CITY AND COUNTY OF HONOLULU

Elderly Affairs Division

Department of Community Services

Elderly Affairs Division
AGESMART

ABSTRACT

FOUR-YEAR AREA PLAN ON AGING

October 1, 2007- September 30, 2011

for the

As the Planning Service Area

in the State of Hawaii

(updated 09/15/09)

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Executive Summary

The Four Year Area Plan on Aging was submitted by the Department of Community Services, Elderly Affairs Division (EAD) to the State of Hawaii Executive Office on Aging (EOA) in compliance with the Older Americans Act for the receipt of subgrants or contracts from EOA's Title III grant. It was developed according to a uniform format issued by the EOA and covers a period of four years, October 1, 2007 through September 30, 2011.

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

Content of the Plan

There are six parts to the plan:

Introduction (which has been omitted in this Abstract)
Part I - Older adult population, aging issues, programs and services
Part II - Recommendations including framework in which programs and services are developed and the prioritization of issues and concerns
Part III - Action plans describing specific goals, objectives, and plans for action over the next four years
Part IV - Resource allocation, both projections and for the previous year
Part V - Evaluation strategy including appendices providing assurances made by the Area Agency and other pertinent information.

Development of the Plan

EAD used several methods to develop this Area Plan:

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

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

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

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

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

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

Community Issues

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

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

Four Year Goals and Objectives

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

GOAL 2: Older individuals are active, healthy and socially engaged

GOAL 3: Families are supported in caring for their loved ones

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

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

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

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

A. Empower consumers to make informed decisions about their care options

B. Help consumers at high-risk of nursing home placement, but not yet eligible for Medicaid, to remain in their own homes and communities through the use of flexible service models, including consumer-directed models of care

C. Build evidence-based prevention into community based systems for services enabling older people to make behavioral changes that will reduce their risk of disease, disability and injury

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

Public Hearings

Notice of public information meetings was advertised in Honolulu Star Bulletin on June 3rd, 10th and 17th, 2007, inviting the public to attend and comment on the proposed Area Plan on Aging through oral or written testimony. In addition, flyers on the public hearings were widely distributed through the Aging Network. The following meetings were held:

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

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

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

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

Copies of the draft plan were made available on the City's website at www.honolulu.gov

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

A. Overview of the Older Adult Population

1. Honolulu's Older Population Profile

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

For very old adults, persons 85-years and older, the proportional increase is even greater than for persons 60-years and older. From 2000 to 2010 the number of people in this group will more than double, from 12,795 to 29,750. Services for almost 17,000 more people in this age group may be needed by 2010.

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

Aging Baby Boomers

"Baby Boomers" are those born from 1946, shortly after World War II, to 1964. This generation began reaching the age of 60 in 2006; the last baby boomers will reach age 60 in 2024. By 2030, Baby Boomers ages will range between 66 and 84.

Increasing Life Expectancy

At 79.8 years, Hawaii has the longest life expectancy of all of the 50 states. By a slight margin, Honolulu had the highest average life expectancy among the counties, at 80.5 years.

A study of life expectancy in the United States found that life expectancy in all Hawaii counties steadily increased from 1980 through 1999.

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

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

Proportion of Women to Men

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

Rural

Since 1990, the number of older adults living in rural areas on Oahu declined by over 77%. In 1990, there were 24,828 persons 60 and older living in rural areas, whereas in 2000 that number was 5,622, a decline of 19,206.

The U.S. Administration on Aging defines a "rural" area as "all areas outside Census Designated Places with a population of 20,000 or more." Therefore, this decline in Oahu's rural population is primarily the result of population expanding to cover more land area, and thus replacing rural with non-rural land. The comparison of the 1990 and 2000 Censuses show that areas traditionally thought of as "country" – Waialua, Waianae, Koolauloa, Koolaupoko – gained population, while areas considered "town", that is, Honolulu, lost population. The major population growth has been and continues to be in the Ewa district.

Changes in Ethnic Composition over Time

According to the 2000 Census, the percentage of Honolulu's population considered to be "minority" was 77%. By 2011 the percentage of those considered minority will decrease to 73%.

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

Health Status

Cause of Death

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

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

Chronic Conditions

Data from the Department of Health Behavioral Risk Factor Surveillance System indicated that in 2003, 32% of adults 60 years and older surveyed in Honolulu reported having high cholesterol, 57% engaged in the recommended level of physical activity for their age level, 17% had diabetes, 49% had high blood pressure and 39% were overweight or obese.

Mental Health

The Behavioral Risk Factor Surveillance System for 2006 asked individuals was their "Physical and/or mental health not good during past 30 days." Respondents from Honolulu County were more likely to respond that their mental health was "not good" than residents of the other three counties. It should be noted, however, that the confidence intervals for these responses identify a rather large interval into which a response might fall. In other words, since the confidence intervals of all the counties overlap, there is a chance that the people in all the counties are equally unhappy … or happy.

Disability

The proportion of Honolulu residents 65 years and older who have at least one disability appears to have fallen slightly from 40.4% in 2000 to 34.5% in 2005. A "disability" is defined as "long-lasting conditions" lasting 6 months or more, such as "(a) blindness, deafness, or a severe vision or hearing impairment (sensory disability) or (b) a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying (physical disability)." Disabilities are categorized by the type of activities they interfere with:

Mental disability: learning, remembering, or concentrating
Self-Care disability: dressing, bathing, or getting around inside the home
Going Outside the Home disability: going outside the home alone to shop or visit a doctor's office
Employment disability: working at a job or business

During that same period, the total number of people 60 years of age and older with a disability increased by over 10,000 people. The most common type of disability in both 2000 and 2005 was a physical disability, followed by go-outside-the-home disability. The proportion of persons 60 years and older with a disability increases with age. Of people 60 to 64-years old, one in four have at least one disability – a long-term condition that interferes with some aspect of their life. Among people 85-years or older, almost three out of four have a disability.

Income

Low-Income

Poverty rates for persons 65-years of age and older in Honolulu County are generally higher than the state average and appear to be rising at a faster rate. In 2005 the poverty rate for Honolulu was 9.9% while the rate for the state was 8.9%

Low-Income Minority

The poverty rate for minorities over 65 years of age in Honolulu is higher than for the overall 65+ poverty rate. This poverty rate has risen since 2003 from 7.5% to 10.8% in 2005.

