



Elderly Affairs Division
Department of Community Services

Four-Year Area Plan on Aging

October 1, 2019 – September 30, 2023

Planning Service Area Two in the State of Hawaii

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MAYOR

ROY K. AMEMIYA, JR.
MANAGING DIRECTOR

GEORGETTE T. DEEMER
DEPUTY MANAGING DIRECTOR

MESSAGE FROM MAYOR KIRK CALDWELL

Aloha,

I am pleased to present the City and County of Honolulu's Four-Year Area Plan on Aging. With approximately 20 percent of O'ahu's population currently over the age of 60, it is vital that the government and our communities recognize the importance of providing for the specific needs of this population. The Department of Community Services, Elderly Affairs Division, has surveyed residents, service providers, key policymakers, and focus groups in an effort to identify these needs. From this research, the agency has outlined key strategies to address the specific needs of O'ahu's older population and the caregivers that serve them.

The demographics of Hawai'i are like that of no other in the world. Ethnic and cultural diversity has always been a defining characteristic of these islands. However, more recent trends such as the increasing disparity of economic backgrounds, increasing rates of disability among "younger" older adults, and increasing life expectancies for many has resulted in several distinct generations of older adults, all with their own unique challenges. The definition of an older adult is much more dynamic than ever before.

Now, more than ever, collaboration and innovation are needed from the groups, agencies, and providers that serve and advocate for older adults. With older adults now being a part of several generations, it is imperative that the needs and challenges of the aging be understood by persons of all ages. Aging affects all, not only because the young eventually become old, but because everyone interacts with older people. Knowing how to identify and calm an elder with dementia, recognizing the signs of isolation, mental illness, and financial exploitation, or knowing what questions to ask when hospitalized can make all the difference. This is also true when it comes to counseling and support groups, or how to make your own Advance Directive, or perhaps just knowing who to refer to in a situation. Whether it is a grandparent, coworker, or neighbor that is an older adult in need, everyone could benefit from knowing more.

We hope that the data and strategies included in this plan will not only affect the lives of older adults on O'ahu, but everyone who will someday interact with an older adult in their life. It is not enough to know that there are services for elders in need, but to also be aware of how you as an individual can contribute or help an elder that you are concerned about.

Sincerely,

A handwritten signature in black ink, appearing to read "Kirk Caldwell", is written over a horizontal line.

Kirk Caldwell
Mayor

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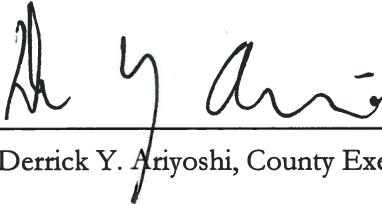
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Verification of Intent

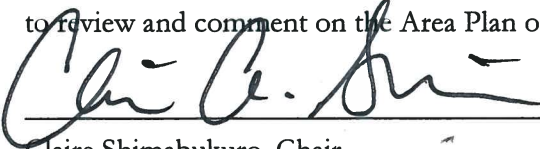
This Area Plan on Aging is hereby submitted for the City and County of Honolulu's Elderly Affairs Division for the period October 1, 2019 – September 30, 2023. It includes all assurances and plans to be followed by the City and County of Honolulu's Elderly Affairs Division under the provisions of the 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 an 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.


_____ Date 8/30/19
Derrick Y. Ariyoshi, County Executive on Aging

The Honolulu Committee on Aging for the City and County of Honolulu has had the opportunity to review and comment on the Area Plan on Aging.


_____ Date 8/30/19
Claire Shimabukuro, Chair
Honolulu Committee on Aging

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


_____ Date 8/30/19
The Honorable Kirk Caldwell, Mayor of the City and County of Honolulu

Executive Summary

Hawai'i has one of the fastest growing elderly populations in the nation, with a growth rate of 26% from 2007 – 2017 (US Census, 2018). The majority of Hawai'i's older adults reside in Honolulu County, roughly 66%, and make up more than one-fourth of the county's population. This has led to increases in older adults who live alone, have incomes below poverty, live in rural areas, and have a disability. In addition, Honolulu County has a higher rate of older adults who are limited English proficient, as compared to the State of Hawaii.

The Elderly Affairs Division (EAD) is a leader relative to all aging issues and is responsible for assessing and understanding the needs of older adults, determining the types and amounts of services that are funded through federal and state funds and monitoring the provision of those services, while evaluating the efficiency and effectiveness of services delivered. The Elderly Affairs Division is within the Department of Community Services of the City and County of Honolulu. EAD has been the designated Area Agency on Aging (AAA) for O'ahu since 1973, and is also the sponsoring agency for Honolulu's Aging and Disability Resource Center (ADRC).

The Four-Year Area Plan on Aging is the blueprint for EAD to create an accessible, age-friendly, person-centered, and caregiver supportive community that encourages active and healthy living across the aging continuum. It also serves as the compliance document which enables the City and County of Honolulu to receive funding from the Administration for Community Living and the State of Hawaii Executive Office on Aging. The plan covers the period of four years, October 1, 2019 – September 30, 2023, and was developed according to the guidance issued by the State of Hawai'i Executive Office on Aging and the five established statewide goals.

1. Aging Well
2. Strategic Partnerships and Alliances
3. Aging and Disability Resource Center
4. Long Term Services and Supports
5. Elder Safety and Justice

The strategies and objectives outlined in the plan are based on the feedback received from community surveys, key informant interviews, focus group respondents, and staff of the EAD, and is best understood in the context of a vision framework formed around the goals outlined by the State of Hawaii's Executive Office on Aging. The vision is that older adults are able to live with dignity, with choice and purpose in an age-friendly environment, and are able to access an array of information and supports that are person-centered, useful and timely along the aging continuum. In addition to working on the already established programs under the Older Americans Act and those funded by the state, EAD will be focusing on the following areas of concern and opportunities in the next four years:

- Collaborate with public and private agencies to develop additional housing options, nutrition programs, financial literacy programs, respite options, and access to affordable health care options.
- Explore and pilot different type(s) of service delivery models to meet the needs of older adults and combat loneliness, such as village concept, and intergenerational models.
- Coordinate with agencies that EAD is not currently engaged with to increase the options available to seniors.
- Re-evaluate and incorporate community feedback on how EAD authorized services are targeted and prioritized, especially for services with waitlists.
- Increase public education and awareness of EAD and the ADRC as a resource for information, assistance and access to long term services and supports.
- Collaborate with interested partners to develop a coordinated advocacy effort, based on the needs of older adults and caregivers in our community.

EAD is committed to administering the programs, and its relative funding, in accordance with the Older Americans Act, Administration for Community Living, and State of Hawaii Executive Office on Aging, and the City and County of Honolulu.

Introduction

Orientation to the Area Plan on Aging

The Four-Year Area Plan on Aging provides a framework by which the Elderly Affairs Division will create an accessible, age-friendly, person-centered, caregiver supportive community that encourages active 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 to be achieved between 2019 and 2023.

This Area Plan is a document submitted by the Area Agency on Aging to the Executive Office on Aging in compliance with the Older American's Act and for the receipt of sub-grants or contracts from the Executive Office on Aging'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, 2019 to September 30, 2023.

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 Hawai'i's greatest challenges for the aging population.

GOAL 3: Aging and Disability Resource Center (ADRC)

Develop a Statewide ADRC system for Kūpuna and their 'Ohana to access and receive long term support services 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: Elder Safety and Justice

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

Overview of the Aging Network

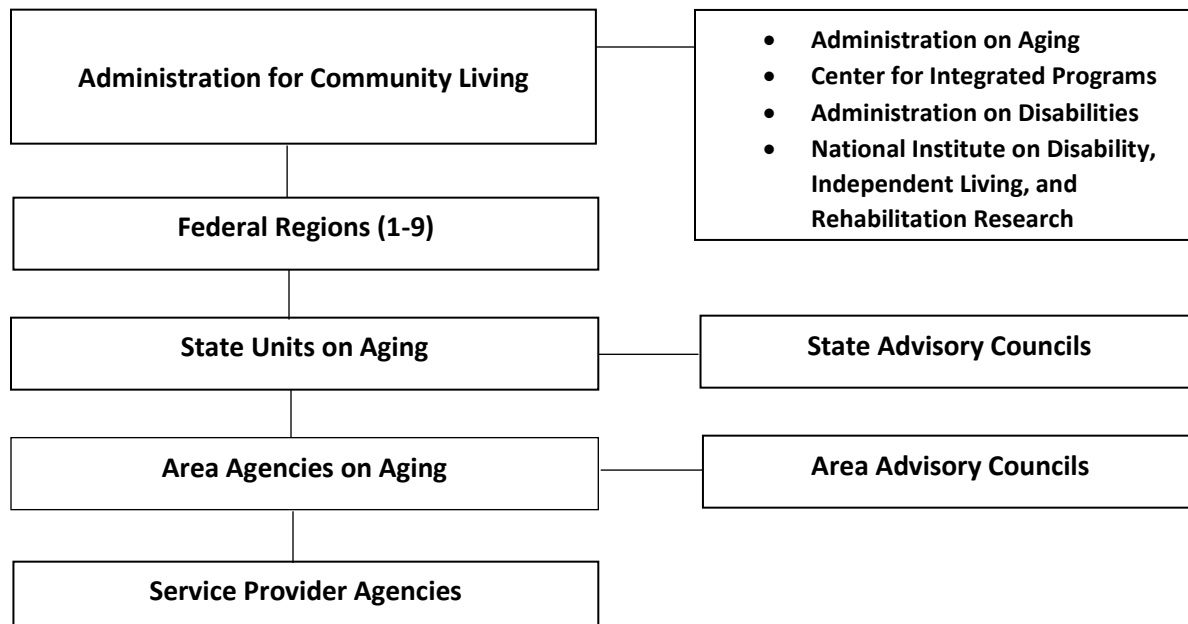
The Older Americans Act, passed by Congress in 1965, established a social and nutrition services program for America’s older adults. State and Area Offices on Aging were also established and a nationwide “Aging Network” was created. The purpose of this “Network” is to assist older adults to meet their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

The Federal Administration for Community Living (ACL) provides leadership, expertise and framework on program development, advocacy and initiatives affecting older adults, persons with disabilities, their families and caregivers. The Administration on Aging is a unit within ACL, and they work closely with the regional offices, state and area agencies on aging, tribal grantees and community service providers, to plan, manage, develop and raise awareness of comprehensive and coordinated systems of long-term services and supports that enable older adults to maintain their health and independence in their homes and communities.

The ACL awards Older Americans Act (OAA) funding for nutrition and supportive in-home and community-based services for disease prevention and health promotion, elder rights, and the National Family Caregiver Support Program. The State of Hawaii’s Executive Office on Aging works closely with the City and County of Honolulu’s Elderly Affairs Division (EAD) to administer the OAA funds.

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

National Aging Network on Aging



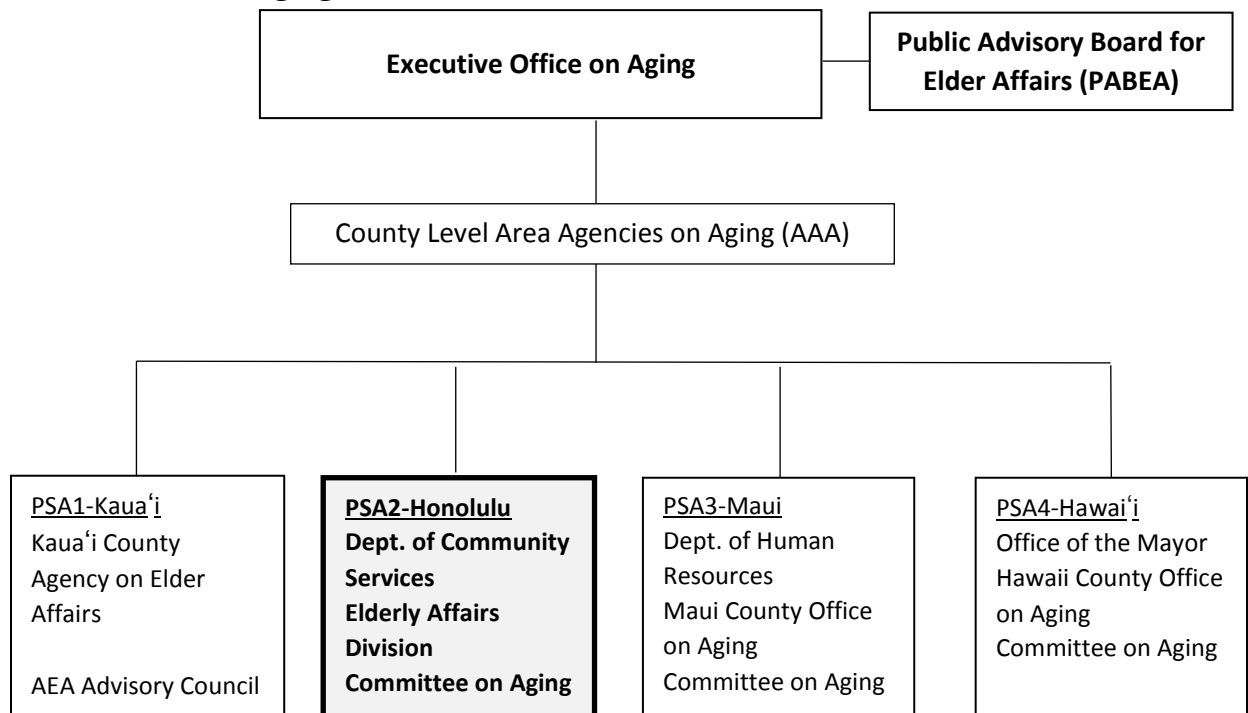
The Executive Office on Aging is the designated State Unit on Aging, and lead agency in the Aging Network, representing the State level. The 2016 reauthorization of the Older Americans Act requires all State Units on Aging to plan for and offer leadership to the State and local levels in order to coordinate a statewide system to increase access and delivery of in-home and community-based services to older adults, and their caregivers.

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.

As part of their function, the Executive Office on Aging has delineated the State into distinct planning and service areas for purposes of local level planning, development, delivery and overall administration of funding and services. The state has, therefore, designated each of the Counties of the State – namely, Kaua‘i, Honolulu, Maui, and Hawai‘i – as planning and service areas. Kalawao County, on the island of Moloka‘i, 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 which assists the Executive Office on Aging by:

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

The Area Agency on Aging 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 Aging Network for the City and County of Honolulu's planning and service area representing the entire island of O'ahu.

Organizational Structure

Overview of the Elderly Affairs Division

The Elderly Affairs Division (EAD) is within the Department of Community Services of the City and County of Honolulu. EAD has been the designated Area Agency on Aging (AAA) for O‘ahu since 1973 and is also the sponsoring agency for Honolulu’s Aging and Disability Resource Center (ADRC), the single point of entry for individuals to access long-term services and supports, and is responsible to perform intakes, options counseling, assessments, eligibility determination, support planning, case management and authorizing services.

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.

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

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

The Information and Assistance Section of EAD offers the following:

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

To carry out its mission, the Elderly Affairs Division implements activities defined in the Older Americans Act, as reauthorized in 2016, specifically those listed in section 306(a)(6)(A-S) and 306(a)(13)(A). These activities are listed in Appendices – Assurances – General and Program Specific Provisions and Assurances.

Advisory Council

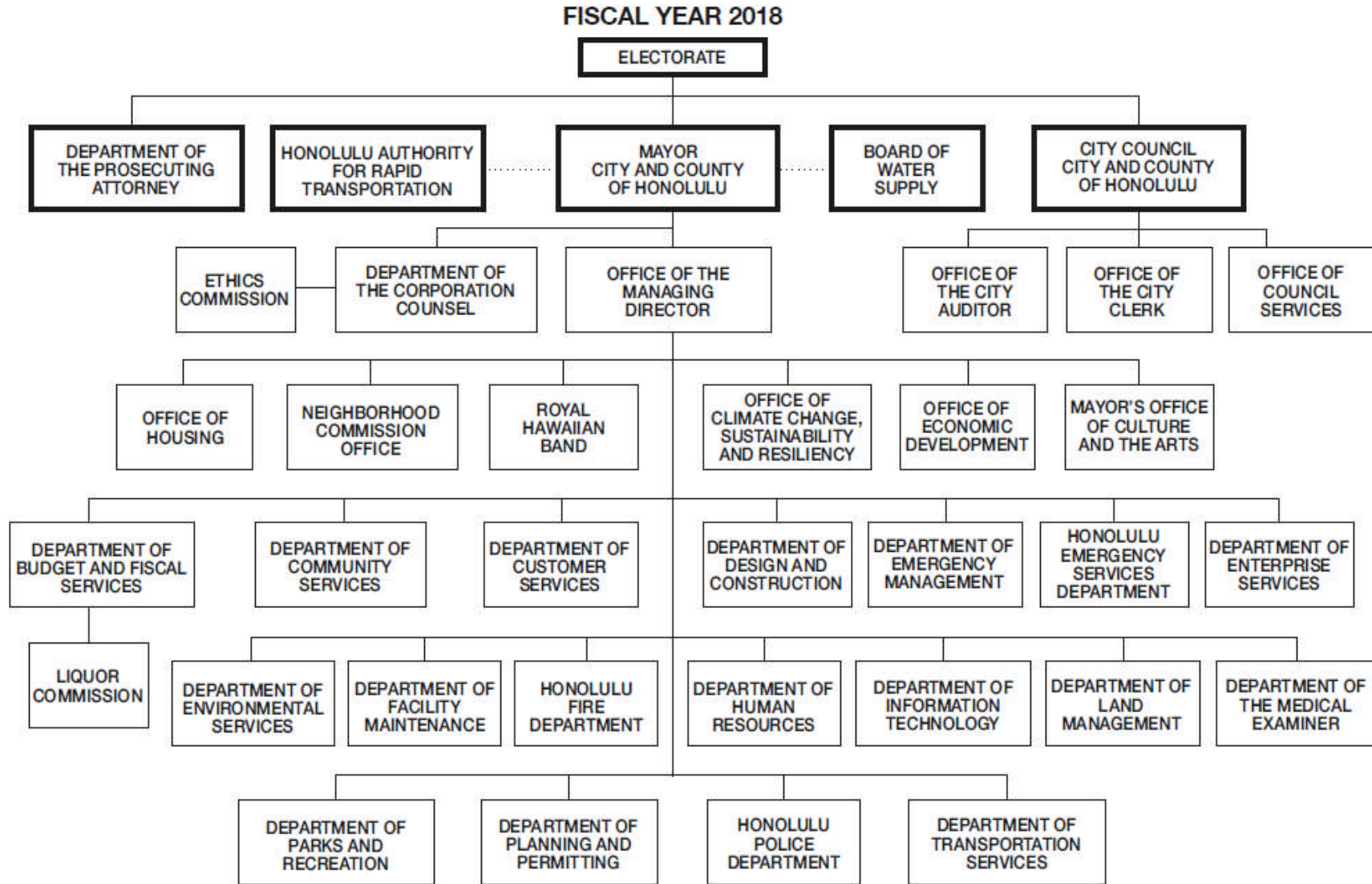
Each Area Agency on Aging establishes an advisory council to advise the agency on the development, administration, and operations conducted under the Area Plan, as a requirement of the Older Americans Act 306(a)(6)(D). Members are appointed by the Mayor of the City and County of Honolulu, “to advise continuously the 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 the Honolulu Committee on Aging are:

1. To advise the Mayor on matters pertaining to older adults in the City and County of Honolulu.
2. To advise the Elderly Affairs Division on all matters relating to the development, administration, and implementation of its area plan.
3. To endeavor for 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 the Elderly Affairs Division, 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 the Honolulu Committee on Aging.
7. To assist in the studies, programs, and initiatives of the Elderly Affairs Division.

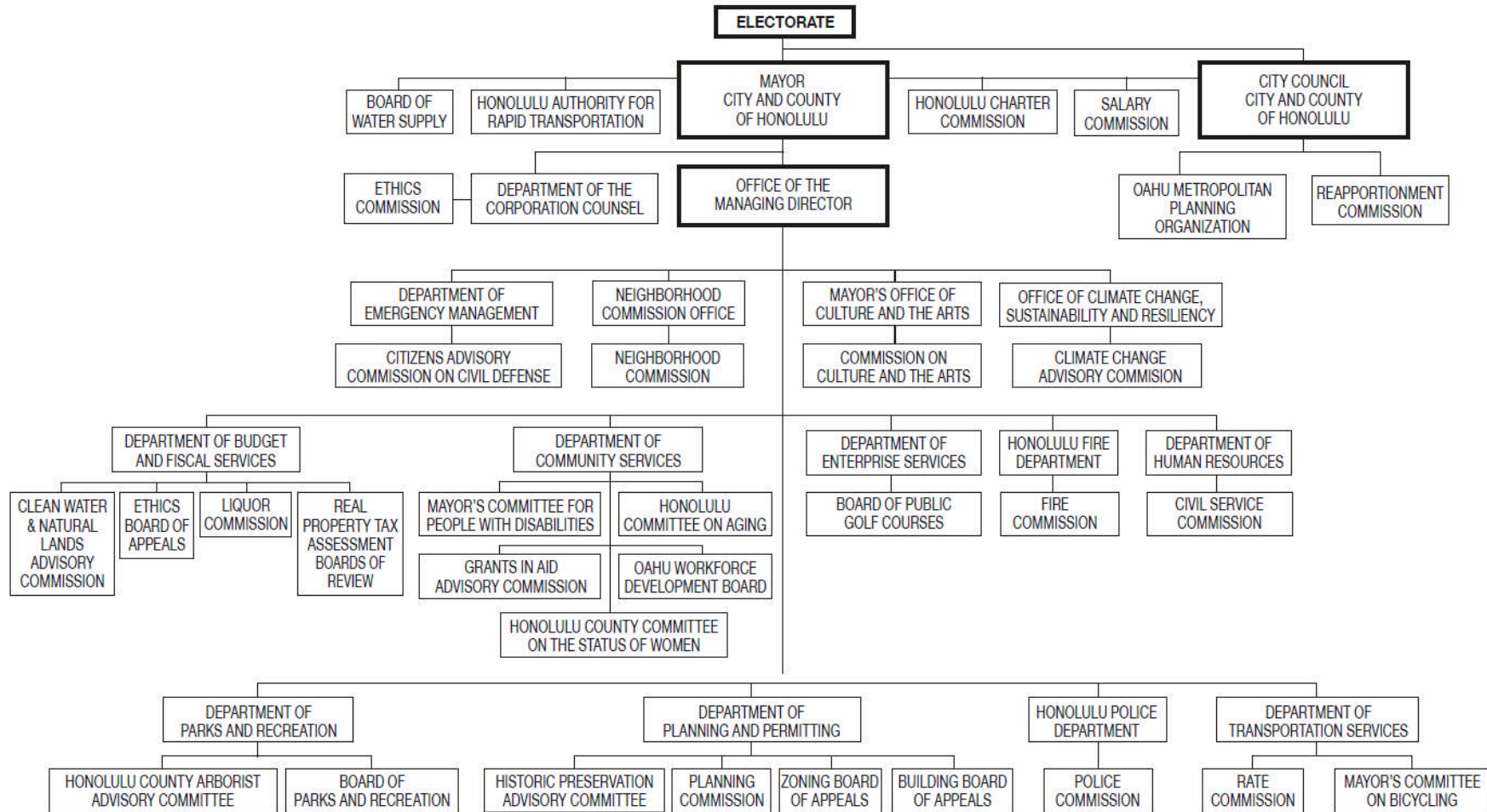
To otherwise serve as the local advisory council for the Elderly Affairs Division, as the Area Agency on Aging, in accordance with the federal regulations of the Older Americans Act of 1965, as amended.

City and County of Honolulu Organizational Chart

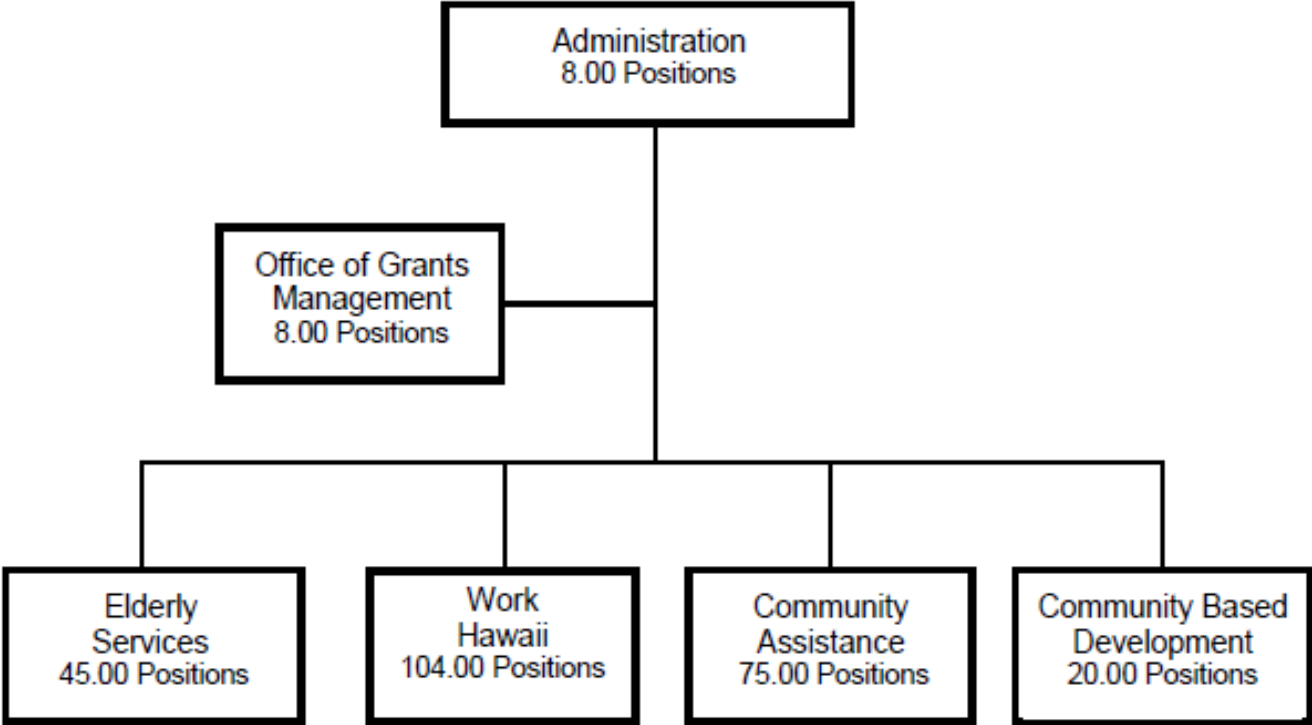


City and County of Honolulu Boards, Commissions, and Advisory Bodies

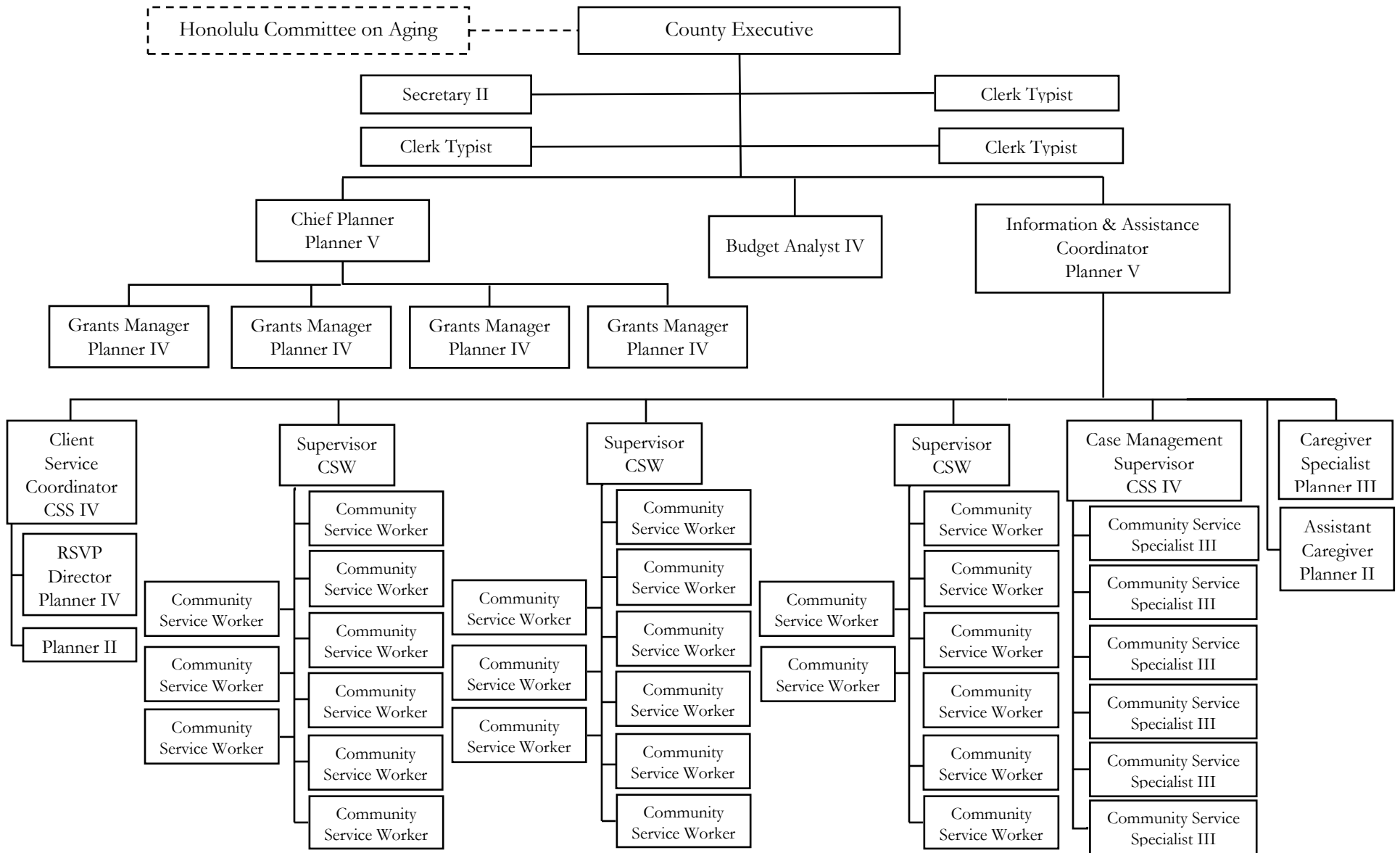
FISCAL YEAR 2018



City and County of Honolulu Department of Community Services



City and County of Honolulu Elderly Affairs Division



Local Aging Network

This chart outlines the service provider agencies that had a contract with the Elderly Affairs Division in state fiscal year 2018 (July 1, 2017 – June 30, 2018).

City and County of Honolulu – Elderly Affairs Division

SENIOR CENTERS

Catholic Charities Hawaii
(Lanakila Multi-Purpose Senior Center)
Mo`ili`ili Community Center

CASE MANAGEMENT

Child and Family Service

TRANSPORTATION

Catholic Charities Hawaii
Kokua Kalihi Valley

MEALS

Keiki to Kupuna
Lanakila Pacific
(Lanakila Meals On Wheels)
Hawaii Meals On Wheels
Palolo Chinese Home

HEALTH MAINTENANCE

Child & Family Service
(Honolulu Gerontology Program)
Kokua Kalihi Valley
(Elderly Care Program)

ADULT DAY CARE

Arcadia Elder Services
Franciscan Care
Hale Hauoli Hawaii
Hawaii Health Systems Corporation
Kahala Senior Living
Lunalilo Home
Malama Adult Day Care Center
Palolo Chinese Home
The Salvation Army
Seagull Schools
Windward Seniors Day Care

REACH PROGRAM

Child and Family Service

COUNSELING

Catholic Charities Hawaii
(Lanakila Multi-Purpose Senior Center)
Kokua Kalihi Valley
(Elderly Care Program)
Mo`ili`ili Community Center

LEGAL ASSISTANCE

University of Hawaii Elder Law Program

CAREGIVER SUPPORT

Alzheimer's Association Aloha Chapter
Child & Family Service
(Honolulu Gerontology Program)
Hawaii Family Services, Inc.
Kokua Kalihi Valley
(Elderly Care Program)
Project Dana
University of Hawaii Elder Law Program

IN-HOME SERVICES

Franciscan Care
Hookele Care at Home
Kokua Kalihi Valley
(Elderly Care Program)
Lanakila Pacific
(Workforce Resources)
St. Francis Community Health Services
Waikiki Health Center
(Waikiki Friendly Neighbors Program)

HOUSING ASSISTANCE

Catholic Charities Hawaii
WorkHawaii

Planning Process

For over thirty years, the Elderly Affairs Division, the designated Area Agency on Aging for the City and County of Honolulu, has been charged with the design and delivery of a coordinated system for home and community based services. Meaning it is responsible for assessing the needs of the community's older adult and caregiver population, in order to determine the types and amounts of services to be offered, and to continually evaluate the effectiveness of the overall system and services.

Purpose

The purpose of this planning process is to determine the needs of older adults, their families and caregivers, while being inclusive of our diverse community and using a variety of quantitative and qualitative methods. The information collected from our community will be the driving force for the Area Plan, and provide the blueprint to develop appropriate strategies for the Elderly Affairs Division and Aging Network.

Process and Timeline

The Elderly Affairs Division established a planning timeline and work plan to plan and develop the Area Plan, and was in alignment with the State Executive Office on Aging – State Plan timeline beginning July 2018.

- Planning meetings, coordinated by the Executive Office on Aging, addressed topics such as the overall planning process, data resources, uniformity of statewide goals, and review.
- Preliminary data collection and analysis of federal, state and local secondary data sources, such as the U.S. Census, State of Hawaii Behavioral Risk Factor Surveillance System, Department of Business, Economic and Tourism Development, the Administration on Aging, Elderly Affairs Division – WellSky database, etc.
- Development of needs assessment methodology, and focus group and survey tools.
- Surveys were planned, coordinated and conducted, to gather information from older adults, caregivers, community organizations and advocates, and policy makers.
- Focus groups were coordinated and conducted with a variety of age group and language communities and caregivers.
- Key informant interviews were conducted with community organizations, advocates and policy makers.
- Public hearing notices and request for written comments.

Social Ecological Model

The Elderly Affairs Division adopted and utilized the Social Ecological Model as a framework through the planning process. It is a method to understand the complex and interactive effects of personal and environmental factors that impact an individual's behaviors, and for identifying ways

an organization can affect behavioral change on the various factors and influences on an individual or community.

There are five nested levels that influence individual behavior;



- **Individual:** Characteristics of an individual that influence behavior change, such as knowledge, attitudes, and behavior.
- **Interpersonal:** Formal and informal social networks and support systems that can influence individual behaviors, including family, friends, caregivers, peers, traditions, etc.
- **Community:** Relationships among organizations, institutions, such as built environment, associations, and businesses.
- **Organizational:** Organizations or social institutions with rules and regulations for operations that affect how or how well services are provided to a group, including older adults and caregivers.
- **Policy/Enabling Environment:** Local, state, national and global laws and policies, including those that allocate resources, restrictive policies, or lack of policies.

Public Hearings and Request for Comments

Notice of public hearing and request for comments was advertised March 1, 2019, inviting the public to provide comments on the proposed Area Plan on Aging through oral or written testimony.

A total of five public hearings were held on the following dates, times and locations:

Monday, March 18, 2019

9:30am – 10:30am

Wai‘anae District Park

85-601 Farrington Highway, Wai‘anae, O‘ahu

Tuesday, March 19, 2019

9:30am – 10:30am

Pearl City District Park

785 Ho‘oma‘ema‘e Street, Pearl City, O‘ahu

Thursday, March 21, 2019

9:30am – 10:30am

Kīlauea District Park

4109 Kīlauea Avenue, Honolulu, O‘ahu

Friday, March 22, 2019

9:30am – 10:30am

Asing Community Park

91-1450 Renton Road, ‘Ewa Beach, O‘ahu

Wednesday, March 27, 2019

9:30am – 10:30am

Kāne‘ohe District Park

45-660 Kea‘ahala Road, Kāne‘ohe, O‘ahu

An electronic version of the proposed Area Plan on Aging was posted on the Elderly Affairs Division website at www.elderlyaffairs.com, and a hardcopy version was made available for review at the Elderly Affairs Division office located at Kāpalama Hale beginning March 1, 2019. The Elderly Affairs Division accepted written and oral comments until 4:30pm on March 31, 2019.

Overview of the Older Adult and Caregiver Population

Population Growth and Life Expectancy

The trends of the aged are changing drastically and quickly. During the period between 2010 and 2030, the United States will see its greatest increase in older adults, at 75%. This is due to the baby-boomer generation – persons born between 1946 and 1964 – becoming of age and qualifying for social security and services, under the Older Americans Act. In addition, the “oldest-old” – persons age 85 years and older – is the fastest growing age group in the country. It is expected to double in size by the year 2025, and quadruple by 2050 (Mui, 2009). These trends will continue to have an impact on how the Aging Network plans for programs and services supported by the Administration for Community Living and the State Executive Office on Aging.

Hawai‘i has one of the fastest growing elderly populations in the country. Between 2000 and 2010, the number of persons aged 60 years and older, increased by 27%, where only a 19% increase nationwide. However, of the last ten years (2007 – 2017) the growth rate difference has started to level out, as both the US and Hawai‘i had a 26% increase in their elderly population. Currently in the state of Hawaii, nearly one in four people are age 60 years and older.

**Table 6.1:
Older Population – Hawai‘i v. Honolulu County (Percent Change)**

	Hawai‘i			Honolulu County		
	2007	2017	% Change	2007	2017	% Change
Total Population (All Ages)	1,283,388	1,427,538	10.0	905,601	988,650	8.0
Number of Residents						
60 years and over	251,544	342,034	26.0	181,120	225,537	20.0
65 years and over	184,808	256,750	27.0	134,028	170,688	21.0
85 years and over	26,951	36,527	26.0	19,923	28,345	30.0
Percent (%) of Residents						
60 years and over	19.6	24.0	--	20.0	22.8	--
65 years and over	14.4	17.8	--	14.8	20.6	--
85 years and over	2.1	2.6	--	2.2	2.9	--

(US Census, 2018)

The majority of older adults live in Honolulu County, roughly 66%, and make up more than one-fourth of Honolulu County’s total population. Between 2007 and 2017, as depicted in Table 6.1, the elderly population in Honolulu County continued to grow at a faster rate relative to the overall total population. The same table shows that the “oldest-old” age group saw the largest population rate increase at 30%, while the same population group grew only 26% in Hawai‘i and 18% nationally. More than 77% of the Hawai‘i’s “oldest-old” age group resides in Honolulu County. According to

the Department of Business, Economic Development and Tourism, the aging population will continue to have an annual growth rate of 3.3%, until 2030 (DBEDT, 2018).

Life Expectancy

From 1910, the life expectancy in the United States has consistently increased from 50 to 78.7, nearly 30 year (Hawaii Health Information Corporation, 2006). Around 1940 – 1950 is when Hawai‘i surpassed the national life expectancy. Most recent data in Table 6.2 shows Hawai‘i’s life expectancy was 82.4 years – 3.7 years over the national life expectancy of 78.7. Following the national trend, women in Hawai‘i tend to live longer than men; it is estimated that women live nearly six and a half years longer.

Year	Caucasian	Chinese	Filipino	Hawaiian	Japanese	Total
1950	69.2	69.7	69.1	62.5	72.6	69.5
1960	72.8	74.1	71.5	64.6	75.7	72.4
1970	73.2	76.1	72.6	67.6	77.4	74.2
1980	75.8	81.7	79.3	71.8	80.9	77.9
1990	75.5	82.9	78.9	74.3	82.1	78.9
2000	79.0	86.1	80.9	74.3	82.8	80.5
2010	80.6	87.7	84.3	76.6	84.7	82.4
Male	78.3	85.3	80.8	73.9	81.2	79.2
Female	83.4	90.0	88.1	79.4	88.0	85.6

(Wu et. Al, 2017)

As depicted in Table 6.2, the average life expectancy also differs among ethnicities in Hawai‘i. The most recent data shows that Chinese and Japanese live the longest, 87.7 and 84.7 years respectively, while Native Hawaiians have the lowest life expectancy at 76.6 years. In addition, Honolulu County has the longest life expectancy, with women and men living until 84.1 and 78.6 respectively (Institute for Health Metrics and Evaluation, 2018).

Population Projections

Research states that there are several reasons for this drastic increase in older adults, some of which include 1) advances in the medical field, 2) high fertility rates in the past (baby-boomer generation), 3) decrease in present fertility rates, and 4) increased out-migration of younger people with an increase in-migration of older people (Mui, 2009). With increasing longevity, the older adult population is projected to continue increasing. Table 6.3 shows that between 2010 and 2045, Honolulu County’s older adults aged 60 years and older will increase roughly 40%, and the age group of “oldest-old”, aged 85 years and above, will increase 67%.

Table 6.3: Population Projection of Older Adults, 2010 - 2045				
	% of Residents aged 60+		% of Residents aged 85+	
	Hawai'i	Honolulu County	Hawai'i	Honolulu County
2010	20.6	20.4	2.3	2.4
2020	25.3	24.2	2.9	3.0
2030	27.9	27.1	3.6	3.7
2040	28.8	28.6	5.5	5.7
2045	29.3	29.5	6.5	6.4

(Department of Business, Economic Development and Tourism, 2018)

Generational Differences

Planning for aging has become more difficult trying to balance the needs of multiple generations. Generations are broad generalizations based on an individual's age and the year they were born. It's assumed that as a collective, those born around the same time would have similar likes, dislikes, beliefs, and attributes because they have had collective experiences, therefore similar ideals. The Baby Boomer generation, those born between 1946 – 1964 started hitting retirement age in 2006, and it has started to change the way the Aging Network plans and approaches programming for older adults. As compared to their predecessors – the GI (1901 – 1924) and Silent Generation (1925 – 1945), the Baby Boomer generation want to have purpose, value individual choice, and tend to be more outspoken about what it is they want and expect. This is said to be due to the opportunities they had, as compared to their parents (Grundy et. al, 2006).

Health Care Costs

The rapidly growing older adult population has led to increased health care expenditures. Between 2002 and 2010, personal health care spending for older adults increased to \$744 billion in 2010, a 6% increase. For the period 2008 – 2010, “spending increased an average of 5% for older working-age adults, which was 1.6 times faster than the spending growth rate for younger working-age adults” (Lassman et. al., 2014). According to the Center for Medicare and Medicaid Services (2012), this upward trend is anticipated to continue as the baby boomer generation hits the retirement age of 65, and increased life expectancy rates.

Older Adult Demographic Outlook

Ethnic Composition

In comparison to the nation, Hawai'i is more ethnically diverse. As shown in Table 6.4, Asian Americans continue to represent the largest race category in Hawai'i, with an even larger proportion living in Honolulu County. According to the US Census, this group is primarily comprised of Chinese, Japanese, Filipino, Korean, and Vietnamese.

Table 6.4: Race and Ethnicity of Older Adult Population (in Percent), 60+ Years			
	US	Hawai'i	Honolulu County
White	82.8	28.4	19.7
Black and African American	9.4	0.6	0.7
American Indian/Alaska Native	0.6	0.2	0.1
Asian	4.2	53.0	62.3
Chinese	1.0	6.7	--
Japanese	0.3	27.4	--
Filipino	0.8	14.6	--
Korean	0.4	2.4	--
Native Hawaiian and other Pacific Islander	0.1	6.3	5.9
Other race	1.8	0.5	0.4
Two or more races	1.1	11.1	11.0

(US Census – ACS 2017, 2018)

Language Barriers

A limited English proficient person is an individual who does not speak English as their primary language, and who has a limited ability to read, speak, write or understand English. Limited English proficiency has a negative effect on older adults, and can severely impair access to health care and social services, and ultimately impact health status. It can also lead to lower participation in community engagement, volunteerism, employment and racial discrimination; therefore, older adults with limited English proficiency are more likely to have a poorer quality of life (NAPCA, 2017).

Table 6.5: Limited English Proficiency Percentage of Older Adults, 60+ Years			
	US	Hawai'i	Honolulu County
Speaks English Less Than “Very Well”	8.7%	17.5%	21.0%

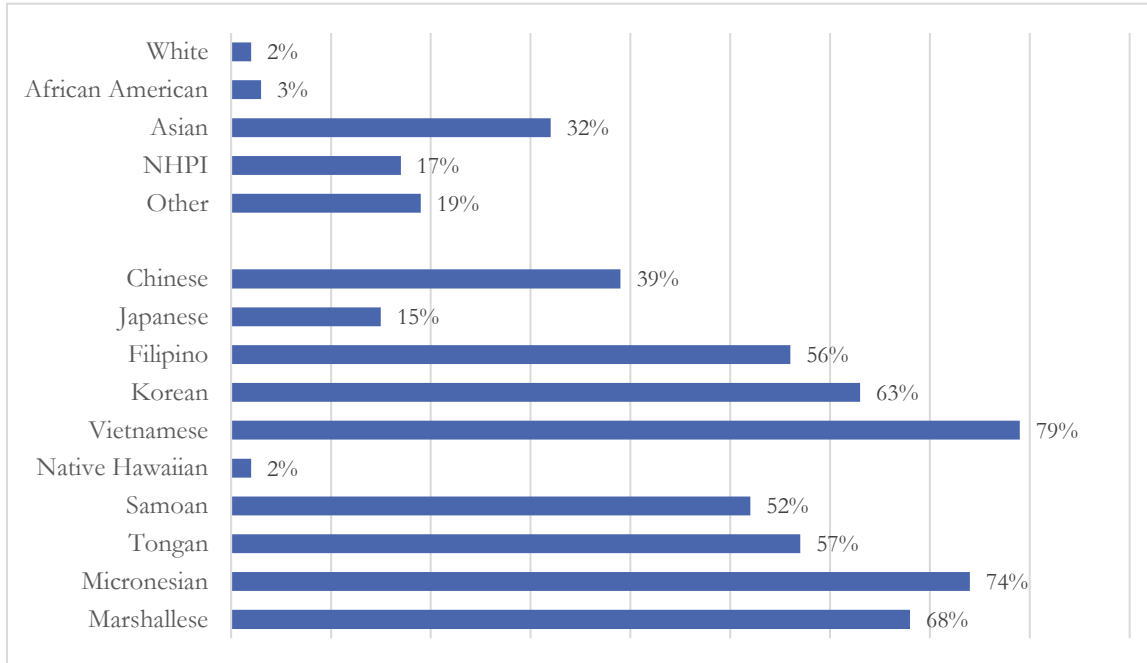
(US Census – ACS 2017, 2018)

As shown in Table 6.5, Honolulu has a higher rate of older adults who speak English less than “very well”, than the state of Hawaii. The Asian population, as a whole, has a higher proportion of older adults who have limited English proficiency. Of the Asian ethnic sub-groups, as seen in Figure 6.1, Vietnamese and Korean older adults have a higher rate of limited English proficiency, with 79% and 63% respectively. Of the Native Hawaiian and Pacific Islander ethnic sub-groups, the Micronesian

and Marshallese older adults have a higher rate of limited English proficiency, 74% and 68% respectively.

Figure 6.1:

Honolulu County Limited English Proficiency Rates for Older Adults, 65+ Years



(US Census – ACS 2017, 2018)

Low Income

Between 2010 and 2017, Honolulu County saw a 30% increase of older adults, 60 years and older, who are living below poverty.

Table 6.6: Honolulu County Poverty Levels of Older Adults, 60+ Years		
	Honolulu County	
	2010	2017
60+ Population	184,578	212,615
60+ Below Poverty	13,105	16,796
% of 60+ Below Poverty	7.1	7.9

(US Census – ACS 2010 - 2017, 2018)

Living Alone

Between 2010 and 2017, Honolulu County saw an increase of 17.6% of older adults, 60 years and older, who are living alone.

Table 6.7: Honolulu County Lives Alone Levels of Older Adults, 60+ Years		
	Honolulu County	
	2010	2017
60+ Population	184,578	212,615
Population Lives Alone	55,189	66,974
% Lives Alone	29.9	31.5

(US Census – ACS 2010 – 2017, 2018)

Rural

Persons living in a rural area are considered geographically isolated. The U.S. Census definition of “rural” is “not urban”. As shown in Table 6.8, Hawai‘i saw a 7.3% increase of older adults, 65 years and older, living in rural areas between 2009 and 2017. Unfortunately the Census does not provide additional datasets of older adults and rural areas, particularly those living in Honolulu County.

Table 6.8: Hawai‘i Percent of Rural Population, 65+ Years		
	2009	2017
Rural	12.0%	19.3%

* 2007 data on Rural Population was unavailable from the US Census. Earliest data available was 2009.

(US Census – ACS 2009 – 2017)

Disabilities

Between 2012 and 2017, Honolulu County saw an 11% increase in the number of older adults, 60 years and older, who are living with a disability.

Table 6.9: Honolulu County Non-Institutionalized Older Adults with any Disability, 60+ Years		
	Honolulu County	
	2012*	2017
60+ Population	195,263	212,615
With any Disability	55,259	62,084
% With any Disability	28.3	29.2

* 2010 data on Disability Status was unavailable from the US Census. Earliest data available was 2012.

(US Census – ACS 2012 – 2017, 2018)

Causes of Death

For the years 2001 – 2015, Table 6.10 shows that heart disease continues to be the leading cause of death among older adults, 60 years and older, followed by cancer and influenza/pneumonia respectively. However for older adults, between 60 and 74 years of age, diabetes outranked influenza/pneumonia, and for those age 75 and above, Alzheimer’s Disease ranked as the 4th highest leading cause of death.

**Table 6.10:
Leading Cause of Death in Hawai‘i for Older Adults - 2001 – 2015, 60+ Years**

Cause of Death	<i>Age 60+</i>	Age 60 – 74	Age 75+
Cardio Vascular Disease	<i>2,920</i>	737	2,183
Cancer	<i>1,751</i>	689	1,062
Influenza/Pneumonia	<i>458</i>	87	371
Accidents (Unintentional)	<i>215</i>	73	142
Alzheimer’s Disease	<i>323</i>	<i>Not Rated</i>	323
Chronic Lower Respiratory Disease	<i>281</i>	87	194
Diabetes	<i>223</i>	91	132
Intentional Self-Harm (Suicide)	<i>34</i>	34	<i>Not Rated</i>

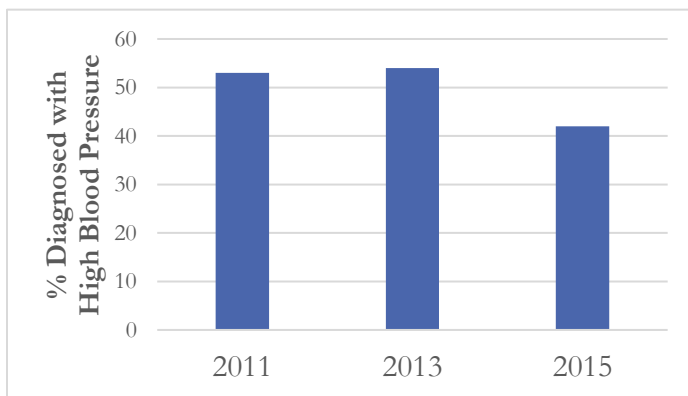
(Hawai‘i Health Data Warehouse, 2017)

Health Status

Although the leading cause of death for Hawai‘i’s older adults continues to be heart disease, they have improved their health status between the years of 2011 and 2015. According to Hawai‘i’s Behavioral Risk Factor Surveillance System, as seen in Figures 6.2 and 6.3, the proportion of older adults diagnosed with high blood pressure and diabetes has gone down. In addition, the percent of older adults who received their pneumonia vaccine increased by 4%. However, between 2013 and 2015, the percent of older adults who got their flu shot in 2015 decreased by nearly 10%.

