below the table refers to data extracted from EAD’s database.

## RACE

A comparison of the racial composition of Oahu according to the Census and a profile of EAD’s consumers indicates that EAD serves a fairly representative sample of the racial composition of the county. The comparisons are not exact because EAD’s classifications are not exactly in line with the Census. The racial categories for the Census report people who report only one race whereas EAD count of races is based on “primary” race. The Census category “Some other race or Two or more races” for EAD means “Some other race” since the EAD count primarily counts people who indicate “some other race.”

<b>Table: Consumers by Race</b>	<b>Census</b>		<b>EAD</b>	
	<b>Total</b>	<b>% Pov</b>	<b>Total</b>	<b>% Pov</b>
American Indian and Alaska Native:	195	0.1%	34	0.7%
Asian:	119,150	64.1%	3,230	64.4%
Black or African American:	1,140	0.6%	44	0.9%
Native Hawaiian & Other Pacific Islander:	10,305	5.5%	702	14.0%
Some other race or Two or more races:	17,500	9.4%	169	3.4%
White:	37,545	20.2%	838	16.7%

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

Grand Total	185,835	100.0%	5,017	100.0%
Minority	148,290	79.8%	4,179	83.3%

*His21039 & EAD*

## MINORITY STATUS AND INCOME

Minority and Income compares the proportion of persons by race for whom poverty has been determined for Oahu and for EAD's consumers.

This table indicates that EAD's services are targeted towards a significant number of low income citizens, in proportions much larger than their representation in the general population. It should be noted that Hawaii uses a definition of "poverty" using an income ceiling 15% higher than the national definition of poverty in consideration of Hawaii's higher cost of living.

Table: Minority and Income	Census			EAD		
	Total	Poverty	% Pov	Total	Poverty	% Pov
American Indian and Alaska Native:	195	55	28.2%	34	16	47.1%
Asian:	119,150	8,565	7.2%	3,230	1,011	31.3%
Black or African American:	1,140	60	5.3%	44	16	36.4%
Native Hawaiian & Other Pac. Islander:	10,305	1,350	13.1%	702	324	46.2%
Some other race or 2 or more races:	17,500	1,275	7.3%	169	49	29.0%
White:	37,545	2,150	5.7%	838	280	33.4%
Grand Total	185,835	13,455	7.2%	5,017	1,696	33.81%
Low Income Minority	148,290	11,305	7.6%	4,179	1,416	33.9%

*His21039 & EAD*

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## LIVING ALONE

Living alone can increase a person’s vulnerability, especially for older people who may be isolated, prone to falls, and subsequent injury as a result of increasing frailty and the lack of someone to provide help. The population served by EAD includes older adults living alone at about twice the rate as their presence in the population in general.

Table: Lives Alone	Census		EAD	
		% Census		% EAD
60 to 64	7,275	13.3%	54	26.3%
65 to 69	5,740	14.4%	145	33.0%
70 to 74	4,345	15.3%	210	36.8%
75 to 79	4,855	19.1%	279	40.9%
80 to 84	4,275	21.0%	367	38.2%
85+	4,850	24.2%	765	39.0%
<b>Total 60+</b>	<b>31,340</b>	<b>16.6%</b>	<b>1,820</b>	<b>37.8%</b>

HIs21004 & EAD

## DISABILITY

According to the Census, the disability rate for persons 60-years and over is 28.3% overall, whereas the disability rate for EAD consumers for whom disability has been determined is 49.6% overall. According to the table above (Table: Disability 1), for age categories, EAD serves proportionately more consumers with a disability than are in the general population, except for those persons who are 85-years or older. The numbers for EAD consumers represents persons with one or more ADLs.

Table: Disability 1	Census - Oahu	EAD

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

Age Range	Disability	Total	% Disabled	Disability	Total	% Disabled
60 to 64 years:	8,380	55,720	15.0%	47	205	22.9%
65 to 74 years:	14,285	68,975	20.7%	369	1,010	36.5%
75 to 84 years:	17,640	46,380	38.0%	777	1,643	47.3%
85 years and over:	14,005	20,640	67.9%	1,198	1,961	61.1%
<b>Total</b>	<b>54,310</b>	<b>191,715</b>	<b>28.3%</b>	<b>2,391</b>	<b>4,819</b>	<b>49.6%</b>

HI2010dis02 & EAD

If the Kupuna Care eligibility standard for disability – two ADLs or IADLs – is used for selecting EAD consumers, then the number of disabled consumers served by EAD increases to an overall rate of 69.8% and the proportion of consumers 85-years and older with a disability served by EAD rises to 82.2% (Table: Disability 2). Using the Kupuna Care eligibility standard is probably justified since Census uses the presence of certain IADLs as indicators of disability.

Table: Disability 2	Census - Oahu			EAD		
	Disability	Total	% Disabled	Disability	Total	% Disabled
60 to 64 years:	8,380	55,720	15.0%	72	205	35.1%
65 to 74 years:	14,285	68,975	20.7%	546	1,010	54.1%
75 to 84 years:	17,640	46,380	38.0%	1,127	1,643	68.6%
85 years and over:	14,005	20,640	67.9%	1,619	1,961	82.6%
<b>Total</b>	<b>54,310</b>	<b>191,715</b>	<b>28.3%</b>	<b>3,364</b>	<b>4,819</b>	<b>69.8%</b>

HI2010dis02 & EAD

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## COGNITIVE DISABILITY

The tables above showing prevalence of a disability include cognitive disabilities in their counts. Table: Cognitive Difficulty separates out cognitive disability. As with the Census, the EAD counts include people who have other disabilities as well as a cognitive disability. In the EAD population there are only 32 persons who are identified as having a cognitive disability with no other disabilities. Except for the 85-years old and over age group, EAD serves a greater proportion of persons with a cognitive difficulty than are present in the general older adult population.

Table: Cognitive Difficulty	Census			EAD		
	Age Range	Difficulty	Total	% Difficulty	Difficulty	Total
60 to 64 years:	2,645	55,720	4.7%	15	205	7.3%
65 to 74 years:	3,340	68,975	4.8%	114	1,010	11.3%
75 to 84 years:	4,915	46,380	10.6%	264	1,643	16.1%
85 years and over:	6,455	20,640	31.3%	173	1,961	8.8%

<b>60-years +</b>	17,360	191,715	9.1%	3,364	4,819	17.8%
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HI2010dis02 & EAD

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## LANGUAGE ISOLATION

Linguistic isolation is defined here as the ability to speak or understand English “Not Well” or “Not At All” for persons responding to the Census and for EAD. EAD has a lower rate of consumers who are linguistically isolated than are there are linguistically isolated the population in general.

Table: Ability To Speak English "Not Well" or "Not At All"						
	Census -Oahu			EAD		
Speaks English:	"Not"	Population	% 60+	"Not"	EAD	% 60+
<i>60 to 64 years:</i>	5,770	55,720	10.4%	7	205	3.4%
<i>65 to 74 years:</i>	8,515	68,975	12.3%	67	1,010	6.6%
<i>75 to 84 years:</i>	5,895	46,380	12.7%	138	1,643	8.4%
<i>85 years and over:</i>	2,415	20,640	11.7%	130	1,961	6.6%
<b>Total Speakers</b>	<b>22,595</b>	<b>191,715</b>	<b>11.8%</b>	<b>342</b>	<b>4,819</b>	<b>7.1%</b>

Hls21014a & EAD

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## RURAL

Persons living in a rural area are considered geographically isolated. The Census definition of “rural” is “not urban.” According to the Census, 99.1% of Oahu is deemed to be “urban,” meaning that about 0.9% of Oahu’s population is “rural”. The following Census Designated Places are indicated to have rural populations:

<b>Table: Rural</b>	<b>Rural</b>	<b>Urban</b>	<b>% Rural</b>	<b>% Tot Rural</b>
Ahuimanu CDP	45	1,630	2.8%	4.3%
Haleiwa CDP	10	750	1.3%	1.0%
Heeia CDP	50	1,395	3.6%	4.8%
Kahaluu CDP	40	970	4.1%	3.8%
Kahuku CDP	25	370	6.8%	2.4%
Pupukea CDP	145	545	26.6%	14.0%
Royal Kunia CDP	35	2,020	1.7%	3.4%
Urban Honolulu CDP	570	80,725	0.7%	54.9%
Waiialua CDP	4	885	0.5%	0.4%
Waianae CDP	40	1,765	2.3%	3.8%
Waimanalo CDP	75	835	9.0%	7.2%

2010 Census Special Tabulation Table P10

The Census does not provide a finer break-down of the geographies such as Census Tracts of Block Groups within these areas. Therefore, it is impossible to determine where the rural residents are and they cannot be identified without violating consumer confidentiality. It should be noted that the Urban Honolulu CDP contains more than 50% of Oahu’s rural population.