Language Barriers

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

Living Alone

Of 122,994 persons who are 65 years of age or older, 22,813 or 18.5% live alone. Of this number 5,690 are men and 17,123 are women.

Caregivers

Alzheimer's and Caregivers

The Alzheimer's Association – Aloha Chapter, estimates that about 11,834 people or 10% of Oahu's population 65 years of age or older have Alzheimer's Disease. The Alzheimer's Association also notes that more than 7 of 10 people with Alzheimer's disease live at home and almost 75% of their home care is provided by family and friends.

In Hawaii, where people prefer and cultural practices support multiple generation households, family caregiving is more prevalent. The 2000 Hawaii Behavioral Risk Factor Surveillance System surveyed persons 18 and older about their roles as caregivers of individuals 60-years and older. For Oahu, the survey found that 14.42% of this population provided regular care for a friend of family member who is 60 years of age or older. This rate is the highest of all the counties. The group that is most involved in caregiving is those between the ages of 45 and 75, where 17.93% indicated that they are caregivers.

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

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

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

Grandparents

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

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

2. Issues and Areas of Concern

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

New Data Collection

A variety of data, needs assessments, focus groups, conferences and surveys were conducted, reviewed and analyzed including:

- an Analysis of EAD Clients,
- Kupuna Care Client Satisfaction Surveys – 2005/2006,
- Caregiver Conferences/Surveys,
- White House Conference on Aging Focus Groups – January 2005,
- Alu Like's Needs Assessment Update – 2005,
- "Ka Lei Mahana O Na Kupuna" Tutu Conference – September 2005,
- Silver Legislature – November 2005,
- NORC Task Force – October to December 2005,
- White House Conference on Aging – December 2005,
- Planning, Education and Advocacy Sub-Committee to the Honolulu Committee on Aging - February 2006,
- Senior Issues Forum – June 2006,
- Service Provider Issues Analysis FY 2006,

- Honolulu Committee on Aging Retreat – November 2006,
- PABEA Community Forums – 2006 – 2007, and
- the Livable Communities Conference – November 2006.

(See full Area Plan for details)

Conclusion

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

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

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

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

Ongoing trends reported by staff and service providers in FY07 included:

Increasing:

- numbers of older adults, especially the number of older old (85+), resulting in the need for services to address intensive, one-on-one assistance, multiple services and follow-up to deal with their increased frailty and chronic conditions;
- demand for:
    1. services - especially chore, home-delivered meals, personal care and transportation services (especially for specialized trips), caregiver assistance, legal assistance for both clients and caregivers, health maintenance classes and other types of preventive services; and

2. demand for affordable rental units as well as service coordination and/or services in elderly housing projects;

- need for:
  1. additional funding for services at the national level as fixed program costs, especially energy costs, insurance, salaries and benefits continue to climb;
  2. counseling and placement services as more families become unable to care for their aging loved ones;
  3. caregiver support services in the workplace and/or at more convenient times and/or locations; and
  4. support for grandparents caring for minor grandchildren;
- homelessness, even among the elderly;
- financial abuse, exploitation and neglect of seniors, not only by strangers, but by family members as well; and
- hoarding behaviors that create health and safety issues that have, in some circumstances, resulted in citations and financial penalties for older homeowners.

Continued

- need for:
  1. long-term counseling for persons with behavioral or mental problems;
  2. overnight respite; and
  3. assistance with medication management;
- shortage of:
  1. staffing, especially of multi-lingual workers due to Oahu's tight employment market; and
  2. volunteers, especially for home-delivered meals, as those connected with the military continue to be activated, deployed or relocated and the price of gasoline hovers around $3/gallon;
- interest in developing a Grandparents Bill of Rights; and
- concern of parents caring for adult children with disabilities, between the ages of 50 and 59, about what will happen to their children when the parents can no longer provide care.

Emerging issues reported by EAD staff and service providers in FY07 included:

Increasing:

- need:
  1. to provide services, especially Adult Day Care, on weekends and holidays as well as evening hours;
  2. for mental health services for clients suffering from mental illness or dementia who remain unsafe even with case management services because their cognitive impairments are so severe;
  3. for Senior Companions as the cadre of volunteers age themselves, their health issues become more pronounced, and the program itself struggled with staffing issues almost the entire year; and
  4. number of requests for supplemental services such as nutritional drinks, incontinence supplies, and durable equipment such as wheelchairs and hospital beds;
- frailty of clients at the time they first request services;
- length of waitlists and the time it takes to begin services;
- awareness of the rapidly growing number of older adults who need service by those outside the Aging Network;
- number of "younger" elders (60-65) seeking assistance due to health related problems;
- additional requirements for those seeking affordable rentals such as minimum income, credit and rental history checks resulting in the denial of rentals to those who fail any portion of the check;

- staff retention issues as long time employees leave for other jobs as Hawaii's unemployment rate continues to be one of the lowest in the nation; and
- service providers' inability to apply for grants and seek other types of donations or in-kind support due to continuing staffing shortages.