Figure 6.2:

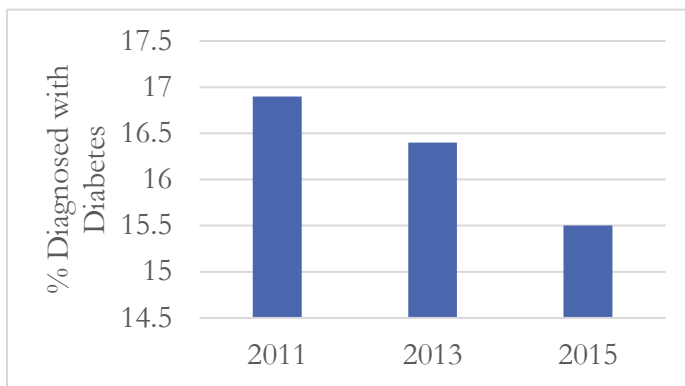
Hawai‘i - Older Adults with High Blood Pressure, 65+ Years



(Hawaii Department of Health – Behavioral Risk Factor Surveillance System, 2015)

Figure 6.3:

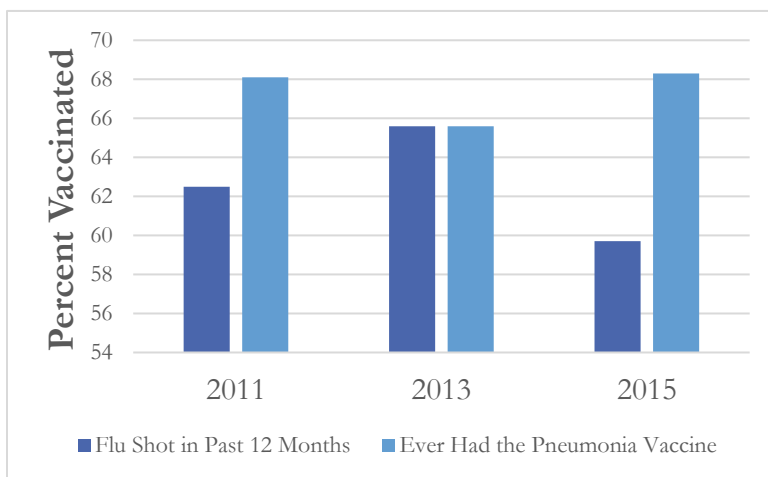
Hawai'i - Older Adults with Diabetes, 65+ Years



(Hawaii Department of Health – Behavioral Risk Factor Surveillance System, 2015)

Figure 6.4:

Hawai'i - Percent of Older Adults who Received Vaccines



(Hawaii Department of Health – Behavioral Risk Factor Surveillance System, 2015)

Caregiver Demographic Outlook

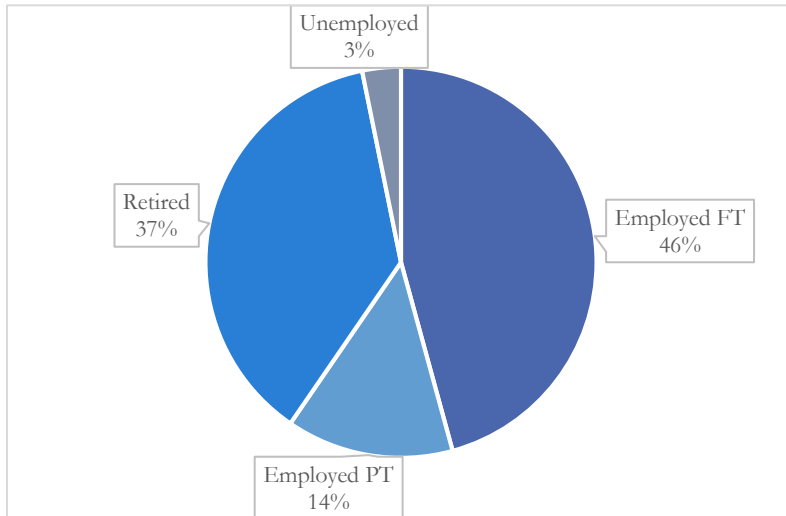
Family caregivers, sometimes referred to as informal caregivers, are those individuals who provide regular care or assistance, unpaid, to a family member or friend, who is 60 years of age or older. There are approximately 34.2 million family caregivers across the country, where 15.7 million are caring for someone diagnosed with Alzheimer's Disease or related disorder. The value of care from these informal caregivers is estimated to be approximately \$470 billion, and \$217.7 billion respectively.

According to AARP (2015), there were approximately 154,000 Hawai'i caregivers, providing 144 million hours of informal care valued at \$2.1 billion. Caring for a loved one is a role that is culturally revered, but can also be stressful and have unintended consequences. Approximately half of Hawai'i's caregivers reported feeling emotionally stressed trying to balance their family, caregiving and work. As seen in Figure 6.5, of the caregivers surveyed by AARP, 60% were employed either

full-time or part-time. The survey also indicated that nearly three-fourths of caregivers alter their work schedules or take time off to care for their loved one, and one-fourth reported having to reduce their hours or leave the workforce completely (AARP, 2014).

Figure 6.5:

Hawai'i – Work Status of Caregivers



(AARP, 2014)

Honolulu County Caregivers

The Elderly Affairs Division conducted its own survey of caregivers residing on the island of O‘ahu. According to EAD’s survey, the typical caregiver residing in Honolulu is a Japanese female, who is 65 years and older, retired, living in urban Honolulu with their parent (care recipient) and has been assisting with grocery shopping, meal preparation, transportation, housework/chores, and managing medication and finances, for the last three to five years. Almost all caregivers surveyed felt that it was important for their loved one to be able to remain at home to age in place.

Grandparents Living with and Responsible For Grandchildren

There is also a sub-group of older adults who are responsible for raising grandchildren, or children age 18 or below. Hawai'i has a large percent of grandparents living with grandchildren, than compared to the nation. According to the US Census (2018), as seen in Table 6.11, the prevalence of grandparents and grandchildren living under the same roof is more than twice as high in Honolulu County than the nation.

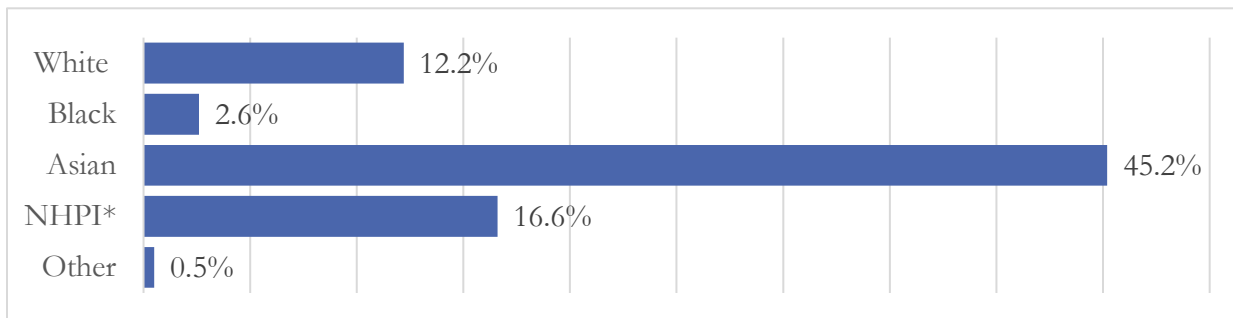
Table 6.11: Living with and Responsible for Grandchildren Percentages, 60+ Years			
	US	Hawai'i	Honolulu County
% Living w/ Grandchildren	5.5	11.4	12.4
% Responsible for Grandchildren	1.6	2.0	1.9

(US Census – ACS 2017, 2018)

In Honolulu County, Asian Americans and Pacific Islanders are more likely to be grandparents living with their grandchildren than other ethnic groups. Figure 6.6 shows the disaggregated race data of the 1.9% of older adults who are responsible for a child under the age of 18 in Honolulu County.

Figure 6.6:

Honolulu County - Percent of Older Adults Living with and Responsible for Grandchildren by Race, 60+ Years



(US Census – ACS 2013 - 2017 – 5 Year Estimates, 2018)

These grandparents are responsible for the basic needs of their grandchildren, such as food, shelter, clothing, day care, school supplies, etc. This can be a potential hardship if these grandparents are on fixed income, such as social security. According to the US Census (2018), more than half of Honolulu County’s grandparents, responsible for grandchildren, are presently in the workforce.

Implications for Honolulu County

Honolulu County has a rapidly aging population, particularly for the “oldest-old” age group. This poses a number of opportunities and challenges over the next four years and beyond. With the steady increase in the number of older adults, and the fact that those in Honolulu County have a

longer life expectancy, the Elderly Affairs Division is challenged with having adequate resources to provide home and community based services to those older adults who need assistance to manage their care and age in place.

The majority of Hawai'i's older adults reside in Honolulu County, which is rich with cultural and language diversity. Those older adults who have limited English proficiency will need support and assistance to access information and services in order to age in place with dignity. Effective outreach and marketing is needed to target services to those who need it most, based on an established prioritization and targeting criteria.

Over the last few years, the local aging network and contracted service providers have voiced concerns regarding staffing shortages and the inability to hire qualified staff. The workforce capacity has not been able to keep up with the growing needs of seniors and to provide much needed respite to their caregivers. The Department of Labor and Industrial Relations (2017) also projects that the health and human services industry will have the largest percentage gain, approximately 9.5%, in job vacancies over the next ten years. New models and partnerships are needed to ensure that the needs of older adults in Honolulu County are met; models that can bridge gaps, leverage resources and synergize collaboration.

Caregivers need to be supported, so they can continue to care for their loved ones. Adequate support include respite and in-home supportive services, caregiver education and training, and one-on-one counseling and support groups. In addition, increasing support for grandparents raising grandchildren needs to be addressed, as they experience financial, physical and emotional challenges, particularly because they are missing out on an important part of the lifecycle: grand-parenthood.

Needs Assessment and Areas of Opportunities

The Elderly Affairs Division developed and coordinated a planning process to identify and determine the issues, challenges, and priority areas of concern, gaps, and the areas of opportunities for Honolulu County. The process incorporated a variety of needs assessment methods to obtain input from older adults, caregivers, additional age group communities (30 – 59), agencies, advocates, policy makers and Elderly Affairs Division staff members. These methods included surveys, key informant interviews, and focus groups.

Methodology¹

Survey

The Elderly Affairs Division developed the survey tool and contracted with Ward Research to survey older adults and caregivers on the island of O‘ahu. The methodology employed was a telephone survey of landline and cellphone calls. For landline calls, the sampling frame was generated at random using a random digit dialing program, including listed and unlisted telephone numbers, which helped promote an unbiased sample. For cellphone calls, a random cell sample was used from a national sampling house specialized in market sampling. In addition, the contractor used their Respondent Referral Database to assist in identifying caregivers. The survey was issued from September 21, 2018 to October 10, 2018.

Key Informant Interviews

The Elderly Affairs Division developed the interview instrument and contracted with Ward Research to conduct anonymous key informant interviews with various agencies, advocates and policy makers that service older adults and caregivers on the island of O‘ahu. Anonymity allowed the interviewee to be completely honest with their responses, without fear of ramifications. Key informant interviews were conducted over the phone on a one-on-one basis. The Elderly Affairs Division provided the contractor a list of agencies, advocates and all of ‘Oahu’s policy makers, all levels of government (federal, state and city). Postcards were mailed to all potential respondents, notifying them that Ward Research may be contacting them to schedule an interview. Interviews ran from 20 – 50 minutes in length. The key informant interviews were held anonymously from September 20, 2018 to October 5, 2018.

Focus Groups

Focus groups are a method of collecting qualitative data from a small group of “like” people. The intent is to learn about their perceptions, beliefs, behaviors, and practices about a topic or subject matter, and how to change these perceptions, beliefs and practices. It can also be used to gather feedback to develop strategic and vision planning.

¹ The Elderly Affairs Division conducted and complied with all the necessary procurement laws and regulations.

The Elderly Affairs Division contracted with Market Trends Pacific and Pacific Gateway Center to conduct a total of nine focus groups, five in English and four languages that are most prevalent in Honolulu County (Cantonese, Ilocano, Japanese and Korean). The Elderly Affairs Division developed and provided the contractors the focus group facilitator materials to ensure fidelity and consistency of the information collected. The focus groups consisted of at least eight participants, and had as many as 15 participants. Participants were recruited from a variety of outlets such as Craigslist posts, referrals and current clients of the Elderly Affairs Division.

Market Trends Pacific convened five focus groups, in English, at the Ala Moana Hotel on September 27 and 29, 2018, and Pacific Gateway Center convened four in-language focus groups at their office located on ‘Umi Street. Each group lasted approximately 90 minutes.

Group	Date	# of Participants	Language
Age 60+	Sept 27, 2018, 9:00am	10	Cantonese
Age 60+	Sept 27, 2018, 12:00pm	8	Ilocano
Age 46 – 59	Sept 27, 2018, 5:30pm	10	English
Age 30 – 45	Sept 27, 2018, 7:30pm	10	English
Age 60+	Sept 28, 2018, 9:00am	9	Japanese
Age 60+	Sept 28, 2018, 1:00pm	8	Korean
Age 80+	Sept 29, 2018, 8:30am	15	English
Age 60 – 79	Sept 29, 2018, 10:30am	13	English
Caregivers (any age)	Sept 29, 2018, 1:30pm	10	English

The focus groups were to discuss and solicit information to fulfill the following objectives;

- Needs of Older Adults/Caregivers and Gaps in Service
 - Needs that are being met
 - Needs that are not being met
 - Implication of potential unmet needs
 - Gaps in Service
- Prioritization of Service
 - Factors for prioritization
 - Participants were asked to complete a prioritization worksheet
- Engagement Issues and Strategies
 - Issues that discourage participation
 - Engagement strategies that encourage participation
 - Awareness of the Elderly Affairs Division and services
 - Utilization of services
- Visioning

The various age groups were asked to approach the topics slightly differently, such as, younger participants were asked to respond to topics by anticipating their future needs, and caregivers were

asked to respond to topics by considering their own needs as caregivers, as opposed to those of their care recipients.

Senior Summit

In addition to the formal planning process, the Elderly Affairs Division held a Senior Summit in June 2017 at the Neal S. Blaisdell Center. The event convened and engaged professionals in the field of aging, older adults, and caregivers to identify and tackle the top four priority areas identified by the community. The Elderly Affairs Division conducted a short informal survey to determine the top four priority areas and the over 300 attendees used the Stanford University concept of Design Thinking to engage attendees to develop and test creative ways of improving the lives of older adults and their caregivers. The information and ideas developed through this event has been taken into account.

Overview of Findings

The community identified a variety of issues and challenges faced by older adults and caregivers. This section highlights the overall findings from the results of the surveys, focus groups, key informant interviews and the Senior Summit. For the purpose of this section, older adults are individuals who are 60 years of age or older.

Survey

Older Adults

The Elderly Affairs Division surveyed and received a total sample of 204 older adults’ responses. (The maximum sampling error is +/- 6.8%). Table 7.2 provides a quick overview of the demographic profile of the older adult respondents. See the Appendices for the full report.

Table 7.2: Demographic Profile of Older Adult Respondents, n=204			
Age		Current Living Situation	
60 – 69 years	54%	Live Alone	26%
70 – 79 years	27%	Live with spouse/partner/significant other only	38%
80+ years	16%	Live w/spouse/partner/significant other & other relatives	19%
Refused	3%	Live with children only (no spouse)	9%
Gender		Live w/ relatives who are not spouse/children	3%
Male	45%	Live w/ non-relatives	3%
Female	55%	Refused	10%
Marital Status		Ethnic Identification	
Married	55%	Caucasian	20%
Widowed	20%	Chinese	8%
Divorced/Separated	15%	Filipino	17%
Never Married	8%	Hawaiian/Part-Hawaiian	6%
Refused	2%	Japanese	32%
Veteran		Mixed	10%
Yes	28%	Other	7%
No	71%	Refused	1%

According to the survey results, nine in ten older adults gave favorable rating to their quality of life, with half saying their quality of life is “Very Good”, with less than 1% responding “Very Bad”. Four in five older adults gave themselves favorable ratings in terms of health, with 3 in 10 saying their health is “Very Good”. Caucasians were much more likely than those of other ethnic backgrounds to rate their quality of life as “very good”, as well as their health.

The top challenge facing older adults was their physical health, followed by having financial problems, feeling depressed, feeling bored and performing everyday activities. While a large majority of older adult respondents were able to complete most of their activities of daily living, those surveyed would need the most help with doing chores or yard work and doing housework or home cleaning. Of the older adults who need some assistance in completing their activities of daily living, 83% said their support comes from family, followed by friends and neighbors.

The recommendations provided by older adults were more assistance with transportation, medical and dental services, lower taxes and financial help. Approximately 45% of older adults were unable to provide any recommendations of what was needed for them.

Caregivers

The Elderly Affairs Division surveyed and received a total sample of 63 caregiver responses. (The maximum sampling error is +/-12.3%). For the purpose of the survey the term caregiver was defined as someone involved in making decisions about the care of an older adult and/or helping to care for them (ie. taking them to doctor's appointments, managing medications, etc.) OR someone with an older adult who is dependent on them for their care. See Appendices for the full report.

Age		Ethnic Identification	
18 – 34 years	3%	Caucasian	24%
35 – 44 years	2%	Chinese	10%
45 – 54 years	16%	Filipino	10%
55 – 64 years	30%	Hawaiian/Part-Hawaiian	16%
65+ years	48%	Japanese	29%
Gender		Mixed	6%
Male	45%	Other	3%
Female	55%	Refused	3%
Relationship to Recipient		Current Employment Status	
Spouse/Partner	22%	Employed Full-Time	24%
Parent	13%	Employed part-time	10%
Child	43%	Not employed, but looking	2%
Grandchild	5%	Not employed, not looking	11%
Other Relative	10%	Retired	49%
Friend or neighbor	6%	Other	3%
Other	2%	Refused	2%

According to the survey results, 31% of caregivers indicated that being a caregiver has limited the number of hours they are able to work, and 83% of caregivers indicated some level of stress as a caregiver. Caregivers mainly provide assistance with chores and yard work, grocery shopping, transportation, preparing or cooking meals, housework and home cleaning and managing finances and bills. Just over half of caregivers have additional help in caring for the older adult, where 85% of those caregivers receive help from other family members.

Approximately 85% of caregivers indicated that legal assistance were important to them, followed by in-home and community based care and caregiver education and training opportunities were important to them, 84% and 77% respectively.

Key Informant Interviews

Agencies and Advocates

The Elderly Affairs Division surveyed and received a sample of 57 agency and advocate responses. The format of the survey was developed to collect qualitative data. See Appendices for the full report.

Table 7.3: Profile of Agency and Advocate Respondents, n=57	
Role of Organization	
Non-profit service provider	61%
Government entity	14%
For-profit service provider	12%
Advocacy group	4%
Hospital or health clinic	2%
Other	7%
Scope of Organization	
State-wide	42%
Island-wide	53%
Nation-wide	5%

According to the agency and advocate respondents, health care, access to doctors, and affordable housing ranked atop the list of areas affecting the quality of life for older adults. Approximately 18% cited health care/access to doctors as the number one priority, while 16% said it was affordable housing. These were followed closely by affordability/finances, availability of good caregivers and facilities, and feeling lonely.

Table 7.4: Prioritization of Areas Affecting the Quality of Life of Older Adults, n=57	
Priority	%
Health care/Access to doctor(s)	18%
Affordable housing	16%
Affordability/Finances	11%
Socialization/Feeling lonely	11%
Availability of good caregivers/facilities	9%

Policy Makers

The Elderly Affairs Division surveyed policy makers, and received a sample of 10 responses. The format of the surveys was developed to collect qualitative data. See Appendices for the full report.

Table 7.4: Profile of Policy Maker Respondents, n=10	
Level of Government	
State	90%
City and County	10%

According to the policy maker respondents, health care/access to doctors and transportation ranked atop the list of areas affecting the quality of life for older adults. Two out of the ten respondents (20%) cited health care/access to doctors as the number one priority. These were followed closely by affordable housing, and health insurance/medical costs.

Focus Groups

Needs of Older Adults and Caregivers

The Elderly Affairs Division held nine focus groups, with a variety of age groups and language communities. Overall the focus groups had similar findings, where they all indicated needs in finances, housing, health insurance/access to doctors, and loneliness, where language barriers compound the issues of isolation. These were followed by cognitive impairments, legal services, and caregiver needs/support. Younger focus group participants were more likely to be concerned with overall finances, cost of living, housing/homeless, and aging/dying alone. One participant stated “I’m home alone six days a week, just myself. I start talking to walls. And I worry about that. When you get lonely and there’s nobody there, it’s hard not to get depressed – especially if there’s nobody checking on you.”

The Cantonese, Ilocano, and Korean speaking participants were concerned with understanding Medicare and how they would pay for medical bills, particularly those related to dental and vision care. A Cantonese participant stated “I have Medicare insurance, but I don’t have Medicaid, so every month they [take out a] certain amount [from] my social security benefits, so even with that I don’t have coverage for dental, vision, I still have to pay a lot.”

Focus group participants stated a need for programs that engage older adults and alleviate loneliness and lack of socialization. Several adopted the “it-takes-a-village” approach, proposing that communities take “ownership” of their seniors, which included pairing them up with peers, youth and pets. Older focus group participants mentioned that it wasn’t just enough to have the right programs, but to motivate older adults to take advantage of them.

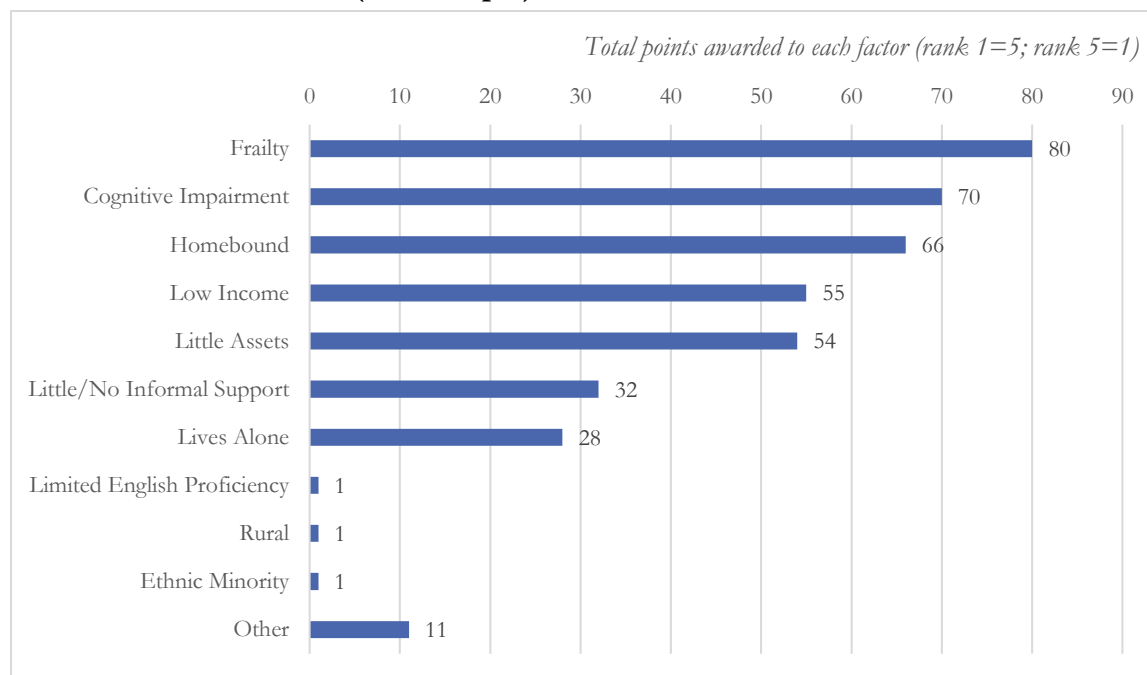
Caregivers

Caregivers need tailored counseling, education and training. They identified a need for clarification and information on how they can take on the new role of caregiving, particularly when the role of caregiver has reversed from parent to child. Caregivers also indicated a need for self-care, respite and personal time, and also the affirmation that it’s ok to take care of themselves, without the feeling of guilt. Finally, caregivers indicated a need for support from OUTSIDE the family; “having somebody to talk to outside the family”.

Prioritization of Services

The Elderly Affairs Division targets and prioritizes services based on a variety of factors, especially if there are waiting lists for publicly funded services. Focus group participants were asked to rank the top five factors to use when prioritizing services, Figure 7.1 shows the results. The top five factors were frailty, cognitive impairment, homebound, low income and little assets.

Figure 7.1:
Factors for Prioritization (Rank Top 5)



During the focus group, participants had a difficult time determining the top five factors for prioritization. Many participants felt uncomfortable with the idea and acknowledged sympathy for the agency and personnel tasked with doing this. One participant stated, “this is like playing God”. The Elderly Affairs Division currently has waitlists for adult day care, attendant care, home delivered meals, homemaker and transportation services. Waitlists are due to a variety of reasons, including, lack of funds, providers’ lack of capacity to serve, and geographical limitations.

Priority Areas of Concern

This section highlights the priority areas of concern based on the results of the surveys, focus groups, key informant interviews and the Senior Summit.

Access to and Affordable Health Care and Insurance

“When I was working, I had dental and vision coverage, but I was healthy. Now that I’m older, when I go to a dentist or eye doctor I have to pay out of my own pocket.”

Overall data findings suggested that older adults are concerned with ensuring they have adequate health insurance, and the ability to pay for the health care costs that they need. Survey and focus group respondents both indicated as physical health and well-being being a top priority. Older adults are concerned about out-of-pocket expenses, even when they have Medicare, because they are on fixed or limited incomes. In addition, limited English proficient older adults have a hard time finding doctors they trust and that speak their native language. Agency, advocates and policy makers also shared the same concern with regards to access to doctors and health care.

Financial

“Will I have enough for retirement? Will I be healthy enough to enjoy my retirement?”

Finances were a definite concern for older adults, particularly the younger generation of seniors. Nearly one in five older adults surveyed identified financial hardship as a challenge. Focus group participants voiced anxiety over dealing with the high, and rising, cost of living in Hawai‘i, and having a fixed or limited income. Survey results showed a high importance for older adults to age in place, but focus group participants shared concerns about the ability to pay for long term care. In addition, one-third of caregivers surveyed indicated that they had to limit the number of hours they are able to work due to their caregiving duties.

Housing

“I’ve owned my apartment for years. I don’t know if I can afford to live here until I die.”

Access to low-income housing was a strong concern for older adults. One focus group participant stated, “it needs to be low-income, not just ‘affordable’”. Agencies, advocates and policy makers agreed with affordable housing as a priority concern affecting older adults’ quality of life, with approximately one in five agency, advocate and policy maker respondents listing it as their number one priority. According to the US Census (2018), the median gross rent for older adults in Honolulu County is \$1,125, nearly 30% more than national average for older adults.

Loneliness

“The longer we live, the more friends we lose.”

Loneliness, and depression, were cited as a serious, even deadly, issue by focus group respondents. Survey results also showed that 26% of older adult respondents currently live alone. Focus group participants viewed living alone as a risk factor for other complications of aging, as it could lead to depression, poor nutrition, medication mismanagement, and dementia. Approximately 13% identified themselves as having a problem with feeling depressed and bored, and 10% feeling lonely, sad or depressed. Focus group participants also felt that language barriers compound issues of loneliness and isolation. As one participant mentioned, “the language [barrier] just keeps people from connecting and staying in touch”.

Areas of Opportunities

The planning process provides an opportunity for the Elderly Affairs Division to reflect on what has been done and identify areas for positive growth. The following are areas of opportunities based on the feedback provided by survey, key informant interviews, and focus group respondents.

Effective Marketing, Outreach and Education

Efforts to increase public education and awareness is needed and desired. The majority of survey and focus group respondents had not heard of or interacted with, the Elderly Affairs Division or its Senior Helpline. In addition, all focus groups, including the caregiver group, voiced a desire for a one-stop-shop for information and resources that are culturally and linguistically appropriate. Older adults and their caregivers get frustrated with the fragmented system; which poses a great opportunity to bring organization to it. The more the public is educated, the better they will be in planning for their care, and their loved ones.

Role of Government

The various levels of government, and the Aging Network, should develop a uniformed platform to coordinate advocacy efforts to make the most effective impact. There was a lot of qualitative data that spoke towards advocacy, whether “increased”, “efficient”, or “coordinated”. However, in order to be successful, there needs to be strong leadership for Hawai‘i’s Aging Network, and a true understanding of what older adults and their caregivers need, and how they want to receive services. Key informant interview respondents were unaware of the differences between the State Unit on Aging and the Area Agencies on Aging, often getting them confused, or not even knowing what the State Unit on Aging or Executive Office on Aging was.

Expanded and Effective Coordination and Collaboration with Community Partners

There needs to be a more concerted effort to coordinate with agencies that the Aging Network is not currently engaged with. As the population continues to age, more agencies and sectors will be affected. This presents an opportunity to engage in and develop new partnerships in order to meet the changing needs of older adults, especially as it transitions from Silent Generation to Baby Boomer Generation. When discussing strategies, focus group and key informant interview respondents focused on the village concept and intergenerational models, and provided various ideas of what types of partnerships could be explored.

Targeting and Prioritization of Services

Outreach and services should be targeted to individuals who most need services. It is widely understood that the resources and funding received are limited. In fiscal year 2018, the Elderly Affairs Division managed waitlists for the following authorized services: attendant care, home delivered meals, homemaker, and transportation. The Elderly Affairs Division currently looks at eleven different factors, including those required by the Older Americans Act. During this planning process, focus group respondents provided feedback on the top factors that should be considered when authorizing services. This poses an opportunity for the Elderly Affairs Division to relook at how it prioritizes services and incorporate the community’s feedback and suggestions.

Description of Existing Programs and Services

The Elderly Affairs Division

The Elderly Affairs Division provided a variety of direct services in state fiscal year 2018, such as outreach, information and assistance, and, for the first time, case management services.

Contracted Services and Providers

During the state fiscal year (SFY) 2018, the Elderly Affairs Division had a total of 56 contracts with 26 provider agencies, who provided a total of 46 different service types. Table 8.1 provides detail on how many executed contracts each provider agency had during SFY2018 and the total number of services, by each funding source.

Agency Name	Total No. of Contracts	No. of Services by Funding Source				
		Title III	Title III-E	KC	Other State	KCGP
Alzheimer’s Association	1		3			
Arcadia Elder Services	1					1
Catholic Charities Hawai‘i	5	5		1	6	
Child and Family Services	5	1	3	4	4	
Franciscan Care	5		4	3		1
Hale Hau‘oli Hawai‘i	1					1
Hawaii Family Services, Inc.	1	4				
Hawaii Health Systems Corporation	2					2
Hawaii Meals on Wheels	2	4		1		
Hookele Care at Home	2			2		
Kahala Senior Living	1					1
Keiki to Kupuna Foundation	2	1		1		
Kokua Kalihi Valley	6	3	4	2		
Lanakila Pacific	4	8		3		
Lunalilo Home	1					1
Malama Adult Day Care Center	1					1
Moiiliili Community Center	1				9	
Palolo Chinese Home	4	1		2		1
Project Dana	1		3			
The Salvation Army	1					1
St. Francis Health Services	1			1		
Seagull Schools	1					1
University of Hawai‘i Elder Law	3	4	3			
Waikiki Health	2			2		
Windward Seniors	1					1
WorkHawaii	1	1				

LEGEND
Title III = Federal - Older Americans Act
Title III-E = Federal - Older Americans Act – Caregiver Programs
KC = State – Kūpuna Care
Other State = Other State Funds (does not include Kūpuna Care or Kūpuna Caregiver)
KCGP = State - Kūpuna Caregiver

Federal Programs

Older Americans Act – Title III

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

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

Service	Description of Service	Provider(s)
B - Supportive Services		
Counseling Services	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"> • Catholic Charities Hawai‘i
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"> • Catholic Charities Hawai‘i
Housing Assistance and Linkages	This service provides housing assistance services that improve the consumer’s present housing arrangement or provide for relocation to a more suitable housing, when needed. This helps the consumer age in their place of residence, or in a more suitable housing location.	<ul style="list-style-type: none"> • Catholic Charities Hawai‘i • WorkHawaii
Legal Assistance	This service provides legal 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"> • University of Hawai‘i Elder Law Program
Transportation	This service provides curb-to-curb transportation for older persons who require help getting from one location to another, using a vehicle. This may involve a helpful driver, who assists the older adult in ways such as pushing the older adult in a wheelchair to the vehicle, loading and unloading assistive devices into/out of the vehicle, and securing the older adult in the seat.	<ul style="list-style-type: none"> • Catholic Charities Hawai‘i • Kokua Kalihi Valley

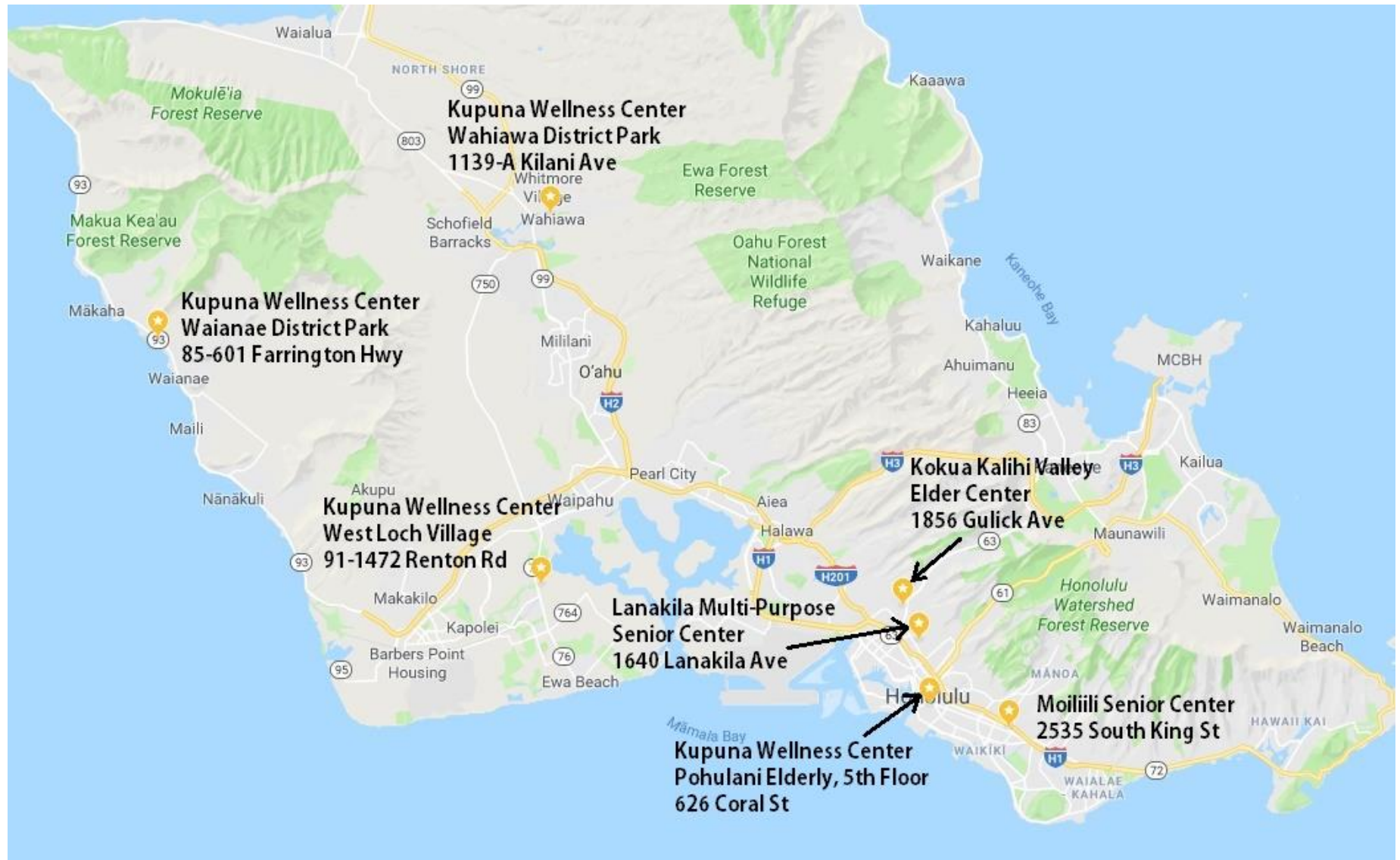
C1 – Congregate Nutrition		
Congregate Meals	A meal is provided to a qualified individual in a congregate or group setting. The goal of this service is to improve or maintain the older person’s nutritional status, self-sufficiency and ability to remain in the community through the maintenance and provision 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 the State Unit on Aging and/or the Area Agency on Aging and meets all of the requirements of the Older Americans Act, State/Local laws, and the Nutrition Service Standards for Congregate and Home-Delivered Meals Program.	<ul style="list-style-type: none"> • Lanakila Pacific – Meals on Wheels Program
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 function within their legal scope of practice.	<ul style="list-style-type: none"> • Lanakila Pacific – Meals on Wheels Program
Outreach	This services 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"> • Lanakila Pacific – Meals on Wheels
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"> • Lanakila Pacific – Meals on Wheels
C2 – Home Delivered Nutrition		
Home Delivered Meals	This service provides a meal to a qualified individual in his/her place of residence. The goals of this program are to promote better health and nutrition among older 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 in home or institutionalization. The meal is served in a program administered by State Unit on Aging and/or the Area Agency on	<ul style="list-style-type: none"> • Hawaii Meals on Wheels • Keiki to Kupuna • Lanakila Pacific – Meals on Wheels • Palolo Chinese Home

	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.	
Nutrition Counseling	This service provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status.	<ul style="list-style-type: none"> • Hawaii Meals on Wheels • Keiki to Kupuna • Lanakila Pacific – Meals on Wheels • Palolo Chinese Home
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"> • Hawaii Meals on Wheels • Keiki to Kupuna • Lanakila Pacific – Meals on Wheels • Palolo Chinese Home
Outreach	This services 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"> • Hawaii Meals on Wheels • Keiki to Kupuna • Lanakila Pacific – Meals on Wheels • Palolo Chinese Home
D – Evidence-Based Disease Prevention and Health Promotion		
Health Education and Promotion	The service provides instructional sessions and seminars through either formal or informal methods to support and assist older persons to enable them to maintain health and wellness, prevent illnesses, and monitor chronic conditions. Interventions are to be evidence-based, as defined by the Administration for Community Living.	<ul style="list-style-type: none"> • Child and Family Services • Kokua Kalihi Valley
Health Screening	This service provides one-on-one support and assistance to older persons to maintain and 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"> • Kokua Kalihi Valley

E – National Family Caregiver Support Program		
Access Assistance – Case Management	This service assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.	<ul style="list-style-type: none"> • Child and Family Services • Franciscan Care
Counseling	This service is provided using the casework mode of interactive contact with a caregiver (through interview, discussion, or lending a sympathetic ear), the service offers guidance to enable caregivers to resolve concrete or emotional problems or to relieve the temporary stresses of giving care. Professional, paraprofessional, or peer counseling may be provided on a one-to-one basis or on a group basis and may be conducted by paid, donated, and/or volunteer staff within the scope or practice of the profession.	<ul style="list-style-type: none"> • Alzheimer’s Association • Child and Family Services • Hawaii Family Services, Inc. • Kokua Kalihi Valley • Project Dana
Counseling – Education and Training	This service provides training for caregivers and family members in an individual or group setting. Training may include general care issues or tailored to a specific care recipient, i.e., medication management, personal care, making the home environment safe and barrier free, disease prevention or remediation, or on stress management and other techniques to help the caregiver take care of him/herself.	<ul style="list-style-type: none"> • Alzheimer’s Association • Hawaii Family Services, Inc. • Kokua Kalihi Valley • Project Dana
Counseling – Support Group	This service provides assistance to caregivers and their families in making decisions and solving problems related to their caregiving roles. Groups of caregivers, who share a common problem or concern who meet together on a voluntary basis for mutual support. Members share their experiences, strengths and hopes and rely on one another for assistance. Support group sessions may be conducted by paid, donated, and/or volunteer staff within the scope or practice of the profession.	<ul style="list-style-type: none"> • Alzheimer’s Association • Hawaii Family Services, Inc. • Kokua Kalihi Valley • Project Dana
Information Services	This provides caregivers with information on resources and services available to individuals within their communities. This may include group services, public education, provision of information at health fairs and other similar functions. NOTE: Service units for information services are for activities directed at large audiences of	<ul style="list-style-type: none"> • Hawaii Family Services, Inc. • University of Hawai‘i Elder Law Program

	current or potential caregivers, such as disseminating publications, conducting media campaigns, and other similar activities.	
Respite – In-Home	This service provides temporary or substitute support for care recipients in the home, in order to provide a brief period of rest or relief for caregivers. Examples of in-home respite include, personal care, homemaker, chore, and companionship.	<ul style="list-style-type: none"> • Franciscan Care • Kokua Kalihi Valley
Respite – Out of Home – Adult Day Care	This service provides temporary or substitute support for care recipients outside of the home, in order to provide a brief period of rest of relief for caregivers. Examples of out of home respite include, adult day care and institutional care.	<ul style="list-style-type: none"> • Franciscan Care
Supplemental Services	This service is provided on a limited basis and complements care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, incontinence supplies, home delivered meals, legal assistance, nutritional supplements, transportation, and supplemental respite services.	<ul style="list-style-type: none"> • Child and Family Services • Franciscan Care • University of Hawai'i Elder Law Program

Maps of Nutritional Sites



State Programs

Kupuna Care

The Kupuna Care (KC) program is a state-funded program designed to meet the long term care needs of older adults unable to live at home without adequate help to perform their activities of daily living (ADLs) and instrumental activities of daily living (IADLs). There are an array of services offered through the KC program, with the intent to improve or maintain older adults' quality of life, self-sufficiency and ability to remain in their place of residence for as long as possible, thereby delaying premature or unnecessary institutionalization.

The Elderly Affairs Division contracted for the eight core KC program services, and services were provided by 11 contracted agencies.

Service	Description of Service	Provider(s)
Adult Day Care	This service provides personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care typically includes social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance, and home health aide services for adult day health.	<ul style="list-style-type: none"> • Franciscan Care
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"> • Hookele Care at Home • Waikiki Health
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 other 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"> • Child and Family Services • Elderly Affairs Division
Chore	This service provides assistance such as heavy housework, yard work, or sidewalk maintenance.	<ul style="list-style-type: none"> • Lanakila Pacific – Workforce Resources
Home Delivered Meals	This service provides a meal to a qualified individual in his/her place of residence. The goals of this program are to promote better health and nutrition among older persons and provide opportunity for social contact, thereby, maintaining independence	<ul style="list-style-type: none"> • Hawaii Meals on Wheels • Keiki to Kupuna Foundation

	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"> • Lanakila Pacific – Lanakila Meals on Wheels
Homemaker	This service provides assistance such as housework, such as dusting, sweeping, vacuuming, mopping, bathroom cleaning, kitchen cleaning and laundry.	<ul style="list-style-type: none"> • Franciscan Care • Waikiki Health
Personal Care	This service provides personal assistance, stand by assistance, supervision, or cues, and assists with bathing, showering, shampooing, dressing, grooming, routine nail, skin and hair care, oral and personal hygiene, positioning and turning.	<ul style="list-style-type: none"> • Hookele Care at Home • Kokua Kalihi Valley • St. Francis Health Services
Transportation	This service provides curb-to-curb transportation for older persons who require help getting from one location to another, using a vehicle. This may involve a helpful driver, who assists the older adult in ways such as pushing the older adult in a wheelchair to the vehicle, loading and unloading assistive devices into/out of the vehicle, and securing the older adult in the seat.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i • Franciscan Care • Kokua Kalihi Valley

Kupuna Caregiver

The Kupuna Caregiver program (KCGP) is a new state funded program designed to support working persons who also provide informal care to elders (caregivers). Caregivers must be employed at least 30 hours a week and provide care to a frail older adult 60 years of age or older. KCGP provides a benefit, defined by the State of Hawaii, to be used towards services.

The Elderly Affairs Division contracted for Adult Day Care service under the Kupuna Caregiver program through 11 contracted agencies.

Service	Description of Service	Provider(s)
Adult Day Care	This service provides personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care typically includes social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance, and home health aide services for adult day health.	<ul style="list-style-type: none"> • Arcadia Elder Services • Franciscan Care • Hale Hau'oli Hawai'i • Hawaii Health Systems Corporation • Kahala Senior Living • Lunalilo Home • Malama Adult Day Care Center • Palolo Chinese Home • The Salvation Army • Seagull Schools • Windward Seniors

Other State Funding

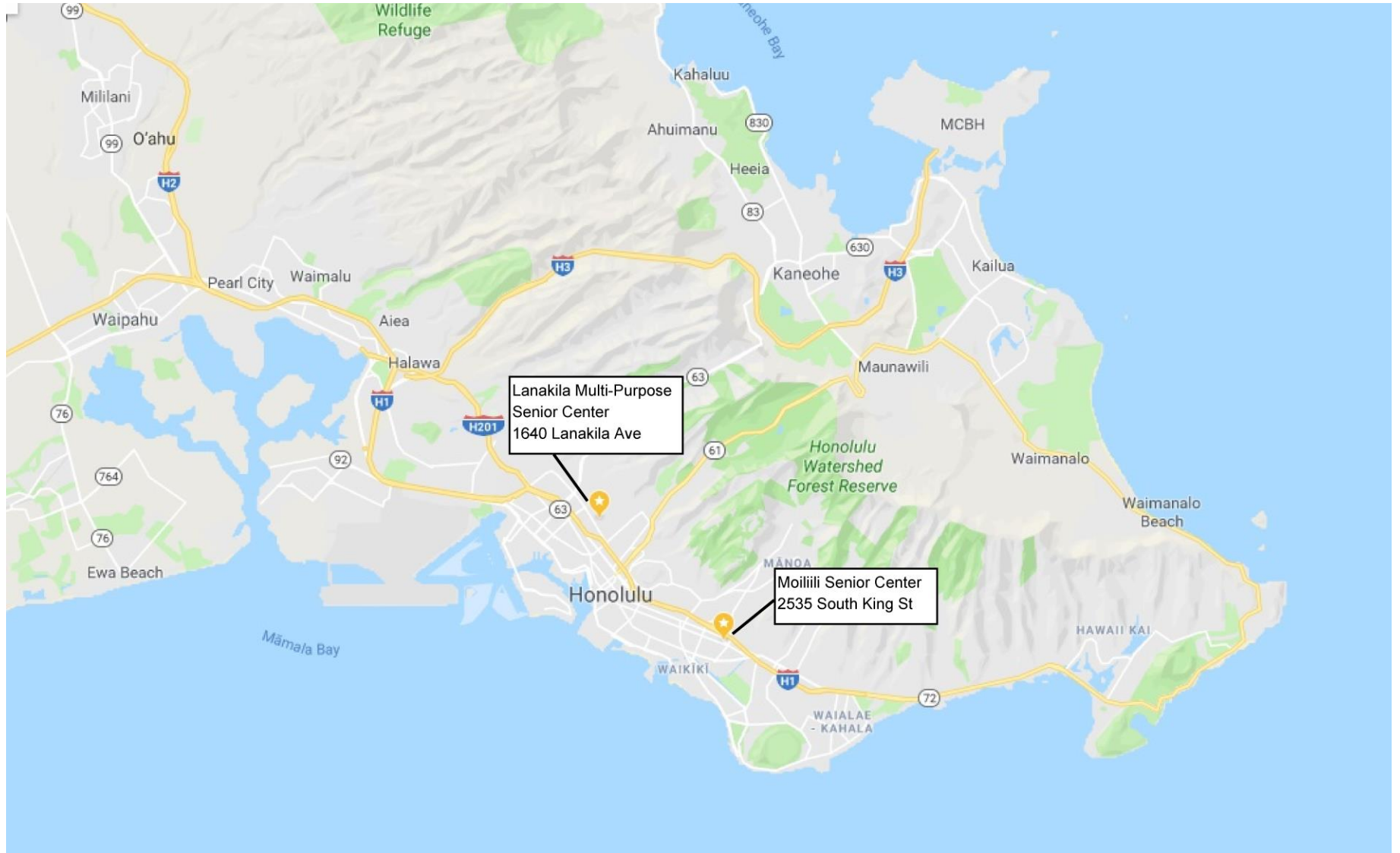
Additional funding is provided by the state for senior centers and services for older adults who are at-risk of abuse or neglect. The State's Executive Office on Aging has defined the geographic service areas for the two Senior Center districts. The districts are based on Census Tracts.

Service	Description of Service	Provider(s)
Assisted Transportation	This service provides door-to-door assistance and transportation, including an escort, to older persons who has difficulties (physical and cognitive) using regular vehicular transportation.	<ul style="list-style-type: none"> • Moiliili Community Center
Case Management for Elders At-Risk for Abuse or Neglect	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 60 years and older, who are living in their own homes or with family who are being or are at-risk of physical,	<ul style="list-style-type: none"> • Child and Family Services • Elderly Affairs Division

	psychological or sexual abuse, financial exploitation, and neglect by a caregiver or self-neglect.	
Counseling	This service is provided using the casework mode of interactive contact with a caregiver (through interview, discussion, or lending a sympathetic ear), the service offers guidance to enable caregivers to resolve concrete or emotional problems or to relieve the temporary stresses of giving care. Professional, paraprofessional, or peer counseling may be provided on a one-to-one basis or on a group basis and may be conducted by paid, donated, and/or volunteer staff within the scope or practice of the profession.	<ul style="list-style-type: none"> • Catholic Charities Hawai‘i • Moiliili Community Center
Education and Training	This service provides instructional sessions and seminars through either formal or informal methods which assist older persons to acquire knowledge and skills for vocational improvement, personal/social enrichment, and to better cope with life situations.	<ul style="list-style-type: none"> • Catholic Charities Hawai‘i • Moiliili Community Center
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"> • Moiliili Community Center
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.	<ul style="list-style-type: none"> • Catholic Charities Hawai‘i • Moiliili Community Center
Physical Fitness and 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"> • Catholic Charities Hawai‘i • Moiliili Community Center
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. with eras a spectator or as a participant, facilitated by a provider.	<ul style="list-style-type: none"> • Catholic Charities Hawai‘i • Moiliili Community Center
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-	<ul style="list-style-type: none"> • Moiliili Community Center

	being and safety of an older person who may be homebound, lives alone or is temporarily alone.	
Transportation	This service provides curb-to-curb transportation for older persons 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"> • Moiliili Community Center
Volunteer Development Opportunities	This service recruits volunteers to assist with the programs and program development.	<ul style="list-style-type: none"> • Catholic Charities Hawai'i • Moiliili Community Center

Maps of Multi-Purpose Senior Centers



Waitlists and Prioritization of Services

The Elderly Affairs Division, in collaboration with contracted services providers, implements and manages waitlists for services, on an as-needed basis. Waitlists are fluid and change on a daily basis, and are based on need for services, contracted service provider's capacity to serve and availability of funding. Table 8.2 provides the average number of persons that were waiting for services and the average wait times for SFY2018.

Funding	Service	No. of People	Average Wait Time (Days)	Median Wait Time (Days)
Kupuna Care	Attendant Care	97	83	55
Kupuna Care	Home Delivered Meals	202	181	154
Kupuna Care	Homemaker	327	246	206
Kupuna Care	Transportation	311	87	70

Framework

The Area Agency on Aging's recommendations subscribe to the general framework for program and service delivery for older adults developed throughout the State by the Executive Office on Aging. This framework is drawn from the Older American's Act, as amended in 2006, and Chapter 349, Hawaii Revised Statutes. The Area Agency on Aging's recommendations are consistent with the objectives of the Older Americans Act, as amended and reauthorized in 2016, the federal Administration for Community Living and the U.S. Administration on Aging's goals, the Hawai'i Revised Statutes – Chapter 349, and the state Executive Office on Aging's goals.

The Older Americans Act

The Older American's Act was established in response to the lack of community and social services for older adults. When the Act passed in 1965, Congress declared that, in keeping with the traditional American concept of the inherent dignity of the individual, the older people of our Nation are entitled to equal opportunity to the full 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 support 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 support 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 American's Act, as amended and reauthorized in 2016, re-emphasized Congress' intention to target services and resources towards the needs and challenges of older individuals identified as having the greatest economic and social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income, and frail individuals (including individuals with physical or mental functional impairment).

The Elderly Affairs Division has implemented a special emphasis on using outreach and prioritization 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
 - Physical and/or 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.
- Older adults **at risk for institutional placement**
 - Unable to perform at least 2 activities of daily living, without substantial assistance (including verbal reminding, physical cueing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility.