## FRAMEWORK

### STATE AND FEDERAL GUIDANCE

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



### THE OLDER AMERICANS ACT

Passed in 1965, the Older American's Act (OAA) was established in response to the concerns of policymakers regarding the lack of community, social services for older adults. The Older Americans Act states that in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political



subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

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

## TARGETING OF SERVICES

The Older Americans Act, as amended in 2006, re-emphasized the intention of Congress to target services and resources on the needs and problems of those older

individuals identified as having the greatest economic need, the greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Special emphasis has been placed on using outreach methods to target services to:

- older adults with greatest **economic** need,
  - an income at or below the poverty line
  - minorities at or below the poverty line
- older adults with greatest **social** need, and
  - physical and mental disabilities;
  - language barriers; and
  - cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that—
    - restricts the ability of an individual to perform normal daily tasks; or
    - threatens the capacity of the individual to live independently.
- older individuals **at risk for institutional placement**;
  - unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility

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

## ADMINISTRATION FOR COMMUNITY LIVING STRATEGIC GOALS AND OBJECTIVES

In 2012, The Administration for Community Living (ACL) was created to help meet the needs of all Americans, including people with disabilities and older adults, to be able to live at home with the supports they need and participating in communities that value their contributions. ACL's Strategic Goals and Objectives for 2013-2018 are:

- Advocate to ensure the interest of people with disabilities, older adults, and their families are reflected in the design and implementation of public policies and programs.

- Protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older adults and people with disabilities.
- Work with older adults and people with disabilities as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.
- Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long-term services and supports, including supports for families and caregivers.
- Implement management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.

## CHAPTER 349 HAWAII REVISED STATUTES GOALS

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

## FINANCIAL (PLANNED SERVICE OUTPUTS AND RESOURCE ALLOCATIONS)

The information provided depicts the amount of grants funds that were awarded to EAD and how it was allocated to various Service Providers for contracted services. These amounts were based on FY2014 expenditures of Federal Title III funds as well as State Kupuna Care and Other State Non-Kupuna Care funds.

The percentage of EAD funds for each service may be used to determine the need for certain services and will help to enable future funding to the Service Providers. Applications to provide services are based and awarded by necessity, area, target

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

population and various other criteria. The award selection is normally conducted through a RFP process.

Program Income is determined by each Service Provider and can include but not be limited to income (other than grant funds) earned by the grantee. The program income is directly generated by a supported activity or earned as a result of the award. This includes consumer donations. Program income usually enhances services and may also increase output units.

## PREVIOUS YEAR EXPENDITURES FOR PRIORITY SERVICES (FY 2014), TITLE III, KUPUNA CARE FUNDS AND PROGRAM INCOME

(Amounts below indicate estimated levels of expenses for FY2016 through FY2019, based on FY2014 funding.)

Accounts	Services	Title III Funds	% EAD / Fund	State Funds	% EAD / Fund	Program Income
<b>III - B</b>						
	Housing Assistance	\$230,799	6.05%			\$3,133
	Housing Linkages	\$153,866	4.04%			
	Legal Services	\$179,475	4.71%			
	Transportation	\$708,360	18.58%	\$618,118	17.10%	\$47,891
	Escort (w/o Transportation)	\$38,147	1.00%	\$3,032	0.08%	\$1,303
<b>III - C1</b>						
	Congregated Meals	\$477,519	12.53%			\$67,709
	Nutrition/Education	\$173,645	4.56%			
	Outreach	\$117,944	3.09%			
	Recreation	\$119,731	3.14%	\$55,687	1.54%	\$12,366
<b>III - C2</b>						
	Home Delivered Meals	\$710,335	18.63%	\$575,130	15.91%	\$380,057
<b>III - D</b>						

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	Health Education/Promotion	\$80,393	2.11%	\$11,420	0.32%	\$1,860
	Health Screening	\$129,513	3.40%	\$37,117	1.03%	\$9,039
	Health Counseling	\$87,816	2.30%			
<b>III - E</b>						
	Caregiver Respite	\$79,756	2.09%			
	Caregiver Support	\$119,807	3.14%			\$1,375
	Caregiver Access	\$148,199	3.89%			
	Caregiver Access-Case Mgmt					
	Caregiver Counseling	\$185,544	4.87%	\$28,401	0.79%	\$6,134
	Caregiver Education/Training	\$33,705	0.88%	\$11,584	0.32%	\$4,696
	Caregiver Supplemental Svcs.	\$6,250	0.16%			
	Caregiver - Counseling Grandparents	\$21,908	0.57%			
	Caregiver Education/Training-Grandparents	\$1,566	0.04%			
	Caregiver Support-Grandparents	\$7,826	0.21%			
	Caregiver Information Services					
<b>Other Services</b>						
	Personal Care			\$1,224,748	33.88%	\$22,887
	Attendant Care			\$171,424	4.74%	\$32,441
	Case Management			\$700,000	19.36%	\$635
	Exercise & Fitness			\$48,451	1.34%	\$9,617
	Volunteering			\$6,333	0.18%	\$471
	REACH Program			\$123,718	3.42%	

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		<b>TOTALS:</b>	<b>\$3,812,104</b>	<b>100.00%</b>	<b>\$3,615,163</b>	<b>100.00%</b>	<b>\$601,612</b>		
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## PREVIOUS YEAR PERSONS SERVED FOR PRIORITY SERVICES (FY 2014), BY PROGRAM, FUNDING AND PRIORITY GROUPS

**GEN**=Greatest Economic Need, **GSN**=Greatest Social Need, **LIM**=Low Income Minority, **Rural**=Rural area according to 2000 AoA Zip Code designation, **LEP**=Limited English Proficiency, **Frail**=Two or more ADLs or Cognitive Disability, **“Native Am.”**=Native American

The chart below indicates the number of persons receiving each service by priority categories during state fiscal year 2014.