B. Description of Existing Programs and Services

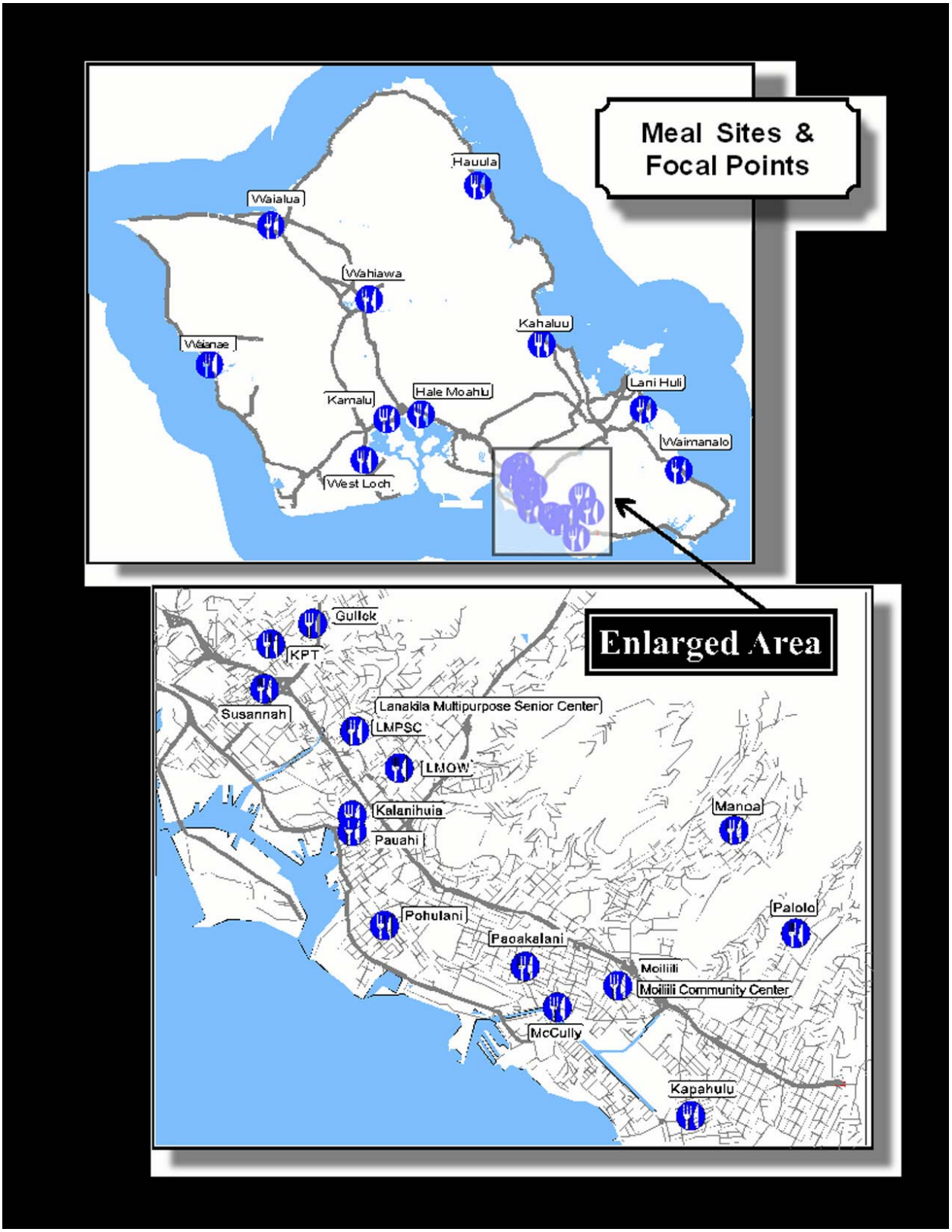
The previous section described the older adult population and their needs. This section provides information on existing services on Oahu.

1. Existing Programs and Services

- The table in the full Area Plan shows programs and services provided by services providers contracted by EAD as well as other programs.

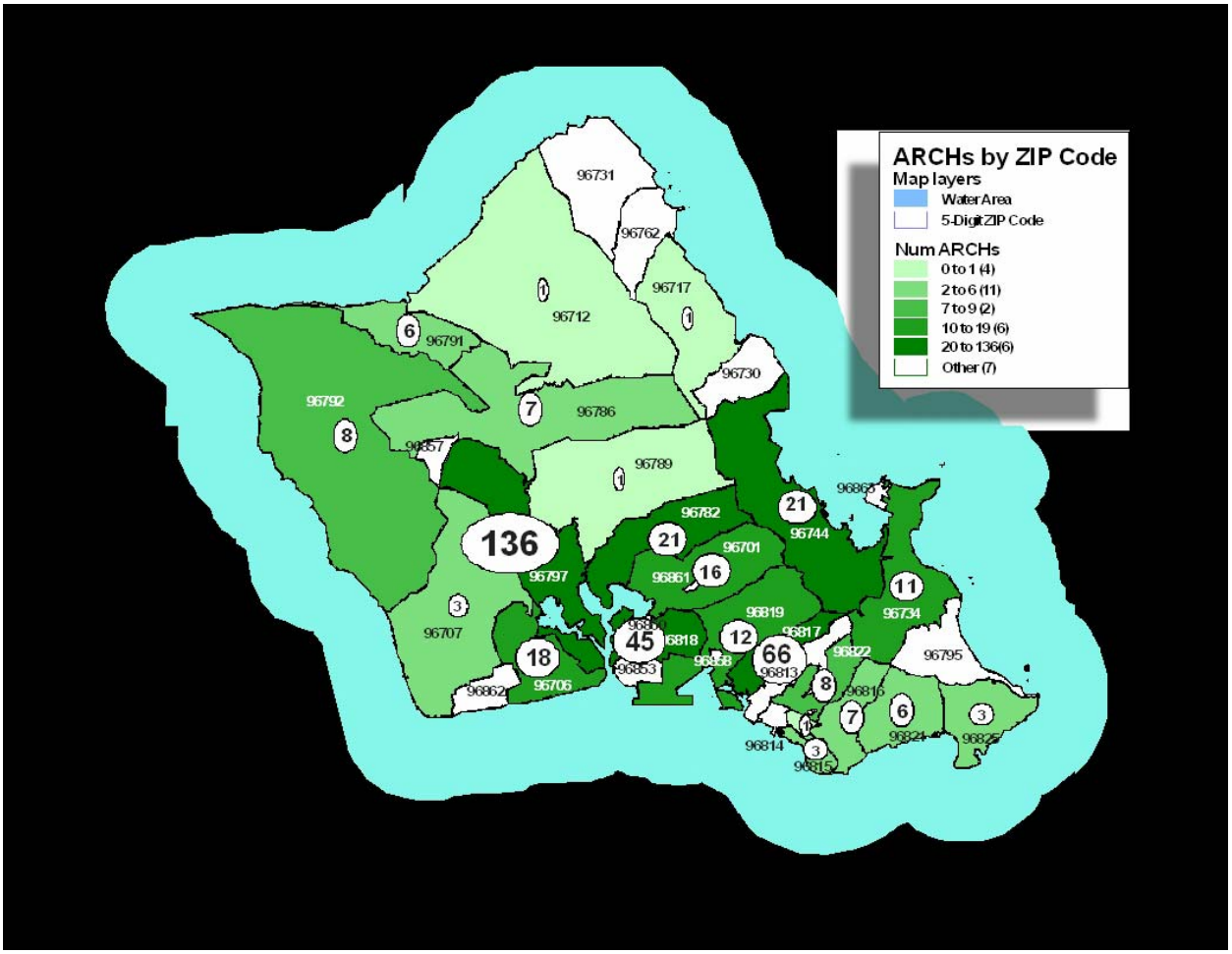
(See full Area Plan for a complete list of services and providers)