The Elderly Affairs Division is committed to continue targeting the limited public resources to older adults, and their caregivers, who are at the highest risk.

Administration for Community Living

In 2012, the Administration for Community Living was created to help meet the needs of all Americans. Their mission is to “maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers”. The Administration for Community Living believes that all Americans should be able to live at home with the supports they need, participating in the communities that value their contributions (ACL Strategic Plan, 2013). The Administration on Aging is a division within the Administration for Community Living, and is the leader of the Aging Network on the federal level, directed by the Assistant Secretary for Aging. The Administration on Aging awards and administers the Older Americans Act funds, monitors, assesses and provides technical assistance to the State Units on Aging. The Administration on Aging continues to provide leadership, direction and advocacy to develop policy to meet the needs of older adults in our country.

The Administration for Community Living developed a strategic plan, with their goals and objectives being the following:

- **Goal 1: Advocacy** – Advocate to ensure the interests of people with disabilities, older adults, and their families are reflected in the design and implementation of public policies and programs.
- **Goal 2: Protect Rights and Prevent Abuse** – Protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older adults and people with disabilities.
- **Goal 3: Individual Self-Determination & Control** – 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.
- **Goal 4: Long-Term Services and Supports** – 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** – 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.

Hawaii Revised Statutes – Chapter 349

Act 225, Session Laws of Hawaii 1974 mandated the State Commission on Aging to develop a Comprehensive Master Plan for the Elders. The plan was developed 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 Hawai'i'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 Hawai'i's older adults. At the same time in 1988, the Long Term Care Plan for Hawai'i'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.

In the most recent iteration of Chapter 349, the State legislature mirrored the congress and agreed that the older people of the Hawai'i are entitled to 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 intuitional 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;
- Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives;

Chapter 349 also states that the State and counties shall:

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

State of Hawaii – Executive Office on Aging

The Executive Office on Aging, is the designated statewide agency or State Unit on Aging for the State of Hawaii. They are responsible for the statewide effort to develop a coordinated system of services for older adults, and their families and caregivers. The mission of the Executive Office on Aging is to “promote and assure opportunities for Hawai‘i’s older adults to achieve dignified, self-sufficient and satisfactory lives”. To accomplish their mission, the Executive Office on Aging focuses on advocating, developing and coordinating federal, state and local resources, with collaboration with the Area Agencies on Aging. The Executive Office on Aging is responsible for developing a formula to allocate funds to the Area Agencies on Aging, which is based on the demographics of the population.

Implementation Plan

Goals, Strategies, Objectives and Evaluation Measures

The recommendations in the following plan are best understood in the context of a vision framework formed around the goals outlined by the State of Hawaii’s Executive Office on Aging. The vision that older adults are able to live with dignity and purpose in an age-friendly environment, and are able to access an array of information and supports that are person-centered, useful and timely along the aging continuum. The vision framework and strategies are based on the feedback received from community surveys, key informant interviews, focus group respondents, senior summit attendees, and staff of the City and County of Honolulu and the Elderly Affairs Division.

Goal 1: Aging Well

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

Strategy 1.1:

Explore and implement evidence-based health maintenance and fall prevention programs.

Objective 1.1.1: Increase the number of older adults, caregivers and persons with disabilities, attending evidence-based health maintenance programs, as defined by the Administration for Community Living.

The Administration for Community Living and the National Council on Aging promotes evidence-based programs as a means to improve the health and well-being of older adults. The programs are established through research, testing, and replication, and to provide a mechanism to create partnerships with external organizations. This process assures that results received are consistent across the majority of the population, and proven effective.

EVALUATION MEASURES:

- % Increase of participants in evidence-based health maintenance programs
- % of Participants who report improved health status/quality of life
- % Increase of providers delivering evidence-based health maintenance programs
- % Increase of funding allocation/expenditures for evidence-based health maintenance programs

Objective 1.1.2: Provide evidence-based fall prevention programs to older adults in Honolulu County.

Falls are one of the leading cause of injury and death in older adults, which has been associated with high medical costs, other adverse

health effects, emotional and physical pain, and burden to the individual and family (Cheng et al., 2018).

EVALUATION MEASURES:

- Develop and award contracts to deliver evidence-based fall prevention programs
- Participants in evidence-based fall prevention
- % of Participants who report improved strength/balance/quality of life

Strategy 1.2:

Combat loneliness and isolation to ensure that older adults have a sense of purpose and improve their quality of life.

Objective 1.2.1: Increase the level of civic engagement and volunteerism within the community.

Volunteers have an abundance of skills, knowledge and experience that they can contribute to their community. The RSVP program² utilizes the skills, talents and expertise of volunteers aged 55 years and older to meet various community needs, such as healthy futures, education, veterans, economic opportunities, disaster services, the environment, and other critical areas. 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.

EVALUATION MEASURES:

- % of RSVP volunteers who assist older adults to age in place
- % of RSVP volunteer stations who assist older adults to age in place
- % Increase of RSVP recipients who are able to age in place
- % Increase of RSVP volunteers who have a sense of purpose

Objective 1.2.2: Develop innovative partnerships and models to deliver companionship programs.

Older adults, even those that live with family, are finding themselves lonelier than ever, and loneliness has become an important social determinant of health factor, and can impact health outcomes and quality of life for older adults (MacLeod et al., 2018). Models like Eden at Home, pet companions, village concept, use of technology

² The RSVP program, formerly known as the Retired and Senior Volunteer Program, is a Senior Corps program funded by the Corporation for National and Community Service.

and apps, etc. should be explored and developed to decrease loneliness and isolation.

EVALUATION MEASURES:

- Develop and implement a pilot program
- Develop and establish partnerships with agencies
- % of Participants who report feeling less lonely/bored
- % of Participants who report having purpose/meaning

Objective 1.2.3: Increase the number of congregate dining sites.

Congregate dining is a positive way in engaging older adults to remain active, informed, and socially connected. However, there has been a national decline in participation which is likely due to the generational differences between the Baby Boomers and those that preceded them.

EVALUATION MEASURES:

- Develop new partnerships for congregate dining
- Develop and implement a pilot program with the Department of Parks and Recreation
- % Increase of congregate dining sites
- % Increase of congregate dining participants
- % Increase of providers delivering congregate dining services

Strategy 1.3:

Expand programs and services to be inclusive of all generations of seniors and persons with disabilities, young and old.

Objective 1.3.1: Explore models and organize efforts to increase interest in congregate dining sites.

As previously mentioned, there has been a decline in congregate dining participation across the nation. This is likely due to the inherent differences between the Baby Boomer generation and those who preceded them, such as food, recreation, and education preferences.

EVALUATION MEASURES:

- Conduct analysis of congregate dining participants
- Review new service delivery models, ie. café style.
- Develop and implement a pilot program with the Department of Parks and Recreation

- % Increase of Baby Boomer participants in congregate dining programs
- % of Participants who are satisfied with the Congregate Dining Program

Objective 1.3.2: Explore new models and programs to engage older adults in lifelong learning opportunities, encore careers, and second acts.

According to a recent Stanford University led study, older adults exhibit high levels of pro-social values and behaviors, have a sense of “purpose beyond the self”, and are extremely valuable in addressing social issues and making the world a better place (Colby et. al., 2018). However, there is a need to increase opportunities for those who have “beyond the self” goals and to help these individuals in pursuing and accomplishing what they find important (Emerman and Werley, 2018).

EVALUATION MEASURES:

- Research and analyze existing models
- Develop partnerships to explore possible models/programs
- Develop and implement a pilot program

Goal 2: Strategic Partnerships and Alliances

Forge partnerships and alliances that will give impetus to meeting Hawai'i's greatest challenges of the aging population.

Strategy 2.1:

Expand, strengthen and collaborate with the Aging Network.

Objective 2.1.1: Establish new partnerships with government, health care, financial institutions, and community-based organizations.

The Elderly Affairs Divisions recognizes that it cannot be the sole source for services, and therefore rely on other agencies in the community to assist in meeting the growing needs.

EVALUATION MEASURES:

- % Increase in referrals to new partners
- # of Trainings and informational sessions held by the Elderly Affairs Division to organizations in the community

Objective 2.1.2: Conduct ongoing meetings, technical assistance and training sessions with service providers and other community agencies.

Retention and strengthening current service capacity is important to ensuring that the needs of currently participants are managed and maintained. The Elderly Affairs Division will continue to conduct regular meetings with contracted service providers, and will incorporate technical assistance and training opportunities based on their feedback.

EVALUATION MEASURES:

- # of Meetings with contracted service providers
- # of Training sessions held
- % of Providers who increased their capacity to serve

Objective 2.1.3: Collaborate with the Aging Network to develop a uniformed advocacy platform.

The Elderly Affairs Division recognizes that funding support received from Federal and State sources are limited and unable to meet the overwhelming service needs of the community. Therefore, the Aging Network should come together to identify gaps in services and develop a uniformed platform to advocate and develop solutions as a collective.

EVALUATION MEASURES:

- Development of an advocacy platform

Strategy 2.2:

Explore innovative partnerships and leverage resources to address the needs of older adults and their caregivers.

Objective 2.2.1: Continue to leverage resources and develop partnerships within the City and County of Honolulu.

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

EVALUATION MEASURES:

- Ongoing participation in the City and County of Honolulu – Age Friendly Honolulu Initiative, as the lead agency for Domain Six% Increase in participants serviced through City and County of Honolulu partnerships
- % Decrease in unit costs

Objective 2.2.2: Explore partnership and contract models, such as joint ventures and outcome based contracts.

The Elderly Affairs Division understands the need to adapt and improve business practices, and will look at implementing different partnership and contract models, while adhering to procurement guidelines as set forth by the State of Hawaii and the City and County of Honolulu.

EVALUATION MEASURES:

- Develop, implement and evaluate a pilot project
- % Increase in participants served
- % Increase in timeliness of service
- % Decrease in participants waiting for service

Goal 3: Aging and Disability Resource Center (ADRC)

Strengthen the statewide Aging and Disability Resource Center system for older adults, persons with disabilities and their caregivers.

Strategy 3.1:

Deliver culturally competent and linguistically appropriate services to address the needs of our diverse community.

Objective 3.1.1: Maintain and update language access plans, policies and procedures.

All older adults should be able to access services, regardless of their culture or language they speak. The Elderly Affairs Division will continue to maintain and update the language access plans, policies and procures, and ensure that all contracted service providers are in compliance.

EVALUATION MEASURES:

- ADRC staff trained on language access policies and procedures
- Annual compliance review for contracted service providers

Objective 3.1.2: Seek out and encourage partnerships with community based organizations that work with various language communities.

Best practices show that older adults, particularly those that are Asian American or Pacific Islanders, tend to receive services provided by organizations they trust and are in their own communities. The Elderly Affairs Division is aware of this, and will continue to reach out and partner with community based organizations that already work with various ethnic communities, with an emphasis on those who service limited English proficient individuals.

EVALUATION MEASURES:

- % Increase of Participants served who are limited English proficient
- % of Participants who are satisfied with ADRC

Strategy 3.2:

Expand and update the resources and information on the ADRC website, to address the needs of older adults, persons with disabilities, and their caregivers.

Objective 3.2.1: Update the resource database annually.

According to the Elderly Affairs Division survey results, older adults and caregivers use the internet to learn and find information, so it is very important for the information and resources to be accurate and up to date.

EVALUATION MEASURES:

- % of Visitors who report that the ADRC website was helpful
- % Increase of Visitors who come revisit the ADRC website

Objective 3.2.1: Increase the number of agencies on the resource database.

Not only should the information be accurate, but relevant and inclusive of the needs of the aging community and caregivers. The Elderly Affairs Division wants to ensure that the individuals who look at the website, get the information they were looking for.

EVALUATION MEASURES:

- Annual % increase of number of agencies on the resource database.
- % Increase of ADRC website hits and revisits
- % of Visitors who report that the ADRC website was helpful

Strategy 3.3:

Optimize and strengthen the ADRC system processes, accountability and sustainability.

Objective 3.3.1: Continue to improve and streamline the process of providing long term support services to older adults.

The Elderly Affairs Division has continued to streamline the process in providing long term support services to older adults, and incorporate new federal, state and county level initiatives as enacted, or required.

EVALUATION MEASURES:

- % Increase of older adults assessed through the ADRC
- % of Participants who are satisfied with the ADRC
- % of Participants who needs are met by the ADRC

Objective 3.3.2: Promote the adoption and implementation of national standards for home and community-based services.

The Administration for Community Living set priorities in developing and adopting national standards for home and community-based services. The Elderly Affairs Division will continue to support the initiative, and actively participate in national conferences, training session, and forums.

EVALUATION MEASURES:

- Adoption of the national standards in data collection and analysis

Objective 3.3.3: Coordinate continuing education and training for ADRC staff.

Training and education of staff has been a top priority of the Elderly Affairs Division. ADRC staff are given many opportunities to grow in the profession and field of aging, and ultimately benefits the older adults and caregivers in the community.

EVALUATION MEASURES:

- % of ADRC staff who received person centered training
- % of ADRC staff who received dementia capability training
- % of ADRC staff who are Alliance of Information and Referral Systems certified
- % of ADRC staff who are certified State of Hawai'i Insurance and Assistance Program counselors
- % of ADRC staff who received benefits enrollment training
- Development of annual training schedule

Objective 3.3.4: Develop a quality assurance plan to ensure compliance and timeliness, and to identify solutions for improvement.

Establishing quality assurance and continuous improvement methods is a component of being a fully functional Aging and Disability Resource Center.

EVALUATION MEASURES:

- Develop and implement a Quality Assurance Plan
- % Decrease in time from first contact to eligibility determination
- % Decrease in missing data on reports
- Accuracy in data and reports

Objective 3.3.5: Develop a Sustainability Strategy for the ADRC 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 or review of resource needs, which are used to develop the Elderly Affairs Division's business acumen and determine the mechanisms to sustain supportive services for the seniors in our community.

EVALUATION MEASURES:

- Develop and implement a Sustainability Plan
- Active participation in the State's Federal Financial Participation Initiative
- Active participation in other Reimbursement initiatives

Strategy 3.4:

Develop and implement outreach strategies that enable services to be targeted to those most in need.

Objective 3.4.1: Increase the visibility of the Elderly Affairs Division, as the Aging and Disability Resource Center.

More than half of those surveyed had not heard of the Elderly Affairs Division, or the Senior Helpline. Greater public education and awareness will allow the community to learn about the resources available to support the needs of older adults, persons with disabilities, and their caregivers.

EVALUATION MEASURES:

- % Increase of those who report hearing of the Elderly Affairs Division/Senior Helpline.
- % Increase of unduplicated persons served for the State Program Report

Objective 3.4.2: Review the Elderly Affairs Division's prioritization criterion and incorporate the community feedback, to ensure publically funded services are targeted to those most in need.

As required by the Older Americans Act, the Elderly Affairs Division must target services to those with greatest social and economic need, especially if there are waitlists for services.

EVALUATION MEASURES:

- Update and implement the prioritization criteria
- % Increase of Participants who have greatest social need
- % Increase of Participants who have the greatest economic need
- % Increase of Participants who are at-risk of institutionalization

Goal 4: Long Term Services and Support

Enable older adults to live in their communities through the availability of and access to high quality long-term services and supports, including supports for their families and caregivers.

Strategy 4.1:

Expand and collaborate with the Aging Network to develop innovative, person centered, integrated systems and programs that meet the needs of older adults and their caregivers.

Objective 4.1.1: Increase the number of contracted service providers that provide long term services and supports that are needed, in a way that is needed for older adults, and their caregivers, and as defined by the Administration for Community Living and the Executive Office on Aging.

An increase in service capacity and funding is needed in order to address the growing needs of older and caregivers in the community. As stated in the previous section, for state fiscal year 2018, the Elderly Affairs Division waitlists for attendant care, home delivered meals, homemaker services, and transportation (see Table 8.2).

EVALUATION MEASURES:

- % Increase of unduplicated person count
- % of Participants who report improved health status/quality of life
- % Increase of providers delivering long term services and support
- % Increase of funding allocation/expenditures for long term services and support
- % Decrease of participants waiting for services

Objective 4.1.2: Collaborate with public and private agencies to develop additional housing options, nutrition programs, financial literacy programs, respite options, and access to affordable health care, for older adults and their caregivers.

Based on the feedback from survey, focus group, and key informant interviews respondents, more collaboration needs to be done to address the community's identified areas of concern. Public and private partnerships provide an opportunity to leverage resources and develop innovative solutions to our community's complex problems.

EVALUATION MEASURES:

- Establish public and private partnerships
- Develop and implement a pilot project to address three of the five areas of concern

Strategy 4.2:

Provide access to high-quality long term services and supports for older adults, persons with disabilities, and their caregivers.

Objective 4.2.1: Conduct semi-annual onsite assessments of contracted service providers to ensure compliance and program efficiency and to identify recommendations for improvement.

To ensure that high quality long term services and supports are delivered to older adults, the Elderly Affairs Division will monitor all contracted services providers quarterly to ensure providers are in compliance, services are timely and meet the needs of the clients.

EVALUATION MEASURES:

- % Increase in participants served
- % Increase in units delivered
- % Increase in average time from referral to first date of service
- % of Providers who report an increase in sustainability

Objective 4.2.2: Develop partnerships with agencies that serve persons with disabilities to ensure a smooth transition for referrals.

It is important for the Elderly Affairs Division to establish partnerships with agencies that serve persons with disabilities because the funding for services are limited to older adults, and their caregivers.

EVALUATION MEASURES:

- Active participation in the State's No Wrong Door Initiative
- # of formal and informal partnerships with agencies that serve persons with disabilities
- % of Staff trained on referral procedures

Strategy 4.3:

Provide person centered support for family caregivers, including grandparents raising grandchildren, through training, education, counseling, respite and referrals.

Objective 4.3.1: Increase the number of caregivers who receive caregiver support services, as defined by the Administration on Aging and Executive Office on Aging.

There are over 154,000 caregivers in Hawai'i, and over half reported feeling emotionally stressed trying to balance their family

responsibilities, caregiving and work. Nearly three-fourths of caregivers altered work schedules or took time off.

EVALUATION MEASURES:

- % Increase of unduplicated caregivers served, including grandparents raising grandchildren
- % of Caregivers who report improved health status/quality of life/less caregiver stress
- % Increase of providers delivering caregiver support services
- % Increase of funding allocation/expenditures for caregiver support services

Objective 4.3.2: Fill the vacant Caregiver Specialist position at the Elderly Affairs Division to develop and update caregiver education and outreach materials.

The Elderly Affairs Division understands the needs of older adults and caregivers differ. The Caregiver Specialist position will work with the community to ensure caregiver needs are met.

EVALUATION MEASURES:

- Caregiver Specialist position is filled
- Update Caregiver Guide
- Develop Caregiver Outreach Plan and Materials
- % Increase in caregiver contacts
- % Decrease in caregiver stress

Goal 5: Elder Safety and Justice

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

Strategy 5.1:

Foster collaboration with the Aging Network, and community partners, to ensure older adults, and persons with disabilities, are safe from abuse, neglect and fraud.

Objective 5.1.1: Work with the Aging Network and Adult Protective Services to increase awareness and education on elder abuse, neglect and exploitation.

The Administration for Community Living identified elder abuse prevention as a top priority in its most recent strategic plan (2013 – 2018), and the World Health Organization declared elder abuse as a violation of the basic human right, the right to be safe and free of violence. Older adults with Alzheimer's Disease and related disorders have a higher risk of being abused and financially exploited.

EVALUATION MEASURES:

- % of Staff trained by Adult Protective Services
- % of Providers trained by Adult Protective Services
- # of Presentations held in partnership with Adult Protective Services

Strategy 5.2:

Develop partnerships to ensure that disaster preparedness planning accounts for older adults and persons with disabilities.

Objective 5.2.1: Partner and collaborate with appropriate government agencies to update emergency disaster plans and procedures for older adults and persons with disabilities.

In 2018, Hurricane Lane brought record setting rainfall to the State of Hawaii, with more than 50" of rain, triggering the City and County of Honolulu to open evacuation shelters across the island. Older adults, particularly those who live alone or have little/no support, should be prepared in the event of catastrophic events.

EVALUATION MEASURES:

- # of formal and informal partnerships with disaster management agencies
- Update preparedness plans to incorporate the needs of older adults, persons with disabilities, and their families.

Objective 5.2.2: Increase the number of older adults who develop their own disaster preparedness plan.

As part of the statewide assessment tools, all older adults are given the opportunity to develop a disaster preparedness plan and identify essential belongings to take, emergency contacts, and emergency shelter locations.

EVALUATION MEASURES:

- % of Staff trained to assist participants in completing the disaster preparedness plan
- % Increase of participants who complete a disaster preparedness plan
 - % of Participants who live alone
 - % of Participants who have little to no informal support

Strategy 5.3:

Promote awareness of culturally appropriate long term care planning, including planning for the end of life.

Objective 5.3.1: Partner with agencies to increase awareness about the importance of long term care planning.

Focus group respondents, particularly the younger participants, felt discouraged about their retirement future. The time to start planning for retirement and long term care needs to happen now.

EVALUATION MEASURES:

- # of formal and informal partnerships established

Objective 5.3.2: Partner with agencies to develop culturally appropriate educational materials for end of life planning.

With Hawai'i becoming the 7th jurisdiction to enact a Death with Dignity statute, named Our Care, Our Choice Act, advance care planning is more important than ever to ensure that individuals identify what it is they want at a time when they may not have the abilities to share it. This could include options such as hospice, palliative care, and death with dignity. The Elderly Affairs Division would like to partner with agencies such as Kokua Mau, and the National Asian Pacific Center on Aging, to develop and disseminate culturally appropriate materials for end of life planning.

EVALUATION MEASURES:

- # of formal and informal partnerships established
- Develop end of life planning materials
- # of Participants who are educated about end of life planning

Funding Allocation and Targeting Plan

Previous Year Expenditures and Persons Served for Priority Services (FY2018)

As stated previously, the Elderly Affairs Division receives and administers the federal Older Americans Act (OAA) and state funds. The chart below indicates the budget and expenses for each service, by funding source, for federal fiscal year 2018. It also includes the number of persons served based on the OAA mandated targeting criteria.

OAA Category	Services	FY18 BUDGET & EXPENDITURES			PERSONS SERVED						
		Budgeted	Expenditures		GEN	GSN	LIM	Rural	LEP	Frail	Native American
			Title III	State							
B: Supportive Services											
	Adult Day Care	\$722,996.67	---	\$496,602.08	10	7	9	35	0	28	7
	Case Management	\$595,265.92	---	\$496,191.00	434	776	351	674	33	713	201
	Chore	\$50,091.25	---	\$4,240.00	1	3	0	1	0	3	0
	Counseling*	\$36,037.72	---	\$36,037.72	---	---	---	---	---	---	---
	Escort (w/o Transportation)*	\$54,217.49	\$39,239.64	\$3,414.39	--	---	---	---	---	---	---
	Homemaker	\$124,661.13	---	\$62,872.96	13	32	5	0	1	24	2
	Housing Assistance	\$226,050.00	\$226,050.00	---	1	8	1	1	0	2	3
	Housing Linkages	\$63,000.00	\$63,000.00	---	1	0	0	0	0	0	
	Information and Assistance	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	852	1,656	683	1,472	82	1,500	462
	Legal Services*	\$164,535.03	---	---	---	---	---	---	---	---	---
	Outreach*	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	---	---	---	---	---	---	---
	Personal Care	\$1,574,059.86	---	\$1,174,166.52	81	97	64	158	8	358	60
	Transportation	\$1,110,834.72	\$249,100.00	\$754,023.24	303	663	257	354	47	201	101
C-1: Congregate Nutrition Services											
	Congregate Meals	\$361,987.50	\$350,595.00	---	184	376	169	177	29	46	161
	Nutrition Education*	\$24,525.00	\$14,350.00	---	---	---	---	---	---	---	---
	Recreation*	\$263,548.11	\$206,364.45	\$55,398.36	---	---	---	---	---	---	---
C-2: Home Delivered Nutrition Services											
	Home Delivered Meals	\$2,823,906.08	\$582,380.40	\$1,529,097.60	206	401	175	407	20	803	144
	Nutrition Counseling	\$10,000.00	---	---	---	---	---	---	---	---	---
	Nutrition Education*	\$11,320.00	\$240.00	---	---	---	---	---	---	---	---
D: Evidenced-Based Disease Prevention and Health Promotion Services											
	Health Education/Promotion*	\$60,000.00	\$2,750.00	\$14,969.14	---	---	---	---	---	---	---
E: National Family Caregiver Support Program											

	Access – Case Management*	\$37,100.00	\$20,055.00	---	---	---	---	---	---	---	---
	Access – Supplemental Services	\$50,000.00	\$10,931.41	---	0	0	0	1	0	0	0
	Respite – Out of Home Services	\$147,740.00	---	---	---	---	---	---	---	---	---
	Support – Counseling	\$86,730.00	\$84,275.34	---	1	1	0	34	1	1	8
	Support – Education/Training	\$55,440.00	\$44,910.00	---	1	0	0	31	1	0	13
	Support – Counseling (Grandparents)	\$42,845.40	\$42,845.40	---	3	1	3	40	1	0	21
	Support – Education/Training (Grandparents)	\$4,652.28	\$1,331.44	---	2	1	2	30	1	0	17
Other Services											
	Attendant Care	\$151,747.75	---	\$57,754.25	23	52	10	24	2	61	10
	Education & Training*	\$8,208.08	---	\$8,208.08	---	---	---	---	---	---	---
	Exercise & Fitness*	\$25,871.18	---	\$25,871.18	---	---	---	---	---	---	---
	REACH Program	\$32,408.00	---	\$24,006.50	8	2	4	6	0	7	2
	Telephone Reassurance*	\$5,984.37	---	\$5,984.37	---	---	---	---	---	---	---
	Volunteer Opportunities*	\$64,620.01	---	\$64,620.01	---	---	---	---	---	---	---
	GRAND TOTAL:	\$8,611,980.63	\$1,973,308.68	\$4,813,457.40	1,114	2,111	928	1,820	129	1,649	667

* Not a registered service – Aggregate information collected only, meaning there is no demographic data collected on participants.

GEN = Greatest Economic Need

GSN = Greatest Social Need

LIM = Low Income Minority

Rural = Rural area according to 2000 Administration on Aging Zip Code designation

LEP = Limited English Proficiency

Frail = Two or More Activity of Daily Living Impairments or Cognitive Impairment

Native American = Native American

Declaration of Compliance

The Area Agency on Aging, namely the Elderly Affairs Division, 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 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.

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

The Elderly Affairs Division's Area Plan on Aging provides assurances that preferences 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

The Elderly Affairs Division's Area Plan on Aging 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 the targeted populations.

Provision of Services in High Need Areas

The Elderly Affairs Division divides its geographic area into sub-areas, and consider the following: a) 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, the Elderly Affairs Division 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

The Elderly Affairs Division will do the following to ensure efforts are taken to reduce the rates of premature institutional placement:

- Conduct outreach activities to identify those at risk for institutional placement, as defined by the Older Americans Act.
- 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.
- Collaborate with agencies and organizations to maximize service delivery to frail older individuals in need of services.

Targeting Preference

The Elderly Affairs Division will continue to target services to older individuals who:

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

For services authorized by the Area Agency on Aging, the Elderly Affairs Division will target outreach efforts to identify those in the above defined targeted groups. If there are waitlists for authorized services, the Elderly Affairs Division will prioritize and give preference to older individuals in the above defined targeted categories.

The Elderly Affairs Division has included provisions in all contracts to ensure that providers will target and satisfy the service needs of older individuals in the above defined targeted groups. To the maximum extent feasible, agencies will prioritize services to these older individuals in accordance with their need for services, will meet specific objectives established by the Elderly Affairs Division for providing service to these older individuals and if there is a waitlist, will give preference to these older individuals.

Low-Income Minority Efforts

The Elderly Affairs Division 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 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 low-income and/or minority older individuals.

Limited English Proficiency Efforts

The Elderly Affairs Division adheres and complies with Title VI of the Civil Rights Act of 1964, Chapter 321C of the Hawaii Revised Statutes, and Chapter 1 of the Revised Ordinances of the City and County of Honolulu. To the extent possible, the Elderly Affairs Division will recruit and hire bilingual staff for the Information and Assistance branch, and 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, and/or County government.

The Elderly Affairs Division has included provisions in all contracts to ensure that service providers have a Language Access Plan that ensures reasonable efforts and meaningful access to services, and must comply with Title VI of the Civil Rights Act of 1964, Chapter 321C of the Hawaii Revised Statutes, and Chapter 1 of the Revised Ordinates of the City and County of Honolulu. The Elderly Affairs Division will continue to encourage all contracted service providers, to the extent possible, hire bilingual staff and translate agency materials in the primary languages of their consumers.

Rural Agency Efforts

The Elderly Affairs Division 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 areas within 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

The Elderly Affairs Division will maintain, as is reasonably feasible, participation rates of older Native Americans in Title III funded programs at, or above, the percentages of distribution of older Native Americans within 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. Native Americans include those of Native Hawaiian descent.

Collaborations

The Elderly Affairs Division 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, 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 identified barriers.

Targeted Information and Assistance/Outreach

The Elderly Affairs Division’s Information and Assistance branch will identify individuals eligible for priority assistance, as described in the area plan, and inform such individuals of the availability of assistance. In order to maximize outreach efforts, the Elderly Affairs Division will focus its efforts in areas identified to have a high population percentage of older individuals who fall within the aforementioned targeted categories. In addition, efforts will be taken to link services to those with severe disabilities, older individuals with Alzheimer’s Disease and Related Disorders with neurological and organic brain dysfunction, as well as their caregivers.

Minimum Percentages for Title III Part B Categories of Services (2019 – 2023)

For the duration of the Area Plan, the Elderly Affairs Division 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 the Older Americans Act, Section 306(a):

Categories	Percent
Access*	22%
In Home	10%
Legal	10%
TOTAL	42%

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

Appendices

Assurances

Compliance with Civil Rights

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

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

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

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

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

Date SEP 5 2019

City and County of Honolulu – Department of Community Services
Elderly Affairs Division

Department of Community Services
925 Dillingham Boulevard, Suite 200
Honolulu, HI 96819

By



Signature and Title of Authorized Official
Pamela A. Witty-Oakland
DIRECTOR

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.F.R. 84.5(b)].

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

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

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

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

715 S. King Street, Suite 311
Street Address

99-6001257
(IRS) Employer Identification Number

Honolulu
City

(808) 768-7760
Area Code & Telephone Number

Hawaii 96813
State Zip

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

SEP - 3 2019
Date



Signature and Title of Authorized Official, City and County of Honolulu
Pamela A. Witty-Oakland DIRECTOR

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

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 xx through xx.

SEP - 6 2019 

Date Signature and Title of Authorized Official
Pamela A. Willy-Oakland
DIRECTOR

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 75 and 2 CFR Part 200 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 Part 100 covering Intergovernmental Review of Department of Human Services Programs and Activities be maintained. The regulation is intended to foster an intergovernmental partnership and a strengthened Federalism by relying on State processes and on State, area wide, regional, and local coordination for review of proposed Federal financial assistance and direct Federal development.

k. Standards for a Merit System of Personnel Administration

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

2. Equal Opportunity and Civil Rights

a. Equal Employment Opportunity

The Area Agency has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 41 CFR Part 60-1.

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 Part 84.

c. Non-Discrimination on the Basis of Age

The Area Agency will assure compliance with 45 CFR Part 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.

Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

Department of Community Services

Organization



Signature and Title of Authorized Official

Department of Community Services

Pamela A. Witty-Oakland

DIRECTOR

Hawai'i

State

SEP - 5 2019

Date

Waivers

Waiver to Provide Direct Service(s)

ELDERLY AFFAIRS DIVISION

(Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning **October 1, 2019** through **September 30, 2023**

Service

Retired and Senior Volunteer Program – RSVP

Title III Reference

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

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

Funding Source and Annual Estimates

CNCS (Federal)	\$90,514.00
Title III	- 0 -
State	- 0 -
County	\$62,589.00
TOTAL	\$153,103.00

** Estimates based on FFY18 data.*

Justification

- Oahu RSVP Volunteer Program recruits and links adults, age 55 and better, with volunteer opportunities in the community that match their personal interests and make use of their wisdom, skills, and experience. RSVP volunteers are placed in nonprofit organizations as well as Government and public agencies throughout the community. These community partners are referred to as Volunteer Stations. Healthy Futures is Oahu RSVP's primary

focus area which aims to increase seniors ability to remain in their own homes with the same or improved quality of life for as long as possible, increasing food security, improving access to health care and promoting good health.

- The Elderly Affairs Division (EAD), Department of Community Services (DCS), City and County of Honolulu, is the incumbent sponsor for the RSVP Volunteer Program for the island of Oahu. The grantee share (matching funds) is supported by the Kupuna Care (state) funds.
- RSVP meets community needs such as health and nutrition for frail seniors, tutoring of children and adults, public safety and healthy communities through volunteer services such as meal delivery, advocacy for seniors, promotion, and maintenance of local culture and environmental restoration.
- RSVP addresses the mission of the Elderly Affairs Division of the City and County of Honolulu to strengthen our community by enhancing the quality of people's lives through the delivery of services to those in need.
- RSVP volunteers provide independent living service to seniors that include but are not limited to Companionship, Transportation, Respite, Chore to prevent senior homelessness, Meals on Wheels, and Telephone Reassurance. Furthermore, volunteers also provide other services which include but are not limited to tutoring children, teaching adult literacy skills, serving lunches to under privilege children, serving at the City & County Customer Services Departments, Engaging Veterans and Families in Community Services, and Serving young military families.
- During FFY18, 333 Oahu RSVP Volunteers from at 24 volunteer stations served 24,815 hours of community service. The average cost per volunteer is \$271.81, as determined by the Corporation for National & Community Service (CNCS). Based on this, the total value of Oahu RSVP's volunteers are \$90,513.

ELDERLY AFFAIRS DIVISION

(Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning **October 1, 2019** through **September 30, 2023**

Service

Information and Assistance and Outreach

Title III Reference

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

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

Funding Source and Annual Estimates

Title III	\$140,000.00
State	\$975,000.00
County	\$650,000.00
TOTAL	\$1,765,000.00

** Estimates based on FFY18 data.*

Justification

- The Elderly Affairs Division has provided Information and Assistance and Outreach since 1976.
- Total budget staff consists of 30 full-time equivalents (FTE), with most staff able to offer bilingual services. They cover the enter planning and service area.
- Staff triage, provide options counseling, and schedule home visits to assess and assist older adults who call our highly publicized Senior Information Helpline (768-7700).
- During FY18, the Elderly Affairs Division's Information and Assistance unit assisted 144,026 of older adults and caregivers, with over 155,688 contacts.

ELDERLY AFFAIRS DIVISION

(Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning **October 1, 2019** through **September 30, 2023**

Service

Case Management

Title III Reference

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

OAA Sec.307(a)(8)(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

Funding Source and Annual Estimates

Title III	- 0 -
State	\$800,000.00
County	- 0 -
TOTAL	\$800,000.00

** Estimates based on FFY18 data.*

Justification

- The Elderly Affairs Division has provided Case Management services since 2016; and was fully implemented in 2018.
- Total budget staff has increased to 14 full-time equivalents (FTE), with the ability to offer bilingual services. They provide direct person-centered case management to the entire planning and service area.
- Staff triage, provide options counseling, conduct home visits to assess and assist older adults in meeting their needs, and develops and monitors the implementation of client support plans.
- During FY18, the Elderly Affairs Division's Information and Assistance Unit assisted 2,473 older adults and caregivers, with over 11,127 units of case management.

Waiver of Priority Category of Services

ELDERLY AFFAIRS DIVISION

(Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE

For the period beginning October 1, 2019 through September 30, 2023

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

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

Staffing

Primary Area Agency Responsibilities

Position with Lead Authority for Decision-Making for Defined Responsibilities

General Administration

Overall program administration

County Executive on Aging

The statement of written procedures for carrying out all defined responsibilities under the Act

County Executive on Aging, Chief Planner

Responding to the views of older persons relative to issues of policy development and program implementation under the plan

County Executive on Aging, Chief Planner

Hiring of staff resources

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

Organization of staff resources

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

Liaison with Advisory Council

County Executive on Aging
with Staff support

Public information relations

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

Overall program policy

County Executive on Aging

Grants management

Chief Planner, Grants Managers, Data
Analyst

Fiscal management

Budget Analyst, with support of Chief
Planner and Grants Managers

Personnel management

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

Information management/reporting

Chief Planner and Data Analyst

Program Planning

Coordinating planning with other agencies and organizations to promote new or expanded benefit opportunities for older people

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

Assessing the kinds of levels of services needed by older persons in the planning and service

I&A Coordinator, Chief Planner, Grants
Managers

area, and the effectiveness of other public and private programs serving those needs

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

Chief Planner

Defining methods for establishing priorities for services

Chief Planner

Conducting research and demonstrations

All Staff

Resource identification/Grantsmanship

All Staff

Advocacy

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

County Executive on Aging, Chief Planner, Grants Managers

Conducting public hearings on the needs of older persons

County Executive on Aging, Chief Planner

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

County Executive on Aging, with Staff support

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

I&A Coordinator

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

I&A Coordinator, I&A Supervisors, I&A Staff

Systems Development

Defining community service area boundaries

Chief Planner

Designating community focal points

Chief Planner

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

Chief Planner with support of Grants Manager and I&A Coordinator

Entering into subgrants or contracts with Service Providers

Chief Planner, Grants Managers

Providing technical assistance to service providers

Grants Managers, Data Analyst, Budget Analyst

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

Chief Planner, with support of Grants Manager and I&A Coordinator

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

Chief Planner, with support of Grants Manager and I&A Coordinator

Program Maintenance

Monitoring performance of all service providers under the Plan

Chief Planner, Grants Managers, Data Analyst, Budget Analyst

Evaluating performance of all service providers under the Plan

Chief Planner, Grants Managers, Data Analyst, Budget Analyst

Providing feedback to service providers and key decision makers

All Staff

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

County Executive on Aging, Chief Planner, Grants Managers, Budget Analyst, Data Analyst

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, 2016).

Assisted Transportation: Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicle transportation. (FSRR, 2016).

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, 2016).

Chore: Assistance such as heavy housework, yard work or sidewalk maintenance for a person. (FSRR, 2016).

Congregate Meal: A meal provided to a qualified individual in a congregate or group setting. The meal served meets all of the requirements of the Older Americans Act and State/Local laws. (FSRR, 2016).

Disease Prevention and Health Promotion Services: Health risk assessments; routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening; nutritional counseling and educational services for individuals and their primary caregivers; evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition; programs regarding physical fitness, group exercise, and music, art, and dance-movement therapy, including programs for multigenerational participation that are provided by an institution of higher education, a local educational agency, as defined in section 1471 of the Elementary and Secondary Education Act of 1965, or a community-based organization; home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment; screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services; educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act; medication management screening and education to prevent incorrect medication and adverse drug reactions; information concerning diagnosis, prevention, treatment, and rehabilitation of diseases, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction; gerontological counseling; and counseling regarding social services and follow-up health services based on any of the services described earlier. (OAA, Sec 102 (14)).

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

Home-Delivered Meal: A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by State Units on Aging and/or Area Agencies on Aging and meets all of the requirements of the Older Americans Act and State/Local laws. (FSRR, 2016).

Homemaker: Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (FSRR, 2016).

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. Internet web site “hits” are to be counted only if information is requested and supplied (FSRR, 2016).

Legal Assistance: Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. (FSRR, 2016).

Nutrition Counseling: Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status, performed by a registered dietitian or the health professional functioning within their legal scope of practice. (FSRR, 2016).

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, 2016).

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, 2016).

Personal Care: Personal assistance, stand-by assistance, supervision or cues. (FSRR, 2016).

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

Transportation: Curb-to-curb transportation for older persons who require help in getting from one location to another using a vehicle. Does not include any other activity. (FSRR, 2016).

2. Services to Caregivers

Access Assistance: A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (FSRR, 2016).

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, 2016).

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, 2016).

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, 2016).

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, 2016).

3. Facilities

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

4. Special Populations and Definitions Related to Special Populations

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

At Risk for Institutional Placement: With respect to an older individual, that such individual is unable to perform at least two activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility. (OAA, Sec 102 (9)).

Child: An individual who is not more than 18 years of age or an individual 19 – 59 of age who has a disability. The term relates to a grandparent or other older relative who is a caregiver of a child. (FSRR, 2016).

Disability: (Except when such term is used in the phrase “severe disability,” “developmental disabilities,” “physical or mental disability,” “physical and mental disabilities,” or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment. (OAA, Sec 102 (13)).

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

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

Exploitation: The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belonging, or assets. (OAA, Sec 101 (18A)).

Neglect: (a) the failure to provide for oneself the goods or services that are necessary to avoid physical harm, mental anguish, or mental illness; or (b) the failure of a caregiver to provide the goods or services. (OAA, Sec 102 (38)).

Physical Harm: Bodily injury, impairment, or disease. (OAA, Sec 102 (41))

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

Frail: With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual: (A) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or at the option of the State, is unable to perform at least three such activities without such assistance; or (B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (OAA, Sec 102 (22)).

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

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

Greatest Social Need: The need caused by non-economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that: (i) restricts the ability of an individual to

perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. (OAA, Sec 102 (24)).

High Nutritional Risk: An individual who scores six (6) or higher on the “DETERMINE Your Nutritional Risk Checklist” published by the Nutritional Screening Initiative. (FSRR, 2016).

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, 2016).

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, 2016).

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, 2016).

NSIP Meals: A Nutrition Services Incentive Program (NSIP) Meal is a meal served in compliance with all the requirements of the Older Americans Act, which means at a minimum that, 1) it has been served to a participant who is eligible under the Older Americans Act and has NOT been means-tested for participation; 2) it is compliant with the nutrition requirement; 3) it is served by an eligible agency; and 4) it is served to an individual who has an opportunity to contribute. NSIP meals also include home delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to persons aged 60 and over who are either care recipients (as well as their spouses of any age) or caregivers. (FSRR, 2016).

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

Poverty: Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes. (FSRR, 2016).

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, 2016).

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

5. Ethnic Groups

African American or Black: A person having origins in any of the black racial groups of Africa. (FSRR, 2016).

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, 2016).

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, 2016).

Caucasian or White: A person having origins in any of the peoples of Europe, the Middle East, or North Africa. (FSRR, 2016).

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (FSRR, 2016).

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

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

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

Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawai'i, Guam, Samoa or other Pacific Islands. (FSRR, 2016).

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, Sec 102 (4)).

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

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

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

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

Long-term care: Any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service— (A) intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living; (B) furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and (C) not furnished to prevent, diagnose, treat, or cure a medical disease or condition. (OAA, Sec 102 (34)).

Minority Provider: A provider of services to clients which meets any one of the following criteria: 1) A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below. 2) A private business concern that is at least 51 % owned by individuals in the racial and ethnic categories listed below. 3) A publicly owned business having at least 51% of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below: The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic. (FSRR, 2005).
Older Americans Act: An Act to provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designed as the “Administration on Aging”. (Public Law 89-73).

Planning and Service Area: An area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A) of the Older Americans Act. (OAA, Sec 102 (42)).

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

Volunteer: An uncompensated individual who provides services or support on behalf of older individuals. (FSRR, 2016).

Sources:

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Eldercare

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

306(a)(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 Assistant Secretary 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 of 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 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.

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

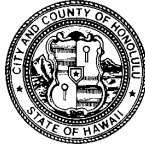
Alzheimer's Association, Arcadia Elder Services, Catholic Charities Hawai'i, Child and Family Services, Franciscan Care, Hale Hau'oli Hawai'i, Hawaii Family Services, Inc., Hawaii Health Systems Corporation, Hawaii Meals on Wheels, Hookele Care at Home, Kahala Senior Living, Keiki to Kupuna Foundation, Kokua Kalihi Valley, Lanakila Pacific, Lunalilo Home, Malama Adult Day Care Center, Moiliili Community Center, Palolo Chinese Home, Project Dana, The Salvation Army,

St. Francis Health Services, Seagull Schools, University of Hawai'i Elder Law, Waikiki Health, Windward Seniors, and WorkHawaii.

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 or delivered.

Public Hearing Notice

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**NOTICE OF PUBLIC HEARING
AND
REQUEST FOR COMMENTS**

The City and County of Honolulu, Department of Community Services (DCS), will hold a public hearing for its Draft Four-Year Area Plan on Aging: October 1, 2019 – September 30, 2023 on,

- March 18, 2019, 9:30am – 10:30am, at Waianae District Park – Multipurpose Room
- March 19, 2019, 9:30am – 10:30am, at Pearl City District Park – Multipurpose Room
- March 21, 2019, 9:30am – 10:30am, at Kilauea District Park
- March 22, 2019, 9:30am – 10:30am, at Asing Community Park – Meeting Room #1
- March 27, 2019, 9:30am – 10:30am, at Kaneohe District Park – Arts & Crafts Room

An electronic version of the Draft plan is posted on our website at www.elderlyaffairs.com, and a hardcopy version will be available for review at the Elderly Affairs Division office located at 925 Dillingham Boulevard, Suite 200, Honolulu, from 7:45 a.m. to 4:30 p.m. beginning March 1, 2019 until March 31, 2019.

All interested persons are invited to provide comments relating to the Draft Four-Year Area Plan on Aging: October 1, 2019 – September 30, 2023, either orally or in writing. All oral and written testimony presented at the public hearing will be considered. Written comments may be presented to the presiding staff member at the public hearing, or mailed to the City and County of Honolulu, Department of Community Services, Elderly Affairs Division, Attention: Area Plan, 925 Dillingham Boulevard, Suite 200, Honolulu, Hawaii 96817. Written comments may also be emailed to elderlyaffairs@honolulu.gov by 4:30 p.m. on March 31, 2019.

To request language interpretation, or an auxiliary aid or service (i.e., sign language interpreter, or materials in alternative format), contact DCS at the addresses above or call (808) 768-7700 by 4:30 p.m. on March 11, 2019.

Pamela A. Witty-Oakland
Director
Department of Community Services
City and County of Honolulu

Focus Group and Reports

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Area Plan Facilitator Materials

Focus Groups

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Project Overview

Older Americans Act Overview

The Older Americans Act of 1965 (OAA) established a social and nutrition services program for America's older adults. The Administration for Community Living (ACL) provides leadership, expertise and framework on program development, advocacy and initiatives affecting older adults, caregivers and their families. ACL awards OAA funding for nutrition and supportive in-home and community-based services for disease prevention and health promotion, elder rights, and the National Family Caregiver Support Program (NFCSP). The State of Hawaii's Executive Office on Aging works closely with the City and County of Honolulu's Elderly Affairs Division (EAD) to administer the OAA funds.

Area Plan Overview

The Elderly Affairs Division is the designated Area Agency on Aging, and Aging Disability Resource Center, and is responsible in developing the Area Plan for the City and County of Honolulu. The plan shall be developed according to the guidance issued by EOA and covers a period of four years, October 1, 2019 – September 30, 2023. The plan shall describe the strategies and objectives to develop a coordinated system of services for individuals age 60 years and older, their caregivers and persons with disabilities.

The Area Plan shall address the following goals, as designated by EOA:

Goal 1: Maximize opportunities for older adults to age well, remain active, and enjoy quality lives while engaging in their communities.

Goal 2: Expand partnerships and alliances that will give impetus to meeting Hawaii's greatest challenges of the aging population.

Goal 3: Strengthen the statewide Aging and Disability Resource Center system for older adults and their families to access and receive long-term services and supports (LTSS) with their counties.

Goal 4: Enable older adults and people with disabilities to live in their own community through the availability of and access to high-quality LTSS, including supports for families and caregivers.

Goal 5: Optimize the health, safety, and independence of Hawaii's older adults.

Methodology and Objectives

Methodology

EAD will be conducting the focus groups throughout the City and County of Honolulu for the following age communities and caregivers,

- Age 30 – 45 (*Still Working on Questions*)
- Age 46 – 59 (*Still Working on Questions*)
- Age 60 – 79
- Age 80+
- Caregivers (any age)

The focus groups will consist of up to 10 participants, and be facilitated and recorded, when possible. At the conclusion of the focus groups, the data will be transcribed and analyzed. The findings and recommendations will be incorporated into EAD's Area Plan on Aging.

Limited English Proficient Older Adults

In addition to the focus groups mentioned above, EAD will be conducting four (4) additional focus groups with older adults, age 60 and older, for the following language communities, Ilocano, Japanese, Cantonese and Korean. The focus groups will consist of up to 10 participants, and be facilitated and recorded in-language. At the conclusion of the focus groups, the data will be transcribed and translated into English, and analyzed. The findings and recommendations will be incorporated into EAD's Area Plan on Aging.

Age 30 – 59 Group Objectives – (*Still working on Questions*)

The Age 30 – 59 focus groups will be used to solicit information to fulfill the following objectives,

Age 60 – 80+ Groups and Caregiver Group Objectives

The older adult and caregiver focus group will be used to solicit information to fulfill the following objectives,

1. Needs of Older Adults/Caregivers and Gaps in Service
 - a. Needs that are being met
 - b. Needs that are not being met
 - c. Implication of potential unmet needs
 - d. Gaps in Service
2. Prioritization of Service
 - a. Factors for prioritization
3. Engagement Issues and Strategies
 - a. Issues that discourage participation
 - b. Engagement strategies that encourage participation
 - c. Awareness of EAD and services

d. Utilization of services

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Focus Group Outline and Questions

Age 60 – 80+ Focus Group Outline and Questions

- Welcome – Introduce Facilitator (~1 minutes)
 - Thank you to participants.
- Introduce Topic and Explain Purpose (~2 minutes)
 - The findings and recommendations will be incorporated in to the City and County of Honolulu – Elderly Affairs Division’s Area Plan on Aging.
 - Provide an overview of the Elderly Affairs Division and older adult programs and services.
- Review Focus Group Guidelines (~2 minutes)
 - We’re tape recording the session to help with our data collection and analysis.
 - There are no right or wrong answers.
 - There may be differing points of views and that’s ok.
 - Appreciate that only one person speaks at a time.
 - You don’t need to agree with others, but please listen and respect others as they share their views.
- Needs of Older Adults and Gaps in Services (~25-30 minutes)
 - **Questions**
 - *What are the needs of seniors in your community?*
 - *How are these needs currently being met?*
 - *Who within their life and community assist in meeting those needs?*
 - *What programs and services in the community assist in meeting those needs?*
 - *How would you want these needs to be met?*
 - *What additional programs and services are needed?*
 - *How should services and programs be delivered?*
 - *What are the needs that are not being met for seniors in your community?*
 - *How should these needs be met?*
 - *What additional programs and services are needed?*
 - *How should services and programs be delivered?*
 - *What do you think will happen to seniors and/or the community if these needs are not met?*
- Prioritization of Services (~5-10 minutes)
 - Provide participants with the Prioritization for Waitlisted Services Ranking Form for Older Adults.
 - **Questions**
 - *Since the program cannot serve everyone who is eligible, different factors are used to determine who needs the services the most. What do you think should be the most important factors to determine who gets served first?*
 - *Please rank the following factors in order of importance, starting with one (1) as the most important, two (2) as the second most important, and so forth. If there is a factor that you think is important but not listed, you may write your own in the “Other” fields.*

Caregivers Focus Group Outline and Questions

- Welcome – Introduce Facilitator (~1 minutes)
 - Thank you to participants.
 - Introduce Topic and Explain Purpose (~2 minutes)
 - The findings and recommendations will be incorporated in to the City and County of Honolulu – Elderly Affairs Division’s Area Plan on Aging.
 - Provide an overview of the Elderly Affairs Division and older adult programs and services.
 - Review Focus Group Guidelines (~2 minutes)
 - We’re tape recording the session to help with our data collection and analysis.
 - There are no right or wrong answers.
 - There may be differing points of views and that’s ok.
 - Appreciate that only one person speaks at a time.
 - You don’t need to agree with others, but please listen and respect others as they share their views.
 - Needs of Caregivers and Gaps in Services (~25-30 minutes)
 - **Questions**
 - *What are the needs of caregivers in our community?*
 - *How are these needs currently being met?*
 - *Who within their life and community assist in meeting those needs?*
 - *What programs and services in the community assist in meeting those needs?*
 - *How would you want these needs to be met?*
 - *What additional programs and services are needed?*
 - *How should services and programs be delivered?*
 - *What are the needs that are not being met for caregivers in our community?*
 - *How should these needs be met?*
 - *What additional programs and services are needed?*
 - *How should services and programs be delivered?*
 - *What do you think will happen to caregivers and/or the community if these needs are not met?*
 - **Questions**
 - *Since the program cannot serve all eligible caregivers, different factors are used to determine who needs the services the most. What do you think should be the most important factors to determine who gets served first?*
 - *Please rank the following factors in order of importance, starting with one (1) as the most important, two (2) as the second most important, and so forth. If there is a factor that you think is important but not listed, you may write your own in the “Other” fields.*
 - *What are your top three important factors to determine who would get served first from the waitlist?*
 - *Why do you feel that way?*
- Prioritization of Services (~5-10 minutes)
 - Provide participants with the Prioritization Ranking Form for Caregivers (*still working on*).
 - **Questions**
 - *Since the program cannot serve all eligible caregivers, different factors are used to determine who needs the services the most. What do you think should be the most important factors to determine who gets served first?*
 - *Please rank the following factors in order of importance, starting with one (1) as the most important, two (2) as the second most important, and so forth. If there is a factor that you think is important but not listed, you may write your own in the “Other” fields.*
 - *What are your top three important factors to determine who would get served first from the waitlist?*
 - *Why do you feel that way?*

- Engagement Issues and Strategies (~10-15 minutes)
 - Provide the Elderly Affairs Division and Services Handout.
 - **Questions**
 - *Prior to this focus group –*
 - *Were you aware of the programs/ services available and funded by the Elderly Affairs Division?*
 - *If yes –*
 - *What did you know about the programs and services funded by the Elderly Affairs Division?*
 - *If no -*
 - *What has prevented you from participating in the programs and services?*
 - *How do you obtain and get information on services and programs offered within the community?*
 - *What are the best strategies to target and inform caregivers?*
- Visioning Questions (~5-10 minutes)
 - **Questions**
 - *What should programs and services funded by the Elderly Affairs Division be like in 20 years?*
 - *What types of services should be offered?*
 - *How would you want those services delivered?*
- Conclusion of the Focus Group (~5 minutes)
 - This concludes our focus group.
 - We thank you for your time and feedback. The feedback you provided is extremely valuable. It will help us ensure the resources being developed will benefit the needs of your community. Thank you for helping to be the difference!