SERVICE	ROGRAM	FUNDING	GEN	GSN	LIM	Rural	LEP	Frail	Native Am.
01S Personal Care	In-Home	KC	264	582	221	138	59	563	
04S Home Delivered Meals	In-Home	Title III	185	667	142	63	24	641	6
04s KC Home Delivered Meals	In-Home	KC	362	706	310	235	36	637	3
06S Case Management	Access	KC	225	478	191	63	83	372	3
07S Congregate Meals	Comm.-Based	Title III	454	570	407	199	99	204	7
08S Nutrition Counseling	In-Home	Title III	17	36	17	16	3	34	
09S Assisted Transportation	Access	Title III	9	15	7			8	
10s KC Transportation	Access	KC	228	647	173	169	41	263	3
10S Transportation	Access	Title III	287	361	234	184	47	97	3
F06 Attendant Care	In-Home	KC	123	564	74	33	31	280	5
FCG Counseling - Counseling	Coun, Sup Gp, Trg	Title IIIe	5	72	4	53	10	6	3
FCG Counseling - Counseling Grandparents	Coun, Sup Gp, Trg	Title IIIe	6	85	5	85	2	1	2

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

FCG Counseling - Education/Training	Coun, SupG, Trg	Title IIIe	8	31	8	18	7	5	1
FCG Counseling - Education/Training Grandparents	Coun, Sup Gp, Trg	Title IIIe	3	37	2	37	2		
FCG Counseling - Support Groups	Coun, Sup Gp, Trg	Title IIIe	8	34	7	21	5	6	3
FCG Counseling - Support Groups Grandparents	Coun, Sup Gp, Trg	Title IIIe	3	37	2	37	2		
FCG Respite - In-home (not homemaker & pers care)	Respite Care	Title IIIe		4		2	2		
FCG Supplemental Service - Assistive Devices	Supp. Svcs.	Title IIIe		1			1		
FCG Supplemental Service - Emerg.Response System	Supp. Svcs.	Title IIIe		2		2			
FCG Supplemental Service - Incontinence Supplies	Supp. Svcs.	Title IIIe	1	1	1				
FCG Supplemental Service - Nutritional Supplement	Supp. Svcs.	Title IIIe		1			1		
FCG Supplemental Service - Others	Supp. Svcs.	Title IIIe		1		1			
<b>Grand Total</b>			<b>2,188</b>	<b>4,932</b>	<b>1,805</b>	<b>1,356</b>	<b>455</b>	<b>3,117</b>	<b>39</b>

## IMPLEMENTATION PLAN

### GOALS, OBJECTIVES AND EVALUATION MEASURES

#### *Goal 1: Aging Well*

*Maximize quality opportunities for seniors to age well, remain active and enjoy quality lives while engaging in their communities.*

#### *Objective 1.1:*

*Increase the awareness of evidence-based programs and practices that empower individuals to improve the quality of their health, independence and well-being.*

The National Council on Aging, promotes evidence-based programs as a means to improve the health and well-being of older adults. These programs are established through research and replication, and provide a mechanism to create partnerships with external organizations.

Evidence-based models are tested and implemented to assure results received are consistent across the majority of the population.

In alignment with responses that directly meet the needs of older adults, EAD will continue to promote and increase awareness of evidence-based programs within the Aging Network and encourage the use of these methodologies in the provision of services to seniors. We anticipate this will expand the options for older adults to remain active, age well and enjoy the benefits of a healthy lifestyle.

#### **Evaluation Measures:**

- # of evidence-based programs implemented
- # of participants in evidence-based programs
- # of evidence-based program information sessions completed
- # of referrals to existing evidence-based programs provided





## *Objective 1.2:*

*Promote civic engagement and volunteerism within the community.*

Volunteers contribute their skills, knowledge and experience to making a difference in the lives of individuals and communities. By volunteering, older adults retain their relevance to society and are able to continue contributing to their communities in a meaningful way. Studies have shown they have better physical and mental health, higher levels of happiness, reduced stress, reduced risk of disease and lower health care costs.

EAD, through the Retired Senior Volunteer Program (RSVP), taps the skills, talents and experience of volunteers ages 55 years and older to meet community needs in education, health, the environment, Veterans, economic opportunity, disaster services and other critical areas. EAD's RSVP program focuses on healthy futures, which helps to supplement some of the home and community based services in gap and rural areas and addresses waitlist conditions of contracted service providers. RSVP intends to increase the number of volunteers in its program to 350 and its volunteer stations to 40.

### **EVALUATION MEASURES:**

- # of volunteers
- # of hours performed by volunteers
- # of RSVP volunteer stations

## *Goal 2: Strategic Partnerships and Alliance*

*Forge strategic partnerships and alliances that will give impetus to meeting Hawaii's greatest challenges for the aging population.*

### *Objective 2.1:*

*Identify, strengthen and collaborate with the Aging Network.*

EAD recognizes that funding support received from State and Federal sources is limited and unable to meet the overwhelming service needs of the community. Therefore, we rely on a network of services provided by community non-profits in order to meet those needs. EAD understands that collaboration is necessary to identify gaps in services, address advocacy needs, and develop solutions by leveraging partnerships.

In order to forge this level of collaboration, we intend to continue holding regularly scheduled meetings with our contracted service providers, expand our network of community agencies and stakeholders and actively participate in both local and national forums.

### **Evaluation Measures:**

- # of meetings with EAD's contracted service providers
- # of training sessions provided to EAD's contracted service providers
- # of informational sessions conducted to community agencies
- # of local and national forums EAD staff participated in

### *Objective 2.2:*

*Determine the needs of older adults and caregivers in Honolulu.*

The needs of older adults and caregivers are complex and ever changing. EAD will work towards collecting data that assist us in identifying the specific needs of older adults and caregivers to assist with the targeting of resources.

EAD will solicit information through surveys and or studies in order to gather additional information on the community we serve.

## **Evaluation Measures:**

- # of contacts with EAD's contracted service providers to identify needs and challenges
- # of needs and challenges identified
- # of needs and challenges addressed
- # of consumers on waitlists

### *Objective 2.3:*

*Increase public awareness and understanding of the needs of older adults and caregivers.*

Greater public awareness will assist EAD in identifying services, both traditional and non-traditional that will enable seniors to remain in their home and communities for longer periods of time. By creating opportunities for education and awareness, the community will be made aware of resources available to support older adults, their caregivers and people with disabilities.

EAD will:

- Increase our visibility through the development and implementation of strategic outreach plans.
- Develop partnerships within the City and County of Honolulu
- Engage in the implementation of the City and County of Honolulu Age Friendly City Initiative

## **Evaluation Measures:**

- # of contacts with other City and County of Honolulu Departments and Divisions
- # of MOU's with agencies
- # of partnerships established
- # of meetings with stakeholder agencies that serve older adults, their caregivers and people with disabilities

## *Objective 2.4:*

*Increase access to training and awareness activities on cognitive aging, brain health and risk factors for cognitive impairment and dementia. .*

Dementia impacts an estimated 5.3 million people across the nation. In 2015, Hawaii documented 26,000 diagnosed cases of Alzheimer's disease amongst individuals 65 and older. Based on projections this number is expected to grow to 35,000 by 2025.

In order to better serve the rapid number of individuals experiencing Alzheimer's and related dementias (ADRD), EAD is committed to partnering with local agencies to develop mechanisms to better support these individuals and their caregivers.

### **Evaluation Measures:**

- Partnerships established
- Funding directed to ADRD related efforts (directly through EAD and through partnerships in grant proposals)

## *Goal 3: Aging and Disability Resource Center (ADRC)*

*Develop a Statewide ADRC system for Kupuna and their Ohana to access and receive long term support services (LTSS) information and resources within their respective counties.*

## *Objective 3.1:*

*Streamline the process of providing long term support services to older adults.*

By streamlining the process of support service provision with the development and implementation of the ADRC, EAD will be equipped to identify gaps in services and determine the specific needs of older adults.

EAD will:

- Using the Management Information System (MIS) required by EOA, EAD will formalize the intake and assessment process to allow for the development of support plans that assist older adults to age in place.
- Develop and integrate an operational model that increases internal communication, cross collaboration and coordination of service delivery.

## **Evaluation Measures:**

- # of information and referrals calls
- # of older adults served
- # of intakes and assessments

### *Objective 3.2:*

*Promote the adoption and implementation of national standards for home and community-based services.*

EAD will be in alignment with National priorities as designated by ACL and actively participate in national conferences, training sessions

## **Evaluation Measures:**

- # of meetings conducted to review ACL goals and objectives as it relates to EAD's goals and objectives

### *Goal 4: Long Term Services and Support*

*Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long term services and supports including supports for families and caregivers.*

### *Objective 4.1:*

*Collaborating with the Aging Network to develop high quality, person centered, integrated systems that address the needs of older adults and caregivers.*

To ensure services are delivered, EAD will continue to monitor the timely, efficient delivery of services to older adults, improve the overall delivery of services, remove obstacles, identify solutions, improve communications and improve procedures. (Example: Partnerships with DOE to allow the use of kitchens for the production of meals)

## **Evaluation Measures:**

- # of information and referral contacts
- # of home and community based services provided designated by service and provider
- # of consumer satisfaction surveys completed
- # of concerns addressed

### *Objective 4.2:*

*Enable people with disabilities and older adults to live in the community.*

EAD will work on supporting the needs of both populations through the provision of information and referrals.