2. Maps of Community Focal Points, Multi-Purpose Senior Centers and Nutrition Sites (See full Area Plan for a complete list)


Meal Sites &
Focal Points
Hauula
Waialua
Wahiawa
Kahaluu
Waianae
Kamalu
Hale Moahlu
Lani Huli
Waimanalo
West Loch
Enlarged Area
Gulick
KPT
Susannah
Lanakila Multipurpose Senior Center
LMPSC
LMOW
Kalanihuia
Pauahi
Manoa
Palolo
Pohulani
Paoakalani
Moiliili
Moiliili Community Center
McCully
Kapahulu

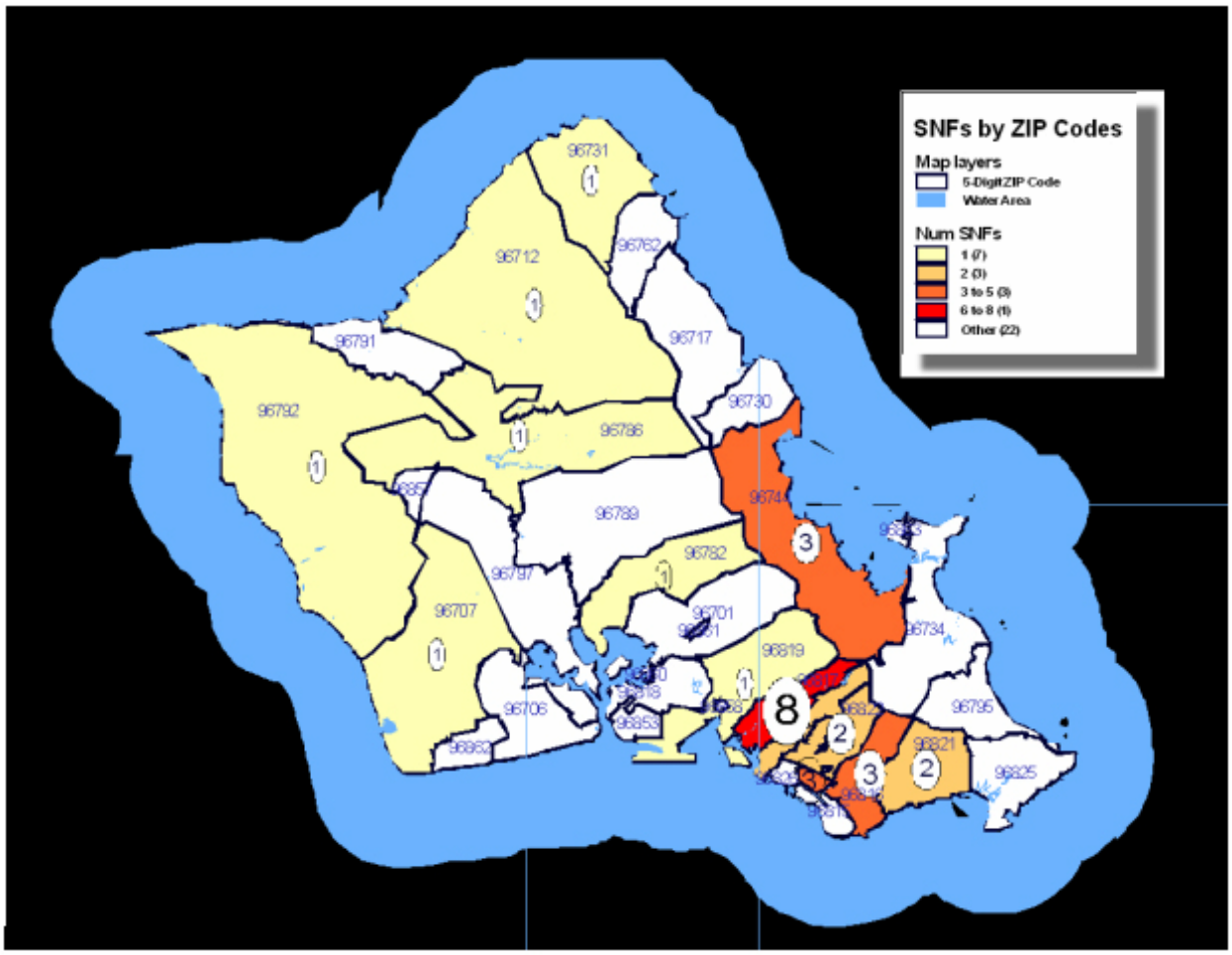
3. Acute, Long-Term Care and Facility Care

a. Adult Residential Care Facility Map



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

b. Intermediate & Skilled Nursing Facility Map



C. Unmet Needs

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

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

(See full Area Plan for a list of table definitions and a more complete description of the issues and strategies used when developing the following Table of Unmet Needs)

Unmet Needs

PROGRAMS AND SERVICES	DATA SOURCE AND METHODOLOGY	EXTENT OF NEED	EXISTING CAPACITY	INFORMAL CAPACITY	UNMET NEEDS
ACCESS (TITLE IIIB)					
Information & Assistance	BFRSS 2000; all adults 18+	696,421	118,474		577,947
Outreach	BFRSS 2000; all 60+ and caregivers under age 60 (14%)	245,571	35,495		210,076
Case Management	NHIS-D, 2004,MEPS 2002 Special Tabulation Diminished functional capacities which require the provision of services by formal service providers or family caregivers	50,467	6,937	38,355	5,175
Assisted Transportation	NHIS-D, MEPS 2002 Special Tabulation Physical or cognitive difficulty using regular vehicular transportation	50,467	6,477	38,355	5,635
Transportation	60+ mobility disadvantaged; 65+ non-drivers - AARP report: Aging Americans: Stranded Without Options; 21% of 60+	36,157	40,263		(4,106)