Attachments

A: Elderly Affairs Division and Services Overview Handout

The Elderly Affairs Division (EAD), a division of the Department of Community Services of the City and County of Honolulu, is the sponsoring agency for 'Oahu's Aging & Disability Resource Center (ADRC) program. EAD has been the designated Area Agency on Aging (AAA) for Oahu since 1973. EAD receives funding from the federal, state and county governments, and, in turn, contracts with agencies to provide home and community based services to older adults and caregivers. EAD also provides outreach and education to the community, encourages and supports the aging network in improving and expanding services, and operates a telephone Helpline for consultation, information and referral to services.

From October 1, 2015, the following are the programs and services contracted to community partners:

Supportive Services	Service Provider
Housing Assistance	Catholic Charities of Hawaii
Legal Services	University of Hawaii Elder Law Program
Transportation	Catholic Charities Hawaii, Kokua Kalihi Valley
Escort (w/o Transportation)	Catholic Charities of Hawaii

Nutrition Programs	Service Provider
Congregate/Group Dining	Lanakila Pacific
Nutrition Education	Hawaii Meals on Wheels, Lanakila Pacific, Palolo Chinese Home
Outreach	Hawaii Meals on Wheels, Lanakila Pacific, Palolo Chinese Home
Recreation	Lanakila Pacific
Nutrition Counseling	Hawaii Meals on Wheels, Lanakila Pacific, Palolo Chinese Home
Home Delivered Meals	Hawaii Meals on Wheels, Keiki to Kupuna, Lanakila Pacific, Palolo Chinese Home

Health Maintenance	Service Provider
Health Maintenance	Child and Family Services, Kokua Kalihi Valley

Caregiver Support	Service Provider
Caregiver Access – Case Management	Child and Family Services, Franciscan Care
Caregiver Access – Supplemental Services	Child and Family Services, Franciscan Care, University of Hawaii Elder Law Program
Caregiver Respite	Franciscan Care, Kokua Kalihi Valley
Caregiver Support - Counseling/Education/Training	Alzheimer’s Association, Child and Family Services, Kokua Kalihi Valley, Project Dana, University of Hawaii Elder Law Program
Caregiver Support – Counseling (Grandparents Raising Grandchildren)	Hawaii Family Services

Other Programs and Services	Service Provider
Adult Day Care	Franciscan Care
Attendant Care	Hookele Care at Home, Project Dana, Waikiki Friendly Neighbors
Case Management	Child and Family Services
Case Management for At Risk Elders (REACH)	Child and Family Services
Homemaker	Catholic Charities Hawaii, Franciscan Care, Kokua Kalihi Valley, Waikiki Friendly Neighbors
Personal Care	Hookele Care at Home, St. Francis Community
Senior Center District I	Moiliili Community Center
Senior Center District II	Catholic Charities Hawaii – Lanakila Multi-Purpose Senior Center

B: Prioritization for Waitlisted Services Ranking Form for Older Adults

Since the program cannot serve everyone who is eligible, different factors are used to determine who needs the services the most. What do you think should be the most important factors to determine who gets served first? Please rank the following factors in order of importance, starting with one (1) as the most important, two (2) as the second most important, and so forth. If there is a factor that you think is important but not listed, you may write your own in the “Other” fields.

Priority Factors	Rank
Have little Assets (the amount of money or property a person currently has)	
Substantial Cognitive impairment (Dementia, Alzheimer's Disease, etc.)	
Frailty – Impaired physical ability to complete daily tasks on own (eat, bathing, toileting, etc.)	
Homebound – Unable to leave the home due to illness, injury or frailty	
Have low Income (amount of money they receive every month)	
Level of support from others (current amount of help from friends & family)	
Limited English proficient	
Lives alone	
Lives in a rural area	
Ethnic minority	
Other :	
Other:	
Other:	
Other:	

FOCUS GROUP RECRUITING SHEET
PROJECT: Elderly Affairs Division Focus Groups

Aloha, I'm _____ from Market Trends Pacific, a professional survey research center in Honolulu. You responded to our Craigslist ad seeking Hawaii residents interested in participating in a focus group study. Please allow me to ask you a few questions.

a. Are you a full-time resident (6 months or more) of Hawaii who is 18 years of age or older?

- | | | |
|-----------|---|----------------------------|
| Yes | 1 | [CONTINUE] |
| No..... | 2 | [POLITELY END CALL] |

b. What was the last grade in school you completed? Just stop me when I get to the right level.

- | | | |
|-----------------------------|---|----------------------------|
| Less than high school..... | 1 | [POLITELY END CALL] |
| High school graduate | 2 | [POLITELY END CALL] |
| Business/trade school | 3 | [CONTINUE] |
| Some college..... | 4 | [CONTINUE] |
| College graduate | 5 | [CONTINUE] |
| Post college graduate..... | 6 | [CONTINUE] |
| (DON'T KNOW/REFUSED)..... | 7 | [POLITELY END CALL] |

c. To which age group do you belong? Just stop me when I get to the right category.

- | | | |
|---------------------------------|---|----------------------------|
| 18 to 29 years..... | 1 | [POLITELY END CALL] |
| 30 to 45 years..... | 2 | [INVITE TO GROUP 2] |
| 46 to 59 years..... | 3 | [INVITE TO GROUP 1] |
| 60 to 79 years..... | 4 | [INVITE TO GROUP 4] |
| 80 to 85 years..... | 5 | [INVITE TO GROUP 3] |
| 85+ or Don't know/refused | 6 | [POLITELY END CALL] |

d. Are you a caregiver? By caregiver I mean that you are currently helping someone with activities of daily living. This may include managing medications, talking to doctors and nurses on this person's behalf; helping to bathe or dress this person who may be frail or disabled.

- | | | |
|--------------------------------|---|--------------------------|
| Yes, I am a caregiver | 1 | [INVITE TO GROUP 5] |
| No, I am not a caregiver | 2 | [INVITE TO 1, 2, 3 OR 4] |

e. What is your ethnicity? [IF MORE THAN ONE:] With which do you identify the most?

- | | | |
|---|---|-------------------|
| Caucasian | 1 | [3 MAX PER GROUP] |
| Japanese..... | 2 | [CONTINUE] |
| Filipino | 3 | [CONTINUE] |
| Hawaiian/Part Hawaiian | 4 | [CONTINUE] |
| Chinese | 4 | [CONTINUE] |
| Korean..... | 5 | [CONTINUE] |
| Other Asian (Vietnamese, Laotian, etc.) | 6 | [CONTINUE] |
| ALL OTHERS (Mixed, etc.) | 7 | [CONTINUE] |
| Prefer not to answer | 8 | [CONTINUE] |

j. Are you currently employed or not employed?

Employed	1	[CONTINUE]
Not employed	2	[2 MAX PER GROUP]
Retired.....	3	[CONTINUE]

Thank you. I would like to invite you to participate in the focus group session on [APPROPRIATE DATE] at [APPROPRIATE TIME].

46 to 59 years	3	[September 27 at 5:30 pm]
30 to 45 years.....	2	[September 27 at 7:30 pm]
80 to 85 years.....	5	[September 29 at 8:30 am]
60 to 79 years.....	4	[September 29 at 10:30 am]
Caregivers	4	[September 29 at 1:30 pm]

PROVIDE DEFINITION OF FOCUS GROUP

Just to let you know...a focus group is an informal group discussion among 8 to 10 people led by a moderator that focuses on a topic. At no time will we ever attempt to sell you anything; we want to only solicit your candid and honest opinions. We will be serving light refreshments and, at the end of the session, we will give you \$60 cash in appreciation for your time. The focus group will last approximately 90 minutes and held at the **Ala Moana Hotel meeting rooms, located on the second floor**. You may park on the second level of the Ala Moana Shopping Center and simply walk up the ramp to the hotel. I will forward you an e-mail and will call you to remind you of the meeting date, time, and location. (Note: No children or spouses are allowed in group discussions)

**** Please arrive 20 minutes early and be eligible to win an additional \$60 cash! You must arrive and sign in 20 minutes before the start time of your group session. This will be in addition to the \$60 cash gratuity for participation.**

(RECRUITER: ENTER PARTICIPANTS' INFORMATION IN TO WORKSHEET. BE SURE TO INCLUDE ALL THE ABOVE INFO I.E., EDUCATION, ETHNICITY, ETC. BE SURE TO GET BEST PHONE NUMBER TO CALL AND VALID EMAIL ADDRESS)



2018 Elderly Affairs Division Focus Groups

Ala Moana Hotel

September 27 & 29, 2018

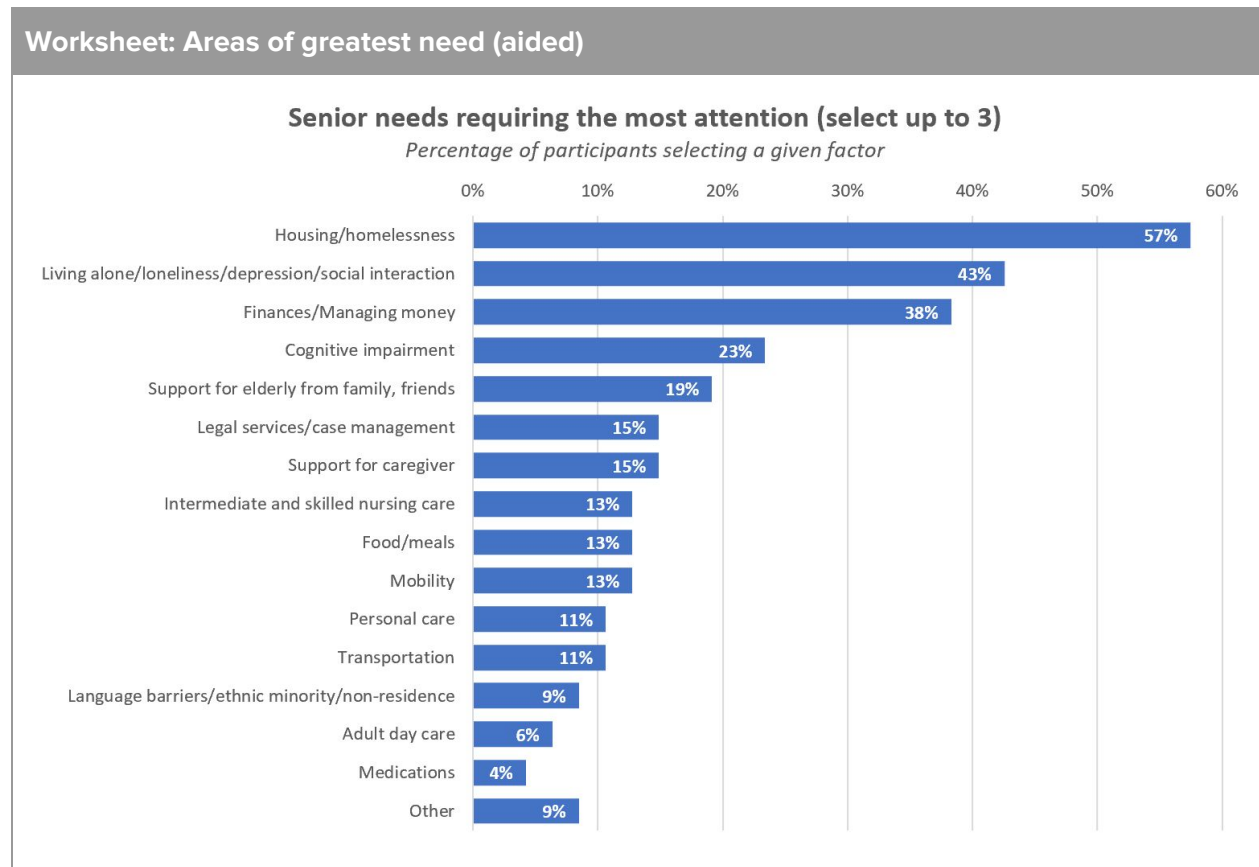
METHODOLOGY

- A total of five focus groups were convened at the Ala Moana Hotel on September 27 and 29, 2018. Each group lasted ninety minutes and included between 10 and 15 Oahu residents recruited via public channels (e.g., Craigslist posts), referrals, and communications to the City and County of Honolulu’s Elderly Affairs Division (EAD) clients.
 - **Group 1** (September 27, 5:30 pm): 10 participants, ages 46 to 59.
 - **Group 2** (September 27, 7:30 pm): 10 participants, ages 30 to 45.
 - **Group 3** (September 29, 8:30 am): 15 participants, ages 80+.
 - **Group 4** (September 29, 10:30 am): 13 participants, ages 60 to 79.
 - **Group 5** (September 29, 1:30 pm): 10 participants, caregivers.
- Focus group participants were asked to discuss:
 - The **areas of greatest need** for seniors (aided and unaided);
 - **Awareness of existing programs** and **suggestions for programs and services**;
 - **Awareness of EAD** and **how to better promote its services**; and
 - **How to prioritize who receives services**, when resources are constrained.
- Specific groups were asked to approach the topics slightly differently:
 - Younger participants (Group 2) were asked to respond to topics by anticipating their future needs;
 - Older participants (Groups 3 and 4) were asked to complete a prioritization matrix, identifying top factors that could be used to prioritize service delivery; and
 - Caregivers (Group 5) were asked to respond to topics by considering their own needs as caregivers, as opposed to those of their care recipients.
- Key findings are provided below, and are based on points and ideas consistently mentioned by participants.
- Each finding is supported by direct quotations from the focus groups (unattributed, for reasons of confidentiality); these quotes are CAPITALIZED and appear in the latter portion of this document.

KEY FINDINGS

The areas of greatest need for seniors (aided and unaided) (page 6)

1. Unaided, participants were likely to mention **finances, housing, and loneliness** as areas of greatest need for seniors.
2. For younger groups in particular, finances were a definite concern. Participants voiced anxiety over dealing with the high-and-rising cost of living in Hawaii, as they contemplated having to deal with that on a fixed income.
 - I JUST WONDER HOW THE COST OF LIVING IS GOING TO BE THEN. WILL I HAVE ENOUGH IN MY RETIREMENT? WILL I BE HEALTHY ENOUGH TO ENJOY RETIREMENT? [GROUP 2]
3. Younger participants were also more likely to mention housing and homelessness as an area of need. Many cited concerns over their own inability to buy their homes, and the resulting vulnerability to rental market conditions in the future.
 - HIGH END PROPERTIES BEING BUILT IMPACT THOSE OF US IN OLDER PROPERTIES. I DON'T KNOW IF I CAN AFFORD TO LIVE HERE UNTIL I DIE. [GROUP 1]
4. Facing morbidity/mortality alone is a strong concern for participants of all ages. Many suggested that relying on peers/friends is a non-starter since they'll be in a similar situation themselves, so one either needs to have family to lean on or another programmatic option.



5. When aided, participants also identified **cognitive impairment** and **support from family or friends** as top-5 areas of concern.
6. Cognitive impairment was a clear area of need for many participants, particularly those who recognized its impact on themselves or their own families.
 - I'M HOME ALONE SIX DAYS A WEEK, JUST MYSELF. I START TALKING TO WALLS. AND I WORRY ABOUT THAT. WHEN YOU GET LONELY AND THERE'S NOBODY THERE, IT'S HARD NOT TO GET DEPRESSED – ESPECIALLY IF THERE'S NOBODY CHECKING ON YOU. [GROUP 1]
7. Caregivers (Group 5) were asked to identify their own areas of greatest need. Many cited a need for self-care, for respite, and for personal time, including time to work.
 - SOMETIMES WE FEEL GUILTY. WE NEED TO BE REMINDED THAT IT'S OKAY TO TAKE TIME FOR OURSELVES, AND IT'S OKAY TO ASK FOR HELP AND NOT DO EVERYTHING OURSELVES. [GROUP 5]

Awareness of existing programs and suggestions for programs and services (page 10)

8. In terms of existing programs and services, Catholic Charities, Meals on Wheels, Lanakila, and the Foodbank probably had the most awareness. Churches and community centers were also cited as important providers of services.
9. Across all groups, participants voiced a desire for a **one-stop shop** or resource center for eldercare-related issues, citing fragmentation in the system.
 - THE RESOURCES ARE THERE, BUT IT'S NOT REALLY ADVERTISED. OR IT'S NOT CLEAR WHERE YOU CAN GET THINGS. THERE'S NO ONE SINGLE PLACE TO GO THAT CAN CONNECT YOU UP WITH EVERYTHING. [GROUP 5]
10. **This is an area of opportunity for EAD** -- bringing organization to a fragmented system, education to a self-described options-"illiterate" clientele, and critical support to the most vulnerable (and those who care for them).
11. Many participants focused on programs and services to combat loneliness and lack of socialization. Several adopted the "it-takes-a-village" approach, proposing that communities take 'ownership' of their seniors (including by pairing them with each other, with youth, and with pets).
 - ONE THING I'VE NOTICED IS WHEN SENIORS ARE AROUND YOUNG CHILDREN, THEY JUST PERK UP. MAYBE SENIOR CARE FACILITIES CAN PARTNER UP WITH PRESCHOOLS AND EARLY LEARNING CENTERS TO CREATE MORE OPPORTUNITIES TO CONNECT WITH THAT VIBRANCY. [GROUP 2]
12. Older participants in particular noted that it's not just enough to have the right programs -- the real challenge is in motivating persons of need to take advantage of them.
13. Asked about help that they would want, caregivers cited training and educational programs around changing roles.
 - HERE'S MY MOTHER WHO TOOK CARE OF ME MY WHOLE LIFE, GUIDED ME, ADVISED ME – AND NOW OUR ROLES ARE REVERSED. PSYCHOLOGICALLY, I NEEDED SOME TOOLS TO DEAL WITH THAT. TO HELP ME NOT TO BE BOSSY, BUT ENCOURAGE-Y. [GROUP 5]
14. While caregivers stressed that they were happy to provide care for their loved ones, they also underscored its difficulty, and suggested that financial support would go a long way in easing their burden. At the very least, they felt that the system -- e.g., government rules, tax laws -- should not make a difficult task even harder to bear.

Awareness of EAD and how to better promote its services (page 14)

15. Across all groups, self-reported awareness of the Elderly Affairs Division was fairly low:
 - Group 1 (ages 46 to 59): None.
 - Group 2 (ages 30 to 45): 1 participant ("just bits and pieces").
 - Group 3 (ages 80+): Almost everyone.
 - Group 4 (ages 60 to 79): 4 participants -- however, even those who said they were aware misidentified EAD as primarily dealing with elder abuse.
 - Group 5 (caregivers): 4 participants.
16. All groups agreed that EAD needs to do more self-promotion.
 - PUBLICITY FOR THESE KINDS OF PROGRAMS IS A REAL NEED. IT'S WONDERFUL TO HAVE THIS, BUT IF PEOPLE DON'T KNOW ABOUT IT, IT'S USELESS. [GROUP 1]
17. Some suggested building awareness of EAD and its services by keying educational outreach to Social Security or retirement.
18. Some suggested outreach through family and friends, vs. directly contacting seniors. They argued that familial channels would reduce stigma and increase comfort level and receptivity.
19. Several participants -- particularly older ones and those acting as caregivers -- suggested that EAD conduct outreach through medical providers. Infrastructure already exists to help seniors get to their appointments, and it's a common touchpoint.

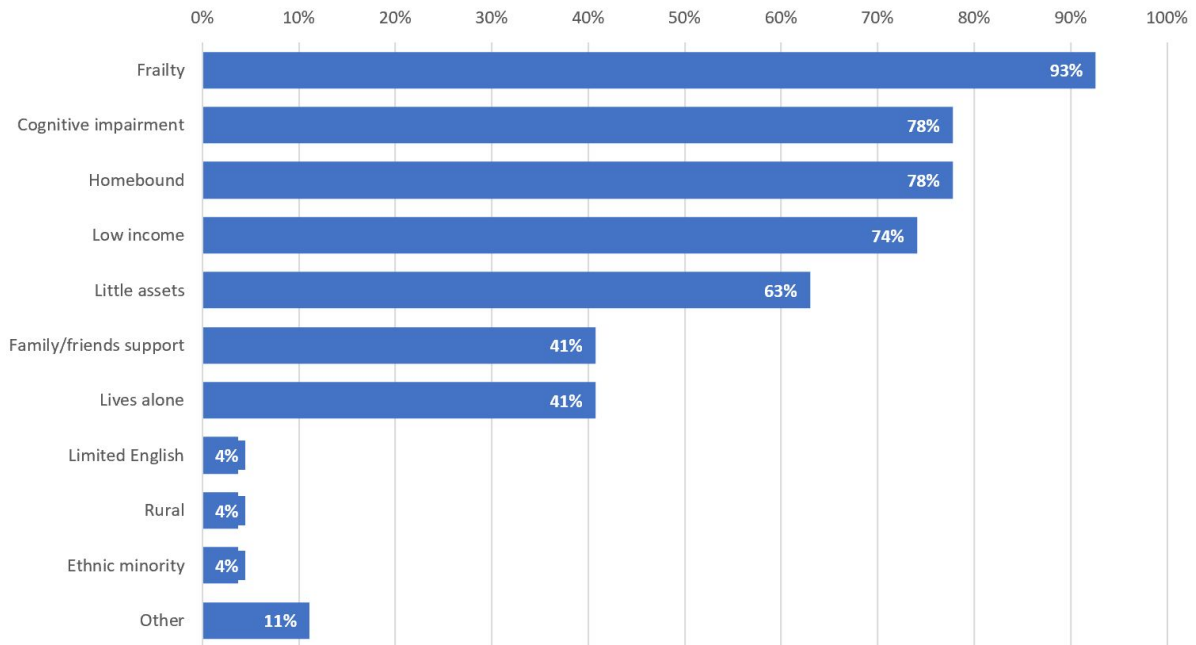
How to prioritize who receives services (page 17)

20. When asked to prioritize care, many participants felt acutely uncomfortable with the idea, later acknowledging sympathy for the agencies and personnel tasked with doing just that.
 - YOU'RE MAKING US PLAY THE HUNGER GAMES. [GROUP 1]
 - THIS IS LIKE PLAYING GOD. [GROUP 4]
21. The top 5 factors were: **frailty, cognitive impairment, homebound, low income, and little assets.**
22. Younger participants seemed more sensitive to issues of fairness in the provision of services, proposing citizenship and residency requirements to obtain services. (They also voiced concerns about Social Security not lasting, suggesting general unease over the sustainability of social safety nets).
23. Asked how to prioritize caregiver eligibility for assistance, Group 5 participants largely settled on level or intensity of care as the dominant factor.
 - I'D PROBABLY SAY LEVEL OF CARE, BASED ON THE SEVERITY OF WHAT THEY HAVE. THAT DETERMINES HOW MUCH TIME, MONEY, RESOURCES, HARDSHIP YOU NEED. [GROUP 5]

Worksheet: Factors for prioritization

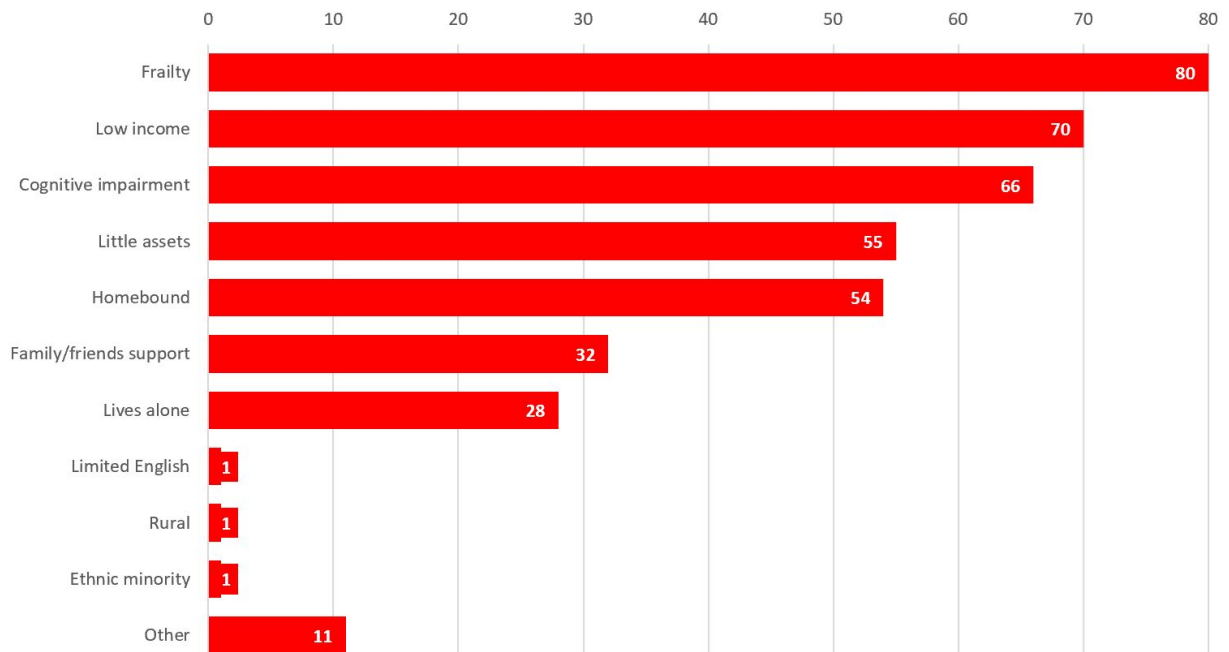
Factors for prioritization (rank top 5)

Percentage of participants selecting a given factor



Factors for prioritization (rank top 5)

Total points awarded to each factor (rank 1 = 5 points; rank 5 = 1 point)



AREAS OF GREATEST NEED

What are the most important needs of seniors in your community? Why do you say that?

For younger groups in particular, finances were a definite concern. Participants voiced anxiety over dealing with the high (and rising) cost of living in Hawaii, as they contemplated having to deal with that on a fixed income.

- FINANCIAL STABILITY. I THINK MANY, MANY SENIORS WORRY ABOUT IT – AS DO I. THERE’S NO WAY YOU CAN PLAN FOR THE ECONOMY AND THE PRICES HERE IN HAWAII, UNLESS YOU’VE HAD TWO INCOMES AND TWO CAREERS AND FEDERAL PENSIONS AND THINGS LIKE THAT. [GROUP 1]
- I JUST WONDER HOW THE COST OF LIVING IS GOING TO BE THEN. WILL I HAVE ENOUGH IN MY RETIREMENT? WILL I BE HEALTHY ENOUGH TO ENJOY RETIREMENT? [GROUP 2]
- MY MOM GOT STUCK WITH A LOT OF MY GRANDMA’S FUNERAL COSTS AND THINGS LIKE THAT. ANY OF US COULD PASS AWAY TODAY, AND WHO’S GOING TO PAY FOR SIMPLE THINGS LIKE A CASKET OR A BURIAL? [GROUP 2]
- I SEE PEOPLE, THEY’RE EATING CAT FOOD JUST TO STAY ALIVE. THEY’RE VERY FRUGAL, OFTEN ORIENTAL, AND THEY DON’T WANT TO SAY ANYTHING. PLENTY OF PEOPLE ARE ON MEDICATIONS WHERE YOU CAN’T TAKE IN ANY SALT, SO EVEN GETTING DONATED CANNED FOOD IS NOT SOMETHING THEY CAN EAT. [GROUP 3]

Younger participants were also more likely to mention housing and homelessness as an area of need.

- ALONG THE LINES OF COST OF LIVING – I WAS THINKING ABOUT AFFORDABLE HOUSING OPTIONS. ESPECIALLY FOR THOSE WHO DON’T OWN. WHEN WE MANAGED A BUILDING IN WAIKIKI, THERE WERE A LOT OF KUPUNA THERE. WHEN RENT WENT UP, THEY WERE FORCED TO MOVE – AND THERE WASN’T ANYTHING TO MOVE TO. [GROUP 1]
- I’VE OWNED MY APARTMENT FOR YEARS. I SEE MAINTENANCE FEES AND TAXES GOING UP. HIGH END PROPERTIES BEING BUILT IMPACT THOSE OF US IN OLDER PROPERTIES. I DON’T KNOW IF I CAN AFFORD TO LIVE HERE UNTIL I DIE. [GROUP 1]
- WE’RE AT A POINT WHERE WE’RE SEEING THE GENERATION UNDER US LEAVING IN HUGE NUMBERS DUE TO HOUSING COSTS – I DON’T THINK WE QUITE UNDERSTAND HOW EMPTY THIS PLACE COULD BE. IT’S AN ISSUE FOR THEM, AND IT’S AN ISSUE FOR SENIORS. I THINK WE’RE ON FIRE. [GROUP 1]
- I’M MIDDLE AGED NOW, BUT I ALSO HAVE MY PARENTS THAT I WORRY ABOUT. FINANCIALLY, MOSTLY. THEY’RE VERY INDEPENDENT – I DON’T KNOW HOW THEY’D DO IF THEY HAD TO GO ANYWHERE OTHER THAN THEIR HOME. THEY’RE STILL RENTING, AND RENT NOW IS OUTRAGEOUS – I JUST DON’T SEE THEM BEING ABLE TO KEEP THEIR INDEPENDENCE WITHOUT ASSISTANCE FROM ME AND MY GIRLS. [GROUP 2]
- IT NEEDS TO BE LOW-INCOME HOUSING, NOT JUST “AFFORDABLE”. [GROUP 2]

Many participants cited socialization as an area of need, whether for themselves or for loved ones living alone.

- MY DAD LIVES OUT IN WAHIAWA BY HIMSELF. YOU DON’T GET INTERACTIONS AND SOCIAL ACTIVITIES IF YOU’RE BY YOURSELF. MY DAD HAS HIS GARDEN, AND THAT’S ABOUT IT. [GROUP 1]

- SOCIALIZATION IS A VERY IMPORTANT THING. WE NEED TO GET MORE INTO THE COMMUNITIES. IF THEY'RE LIVING IN A SENIOR BUILDING, LIKE WE DO, THOSE WHO CAN WALK SEEM TO GET FIRST PREFERENCE. PEOPLE IN WHEELCHAIRS OR WITH WALKERS, THEY DON'T GET THE SAME AMOUNT OF SOCIALIZATION. [GROUP 3]
- SOCIALIZATION IS SO IMPORTANT. I HAVE A SITUATION IN MY FAMILY – MY EX-HUSBAND IS ISOLATED, AND HE'S SO DIFFICULT THAT HE'S LOSING PEOPLE WHO TRY TO HELP HIM. SO HE JUST SITS ALONE ALL DAY, AND I CAN SEE HIS MENTAL CAPACITY DIMINISHING, AND HIS ABILITY TO HAVE A CONVERSATION DIMINISHING. HE DOESN'T WANT TO GO INTO ASSISTED LIVING. [GROUP 4]

Concerns over living (and dying) alone cut across all age groups. Living alone was largely seen as a risk factor for other complications of aging, with loneliness cited by many participants as a serious, even deadly, issue.

- DYING ALONE. FOLKS WHO HAVE HAD A PARENT PASS KNOW HOW LONELY IT IS, NOT ONLY FOR THE CAREGIVER BUT FOR THE PERSON WHO'S PASSING. THERE'S JUST NOTHING THAT PREPARES YOU FOR THOSE LAST FEW DAYS OR WEEKS. [GROUP 1]
- THOSE WHO CAN TAKE CARE OF THEMSELVES LIVE ALONE. THEY'RE MORE MOBILE AND CAN TAKE CARE OF THEMSELVES. BUT THEY'RE MORE VULNERABLE IN A WAY, IF SOMETHING HAPPENS. [GROUP 1]
- NOT HAVING CHILDREN OR FAMILY OUT HERE, I WORRY ABOUT THIS TOO. AS YOUR FRIENDS ARE GETTING OLDER AS WELL, THEY'RE IN THE SAME BOAT AS YOU ARE, SO IT'S REALLY ON FAMILY. [GROUP 2]
- I THINK ABOUT MY GRANDMA AND HER SISTER. MY GRANDMA IS A YEAR OLDER. SHE DOES ALL THE COOKING, ALL THE CLEANING. HER SISTER IS A YEAR YOUNGER THAN HER, OVERWEIGHT, CAN BARELY WALK, ALL KINDS OF HEALTH ISSUES. I THINK A LOT OF IT HAS TO DO WITH US – ME, MY SISTER, MY AUNTY KEEPING MY GRANDMA ACTIVE. HER SISTER'S FAMILY JUST LEAVES HER ON HER OWN. I THINK THESE THINGS ARE CONNECTED. [GROUP 2]
- I AM CONCERNED ABOUT ELDERLY WHO ARE ALONE. THEY NEED HELP, BUT THEY DON'T KNOW HOW TO GET IT. AND WHEN YOU TELL THEM, THEY'RE SO STUBBORN THAT THEY DON'T CALL. SO HOW DO WE TAKE CARE OF THEM? [GROUP 3]
- I THINK LONELINESS IS A REAL PROBLEM FOR SENIORS. THE LONGER WE LIVE, THE MORE FRIENDS WE LOSE. [GROUP 3]
- THIS IS AN ASIAN CULTURE AND MANY PEOPLE DO NOT LET YOU KNOW WHAT'S GOING ON IN THEIR LIVES. [GROUP 3]
- PEOPLE ARE MORE LIKELY TO TELL YOU THEY'RE DEPRESSED THAN TO TELL YOU THEY'RE LONELY – THAT'S THE PROBLEM. [GROUP 3]
- WHEN WE GET OLDER, WE ALL HAVE SIMILAR PROBLEMS, AND YOU DON'T WANT TO DRAG OTHER PEOPLE DOWN WITH YOUR OWN PROBLEMS. MANY PEOPLE ARE ASHAMED TO SAY THEY ARE LONELY. [GROUP 3]
- ISOLATION AND LONELINESS IS PROBABLY NUMBER ONE. SOME OF THESE PEOPLE WHO LIVE ALONE, AFTER A WHILE YOU REALIZE THEY AREN'T TAKING THEIR MEDS RIGHT. THEY AREN'T EATING, THEY SKIP MEALS. [GROUP 4]

Language barriers compound issues of isolation.

- WHERE WE LIVE, THERE'S A JAPANESE GENTLEMAN WHO LIVES IN THE CORNER. HE'S FALLEN SEVERAL TIMES IN THE PAST MONTH. HE CAN'T SPEAK ENGLISH. HIS FAMILY COMES ON RARE OCCASIONS. THE LANGUAGE JUST KEEPS PEOPLE FROM CONNECTING AND STAYING IN TOUCH. [GROUP 3]
- I THINK IT'S IMPORTANT THAT EVERY SENIOR HOUSING HAVE INTERPRETER SERVICES. THERE ARE SO MANY SENIOR CITIZENS WHO DON'T SPEAK ENGLISH. [GROUP 4]

Cognitive impairment was a clear area of need for many participants, particularly those who recognized its impact on their own families.

- I THINK AS ASIAN SOCIETIES, WE TAKE CARE OF OUR OLD PEOPLE. BUT FOR MANY YEARS, DEMENTIA AND THINGS LIKE THAT – PEOPLE WEREN'T AWARE OF IT, OR THEY'D HIDE IT. IS IT SOMETHING SOCIETY'S ASHAMED OF? THOSE PEOPLE NEED HELP. YOU CAN'T JUST SAY, GRANDMA'S CRAZY – THAT'S NOT THE WAY THAT IT SHOULD BE. [GROUP 1]
- I FEEL LIKE DEALING WITH SOMEONE WHO HAS MENTAL ISSUES IS DIFFERENT FROM DEALING WITH SOMEONE WITH PHYSICAL ISSUES. THAT PERSON STILL KNOWS WHO YOU ARE. BUT MENTAL ISSUES... THAT HAS TO WEAR ON YOU. BEING ABLE TO GET SUPPORT AND BE ABLE TO TALK TO SOMEONE, THAT SEEMS NECESSARY. [GROUP 1]
- I'M HOME ALONE SIX DAYS A WEEK, JUST MYSELF. I START TALKING TO WALLS. AND I WORRY ABOUT THAT. WHEN YOU GET LONELY AND THERE'S NOBODY THERE, IT'S HARD NOT TO GET DEPRESSED – ESPECIALLY IF THERE'S NOBODY CHECKING ON YOU. [GROUP 1]
- I HAVE SOME FAMILY MEMBERS AT THE BEGINNING STAGES OF DEMENTIA. IT'S VERY SCARY, AND VERY SAD. WE CAN'T HELP REALLY HELP MY AUNTY OR GET HER HELP BECAUSE SHE'S NOT RECOGNIZING IT. SHE WAS TRYING TO TURN ON HER CAR WITH HER HOUSE KEY AND GETTING SO FRUSTRATED. I THINK IF THERE WAS A PROGRAM FOR ELDERLY PEOPLE, EVEN WITHOUT DEMENTIA, WHERE THEY CAN MAYBE WATCH A 10-MINUTE VIDEO OR SOMETHING – GET THEM AWARE THAT THIS IS NOT SOMETHING TO BE ASHAMED OF, AND IT CAN BE HELPED. [GROUP 4]

While mentioned by fewer participants -- perhaps due to lower awareness of what it is -- case management was valued by those who saw fragmentation in today's web of senior services.

- CASE MANAGEMENT IS IMPORTANT, YOU CAN HAVE SOMEONE COME IN AND HELP YOU GET YOUR PLAN TOGETHER, HOW TO GET FROM POINT A TO POINT B. [GROUP 1]
- TO GET THE HELP YOU NEED – A CASE WORKER WILL BE ABLE TO HELP YOU GET ALL OF IT. I THINK THAT'S EXTREMELY IMPORTANT, SO YOU DON'T HAVE TO STRESS OUT ABOUT GETTING HELP. [GROUP 2]

Relatedly, legal services were mentioned by few participants, but those touched by this need felt it acutely.

- CURRENTLY MY FAMILY IS HAVING LEGAL PROBLEMS, AND THERE IS ABSOLUTELY NO AFFORDABLE LEGAL SERVICES. AND THERE'S NOWHERE THAT I CAN GO. I WENT TO LEGAL AID AND TO SO MANY DIFFERENT PRIVATE LAWYERS. IT'S VERY STRESSFUL. [GROUP 3]

Several groups mentioned the need for caregiver support.

- MY SISTER PASSED AWAY FROM CANCER, SO I HAVE FIRSTHAND EXPERIENCE WITH CAREGIVING, AND THAT WAS AT A YOUNG AGE. THE TOLL IT TAKES – PHYSICALLY, IT'S CRAZY. AND OF COURSE, MENTALLY AND EMOTIONALLY. CAREGIVERS HAVE TO ALWAYS BE GIVING OF THEMSELVES, AND THERE'S SUPPORT, BUT I DON'T THINK IT'S ENOUGH – ESPECIALLY WITH OUR AGING POPULATION. THE WAY CULTURE IS HERE, CARING FOR FAMILY IS EXPECTED. [GROUP 2]
- RIGHT NOW, MY MOM IS STILL HEALTHY BUT THERE'S JUST ME – MY BROTHERS LIVE FAR AWAY. I WONDER, IF SOMETHING HAPPENS... I STILL NEED TO WORK, SO HOW WILL I TAKE CARE OF HER? AND WHEN I GET OLDER, I DON'T WANT TO PUT THAT BURDEN ON MY DAUGHTER. [GROUP 2]
- CAREGIVER SUPPORT IS A CRITICAL PROBLEM IN OUR STATE. PEOPLE WORK 60 HOURS A WEEK AND THEN THEY HAVE TO GO HOME AND TAKE OF MOM AND DAD. THERE NEEDS TO BE MORE SUPPORT. [GROUP 2]
- THE ONLY WAY WE'RE ABLE TO DO KEEP MY MOM AT HOME IS THAT THERE ARE FOUR OF US KIDS. IT TAKES A VILLAGE. IT TAKES FOUR OF US KIDS TO HANDLE JUST ONE MOM. [GROUP 3]

- SEVERAL YEARS BACK I HAD TO QUIT MY JOB TO TAKE CARE OF MY MOM. I DIDN'T KNOW IF THERE WERE SERVICES AVAILABLE, BUT I PERSONALLY COULDN'T LET SOMEBODY ELSE TAKE CARE OF HER. SHE KNOWS WHO I AM AND SHE TRUSTS ME. [GROUP 4]

[CAREGIVERS] The caregiver group (Group 5) identified a need for clarification and information in their new roles.

- DEFINING "CAREGIVERS" FIRST, THAT'S IMPORTANT. FOR ME, TAKING CARE OF MY AGING PARENTS, THAT'S ALL I THINK ABOUT. I DIDN'T THINK ABOUT CARING FOR SIBLINGS, BUT THAT'S ABSOLUTELY CAREGIVING. AND BENEFITS OR PROGRAMS FOR CAREGIVERS OF AGING PARENTS MIGHT BE DIFFERENT FROM PROGRAMS FOR CAREGIVERS OF SIBLINGS. [GROUP 5]
- KEEPING UP WITH MEDICARE CHANGES AND HEALTH COVERAGES IS A CHALLENGE. [GROUP 5]

[CAREGIVERS] Caregivers also cited a need for self-care, for respite, and for personal time, including time to work and make a living.

- HAVING ENOUGH FREE TIME TO LIVE YOUR LIFE – CARING FOR THEM, BUT ALSO CARING FOR YOU. THAT COULD BE GENERATING INCOME OR SELF CARE. [GROUP 5]
- MY HUSBAND AND I AREN'T HOME DURING THE DAY. WE BOUGHT HER A PILLBOX WITH AM AND PM AND STUFF. WE'D COME HOME AND FIND THAT SHE DIDN'T TAKE ANYTHING, OR SHE TOOK TOO MUCH. WE HAD TO GET A SECURITY CAMERA TO WATCH. [GROUP 5]
- SOMETIMES WE FEEL GUILTY. WE NEED TO BE REMINDED THAT IT'S OKAY TO TAKE TIME FOR OURSELVES, AND IT'S OKAY TO ASK FOR HELP AND NOT DO EVERYTHING OURSELVES. [GROUP 5]
- RELIEF IS IMPORTANT. WHEN I WAS TAKING CARE OF MY DAD, I WAS RAISING MY TWO YOUNG KIDS. IT WAS STRESSFUL BEING CAUGHT BETWEEN. [GROUP 5]
- AS A CAREGIVER, I THINK IT'S SO NECESSARY TO GET COMPANIONSHIP AND HAVE PEOPLE TO SPEAK TO. I FEEL SOMETIMES THAT I'M ALL THAT HE NEEDS, BUT I KNOW THAT'S NOT TRUE. [GROUP 5]

[CAREGIVERS] Finally, caregiver participants voiced a need for support OUTSIDE of the family.

- HAVING SOMEBODY TO TALK TO OUTSIDE THE FAMILY. [GROUP 5]
- FAMILY CAN BE HARD TO TALK TO, SO YOU NEED TO HAVE SOMEBODY OUTSIDE THE FAMILY TO TALK TO – MAYBE A SUPPORT GROUP. [GROUP 5]

PROGRAMS AND SERVICES (CURRENT AND PROPOSED)

How are these needs being met today? What programs and services in the community assist in meeting those needs?

If it were up to you, what programs or services would you create to address these needs?

Many participants voiced a desire for a one-stop shop or resource center for eldercare-related issues, citing fragmentation in the system.

- IT WOULD BE GOOD TO HAVE KNOWLEDGE OF DIFFERENT RESOURCES TO COVER ALL OF THESE THINGS. I'M IN A SENIOR HOUSING AREA, AND WE DID HAVE A RESOURCE COORDINATOR, SO THEY'D GO OVER EVERYTHING. BUT NOW WE HAVE DIFFERENT MANAGERS SO WE DON'T HAVE A COORDINATOR. PEOPLE ARE STUCK AND HAVE TO FEND FOR THEMSELVES. [GROUP 3]
- IT WOULD BE NICE TO HAVE A CLEARINGHOUSE FOR ALL OF THIS – HOW AM I GOING TO PAY FOR THIS, GET MEALS, GET HOUSING. THAT WOULD BE GREAT TO HAVE. [GROUP 3]
- PART OF THE PROBLEM IS THAT FOR MANY OF THESE SERVICES, THEY'RE ALL OVER THE PLACE. THEY AREN'T PHYSICALLY LOCATED IN THE SAME SPOT. IF THEY COULD CREATE LIKE A SINGLE OMNIBUS PLACE TO GET ALL OF THESE SERVICES IN ONE GEOGRAPHIC LOCATION – THAT WOULD HELP. CLASSES, SEMINARS, ACTIVITIES, ENTERTAINMENT. EVERYTHING ALL UNDER ONE ROOF, INSTEAD OF HAVING TO GO TO DIFFERENT PLACES. [GROUP 4]

Caregivers asked for the same one-stop shop, albeit one tailored to their specific needs.

- A ONE-STOP SHOP FOR RESOURCES WHERE WE CAN GO TO GET INFORMATION, WHERE ARE THE SUPPORT GROUPS, WHAT SERVICES ARE BEING OFFERED. BECAUSE DIFFERENT ORGANIZATIONS DO DIFFERENT THINGS, AND IT'S HARD TO KEEP TRACK. [GROUP 5]
- IT WOULD BE NICE IF THEY HAD SOME EVENTS WHERE THEY COULD GET ALL OF THIS INFORMATION TOGETHER TO EDUCATE US. OR PUT IT ALL TOGETHER IN A SITE. USUALLY I JUST FIND OUT ABOUT EVENTS AFTER THEY HAPPENED. [GROUP 5]
- THE RESOURCES ARE THERE, BUT IT'S NOT REALLY ADVERTISED. OR IT'S NOT CLEAR WHERE YOU CAN GET THINGS. THERE'S NO ONE SINGLE PLACE TO GO THAT CAN CONNECT YOU UP WITH EVERYTHING. [GROUP 5]
- TOO BAD THERE'S NOT AN ORGANIZATION, LIKE A 501, WHERE YOU COULD CALL THEM, AND THEN THEY CAN DIRECT YOU TO WHERE YOU CAN GET THE SERVICES YOU NEED. A CASE MANAGER FOR CAREGIVERS, NOT JUST THE ELDERLY. [GROUP 5]

Some participants suggested that loneliness issues might be alleviated by programs designed to pair interested seniors with pets.

- MAYBE WE COULD START A "KITTIES FOR KUPUNA" PROGRAM? PAIR SHELTER PETS WITH ANYONE WHO WANTS ONE. [GROUP 1]
- MAYBE A PET PROGRAM. THERE ARE SOME SENIORS WHO CAN'T AFFORD VET BILLS, SO THEY DON'T GET A PET. BUT I THINK THAT WOULD MAKE A HUGE DIFFERENCE IN LONELINESS AND ALL OF THAT. SO A PROGRAM THAT HELPS THEM THERE. [GROUP 2]

Similarly, others saw merit in deploying programs that included more interaction with youth.

- MAYBE HOW HIGH SCHOOL STUDENTS HAVE TO GET SOME KIND OF VOLUNTEERING THESE DAYS? MAYBE THEY COULD GEAR IT TOWARDS SENIORS? [GROUP 1]
- ONE THING I'VE NOTICED IS WHEN SENIORS ARE AROUND YOUNG CHILDREN, THEY JUST PERK UP. MAYBE SENIOR CARE FACILITIES CAN PARTNER UP WITH PRESCHOOLS AND EARLY LEARNING CENTERS TO CREATE MORE OPPORTUNITIES TO CONNECT WITH CHILDREN AND HAVE THAT VIBRANCY. THEY NEED TO REMEMBER BEING YOUNG AND I THINK IT JUST LIFTS THEIR SPIRITS A LOT. [GROUP 2]
- THE UH MIGHT HAVE SOME STUDENTS LEARNING THE LANGUAGE, WHO MIGHT BE WILLING TO HELP KUPUNA AND MAYBE GET SOME CREDIT FOR IT? THAT MIGHT BE A GOOD CONNECTION TO MAKE. [GROUP 3]

Many participants focused on programs and services to combat loneliness and lack of socialization. Several suggested the “it-takes-a-village” approach, proposing that communities take ‘ownership’ of their seniors.

- I SAW AN INTERESTING IDEA IN LAS VEGAS. EVERYBODY IN THE COMMUNITY KNEW THEIR FRIEND WAS GOING THROUGH DEMENTIA, AND THEY TOOK TURNS ROTATING TO VISIT HER EVERY DAY. SO HAVING MORE OPPORTUNITIES IN THE COMMUNITY TO SHARE THE BURDEN THAT A SINGLE CAREGIVER USUALLY HAS TO TAKE ON. IT HAD A KIND OF OFF-COLOR NAME, THEY CALLED IT HARRIET’S HAREM. [GROUP 2]
- THEY MIGHT NOT NECESSARILY WANT TO ACCEPT HELP FROM SOMEBODY THEY DON'T KNOW TOO WELL, WHEREAS IF IT'S THEIR GRANDDAUGHTER OR THEIR NIECE, THEY MIGHT GO ALONG WITH IT. HAVING COMMUNITY RESOURCES TO BASICALLY ‘ADOPT’ A SENIOR TO HELP THEM ALONG, THAT WOULD BE BIG. [GROUP 2]
- A FRIEND OF MINE CALLS ME AND SEVERAL OTHER WOMEN WHO CALLS ME EVERY NIGHT TO MAKE SURE WE'RE OKAY. THERE WAS ONE TIME HE COULDN'T CONTACT ME FOR A BIT AND HE WAS CONCERNED AND CALLED OUR RESIDENT MANAGER TO COME AND CHECK IN ON ME. AND I REALLY APPRECIATED THAT. HAVING SOME KIND OF BUDDY SYSTEM IS REALLY GREAT. [GROUP 3]
- LOTS OF THE FOLKS WHO ARE IN THESE CATEGORIES, WHO ARE LIVING ALONE. THEY AREN'T NECESSARILY VERY SOCIAL AND THEY DON'T WANT TO GO OUT. IF YOU COULD MATCH THEM UP WITH SOMEONE ELSE WHO IS A GOOD PERSONALITY MATCH – ALMOST LIKE A DATING THING, REALLY. JUST FOR FRIENDSHIP. BUT THEN THEY'D BE MORE LIKELY TO GO TO THESE KINDS OF EVENTS. IF YOU'RE ALONE, IT'S REALLY HARD – YOU HAVE TO INTERACT A LOT WITH STRANGERS. AND IT'S A VICIOUS CYCLE IN A WAY, YOU GET WORSE AT SOCIALIZING THE LESS YOU DO IT. [GROUP 4]
- THINKING ABOUT ORGANIZATIONS LIKE BIG BROTHERS BIG SISTERS, THERE'S A FRAMEWORK ALREADY THERE TO MATCH UP PEOPLE. I THINK SOMETHING ALONG THESE LINES WOULD WORK WELL FOR SENIORS. [GROUP 4]

One group suggested a senior equivalent of the public school system that serves our youth.