Older adults and their caregivers, through the ADRC process will be provided intake, assessment and support planning services.

## **Evaluation Measures:**

- # of referrals made to external agencies specific to the needs of people with disabilities
- # of persons with disabilities receiving information and referrals

### *Objective 4.3:*

*Provide access to high-quality home and community based services for families and caregivers.*

Contract with service providers and organizations to provide services as outlined in Title III and Kupuna Care Guidelines.

Adhere to procurement guidelines as set forth by the State of Hawaii and the City and County of Honolulu.

## **Evaluation Measures:**

- # of referrals made to external agencies specific to the needs of people with disabilities
- # of persons with disabilities receiving information and referrals

## *Goal 5: Effective and Responsive Management*

*Optimize the health, safety and independence of Hawaii older adults.*

### *Objective 5.1:*

*Optimize program performance to strengthen system processes, efficiency and accountability.*

EAD will:

- Utilize emerging technologies and leverage shared services that promote innovation, improve accessibility and better support our mission.
- Enhance monitoring services delivered to older adults and their families
- Implement management improvement activities, including program integrity and internal control initiatives, to strengthen operational processes, improve efficiency, and promote accountability.

### **Evaluation Measures:**

- # of on-site assessments

### *Objective 5.2:*

*Develop a fluid information system*

Communication is key to ensuring information is disseminated and older adults are able to access needed services. EAD will develop a communications strategy that outlines and articulates how information will be distributed and updated. (Examples include: website, community presentations, answering phones, advocacy etc.)

### **Evaluation Measures:**

- # of referrals received through the website
- # of referrals from each method of distribution of information
- # of consumers based on referrals

## *Objective 5.3:*

*Develop Sustainability Strategy that includes developing our business acumen, seeking partnership opportunities, advocacy and appropriate legislation.*

Organizational sustainability extends beyond funding. It requires a development of a key stakeholder group and an assessment/review of resource needs. EAD intends to review and evaluate key needs and develop a strategy in partnership with key stakeholders that effectively meets the needs of the community we serve.

In addition, we intend to identify opportunities in which we are able to build our business acumen and determine mechanisms for our ability to sustain supportive services for the seniors in our community.

### **Evaluation Measures:**

- Sustainability Plan
- Status on the Implementation of the Plan



## TARGETING SERVICES

### THE PREVIOUS YEARS

For FY 2014, the Elderly Affairs Division contracted with 11 public and non-profit agencies through 27 contracts for services on Oahu to individual 60 years of age or older and their caregivers. Approximately 5,000 older individuals received in home and community based services including counseling, health promotion, housing and legal assistance. Approximately 2,000 family caregivers received a variety of assistance from case management to supplemental services.

Of those older adults and their caregivers who received registered services 1,300 lived in rural areas, 70% were disabled, 34% were low-income minority, 34% live at or below the poverty level and 4,932 have greatest social need and 83% are minority.

As a condition in all contracts with its service providers, EAD stipulates that preference is to be provided to older individuals and their caregivers in the following targeted areas:

- Greatest Economic Need
- Greatest Social Need
- Low Income
- Minority
- Low Income Minority
- Limited English Proficiency
- Live in Rural Areas
- Native American

### *Methods Used to Satisfy Service Needs*

The methods used include:

- Contact organizations, senior groups and meal sites through phone, e-mail, fax, and mail
- Distribute flyers, booklets containing agency specific information at fairs, community events, home visits, and through agency partnerships
- Provide presentations on available services to community groups and clubs
- Follow-up on referrals from EOA and other service provider agencies
- Follow-up on Governmental Agency referrals from Adult Protective Services, the Judiciary, Veteran Affairs
- Develop partnerships with organizations that serve the older adult population
- Screen referrals in advance to confirm the senior qualifies for services and prioritize based on criteria
- Promote cross-cultural awareness

- Provide translation services to make accessible relevant printed educational information and services
- Facilitate group health and social activities at sites
- Provide low-cost evidence-based health promotion, screening and prevention classes and workshops
- Integrate physical activity into an older adult's life through the use of workshops in alignment with what they enjoy
- Expand community volunteer programs
- Conduct open house events, community forums or education programs

## THE NEXT FOUR YEARS

### *Methods for Providing Services to:*

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

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

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

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

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

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

With respect to targeting services to older individuals:

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

## DECLARATION OF COMPLIANCE

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

## DEFINITIONS

1. **Greatest Economic Need:** The need resulting from an income level at or below the poverty line. [OAA, Sec. 102 (27)]. This amount has been adjusted for Honolulu.
2. **Greatest Social Need:** The need caused by non-economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that: (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. (OAA, Sec 102 (28))
3. **At Risk for Institutional Placement:** With respect to an older individual, that such individual is unable to perform at least two activities of daily living without substantial human assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility. (OAA, Sec 101 (45))

4. **Low Income:** Having an income at or below the poverty line (as adjusted for Honolulu). It is the same as “Greatest Economic Need”.
5. **Minority:** American Indian/Alaskan Native; Asian/ Pacific Islander; Black, not of Hispanic origin; or Hispanic.
6. **Low-Income Minority:** American Indian/Alaskan Native; Asian/Pacific Islander; Black, not of Hispanic origin; or Hispanic with an annual income at or below the poverty line (as adjusted for Honolulu).
7. **Limited English Proficiency:** A person who speaks a language other than English at home and speaks English “not well” or “not at all”. [Census 2000]
8. **Rural:** A rural area is any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. (FSRR, 2005)
9. **Native American:** Refers to American Indians, Alaskan Natives, and Native Hawaiians. (OAA, Sec 601)

## METHODS FOR ASSURING SERVICE PREFERENCE

### STATE DISTRIBUTION OF FUNDS:

The State's intra-state funding formula for allocating Title III funds will include factors and appropriate weights which reflect the proportion among the planning and service areas of targeted older populations.

### ASSURANCE OF SERVICE PREFERENCE:

EAD's Area Plan provides assurances that preference will be given to providing services to older individuals with: greatest economic need, greatest social need, at risk for institutional placement, minorities, low-income minorities, limited English proficiency, living in rural areas, and older Native Americans. It also includes proposed methods for implementing the preference requirements.

### AREA PLAN PRIORITY SERVICES:

EAD's area plan publishes methods by which the priority of services is determined. Such methods include factors and weights that provide preference to meeting the service needs of targeted populations.

### PROVISION OF SERVICES IN HIGH NEED AREAS:

EAD divides its geographic area into sub-areas considering the following: distribution of 60+ having greatest economic need, distribution of 60+ having physical/mental disabilities, incidence of need for supportive/nutrition services, location of resources to meet needs, and adequacy/effectiveness of existing resources in meeting service needs. Upon review and analysis of information, EAD determines which locations will need service assistance due to high concentrations or high proportions of targeted populations, and specializes in the types of services most needed by these groups.

## AT RISK FOR INSTITUTIONAL PLACEMENT EFFORTS:

EAD will:

- a. Conduct outreach activities to identify those at risk for institutional placement,
- b. Conduct public education and outreach activities to identify caregivers of older individuals at risk for institutional placement who may need assistance in order to continue caring for their family member at home, and
- c. Collaborate with agencies and organizations to maximize service delivery to frail older individuals in need of services.