Unmet Needs – page 2

PROGRAMS AND SERVICES	DATA SOURCE AND METHODOLOGY	EXTENT OF NEED	EXISTING CAPACITY	INFORMAL CAPACITY	UNMET NEEDS
SUPPORTIVE SERVICES - COMMUNITY BASED (TITLE IIIB)					
Adult Day Care	NHIS – D. MEPS 2002 Special Tabulation Need daytime personal care in a supervised, congregate setting	50,467	1,832		48,635
Congregate Meals	60+ Hot meals in a congregate or group setting	172,177	5,822		166,355
Health Maintenance	60+ with Disability 60+ with Chronic Conditions	66,960	25,007		41,953
Housing Assistance	65+ Low-Income 65+ Renter		2,748		(2,748)
Unmet Needs – SUPPORTIVE SERVICES - IN-HOME (TITLE IIIB)					
Attendant Care (1)			2,197		(2,197)
Chore	NHIS 2003-2004; DHHS,CMS, MCBS 2002 Difficulty standing and performing heavy housework	45,139	547		44,592
Homemaker	NHIS 2004 Needs help of another person handling routine needs such as household chores, shopping or getting around	18,929	798		18,131
Home Delivered Meals	NHIS-D, MEPS 2002 Special Tabulation Hot meals delivered to frail, homebound	50,467	3,515	38,355	8,597
Nutrition Counseling	BFRSS 2003 Nutritionally at risk	111,915	32,940		78,975
Nutrition Education	60+ and caregivers under 60 Nutrition information	245,571	3,005		(242,566)
Para-Professional Services					
Counseling (1)			8,736	0	(8,736)
Escort (1)			1,298	0	(1,298)

Unmet Needs – page 3

PROGRAMS AND SERVICES	DATA SOURCE AND METHODOLOGY	EXTENT OF NEED	EXISTING CAPACITY	INFORMAL CAPACITY	UNMET NEEDS
Literacy/Language		18,455	10	14,026	4,419
Personal Care	DHHS, CDC, National Center for Health Statistics, NHIS 2004	9,922	3,617	7,541	(1,236)
Respite	BFRSS 2000 Adult caregivers 18+ (14%)	97,499	1,467	74,099	21,933
LEGAL (TITLE IIIB & IV)					
Legal Assistance	60+	172,177	2,790		169,387
Elder Abuse & Neglect	65+ Living Alone	22,813	705		22,108
NATIONAL FAMILY CAREGIVER SUPPORT SERVICES (TITLE IIIE)					
Access Assistance	BFRSS 2000 Adult caregivers 18+ (14%) Assists caregivers in obtaining access to services	97,499	3,276		94,223
Information Services	All adults 18+	696,421	6,139		690,282
Counseling	BFRSS 2000 Adult caregivers 18+ (14%)	97,499	4,380		93,119
Respite	BFRSS 2000 Adult caregiver 18+ (14%)	97,499	1,836		95,663
Supplemental Services	BFRSS 2000 Adult caregiver 18+ (14%) Services provided on a limited basis which may include home modifications, emergency response systems, and incontinence supplies	97,499	351		97,148
Support Groups	BFRSS 2000 Adult caregiver 18+ (14%)	97,499	4,528		92,971
Training	BFRSS 2000 Adult caregiver 18+ (14%)	97,499	326		97,173
MULTI-PURPOSE SENIOR CENTER					
Recreation	60+	172,177	1,423		170,754

(1) Estimate of need not available

Part II:
Recommendations

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

A. Framework

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

(See full Area Plan for a more detailed explanation of the focus areas under the Older American Act [Targeting and Choices for Independence] and Chapter 349, Hawaii Revised Statutes)

B. Prioritization of Needs and Issues

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

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

(See full Area Plan for a more detailed list of priorities)

C. Strategies to Meet Issues

The Elderly Affairs Division uses four basic strategies to address needs and issues. They are: Advocacy; Funding; Coordination, Collaboration, Brokering, Planning and Capacity Building; and Information and Education.

The following table shows how each service was rated using specific criteria, the total number of points awarded based on those criteria and the potential sources of funding.

(See full Area Plan for more a detailed explanation of the priority criteria)

The Prioritization of Services for Funding:

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

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

The evaluation criteria are presented in the order of their priority/importance:
*Title III priorities are met (services associated with access to services, in-home services, and legal assistance)
*Older individuals with greatest economic need (GEN) and other individuals with greatest social need (GSN), low-income minority (LIM) individuals, and older individuals residing in rural areas (OIRA) are served;
*Priority needs are addressed;
*Potential benefit to cost is great; and
*Probability of program/service success is high.

Part III:
Action Plans

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

A. Summary of Goals and Objectives:

The State and Area Agencies on Aging are pursuing the following goals. EAD will address the Goals by focusing on specific Objectives and Activities under each Goal.

(See full Area Plan for a complete list of Goals, Objectives, Activities, Outcomes and Evaluation Measures)

Goal	Objectives
GOAL 1 - Older individuals and their caregivers have access to information and an integrated array of health and social supports.	1-1 Clients using the Aging and Disability Resource Center will say they were able to access information to health and social supports for older individuals, persons with disabilities, caregivers and others, will have an increased understanding of the need to plan for long-term care; and will know who to call for help
	1-2 As a result of EAD's ability to better staff its Information & Assistance section, 1 on 1 contacts to targeted older individuals (older individuals residing in rural areas, with greatest economic need, with greatest social need, with severe disabilities, with limited English-speaking ability, with Alzheimer's disease or related disorders with neurological and organic brain dysfunction, at risk of institutional placement) and their caregivers will increase by 25%.
	1-3 As a result of the development and implementation of a training program, I&A staff will be prepared to support the implementation of the virtual Aging and Disability Resource Center.
	1-4 Information made available through EAD's publications to older individuals, persons with disabilities, caregivers and others will result in increased knowledge about how to access needed services.
	1-5 Clients receiving one on one assistance by Information & Assistance staff will be successfully linked to eligible for services and benefits including assistance with Medicare Part D enrollment

Goal	Objectives
	1-6 EAD will develop an internal emergency preparedness plan. Staff will be assigned specific functions to enable the AAA to remain operational during emergencies such as power outages and storms as well as times of disaster or health emergencies declared by the City & County of Honolulu or State of Hawaii.
	1-7 EAD will collaborate with the City & County of Honolulu, State and community agencies to develop an emergency preparedness plan to ensure that the needs of older adults continue to be met, to the maximum extent possible, during emergencies such as power outages and storms as well as times of disaster or health emergencies declared by the City & County of Honolulu or State of Hawaii.
GOAL 2 – Older individuals are active, healthy and socially engaged.	2-1 The Chronic Disease Self-Management program is embedded in the Aging Network.
	2-2 Health Maintenance will be transitioned to an evidence-based program resulting in participants reporting reduce illness and injury as well as improved strength, balance and well-being.
	2-3 Nutrition Education will be transitioned to an evidence-based program resulting in the improved nutritional risk status for participants.
	2-4 New partnerships with the State Department of Health will result in the increased rate of immunization among older adults.
	2-5 The rate of falls involving older individuals is reduced as a result of collaborative efforts in falls prevention.
	2-6 Older adult volunteers express satisfaction, remain active and socially engaged, and improve physical, mental or emotional well-being as a result of their volunteer experience.
GOAL 3 - Families are supported in caring for their loved ones.	3-1 Caregivers have access to services a coordinated system of in-home, community based services, for the older individuals through the Kupuna Care program and report these services meet their needs and support their ability to continue providing care.
	3-2 Caregivers have access to services through a coordinated system of gap-filling, supportive, community based services for older individuals funded by the Older American Act and other funding and report that these services meet their needs and support their ability to continue providing care.
	3-3 Caregivers have access to services for themselves through a coordinated system of gap-filling, supportive, community based services funded by the Older American Act and other funding and report that these services meet their needs and support their ability to continue providing care.