- FOR CHILDREN WE HAVE PUBLIC SCHOOLS. WHY CAN'T THERE BE SOMETHING LIKE THAT FOR THE ELDERLY? SOME PLACE THEY COULD JUST GO TO EVERY DAY, EVERY OTHER DAY, SOMETHING TO KEEP THEM ACTIVE AND INTERACTING. SOME KIND OF SOCIAL FACILITY THAT'S FREE. THEY'RE JUST AS IMPORTANT AS OUR CHILDREN ARE. [GROUP 2]

Some suggested that financial support for new programs could come from private-sector fundraising, along the lines of what's currently done for AUW.

- THERE ARE ALL KINDS OF FUNDRAISING PROGRAMS THAT COME AROUND EVERY YEAR – AUW, FOODBANK, ETC. CAN'T THERE BE A STANDARD SENIOR-FOCUSED FUNDRAISING PROGRAM FOR KUPUNA? [GROUP 2]

Older participants in particular noted that it's not just enough to have the right programs -- the real challenge is in motivating persons of need to take advantage of them.

- WE HAVE WONDERFUL PROGRAMS WHERE WE LIVE. WONDERFUL FACILITIES. BUT YOU STILL HAVE TO MAKE THAT EFFORT TO TAKE ADVANTAGE OF THAT. IT'S ALL ABOUT THE INDIVIDUAL. [GROUP 3]
- WHERE I LIVE, THERE'S AN ACTIVITY COORDINATOR WHO PUTS TOGETHER A CALENDAR OF EVENTS. THERE'S SOMETHING EVERY SINGLE DAY. BUT YOU STILL HAVE TO KNOW ABOUT IT TO TAKE ADVANTAGE. I ASKED, AND THEY SAID IT'S INDEPENDENT LIVING, SO WE'RE NOT GOING TO GO OUT AND TELL NEW PEOPLE WHAT'S GOING ON. [GROUP 3]
- THERE ARE WONDERFUL PROGRAMS IN THE RETIREMENT COMMUNITY, BUT YOU HAVE TO GO OUT AND GET INFORMATION AND GET INTO THE PROGRAMS. BUT THE PERSON WHO IS TRULY LONELY, THEY AREN'T GOING TO GO OUT AND DO IT THEMSELVES. WE NEED A WAY TO IDENTIFY SOME OF THESE INDIVIDUALS WHO ARE RELUCTANT TO GO OUT. AND REACH THEM ON A ONE-ON-ONE BASIS. [GROUP 3]
- HOPEFULLY EAD CAN FIND SOME WAY TO REACH OUT TO THE LONELY PERSON. THERE ARE GREAT PROGRAMS OUT THERE, BUT THE PERSON HAS TO GO SEEK THEM OUT. IF EAD CAN SOMEHOW DEVELOP A PROGRAM TO HELP COMMUNITY ASSOCIATIONS TO REACH OUT TO THESE PEOPLE AND DRAW THEM IN, THAT WOULD BE GREAT. [GROUP 3]

Perhaps related: Seniors may feel a loss of agency or control over their own lives. Unless something can snap them out of it, they may be less likely to proactively seek out opportunities.

- SENIORS IN A BIGGER PICTURE NEED A SENSE OF CONTROL. THERE'S SO MUCH THAT'S OUT OF THEIR CONTROL. IF I WAS A SENIOR NOW, I'D FEEL FRUSTRATED THAT I DON'T HAVE A VOICE AND I DON'T HAVE CONTROL. IF YOU DON'T HAVE CONTROL OVER YOUR OWN DEATH, EVEN -- I'M A BELIEVER THAT YOU SHOULD BE ABLE TO CHECK OUT WHEN YOU FEEL. I THINK OLDER PEOPLE WERE EXPECTING OR PROMISED SOMETHING, AND NOW THEY'RE REALIZING THEY MIGHT NOT GET IT. YOU SHOULDN'T HAVE TO WORRY ABOUT WHETHER YOU'RE GOING TO HAVE MEDICAL CARE HERE IN AMERICA. [GROUP 1]

[CAREGIVERS] Asked about help that they would want, caregivers cited training programs around changing roles.

- SAGE HAD A COUNSELOR ABOUT HOW TO DEAL WITH ROLE REVERSAL. THAT'S ONE OF THE BIGGEST CHALLENGES I HAVE. HERE'S MY MOTHER WHO TOOK CARE OF ME MY WHOLE LIFE, GUIDED ME, ADVISED ME -- AND NOW OUR ROLES ARE REVERSED. PSYCHOLOGICALLY, I NEEDED SOME TOOLS TO DEAL WITH THAT. HELP ME NOT TO BE BOSSY, BUT TO BE ENCOURAGE-Y. I LEARNED HOW TO COMMUNICATE BETTER. [GROUP 5]
- SOMETIMES I DON'T KNOW HOW TO TALK TO HER ABOUT WHAT SHE CANNOT DO ANY MORE. I FEEL LIKE I'M BOSSING HER AROUND, OR SHE GETS INTIMIDATED. AND I HATE THAT LOOK IN HER FACE, WHERE SHE FEELS LIKE SHE NEEDS TO BACK UP FROM ME. I HATE TELLING HER THINGS THAT SHE CAN'T DO, WHEN SHE'S DONE IT ALL HER LIFE. DOCTORS TELL HER THINGS, BUT SHE FORGETS, SO THEN I HAVE TO BE THE PERSON TO TELL HER ALL OVER AGAIN. [GROUP 5]
- THE ROLE REVERSAL STUFF HAS BEEN DIFFICULT FOR US. WE DIDN'T KNOW ALL THE MEDS SHE HAD TO TAKE AND WASN'T TAKING -- IT AFFECTED HER COGNITIVE ABILITIES. WE'D BE TRYING TO TELL HER SOMETHING AND SHE'D GET UPSET AND FEEL LIKE WE WERE BOSSING HER AROUND. [GROUP 5]

[CAREGIVERS] They also suggested educational programs designed to provide a holistic overview of what to expect.

- WHAT WOULD HAVE HELPED ME THE MOST WAS EDUCATION. WE WERE ESSENTIALLY ILLITERATE IN TERMS OF BENEFITS MY DAD COULD HAVE GOTTEN. [GROUP 5]
- I THINK WHAT CAREGIVERS NEED MOST IS EDUCATION. LIKE AN ELDERLY CARE 101. SO WE KNOW WHERE TO GO, WHO TO CONTACT IN CASE OF A CERTAIN ISSUE, THAT KIND OF THING. [GROUP 5]
- WHEN WE BECAME CAREGIVERS WE HAD TO LEARN ABOUT SO MANY NEW THINGS THAT WE'D NEVER THOUGHT ABOUT BEFORE, AND THERE'S NO ONE SOURCE THAT YOU CAN GO TO FOR EDUCATION. SO MUCH OF IT IS LEARNING BY TRIAL AND ERROR. LOTS AND LOTS OF ERROR. [GROUP 5]

[CAREGIVERS] While caregivers stressed that they were happy to provide care for their loved ones, they also underscored its difficulty, and suggested that financial support would go a long way in easing their burden. At the very least, they felt that the system -- e.g., government rules, tax laws -- should not make a difficult task even harder to bear.

- IT WOULD BE NICE IF SOME OF THE THINGS WE DO AS CAREGIVERS WOULD OFFER SOME TAX BREAKS OR SOMETHING. [GROUP 5]
- FINANCIAL HELP WOULD BE GOOD. I WORK FROM HOME AND I'VE HAD TO TURN DOWN CLIENTS AND WORK. I CAN'T COMMIT TO WORK WHEN MY SCHEDULE IS SO FULL WITH CARING FOR FAMILY. [GROUP 5]
- YOU KNOW HOW THEY HAVE SENIOR DISCOUNTS? MAYBE HAVING A CAREGIVER DISCOUNT WOULD HELP. [GROUP 5]
- TAKING TIME OFF FROM WORK – IT WOULD BE NICE IF, IF IT'S FOR TAKING YOUR PARENTS TO THE DOCTOR OR WHATEVER, IF YOU DON'T HAVE TO USE UP PTO. LIKE TREATING IT AS FAMILY LEAVE OF SOME KIND. I USED TO LEAVE WORK EARLY OR NOT BE ABLE TO GO IN. AND THAT'S IN ADDITION TO TAKING TIME OFF FOR MY KIDS' THINGS TOO. [GROUP 5]
- IF YOU PUT YOUR PARENT INTO A NURSING HOME OR LONG TERM CARE FACILITY, MEDICARE WILL PAY, BUT THERE'S NO PROGRAM WHERE THEY'LL COMPENSATE A FAMILY CAREGIVER. I'M NOT SAYING IT'S GOT TO BE THE SAME AMOUNT AS A NURSING HOME OR ANYTHING, BUT STILL – WHY WOULDN'T WE ASSIST TO KEEP PEOPLE AT HOME? AREN'T WE SAVING STATE AND FEDERAL MONEY? [GROUP 5]
- THE SYSTEM MAKES IT VERY DIFFICULT FOR US TO TAKE CARE OF OUR PARENTS. AND IT'S THINGS THAT WE ARE WILLING TO DO, HAPPY TO DO, BUT WHY MAKE IT SO HARD TO DO? WHY TAKE A HARD THING AND MAKE IT EVEN HARDER? [GROUP 5]

ELDERLY AFFAIRS DIVISION AWARENESS AND PROMOTION

Prior to this session, how many of you have heard of the Elderly Affairs Division? What do you know about it?

What would be the most effective way of informing you about the kinds of programs and services supported by the Elderly Affairs Division?

While EAD itself isn't well-known, its service providers are.

- THE EAD DOESN'T SOUND FAMILIAR, BUT A LOT OF THESE SERVICE PROVIDERS ARE DEFINITELY FAMILIAR. [GROUP 2]

All groups agreed that EAD needs to do more self-promotion.

- PUBLICITY FOR THESE KINDS OF PROGRAMS IS A REAL NEED. IT'S WONDERFUL TO HAVE THIS, BUT IF PEOPLE DON'T KNOW ABOUT IT, IT'S USELESS. [GROUP 1]
- I THINK PART OF IT REALLY IS JUST GETTING THE WORD OUT. SO WHEN YOU RECEIVE YOUR FIRST SOCIAL SECURITY CHECK, YOU SHOULD GET THIS BOOK [EAD BOOKLET]. [GROUP 1]
- LOOKING AT THIS [EAD SERVICES HANDOUT], I'D SAY – RUN AN AD TALKING ABOUT THIS. BECAUSE THIS IS REALLY GOOD INFORMATION. [GROUP 3]
- THEY SHOULD DO MORE PR TO GET THE WORD OUT ABOUT THESE PROGRAMS. [GROUP 3]
- LESS THAN HALF OF THE GROUP KNEW ABOUT EAD, SO AWARENESS IS REALLY IMPORTANT. IF YOU DON'T KNOW THAT THERE ARE RESOURCES OUT THERE, THEY AREN'T USEFUL. [GROUP 4]
- HOW DO THEY PROMOTE THEMSELVES? THEY NEED TO GET OUT THERE MORE. [GROUP 5]

Some suggested building awareness of EAD and its services by keying educational outreach to Social Security or retirement.

- IDENTIFYING WHO PEOPLE ARE WHO MIGHT NEED HELP, THAT'S A BIG THING. I'VE LIVED IN MY HOUSE FOR A LONG TIME, BUT I DIDN'T KNOW THAT THREE DOORS DOWN, THERE WAS AN ELDERLY LADY THAT MIGHT BENEFIT FROM THIS KIND OF THING. SO I'D START WITH SOME KIND OF MAPPING. [GROUP 1]
- YOU KNOW HOW HMSA, AS YOU REACH A CERTAIN AGE, THEY START REACHING OUT TO YOU TO ADDRESS GROWING HEALTH CARE NEEDS? MAYBE YOU COULD DO THE SAME FOR SOCIAL NEEDS. JUST CALL THEM, FIGURE OUT THEIR CHANGING NEEDS. [GROUP 1]
- MAYBE WE JUST SAY, AFTER SOMEONE REACHES A CERTAIN AGE, WE REACH OUT TO THEM TO TRY AND SEE WHAT NEEDS THEY MIGHT HAVE. [GROUP 1]
- MAILERS TRIGGERED BY AGE OR SOCIAL SECURITY CHECKS, I THINK THAT'S A GOOD IDEA. [GROUP 1]
- LET THEM KNOW WHEN YOU GET SOCIAL SECURITY. WHEN YOU QUALIFY OR DECIDE TO RETIRE, INFORM THEM ABOUT ALL OF THE SERVICES AVAILABLE TO YOU – CASE MANAGEMENT, THAT KIND OF THING. [GROUP 2]
- MAYBE WHEN PEOPLE ARE GETTING READY TO RETIRE, YOU CAN HAVE SOME OUTSIDE ADVOCACY GROUP COME IN AND SHARE INFORMATION. IT MIGHT BE DOWN THE ROAD, BUT JUST GET THEM THE INFORMATION EARLY. [GROUP 4]

For an older audience, participants suggested using TV as a medium, perhaps by developing senior programming.

- OLELO HAS A HAWAIIAN LANGUAGE CHANNEL. THERE'S PBS FOR KIDS. THERE COULD BE AN AGING CHANNEL OR A SENIOR CHANNEL. HAVE THE LIST OF EVENTS. MAKE IT INTERACTIVE, SO YOU COULD SEEK OUT TRANSPORTATION. [GROUP 4]

Some suggested outreach through family and friends, vs. directly contacting seniors. They argued that familial channels would reduce stigma and increase comfort level and receptivity.

- I THINK A LOT OF SENIORS, ESPECIALLY IN THE ASIAN COMMUNITY, THERE'S A LOT OF STIGMA INVOLVED IN ACCESSING SERVICES. LIKE, OH, I'M NOT THAT BAD, I DON'T NEED IT. SO HAVING A RELATIVE SAY TO YOU, OH AUNTY LET'S GO TO THIS ACTIVITY – THAT HELPS OVERCOME THE IDEA OF FEELING SHAME IN ASKING FOR HELP. [GROUP 2]
- I THINK YOU HAVE TO REACH OUT TO THEIR FAMILY. IT'S VERY DIFFERENT TO TRY AND REACH OUT TO SOMEONE AS A STRANGER, VS. AS FAMILY OR A RELATIVE. REACH VULNERABLE PEOPLE THAT WAY, NOT DIRECTLY. [GROUP 3]

Advertising at grocery stores was suggested as another way to reach as many people as possible (whether that is the eligible senior or their family or caregivers).

- GROCERY STORES WOULD BE GOOD. EVERYBODY'S GOTTA GO SHOPPING. ADVERTISE AT FOODLAND OR WHATEVER, HAVE SOME LITTLE FLYER THEY COULD PICK UP AT THE REGISTER. MAYBE IT'S NOT THE SENIOR PICKING IT UP, BUT A FAMILY WHO COULD PICK IT UP AND GIVE IT TO THEM. [GROUP 2]

Given the audience, mail was also a popular suggestion for communication channels.

- SEND [EAD BOOKLETS] IN THE MAIL – ONE PER HOUSEHOLD MAYBE? [GROUP 2]
- SEND IT OUT IN THE MAIL. YOU GET SO MUCH GARBAGE IN THE MAIL, BUT THIS IS ACTUALLY HELPFUL. SO PEOPLE WHO DON'T EVEN NEED THESE SERVICES RIGHT NOW WOULD BE AWARE OF IT IN CASE THEY EVER NEED IT. [GROUP 5]

Some suggested that EAD leverage existing service providers to spread the word about other offerings.

- GIVE THEM OUT AS THEY GIVE MEALS AS PART OF MEALS ON WHEELS? [GROUP 2]

Several participants -- particularly older ones and those acting as caregivers -- suggested that EAD conduct outreach through medical providers. Infrastructure already exists to help seniors get to their appointments, and it's a common touchpoint.

- ADDING A SOCIAL PROGRAM OR OUTREACH TO MEDICAL FACILITIES WOULD HELP. YOU HAVE A POPULATION THAT'S ALREADY IDENTIFIED BECAUSE OF MEDICAL NEED. MY MOM WAS A NURSE, AND USED TO DO OUTBOUND VISITS TO SPECIFIC AT-RISK POPULATIONS. [GROUP 3]
- MAYBE IT WOULD HAVE TO COME THROUGH THE PERSON'S DOCTOR. THE DOCTOR WHO'S RESPONSIBLE FOR THE PERSON, THEY SHOULD BE ABLE TO ASSESS WHAT THE NEEDS ARE. EVERYBODY GOES TO THE DOCTOR AT SOME POINT. [GROUP 4]
- HAVE RESOURCE LISTS AT THE DOCTOR'S OFFICE. EVERYBODY FINDS A WAY TO MAKE IT TO THE DOCTOR. THERE'S ALREADY AN INFRASTRUCTURE TO GET PEOPLE THERE. [GROUP 4]
- AT THE END OF THE SESSION WITH THE DOCTOR, MAYBE BRING IN THE CAREGIVER OR THE INDIVIDUAL TO MEET WITH THE SENIOR. LIKE AN INTRODUCTION, SO THEY AREN'T STRANGERS AND IT FEELS MORE TRUSTED. [GROUP 4]

- WHY ARE DOCTORS NOT GIVING THIS INFORMATION OUT WHEN WE BRING OUR PARENTS IN FOR CARE? THIS IS THE EAD, AND IN CASE YOU NEED HELP, HERE'S WHERE YOU CAN GO. THEY GIVE US INFORMATION ABOUT DIABETES OR SOMETHING FROM NATIONAL ASSOCIATIONS. BUT THIS IS MORE USEFUL. [GROUP 5]

[CAREGIVERS] When made aware of what it provides, caregivers recognized EAD as the one-stop shop they were looking for.

- THIS IS THE ONE STOP SHOP WE'VE BEEN TALKING ABOUT. [GROUP 5]
- I GOOGLED "HELP WITH SENIORS IN HAWAII" AND IT CAME UP. I KNEW THEY WERE A RESOURCE, BUT I DIDN'T KNOW IT WAS THIS EXTENSIVE, ACTUALLY. [GROUP 5]

PRIORITIZATION OF SERVICES

As you might expect, the demand for services like these often exceeds supply. For services with a waitlist, how would you prioritize who should get services first? What factors would you weigh most heavily?

When asked to prioritize care, many participants felt acutely uncomfortable with the idea. (Many later acknowledged sympathy for the agencies and personnel tasked with doing just that.)

- YOU'RE MAKING US PLAY THE HUNGER GAMES. [GROUP 1]
- THIS IS WHAT'S WRONG WITH SOCIAL SERVICES IN OUR COUNTRY. WE EXPECT SOMEONE TO GET TO A TRULY PATHETIC PLACE BEFORE WE WILL HELP THEM. IF WE'D INTERVENE EARLY ON SO THEY NEVER GET TO A PLACE WHERE THEY ARE SO INDIGENT, SO PATHETIC, SO ALONE – THEN YOU'D SAVE MONEY IN THE LONG RUN, AND THEY'D HAVE A QUALITY OF LIFE THAT WOULD BE SO MUCH BETTER. [GROUP 1]
- THIS IS LIKE PLAYING GOD. [GROUP 4]

Some suggested a combination of time and intensity of need as the only “fair” approach, following the organ transplant list model.

- ON THE ONE HAND, IT SHOULD BE FIRST-COME, FIRST-SERVED. BUT MAYBE IF SOMEBODY ELSE COMES IN LATER AND THEIR SITUATION IS MORE DIRE – MAYBE FINANCIAL PRESSURE, OR HEALTH PRESSURE – THEN THEY MOVE UP THE LIST. IT'S LIKE THE ORGAN TRANSPLANT LIST, MAYBE. THAT SEEMS LIKE THE ONLY FAIR WAY TO DO IT. [GROUP 1]

Some younger participants cited concerns over non-residents and/or non-citizens using services that should go to others instead.

- A LOT OF LOW INCOME OR SENIOR HOUSING, THE MAJORITY ARE NOT CITIZENS. THEY COME IN AND AMERICANS DON'T GET THAT HOUSING. IT'S SUPER UNFAIR, I THINK. IT TAKES AWAY FROM CITIZENS WHO NEED AND DESERVE IT. [GROUP 2]
- WHAT ABOUT LONGTIME RESIDENTS? I'VE HEARD THAT A LOT OF PEOPLE COME HERE FROM THE MAINLAND OR OTHER COUNTRIES, AND THEY GET WELFARE HERE. GIVING PRIORITY TO RESIDENTS. [GROUP 2]

Many felt that the level of support from family and friends (or lack thereof) should weigh heavily on prioritization.

- LACK OF ANY KIND OF SUPPORT FROM ANYONE, WHETHER FAMILY OR FRIENDS. THEY'RE ALONE. THEY ARE THE PEOPLE WHO WOULD OTHERWISE FALL THROUGH THE CRACKS, THE ONES WHO DON'T HAVE ANYONE TO ADVOCATE FOR THEM. [GROUP 2]
- I KNOW SOME STATES DO A RISK ASSESSMENT THAT LOOKS AT ALL FACTORS. INCOME, LACK OF SUPPORT, PHYSICAL HEALTH AND ABILITY. IN TERMS OF WHICH WOULD CARRY THE MOST WEIGHT, I'D HAVE TO GO WITH LACK OF SUPPORT. THE PEOPLE WHO NEED HELP THE MOST ARE NOT THE ONES TO SPEAK UP AND ASK FOR IT. [GROUP 2]
- WHEN PEOPLE START GETTING A LITTLE MENTALLY CHALLENGED, FRIENDS AND FAMILY DRIFT AWAY AND THEY DON'T WANT TO DO ANYTHING WITH THEM. AND THAT LEAVES THEM IN A REAL BIND, BECAUSE ALL THAT SUPPORT THEY USED TO HAVE, GOES AWAY. AND THEN ALL OF THIS BECOMES A PROBLEM. [GROUP 4]

Cognitive impairment was also identified by many as a sign of vulnerability.

- THOSE WITH COGNITIVE IMPAIRMENT ARE THE PEOPLE WHO ARE THE WEAKEST, THE MOST VULNERABLE. THEY ARE THE LOST PEOPLE. THESE ARE PEOPLE WE NEED TO HELP. [GROUP 4]

While it wasn't as highly ranked as other factors, living in rural areas was identified by some participants as a factor for prioritization, who connected it to the isolation/loneliness issue cited earlier in discussions.

- YOU CAN'T PUT FOLKS IN HALEIWA AND EXPECT THEM TO BE AS INTEGRATED INTO THE COMMUNITY AS THEY WOULD BE IF IN KAKAAKO OR SOMEWHERE SIMILAR. [GROUP 1]
- SO MANY SERVICES ARE CENTERED IN THE CORE COMMUNITY AREAS. WE DISCOUNT THE PEOPLE WHO LIVE IN RURAL AREAS, OR MAYBE NEIGHBOR ISLANDS. [GROUP 4]

[CAREGIVERS] Asked how to prioritize caregiver eligibility for assistance, Group 5 participants largely settled on level or intensity of care as the dominant factor.

- THE LEVEL OR DEGREE OF CARE MATTERS. IN CAREGIVING YOU CAN SPEND 20 MINUTES OR 24 HOURS. IT'S THE LEVEL OF CAREGIVING THAT ONE DOES. [GROUP 5]
- I'D PROBABLY SAY LEVEL OF CARE, BASED ON THE SEVERITY OF WHAT THEY HAVE. THAT DETERMINES HOW MUCH TIME, MONEY, RESOURCES, HARDSHIP YOU NEED. [GROUP 5]
- I THINK THE LEVEL OF CARE AND THE LEVEL OF NEED, ON BOTH SIDES – THE CAREGIVER AND THE RECIPIENT. DOING AN INTAKE FOR BOTH AND PUTTING IT TOGETHER TO SEE WHAT THE NEEDS ARE. [GROUP 5]

[CAREGIVERS] Some felt that the gap between caregiver training and recipient need should be something to prioritize.

- WHAT IF THE CAREGIVER ISN'T QUALIFIED NECESSARILY, AND THEY'RE JUST PUT IN A POSITION WHERE THEY HAVE TO DO IT. I THINK THAT SHOULD FACTOR IN. THE AMOUNT OF CARE REQUIRED AND THE KIND OF CARE THEY'RE ABLE TO GIVE, THAT GAP SHOULD FACTOR IN SOMEWHERE. [GROUP 5]

[CAREGIVERS] They also voiced concerns over any evaluation methodology that looked at their own history, vs. focusing on their (largely unexpected) present realities. In particular, they felt that prioritization shouldn't be based on caregivers' finances.

- I WOULD WANT PEOPLE TO KNOW, THIS IS MY JOB NOW. I'M 24/7. I DON'T WANT THEM TO CONSIDER MY ASSETS WHEN MAKING A DECISION ABOUT ELIGIBILITY. IF I HAVE AN IRA IN THE BANK, DON'T DISQUALIFY ME FOR SAVING MONEY WHEN I WAS WORKING. DON'T DISQUALIFY ME FOR BEING A RESPONSIBLE ADULT. [GROUP 5]

Survey Tools and Reports

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WARD RESEARCH, INC.

September 2018: C&C Elderly Affairs Division (ADULT 60+ SURVEY)
WR7509

Record Number _____ (v01)

Interviewer Name _____

Time Ended _____

Date _____ I.D.# _____ (v02)

Time Started _____

Respondent Name _____

Total Minutes _____ (v03)

Respondent Phone Number -

(v04)

Hello, I'm (_____) from Ward Research, a professional market research firm here in Honolulu. We're doing a quick survey among Hawaii residents and I'd like to ask you a few questions if I may.

Q. Are you either 60+ years of age or a caregiver for someone 60+ years of age? By caregiver, I mean you are involved in making decisions about the care of an elderly parent and/or helping to care for them (doctor's appointments, medications, etc) OR you have an elderly adult who is dependent on you for their care.

- Yes, I'm 60+ years..... 1 **(CONTINUE WITH SURVEY)**
- Yes, I'm a caregiver..... 2 **(SKIP TO CAREGIVER SURVEY)**
- No..... 3 **(THANK AND TERMINATE)**

IF BOTH 60+ AND CAREGIVER, DO CAREGIVER SURVEY UNTIL QUOTA IS MET.

Q. What was your age on your last birthday? (999 = refused) years (v)

Q1. Overall, how would you rate your quality of life? Would you say that it's very good, good, neither good nor bad, bad, or very bad?

- Very good 5
- Good..... 4
- Neither good nor bad 3
- Bad 2
- Very bad 1
- Don't Know/Refused (**DO NOT READ**)..... 9

Q2. In general would you say that your health is very good, good, neither good nor bad, bad, or very bad?

- Very good 5
- Good..... 4
- Neither good nor bad 3
- Bad 2
- Very bad 1
- Don't Know/Refused (**DO NOT READ**)..... 9

Q3 I am going to read you a list of challenges that people may face. Thinking back over the last 12 months, please tell me how much of a problem each of the following has been for you --- a major problem, a minor problem, or no problem. First, **[READ LIST. ROTATE LIST]**. **[Repeat scale as necessary]**?

ROTATE	Major problem	Minor problem	No problem	Don't Know/Refused
Your physical health	1	2	3	9
Having adequate housing that suits your needs	1	2	3	9
Getting the health care you need	1	2	3	9
Have adequate transportation that suits your needs	1	2	3	9
Feeling lonely, sad or isolated	1	2	3	9
Having enough food to eat	1	2	3	9
Affording the medications you need	1	2	3	9
Having financial problems	1	2	3	9
Feeling depressed	1	2	3	9
Being physically or emotionally abused	1	2	3	9
Being financially exploited	1	2	3	9
Dealing with legal issues	1	2	3	9
Performing everyday activities, such as walking, bathing or getting in and out of a chair	1	2	3	9
Having too few activities or feeling bored	1	2	3	9
Providing care for another person	1	2	3	9

Q4 I would now like to read you a list of common daily activities. For each one I read, please tell me if you can do the activity without any help, with some help, or if you cannot do this at all. First, [READ LIST. ROTATE LIST]. [Repeat scale if necessary]?

ROTATE	Can do without help	Can do with some help	Cannot do this at all	Don't Know/ Refused
Preparing your meals	1	2	3	9
Shopping for personal items	1	2	3	9
Managing your medications	1	2	3	9
Managing your money	1	2	3	9
Using a telephone	1	2	3	9
Doing housework or home cleaning	1	2	3	9
Using available transportation	1	2	3	9
Doing chores or yard work	1	2	3	9
Walking	1	2	3	9
Eating	1	2	3	9
Dressing yourself	1	2	3	9
Bathing	1	2	3	9
Using the toilet	1	2	3	9
Getting in and out of a bed or a chair	1	2	3	9

Q5. Are you currently receiving support to complete your daily activities?

- Yes (**SKIP TO Q6**) 1
- No (**CONTINUE**) 2
- Don't know/refused 9

Q5a. Why are you not currently receiving support to complete your daily activities?

IF ANSWERED Q5A, SKIP TO QUESTION 7

Q6. How much support do you receive from the following sources to complete your daily activities? Please tell me if you receive a lot of support, some support, a little support, or no support from the following sources. First.... **[READ LIST. ROTATE LIST]. [Repeat scale as necessary]?**

ROTATE	Lot of support	Some support	No support	Don't Know/ Refused
Your family	1	2	3	9
Your friends	1	2	3	9
Your neighbors	1	2	3	9
A church or spiritual group	1	2	3	9
A club or social group	1	2	3	9
A non-profit agency	1	2	3	9
A private paid agency	1	2	3	9

Q7. What additional services and programs do you think should be offered to residents 60+ years of age?

Q8. How do you get your information about what types of services and activities are available to you? Any other sources? **(MULTIPLE MENTION OKAY)**

- Internet (specific websites) – Non-Social media 1
- Social media (Facebook, Twitter, etc.).....2
- Newspaper.....3
- Television.....4
- Word-of-mouth: family or friends.....5
- Physician/Medical organization (Kaiser, HMSA, etc)6
- Pharmacist.....7
- Social worker8
- Radio9
- other (specify) _____ 10

Q9. Have you heard of the Elderly Affairs Division of the City and County of Honolulu or the Senior Helpline? (768-7700)??

- Yes (**CONTINUE**) 1
- No (**SKIP TO DEMOS**) 2
- Don't know/refused 9

Q9A. How many times in the past have you interacted with the Elderly Affairs Division? **[READ LIST]**

- Never 1
- Once or twice 2
- Several times, or 3
- You interact with them on a regular basis 4

And now just a few questions for classification purposes only...

Q. Are you a veteran or spouse of a veteran?

- Yes..... 1
- No 2
- Refused 9 (v)

Q. What is your residential zip code? _____

Q. How many years have you lived on O'ahu?

- less than 2 years 1
- 2 - less than 5 years 2
- 5 - less than 10 years 3
- 10 or more years 4
- born and raised on O'ahu 5
- don't know/refused (**DO NOT READ**) 9 (v)

Q. Including yourself, how many people live in your household? DK/REF=99 _____

Q. What is your marital status?

- Married..... 1
- Not married (**specify**)
- Widowed 2
- Divorced/Separated 3
- Never married 4
- Don't know/refused (**DO NOT READ**) 9 (v)

Q. Which of the following best describes your current living situation? (**READ LIST**)

- Live alone 1
- Live with spouse/partner/significant other only 2
- Live with spouse/partner/significant other & other relatives 3
- Live with children only (no spouse) 4
- Live with relatives who are not your spouse or your children 5
- Live with non-relatives 6
- Other (specify) _____ 7
- don't know/refused (**DO NOT READ**) 9 (v)

Q. What is the highest level of education you have completed?

- Some high school or less..... 1
- High school graduate or GED2
- Some college/Trade school3
- College graduate4
- Grad school5
- don't know/refused (**DO NOT READ**)9

(v)

Q. What ethnic identification do you identify with the most? (**IF MIXED, ASK**) Would that include Hawaiian?

- Caucasian..... 1
- Chinese.....2
- Filipino3
- Hawaiian/part-Hawaiian4
- Japanese5
- mixed6
- other (specify) _____ 8
- refused (**DO NOT READ**)9

(v)

Q. What language is primarily spoken in your household? Any other(s) (**PLEASE CHOOSE ALL THAT APPLY**)

- English 1
- Japanese2
- Filipino - Ilocano.....3
- Filipino - Tagalog4
- Filipino – Visayan.....5
- Korean6
- Chinese - Mandarin7
- Chinese – Cantonese8
- Spanish.....9
- Hawaiian10
- Other (specify) _____ 11
- Refused12

(v)

Q. And was your household income for 2017, before taxes: (**READ LIST**)

- under \$25,000..... 1
- \$25,000 - but under \$50,000.....2
- \$50,000 - but under \$75,000.....3
- \$75,000 - but under \$100,000.....4
- \$100,000 – but under \$150,000.....5
- \$150,000 and above6
- refused (**DO NOT READ**)9

(v)

Q. (RECORD ONLY, DO NOT ASK) Sex:

male.....1
female.....2

(v)

In the event my supervisor would like to verify this interview, may I have your first name please? (RECORD ON FRONT). That was my last question. Thank you very much for your help in completing this survey.

DO NOT COPY

WARD RESEARCH, INC.

September 2018: C&C Elderly Affairs Division (CAREGIVERS)
WR7509

Record Number _____ (v01)

Interviewer Name _____

Time Ended _____

Date _____ I.D.# _____ (v02)

Time Started _____

Respondent Name _____

Total Minutes _____ (v03)

Respondent Phone Number -

(v04)

Hello, I'm (_____) from Ward Research, a professional market research firm here in Honolulu. We're doing a quick survey among Hawaii residents and I'd like to ask you a few questions if I may.

Q. Are you either 60+ years of age or a caregiver for someone 60+ years of age? By caregiver, I mean you are involved in making decisions about the care of an elderly parent and/or helping to care for them (doctor's appointments, medications, etc.) OR you have an elderly adult who is dependent on you for their care.

- Yes, I'm 60+ years..... 1 **(CONDUCT 60+ SURVEY)**
- Yes, I'm a caregiver..... 2 **(CONTINUE WITH SURVEY)**
- No..... 3 **(THANK AND TERMINATE)**

IF BOTH 60+ AND CAREGIVER, DO CAREGIVER SURVEY UNTIL QUOTA IS MET.

Q. What was your age on your last birthday? (999 = refused) years (v)

Q. How many elders 60+ years of age do you provide informal care to on a regular basis?

Q. How many children, if any, do you provide informal care to on a regular basis?

Q. How many disabled adults less than 60 years of age, if any, do you provide informal care to on a regular basis?

For this survey, care recipient refers to the elderly care recipient you are currently caring for. If there happens to be more than one, your answers should reflect the care recipient that receives the most care from you.

Q1. What is your relationship to the care recipient?

- Spouse/Partner/Significant other 1
- Parent 2
- Grandparent..... 3
- Child..... 4
- Grandchild 5
- Other relative 6
- Friend or neighbor 7
- Other (please specify) 8
- Don't Know/Refused (**DO NOT READ**)..... 9

Q2. Do you live with the care recipient?

- Yes 1
- No 2
- Don't know/refused 9

Q3. How many hours per week do you spend providing care for the care recipient?

_____ hours/week

Q4. Does he/she need 24 hour supervision?

- Yes 1
- No 2
- Don't know/refused 9

Q5. How long have you been providing care to the care recipient? (**READ LIST**)

- Less than one year 1
- 1 - 2 years..... 2
- 3 to 5 years 3
- 6 to 10 years 4
- More than 10 years 5
- don't know/refused (**DO NOT READ**) 9

(v)

Q6. What is your current employment status?

- Employed full-time 1
- Employed part-time..... 2
- Not employed but looking 3
- Not employed; not looking 4
- Retired 5
- Other (specify) 6
- don't know/refused (**DO NOT READ**) 9

(v)

Q7. Has being a caregiver limited the number of hours you are able to work?

- Yes..... 1
- No 2
- Don't know/refused 9

Q8. **(IF 2, 3, OR 4 IN Q6, ASK)** Has the amount of time you spent providing care limited your options to find employment?

- Yes..... 1
- No 2
- Don't know/refused 9

Q9. How would you describe how much stress you feel as a caregiver? Would you say you are...

- Stressed a lot..... 1
- Stressed a little, or 2
- Not stressed 3
- Don't Know/Refused (**DO NOT READ**)..... 9

Q10 I will now read to you a list of common daily activities. For each one I read, please tell me if the care recipient is capable of doing the activity on their own. First, [**READ LIST. ROTATE LIST**].

ROTATE	Yes, able to do	Cannot do this on their own	Don't Know/Refused
Preparing or cooking meals	1	2	9
Eating	1	2	9
Grocery shopping	1	2	9
Bathing and personal care	1	2	9
Using a telephone to make calls	1	2	9
Retrieving and sorting mail or reading letters	1	2	9
Housework and home cleaning tasks	1	2	9
Doing chores or yard work	1	2	9
Transferring, such as getting in and out of a bed or standing up from sitting	1	2	9
Managing finances and paying bills	1	2	9
Managing medications and remembering to take medications	1	2	9
Using transportation services such as the bus or handivan	1	2	9

Q11 Please rate how important you think each of the following would be to a caregiver – using a scale of very important, somewhat important or not important? First, [READ LIST. ROTATE LIST]. [Repeat scale as necessary]?

ROTATE	Very important	Somewhat important	Not important	Don't Know/ Refused
The elder being able to remain at home to age in place	3	2	1	9
The elder being able to go to a care home or care facility	3	2	1	9
The elder having enough money to pay for care	3	2	1	9
The elder having assets to pass on to family	3	2	1	9
Help with finding in-home care and community-based services	3	2	1	9
Help with finding long-term care residence options like care homes and nursing homes	3	2	1	9
Help with home modification to increase accessibility or rehabilitate the home	3	2	1	9
Caregiver Education & training opportunities	3	2	1	9
Caregiver support groups	3	2	1	9
Individual caregiver counseling	3	2	1	9
Legal assistance	3	2	1	9

Q11a And, as best as you can tell, please rate how important the following is to the care recipient (elderly person) you care for? Please use the same rating scale -- very important, somewhat important or not important? First, [READ LIST. ROTATE LIST]. [Repeat scale as necessary]?

ROTATE	Very important	Somewhat important	Not important	Don't Know/ Refused
The elder being able to remain at home to age in place	3	2	1	9
The elder being able to go to a care home or care facility	3	2	1	9
The elder having enough money to pay for care	3	2	1	9
The elder having assets to pass on to family	3	2	1	9

Q12a. As far as you know, are there additional sources of support that assist in providing care to your care recipient?

- Yes **(CONTINUE)** 1
- No **(SKIP TO Q13)**..... 2
- Don't know/refused 9

Q12b. What other sources of support provide care to your care recipient? I am going to read you a list. Please tell me if the following sources also provide care to your care recipient. **(MULTIPLE MENTION OKAY) READ LIST**

- Other family members..... 1
- Friends/neighbors2
- Non-profit/Community organization3
- For-profit (paid)/Commercial company.....4
- Elderly Affairs Division/City & County5
- Other government agency/program (specify) _____6
- Other (specify) _____ 7

IF ANSWERED Q12B, SKIP TO QUESTION 14

Q13. If your care recipient is not receiving assistance from any other source, why not? I am going to read you a list of reasons, Please tell me if each of the following is a reason why your care recipient is not receiving assistance from other sources. **(MULTIPLE MENTION OKAY) READ LIST**

- Don't need more assistance or the caregiver is enough 1
- Don't know how to get services or where to start.....2
- Can't afford services3
- Not willing to share financial information or
does not want to spend money on care4
- Never thought about it or unaware there were services.....5
- Elder expects family to provide6
- Does not trust outside help7
- Other (specify) _____ 8

Q14. What additional services and programs do you think should be offered to family caregivers?

Q15. How do you get your information about what types of services and activities are available to you? Any other sources? **(MULTIPLE MENTION OKAY)**

- Internet (specific websites) – Non-Social media 1
- Social media (Facebook, Instagram, Twitter, etc.) 2
- Newspaper..... 3
- Television..... 4
- Word-of-mouth: family or friends..... 5
- Physician/Medical organization (Kaiser, HMSA, etc) 6
- Pharmacist..... 7
- Social worker 8
- Radio 9
- other (specify) _____ 10

Q16. Have you heard of the Elderly Affairs Division of the City and County of Honolulu or the Senior Helpline? (768-7700)??

- Yes **(CONTINUE)** 1
- No **(SKIP TO DEMOS)** 2
- Don't know/refused 9

Q16a. How many times in the past have you interacted with the Elderly Affairs Division? **[READ LIST]**

- Never 1
- Once or twice 2
- Several times, or 3
- You interact with them on a regular basis 4

And now just a few questions for classification purposes only...

Q. What is your residential zip code? _____

- Q. How many years have you lived on O'ahu?
- less than 2 years..... 1
 - 2 - less than 5 years 2
 - 5 - less than 10 years..... 3
 - 10 or more years..... 4
 - born and raised on O'ahu 5
 - don't know/refused **(DO NOT READ)** 9 (v)

- Q. What is your marital status?
- Married..... 1
 - Not married **(specify)**
 - Widowed 2
 - Divorced/Separated 3
 - Never married 4
 - Don't know/refused **(DO NOT READ)** 9 (v)

- Q. What is the highest level of education you have completed?
- | | | |
|---|---|-----|
| Some high school or less..... | 1 | |
| High school graduate or GED | 2 | |
| Some college/Trade school | 3 | |
| College graduate | 4 | |
| Grad school | 5 | |
| don't know/refused (DO NOT READ) | 9 | (v) |
- Q. What ethnic identification do you identify with the most? **(IF MIXED, ASK)** Would that include Hawaiian?
- | | | |
|------------------------------------|---|-----|
| Caucasian..... | 1 | |
| Chinese..... | 2 | |
| Filipino | 3 | |
| Hawaiian/part-Hawaiian | 4 | |
| Japanese | 5 | |
| mixed | 6 | |
| other (specify) _____ | 8 | |
| refused (DO NOT READ) | 9 | (v) |
- Q. What language is primarily spoken in your household? Any other(s) **(PLEASE CHOOSE ALL THAT APPLY)**
- | | | |
|---------------------------|----|-----|
| English | 1 | |
| Japanese | 2 | |
| Filipino - Ilocano..... | 3 | |
| Filipino - Tagalog | 4 | |
| Filipino – Visayan..... | 5 | |
| Korean | 6 | |
| Chinese - Mandarin | 7 | |
| Chinese – Cantonese | 8 | |
| Spanish..... | 9 | |
| Hawaiian | 10 | |
| Other (specify) _____ | 11 | |
| Refused | 12 | (v) |
- Q. And was your household income for 2017, before taxes: **(READ LIST)**
- | | | |
|--------------------------------------|---|-----|
| under \$25,000..... | 1 | |
| \$25,000 - but under \$50,000..... | 2 | |
| \$50,000 - but under \$75,000..... | 3 | |
| \$75,000 - but under \$100,000..... | 4 | |
| \$100,000 – but under \$150,000..... | 5 | |
| \$150,000 and above | 6 | |
| refused (DO NOT READ) | 9 | (v) |

Q. And in your best estimate, what is the annual income of the care recipient? **(READ LIST)**

- under \$25,000..... 1
- \$25,000 - but under \$50,000.....2
- \$50,000 - but under \$75,000.....3
- \$75,000 - but under \$100,000.....4
- \$100,000 – but under \$150,000.....5
- \$150,000 and above6
- refused **(DO NOT READ)**9 (v)

Q. **(RECORD ONLY, DO NOT ASK)** Sex:

- male..... 1
- female.....2 (v)

In the event my supervisor would like to verify this interview, may I have your first name please? (RECORD ON FRONT). That was my last question. Thank you very much for your help in completing this survey.

WARD RESEARCH, INC.

September 2018: C&C Elderly Affairs Division (Agencies & Advocates)
WR7509

Record Number _____ (v01)

Interviewer Name _____

Time Ended _____

Date _____ I.D.# _____ (v02)

Time Started _____

Respondent Name _____

Total Minutes _____ (v03)

Respondent Phone Number -

(v04)

Hello, may I please speak to <NAME>. Hello, I'm _____ from Ward Research, calling on behalf of The City and County of Honolulu Elderly Affairs Division. We have an appointment today to discuss senior and family caregiver needs. Thank you very much for your willingness to talk with me today. Do you have any questions before we begin?

BACKGROUND INFORMATION (ONLY IF ASKED)

This survey is being conducted among various organizations: EAD-funded and Not-EAD-Funded providers, for profit and not for profit; advocacy groups, Hospitals, the VA, Federally Qualified Health Clinics, etc.

You were asked to complete this survey because your organization provides services to seniors, 60 years and older, and/or their family caregivers.

Let me again assure you that all responses will remain completely confidential and reported only in aggregate with other responses, unless there is information that you tell me that you'd like for us to share by name.

My first question.....

Q1. What is the role of your organization? Are you a... (READ LIST)

- Non-profit service provider 1
- For profit service provider 2
- Hospital or health clinic 3
- Advocacy group 4
- Government entity, or 5
- Other (specify) _____ .. 6
- Don't know/refused (DO NOT READ) 9

Q2. And what is the scope of your organization? Are you ... (READ LIST)

- State-wide, or 1
- Island-wide..... 2
- Don't know/refused (DO NOT READ)..... 9

Q3. Have you heard of the Elderly Affairs Division of the City and County of Honolulu?

- Yes (**CONTINUE**) 1
- No (**SKIP TO Q4**)..... 2
- Don't know/refused (**SKIP TO Q4**) 9

Q3a. Do you currently partner with the Elderly Affairs Division?

- Yes (**CONTINUE**) 1
- No (**SKIP TO Q4**)..... 2
- Don't know/refused (**SKIP TO Q4**) 9

Q3b. In your own words, please describe your partnership with Elderly Affairs Division?

Q4. In your opinion, what are the top 3 priority areas affecting the quality of life for seniors?

- 1. _____
- 2. _____
- 3. _____

Q5a. Let's discuss (**PRIORITY #1**) Are the needs in this priority area currently being met? **READ LIST**

- Yes, quite well 1
- Yes, somewhat well, or 2
- No 3
- Don't know/refused (**DO NOT READ**)..... 9

Q5b. What resources are currently assisting in meeting the needs in this priority area?

Q5c. What additional resources are needed to meet the needs in this priority area?

Q5d. How are you assisting in meeting the needs in this priority area?

Q6a. Let's discuss (**PRIORITY #2**) Are the needs in this priority area currently being met? **READ LIST**

- Yes, quite well 1
- Yes, somewhat well, or 2
- No 3
- Don't know/refused (**DO NOT READ**)..... 9

Q6b. What resources are currently assisting in meeting the needs in this priority area?

Q6c. What additional resources are needed to meet the needs in this priority area?

Q6d. How are you assisting in meeting the needs in this priority area?

Q7a. Let's discuss (**PRIORITY #3**) Are the needs in this priority area currently being met? **READ LIST**

- Yes, quite well 1
- Yes, somewhat well, or 2
- No 3
- Don't know/refused (**DO NOT READ**)..... 9

Q7b. What resources are currently assisting in meeting the needs in this priority area?

Q7c. What additional resources are needed to meet the needs in this priority area?

Q7d. How are you assisting in meeting the needs in this priority area?

Q8. What are your organizations commitments to assist in meeting the needs in these priority areas and improving the quality of life for seniors?

Q9. How can the State Unit on Aging (Executive Office on Aging) better support your efforts?

Q10. How could the Area Agencies on Aging (Elderly Affairs Division, Kauai Agency on Elder Affairs, Maui County Office of Aging, Hawaii County Office of Aging) better support your efforts?

Q11. How can the Aging Network of Service Provider Agencies better support your efforts?

Q12. In the next 20 years, what types of services and programs for seniors should be offered and how should these services and programs be delivered?

That was my final question. We would like to thank you for your time and participation in this survey!

WARD RESEARCH, INC.

September 2018: C&C Elderly Affairs Division (Policy Makers)
WR7509

Record Number _____ (v01)

Interviewer Name _____

Time Ended _____

Date _____ I.D.# _____ (v02)

Time Started _____

Respondent Name _____

Total Minutes _____ (v03)

Respondent Phone Number -

(v04)

Hello, may I please speak to <NAME>. Hello, I'm _____ from Ward Research, calling on behalf of The City and County of Honolulu Elderly Affairs Division. We have an appointment today to discuss senior and family caregiver needs. Thank you very much for your willingness to talk with me today. Do you have any questions before we begin?

BACKGROUND INFORMATION (ONLY IF ASKED)

This survey is being conducted among Policy Makers: Federal Congressional Delegates, State Legislature, and City Council Members.

Let me again assure you that all responses will remain completely confidential and reported only in aggregate with other responses, unless there is information that you tell me that you'd like for us to share by name.

My first question.....

Q1. What level of government do you represent? (**READ LIST**)

- Federal..... 1
- State, or 2
- City and County 3
- Don't know/refused (**DO NOT READ**)..... 9

Q2. What geographic area best describes your constituents/community?

Q3. In your opinion, what are the top 3 priority areas or needs affecting the quality of life for seniors in your community?

1. _____
2. _____
3. _____

Q4a. Let's discuss **(PRIORITY #1)** Are the needs in this priority area currently being met? **READ LIST**

- Yes, quite well 1
- Yes, somewhat well, or 2
- No 3
- Don't know/refused **(DO NOT READ)**..... 9

Q4b. What resources are currently assisting in meeting the needs in this priority area?

Q4c. What additional resources are needed to meet the needs in this priority area?

Q4d. How are you assisting in meeting the needs in this priority area?

Q5a. Let's discuss (**PRIORITY #2**) Are the needs in this priority area currently being met? **READ LIST**

- Yes, quite well 1
- Yes, somewhat well, or 2
- No 3
- Don't know/refused (**DO NOT READ**)..... 9

Q5b. What resources are currently assisting in meeting the needs in this priority area?

Q5c. What additional resources are needed to meet the needs in this priority area?

Q5d. How are you assisting in meeting the needs in this priority area?

DO NOT COPY

Q6a. Let's discuss (**PRIORITY #3**) Are the needs in this priority area currently being met? **READ LIST**

- Yes, quite well 1
- Yes, somewhat well, or 2
- No 3
- Don't know/refused (**DO NOT READ**)..... 9

Q6b. What resources are currently assisting in meeting the needs in this priority area?

Q6c. What additional resources are needed to meet the needs in this priority area?

Q6d. How are you assisting in meeting the needs in this priority area?

Q7. What are your commitments to assist in meeting the needs in these priority areas and improving the quality of life for seniors in your community?

Q8. How can the State Unit on Aging (Executive Office on Aging) better support your efforts?

Q9. How could the Area Agencies on Aging (Elderly Affairs Division, Kauai Agency on Elder Affairs, Maui County Office of Aging, Hawaii County Office of Aging) better support your efforts?

Q10. How can the Aging Network of Service Provider Agencies better support your efforts?

Q11. In the next 20 years, what types of services and programs for seniors should be offered and how should these services and programs be delivered?

That was my final question. We would like to thank you for your time and participation in this survey!



Aloha!

The City and County of Honolulu Elderly Affairs Division is conducting in-depth one-on-one interviews among key partners to help define and assess priority areas to improve the quality of life for seniors. We have commissioned Ward Research, a professional market research firm in Honolulu, to conduct the survey on our behalf. Within the next few days, Ward Research may be contacting you to schedule a short interview at your convenience.

We would greatly appreciate your participation in this important research.

If you have any questions or concerns regarding the validity of the survey, please feel free to call Eddie Schott at the Elderly Affairs Division at (808) 768-5608.

Thank you in advance for your participation.



Aloha!