## TARGETING PREFERENCE:

EAD will include a condition in all contracts with its service providers that the provider will:

Specify how it intends to satisfy service needs of older individuals who:

- Have greatest economic need
- Have greatest social need
- Are at risk for institutional placement
- Are low-income
- Are minority
- Are low-income minority
- Have limited English-proficiency
- Live in rural areas, or
- Are Native American

To the maximum extent feasible, agencies will prioritize services to older individuals in the above defined targeted groups in accordance with their need for services, will meet specific objectives established by EAD for providing service to older individuals in the above defined targeted groups in the planning and service area, and if there is a waitlist, will give preference to older individuals in the above defined targeted groups. EAD will adhere to the same level of prioritization when a waitlist is present.

## LOW-INCOME MINORITY AGENCY EFFORTS:

EAD will:

Maintain, as is reasonably feasible, older individual low-income minority participation rates in Title III funded programs at or above the percentage of distribution of older low-income minorities in their planning and service area, as determined by the most



# HONOLULU COUNTY 4-YEAR PLAN ON AGING

reliable data available, and promote, publicize and advocate for expansion and implementation of services for low-income and/or minority older individuals.

## LIMITED ENGLISH PROFICIENCY EFFORTS:

EAD will:

Encourage contracted service providers to hire bilingual staff,

Encourage contracted service providers to translate agency materials in the primary languages used by their consumers,

To the extent possible, recruit and hire bilingual staff for EAD's Information and Referral branch, and

To the extent possible, translate information about its services into appropriate languages needed by consumers and or as defined by policies and procedures set forth by the Federal, State or County.

## RURAL AGENCY EFFORTS:

EAD will:

Maintain, as is reasonably feasible, older individual rural participation rates in Title III funded programs at or above the percentage of distribution of older individuals living in rural in the planning and service area, as determined by the most reliable data available, and

Promote, publicize and advocate for expansion and implementation of services for older individuals living in rural areas.

## SERVICE PROVISION EFFORTS TO NATIVE AMERICANS:

EAD will:

Maintain, as is reasonably feasible, participation rates of older Native Americans in Title III funded programs at or above the percentage of distribution of older Native Americans in the planning and service area, as determined by the most reliable data available, and

Promote, publicize and advocate for expansion and implementation of services to Native American older individuals.

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## COLLABORATIONS:

EAD will establish working relationships with appropriate public and private agencies and organizations to:

- Inform agencies and organizations of the availability of services under the area plan,
- Attain and maintain referral linkages for casework management, problem assessment and counseling,
- Identify individuals in need of services, and
- Assess structural barriers (cost, distance, eligibility) and cultural barriers (distrust, language, service design) to use of services and work towards reducing barriers.

## TARGETED INFORMATION AND ASSISTANCE/OUTREACH:

The Information & Referral branch of EAD will:

Identify individuals eligible for priority assistance as described in the area plan and inform such individuals of the availability of assistance,

Focus its efforts in pocket areas where a high number of targeted individuals live, and

In addition to targeted populations listed above, will emphasize linking services to isolated older individuals, those with severe disabilities and older individuals with Alzheimer's disease or related disorder (ADRD) as well as their caregivers.

## MINIMUM PERCENTAGES FOR TITLE III PART B CATEGORIES OF SERVICES (2012-2015)

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

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

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

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



## APPENDICES

### ASSURANCES

#### A1. COMPLIANCE WITH CIVIL RIGHTS ACT

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

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

AGREES THAT It will comply with title VI of the Civil Rights Act Of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 90) issued pursuant to that title, to the end that, in accordance with title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant received Federal financial assistance from (he Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

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

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Date \_\_\_\_\_  
(Applicant)

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

Department of Community Services

715 South King Street, Suite 311

Honolulu, HI 96813

(Applicant's mailing address)

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## A2. REHABILITATION ACT OF 1973, AS AMENDED

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

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

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

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

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

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

Elderly Affairs Division

Name of Designee(s) -- Type or Print

City and County of Honolulu  
Department of Community Services

715 S. King Street, Suite 311

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

Name of Recipient - Type or Print

Street Address

99-6001257  
(IRS) Employer Identification Number

Honolulu  
City

(808) 768-7760  
Area Code & Telephone Number

Hawai'i      96813  
State              Zip

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of Authorized Official

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

HHS-641 [7/84 REV.]

AEA 9/2002



## A3A.GENERAL AND PROGRAM SPECIFIC PROVISIONS AND ASSURANCES

### General and Program Specific Provisions and Assurances

The City and County of Honolulu's Elderly Affairs Division certifies that it will subscribe and conform to the provisions and assurances under GENERAL ASSURANCES AND PROGRAM SPECIFIC PROVISIONS AND ASSURANCES displayed in the following pages 55 through 63.

\_\_\_\_\_  
Date    Signature and Title of Authorized Official



## General Assurances

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

### 1. General Administration

#### a. Compliance with Requirements

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

#### b. Efficient Administration

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

#### c. General Administrative and Fiscal Requirements

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

#### d. Training of Staff

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

#### e. Management of Funds

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

f. Safeguarding Confidential Information

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

g. Reporting Requirements

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

h. Standards for Service Providers

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

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

i. Amendments to Area Plan

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

j. Intergovernmental Review of Services and Programs

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

k. Standards for a Merit System of Personnel Administration

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

2. Equal Opportunity and Civil Rights

a. Equal Employment Opportunity

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

b. Non-Discrimination on the Basis of Handicap

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

c. Non-Discrimination on the Basis of Age

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

d. Civil Rights Compliance

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

3. Provision of Services

a. Needs Assessment

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

b. Priorities

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

c. Eligibility

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

d. Residency

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

e. Coordination and Maximum Utilization of Services

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

4. Non-Construction Programs

a. Legal Authority

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

b. Hatch Act

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

c. Single Audit Act of 1984

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

d. Other Laws

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

## PROGRAM SPECIFIC ASSURANCES

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

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

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

(A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part

B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

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

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

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

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

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

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

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

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English

proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

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

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

(III) provide information on the extent to which the area agency on aging met the objectives described in

clause (i);

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

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

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with



disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that-

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such

individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

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

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

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

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

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

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—

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

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

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

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

(13) provide assurances that the area agency on aging will—

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

(B) disclose to the Assistant Secretary and the State agency—

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

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

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

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

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

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service

area to meet the needs of older individuals for—

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness; and
- (K) any other service as determined by such agency.

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

(d) (1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

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

(f) (1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

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

## OTHER ASSURANCES AS RELATED TO THE CODE OF FEDERAL REGISTER 1321.17(F) 1 TO 15

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

## **1321.17(f)(10)**

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

## **1321.17(f)(11)**

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

## **1321.17(f)(12)**

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

## **1321.17(f)(13)**

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

## **1321.17(f)(14)**

- (i) The State agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
- (ii) State and Area Agencies on Aging will, consistent with budgeting cycles (annually, biannually, or otherwise), submit the details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and

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

**1321.17(f)(15)**

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

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

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## CERTIFICATION REGARDING LOBBYING

### A3d. Certification Regarding Lobbying

#### Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

- (1) No Federal appropriated finds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence and officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions;
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (Including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Department of Community Services

Organization

Hawaii

State

\_\_\_\_\_  
Authorized Signature

Department of Community Services

\_\_\_\_\_  
Date

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## WAIVERS

### WAIVER TO PROVIDE DIRECT SERVICE(S)

#### Elderly Affairs Division

#### JUSTIFICATION FOR AREA AGENCY'S

#### DIRECT PROVISION OF SERVICE

For the period beginning October 1, 2016 through September 30, 2019

Service

Title III Reference

Funding Source

Title III	\$191,236
State	\$173,611
County	\$395,377
Other	
Total	\$760,224 (Salary + Fringe Benefits) *

\*Amounts based on actual amounts for FY2015

Justification

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

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

Total budget staff consists of 18 full-time equivalents (FTE). Most of current staff are bilingual. They are divided into rural and urban teams and canvass selected communities on Oahu, locating isolated older adults and those from the targeted populations to inform and refer them to services. Aides are also sent out to assess and assist individuals who call our publicized Senior Information Hotline (768-7700 effective October 1, 2007) on a case-by-case basis where the Hotline intaker determines that a home visit is needed to help the caller.