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

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

B. Targeting Services

1. The Next Four Years

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

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

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

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

With respect to targeting services to older individuals:

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

(See full Area Plan for the methods to assure service preference and definitions)

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

Characteristics

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

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

(See full Area Plan for a complete list targeting strategies used)

Extent Objectives Met

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

PART IV:
Funding Plan

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

(See full Area Plan for expenditures in FY 2006, minimum percentages for Title IIIB categories of services and additional costs for service delivery to rural areas)

A. Planned Service Outputs and Resources Allocation Levels

Planned Service Output and Resources Allocation Levels

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units																			
	2008		2009		2010		2011		2008		2009		2010		2011					
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source				
ACCESS:																				
Information & Assistance	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	$ 172,228	XS	$ 172,228	XS	$ 172,228	XS	$ 172,228	XS				
Outreach	43,600	43,600	43,600	43,600	43,600	43,600	43,600	43,600	$ 269,282	XS	$ 269,282	XS	$ 269,282	XS	$ 269,282	XS				
Case Management	836	13,780	836	13,780	836	13,780	836	13,780	$ 569,959	A	$ 569,959	A	$ 569,959	A	$ 569,959	A				
										NE		NE		NE		NE				
										XO		XO		XO		XO				
										PI		PI		PI		PI				
Case Management - Abused Elders	80	2,912	80	2,912	80	2,912	80	2,912	$ 171,516	A	$ 171,516	A	$ 171,516	A	$ 171,516	A				
										XO		XO		XO		XO				
										PI		PI		PI		PI				
Transportation -																				
Kupuna Care	500	24,840	500	24,840	500	24,840	500	24,840	$ 473,271	A	$ 473,271	A	$ 473,271	A	$ 473,271	A				
Regular	450	15,000	450	15,000	450	15,000	450	15,000	$ 256,357	NB	$ 256,357	NB	$ 256,357	NB	$ 256,357	NB				
									$ 28,481	XO	$ 28,481	XO	$ 28,481	XO	$ 28,481	XO				
									$ 13,100	PI	$ 13,100	PI	$ 13,100	PI	$ 13,100	PI				

NB = Federal Funds (Title III-Part B)
NC-1= Federal Funds (Title III-Part C-1)
NC-2= Federal Funds (Title III-Part C-2)
ND = Federal Funds (Title III-Part D)
NE = Federal Funds (Title III-Part E)
N O = Federal Funds (Other)

A = State General Funds (General funds)
S = County Funds (Cash Only)
PI = Includes all income generated by the program including client voluntary contributions, money raised by the program through fundraising activities (such as bake sales, etc.), proceeds from the sale of tangible property, royalties, etc.
O = Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
XS = County In-kind
XO = Other In-kind

Planned Service Output and Resources Allocation Levels

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units															
	2008		2009		2010		2011		2008		2009		2010		2011	
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source
SUPPORTIVE SERVICES - IN HOME																
Attendant Care	590	32,554	590	32,554	590	32,554	590	32,554	$ 118,016	A	$ 118,016	A	$ 118,016	A	$ 118,016	A
									$ 1,200	PI	$ 1,200	PI	$ 1,200	PI	$ 1,200	PI
Chore	70	550	70	550	70	550	70	550	$ 20,000	A	$ 20,000	A	$ 20,000	A	$ 20,000	A
										PI		PI		PI		PI
Homemaker	220	3,200	220	3,200	220	3,200	220	3,200	$ 105,970	A	$ 105,970	A	$ 105,970	A	$ 105,970	A
										PI		PI		PI		PI
HD Meals																
Meals	1,071	160,337	1,071	160,337	1,071	160,337	1,071	160,337	$ 889,243	A	$ 889,243	A	$ 889,243	A	$ 889,243	A
Nutrition Counsel	152	152	152	152	152	152	152	152	$ 22,527	NC-2	$ 22,527	NC-2	$ 22,527	NC-2	$ 22,527	NC-2
Nutrition Educ.	854	6	854	6	854	6	854	6	$ 2,727	XO	$ 2,727	XO	$ 2,727	XO	$ 2,727	XO
Outreach	2,500	3,000	2,500	3,000	2,500	3,000	2,500	3,000	$ 95,398	NO	$ 95,398	NO	$ 95,398	NO	$ 95,398	NO
										PI		PI		PI		
Housing Assistance									$ 259,666	NB	$ 259,666	NB	$ 259,666	NB	$ 259,666	NB
Assistance	450	4,250	450	4,250	450	4,250	450	4,250	$ 25,852	XO	$ 25,852	XO	$ 25,852	XO	$ 25,852	XO
Linkages	100	N/A	100	N/A	100	N/A	100	N/A	$ 8,000	PI	$ 8,000	PI	$ 8,000	PI	$ 8,000	PI

NB = Federal Funds (Title III-Part B)	A	= State General Funds (General funds)
NC-1= Federal Funds (Title III-Part C-1)	S	= County Funds (Cash Only)
NC-2= Federal Funds (Title III-Part C-2)	PI	= Includes all income generated by the program including client voluntary contributions, money raised by the program through fundraising activities (such as bake sales, etc.), proceeds from the sale of tangible property, royalties, etc.
ND = Federal Funds (Title III-Part D)	O	= Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
NE = Federal Funds (Title III-Part E)	XS	= County In-kind
N O = Federal Funds (Other)	XO	= Other In-kind