The City and County of Honolulu Elderly Affairs Division is conducting in-depth one-on-one interviews among key partners to help define and assess priority areas to improve the quality of life for seniors. We have commissioned Ward Research, a professional market research firm in Honolulu, to conduct the survey on our behalf. Within the next few days, Ward Research may be contacting you to schedule a short interview at your convenience.

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Thank you in advance for your participation.



Aloha!

The City and County of Honolulu Elderly Affairs Division is conducting in-depth one-on-one interviews among key partners to help define and assess priority areas to improve the quality of life for seniors. We have commissioned Ward Research, a professional market research firm in Honolulu, to conduct the survey on our behalf. Within the next few days, Ward Research may be contacting you to schedule a short interview at your convenience.

We would greatly appreciate your participation in this important research.

If you have any questions or concerns regarding the validity of the survey, please feel free to call Eddie Schott at the Elderly Affairs Division at (808) 768-5608.

Thank you in advance for your participation.



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WARD RESEARCH

Elderly and Caregiver Needs Survey

A Survey among O'ahu Residents 60+ years of age
and Elderly Caregivers

Prepared for:

City and County of Honolulu's Elderly Affairs Division

October 2018

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Executive Summary

The following section highlights key findings from a telephone survey among n=204 O'ahu residents 60+ years of age and n=63 caregivers. Interviews were conducted between September 21 to October 10, 2018. Maximum sampling error for the total sample of n=204 O'ahu residents 60+ year olds is +/- 6.8%. Maximum sampling error for the total sample of n=63 caregivers is +/- 12.3%.

Adults 60+ Years of Age

[Note: Reader should keep in mind that findings from the O'ahu adult 60+ years of age research reflect living conditions and needs for those who were mobile enough to answer the telephone and complete the survey --- and may not be a reflection of all Oahu adults 60+ years of age.]

- Half of those 60+ year olds surveyed said that they have heard of the Elderly Affairs Division of the City and County of Honolulu or the Senior Helpline (48%). Of this segment, one-fourth indicated that they have interacted with the Elderly Affairs Division in the past
- Nine in ten 60+ year olds surveyed (88%) give a favorable rating to their quality of life; with half saying their quality of life is "very good" (48%). Quality of life ratings were much higher than those for their overall health.
- Four in five (81%) give themselves favorable ratings in terms of health, with 3 in 10 saying their health is "very good" (29%).
- Physical health (29%) was cited by more 60+ year olds surveyed as a problem for them in the past year, followed by having financial problems (19%); feeling depressed (13%); having too few activities or feeling bored (13%); and performing everyday activities (12%).
 - ✓ 45% of those from lower-income households of less than \$50,000 said that having financial problems has been either a major or minor problem for them in the past year.
- A large majority of those 60+ year olds surveyed indicated that they are still able to do all of the activities tested on their own without help. Those surveyed indicated needing the most help with doing *chores or yard work or doing housework or home cleaning*.

Executive Summary (cont.)

- One in 10 respondents indicated that they currently receive additional support to complete daily activities; with most support coming from family, followed by friends or neighbors.
 - ✓ Those from lower-income households and those not married are more likely than others to be currently receiving support to complete their daily activities.
- When asked what additional services or programs should be offered to residents 60+ years of age, the most common suggestions were transportation services (9%); medical/dental assistance (8%); and lower taxes/financial assistance (8%). Overall, 4 in 9 could not offer suggestions for additional services or programs which should be offered to residents 60+ years of age (44%), while 1 in 10 said that there are enough programs currently out there and that more are not needed (10%).
- Those 60+ year olds surveyed said that they get their information about what types of services and activities are available to them from non-social media internet services (41%), newspapers (39%), or television (36%).

Caregivers

- Three in five caregivers surveyed (59%) have heard of the Elderly Affairs Division or the Senior Helpline. Of this segment, 32% have interacted with the Elderly Affairs Division in the past.
- Just over half (54%) say that their care recipient has additional sources of support that assist in providing care, predominantly other family members (85%).
- One-third (31%) of those caregivers surveyed indicated that being a caregiver has limited the number of hours they are able to work.
- More than one-third of caregivers --- who work part-time or are currently not employed --- indicated that the amount of time they spend providing care has limited their options to find employment.
- One-third of those caregivers surveyed indicated that they feel a lot of stress (35%) as a caregiver. In addition, half say that being a caregiver gives them a little stress (48%).

Executive Summary (cont.)

- A large proportion of caregivers surveyed indicated that their care recipients can still eat (92%) or transfer -- getting in and out of a bed or standing up from sitting (81%) on their own. A majority also indicated that their care recipient can use the telephone to make calls (65%), bathe (57%), or retrieve and sort through mail (57%) on their own.
- Among those activities which a large proportion of care recipients can no longer do on their own are doing chores or yard work; grocery shopping; using transportation services such as TheBus or Handi-Van; preparing or cooking meals; housework and home cleaning tasks; and managing finances and paying bills.
- Overall, importance ratings from the caregiver's perspective closely mirrored perceived importance ratings from the care recipient's perspective.

From the caregiver perspective:

- ✓ Nearly all caregivers surveyed feel it is important for *the elder to be able to remain at home to age in place*.
- ✓ Roughly 6 in 7 caregivers rated *the elder having enough money to pay for care; legal assistance; or help with finding in-home care and community-based services* as being important.
- ✓ Three-fourths consider *caregiver education and training opportunities* to be important.
- ✓ Half said it is important for *the elder to have assets to pass on to family*; the lowest rated attribute (in terms of importance) among those attributes tested.

Thinking about the care recipient perspective:

- ✓ Nearly all caregivers surveyed believe that care recipients consider *being able to remain at home to age in place* to be important .
- ✓ Five in 6 believe that care recipients consider *having enough money to pay for care* to be important.
- ✓ A slight majority also believe that care recipients consider *having assets to pass on to family and being able to go to a care home or facility* to be important.

Executive Summary (cont.)

- Two in 5 caregivers surveyed indicated that their care recipient does not receive additional support (41%). When asked why not, 55% said that the recipient does not need any more additional assistance; 24% said that the recipient expects family to provide additional assistance if needed; and 21% said that the recipient does not know where to get additional services.
- When asked what additional services or programs should be offered to family caregivers, the most common suggestions were additional help in general (14%); increased payments/financial assistance (14%); caregiver training/classes/access to resources (10%); and companionship/social interaction (10%). Overall, one-third could not offer suggestions for additional services or programs which should be offered to family caregivers (35%)
- Those caregivers surveyed said that they get their information about what types of services and activities are available to them from non-social media internet services (37%), word-of-mouth from family or friends (37%), or physicians/medical organizations (29%).

Conclusions

- Awareness of the Elderly Affairs Division or the Senior Helpline is moderate, with 48% of adults 60+ years of age and 59% of caregivers indicating that they have heard of either one. Efforts to help boost public awareness of EAD need to be considered.
- Aside from physical health problems, “financial problems” was the second most frequently mentioned problem among those 60+ years of age. In fact, when asked what additional services and programs they would like to see offered to residents their age, financial assistance ranked among the top three mentions (along with transportation and medical/dental assistance). Financial assistance programs and partnerships through EAD may likely be the best way to reach a greater audience of 60+ year olds.
- Financial assistance was also identified as a top priority among caregivers. While being able to stay at home and age in place ranked atop the list of care recipient priorities cited by caregivers, having enough money to pay for care ranked second overall. When asked what additional services and programs they want to see offered to family caregivers, increase payments/financial assistance tied for the top overall mention (with additional help in general). In addition, one-third of those caregivers surveyed indicated that being a caregiver has limited the number of hours they are able to work; all of these caregivers indicated that they feel either a lot or a little stress being a caregiver.
- Residents 60+ years of age from lower-income households of less than \$50,000 appear to be most in need of assistance. Nearly half of this segment indicated that they had a problem with finances within the past year. This segment is also more likely than others to be currently receiving support to complete their daily activities.
- Both 60+ year olds and caregivers rely heavily on the internet (non-social media sources) and word-of-mouth from family and friends to get information about the types of services and activities available to them. In addition, residents 60+ years of age report a greater reliance on newspapers and television, while caregivers depend comparatively more on physicians/medical organizations.

Objectives

- **To assess the current living situations of Oahu residents 60+ years of age, as well as their caregivers; and to identify their needs in terms of additional services and programs which can be offered to residents 60+ years of age or their caregivers.**

Methodology

The methodology employed for this research was a telephone survey of caregivers and O'ahu adults 60+ years of age. Field dates for the telephone survey were from September 21 to October 10, 2018. A total sample of n=204 O'ahu residents 60+ years of age and a total of n=63 caregivers completed the survey. [Note: Caregivers were defined as someone involved in making decisions about the care of an elderly parent and/or helping to care for them (doctor's appointments, medications, etc.) OR someone with an elderly adult who is dependent on them for their care.] Maximum sampling error for the total sample of n=204 60+ year olds is +/- 6.8%. Maximum sampling error for the total sample of n=63 caregivers is +/- 12.3%.

The telephone survey utilized a combination of landline and cell phone calls. For the landline component, the sampling frame was generated at random by the research firm using a random digit dialing program. This random-digit dialing method includes unlisted as well as listed telephone numbers, helping to promote an unbiased sample. For the cell phone component, a random cell phone sample was purchased by Ward Research from a national sampling house specializing in market research sampling. In addition, some caregiver respondents were also identified through the Ward Research Respondent Referral Database.

It should be noted that findings from the O'ahu adult 60+ years of age research reflect living conditions and needs for those who were mobile enough to answer the telephone and complete the survey --- and may not be a reflection of all Oahu adults 60+ years of age.

All interviewing was conducted from the Ward Research Calling Center in the downtown Honolulu office. Interviews were conducted between the hours of 9:00 a.m. to 8:30 p.m. on weekdays and 9:00 a.m. to 5:00 p.m. on weekends. The Calling Center is equipped with a Computer Assisted Telephone Interviewing (CATI) system which allows for the 100% monitoring of calls, through a combination of electronic and observational means.

Upon completion of fielding, data from the phone survey were edited, coded, and tabulated using SPSS for Windows, a statistical software package. Final data for the 60+ year old sample was weighted by gender and ethnicity (to match the most recent US Census data on O'ahu adults 60+ years of age) in order to ensure proper representation from males and specific ethnic groups.

ADULTS 60+ SURVEY

Profile of Respondents (60+ Years)

Years lived on O'ahu	(%)	Education	(%)
Less than 10 years	1%	Some high school or less	4%
10 or more years	45%	High school graduate or GED	15%
Born and raised on O'ahu	54%	Some college/Trade school	24%
Marital Status		College graduate	34%
Married	55%	Grad school	22%
Widowed	20%	Language in HH	
Divorced/Separated	15%	English	96%
Never married	8%	Japanese	8%
Refused	2%	Filipino - Ilocano	8%
Veteran or Spouse of Veteran		Filipino - Tagalog	9%
Yes	28%	Korean	1%
No	71%	Chinese - Mandarin	1%
Refused	<1%	Chinese - Cantonese	1%
People in Household		Spanish	2%
One person	26%	Hawaiian	1%
Two people	42%	Other	4%
Three or four people	24%	Ethnic Identification	
Five or more people	7%	Caucasian	20%
Current Living Situation		Chinese	8%
Live alone	26%	Filipino	17%
Live with spouse/partner/significant other only	38%	Hawaiian/part-Hawaiian	6%
Live w/ spouse/partner/significant other & other relatives	19%	Japanese	32%
Live with children only (no spouse)	9%	Mixed	10%
Live w/ relatives who are not your spouse or your children	3%	Other	7%
Live with non-relatives	3%	Refused	1%
Refused	10%	Age	
Household Income		60 to 69 years	54%
Under \$25,000	5%	70 to 79 years	27%
\$25,000 - but under \$50,000	15%	80+ years	16%
\$50,000 - but under \$75,000	17%	Refused	3%
\$75,000 - but under \$100,000	13%	Gender	
\$100,000 – but under \$150,000	17%	Male	45%
\$150,000 and above	8%	Female	55%
Refused	25%	BASE:	(204)

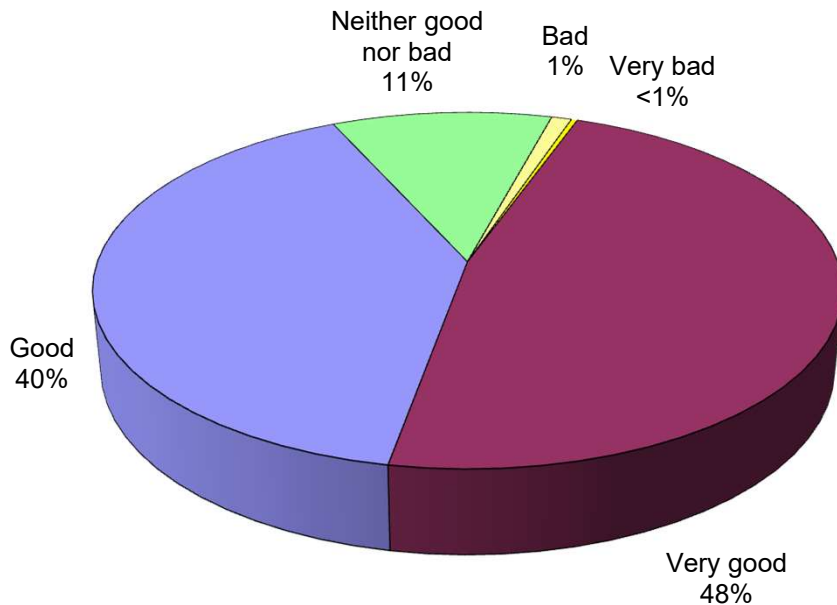
Profile of Respondents (60+ Years)

Area of Residence			
East Honolulu	6%	Ewa/Kapolei	3%
96821 - Aina Haina	3%	96706 - Ewa Beach	2%
96825 - Hawaii Kai	3%	96707 - Kapolei	1%
Urban Honolulu	35%	Leeward Coast	4%
96813	3%	96792 - Waianae	4%
96814	2%	North Shore	1%
96815	2%	96712 - Haleiwa	<1%
96816	7%	96791 - Waialua	1%
96817	5%	Windward	15%
96818	2%	96717 - Hauula	<1%
96819	5%	96734 - Kailua	5%
96822	4%	96744 - Kaneohe	8%
96826	5%	96795 - Waimanalo	1%
Moanalua/Aiea/Pearl City/Waipahu	20%	96863 - MCBH Kaneohe	1%
96701 - Aiea	8%	Central Oahu	12%
96782 - Pearl City	6%	96786 - Wahiawa	4%
96797 - Waipahu	6%	96789 - Mililani	8%
BASE:	(204)	Refused	3%

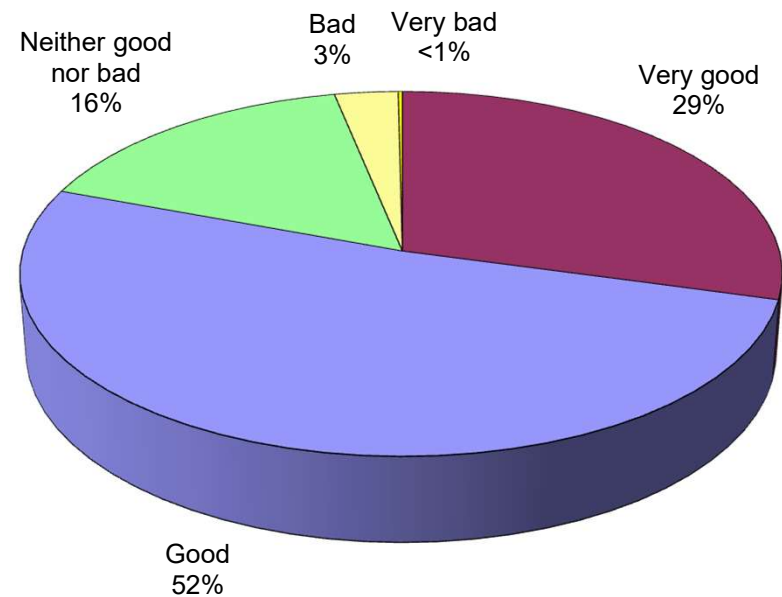
Quality of Life and Overall Health

- Nine in 10 (88%) 60+ year olds surveyed give a favorable rating to their quality of life, with half saying their quality of life is ‘very good’ (48%).
- Four in 5 (81%) 60+ year olds give themselves favorable ratings in terms of health, with 3 in 10 saying their health is “very good” (29%).

How would you rate your quality of life?
Base: n=204



In general, how would you rate your health?
Base: n=204



Quality of Life and Overall Health – cont.

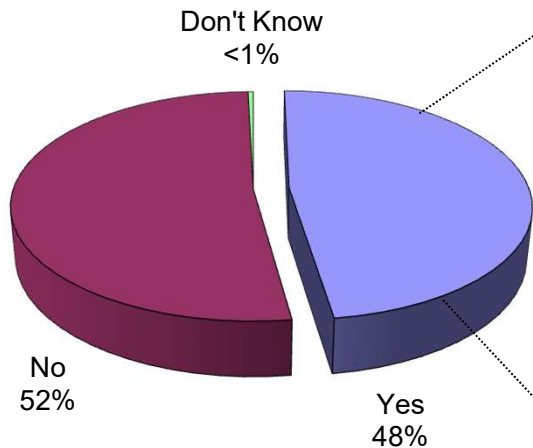
- Caucasians were much more likely than those of other ethnic backgrounds to rate their quality of life as “very good”, as well as their health.
- Those from upper-income households of \$100,000+ were much more likely than those from lower or middle-income households to say that their quality of life is “very good”. However, those across all household income segments assign similar “very good” ratings with regard to their health. It should be noted that those from lower-income households of less than \$50,000 were less likely than others to give a favorable rating (“very good” or “good”) to their health.
- Those 70+ years of age were much more likely than those between 60 to 69 years of age to give a favorable rating to their quality of life.

Quality of Life	Ethnicity				Household Income			Age	
	Japanese	Caucasian	Filipino	Other	<\$50,000	\$50,000 to \$99,999	\$100,000+	60 to 69 years	70+ years
Very Good	49%	64%	33%	42%	27%	47%	61%	50%	45%
Good	39%	28%	40%	51%	54%	40%	33%	33%	49%
Total Good %	88%	92%	73%	93%	81%	87%	94%	83%	94%
Rate your Health									
Very Good	22%	52%	19%	28%	29%	27%	30%	25%	34%
Good	51%	37%	62%	54%	35%	52%	55%	54%	49%
Total Good %	73%	89%	81%	82%	64%	79%	85%	79%	83%
BASE:	(64)	(40)	(34)	(62)	(39)	(61)	(52)	(111)	(87)

Heard of Elderly Affairs Division or Senior Helpline

- Half of those 60+ year olds surveyed said that they have heard of the Elderly Affairs Division of the City and County of Honolulu or the Senior Helpline (48%).
- Of this segment, one-fourth indicated that they have interacted with the Elderly Affairs Division in the past.
- Those born and raised on O’ahu (56%, vs. 38% of those not born and raised on O’ahu); Japanese (61%, vs. 34% Caucasians); and females (55%, vs. 38% of males) were among those more likely than others to have heard of the Elderly Affairs Division or the Senior Helpline.

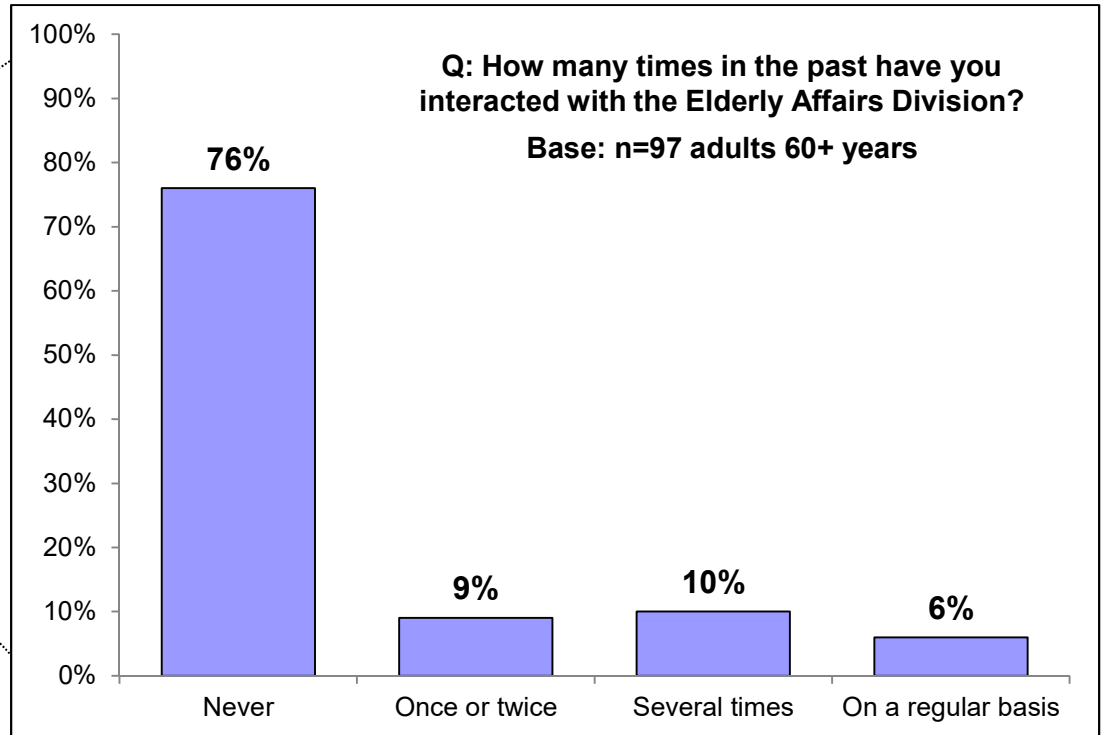
Q: Have you heard of the Elderly Affairs Division or the Senior Helpline?



Base: n=204 adults 60+ years

Q: How many times in the past have you interacted with the Elderly Affairs Division?

Base: n=97 adults 60+ years



Challenges Facing 60+ Year Olds

- **Physical health (29%)** was cited by more 60+ year olds as a problem for them in the past year, followed by having financial problems (19%); feeling depressed (13%); having too few activities or feeling bored (13%); and performing everyday activities (12%).
- Having enough food to eat (3%); having adequate housing that suits your needs (5%); affording medications they need (5%); and being physically or emotionally abused (6%) were mentioned far less frequently as problems encountered by 60+ year olds.

Challenges	Major problem	Minor problem	No problem	Don't Know/ Refused
Your physical health	4%	25%	70%	1%
Having financial problems	6%	13%	80%	1%
Feeling depressed	2%	11%	87%	0%
Having too few activities or feeling bored	1%	12%	88%	0%
Performing everyday activities	1%	11%	88%	0%
Providing care for another person	3%	8%	84%	4%
Being financially exploited	2%	9%	85%	3%
Getting the health care you need	2%	8%	90%	0%
Feeling lonely, sad or isolated	2%	8%	89%	1%
Dealing with legal issues	2%	7%	90%	1%
Adequate transportation that suits your needs	1%	7%	93%	0%
Being physically or emotionally abused	1%	5%	93%	0%
Affording medications you need	2%	4%	94%	1%
Having adequate housing that suits your needs	1%	4%	95%	0%
Having enough food to eat	<1%	3%	97%	0%

45% of those from lower-income households of less than \$50,000 said that having financial problems has been either a major or minor problem for them in the past year.

There were no statistically significant differences based on age (60-69 year olds vs. 70+ year olds).

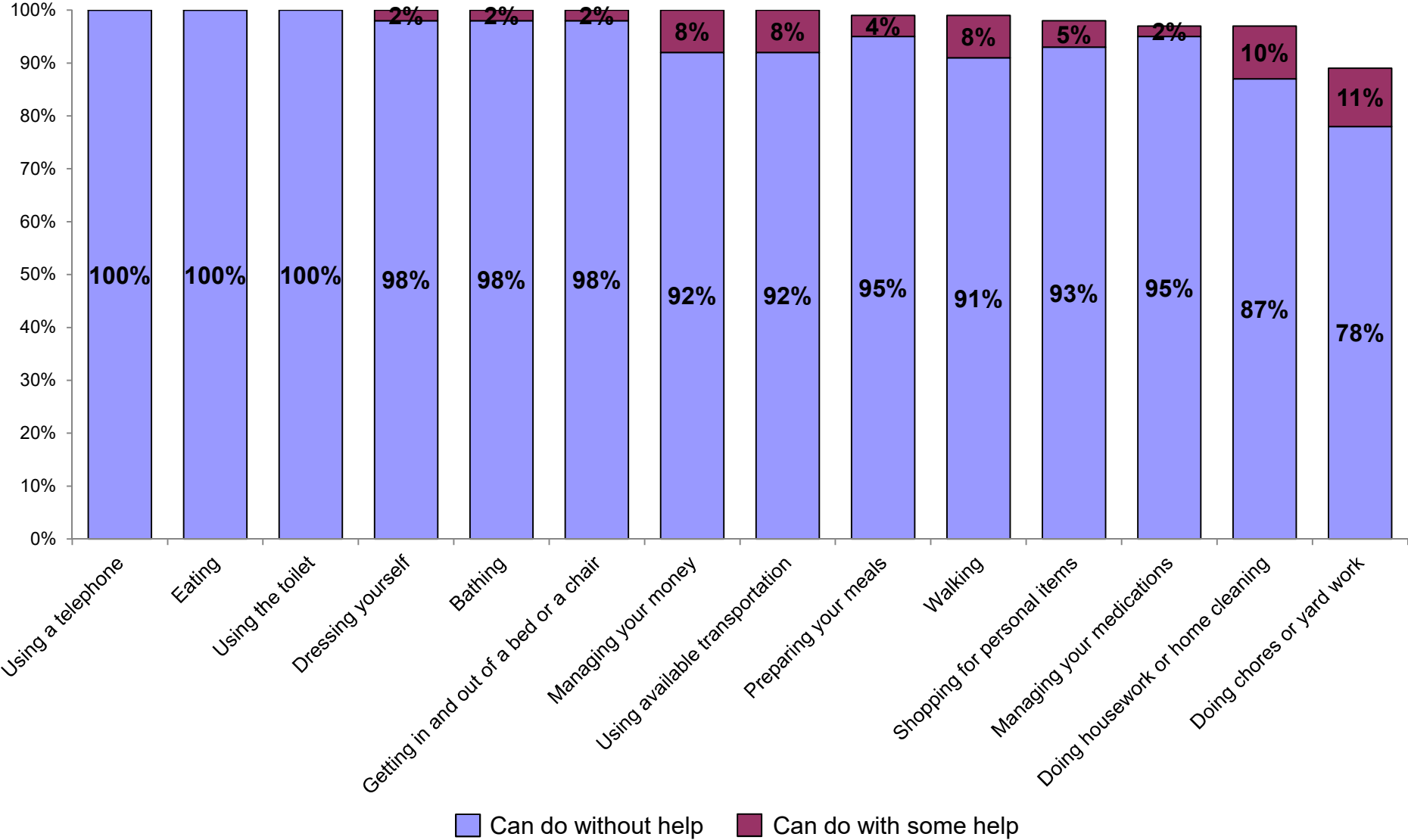
Daily Activities

- **A large majority of those 60+ year olds surveyed indicated that they are still able to do all activities tested on their own without help.**
- **All 60+ year olds surveyed indicated that they can still use the telephone, eat, and use the toilet on their own without help.**
- **98% of those 60+ year olds surveyed said that they can still dress themselves, bathe, or get in and out of a bed or a chair on their own without help.**
- **Those surveyed would need the most help with doing chores or yard work (78% can do without help) or doing housework or home cleaning (87%).**

[Note: See figure on the following page]

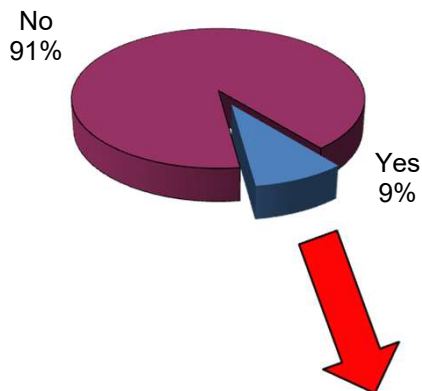
- **A significantly greater proportion of those between the ages of 60 to 69 years are able to use available transportation, do housework or home cleaning, or do chores or yard work; as compared to the proportion of 70+ year olds who say likewise.**

Daily Activities



Additional Support For Daily Activities

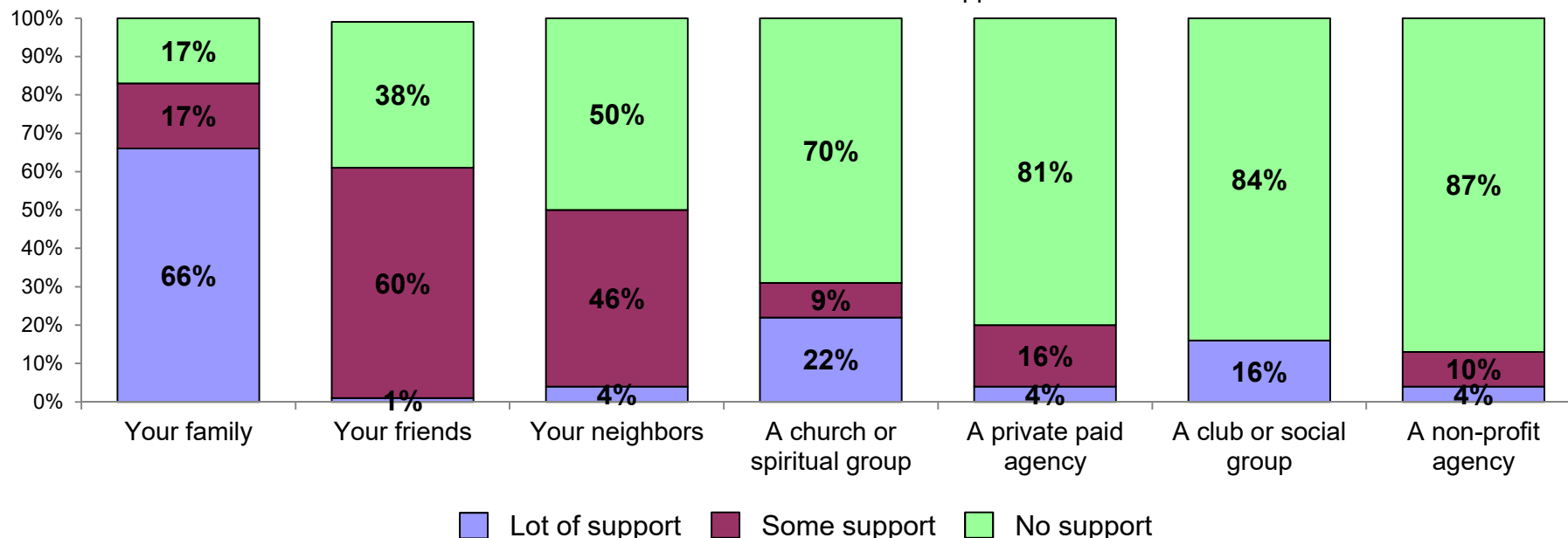
Q: Are you currently receiving support to complete your daily activities?



- One in ten 60+ year olds (9%) indicated that they currently receive additional support to complete daily activities.
- Most support comes from family, followed by friends or neighbors.
- Those from lower-income households (22%, vs. 4% of middle-income and 0% of upper-income households) and those not married (14%, vs. 5% of those who are married) are more likely to be currently receiving support to complete their daily activities.

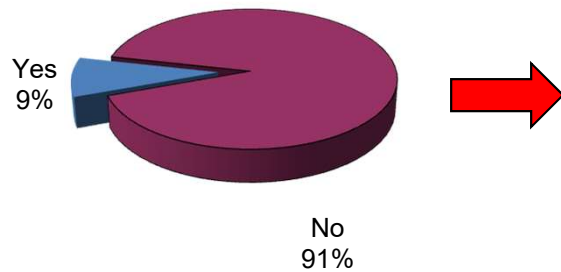
Q: How much support do you receive from the following sources?

Base: n=19 who need support



Additional Support For Daily Activities

Q: Are you currently receiving support to complete your daily activities?



Why are you not receiving support?	
Don't need support	60%
I can do it myself	24%
I am healthy	12%
I am independent	4%
I am still working	3%
Other	7%
Don't know	3%

Base: n=185 who do not need support

Additional Services & Programs Which Should Be Offered To Residents 60+ Years of Age

- **When asked what additional services or programs should be offered to residents 60+ years of age, the most common suggestions were transportation services (9%); medical/dental assistance (8%); and lower taxes/financial assistance (8%).**
- **Overall, 4 in 9 could not offer suggestions for additional services or programs which should be offered to residents 60+ years of age (44%), while 1 in 10 said that there are enough programs currently out there and that more are not needed (10%).**

Additional Services & Programs Which Should Be Offered	
Programs are already out there/More not needed	10%
Transportation Services	9%
Medical/Dental assistance	8%
Lower taxes/Financial assistance/Affordable programs	8%
Continuing Education	6%
Social Programs/Volunteerism	5%
Meals/Food services	4%
Household/Daily chores assistance	4%
Housing assistance	4%
A hotline for advice	3%
More activities/Programs (general)	3%
Caretaker/Caregiver programs	3%
Healthy Programs/Exercise Programs	2%
Cognitive checks/Welfare checks	2%
Adult day care/Respite services	1%
Other	1%
None/Don't know	44%
Refused	2%

Sources of Information

- Those 60+ year olds surveyed said that they get their information about what types of services and activities are available to them from non-social media internet services (41%), newspapers (39%), television (36%), or word-of-mouth from family or friends (30%).
- Other frequently mentioned sources include radio (15%), or physicians/medical organizations (13%).
- Although 56% of 60 to 69 year olds cited non-social media internet sources as a source of information, only 22% of those 70+ years of age said likewise.

Sources of Information	
Internet (specific websites) – Non-Social media	41%
Newspaper	39%
Television	36%
Word-of-mouth: family or friends	30%
Radio	15%
Physician/Medical organization (Kaiser, HMSA, etc)	13%
Mail	7%
AARP	6%
Social media (Facebook, Instagram, Twitter, etc.)	6%
Social worker	4%
State/Government Agencies	3%
Church	2%
Magazines	2%
Businesses (Banks/Insurance/etc)	2%
Senior Fair/Expo	1%
Telephone/Cell phone	1%
Parks and Recreation Activities	1%
Elderly Affairs/senior programs	1%
Community Flyers/Pamphlets	1%
Library	1%
Work/Colleagues	<1%
Phone Book	<1%
Other	6%
None/Not Looking	<1%
Don't Know/Refused	10%

CAREGIVERS SURVEY

Profile of Respondents (Caregivers)

Years lived on O'ahu	(%)	Age	(%)
Less than 2 years	2%	18 to 34 years	3%
2 - less than 5 years	2%	35 to 44 years	2%
10 or more years	44%	45 to 54 years	16%
Born and raised on O'ahu	52%	55 to 64 years	30%
Marital Status		65+ years	48%
Married	70%	Language Spoken in HH	
Widowed	5%	English	95%
Divorced/Separated	3%	Japanese	6%
Never married	21%	Filipino - Ilocano	5%
Refused	2%	Filipino - Tagalog	3%
Household Income		Korean	2%
Under \$25,000	11%	Hawaiian	3%
\$25,000 - but under \$50,000	16%	Other	5%
\$50,000 - but under \$75,000	16%	Refused	2%
\$75,000 - but under \$100,000	14%	Ethnic Identification	
\$100,000 – but under \$150,000	8%	Caucasian	24%
\$150,000 and above	11%	Chinese	10%
Refused	24%	Filipino	10%
Education	(%)	Hawaiian/part-Hawaiian	16%
High school graduate or GED	17%	Japanese	29%
Some college/Trade school	25%	Mixed	6%
College graduate	35%	Other	3%
Grad school	22%	Refused	3%
Gender		BASE:	(63)
Male	30%		
Female	70%		

Profile of Respondents (Caregivers)

Area of Residence			
East Honolulu	3%	Moanalua/Aiea/Pearl City/Waipahu	16%
96821 - Aina Haina	2%	96701 - Aiea	3%
96825 - Hawaii Kai	2%	96782 - Pearl City	5%
Urban Honolulu	41%	96797 - Waipahu	8%
96813	3%	Central Oahu	6%
96814	2%	96789 - Mililani	6%
96815	2%	Ewa/Kapolei	8%
96816	11%	96706 - Ewa Beach	2%
96817	5%	96707 - Kapolei	6%
96818	5%	North Shore	3%
96819	5%	96712 - Haleiwa	2%
96822	6%	96791 - Waialua	2%
96826	3%	Windward	22%
Base: 63 caregivers		96734 - Kailua	14%
		96744 - Kaneohe	8%

Profile of Respondents (Caregivers)

Live with Recipient	(%)	Recipient needs 24-hour supervision	(%)
Yes	70%	Yes	49%
No	30%	No	51%
Relationship to the care recipient		How long providing care to recipient	
Spouse/Partner/Significant other	22%	Less than one year	16%
Parent	43%	1 - 2 years	17%
Child	13%	3 to 5 years	30%
Grandchild	5%	6 to 10 years	19%
Other relative	10%	More than 10 years	16%
Friend or neighbor	6%	Refused	2%
Other	2%	Annual Income of Care Recipient	
# hours/week provide care for recipient		Under \$25,000	38%
10 hours or less	16%	\$25,000 - but under \$50,000	21%
11 to 20 hours	13%	\$50,000 - but under \$75,000	10%
21 to 40 hours	29%	\$75,000 - but under \$100,000	0%
41 to 60 hours	11%	\$100,000 – but under \$150,000	3%
More than 60 hours	24%	\$150,000 and above	5%
Refused	8%	Refused	24%
MEAN:	59 hrs	BASE:	(63)

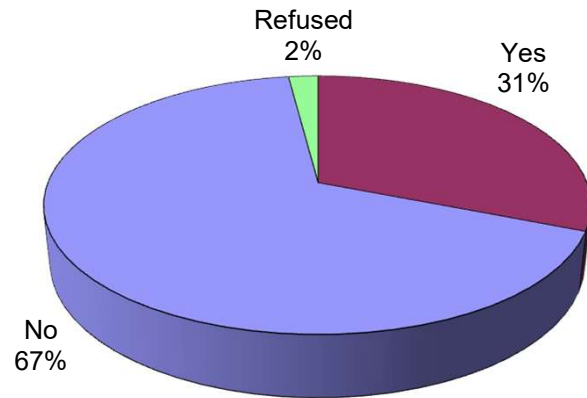
Profile of Respondents (Caregivers)

	Provide informal care on regular basis		
	# elders 60+ years of age	# children	# disabled adults <60 years of age
None	--	86%	87%
One	79%	6	13
Two	13	3	--
Three+	8	5	--

Current employment status	(%)
Employed full-time	24%
Employed part-time	10%
Not employed but looking	2%
Not employed; not looking	11%
Retired	49%
Other	3%
Refused	2%

Profile of Respondents (Caregivers)

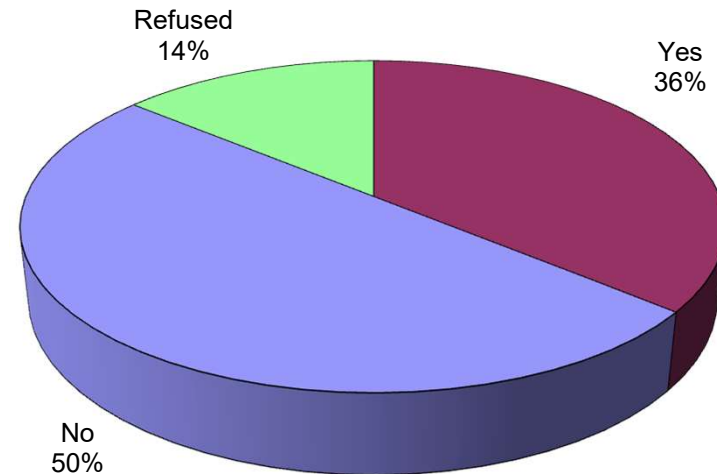
Has being a caregiver limited the number of hours you are able to work?
Base: n=63 caregivers



- One-third (31%) of those caregivers surveyed indicated that being a caregiver has limited the number of hours they are able to work.

- More than one third (36%) of caregivers --- who work part-time or are currently not employed --- indicated that the amount of time they spend providing care has limited their options to find employment.

Has the amount of time you spent providing care limited your options to find employment?
Base: n=14 caregivers who work part-time or are currently not employed

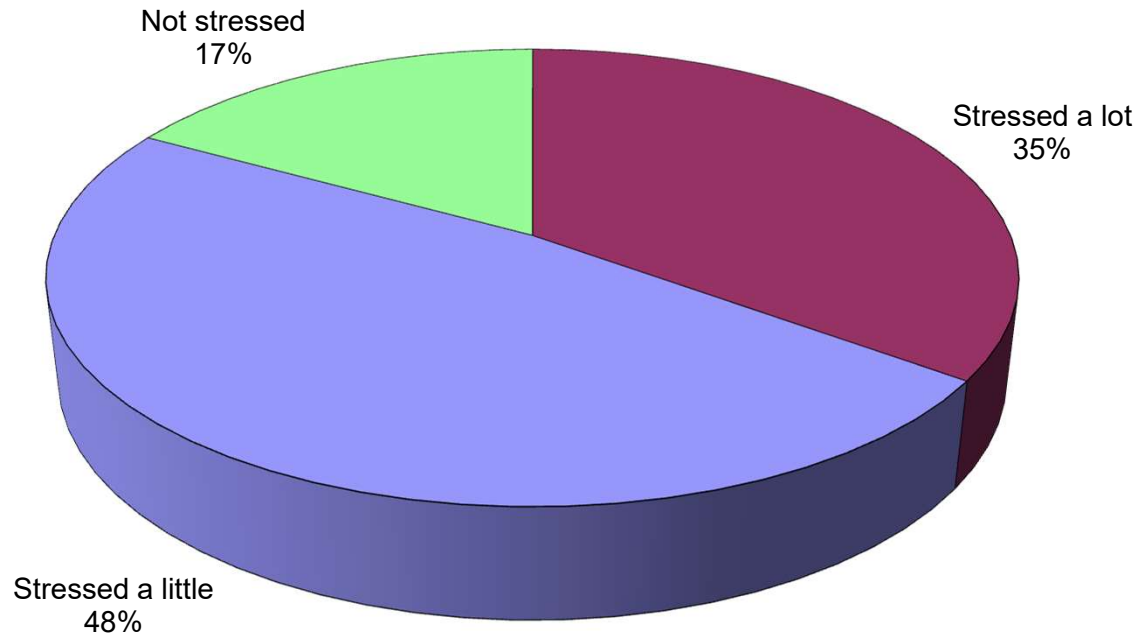


Current employment status	(%)
Employed full-time	24%
Employed part-time	10%
Not employed but looking	2%
Not employed; not looking	11%
Retired	49%
Other	3%
Refused	2%

Level of Stress

- One-third of those caregivers surveyed indicated that they feel a lot of stress (35%) as a caregiver.
 - In addition, half say that being a caregiver gives them a little stress (48%).
-

Q: How would you describe how much stress you feel as a caregiver?

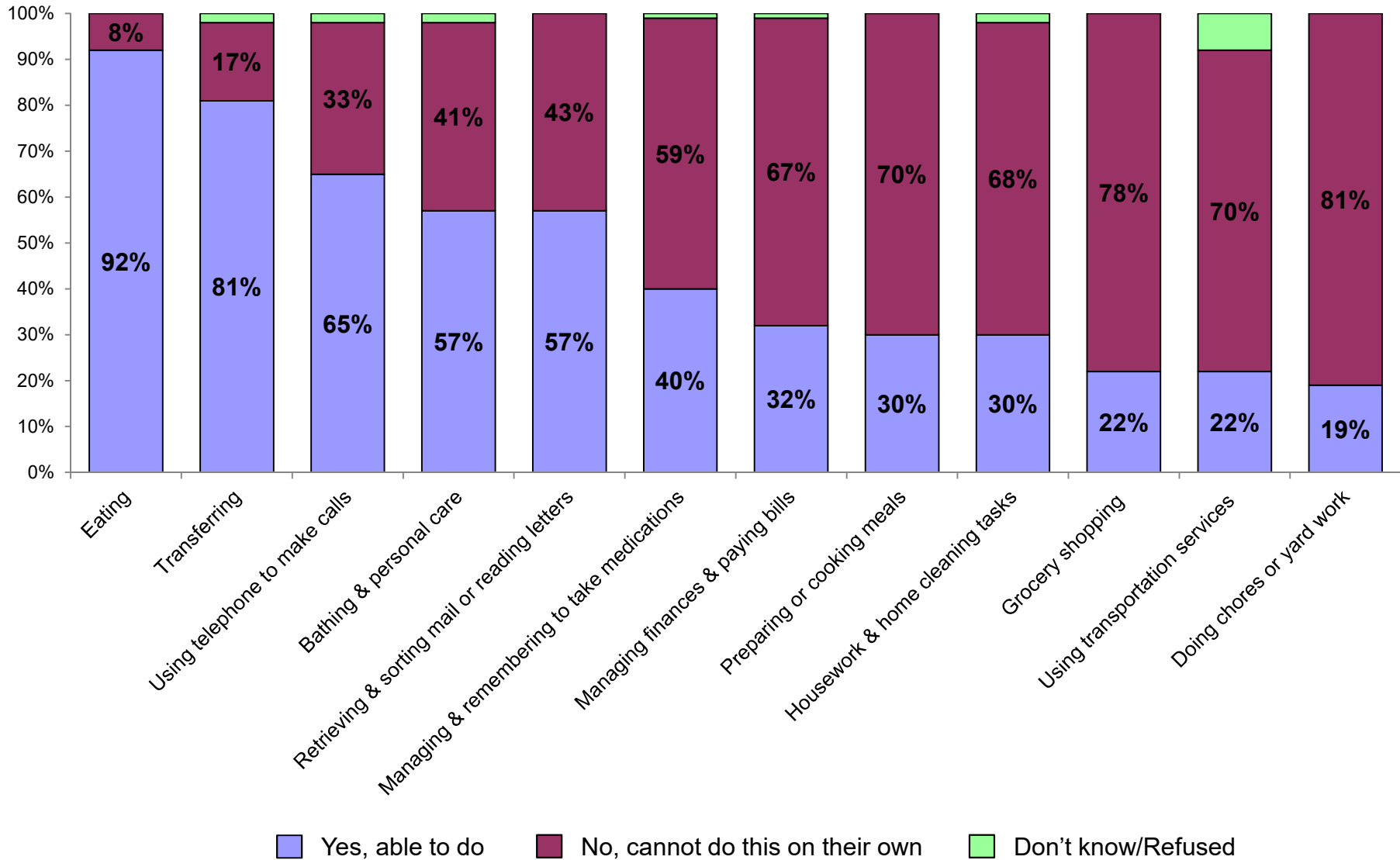


Base: n=63 caregivers

Common Daily Activities

- **As shown on the following page, a large proportion of caregivers surveyed indicated that their care recipients can still eat (92%) or transfer -- getting in and out of a bed or standing up from sitting (81%) on their own.**
- **A majority also indicated that their care recipient can use the telephone to make calls (65%), bathe (57%), or retrieve and sort through mail (57%) on their own.**
- **Among those activities which a large proportion of care recipients can no longer do on their own are doing chores or yard work; grocery shopping; using transportation services such as TheBus or Handi-Van; preparing or cooking meals; housework and home cleaning tasks; and managing finances and paying bills.**

Common Daily Activities

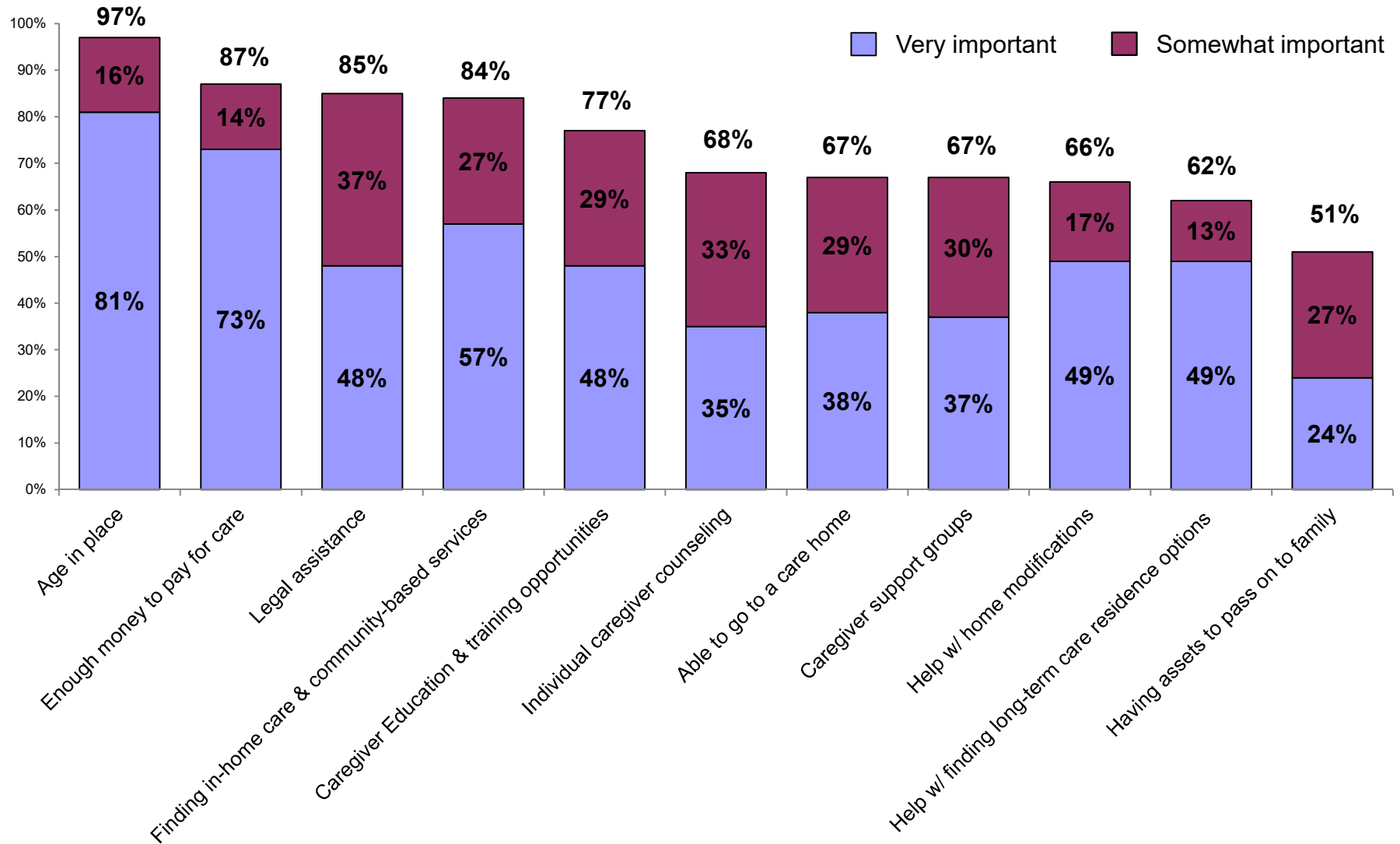


Importance Ratings (Caregiver Perspective)

From the caregiver perspective (and as shown on the following page),

- Nearly all caregivers surveyed feel it is important for *the elder to be able to remain at home to age in place* (97%).
- Roughly 6 in 7 caregivers rated *the elder having enough money to pay for care; legal assistance; or help with finding in-home care and community-based services* as being important.
- Three-fourths consider *caregiver education and training opportunities* (77%) to be important.
- Half said it is important for *the elder to have assets to pass on to family*; the lowest rated attribute (in terms of importance) among those attributes tested.