The City and County of Honolulu provides \$395,377 funding for Information and Assistance/Outreach services. Additional in-kind support includes office space, administrative support, use of Satellite City Halls as walk-in sites, and availability of City printing services.

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

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## WAIVER OF PRIORITY CATEGORIES OF SERVICES

### Elderly Affairs Division

#### JUSTIFICATION FOR WAIVER

#### PRIORITY CATEGORIES OF SERVICES

For the duration of the Area Plan (2015-2019)

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

Priority Service	Check Category Affected
Access (Transportation, Health Services, Outreach, Information and Assistance, and Case Management Services)	N/A
Services for Families of Older Individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction).	N/A
Legal Assistance	N/A
Justification	N/A

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## STAFFING

<u>Primary Area Agency Responsibilities</u>	<u>Position with Lead Authority for Decision-Making for Defined Responsibilities</u>
<b>1. <u>General Administration</u></b>	<b><u>Descriptive Position Title</u></b>
Overall program administration	County Executive on Aging
The statement of written procedures for carrying out all defined responsibilities under the Act	County Executive on Aging, Planner
Responding to the views of older persons relative to issues of policy development and program implementation under the plan	County Executive on Aging, Planner
Hiring of staff resources	County Executive on Aging and I&A Coordinator for I&A Programs
Organization of staff resources	County Executive on Aging and I&A Coordinator for I&A Programs
Programs	
Liaison with Advisory Council	County Executive on Aging with Staff support
Public information relations	County Executive on Aging and I&A Coordinator for I&A Programs
Overall program policy	County Executive on Aging
Grants management	Grants Managers, Data Coordinator



# HONOLULU COUNTY 4-YEAR PLAN ON AGING

Fiscal management

Budget Analyst with  
support of Grants Managers

Personnel management

County Executive on Aging and  
I&A Coordinator for I&A  
Programs

Information management/reporting

Data Coordinator

## 2. Program Planning

Coordinating planning with other  
agencies and organization to  
promote new or expanded benefits  
opportunities for older people

County Executive on Aging,  
I&A Coordinator, Planner  
Grants Managers

Assessing the kinds and levels of  
services needed by older persons  
in the planning and service area,  
and the effectiveness of other  
public or private programs serving  
those needs

I & A Coordinator,  
Planner, Grants Managers

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

Planner

Defining methods for establishing  
priorities for services

Planner

Conducting research and  
demonstrations

All Staff

Resource identification/  
Grants management

All Staff

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

## 3. Advocacy

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

County Executive on Aging, Planner and Grants Managers

Conducting public hearings on the needs of older persons

County Executive on Aging, Planner

Representing the interests of older people to public officials, public and private agencies

County Executive on Aging with Staff support

Facilitate the support of activities to increase community awareness of the needs of residents of long-term care facilities

I & A Coordinator

Conducting outreach efforts, with special emphasis on the rural elderly, to identify older persons with greatest economic or social needs and to inform them of the availability of services under the Plan

I & A Coordinator, CSA Supervisors

## 4. Systems Development

Defining community service area boundaries

Planner

Designating community focal points

Planner

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

Planner with support of Grants Managers and I & A Coordinator

Entering into subgrants or contracts with service Providers

Grants Managers

Providing technical assistance to service providers

Grants Managers, Data

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

Analyst

Coordinator and Budget

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

Planner with support of Grants Managers and I & A Coordinator

Coordinating plan activities with other programs supported by federal, State and local resources in order to develop a comprehensive and coordinated service system in the planning and service area

Planner, Grants Managers and I & A Coordinator

## 5. Program Maintenance

Monitoring performance of all service providers Managers under the Plan

Budget Analyst, Grants and Data Coordinator

Evaluating performance of all service providers Managers

Budget Analyst, Grants And Data Coordinator

Providing feedback to providers and key decision makers

All Staff

Monitoring and evaluating coordinated services for older people in the planning and service area Analyst

County Executive on Aging, Planner, Grants Managers and Budget

## GLOSSARY

### 1. Programs, Services, and Activities

**Adult Day Care/Adult Day Health:** Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically includes social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. (FSRR, 2005).

**Assisted Transportation:** Door-to-door transit service with assistance, including escort, to older persons who has physical and/or cognitive difficulties which prevent them from using regular vehicular transportation. (FSRR, 2005).

**Case Management:** Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required. (FSRR, 2005).

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

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

**Disease Prevention and Health Promotion Services:** Health risk assessments; routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening; nutritional counseling and educational services for individuals and their primary caregivers; evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls

prevention, physical activity, and improved nutrition; programs regarding physical fitness, group exercise, and music, art, and dance-movement therapy, including programs for multigenerational participation that are provided by an institution of higher education, a local educational agency, as defined in section 1471 of the Elementary and Secondary Education Act of 1965, or a community-based organization; home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment; screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services; educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act; medication management screening and education to prevent incorrect medication and adverse drug reactions; information concerning diagnosis, prevention, treatment, and rehabilitation of diseases, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction; gerontological counseling; and counseling regarding social services and follow-up health services based on any of the services described earlier. (OAA, Sec 102 (12)).

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

**Home-Delivered Meal:** A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by State Units on Aging and/or Area Agencies on Aging and meets all of the requirements of the Older Americans Act and State/Local laws. (FSRR, 2005).

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

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

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

**Nutrition Counseling:** Individualized advice and guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medication use, about options and methods of improving their nutritional status, performed by a registered dietitian or the health professional functioning within their legal scope of practice. (FSRR, 2005).

**Nutrition Education:** A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. (FSRR, 2005).

**Outreach:** Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. (FSRR, 2005).

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

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

**Transportation:** Curb-curb transportation for older persons who require help in getting from one location to another using a vehicle. Does not include any other activity. (FSRR, 2005).

## 2. Services to Caregivers

**Information Services:** A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (FSRR, 2005).

**Access Assistance:** A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (FSRR, 2005).

**Counseling:** Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (or individual caregivers and families). (FSRR, 2005).

**Respite Care:** Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: 1) In-home respite (personal care, homemaker, and other in-home respite); 2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. (FSRR, 2005).

**Supplemental Services:** Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. (FSRR, 2005).

## 3. Facilities

**Multipurpose Senior Center:** A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. (OAA, Sec 102 (33)).

## 4. Special Populations and Definitions Related to Special Populations

**Adult Child with a Disability** means a child who: (A) is 18 years of age or older; (B) is financially dependent on an older individual who is a parent of the child; and (C) has a disability. (OAA, Sec 102 (15)).

**At Risk for Institutional Placement:** With respect to an older individual, that such individual is unable to perform at least two activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility. (OAA, Sec 101 (45)).

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

**Disability:** (Except when such term is used in the phrase “severe disability,” “developmental disabilities,” “physical or mental disability,” “physical and mental disabilities,” or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment. (OAA, Sec 102 (8)).

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

**Abuse:** The willful: (a) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or (b) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (OAA, Sec 102 (13)).

**Exploitation:** The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belonging, or assets. (OAA, Sec 101 (24)).



**Neglect:** (a) the failure to provide for oneself the goods or services that are necessary to avoid physical harm, mental anguish, or mental illness; or (b) the failure of a caregiver to provide the goods or services. (OAA, Sec 102 (34)).

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

**Family Caregiver:** An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. (OAA, Sec 302 (4)).

**Frail:** With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual: (A) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or at the option of the State, is unable to perform at least three such activities without such assistance; or (B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (OAA, Sec 102 (26)).

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

**Greatest Economic Need:** The need resulting from an income level at or below the poverty line. (OAA, Sec 102 (27)).

**Greatest Social Need:** The need caused by non-economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that: (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. (OAA, Sec 102 (28)).