Planned Service Output and Resources Allocation Levels

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units															
	2008		2009		2010		2011		2008		2009		2010		2011	
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source
SUPPORTIVE SERVICES - IN HOME																
Para-Professional Services:																
Counseling	650	2,100	650	2,100	650	2,100	650	2,100	$ 66,023	NB	$ 66,023	NB	$ 66,023	NB	$ 66,023	NB
									$ 9,336	XO	$ 9,336	XO	$ 9,336	XO	$ 9,336	XO
									$ 2,900	PI	$ 2,900	PI	$ 2,900	PI	$ 2,900	PI
Escort	85	675	85	675	85	675	85	675	$ 29,344	NB	$ 29,344	NB	$ 29,344	NB	$ 29,344	NB
									$ 3,260	XO	$ 3,260	XO	$ 3,260	XO	$ 3,260	XO
									$ 1,300	PI	$ 1,300	PI	$ 1,300	PI	$ 1,300	PI
Literacy/ Language Assistance	100	550	100	550	100	550	100	550	$ 51,351	NB	$ 51,351	NB	$ 51,351	NB	$ 51,351	NB
									$ 5,706	XO	$ 5,706	XO	$ 5,706	XO	$ 5,706	XO
									$ 2,300	PI	$ 2,300	PI	$ 2,300	PI	$ 2,300	PI
Personal Care	780	27,984	780	27,984	780	27,984	780	27,984	$ 923,427	A	$ 923,427	A	$ 923,427	A	$ 923,427	A
									$ 43,800	XO	$ 43,800	XO	$ 43,800	XO	$ 43,800	XO
									$17,700	PI	$17,700	PI	$17,700	PI	$17,700	PI
Respite:																
Counseling	238	871	238	871	238	871	238	871	$ 55,382	NB	$ 55,382	NB	$ 55,382	NB	$ 55,382	NB
									$ 6,153	XO	$ 6,153	XO	$ 6,153	XO	$ 6,153	XO
									$ 929	PI	$ 929	PI	$ 929	PI	$ 929	PI
Information & Assistance	936	1,990	936	1,990	936	1,990	936	1,990	$ 42,250	NB	$ 42,250	NB	$ 42,250	NB	$ 42,250	NB
									$ 4,694	XO	$ 4,694	XO	$ 4,694	XO	$ 4,694	XO
									$ 649	PI	$ 649	PI	$ 649	PI	$ 649	PI
Linkages	169	169	169	169	169	169	169	169	$ 45,104	NB	$ 45,104	NB	$ 45,104	NB	$ 45,104	NB
									$ 5,011	XO	$ 5,011	XO	$ 5,011	XO	$ 5,011	XO
									$ 162	PI	$ 162	PI	$ 162	PI	$ 162	PI

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NC-1= Federal Funds (Title III-Part C-1)	S	= County Funds (Cash Only)
NC-2= Federal Funds (Title III-Part C-2)	PI	= Includes all income generated by the program including client voluntary contributions, money raised by the program through fundraising activities (such as bake sales, etc.), proceeds from the sale of tangible property, royalties, etc.
ND = Federal Funds (Title III-Part D)	O	= Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
NE = Federal Funds (Title III-Part E)	XS	= County In-kind
N O = Federal Funds (Other)	XO	= Other In-kind

Planned Service Outputs and Resources Allocation Levels

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units															
	2008		2009		2010		2011		2008		2009		2010		2011	
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source
SUPPORTIVE																
SERVICES -																
COMMUNITY BASED																
Senior Centers									$ 106,278	A	$ 106,278	A	$ 106,278	A	$ 106,278	A
									$ 44,200	PI	$ 44,200	PI	$ 44,200	PI	$ 44,200	PI
District 1																
Assisted Trans	10	187	10	187	10	187	10	187								
Counseling	31	39	31	39	31	39	31	39								
Education/Training	104	54	104	54	104	54	104	54								
Escort	4	16	4	16	4	16	4	16								
Exercise/Phys Fit	239	624	239	624	239	624	239	624								
Friendly Visiting	12	48	12	48	12	48	12	48								
Health Educ/Promo	42	10	42	10	42	10	42	10								
Health Screenings	39	96	39	96	39	96	39	96								
Info & Assistance	39	208	39	208	39	208	39	208								
Literacy/Lang Assis	18	104	18	104	18	104	18	104								
Recreation/Leisure	260	533	260	533	260	533	260	533								
Telephone Reassure	8	1,279	8	1,279	8	1,279	8	1,279								
Transportation	156	3,172	156	3,172	156	3,172	156	3,172								
Volunteer Oppor.	117	9,880	117	9,880	117	9,880	117	9,880								
District 2									$ 123,722	A	$ 123,722	A	$ 123,722	A	$ 123,722	A
Education/Training	240	17	240	17	240	17	240	17	$ 31,100	PI	$ 31,100	PI	$ 31,100	PI	$ 31,100	PI
Exercise/Phys Fit	215	200	215	200	215	200	215	200								
Health Educ/Promo	205	6	205	6	205	6	205	6								
Health Screenings	135	370	135	370	135	370	135	370								
Recreation/Leisure	470	685	470	685	470	685	470	685								

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NC-1= Federal Funds (Title III-Part C-1)	S	=	County Funds (Cash Only)
NC-2= Federal Funds (Title III-Part C-2)	PI	=	Includes all income generated by the program including client voluntary contributions, money raised by the program through fundraising activities (such as bake sales, etc.), proceeds from the sale of tangible property, royalties, etc.
ND = Federal Funds (Title III-Part D)	O	=	Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
NE = Federal Funds (Title III-Part E)	XS	=	County In-kind
N O = Federal Funds (Other)	XO	=	Other In-kind