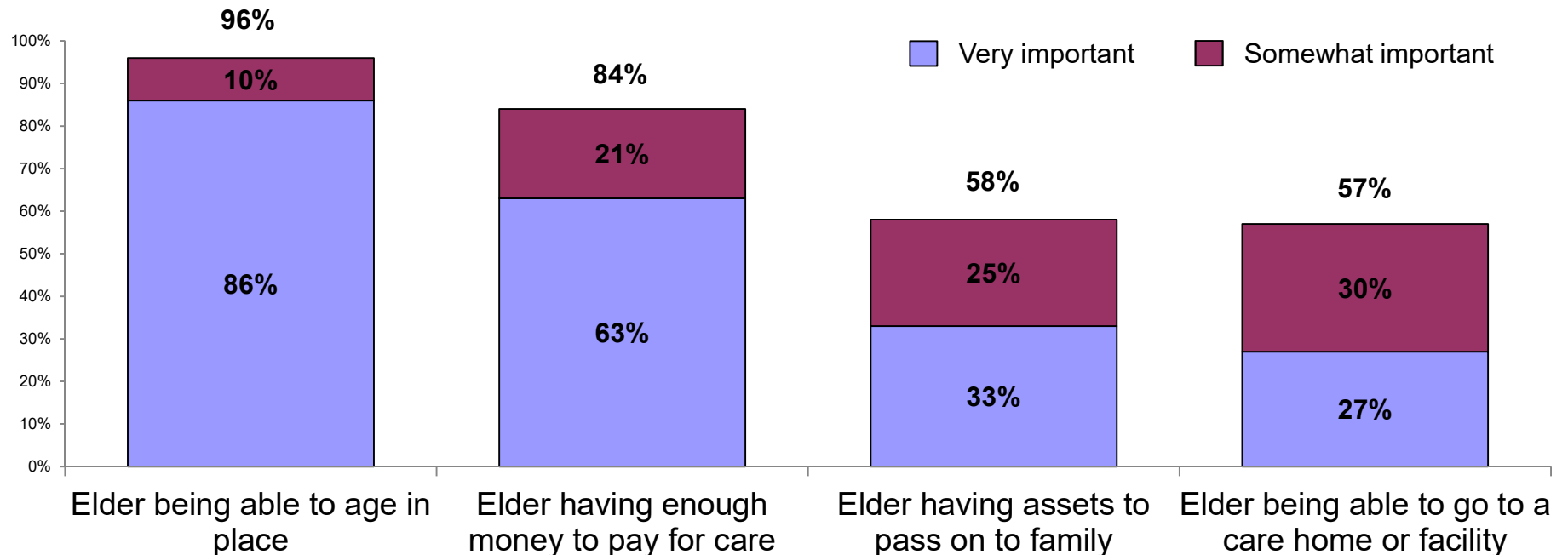
Importance Ratings (Caregiver Perspective)



Importance Ratings (Recipient Perspective)

Thinking about the care recipient perspective:

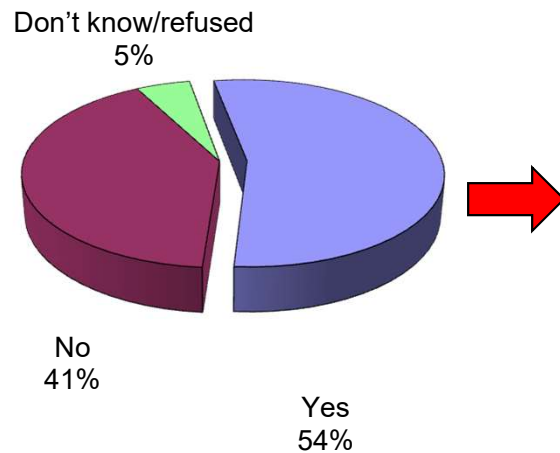
- As shown below, nearly all caregivers surveyed believe that care recipients consider *being able to remain at home to age in place* (96%) to be important.
- Five in 6 believe that care recipients consider *having enough money to pay for care* (84%) to be important.
- A slight majority also believe that care recipients consider *having assets to pass on to family* (58%) and *being able to go to a care home or facility* (57%) to be important.
- Overall, importance ratings from the caregiver's perspective closely mirrored perceived importance ratings from the care recipient's perspective.



Additional Sources of Support

- Just over half (54%) say that their care recipient has additional sources of support that assist in providing care, predominantly other family members (85%).

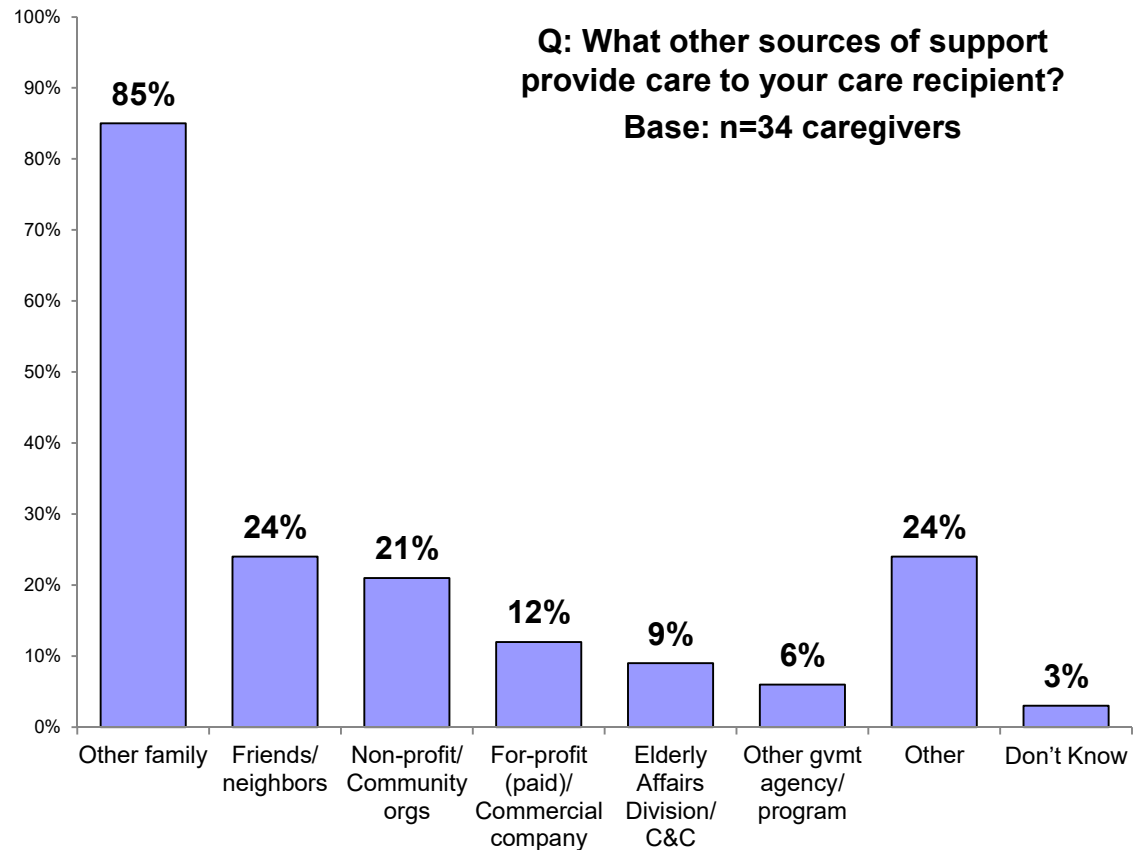
Q: As far as you know, are there additional sources of support that assist in providing care to your care recipient?



Base: n=63 caregivers

Q: What other sources of support provide care to your care recipient?

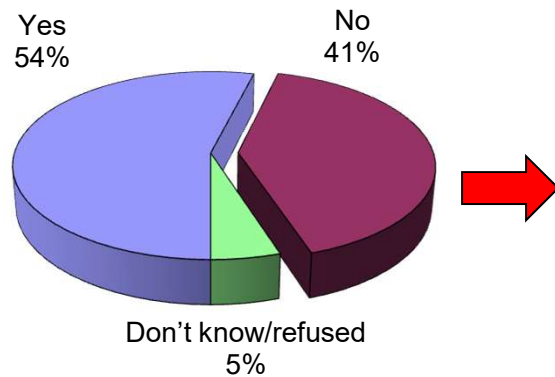
Base: n=34 caregivers



Reasons For Not Receiving Additional Assistance

- Two in 5 caregivers surveyed indicated that their care recipient does not receive additional support (41%). When asked why not, 55% said that the recipient does not need any more additional assistance; 24% said that the recipient expects family to provide additional assistance if needed; and 21% said that the recipient does not know where to get additional services.

Q: As far as you know, are there additional sources of support that assist in providing care to your care recipient?



Base: n=63 caregivers

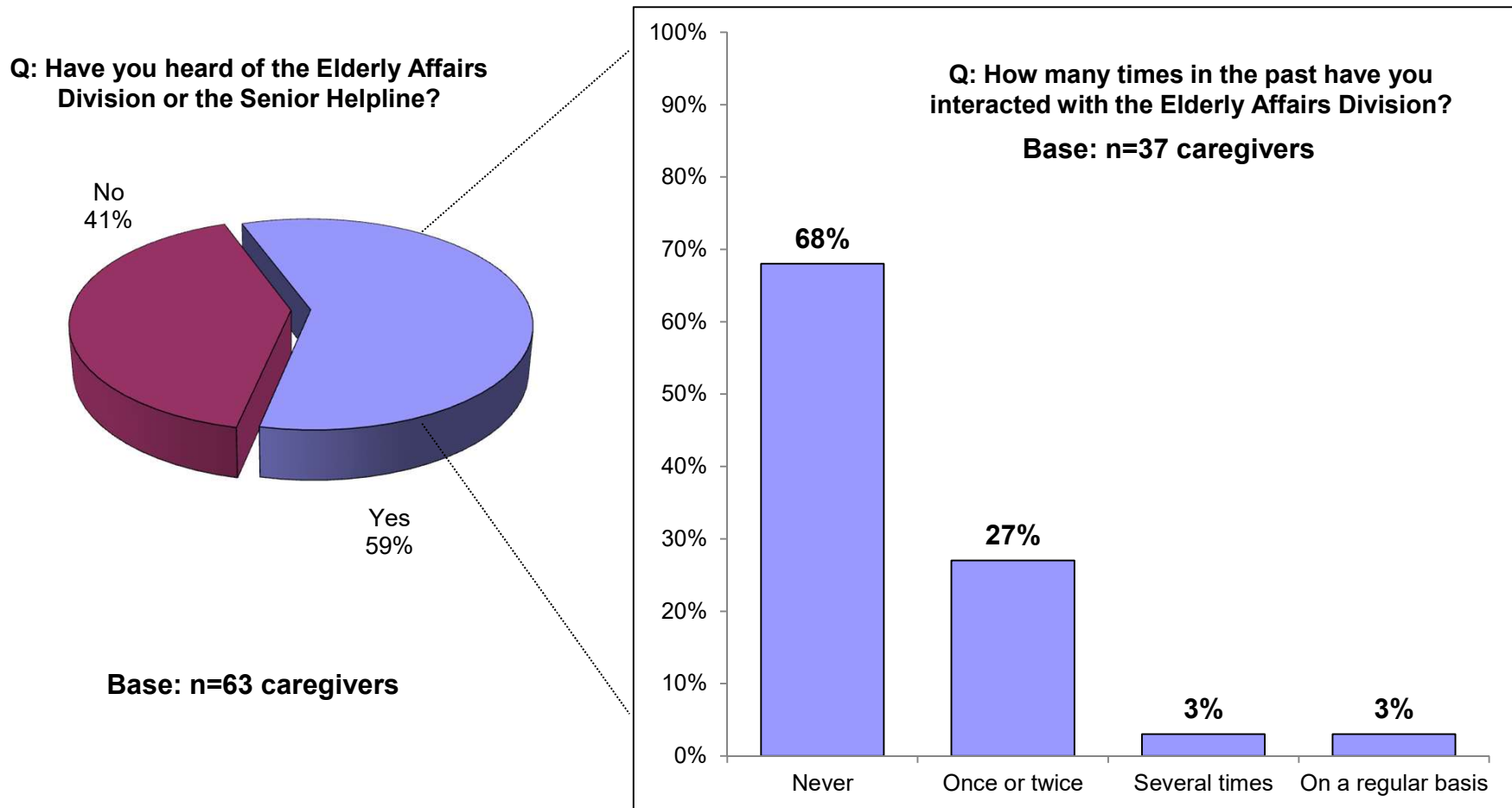
Q: If your care recipient is not receiving assistance from any other source, why not?

Base: n=26 caregivers

Reason Why Not	
Don't need more assistance or the caregiver is enough	55%
Elder expects family to provide	24%
Don't know how to get services or where to start	21%
Can't afford services	14%
Never thought about it or unaware there were services	14%
Not willing to share financial information or does not want to spend money on care	10%
Does not trust outside help	10%
Other	24%
Don't Know/Refused	3%

Heard of Elderly Affairs Division or Senior Helpline

- Three in five caregivers surveyed (59%) have heard of the Elderly Affairs Division or the Senior Helpline. Of this segment, 32% have interacted with the Elderly Affairs Division in the past.



Additional Services & Programs Which Should Be Offered To Family Caregivers

- When asked what additional services or programs should be offered to family caregivers, the most common suggestions were additional help in general (14%); increased payments/financial assistance (14%); caregiver training/classes/access to resources (10%); and companionship/social interaction (10%).
- Overall, one-third could not offer suggestions for additional services or programs which should be offered to family caregivers (35%).

Additional Services & Programs Which Should Be Offered	
Additional Help (general)	14%
Increase payments/Financial Assistance	14%
Training/Classes/Education/Access to resources	10%
Companionship/Social Interaction/Activities	10%
Paid/Free respite services	8%
Advice hotline	5%
Assistance with insurance	5%
Counseling	3%
Assistance in finding help/caregivers	3%
An advocate	2%
Home modification services	2%
Other	3%
None/Don't know	35%
Refused	2%

Sources of Information

- Those caregivers surveyed said that they get their information about what types of services and activities are available to them from non-social media internet services (37%) or from word-of-mouth from family or friends (37%).
- Other frequently mentioned sources include physicians/medical organizations (29%), newspapers (22%), and social workers (11%).

Sources of Information	
Internet (specific websites) – Non-Social media	37%
Word-of-mouth: family or friends	37%
Physician/Medical organization (Kaiser, HMSA, etc)	29%
Newspaper	22%
Social worker	11%
Television	6%
State/Government Agencies	5%
AARP	3%
Senior Fair/Expo	3%
Church	3%
Work/Colleagues	3%
Social media (Facebook, Instagram, Twitter, etc.)	2%
Radio	2%
Phone Book	2%
Mail	2%
Telephone/Cell phone	2%
Parks and Recreation Activities	2%
Magazines	2%
Community Flyers/Pamphlets	2%
Library	2%
Businesses (Banks/Insurance/etc)	2%
Other	13%
None/Not Looking	3%
Don't Know/Refused	3%

APPENDICES

Detailed Findings Questionnaires

Overall Summary

Agencies & Advocates Survey

- The following is a summary of an Agency & Advocate Survey conducted between September 20 to October 5, 2019 among n=57 representatives of various organizations that provide services to seniors (60 years and older) and/or their family caregivers --- EAD-funded and Not-EAD-Funded providers, for profit and not for profit; advocacy groups, hospitals, the VA, Federally Qualified Health Clinics, etc.
- A large majority (96%) have heard of the Elderly Affairs Division of the City and County of Honolulu.
- Overall, just under half (47%) of those surveyed said that they currently partner/work with the Elderly Affairs Division.
- According to agencies and advocates, *health care/access to doctors* and *affordable housing* ranked atop the list of priorities affecting the quality of life for seniors.
- 18% of those surveyed cited *health care/access to doctors* as the #1 priority affecting the quality of life for seniors, 16% said it was *affordable housing*.
- 36% of those surveyed had *health care/access to doctors* among their top three priorities, just ahead of those who mentioned *affordable housing* (29%), *availability of caregivers* (24%), or *affordability/finances* (24%).

Profile of Participant Organizations

Role of Organization	(%)
Non-profit service provider	61%
Government entity	14
For profit service provider	12
Advocacy group	4
Hospital or health clinic	2
Other	7
Scope of Organization	
State-wide	42%
Island-wide	53
Oahu & Outside of US	5
Heard of Elderly Affairs Division	
Yes	96%
No	4%
Currently partner with Elderly Affairs Division	
Yes	47%
No	49%
No Answer	4%
BASE:	(57)

Q: Please describe your partnership with Elderly Affairs Division (n=27)

“Done presentations, Kupuna Pono and landlord-tenant mediation. Many of the public who talk/work with them. Lots of their needs fall within our programs. We maintain communication so clients can be referred over.”

“We are a recipient of Title III. We have a contract with them; caregiver support, education, training.”

“Refers seniors to us.”

“Currently trying to get together on a program.”

“Senior center. We offer a variety of classes.”

“We provide services.”

“We receive funding for some of our clients for adult day care tuition.”

“Received grant funding. Work with our grants manager from EAD to determine service provisions.”

“We offer telecare product/services for kupuna; provide medical alert system medication management.”

“Program ‘Sound the Alarm’ to spread smoke alarms.”

“They assess for elder eligibility for home delivery.”

“Vendor to them providing senior care services; meals delivered, educate elderly and families, advocate for the elderly.”

“We are a network trying to provide end of life care and elderly care for seniors. We provide training among professionals and various organizations as well as the public to talk about and provide services for end of life care as well as providing care for seniors in all stages.”

“Currently, we are a contracted service with the EAD.”

“Informational - we give information about programs and services and they do with it what they want. We don't follow up outside of putting them on our mailing list.”

“Utilize Catholic Charities vans.”

“Sometimes we refer people to each agency.”

“If they were to call, we'd respond asap. They've been present with clients to interview. Seniors need help so we call them first -- abuse, financial, physical needs. I give out their phone number all the time.”

Q: Please describe your partnership with Elderly Affairs Division (n=27) – cont.

“It's not a partnership, for understanding kupuna care, we must go through that agency. We call them for basic information and resources for elderly.”

“Get funding from them. We get volunteers too.”

“Kupuna Caucus; Part of Age Friendly City Committee.”

“We are a service provider for EAD.”

“It's not a partnership but we use them as a resource to help elderly.”

“Currently, we participate in a grant offered to potential agency participants who work with us. We do referrals to EAD for community services. They provide us with EAD booklets outlining various services and providers.”

“We receive grants.”

“Responsible for both technical assistance to work out programs and work for the welfare of seniors by creating programs with EAD.”

Summary of Agencies & Advocates Surveys

Priority	#1 Priority	Total Mention (Top 3 Priorities)
Health care/Access to doctors	18%	35%
Affordable housing	16%	28%
Affordability/Finances	11%	26%
Availability of good caregivers/caregiver facilities	9%	23%
Socialization/Feeling lonely	11%	19%
Overall health/Mobility	4%	19%
Public benefits/Lack of services	4%	19%
Transportation	2%	18%
Family support	--	14%
Independent living	9%	12%
Health insurance/Medical costs for elderly	5%	12%
Having enough food to eat	--	11%
Access to information and resources	--	11%
Activities & programs	4%	7%
Age in place	2%	7%
Safety	2%	5%
Waitlists	2%	4%
Household upkeep/Chores	--	4%
Cognitive functions/Recognizing dementia	--	4%
Continuum care for seniors	2%	2%
End of life planning	2%	2%
Adult day care	2%	2%
Elder abuse	--	2%
Legal services	--	2%
Overregulation of services	--	2%
Base: (57 Agencies and Advocates)		

- According to agencies and advocates, *health care/access to doctors* and *affordable housing* ranked atop the list of priorities affecting the quality of life for seniors.
- 18% of those surveyed cited *health care/access to doctors* as the #1 priority affecting the quality of life for seniors, 16% said it was *affordable housing*.
- 36% of those surveyed had *health care/access to doctors* among their top three priorities, just ahead of those who mentioned *affordable housing* (29%), *availability of caregivers* (24%), or *affordability/finances* (24%).

Health Care/Access to Doctors (18% #1 Priority; 35% Top 3 Priorities)

- 3 of 20 (15%) who mentioned *Health Care* say that needs in this area are being met quite well; 9 of 20 (45%) say needs are being met somewhat well; and 7 of 20 (35%) say that needs are not being met; 1 (5%) did not give a rating.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Elderly Affairs Division. Hospitals and non-profits.”

“Provide in-house care; Adult day care”

“There are non-profits and agencies trying to help. But there is a need to reach people in need.”

“Other organizations, adult daycare, respite for caregivers, university programs - Center on Aging, DANA.”

“Some care home and assisted living.”

“The staff providing care. Have to have good staffing.”

“Good facilities to go to.”

“Funding from Federal, State, City & County; and from foundations interested in elderly.”

“Medicare/Medicaid.”

“Medicaid and Medicare consultants, as well as the Medicaid offices throughout the State and the Medicare offices.”

“Private health care; Government-provided health care.”

“The people that we work with have long-term care insurance and that is important to have.”

“Health plans are available to help seniors. Health clinics in lower income areas. Day programs.”

“There are elder care conference but it's not easy to get the help they need. Having access to information is crucial and not always easy to get - especially for those house-bound.”

“Can't think of any. Kupuna independently pay for service.”

“They currently don't have much; Kaiser clinics for ALS; 2 of 3 don't take QUEST; 1 specialist who takes QUEST.”

“Lack of training. Shortage of caregivers since other industries are more financially attractive with less burden of regulatory activities. We need relief from regulations that are outdated.”

“Don't know.”

N/A

Health Care/Access to Doctors (18% #1 Priority; 35% Top 3 Priorities)

Q: What additional resources are needed to meet the needs in this priority area?

"The need to have some type of savings or retirement to meet their golden years."

"Increase in service providers. Improved funds at Federal and State level."

"State and City & County work with organizations that provide service and input delivery. Any delays will bear costs."

"Partnership with Medicare. We can facilitate the needs of kupunas."

"Volunteers that care and volunteer their time."

"Social workers putting them in touch with what the resources are."

"More information. Assistance in navigating the entire health care system. Assistance in getting Medicaid or Medicare because it can be difficult for some seniors."

"More doctors, more clinics, more caregivers that are locally accessible are among the needs."

"More doctors and health care staff. Additional funding."

"Need more specialists; Need more awareness and communication resources; Need more outreach."

"There needs to be more services. There needs to be centralized services instead of a lot of centers scattered about. Funding needs to be spread around better so that those who are really struggling can get the care needed."

"A provider who is able to provide services in this area."

"Private sectors and operations."

"Preventative health."

"Make it more feasible for providers to open services here. It's way too expensive for healthcare providers to maintain offices here."

"Money is needed to build additional centers for seniors. Money is needed to staff such facilities."

"We pay for certifications, thus alleviating costs so they are met."

"Additional funding to help understand why more resources are needed, why more awareness is needed, to have more awareness and better diagnosis."

"Need to get out to senior centers to provide information to those in need of help accessing information. Having a computer is a must and helping seniors access a computer is necessary."

"Access through telephone/internet so choices can be made."

Health Care/Access to Doctors (18% #1 Priority; 35% Top 3 Priorities)

Q: How are you assisting in meeting the needs in this priority area?

"We have nurses who go to their homes to help the elderly that qualify."

"We serve any client referred through Elderly Affairs. Advocate with clients directly and advocate with Elderly Affairs for them."

"Daily exercise; Provide lunch."

"We have internal case managers that help seniors navigate the system because we deal with seniors with disabilities."

"I go to nursing homes and make clinic visits to provide information but more is needed. Unless the questions are asked, no one knows what is needed."

"We do in-house training."

"Our adult day care program works with seniors and our staff is trained to notice seniors needs and provide some of the services needed."

"We're a local company and gladly provide services using local technicians."

"We offer various choices so people can explore on their own who could provide medical service for them as a resource center."

"We try to get the word out that more needs to be done."

"We have a community resource center that keeps them connected, current with technology & other services."

"Information and database of community resources."

"Do our best to look at people, recognize their challenges, and look for resources."

"We protect the general health by providing waste water treatment and refuse collections."

"We do outreach, community education and outreach, caregiver training, work with 1st responders, 24 hour help line."

"We're not doctors. We help families cope. Monthly support groups. Special events."

"We don't really do this, but during a disaster, we provide immediate needs (like walkers and wheelchairs, medication)."

N/A

Affordable Housing (16% #1 Priority; 28% Top 3 Priorities)

- 7 of 16 (44%) who mentioned *Affordable Housing* said that needs in this area are being met somewhat well; and 9 of 16 (56%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Senior housing being developed; Ohana housing helps.”

“There are non-profits as well as government entities trying to provide affordable housing and senior housing.”

“State is providing funding; City & County is providing funding; Local effort to engage the community in affordable housing”.

“ADRC has a list of housing; HUD as well.”

“Sections, HUD, Network of care homes.”

“People call and we will tell them what their options are; and we tell them their legal options.”

“Religious organizations like Catholic Charities and Community Centers. Bringing seniors outside for social support. YMCA does it well and the Na Kupuna Makamae Center.”

“We created the Housing Trust Fund which is now Hawaii Housing Revolving Fund, but we need to keep infusing money into the fund. We also provided for housing through the Hawaii Housing Authority but more is needed.”

“There are numerous senior housing projects. If they are on welfare or have low income, C&C gives seniors a significant deduction on their property taxes.”

“Some senior housing projects; Housing counseling; Limited housing subsidies.”

“We contract with hotels for reduced rates. Hope Lodge is a free lodge for cancer patients with 20 rooms.”

“Not aware of many.”

N/A

Affordable Housing (16% #1 Priority; 28% Top 3 Priorities)

Q: What additional resources are needed to meet the needs in this priority area?

“More affordable housing units for the elderly.”

“More housing.”

“We need more housing especially for the poor elderly and for elderly on sex offender registry or with criminal backgrounds. Emphasis though on the poor elderly.”

“Housing inventory, affordable housing, people are living longer and might not be able to afford it.”

“More housing for low income seniors; More housing subsidies; More options for low income seniors with support services built in.”

“More actual housing available.”

“More affordable housing options.”

“Because Oahu is building the rail, we identified the property owners to see what can be done to provide more housing in those areas. The Rapid Transit task force should identify what can be built at each of the rail stops.”

“More senior housing, close to rail and bus line, close to hospital and other medical services.”

“Government making affordable communities a priority. Educate landlords/property managers who have senior tenants about specific needs elderly tenants have. More affordable housing in communities focused on seniors or multi-generational tenants. Apartment buildings that mix older and younger generations so there's purposeful meeting in common spaces. Targeted support for families that have elderly living with them.”

“If we could have additional free lodging for cancer patients with hotel partners for those flying in from Neighbor Islands or those in need on their own island.”

“More awareness about property tax breaks for seniors.”

“It's really difficult to get more housing for seniors with limited funds and limited mobility. More help in those areas is needed.”

“Additional funding.”

“More caregivers means they might be able to stay in home. More senior housing. We don't have enough.”

“Need to educate the population about the availability of housing.”

Affordable Housing (16% #1 Priority; 28% Top 3 Priorities)

Q: How are you assisting in meeting the needs in this priority area?

“Housing development for seniors; Provide counseling; Some limited shared housing.”

“By giving counsel and advice if facing eviction.”

“We brought complaint against Public Housing Authority because they didn't have enough ADA accessible housing. They committed to make upgrades.”

“We have landlord/tenant mediation which helps elderly tenants discuss matters with landlords. Elder mediation if there are issues causing friction with who they are staying with or next to. It can be resolved without courts.”

“The Hope Lodge of 20 rooms (free) and we partner with hotels for reduced room rates.”

“We try. We offer transitional housing and also help the elderly apply for housing in all areas. The goal is to keep applying in different areas and get off of wait lists.”

“I serve on a number of non-profit development organizations that try to meet the needs of people in the 30% to 50% AMI.”

“Sharing to help advocate problem.”

“Our services begins with intervention to keep/save people off the streets.”

“We're not involved in housing. We take care of mental health needs.”

“We don't really help, but if by disaster, we do help for immediate needs.”

“From our perspective, we don't do much directly. We do provide some assistance for some elderly in some areas - charging lower rates, etc. But we don't do a lot.”

“Not in my mission; Refer people to ADRC.”

N/A

Affordability/Finances (11% #1 Priority; 26% Top 3 Priorities)

- 2 of 15 (13%) who mentioned *Affordability* said that needs in this area are being met quite well; 9 of 15 (60%) say needs are being met somewhat well; and 3 of 15 (20%) say that needs are not being met; 1 of 15 (7%) did not provide a rating.

Q: What resources are currently assisting in meeting the needs in this priority area?

“People downsize for private care; Save and invest; Children contribute; We are 24/7 care.”

“Our classes are mostly donation-based but if they can't afford it, that's okay. We just ask they become a member for a \$35 annual donation.”

“Government resources with regard to economic problems.”

“There are government services for the poor such as Med-Quest and food stamps but it just isn't enough.”

“The Elderly Affairs Division has programs.”

“The Federal Medicaid plans; Veterans services; long-term care insurance for those who have it. The bulk is handled by the family.”

“Public services available; Private pay services.”

“Mostly private/personal money and funding; Insurance coverage.”

“Meals on Wheels; Care home services (if you can afford them).”

“Financial planning.”

“Caregiving to help them stay at home; health maintenance.”

“The poor have limited access but are able.”

“I don't know. Only familiar with our resources.”

“I know there are places but don't know much.”

N/A

Affordability/Finances (11% #1 Priority; 26% Top 3 Priorities)

Q: What additional resources are needed to meet the needs in this priority area?

“Make sure elderly are not encountering financial problems; High percentage of seniors are in poverty.”

“Funds that would address caregivers who are unable to work because they are caregiving. Funding for those who do not qualify for Medicaid.”

“Better support system, more services available.”

“Money to help pay for family caretaking.”

“Co-pays have increased since two years ago. Need coverage and help.”

“Co-pays eliminated; Availability of appointments with doctors, need to be seen sooner.”

“Legislative reform. Health care and pharmacy reform.”

“More educational opportunities.”

“Education on different programs; Coordination between agencies needs improvement; Financial resources; Insure strong work force for seniors.”

“Private corporations need to help.”

“They need more funding in order to help seniors with their needs. It will help to have a centralized location that seniors can go to in order to get help they need.”

“More affordable housing and transportation.”

“Ways for seniors to generate income. teach a class; 'Rent a grandma', 'Intergenerational mentoring'.”

“Don't know”

N/A

Affordability/Finances (11% #1 Priority; 26% Top 3 Priorities)

Q: How are you assisting in meeting the needs in this priority area?

"We provide the nursing."

"We just accept everybody. We don't discriminate."

"Provide library to all people with visual impairments. Large percentage of the people are over 65 years of age. Research assistance and reading materials."

"We provide service that will delay long-term care or 24-hour care, allowing families to go to work or receive respite. We provide participants with increased participation to improve quality of life, safety, and nutrition."

"We work with Meals on Wheels; Donate and deliver food."

"We have a client assistance program for co-pays. We help fundraise, apply for grants to financially assist in mental health services."

"\$60 a semester for 3 classes for seniors. We cut to half price or lower when needed. Volunteer hours also."

"We have made insulin affordable."

"We have to go to state legislature and ask for additional funds; Task forces for additional support."

"We have financial counselors, meet with family."

"Our programs do not offer financial assistance. We did unsuccessfully apply for a grant."

"We are not directly impacting the cost of living. We absorb both the costs of providing access to services and provide services to advocate."

"We're not involved in this area. We're a regulatory agency."

N/A

Availability of Caregivers/Caregiver Facilities **(9% #1 Priority; 23% Top 3 Priorities)**

- 2 of 12 (17%) who mentioned *Availability of Caregivers* said that needs in this area are being met quite well; 3 of 12 (25%) say needs are being met somewhat well; and 7 of 12 (58%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Certain religious facilities -- St. Francis Medical Center has Kupuna Center Building. Caregivers Association designed to help individual caregivers. Hawaii Family Caregiver Coalition does education.”

“Only two private non-profits -- St. Francis Health and Project DANA. Bathing program - St. Francis. Volunteers for transportation and visits - DANA.”

“EAD. They have service providers somewhat.”

“Kupuna Care through the Office on Aging is good but it's underfunded. Many people do not understand what all family caregivers need and what they must go through.”

“Word-of-mouth; ‘Sharing the care’ programs; Community events for families.”

“We provide some training but it is strictly in-house training for our staff. Training centers for caregivers would be a good thing.”

“Outside of what we do, I can't say. In-house, we do constant training of our caregiving staff to do everything from operating a wheelchair to feeding and bathing seniors. We also have vision testing.”

“Private hires. Some are going to schools which cost money. And then they work full-time, so getting qualified people is hard.”

“Own personal expense.”

“Always looking for people who need respite services.”

“Nobody is really helping.”

N/A

Availability of Caregivers/Caregiver Facilities **(9% #1 Priority; 23% Top 3 Priorities)**

Q: What additional resources are needed to meet the needs in this priority area?

“Our facility has ongoing training and continuing education. Senior caregiver training centers are needed.”

“More education to be a caregiver. Requiring caregivers to get training - ongoing training on how to care for the elderly.”

“Each are inadequate; not enough. Need more hours and attended care services. It's like having a WaterPik when you need a fire house.”

“EAD needs more services, funding.”

“Subsidize funding. Better communication and outreach. A hub where information can come together and connect resources with one another.”

“General directory to search and find resources; Making caregiving more affordable.”

“Funding. Transportation, but not public -- more like an Uber or a private taxi system.”

“Financial support and staff to provide resources that are needed.”

“Money. And recognizing what is needed. The law that did not pass last year would have been good but it did not go through. Family caregivers need to be valued more.”

“Long-term care staffing shortage since hospitals pay more.”

“More unions.”

“More clientele.”

Availability of Caregivers/Caregiver Facilities **(9% #1 Priority; 23% Top 3 Priorities)**

Q: How are you assisting in meeting the needs in this priority area?

"We try to work with St. Francis Senior care and some non-profits."

"We train all the time. We have monthly updates and webinars. But our training is not for everyone. It's for people leaving our facility to return home or to a care home."

"Provide connection between families; Coconut wireless communication; Support on individual needs."

"We do all of our own caregiver training. We are mandated to do so much training but we go above and beyond that."

"We asked our existing employees to bring people to us."

"Advising to be educated. There is no coverage for in-home personal care, private resources are needed. #1 public education. #2 Families plan for health care and finances and how to pay."

"We provide meals. Provide information for other services to seniors."

"We always consider caregivers the chore of care. We provide training to various groups like churches as well as individual families. Worksite wellness programs are a program we are just starting. Loved ones must be included."

"Reaching out to students."

"Our organization can't provide help for the elderly. We depend on community resources. We can only provide part-time skilled care and the patient has to be under physician care."

"We don't really deal with this area."

"N/A. We don't specialize in this area."

Socialization/Feeling Lonely (11% #1 Priority; 19% Top 3 Priorities)

- 2 of 11 (18%) who mentioned *Socialization* said that needs in this area are being met quite well; 5 of 11 (45%) say needs are being met somewhat well; and 3 of 11 (27%) say that needs are not being met; 1 of 11 (9%) did not provide a rating.

Q: What resources are currently assisting in meeting the needs in this priority area?

“A variety of classes; Lunch program so they can come get a hot meal and meet other seniors.”

“The Federal government and matching from the State.”

“I don't know besides public transportation, Handi-Van, family members, friends, etc. that drop them off.”

“Using the phone. Handi-Van to meet peers for exercise.”

“We don't do it for whole population but for groups like veterans.”

“Daycare centers engaging/interacting with people.”

“Meals on Wheels, Senior Centers with activities.”

“Support groups like grieving support groups, church gives companionships, animals, family and friends.”

“Programs we offer, increase awareness that it's a medical issue and not a mental illness or a character defect.”

“Nothing really. Handi-Van but limited.”

“Don't know.”

Socialization/Feeling Lonely (11% #1 Priority; 19% Top 3 Priorities)

Q: What additional resources are needed to meet the needs in this priority area?

“Some seniors that are homebound don't have resources and don't have the transportation to get around.”

“More sites for senior companion volunteers.”

“Volunteer outreach like high school community service where they have conversations with the elderly.”

“Getting to homebound people to get them to live longer.”

“Funding.”

“Don't know. Luncheons in elderly group homes once a month or quarterly.”

“Transportation for them to get somewhere. We have 20+ residents. It's difficult to get that many to go on an excursion.”

“More senior centers with activities, people volunteering to be companions to read and hang out with them.”

“More education - talking about risk reduction and brain health.”

“Handi-Van - some don't qualify. Funding for special equipment and needs. Events resources.”

“Neighbors talking to each other, getting people connected to socialize.”

Q: How are you assisting in meeting the needs in this priority area?

“We offer transportation within our radius to and from the community center.”

“We go and solicit volunteers.”

“Big social events, craft fairs, things to keep active.”

“We just deliver hot lunches every day. Volunteers report concerns to Adult Protective Services.”

“We volunteer, offer companionship to patients - music therapy, read, healing touch.”

“Just pockets of areas, certain target groups.”

“Utilize property to fullest to create outside/inside activities, have seniors work in a group/team to play a game, work in garden, activity coordinator working with them to put together journals of their past and have senior families work with them.”

“Help them get services they need to live in the community which will meet their socialization needs instead of being stuck in an isolated facility.”

“Education; support; community outreach to physicians and general community; more understanding.”

“Monthly calls. Calls on birthdays.”

“We offer classes; engagement in a social environment is provided in the senior population.”

Overall Health/Mobility (4% #1 Priority; 19% Top 3 Priorities)

- 3 of 9 (33%) who mentioned *Overall Health* said that needs in this area are being met quite well; 6 of 9 (67%) say needs are being met somewhat well.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Elderly Affairs; clients call us having been referred by Elderly Affairs.”

“We are attached to the Department of Health. We create programs for healthy eating and exercise.”

“Outpatient rehab services - some available.”

“Facilities are well-equipped with a full professional staff; Constantly communicate with family regarding their needs and have the resources to accommodate those needs.”

“Diet. We offer healthy food, eating regularly, nutrition. We do have activities daily.”

“Doctors; life-long physicians; making house calls; change of condition action (911, family response).”

“Government making sure they have health insurance. They pass requirements for businesses to provide health insurance for employees and the State has good health insurance options for unemployed.”

“Meals on Wheels. Uber. DANA. Handi-Van.”

“We try to publicize our services to the public so they know our services are going on.”

Overall Health/Mobility (4% #1 Priority; 19% Top 3 Priorities)

Q: What additional resources are needed to meet the needs in this priority area?

“Outpatient rehab at the day care; needs more.”

“Staffing.”

“What we have is good. More people for services would be good.”

“Continuing education. Providing nutritionists and being aware of Diabetes and hypertension. Eat accordingly.”

“Outreach resources. Some people are unaware of health programs available.”

“Ambulances take too long; more emergency services and responders.”

“Funding.”

“More funding towards longevity.”

“More partnership with other organizations that help the senior community.”

Q: How are you assisting in meeting the needs in this priority area?

“Range of motion; tai chi.”

“We try to come up with new activities so things don't become stagnant.”

“Food service manager - to make sure we provide nutritional and healthy meals for clients.”

“We have to evaluate each individual and give each a diet accordingly.”

“Record change of condition; training and exercise; BP; nutrition; hydration.”

“Focus is 100% related to helping visually impaired and our service helps to improve their quality of life.”

“One of our counselors offers home visits, referred by Health Services. Doctors for those who have transportation needs.”

“Go out to senior communities and communicate our services.”

“I oversee the whole area; State legislature involvement.”

Public Benefits/Lack of Services (4% #1 Priority; 19% Top 3 Priorities)

- 1 of 8 (13%) who mentioned *Public Benefits/Lack of Services* said that needs in this area are being met quite well; 5 of 8 (63%) say needs are being met somewhat well; and 1 of 8 (13%) say that needs are not being met; 1 of 8 (13%) did not provide a rating.

Q: What resources are currently assisting in meeting the needs in this priority area?

“EAD, Catholic Charities, HCF, AUW.”

“ADRC”

“Oahu has hospital, long-term care, assisted living, care homes, foster care homes.”

“Meals on Wheels, church groups, but more is needed. What do we do about homeless elders?”

“Working with Health Care Association of Hawaii; Acute care gets more attention.”

“Counsel and advise them about their situation. Help them with their paperwork.”

“Find people to help them.”

N/A

Public Benefits/Lack of Services (4% #1 Priority; 19% Top 3 Priorities)

Q: What additional resources are needed to meet the needs in this priority area?

“Additional funding.”

“Need more actual programs to deliver services.”

“Implementation of plan to address realistic issues and problems of upcoming tidal wave of seniors on Oahu.”

“Resources aren't always easy to access - not in the neighborhood.”

“Offer assistance when they reach out.”

“Home visits - face to face meetings with those in need. That means going out to people's homes. There needs to be a central location that can be accessed that people can go to for help.”

“More focus on long-term care; Cost of living adjustments covered; Reimbursement of behavior-type patients”

N/A

Q: How are you assisting in meeting the needs in this priority area?

“By giving counsel and advice and by helping them with their paperwork.”

“We are trying to maintain as large a client base as possible to provide to the elderly.”

“Cost effective and efficient senior day care. Open more sites in multiple areas of excellence at very reasonable and affordable prices.”

“Community partners at Community College, other community centers, and expanding to other sites.”

“If we have brochures, we call them and ask for information and what is needed for the client.”

“I provide as much information to people I can. I do referrals but there is a real lack of funding. Most things we do, we do for free.”

“Very active in State Association; Give them data; Give them suggestions.”

N/A

Transportation (2% #1 Priority; 18% Top 3 Priorities)

- 2 of 10 (20%) who mentioned *Transportation* said that needs in this area are being met quite well; 6 of 10 (60%) say needs are being met somewhat well; and 2 of 10 (20%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

"Handi-Van."

"Handi-Van is good."

"Handi-Van, taxi, private vehicles, family members."

"Handi-Van and reimbursement of bus passes."

"The Handi-Van is doing better. TheBus is a good system and hopefully the rail will alleviate a burden when it is finished."

"The City and County of Honolulu has committed to bus services for decades. But, as seniors get frailer, the Handi-Van kicks in but current funding is not adequate to meet kupuna care in the state. Funding must increase."

"TheBus. Handi-Van. Medicaid will pay for special mode transport."

"The City does offer services such as Handi-Van and TheBus but there is not enough available. Many elderly complain that they wait too long for transportation help."

"Making sure people are provided with basic important services like health care, transportation, and housing; no discrimination."

"Volunteers and paid vendors."

Transportation (2% #1 Priority; 18% Top 3 Priorities)

Q: What additional resources are needed to meet the needs in this priority area?

“Additional support and increase of Handi-Van services.”

“Bigger fleet of Handi-Vans (publicly funded).”

“I do think there is a need for more Handi-Van type services that are convenient and inexpensive.”

“Even with TheBus and Handi-Van, they need personal assistance to actually get into the vehicles; home to street, etc.”

“Expanding kupuna care under the Executive Office of Aging. We have to reengage the non-profit organizations that used to do assessments. Assessments are now only being done by the City & County and that is not enough.”

“Outside resources are needed to support the elderly, especially those who lack family support.”

“Funding for things like rail and other infrastructure projects.”

“Additional funding, vendors”

“No opinion.”

N/A

Transportation (2% #1 Priority; 18% Top 3 Priorities)

Q: How are you assisting in meeting the needs in this priority area?

"It's a daily service that we provide to any kupuna that come to us or to Catholic Charities. I also work with organizations like AARP to provide more services."

"We provide transportation for our residents."

"Have a volunteer program. We also contract with vendors for taxi and para-transit services."

"We provide low-interest financial loan through American Savings Bank so that accessible vans can be purchased at a low rate."

"We recommend the resources previously mentioned -- Handi-Van, taxi, private vehicles, family members."

"We are doing our best to find other available options, family, friends, etc."

"We counsel them. We call for transportation. But we are limited in that area."

"We don't have a connection to infrastructure."

"N/A."

Family Support (0% #1 Priority; 14% Top 3 Priorities)

- 1 of 6 (17%) who mentioned *Family Support* said that needs in this area are being met quite well; 4 of 6 (67%) say needs are being met somewhat well; and 1 of 6 (17%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

"They take turns in caretaking (family)."

"Different privately and publicly supported activities."

"The volunteer group, the church groups, the community groups that spend time with them and take them out."

"Don't know other resources. Concern from volunteers reported - if they aren't home, self neglect, etc."

"Contacting family as needed."

"We do a lot of that. Schools of Social Work has been adding into their curriculum of elder care and specific skills that go along with that. Private companies end up fielding conflicts even though their main purpose is in home care for elders. Elderly Affairs Division is doing good work in this arena."

Q: What additional resources are needed to meet the needs in this priority area?

"Different privately and publicly supported activities. Redistribution of resources to more rural areas."

"I continue to reach out to have a ukulele group come play for them and reach out to volunteer groups."

"Family themselves need to reach out to the elderly family members."

"Educational outreach so families know what to expect when family members get older including legal and medical requirements and general health changes. Primary care doctors and nurses in office can help prevent some family conflict regarding care for seniors. If it were easier to talk about death that would help and growing old. Lack of communication leads to conflict down the road."

"No additional comments."

"Don't know."

Family Support (0% #1 Priority; 14% Top 3 Priorities)

Q: How are you assisting in meeting the needs in this priority area?

"We provide the care and we get paid."

"The service providers; We do the licensing."

"I work with the activity director and I am in contact with their family."

"Concerns reported to APS."

"Contacting family members as needed."

"That's all of what we do. Have many programs focused on family. Kupuna Pono for elder issues - advance care directives, caregiver needs, family support, creation of family plans, resolving specific conflict issues."

Independent Living (9% #1 Priority; 12% Top 3 Priorities)

- 1 of 7 (14%) who mentioned *Independent Living* said that needs in this area are being met quite well; 4 of 7 (57%) say needs are being met somewhat well; and 2 of 7 (29%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Providing activities and scheduling outings”

“Caregivers through insurance”

“Continuing education and being aware.”

“We have home care providers and personal emergency response systems.”

“Caregivers; Equipment -- walkers and wheelchairs.”

“Assistive Technology Resource Centers (ATRC) - State program. I like to think we are a player toward elder independence.”

“Case management; providing support to caregivers; outreach.”

Q: What additional resources are needed to meet the needs in this priority area?

“Support and refer residents to appropriate agencies where assistance is needed.”

“Haven't really thought about it.”

“Education in the community. How can they be independent?”

N/A

“More people for errands and activities, assistants, caregivers.”

“Cultural attitude change, better medical care, adequate transportation.”

“The elderly didn't grow up thinking about therapy, long-term care, insurance for medical disasters. They want to age in place and can't keep up with expenses. Need help in these areas.”

Independent Living (9% #1 Priority; 12% Top 3 Priorities)

Q: How are you assisting in meeting the needs in this priority area?

“Scheduling activities, outings, support.”

“I observe and call family contacts.”

“We encourage them to be independent.”

“We come to kupunas -- offer them our service and install the system using local technicians.”

“Plenty of caregivers to help.”

“Providing various technologies that allow people to read their own mail, have banking access through telephone/internet by providing technology to borrow finances. We'll help people find financial resources to access technology.”

“Outreach and staff; constantly trying to help.”

Health Insurance/Medical Costs (5% #1 Priority; 12% Top 3 Priorities)

- 2 of 7 (29%) who mentioned *Health Insurance/Medical Costs* said that needs in this area are being met quite well; 3 of 7 (43%) say needs are being met somewhat well; and 2 of 7 (29%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Medicaid, various community centers like Waikiki Community Center, care homes, Executive Office of Aging, Elderly Affairs.”

Medicaid for long-term care. Medicare is limited.

“Exercise programs and various activities, entertainment, presentations.”

“Counsel and advise; Help with paperwork if needed.”

“Private care hospitals; there is assistance (civilian hospitals have this). They're contracting with external companies that do this.”

“Only the people who can afford it get care. There's a gap. People who can afford it get good care. Ability to apply for Medicaid to get into nursing facility.”

None

Q: What additional resources are needed to meet the needs in this priority area?

“More money.”

“If they have a good pension, they don't qualify. If they have life insurance, they must exhaust it to get Medicaid. So something in the Medicaid rules needs to change so everyone can take advantage of some parts of it.”

“Subsidize and funding for higher reimbursement rates for Medicaid; Government will have to step in with Federal and State filling in the gaps because there is a lack of care. The homeless have nobody to care.”

“Outside of civilian hospitals, assistance is needed. Private hire that is affordable or community-based social workers. More are needed.”

“More people able to work with them in helping them live in their own home like caregivers. More available respite care.”

“Caregiver training, financial support for caregivers, availability of community resources.”

“None”

Health Insurance/Medical Costs (5% #1 Priority; 12% Top 3 Priorities)

Q: How are you assisting in meeting the needs in this priority area?

“Scheduling various activities and special events, exercise.”

“Giving counsel and advice; Helping with paperwork and forms.”

“Advocate to receive all services they are entitled to. Some disability people we work with are seniors. They are all different ages. Help them in choice of home care or long-term care to live successfully in community.”

“Hands-on, help people apply. Long-term care planning.”

“We run a facility. We’re doing our job at the lowest possible cost. We do training in-house to provide proper care.”

“We provide caregiver training, safety instructions by a physical therapist but patient has to meet the criteria for home health care services. We work and teach family members caregiving and safety instructions.”

N/A

Having Food To Eat/Nutrition (0% #1 Priority; 11% Top 3 Priorities)

- 3 of 5 (60%) who mentioned *Having food to eat/Nutrition* said that needs in this area are being met quite well; 2 of 5 (40%) say needs are being met somewhat well; and none say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Meals on Wheels - delivering food. 3 meals on Friday for weekend meals.”

“Kitchen is equipped; quality meals and service; full staffed; dietician to create manuals and design meals.”

“Food Bank; Meals on Wheels; Family”

“Some companies are tailored to order food to bring to facilities. Department of Health works with them to meet guidelines for their health.”

“EAD new grants manager is pretty good. The process is a bit faster.”

Q: What additional resources are needed to meet the needs in this priority area?

“Elderly Affairs provide grocery pick up program.”

“Classes made available for cooks or whoever does cooking in home. Companies are specializing in servicing care facilities. Classes on plating techniques, on how to present meals for seniors, different ways to make food taste good.”

“Sometimes have wait lists because of funding. Waitlists can be long.”

“None.”

“Can't think of any.”

Having Food To Eat/Nutrition (0% #1 Priority; 11% Top 3 Priorities)

Q: How are you assisting in meeting the needs in this priority area?

“Providing meals.”

“Ensure that things run smoothly; Healthy, nutritional meals prepped.”

“Have full-time cooks at 3 care homes, registered dieticians to meet Department of Health guidelines, dietician finding classes on plating, planning a vegetable garden.”

“We only provide meals, delivered on the Leeward side.”

“Making recommendations to residents.”

Access To Information and Resources (0% #1 Priority; 11% Top 3 Priorities)

- 4 of 6 (67%) who mentioned *Access to information and resources* said that needs in this area are being met somewhat well; and 2 of 6 (33%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Elderly Affairs provides a senior helpline for those who need information. There are case workers that some can access through their insurance. But in general, more needs to be done.”

“Online resources, telephone services.”

“Handi-Van; Waikiki Health Center.”

“The website. Senior fair coming up at Blaisdell.”

“Outreach to educate.”

“Information groups during time of year when changing insurance, where family members can possibly assist them. If they can understand language/concept of health care, they can better understand health care in general.”

Q: What additional resources are needed to meet the needs in this priority area?

“Neighbor Islands need more resources, as well as rural Oahu.”

“More public address like going on air or more marketing.”

“More outreach to educate; more resources (funding).”

“More help in navigating the system and knowing where to access help from knowledgeable people.”

“Relief from isolation, may be living alone without internet access, help for spouses and caregivers, more online and resources and phone services needed.”

“More outreach to patients, make language of it easier to understand in lay terms. ”

Access To Information and Resources (0% #1 Priority; 11% Top 3 Priorities)

Q: How are you assisting in meeting the needs in this priority area?

“We attend health fairs. We also have a Stop Diabetes at Work program. An email program - Living with Diabetes 2.”

“As people call and don't know where to go, I refer them.”

“Personally, I try to help people even if they are not in our program. I try to point them in the right direction and give them information on costs and where to go.”

“I can call customer service for patient, read/research and educate patient.”

“Online and telephone access; Offer morning, evening, weekends for assistance; 24 hour helpline.”

“Provide outreach services.”

Activities and Programs (4% #1 Priority; 7% Top 3 Priorities)

- 3 of 4 (75%) who mentioned *Activities and Programs* said that needs in this area are being met somewhat well; and 1 of 4 (25%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Private sector donations. State and county funding and donations from organizations - public and private.”