**Impairment in Activities of Daily Living:** The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance,

supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. (FSRR, 2005).

**Impairment in Instrumental Activities of Daily Living:** The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability. (FSRR, 2005).

**Living Alone:** A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes. (FSRR, 2005).

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

**Poverty:** Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes. (FSRR, 2005).

**Rural:** A rural area is any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. (FSRR, 2005).

**Severe Disability:** Severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: is likely to continue indefinitely; and results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8) of the Older Americans Act, as amended. (OAA, Sec 102 (9)).

## 5. Ethnic Groups

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

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America, and who maintains tribal affiliation or community attachment. (FSRR, 2005).

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (FSRR, 2005).

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

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

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

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

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

**Native Hawaiian or Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. (FSRR, 2005).

## 6. Other Definitions

**Aging and Disability Resource Center** means an entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing—  
(A) comprehensive information on the full range of available public and private long-

term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care; (B) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and (C) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs. (OAA, 102 Sec (44)).

**Aging Network:** The network of State agencies, Area Agencies on Aging, Title VI grantees, and the Administration; and organizations that are providers of direct services to older individuals or are institutions of higher education; and receive funding under this act. (OAA, Sec 102 (16)).

**Area Agency on Aging:** An Area Agency on Aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an Area Agency on Aging under section 305(b)(5) of the Older Americans Act. (OAA, Sec 102 (17)).

**Assistive Technology:** Technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations. (OAA, Sec 102 (10)).

**Elder Justice:** Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy. Used with respect to an individual who is an older individual, means the recognition of the individual's rights, including the right to be free of abuse, neglect, and exploitation. (OAA, Sec 102 (47)).

**Long-term care:** Any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service— (A) intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living;

(B) furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and

(C) not furnished to prevent, diagnose, treat, or cure a medical disease or condition. (OAA, Sec 102 (50)).

**Minority Provider:** A provider of services to clients which meets any one of the following criteria: 1) A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below. 2) A private business concern that is at least 51 % owned by individuals in the racial and ethnic categories listed below. 3) A publicly owned business having at least 51% of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below: The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic. (FSRR, 2005).

**Older Americans Act:** An Act to provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designed as the “Administration on Aging”. (Public Law 89-73).

**Planning and Service Area:** An area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A) of the Older Americans Act. (OAA, Sec 102 (37)).

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

**Sources:**

(FSRR) Federal and State Reporting Requirements, 2005.

(OAA) Older Americans Act, as amended, 2006.

## SURVEY

EAD conducted an informal survey to identify the issues and concerns of older adults and caregivers. It was available on-line at the EAD's website and also distributed to service providers in the local aging network, neighborhood organizations, City & County of Honolulu's Department of Park and Recreation's Senior Programs and Clubs and other interested persons.

A total of 603 surveys were completed. The most common response determined the ranking of issues and concerns. The top issues and concerns identified are as follows:

1. Chore/Yardwork
2. Housework/Cleaning
3. Finding information on Long Term Care residence options
4. Planning and preparing for emergencies
5. Transportation (Medical)

Caregivers accounted for about 18% of the total respondents. The top issues and concerns identified are as follows:

1. Housework/Cleaning
2. Chore/Yardwork
3. Finding information on Long Term Care residence options
4. Legal Assistance/Healthcare Directives
5. Planning and preparing for emergencies

Although this was a small sample size and not necessarily representative of the population of Honolulu County, it provides EAD an opportunity in the future to conduct a larger scale, more formal survey to determine and identify the needs of the older adult population. Also to be considered is that trends for needed services may be shifting, therefore, time needs to be spent to determine that.



Take this survey online at:  
[www.surveymonkey.com/s/Q5R9XRP](http://www.surveymonkey.com/s/Q5R9XRP)

City and County of Honolulu, Department of Community Services \*Please complete and return by November 26, 2014

## **Needs Assessment & Community Preferences Survey**

The following survey is intended only for persons living on the island of Oahu. The information gathered will be used in planning a comprehensive and coordinated system of services for older individuals 60 years and older and their caregivers. Some questions are specific only to persons over the age of 60 or persons providing care to others.

1. What is your gender?  Female  Male  Other
  
2. What is your ethnicity? (Please select all that apply.)  
 American Indian or Alaskan Native  
 Asian Indian  Hawaiian  Vietnamese  
 Black or African American  Hispanic or Latin  Other Asian  
 Caucasian or White  Japanese  Other Pacific Islander  
 Chinese  Korean  Prefer not to answer  
 Filipino  Samoan  Other (please specify):
  
3. What is your employment status?  
 Employed full-time  Unemployed  Student  
 Employed part-time  Retired  Other (please specify):
  
4. How many adults live in your household?  
 1  3  5  7 or more  
 2  4  6
  
5. How many children age 17 or younger live in your household?  
 None  2  4  
 1  3  5 or more
  
6. Please enter where you live using your 5-digit ZIP code: \_\_\_\_\_
  
7. What is your age? \_\_\_\_\_
  
8. Are you familiar with the Elderly Affairs Division (EAD)?  Yes  No (If No, skip to **question 12**)
  
9. Where did you first learn about the Elderly Affairs Division (EAD)?  
 Senior Information & Assistance Handbook  Friend or Family  
 TV or Radio show  Medical professional/Doctor/Hospital  
 Internet  Social Service agency/Social Worker  
 Magazine or Newspaper  Other (please specify):
  
10. How many times have you contacted EAD in the past 12 months? \_\_\_\_\_
  
11. What was your reason for contacting EAD?:



# HONOLULU COUNTY 4-YEAR PLAN ON AGING

12. Are you familiar with the Aging and Disability Resource Center (ADRC)?

Yes  No (If No, skip to **question 14**)  Not sure

13. What is your understanding of ADRC?

14. What are the challenges to accessing information and referral services?

15. If you or someone you know needed information on services for older adults, who would you contact?

16. If you or someone you know needed information on services for people with disabilities, who would you contact?

17. Are you 60 years old or older?  Yes  No

(If No, skip to **question 31, CAREGIVER QUESTIONS**)

18. Do you smoke?  Yes  No

19. In a typical week, how many hours do you exercise?: \_\_\_\_\_

20. Do you participate in a health maintenance program?  Yes  No

21. If yes, which program do you participate in?

22. Do you have any of the following chronic conditions? (Check all that apply.)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Persistent/Chronic Pain
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Dementia	<input type="checkbox"/> Stroke-related impairment
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Other (please specify):

23. How many times per week do you participate in clubs or recreation activities for seniors?

none  1  2  3  4  5 or more

24. Where do you go to participate in clubs and recreational activities for seniors?

25. Have you heard of the Retired and Senior Volunteer Program (RSVP)?  Yes  No

26. Do you volunteer in your community?  Yes  No

27. Where do you volunteer?

28. How many hours per week do you volunteer?: \_\_\_\_\_

29. & 30. Please see the attached sheet to rate **YOUR NEEDS AS A SENIOR.**

## CAREGIVER QUESTIONS

31. Do you provide care or assistance to an underage child(minor), an elder, or an impaired or disabled adult at least once a week on a regular basis?