Planned Service Outputs and Resources Allocation Levels

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units															
	2008		2009		2010		2011		2008		2009		2010		2011	
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source
SUPPORTIVE																
SERVICES -																
COMMUNITY BASED																
Adult Day Care	30	600	30	600	30	600	30	600	$ 30,000	A	$ 30,000	A	$ 30,000	A	$ 30,000	A
										PI		PI		PI		PI
Health Maintenance																
Counseling	370	2,500	370	2,500	370	2,500	370	2,500	$ 179,745	NB	$ 179,745	NB	$ 179,745	NB	$ 179,745	NB
Educ/Promo	370	1110	370	1110	370	1110	370	1110	$ 19,972	XO	$ 19,972	XO	$ 19,972	XO	$ 19,972	XO
Screening	370	1,080	370	1,080	370	1,080	370	1,080		PI		PI		PI		PI
Health Prevention	410	19	410	19					$ 140,555	NO	$ 140,555	NO				
Chronic Disease Self										XO		XO				
Management Pgm										PI		PI				
Congregate Meals									$ 70,887	NB	$ 70,887	NB	$ 70,887	NB	$ 70,887	NB
Meals	948	75,871	948	75,871	948	75,871	948	75,871	$ 402,060	NC-1	$ 402,060	NC-1	$ 402,060	NC-1	$ 402,060	NC-1
Nutrition Education	948	210	948	210	948	210	948	210	$ 61,560	XO	$ 61,560	XO	$ 61,560	XO	$ 61,560	XO
Recreation	948	3208	948	3208	948	3208	948	3208	$ 57,291	PI	$ 57,291	PI	$ 57,291	PI	$ 57,291	PI
Outreach	1600	4000	1600	4000	1600	4000	1600	4000	$ 63,336	NO	$ 63,336	NO	$ 63,336	NO	$ 63,336	NO
LEGAL																
Education Sessions	900	40	900	40	900	40	900	40								
Legal Training Session	50	2	50	2	50	2	50	2	$ 119,074	NB	$ 119,074	NB	$ 119,074	NB	$ 119,074	NB
									$ 132,230	XO	$ 132,230	XO	$ 132,230	XO	$ 132,230	XO
Cases -										PI		PI		PI		PI
Complex	N/A	25	N/A	25	N/A	25	N/A	25								
Simple	N/A	375	N/A	375	N/A	375	N/A	375								
Service	350	1,500	350	1,500	350	1,500	350	1,500								

NB = Federal Funds (Title III-Part B)	A	=	State General Funds (General funds)
NC-1= Federal Funds (Title III-Part C-1)	S	=	County Funds (Cash Only)
NC-2= Federal Funds (Title III-Part C-2)	PI	=	Includes all income generated by the program including client voluntary contributions, money raised by the program through fundraising activities (such as bake sales, etc.), proceeds from the sale of tangible property, royalties, etc.
ND = Federal Funds (Title III-Part D)	O	=	Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
NE = Federal Funds (Title III-Part E)	XS	=	County In-kind
N O = Federal Funds (Other)	XO	=	Other In-kind

Planned Service Outputs and Resources Allocation Levels

Programs, Services and Activities	Projected Number of Unduplicated Persons and Service Units																	
	2008		2009		2010		2011		2008		2009		2010		2011			
	Persons	Units	Persons	Units	Persons	Units	Persons	Units	Allocation	Source	Allocation	Source	Allocation	Source	Allocation	Source		
SUPPORTIVE SERVICES - CAREGIVER SUPPORT																		
Access Assistance	125	2,500	125	2,500	125	2,500	125	2,500	$ 121,300	NE	$ 121,300	NE	$ 121,300	NE	$ 121,300	NE		
									$ 10,477	XO	$ 10,477	XO	$ 10,477	XO	$ 10,477	XO		
									$ 2,400	PI	$ 2,400	PI	$ 2,400	PI	$ 2,400	PI		
Group 1 Counseling	118	390	118	390	118	390	118	390	$ 31,494	NE	$ 31,000	NE	$ 31,000	NE	$ 31,000	NE		
									$ 9,000	XO	$ 9,000	XO	$ 9,000	XO	$ 9,000	XO		
									$ 800	PI	$ 800	PI	$ 800	PI	$ 800	PI		
Support Groups	105	69	105	69	105	69	105	69	$ 43,444	NE	$ 43,444	NE	$ 43,444	NE	$ 43,444	NE		
									$ 609	XO	$ 609	XO	$ 609	XO	$ 609	XO		
										PI		PI		PI		PI		
Training	113	107	113	107	113	107	113	107	$ 60,000	NE	$ 60,000	NE	$ 60,000	NE	$ 60,000	NE		
									$ 4,109	XO	$ 4,109	XO	$ 4,109	XO	$ 4,109	XO		
									$ 700	PI	$ 700	PI	$ 700	PI	$ 700	PI		
Group 2 Information Services	350	60	350	60	350	60	350	60	$ 42,000	NE	$ 42,000	NE	$ 42,000	NE	$ 42,000	NE		
									$ 4,997	XO	$ 4,997	XO	$ 4,997	XO	$ 4,997	XO		
										PI		PI		PI		PI		
Respite Care	25	5,160	30	5,160	40	5,160	45	5,160	$ 60,000	NE	$ 60,000	NE	$ 60,000	NE	$ 60,000	NE		
									$ 8,997	XO	$ 8,997	XO	$ 8,997	XO	$ 8,997	XO		
										PI		PI		PI		PI		
Supplemental Services	20	20	20	20	20	20	20	20	$ 5,000	NE	$ 5,000	NE	$ 5,000	NE	$ 5,000	NE		
									$ 336	XO	$ 336	XO	$ 336	XO	$ 336	XO		
										PI		PI		PI		PI		
Grandparents - Counselling	20	275	20	275	20	275	20	275	$ 17,300	NE	$ 17,300	NE	$ 17,300	NE	$ 17,300	NE		
										XO		XO		XO		XO		
										PI		PI		PI		PI		
Support Groups	20	32	20	32	20	32	20	32	$ 8,250	NE	$ 8,250	NE	$ 8,250	NE	$ 8,250	NE		
										XO		XO		XO		XO		
										PI		PI		PI		PI		
Training	20	32	20	32	20	32	20	32	$ 1,250	NE	$ 1,250	NE	$ 1,250	NE	$ 1,250	NE		
										XO		XO		XO		XO		
										PI		PI		PI		PI		

NB - Federal Funds (Title III Part B)	A	- State General Funds (General funds)
NC-1- Federal Funds (Title III Part C-1)	S	- County Funds (Cash Only)
NC-2- Federal Funds (Title III Part C-2)	PI	- Includes all income generated by the program including client voluntary contributions, money raised by the program through fundraising activities (such as bake sales, etc.), proceeds from the sale of tangible property, royalties, etc.
ND - Federal Funds (Title III Part D)	O	- Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
NE - Federal Funds (Title III Part E)	XS	- County In-kind
NO - Federal Funds (Other)	XO	- Other In-kind

PART V:
Evaluation Strategy

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

Process evaluation:

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

Outcome evaluation:

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

The City and County of Honolulu's Elderly Affairs Division drafted program logic models for each stated goal. The models identify anticipated/intended resources, activities, outputs, outcomes and measures, and data collection tool. See Appendix H in the full Area Plan for a template of the program logic model.

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

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