“Whomever we contact to teach the classes.”

“YMCA has free memberships, meet at McDonald's for morning coffee, park/recreation center classes like tai chi, meditation, etc.”

“Volunteers. Some daycares have people come to their facility and some families pay day cares to have workers go to homes for activities.”

Q: What additional resources are needed to meet the needs in this priority area?

“Currently, there is a need for senior centers across the State. We are the largest but I get calls to assist with setting up in other areas. Funding is needed.”

“Funding.”

“More classes like financial classes for life care directives, end of life choices.”

“If there were more services open to receive senior residents to come to their location like a particular activity or excursion.”

Activities and Programs (4% #1 Priority; 7% Top 3 Priorities)

Q: How are you assisting in meeting the needs in this priority area?

"I serve on a multitude of working groups to implement what has been passed by Legislature. I volunteer with various organizations to expand services."

"We give them a place for the activities to take place."

"Try to get as much information about activities and pass it on to patients."

"We have an activities coordinator doing crafts, puzzles, games, trivia, flashcards to keep their mind stimulated. Wellness program with exercise, in contact with physical, occupational, and speech therapists. Try to get meaningful exercises to keep them self-sufficient as possible. Staff is well trained to encourage them to do things on their own."

Age in Place (2% #1 Priority; 7% Top 3 Priorities)

- 2 of 4 (50%) who mentioned *Age in Place* said that needs in this area are being met somewhat well; and 2 of 4 (50%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“EAD services provided.”

EAD; volunteer services; Private pay agencies and individuals.”

“There are a lot of agencies. Caregivers are not being paid well enough so there is a lot of turnover. It is cheaper to age in place than in a hospital. We just need better funding mechanisms.”

“Family members who can afford to pay for caregivers pay out of their own pocket so they can continue to work full-time. For example, I have to work full-time or find a second job so I can pay for a caregiver for my mom.”

Q: What additional resources are needed to meet the needs in this priority area?

“More services; limited due to funding.”

“More free/low cost housing; More case management services for low income seniors; More constant information available to the public.”

“We need to come up with more solutions. We need to provide resources early rather than when it's too late. And we have to find out how we can come up with the money needed to allow people to age in place and make it viable.”

“Financial supplement such as Kupuna Care program to help with caregiving.”

Age in Place (2% #1 Priority; 7% Top 3 Priorities)

Q: How are you assisting in meeting the needs in this priority area?

“Provide meals, nutritional education, recreation, outreach.”

“Case management by contract; Volunteer services; Transportation services (EAD funded).”

“We try to help people understand advance care planning, hospice care, and the need for advance planning.”

“We teach families safety instructions to prevent falls/accidents. We try to keep them out of the hospital.”

Safety (2% #1 Priority; 5% Top 3 Priorities)

- 3 of 3 (100%) who mentioned *Safety* said that needs in this area are being met somewhat well.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Adult day programs. Friends and family.”

“Seniors needing company outside; receiving health maintenance; flu shots and pneumonia shots.”

“There have been seminars help to help seniors feel safe as well as teaching safety protocols for all areas of life.”

Q: What additional resources are needed to meet the needs in this priority area?

“Secure and safe housing provider. Affordable housing. Money to upgrade housing and trustworthy assistance with financial handling for housing needs or repairs/improvements.”

“More people available to help caregivers and assistants.”

“More education, more monitoring to ensure that seniors are safe in their environment.”

Q: How are you assisting in meeting the needs in this priority area?

“Eyes on, safety awareness (in person); locking screen doors; call 911; remove hazards (like rugs, etc.).”

“Was better in the past, budget cuts; Restroom use assistance; Walks; Entertainment.”

“Seniors in our program get lots of training in various areas of safety whether it's disaster preparedness or taking a bath. We have homes with seniors that are constantly monitored. Also, we have apartment complexes where seniors live independently but they also get monitored a lot to make sure that the seniors living there are not taken advantage of by outsiders.”

Waitlists (2% #1 Priority; 4% Top 3 Priorities)

- 1 of 2 (50%) who mentioned *Waitlists* say that needs in this area are being met somewhat well; 1 of 2 (50%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“As a non-profit, we are giving away services to meet needs. Prioritize too strictly for services. Human capital.”

“Outpatient care.”

Q: What additional resources are needed to meet the needs in this priority area?

“Funding to loosen restrictions. Human capital - more needed.”

“Resources for family members.”

Q: How are you assisting in meeting the needs in this priority area?

“Currently providing minimum services to maximum people. Instead, goal is to provide maximum services to maximum people.”

“We provide as a directory.”

Household Upkeep/Chores (0% #1 Priority; 4% Top 3 Priorities)

- 1 of 2 (50%) who mentioned *Household Upkeep* say that needs in this area are being met somewhat well; 1 of 2 (50%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“EAD has service providers and retired and senior volunteer programs.”

“Certain medical insurance benefits can help but we need help navigating that system. The process is so long that many elderly spend months to years trying to get help and finding services.”

Q: What additional resources are needed to meet the needs in this priority area?

“More funding. More RSVP volunteers.”

“Manpower to navigate the system. Help understanding how certain agencies and systems work and what is needed from the elderly to take advantage of resources.”

Q: How are you assisting in meeting the needs in this priority area?

“Nothing really except report to EAD if the senior needs more help than meals.”

“We buy supplies for the elderly such as cleaning materials, clothes, washing supplies. The basics are needed.”

Cognitive Functions/Recognizing Dementia **(0% #1 Priority; 4% Top 3 Priorities)**

- 1 of 2 (50%) who mentioned *Cognitive Functions* say that needs in this area are being met somewhat well; 1 of 2 (50%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Dementia workshops.”

“Education. Some doctors excel at treating and informing.”

Q: What additional resources are needed to meet the needs in this priority area?

“More classes.”

“More trained professionals; knowing signs of dementia; nurses don't know signs -- screaming, not taking meds.”

Q: How are you assisting in meeting the needs in this priority area?

“Doing certain activities; wellness programs.”

“We think outside the box. Validation therapy -- don't force into our reality, affirm theirs. We use laughter, music, soft tones, massage.”

Continuum Care (2% #1 Priority; 2% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Continuum Care* said that needs in this area are being met somewhat well.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Our health plans are upping their game but help navigating the system is needed. Helping seniors find the help they need is also a big need.”

Q: What additional resources are needed to meet the needs in this priority area?

“Upgrade tele-health so that people can get information over the phone. Hospitals are already doing it somewhat. People need to understand hospice care more and we find that palliative care is needed.”

Q: How are you assisting in meeting the needs in this priority area?

“We do training on advance care planning, palliative care, and hospice care. We try to get people to understand why it is important to do it early to plan for elderly care. We try to foster conversations in those areas.”

End of Life Planning (2% #1 Priority; 2% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *End of Life Planning* said that needs in this area are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Attorneys; Kokua Mai.”

Q: What additional resources are needed to meet the needs in this priority area?

“Funded legal services provided, changes to law.”

Q: How are you assisting in meeting the needs in this priority area?

“Unfunded elder law program, academic elder law clinic.”

Adult Day Care (2% #1 Priority; 2% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Adult Day Care* said that needs in this area are being met somewhat well.

Q: What resources are currently assisting in meeting the needs in this priority area?

“There are a number of adult day cares currently available to certain areas of Oahu but 90% are clustered downtown to Kaimuki.”

Q: What additional resources are needed to meet the needs in this priority area?

“Funding sites for day cares to operate in areas of greatest need. Half the island has no adult day care. There's one in Kapolei. From Kapolei to Waianae, there's no daycare.”

Q: How are you assisting in meeting the needs in this priority area?

“We're opening 5 more centers. That will make us the largest adult day care on Oahu.”

Elder Abuse (0% #1 Priority; 2% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Elder Abuse* said that needs in this area are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Adult protective services, elder justice unit of Prosecutor’s Office, legal advocacy, long-term care ombudsman, domestic violence advocacy groups, Attorney General’s office.”

Q: What additional resources are needed to meet the needs in this priority area?

“Changes to law, funded direct legal services.”

Q: How are you assisting in meeting the needs in this priority area?

“Unfunded elder law program, academic elder law clinic.”

Legal Services (0% #1 Priority; 2% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Legal Services* said that needs in this area are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Legal Aid Society, volunteer legal services, private legal bar.”

Q: What additional resources are needed to meet the needs in this priority area?

“Funded direct legal services.”

Q: How are you assisting in meeting the needs in this priority area?

“Unfunded elder law program, academic elder law clinic.”

Overregulation of Services (0% #1 Priority; 2% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Overregulation of Services* said that needs in this area are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“National Health Care Association with Congress is working to deregulate.”

Q: What additional resources are needed to meet the needs in this priority area?

“Overregulation is not helping with the quality of care; Time spent on paper compliance instead of direct care so this needs to change.”

Q: How are you assisting in meeting the needs in this priority area?

“National Health Care Association with Congress is working to deregulate.”

Q: What are your organization's commitments to assist in meeting the needs of these priority areas and improving the quality of life for seniors?

"We will continue to do outreach so people will know that resources exist. Continue to mediate conflict and help family talk. Partner with community organizations that can further benefit the senior population."

"Programs we offer increase awareness. We offer education, support, community outreach - general community, physicians, first responders."

"Advocacy and for changing policy, American Cancer Society, Cancer Action Network."

"Try to assist with cognitive and physical mobility needs; We have recliners for naps (#1 question from new clients – 'can they take naps?'); We provide home care."

"Insure that they are safe in the home; Insure that equipment is safe and secure; Insure home is not cluttered."

"Making ourselves available; we are always here; One on one counseling; Personalized."

"More counselors for home visits is a future priority (visits covered for mental health counseling)."

"We add quality to life. We try to meet the recreational needs of every age group in the community."

"We try and provide a safe physical, mental, emotional place for them to come meet new people and to enjoy the services that we offer."

"Maybe a work group, or a Legislative group we can support."

"We've been here for over 50 years now and have given a big commitment to the State."

"Health care."

"Always being aware of the needs of the elderly and treat them as unique individuals."

"We have a resource center and bring awareness and prevent financial abuse of elders with Dementia. We explore many funding opportunities."

"We have two divisions - home health and private duty. We don't have enough staff so it's a challenge."

"We try to keep tuition as low as possible so elderly can afford it."

Q: What are your organization's commitments to assist in meeting the needs of these priority areas and improving the quality of life for seniors?

"Building a Kupuna village. Building enhanced and additional services to help with cost of living."

"Over 60 years of experience in connective care and health solutions. We're local and personally service kupunas."

"100%. That's what we're here for and to make senior life enjoyable for them."

"We are required to help them with their needs as quick as possible to find housing."

"We focus on crisis situations and military."

"Advocate for seniors (i.e. deemed not home bound). We do the assessment, offer private pay based on financial budget. We have donor sponsor funds. EAD assesses home bound status and we advocate."

"Serving 48 years; well-established and successful."

"We are always including the entire family as well as professionals. We want to continue to do the work we do now. We provide a lot of information on our website."

"We do everything within our area to help seniors but trying to keep services affordable."

"It's a daily commitment that takes a lot of work. We have 30 different programs to address housing, transportation, and elderly programs. There also has to be more programs to develop rebuilding the infrastructure to handle water for housing, etc."

"Continue to meet with outside people to see what they can offer. Nurses/aides have continued in-services and training on a monthly basis. Engage staff to give input or regular basis on activities, etc. to help seniors as a group effort."

"Provide part-time intermittent skilled care for homebound patients so they can continue to stay at home."

"We provide a safe, clean environment; meals; entertainment; kinship."

"We've been providing limited legal services without traditional funding (mainly pro bono)."

"More than willing to sit on any commissions or committees as we already do for the State."

"Trying to provide safe living environment here."

"Our organization is very good at educating on end of life and social support for grieving."

Q: What are your organization's commitments to assist in meeting the needs of these priority areas and improving the quality of life for seniors?

"Funded by Federal government to provide broad range of services to help attain goals. have to promise they'll commit and have to file a report at end of year on meeting their goals."

"Standard of excellence; customer service; training of staff; knowledge of staff; affordable (everything to do here is free); open 6:30 to 6:30 to provide flexibility; compassionate care is a priority."

"We continuously work to see our clients get the healthcare they need. We make sure they are safe through monitoring and we train, train, train."

"Our whole target is taking care of the elderly. We believe in ohana first."

"Sustaining staffing - social work, nurse case management, long-term and end of life counsel; Information referral; Psychological and social counseling."

"We've been trying to address the problem for 38 years by providing excellent adult day care service. We're now the longest continuing operation in Hawaii."

"High priority is reason we exist. Continue to provide services to visually impaired. Reach out to organizations and businesses who may not be aware of the resources we provide."

"Caring for long-term care population is what we do."

"We are dedicated to delivering the meals and contacting right away if there is a problem noticed."

"Active aging programs and classes; Help decrease chronic pain with exercise to functioning better in main independent functions."

"Working with seniors since the '70s; Even without adequate funding, continue with the services possible; Do what we can with the resources we have."

"We provide care for those with disabilities and special needs cases. Kupuna care is not our specialty."

"Providing a place where the loved ones are cared for and ensure they are in a safe, healthy environment. They don't want to be home alone."

"In-house training of staff; We do work with schools (outreach programs)."

Q: What are your organization's commitments to assist in meeting the needs of these priority areas and improving the quality of life for seniors?

"Hopefully, we will be able to expand services. We are generally able to take more difficult cases than a lot of other agencies. We are considered a safety net as long as the seniors can function in a group situation. We take Medicaid patients."

"If they need help and cannot afford it, we just do it. We have a literacy program so we try to help people who cannot navigate the system because of language barriers."

"The State needs to have a safety net for seniors who have no family members to help them."

"Commit to provide the best service!"

"The service providers; we do the licensing."

"Donate funds to be used for providing care (\$1 million+ a year)."

"Part of charge to use Federal funds for these needs. It's built into our mission."

"\$60 a semester for 3 classes for seniors. We cut to half price or lower when needed. Volunteer hours also. We value and honor our kupuna; kuleana. It's our responsibility and privilege to serve elders."

Q: How can the State Unit on Aging (Executive Office on Aging) better support your efforts?

“Legislation HB 1916 mandating the EOA to implement the plan.”

“Advocate for development of adequate levels for legal services.”

“More unity within the State and county especially with the forms and guidelines about legal issues.”

“Advocate for access to care; Medicaid population in need. The application process takes too long (can't get access).”

“Strategize to come up with concrete methods to meet problems in our communities.”

“Our annual report: They asked for records on trends. Criteria is very strict. Needs less restrictions.”

“Partnering with American Cancer Society to increase volunteers to support quality of life for everybody and engagements in the community.”

“Partnership with us.”

“Continue partnership. Update the handbook.”

“It would be helpful for them to communicate the results of their annual survey so we can address those needs. The Elderly Affairs Division should be doing the same things and engaging their partners to get things done.”

“They have reached out to us a few times. They offer classes, etc. We haven't had to take advantage of that as of yet.”

“Little more interchange on different projects we work on together. Maybe we should meet on a regular basis, come up collectively with ideas.”

“Community resources, education, own home assistance.”

“Communication in all methods; Provide resources - financial, building resources; Provide low rents.”

“Make more communications.”

“There's a challenge with the issue of contracts; No advance communication. Need annual budgets at the start of contracts.”

“More community education; properly trained caregivers; government subsidies; educate community to plan for later care in life; getting workforce - why working with seniors is beneficial and back it up with good salary.”

Q: How can the State Unit on Aging (Executive Office on Aging) better support your efforts?

“Working with high schools about educating on seniors. they mostly focus on drugs and not think about the elderly around them (only about themselves).”

“Help promote and market our classes; Community preferences for information exchange; Share data; Help fund spaces for education.”

“Help with promoting our program through their network. Provide information on what we offer and give referrals to those who need it. They can promote us.”

“We used their website to advertise our services. We also help people to connect to Medicare plans that can help them with their specific needs.”

“DANA - more events, easy community parking for events; Volunteers - more needed; More current editions of Booklet at American Savings Bank.”

“Take the reins, a more comprehensive website, with lists of organizations, specialists, nursing care, activities, notes on access.”

“Information sharing and funding.”

“Education, presentations.”

“Refer people to us. If seems like they can use our services, help us educate. Include us on updates. Sponsor part of our programs.”

“They make more referrals to us; Multiple referrals for in-home counseling in one area (i.e. North Shore) so a counselor can see more than one person a day.”

“Expand the services to not just a certain age group.”

“Provide resources; Do meals to go community programs and in turn, receive grants.”

“We could use more staffing; we are understaffed.”

“We need help with finding more transitional housing for elderly. We are the only ones and that isn't enough. We can't do it all alone.”

Q: How can the State Unit on Aging (Executive Office on Aging) better support your efforts?

“From the wastewater side, we need to find ways to get economic support for the elderly in terms of sewer services. Those services can get very expensive so subsidies are needed.”

“They could pass bills that would provide assistance in getting caregivers training. Money is needed to provide outside training.”

“To make the services to seniors more affordable; allow aging to take place; stay at home more possible, when possible.”

“Having volunteers survey vulnerable people who need smoke alarms to save lives. Helping with our Sound Alarm program which could help save lives. Help to spread the word to install a smoke alarm in elderly homes to save homes.”

“Having services available when needed after patient is discharged from our service. We want patient to have continued services and no longer has a skill needing our help. We want State agency to work closely as partners for patients who need supportive care that our agency can not provide - bathing, housekeeping, meal preparation, transportation.”

“Able/willing to open up new routes. Determination of home-bound reviews (i.e. exercise outing, even once a month, determines ‘not home bound’.”

“They could do more training with their staff and become a member of our organization. Their website needs to be more friendly. They are understaffed so funding is needed. The need to figure out how they can up their game.”

“Providing more funds for more staff.”

“Funding. We could hire more staff to go out into the community.”

“Funds to be released on time.”

“Give us funding.”

“We could meet more often. Offer grants that we could apply for.”

“Money.”

“Make available more funding so elderly can access our services.”

“Hawaii is already ahead of the mainland. Continued advocacy for funding to support kupuna. More support for preventing 1) loneliness, 2) health care, 3) poor health).”

**Q: How can the State Unit on Aging (Executive Office on Aging)
better support your efforts?**

"If we can apply for funding. All we do is put in cost of what we do and it's all private pay from residents."

"Help provide medical and financial assistance for seniors by media coverage. We don't know what's available unless the government informs the public."

"Funding; Advocate at State Legislature, a State-funded system, but vetoed. Need new state-funded grants; Work with private non-profits."

"Give us more financial assistance, funding kupuna care programs; Easier for us to be providers to programs."

"Their job is to provide leadership; Counties with public and private sector cooperation and communication improvement."

"They really need to look at the current services and be more efficient. I think there is money out there. There are lots of agencies out there but they are all doing the same thing. It's fragmented. Better coordination is needed."

"Not sure they can. They don't have direct bearing on what we do or how we do things."

"Don't know if they can support my efforts. More coordinated with information and resources available."

"They don't work with us."

"Not aware of what they provide."

Q: How can the Area Agencies on Aging better support your efforts?

“Education, presentations.”

“Have a seminar in Honolulu about difficult behaviors of the elderly and how to handle it.”

“Help provide medical and financial assistance for seniors by media coverage. Outreach media coverage. Informing public what's available.”

“Through education in getting word of mouth out, referrals.”

“Our efforts are limited but more education is needed on how to better make use of those services - such as refuse service.”

“Newsletter needs to include resources - specifics like calendar of upcoming events; Letting more people know what they do, both organizations and individuals.”

“We could use a more accurate resource guide of what is available for the elderly. We also need to know all the things that are needed to qualify for each program available. More details needed for what is available and what is needed for the poor elderly.”

“Don't know. Make sure the directory gets out to people.”

“They could outline what they offer and in detail on a continuous basis.”

“Used to put out Senior handbook - stopped 2015-2017. Update online so we can print it out.”

“Word-of-mouth to their senior clients for increased awareness through marketing, if they have funds.”

“Help promote and market our classes; Community preferences for information exchange; Share data; Help fund spaces for education. Know needs and share ideas on how to address these needs.”

“They need to do more public outreach; Needs to better train workers about senior resident needs; More timely, more flexible with seniors; Inform about services outside of their jurisdiction.”

“Communication in all methods; Literacy and advocacy; Provide resources.”

“If there is more information available, resources to give out to families on places to go or have them reach out to us with information. We are transition assistance to the next step.”

Q: How can the Area Agencies on Aging better support your efforts?

“Educate - improve overall awareness statewide; Educate the community in using trained caregivers. Non-licensed caregivers put them at risk.”

“Be more willing to explain the benefits of day healthcare. Especially to those not accessing help.”

“Talk to Elderly Affairs Division about benefits of having elder law program funded.”

“We have been talking about more help for seniors for years and years, yet nothing more is getting done. Each island is different with different resources. That means island-wide coordination is needed. Even coordination among different areas of the island.”

“By supporting our sister mediation centers on their islands.”

“Send a seat to our association to discuss our needs; Need clarity to meet our criteria.”

“They need more support to expand their services.”

“Would like to partner well, work well across agencies.”

“It would be good to report their findings to all the various agencies concerned. There's a lot of creativity that should be shared among the various departments and agencies. And have them be more present at participating meetings.”

“We don't have an office on Kauai. We were in the grant process but the process was strange and we lost the grant and a lot of clients in the process. We need more dialogue but if one does not get a grant, there is no dialogue.”

“Continue to refer, partnership with our organization. We went to Kauai for a presentation. We would like partners to know of our offerings.”

“Hawaii County has been very helpful. We have unsuccessfully reached out to Maui and Kauai but they could be short-handed.”

“I think the Maui agency is doing an excellent job and we can all learn a lot from them. They are a member of Kokua Mau so we work together a lot.”

“Having opportunity to visit Neighbor Islands and work with population groups when we're on-site. Pay for our transportation to Neighbor Islands.”

“I'm about to go interisland. We should talk about those underserved.”

Q: How can the Area Agencies on Aging better support your efforts?

"To partner for advocacy and volunteer engagements."

"Make funding available."

"Advocating for funding."

"Find some additional funding somewhere else."

"Sit down and discuss match of funding and unmatched funds."

"Get more kupuna care funds; expand all senior services (families getting burnt out)."

"Stop cutting budgets that deal with elderly seniors and training."

"They've been really good with getting behind what we do. Working with grants - we discuss grant programs ahead of time with them to insure grant approval and to not waste time."

"I think they do a good job now; We have funding here; Support from area executives is happening; Continued efforts and funding needed."

"EAD is really helping. The elderly referred to us say great things."

"Reducing risk of injury; attention to prevention."

"When they find someone in need of help, they make referrals to us. But, most people have to pay for the services if they can. If they can't, we just do it for free."

"Be more accessible; Be more affordable; More services for medication supervision, special needs, etc."

"Encourage people with more smoke-free and clean air acts."

"Try to identify vulnerable people who are at risk or in a building complex -- letting manager know who needs help or who to look out for."

"Communication about home-bound reviews."

"By providing more home services; meals; company/companionship"

"Provide good service; Make themselves easy to reach out to and communicate with; provide support"

"Caregiver family training (visits, videos); Preventative and preparedness education."

Q: How can the Area Agencies on Aging better support your efforts?

"I don't know enough about the other counties."

"Never gone outside our island."

"It doesn't apply, only have services on Oahu. The exception would be if a patient on Oahu moved back home to the Neighbor Islands and wants the agency to help them with the transition."

"Don't know. Less familiar with what each island is doing."

"Not sure they can. They don't have direct bearing on what we do or how we do things."

"Not me. I can't think of anything."

Q: How can the Aging Network of Service Provider Agencies better support your efforts?

"They're doing pretty good already."

"They are helpful and should continue on sharing their ideas."

"Meeting with organizations; Explore new avenues, broaden mission."

They have to get together and develop a master plan to work together. A master plan that coordinates everyone's efforts. It would be better coordinated and more cost effective.

"Pretty good about legislature - they let us know about changes ahead of time; More collaboration would be good."

"Continue partnership."

"By continuing to have quarterly meetings."

"Outreach, pool resources."

"Learn about what we do. Reach out to us."

"Keep the lines of communication open; Things happen in silos instead of collaboration; Collective efforts needed more."

"Be active in more partnerships; Be more visible – 'coffee time' groups, etc."

"They can get involved with our advocacy efforts and encourage Diabetes engagements."

"Include us in more affairs and meetings."

"Good partnership and coordination."

"If they would communicate more. I don't know who to communicate with because they don't reach out to us."

"Network - find out the needs on both sides."

"Would like to work with other agencies. We all have specific areas we serve. Sharing information across each other is more helpful (cross referencing specifics)."

"They should reach out to all elderly programs in order to educate people on what they can offer."

"Out of the box sharing of resources between agencies."

Q: How can the Aging Network of Service Provider Agencies better support your efforts?

“Periodic meetings to exchange ideas.”

“St. Francis called with updates. We need more like that. New services and policies update from all agencies. One place for services to update and with easy access.”

“Having their service available and shorten the wait list. When call for referral for their services, we're informed that there's a waitlist and funding is not available to provide adequate staffing.”

“Expand the kupuna caregiver program (covered 50 people, now everyone's on a wait list).”

“Better coordination or collaboration. Better system of referrals.”

“Referring people to us who are eligible and having people aware of our services.”

“By giving us more clients.”

“Word of mouth telling people what we do.”

“Promote what we do. They can refer people to us. It's best that they see our program.”

“Referrals, asking for training or lectures on various topics.”

“Education, training, presentations.”

“Communication in all methods; Provide resources; Literacy and advocacy.”

“If there is more information available or more resources available.”

“More education for the community to prepare for later life.”

“Help provide medical and financial assistance for seniors by media coverage. Outreach media coverage. Informing public what's available.”

“They could help seniors by offering programs that help seniors navigate the system so they can get the help they need. Sitting down with seniors and going through the system step by step.”

Q: How can the Aging Network of Service Provider Agencies better support your efforts?

"It would be great if they all understood the importance of advance care planning -- the importance of palliative care and hospice care."

"More education is needed on how to make better use of services such as refuse service. Seniors need help finding out how to get help. For us, even refuse service education is needed to find out how they can make best use of our services."

"Talk to Elderly Affairs Division about benefits of having elder law program funded."

"Providing data; ADRC helped market classes for mobility, active aging, etc.; Better communication at physical and online sites."

"Getting good workers and training them."

"Talk with me. I want to hear that they're serious. I'm an action-oriented guy and tired of hot air."

"Being seen by public; people seeing them in action."

"Money."

"More funding is needed."

"Provide funding needed to help caregivers and facilities such as ours."

"They need support from both State and County levels."

"We became a long-term care facility for some patients and that is not how it was meant to be. We could use more long-term care facilities."

"Don't know of them, But, if there was a leadership role and a network was created, it could be quite effective."

"Not sure they can. They don't have direct bearing on what we do or how we do things. Notify us if there's any suspicion of unlicensed service providers."

"Don't know what this is."

"Can't answer that."

"I do not know of this agency."

Q: In the next 20 years, what types of services and programs for seniors should be offered and how should these services and programs be delivered?

“Education for the tenants to know what's available.”

“More community awareness of what the services provide at a very local level.”

“Making people more aware of how to use the internet as a resource.”

“Everything is going to be through the internet and the elderly are not internet-savvy. Please get internet services through to their homes.”

“Technology - make it user friendly, have classes about technology. Personal safety - how to avoid scammers especially with elderly afflicted with Dementia.”

“Need to be delivered - information resources which communicate needs and strategies; Senior centers in every community.”

“I think use of the computer is crucial. In order to gain access to information, there has to be basic knowledge of the use of computers for the elderly. Education is key. With computer use, they can navigate the system.”

“I think there are a lot of good services but better coordination is needed. Community care managers would be helpful to monitor seniors in various agencies. More affordable health care is needed. Affordable in-home care is needed.”

“Personal case manager once you hit 65 years of age if you want to help process and everything that goes with it. Partner with hospital and state network where they can easily access different organizations through an app.”

“Most helpful would be a ‘one stop shop’. Many resources are available. Needs to be simplified and found all in one place. More programs, support, and funding for Alzheimers.”

“I like programs with services that support aging in place. They need to be increased. I would love to see care for seniors started earlier so that people are prepared for aging. I'd like to see more tele-health programs. One stop centers need to be increased and funded.”

“Most people are able to remain in their homes or where they are most comfortable.; Training, requirements have to be met, cost supported by government.; In 20 years, the elderly community needs to be digital in order for seniors to have more accessibility.; It's a difficult field to operate in. We have to provide the best place for them to live, have great healthcare, and revise tax structure.”

Q: In the next 20 years, what types of services and programs for seniors should be offered and how should these services and programs be delivered?

“Home care services; continue to grow community-based services.”

“Continue to live with dignity and independence; Resources for homes and group homes; Affordability in later in life care.”

“Every home should be adequately adjusted as needed for aging: wider aisles, walk-in showers, etc.”

“Reducing risk of injury; attention to prevention. Address need areas (caregivers, meals, homemaking) with expanded services. Delivery will still be the same, more home service. Staying at home is better than in an institution.”

“Everyone stay in own home and not in congregate. They'd be comfortable and happy and not in a facility setting. Need to have a lot more caregivers to do this.

“Caregiving within their home in affordable ways and in a shorter amount of time.”

“People come to my place and help. We need to educate caregivers. Government needs to train people for special care. More housing for the elderly.”

“More aging in place communities - occasional/regular help to daily help costs covered; Places like Kahala Nui where you can stay, as needs increase; Avoid the affordability gap between Medicaid and private.”

“I'd like to see everyone qualify to be in a facility - long-term care, skilled nursing, or whatever is needed without having to be at set levels of income. There should be senior care facilities open to everyone regardless of ability to pay.”

“Numerous adult day care centers and day health centers. Oahu will not be able to afford and have room for enough hospitals, long-term care, assisted living, care homes, and foster care.”

“Senior homes, A good increase in behavioral health programs statewide.”

“I would like to see enough poor elderly housing available so they don't have to resort to shelters or living on the street. There should be a one stop place available for elderly to go and get the help needed.”

“Affordable housing for seniors, provide assistance for elderly with limited income by giving them tax incentives. Housing easier to qualify and more housing --- wait lists and baby boomers who'll need them. Tax incentives (lower tax bracket). Make elderly with middle income qualify for affordable housing and assisted living homes. Now, it's only available for low income and not middle income.”

Q: In the next 20 years, what types of services and programs for seniors should be offered and how should these services and programs be delivered?

“The big question is how do you get the right mix of housing. How do you get seniors to point that they can get services for one area easily without having to call 20 people or visit offices needlessly.”

“I'd like to see more alternative housing options: modified assisted living for low income solutions; Technologies developed to assist seniors - not enough workers, direct service workers need living wages.”

“Educate the community; ADA requirements - businesses and landowners to work together to keep transportation/medical/housing options available; Every little bit helps.”

“More dementia care is needed in the various areas of behavior - such as wandering. More one-on-one care that is more affordable to families.”

“Assure seniors are cared for and not victims of poverty. Best way is through government programs.”

“More free meals programs. Agencies inform seniors meals are available and can be delivered to their residence. Financial assistance and medical benefits. Hopefully, government will have better economic state to provide all this.”

“Dementia care; Meals on Wheels - more, expansion; More trained professionals and funding to pay for them (nurses, caregivers).”

“We can continue to expand the meal program so more clients can benefit. More support from State and grants can expand is island-wide.”

“Programs for seniors to volunteer to keep seniors active. Needs more things like the foster grandparent program or the Kupuna program. More activity programs.”

“Services that allow seniors to remain active in their home and/or in their local communities.”

“Senior centers around town, welcoming to seniors, with food and activities. Publically funded.”

“Activities program to assist with getting them outside not just stay at home.”

“Would love to see the younger generation help the older generation in organizations that help the elderly.”

Q: In the next 20 years, what types of services and programs for seniors should be offered and how should these services and programs be delivered?

"We have to instill in our children, the importance of our kupuna. It starts at home but needs to be reinforced in schools. From a community level, we need to value our elderly and identify seniors who have no support system and look for ways to support them. Also, recognizing seniors who need help but are too ashamed to ask for help. Seeing that they have the basics. Watch for those who call through the cracks and being more sensitive to them."

"Be more visible, accessible; Braille needs are met."

"Better Breather clubs. Smoker Cessation clubs. More education on clean air."

"Health care, then employment. Create social networking."

"We need more adult day health programs which need to be subsidized because they need to be affordable. Better transportation like the Handi-Van."

"Better transportation meeting demands, people missing appointments because of waiting for hours for Handi-Van, missing meal delivery, etc."

"Transportation and medical services should be priority, free transportation service and hope the State can attract and support medical service."

"More congregate social opportunities. More flexibility for access to nutrition (i.e. live alone, can not get to Meals on Wheels to answer the door). Meet senior needs previously mentioned."

"Things that are more conducive to the evolving lifestyle of kupunas. Products that suit their lifestyle."

"Continue with what's being done right now. Think outside the box and think of the future. Hawaii has a lot of seniors."

"A lot more elderly population. Lot more dementia. Tele-medicine (like Facetime) instead of having to go to the doctor can do something right. This could also help with Neighbor Island doctors."

"Practicality improvements. More medical services directly to the seniors (preventative care door to door)."

"Better programs; funding; resources for the families. People who have a hard time paying for day care may not be qualified or barely qualified. We would have to be a provider in order to be covered -- sign up through HMSA or Kaiser. There must be an easier way to be a provider, accept Medicaid or QUEST clients."

Q: In the next 20 years, what types of services and programs for seniors should be offered and how should these services and programs be delivered?

“We need to work with all employers to redesign the work environment as our population ages. Opportunities needs to be available for seniors who want and continue to work. We need feedback from younger people on how they can help the older populations and from elders on what they would like to see from them.”

“Continuation of existing program with adequate funding by more use of technology, change definition of older person because 60 years old is too young to match demographics of modern society.”

“Better dental care - work with dental schools and reciprocity (like students donating 10 hours a week of their time in exchange for a tax break); Health coaches - monitoring health care, answer questions, be a wonderful resource regarding health, refer them to other services as needed.”

“Need more acute/medically complex residential resources (staffing).”

“More on front end of prevention; Funds and programs to prevent the challenges with aging.”

“We need Facetime, but should improve how we deal with people who are isolated like the elderly; Promoting, networking, grouping people together.”

Overall Summary

Policy Makers Survey

- The following is a summary of a Policy Makers Survey conducted between September 20 to October 5, 2019 among n=10 policy makers (defined as Federal Congressional delegates, State Legislature, and City Council Members).
- Those policy makers responding to the survey ranked *health care/access to doctors* (50%) atop the list of priorities affecting the quality of life for seniors, followed by *transportation* (40%), *affordable housing* (30%), and *health insurance/medical costs for elderly* (30%).
- *Affordable housing* (20%) and *health care/access to doctors* (20%) led all responses as the #1 priority affecting the quality of life for seniors.

Profile of Participants

Level of Government	(%)
State	90%
City and County	10
Geographic area of your Constituents/Community	
Kaimuki/Kapahulu/Moiliili/Ala Wai	
Kailua/Waimanalo	
East Honolulu	
Wahiawa	
Ewa Beach	
Pearl City/Aiea	
Manoa/Palolo/McCully/Kapahulu/Kakaako/Kaimuki	
North and Windward Shores	
East Honolulu, St. Louis Heights, Palolo Valley, Kaimuki	
Leeward Oahu	
BASE:	(10)

Summary of Policy Makers Surveys

Priority	#1 Priority	Total Mention (Top 3 Priorities)
Health care/Access to doctors	20%	50%
Transportation	10%	40%
Affordable housing	20%	30%
Health insurance/Medical costs for elderly	10%	30%
Having enough food to eat	--	20%
Safety	--	20%
Affordability/Finances	10%	10%
Independent living	10%	10%
Adult day care	10%	10%
Assessment of Common Knowledge	10%	10%
Family support	--	10%
Age in place	--	10%
Plan to coordinate action	--	10%
Finding common area	--	10%
Environment	--	10%
Emergency services	--	10%
Lack of good sidewalks	--	10%
Base: (10 Policy Makers)		

- According to policy makers, *health care/access to doctors* and *transportation* ranked atop the list of priorities affecting the quality of life for seniors.
- 20% of those surveyed cited *health care/access to doctors* and *affordable housing* as the #1 priority affecting the quality of life for seniors.
- 50% of those surveyed had *health care/access to doctors* among their top three priorities, just ahead of those who mentioned *transportation* (40%), *affordable housing* (30%), or *health insurance/medical costs for elderly* (30%).

Health Care/Access to Doctors (20% #1 Priority; 50% Top 3 Priorities)

- 1 of 5 (20%) who mentioned *Health Care* say that needs in this area are being met quite well; 3 of 5 (60%) say needs are being met somewhat well; and 1 of 5 (20%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“There is a healthcare center currently going to be built in the area. So there is a wait and see approach with how that works out.”

“Meals on Wheels; DANA; Palolo Chinese Home.”

“Some facilities but not enough; Veterans facility is being built.”

“Availability of Federal/State/County and other non-government organizations.”

“N/A”

Q: What additional resources are needed to meet the needs in this priority area?

“We also have Handi-Van. I don't get a lot of complaints right now.”

“More outreach from State and City; Social workers - one visit a week; Major concerns - senior programs cut.”

“Lack of long-term care beds; Easily licensed care giving needed (facility licensing); Expanding in home care.”

“Encouraging and enhancing the Kahuku Medical Center to start senior programs and healthcare programs that go beyond what is available now.”

“Don't know other than cheaper costs.”

Q: How are you assisting in meeting the needs in this priority area?

“Nothing right now. I don't oppose it.”

“Zero, just so busy; Legislation for more funding.”

“Me personally not at the moment, but planning to focus on these areas.”

“Help provide funding through the state to help Kahuku Medical Center develop more senior programs.”

“Supporting Legislation and funding to provide these resources.”

Transportation (10% #1 Priority; 40% Top 3 Priorities)

- 1 of 4 (25%) who mentioned *Transportation* said that needs in this area are being met quite well; 2 of 4 (50%) say needs are being met somewhat well; and 1 of 4 (25%) say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

"We have TheBus and Handi-Van and they are meeting the needs quite well."

"Legislation a priority for traffic; Slowly chipping away in planning; CIP funding."

"Don't know. Only know of a friend who helps people on her own by offering rides."

"There really aren't many. Handi-Van and TheBus."

Q: What additional resources are needed to meet the needs in this priority area?

"Just making sure that improvements are made over time and that the services continue."

"More Federal funding needed to widen the highway. \$40 million needed in planning and development."

"Having someone available to help them when they need a ride like free taxi service."

"Complete redesign of urban transportation, infrastructure, and zoning."

Q: How are you assisting in meeting the needs in this priority area?

"I'm supportive of both TheBus and Handi-Van services and anything that can be done to improve them."

"Making Legislation a priority for traffic; planning in development; organizing & attending meetings."

"None. Department of Transportation handles this."

"Completing and redesigning how all of this is funded and structured."

Affordable Housing (20% #1 Priority; 30% Top 3 Priorities)

- 3 of 3 (100%) who mentioned *Affordable Housing* said that needs in this area are being met somewhat well.

Q: What resources are currently assisting in meeting the needs in this priority area?

"It's all about the City and County. It comes under the C&C umbrella."

"The Office of Elderly Affairs; Moiliili Community Center; Palolo Chinese Home."

"State, Federal, and County funding."

Q: What additional resources are needed to meet the needs in this priority area?

"Tax credits or some type of incentive for developers. There is space for more units at an already developed site for seniors at North Road and Renton Road. I'd like to see it expand along with developing other sites for senior housing."

"More senior housing is needed."

"Thinking outside the box; Qualifying homeless people for shelters and solutions for the homeless who won't go to shelters."

Q: How are you assisting in meeting the needs in this priority area?

"I support in any way I can. I will be introducing a bill for tax credits for additional senior housing so that developers will build senior housing without fear at taking a loss."

"I ask about a senior housing wing or floor; keep people aware of the need for affordable housing."

"Supporting Legislation; reintroducing bill allowing trailer parks for affordable housing."

Health Insurance/Medical Costs (10% #1 Priority; 30% Top 3 Priorities)

- 3 of 3 (100%) who mentioned *Health Insurance/Medical Costs* said that needs in this area are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Medicare/Medicaid; Military - retired benefits said to be good.”

“Leahi Hospital”

“State subsidies”

Q: What additional resources are needed to meet the needs in this priority area?

“More government assistance, funds; Long-term care insurance.”

“More private/public facilities.”

“Expand in-home care.”

Q: How are you assisting in meeting the needs in this priority area?

“Try to come up with programs; Program for subsidizing caregiver costs, more funds.”

“Advocating for funding for Leahi Hospital to make sure it doesn't close.”

“Bill for subsidy for caregiving costs, but needs more funding.”

Having Food To Eat/Nutrition (0% #1 Priority; 20% Top 3 Priorities)

- 1 of 2 (50%) who mentioned *Having food to eat/Nutrition* said that needs in this area are being met somewhat well; 1 of 2 (50%) did not provide a rating.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Whole lot of tax credits.”

“Meals on Wheels.”

Q: What additional resources are needed to meet the needs in this priority area?

“More subsidy and reimagining of tax code.”

“HCAP to pick up food.”

Q: How are you assisting in meeting the needs in this priority area?

“Trying to change things by changing law.”

“Supporting HCAP.”

Safety (0% #1 Priority; 20% Top 3 Priorities)

- 2 of 2 (100%) who mentioned *Safety* said that needs in this area are being met somewhat well.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Lighting at crosswalks being worked on.”

“HPD and other law enforcement.”

Q: What additional resources are needed to meet the needs in this priority area?

“Crosswalks need to be restored.”

“More police in general; More stripping away to act as needed; Propositions 51 & 52.”

Q: How are you assisting in meeting the needs in this priority area?

“Been requesting the department for more crosswalks and better lighting.”

“Testimony and support of Propositions 51 and 52; City council and mayor agreeing on language for Propositions 51 and 52; working on helping with this.”

Affordability/Finances (10% #1 Priority; 10% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Affordability* said that needs in this area are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Lanakila Meals on Wheels, Handi-Van, Lanakila feeding seniors at the rec center.”

Q: What additional resources are needed to meet the needs in this priority area?

“Rehab, gym, or places where seniors can go.”

Q: How are you assisting in meeting the needs in this priority area?

“I have someone drop off food from the Food Bank. I also help distribute to seniors.”

Independent Living (10% #1 Priority; 10% Top 3 Priorities)

- 1 of 1 (14%) who mentioned *Independent Living* said that needs in this area are being met somewhat well.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Meals on Wheels and similar programs like people/family coming to check on seniors who live alone.”

Q: What additional resources are needed to meet the needs in this priority area?

“Family members helping seniors or government should have case workers or non-profits check on seniors to make sure they are doing well.”

Q: How are you assisting in meeting the needs in this priority area?

“My role by funding through legislature.”

Adult Day Care (10% #1 Priority; 10% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Adult Day Care* said that needs in this area are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“None. There is a senior living center in Punaluu but that doesn't have adult day care.”

Q: What additional resources are needed to meet the needs in this priority area?

“Funding and transportation for seniors to and from home. ”

Q: How are you assisting in meeting the needs in this priority area?

“I have been working with some of the senior centers trying to encourage seniors to use such resources and try to encourage the Punaluu Center to set up an adult day care center.”

Assessment of Common Knowledge (10% #1 Priority; 10% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Assessment of Common Knowledge* said that needs in this area are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

"I don't know anyone who is attempting to set up a common base in which to start. We still have to develop a common base. The strongest sector is Kupuna Caucus."

Q: What additional resources are needed to meet the needs in this priority area?

"We get input from the Kupuna Caucus but there is not a community wide platform. That is needed. A non-profit to coordinate all the sectors is needed."

Q: How are you assisting in meeting the needs in this priority area?

"The Kupuna Caucus is a start and I am looking to form a group that addresses all seniors within the community. The sectors could then communicate with each other."

Family Support (0% #1 Priority; 10% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Family Support* said that needs in this area are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Respite programs.”

Q: What additional resources are needed to meet the needs in this priority area?

“More funding/resources to aid family members from Federal/State/County.”

Q: How are you assisting in meeting the needs in this priority area?

“Advocating for funding.”

Age in Place (0% #1 Priority; 10% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Age in Place* said that needs in this area are being met somewhat well.

Q: What resources are currently assisting in meeting the needs in this priority area?

“There are some senior groups and clubs that have some resources as well as home care providers.”

Q: What additional resources are needed to meet the needs in this priority area?

“Don’t know. There needs to be more interest and resources to help seniors retrofit their homes.”

Q: How are you assisting in meeting the needs in this priority area?

“N/A.”

Plan To Coordinate Action (0% #1 Priority; 10% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Plan To Coordinate Action* say that needs are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“The Executive Office on Aging is working to pull it all together. UH just started to work on what is needed but that is in the early stages - UH Center on Aging.”

Q: What additional resources are needed to meet the needs in this priority area?

“More staffing: A public-private partnership through a non-profit that can work to bring all areas together. Funding is needed maybe through a grant in aid.”

Q: How are you assisting in meeting the needs in this priority area?

“Through Kupuna Caucus and my proposal to the House speaker to create a coordinated group.”

Finding Common Area (0% #1 Priority; 10% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Finding Common Area* say that needs in this area are being met somewhat well.

Q: What resources are currently assisting in meeting the needs in this priority area?

“There are attempts to do that. Locally, we have to talk to each other in order to build a narrative that we all can agree on. It has to transform all generations.”

Q: What additional resources are needed to meet the needs in this priority area?

“We need to put our attention on it. And committing time to it.”

Q: How are you assisting in meeting the needs in this priority area?

“I’m planning to propose a collaborative to the house speaker and try to facilitate a collaborative on aging. And working through the Kupuna Caucus, identify what is needed.”

Environment/Neighborhood (0% #1 Priority; 10% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Environment* said that needs in this area are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Closure of parks temporarily.”

Q: What additional resources are needed to meet the needs in this priority area?

“Exercise areas for seniors in parks; Need more safety in parks - seniors afraid to go to parks; More enforcement of no camping.”

Q: How are you assisting in meeting the needs in this priority area?

“Talking to the Department of Parks, facility of maintenance, and mayors to keep safe and accessible parks.”

Emergency Services (0% #1 Priority; 10% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Emergency Services* said that needs in this area are being met quite well.

Q: What resources are currently assisting in meeting the needs in this priority area?

“Fire department responds very well - 80% of 911 calls are healthcare related; Proud of EMS, police, fire department here.”

Q: What additional resources are needed to meet the needs in this priority area?

“State or City; Fire/police/EMS offer data; Social workers visit seniors, record status, outreach services.”

Q: How are you assisting in meeting the needs in this priority area?

“Proposing in the future for additional resources.”

Lack of Good Sidewalks (0% #1 Priority; 10% Top 3 Priorities)

- 1 of 1 (100%) who mentioned *Lack of Good Sidewalks* said that needs in this area are not being met.

Q: What resources are currently assisting in meeting the needs in this priority area?

“None.”

Q: What additional resources are needed to meet the needs in this priority area?

“Funding.”

Q: How are you assisting in meeting the needs in this priority area?

“I’m not in construction and don’t have the means to fix sidewalks. In Wahiawa, people in wheelchairs complain about the sidewalks.”

Q: What are your commitments to assist in meeting the needs of these priority areas and improving the quality of life for seniors in your community?

“Continuing to do what I am doing.”

“Bring balance to all in community whether homeless or anything else.”

“Being in Legislature, I always advocate for more funding and resources.”

“I want to introduce a bill giving tax credits to developers to build more affordable and low income senior housing. That means insuring that there is a bus service to and from new areas of senior developments.”

“Agree about need to help seniors, a matter of priority; Public and Legislature input needed.”

“Budget time - make sure there's funding to keep parks safe and policing available; Promote better health in the community.”

“To be thoughtful and listen to my constituents and help when and where I can.”

“Wife was a caregiver; millennials need education for preparedness. My generation understands, but so much is changing. Need for more education and kindness.”

“Funding for traffic improvement; trailer bill, evaluations of Propositions 51 and 52; support more funds for police hiring.”

“Leaving position in November so I'm not in position to meet any needs. I voted on bills that were good for the kupuna and I was on the Legislative Caucus.”

Q: How can the State Unit on Aging (Executive Office on Aging) better support your efforts?

“Express an interest. There hasn't been any interest expressed so far. The Legislature has to get more involved to provide statewide leadership.”

“Organize people to be supportive of more aggressive policy changes which they traditionally hesitate to be involved with.”

“Other way around, my job is to support them.”

“If they would lobby for the tax credits, additional senior housing could become a real possibility. They and AARP could really make tax credits for developers to build senior housing a done deal.”

“They are the experts. They should tell us what to do. Communication with Legislature. More easily found information for the public.”

“They try to; aging in place efforts; planning with concerns on an ‘age friendly city’.”

“They could help by assisting with adult day care and support that type of activity especially in rural areas. They seem to be very Honolulu-centric.”

“It's a tough one. As voters, seniors need more recognition. Need to offer more resources and funds.”

“Come out and testify for bills; bring own ideas during testifying in bill making process.”

“Don't know what I've done that would need their support.”

Q: How can the Area Agencies on Aging better support your efforts?

“Other way around, my job is to support them through advocating funding.”

“Not familiar with them but the Big Island took care of my mom when she needed help.”

“If they all come together to push for tax credits as a sustained effort, it would have a positive effect. They would need to start in November and visit the Chair of the Finance Committee as well as the house speaker and committee chairs.”

“Work collaboratively on the obvious needs. Make recommendations on Legislative considerations.”

“They do. These offices are very cooperative, wanting to do planning for improvements.”

“Collectively, they've all tried. Needs to be more outreach and funding for caregivers.”

“Hearing complaints about abuse in care homes - random visits could be good; Support Legislative process.”

“Not familiar with them.”

“I really don't do too much with them. But they seem to be doing a good job in providing services.”

“N/A.”

Q: How can the Aging Network of Service Provider Agencies better support your efforts?

“Getting involved in more aggressive policy battles.”

“If they all work together to push the tax credits for senior housing, it could really have an impact.”

“Work collaboratively on the obvious needs; make recommendations on Legislative considerations. They are out there in the field and should let us know what’s needed.”

“They do support my efforts well. We all work together. They are very good. Communication is good.”

“By becoming more available and visible possibly through the Neighborhood Boards.”

“That I really don’t know. Coordinate for better marketing and promo for seniors, PSA’s.”

“Hearing complaints about abuse in care homes - random visits could be good; Support Legislative process. ‘Death Deed’ is cheaper than a trust. Probate is expensive for kids not on the deed. Through Legal Aid, ‘living will’ ahead of time to prevent loss of property to heirs, ‘Power of Attorney’ as well.”

“Other way around, my job is to support them through advocating funding.”

“I voted on bills good for kupuna. I started in January but I’m only an interim appointee. I haven’t established any efforts for them to support.”

“N/A.”

Q: In the next 20 years, what types of services and programs for seniors should be offered and how should these services and programs be delivered?

“To me, it's interactivity that is needed. Agencies have to talk to each other. Strengthen commonalities and address impediments.”

“Guaranteed health care, options for more communal living however is politically viable.”

“Should use more technology like iwatch that can take vitals, robots for assistance. If someone falls, robots would be there to assist. Need medical coverage for this similar to hearing aids being covered.”

“Find a cure for Alzheimers and dementia. Doctors with knowledge on the subject can decide how these services and programs can be provided and delivered. While the elderly has not been my priority, the City has done a great job for the Elderly. Stop cutting the budget for Lanakila. They already have a slim budget.”

“If you have more housing, you get more activity and more resources for seniors. I'd like to see areas of senior housing that offer everything on site (from classes on various subjects of interest to health care to recreational activities to everyday living assistance).”

“Let the experts answer that one. Expand in home care. Need help with funds for caregiving.”

“Health care; Many seniors have to buy food and medicine; There should be a program where minimum health care is provided. Seniors should not be forced to choose between buying food and buying medicine.”

“I'd like to see a more coordinated effort among all the agencies. More adult day care centers. Better monitoring of seniors especially those who are single or live alone.”

“I really don't know. Consider people are living longer and prepare millennials for this.”

“Transfer on 'Death Deed' workshops; Living wills; Power of Attorney education with incentives to participate.”