Yes  No (If No, skip to **question 47, COMMUNITY IMPACTS**)

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

Minor Children (17 or younger)  None  1  2  3  4  5 or more

Elders (60 or older)  None  1  2  3  4  5 or more

Persons with Disabilities  None  1  2  3  4  5 or more

33. For the person you provided the most care or help to, what is your relation to that person?

Friend or Neighbor

Grandparent

Spouse/Significant other

Parent

Other family member

Other (please specify)

34. For the person you provided the most care or help to, he/she lives...

(choose the most applicable answer)

Alone

With roommates, strangers, or unfamiliar persons

With me, in my home

In a shelter or transitional housing

With me, in his/her own home

On the street or is homeless

With me, in a rented home

Other (please specify):

With a spouse or significant other

With other family or friends

35. For the person you provided the most care or help to, what is the typical number of hours per week that you provide care/help?: \_\_\_\_\_

36. If you work in addition to providing care or assistance, what is the typical number of hours per week that you work?: \_\_\_\_\_

37. If the person you provide care to receives help from other caregivers, please estimate the total number of hours per week that the person receives: \_\_\_\_\_

38. Please see the attached sheet to rate **YOUR NEEDS AS A CAREGIVER**.

39. Is the person you help or care for 60 years old or older?  Yes  No

(If No, skip to **question 47, COMMUNITY IMPACTS**)

40. Does this older adult smoke?  Yes  No

41. In a typical week, how many hours does this older adult exercise?: \_\_\_\_\_

42. Does this older adult participate in a health maintenance program?  Yes  No

43. If yes, which program does he or she participate in?

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

44. Does the older adult you provide care for have any of the following chronic conditions?
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Arthritis          | <input type="checkbox"/> Persistent/Chronic Pain   |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Dementia           | <input type="checkbox"/> Stroke-related impairment |
| <input type="checkbox"/> High Cholesterol    | <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Other (please specify):   |

45. & 46. Please see the attached sheet to rate the **NEEDS OF YOUR CARE-RECIPIENT WHO IS ELDERLY.**

## **COMMUNITY IMPACTS QUESTIONS**

47. Would you like to see more opportunities for arts and culture in your community?  Yes  No

48. Would you like to live in a mixed use community with easy access to multiple transportation options?  Yes  No

49. What modes of transportation do you use?

- |                              |   |  |
|------------------------------|---|--|
| <input type="checkbox"/> Car | <input type="checkbox"/> Motorcycle/Moped | <input type="checkbox"/> Walking                 |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Bicycle          | <input type="checkbox"/> Other (please specify): |

50. During a typical week, how many times do you walk as a means of transportation?

- |                            |                            |                                    |
|----------------------------|----------------------------|------------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 2 | <input type="checkbox"/> 4         |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 or more |

51. What is the farthest you would be willing to walk if there were more restaurants, services, and recreational activities mixed in your community?

- |   |                                    |                                    |
|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> Less than 1/4 mile | <input type="checkbox"/> 3/4 mile  | <input type="checkbox"/> 2 miles   |
| <input type="checkbox"/> 1/4 mile           | <input type="checkbox"/> 1 mile    | <input type="checkbox"/> 2 + miles |
| <input type="checkbox"/> 1/2 mile           | <input type="checkbox"/> 1.5 miles |                                    |

52. How do you think the rail transit stations will affect communities? What would make the transit stations more accessible to seniors?

53. Do you believe affordable housing should be developed near transit stations?  Yes  No

54. What should the city do to make housing more affordable?

55. How can the city make parks more attractive to more people in the community?

56. Do you think your neighborhood parks are well maintained?  Yes  No  Unsure/Don't know

**Thank you for taking our survey!**

# HONOLULU COUNTY 4-YEAR PLAN ON AGING

Evaluation of YOUR NEEDS AS A SENIOR or Elder

**Question 29.** How much help do you need with the following activities and services?

	Little help needed	Some help needed	Moderate help needed	Much help needed	Substantial help needed
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing/Personal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading/sorting mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housework/cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chore/yardwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meal preparation/cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transferring (such as from bed to wheelchair or wheelchair to chair)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendly visits and phone calls (welfare check and reminders)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing finances/paying bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying for medical bills and medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying for living expenses, such as food and rent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal assistance/Healthcare directives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health treatment or counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to medical appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to grocery shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to social activities and gatherings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for recreation, socialization, and education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for volunteering and serving the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for maintaining health, group exercise, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning and preparing for emergencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding information on Long Term Care residence options:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Homes, Nursing Homes, Adult Foster Homes, Assisted Living Facilities, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home modification for accessibility or structural rehabilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Evaluation of YOUR NEEDS AS A SENIOR or Elder

**Question 30.** Please estimate your level of risk for the following:

	Little risk	Some risk	Moderate risk	High risk	Highest risk
Becoming socially isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming a victim of a scam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse or exploitation from a family member or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse or exploitation from a stranger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury or illness from falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury or illness due to poor self-care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury or illness from refusing treatment or help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# HONOLULU COUNTY 4-YEAR PLAN ON AGING

Evaluation of the NEEDS OF YOUR CARE-RECIPIENT WHO IS ELDERLY

**Question 45.** For the elder you provide care to, how much help does he or she need with the following activities and services

	Little help needed	Some help needed	Moderate help needed	Much help needed	Substantial help needed
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing/Personal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading/sorting mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housework/cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chore/yardwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meal preparation/cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transferring (such as from bed to wheelchair or wheelchair to chair)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendly visits and phone calls (welfare check and reminders)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing finances/paying bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying for medical bills and medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying for living expenses, such as food and rent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal assistance/Healthcare directives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health treatment or counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to medical appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to grocery shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to social activities and gatherings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for recreation, socialization, and education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for volunteering and serving the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for maintaining health, group exercise, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning and preparing for emergencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding information on Long Term Care residence options:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Homes, Nursing Homes, Adult Foster Homes, Assisted Living Facilities, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home modification for accessibility or structural rehabilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Evaluation of YOUR NEEDS AS A CAREGIVER**

**Question 38.** As a caregiver, how much would the following services help your situation or improve your quality of life?

	Little help needed	Some help needed	Moderate help	More help needed	Substantial help
Caregiver Education & Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregiver peer advice and support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling and professional advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite - adult day care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite - in-home care attendant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Evaluation of the NEEDS OF YOUR CARE-RECIPIENT WHO IS ELDERLY**

**Question 46.** For the elder that you care for, please estimate the level of risk for the following:

	Little risk	Some risk	Moderate risk	High risk	Highest risk
Becoming socially isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming a victim of a scam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse or exploitation from a family member or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse or exploitation from a stranger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury or illness from falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury or illness due to poor self-care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury or illness from refusing treatment or help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## ELDERCARE

### Eldercare

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

#### 306(13)(A)

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

#### 306(a)(13)(B)

disclose to the Commissioner and the State agency;

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

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

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

the nature of such contract or such relationship;

#### 306(a)(13)(C)

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

#### 306(a)(13)(D)

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

#### 306(a)(13)(E)



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

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

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

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

CITY COUNCIL  
CITY AND COUNTY OF HONOLULU  
HONOLULU, HAWAII  
CERTIFICATE

**RESOLUTION 15-229**

Introduced: 08/13/15

By: ANN KOBAYASHI (BR)


Committee: BUDGET

Title: RESOLUTION APPROVING THE FOUR-YEAR AREA PLAN ON AGING UNDER THE OLDER AMERICANS ACT OF 1965, AS AMENDED IN 2006, AND AUTHORIZING THE MAYOR OR THE MAYOR'S DESIGNEE TO APPLY FOR STATE AND FEDERAL GRANT FUNDS, AND TO ENTER INTO INTERGOVERNMENTAL AGREEMENTS IN SUPPORT OF THIS PLAN.

Voting Legend: \* = Aye w/Reservations

08/19/15	BUDGET	CR-332 – RESOLUTION REPORTED OUT OF COMMITTEE FOR ADOPTION.
09/02/15	COUNCIL	CR-332 AND RESOLUTION 15-229 WERE ADOPTED. 8 AYES: ANDERSON, ELEFANTE, FUKUNAGA, KOBAYASHI, MANAHAN, MENOR, OZAWA, PINE. 1 ABSENT: MARTIN.

I hereby certify that the above is a true record of action by the Council of the City and County of Honolulu on this RESOLUTION.

  
\_\_\_\_\_  
GLEN TAKAHASHI, CITY CLERK

  
\_\_\_\_\_  
ERNEST Y. MARTIN, CHAIR AND PRESIDING OFFICER