

Area Plan on Aging

October 1, 2023 - September 30, 2027

County of Kauai



Agency on Elderly Affairs

Live Well, Age Well



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VERIFICATION OF INTENT

This Area Plan on Aging is hereby submitted for the County of Kauai, Agency on Elderly Affairs for the period October 1, 2023 through September 30, 2027.

It includes all assurances and plans to be followed by the Agency on Elderly Affairs under the provisions of the Older Americans Act, as amended, during the period identified. The Area Agency on Aging 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 on Aging agrees to develop a comprehensive and coordinated system of services and to serve as the advocate for older people in the planning and service area.

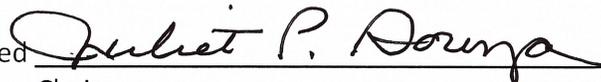
The Area Plan on Aging has been developed in accordance with the uniform format issued by the Executive Office on Aging and is hereby submitted to the Executive Office on Aging for approval.

11/24/2023
Date

Signed 
County Executive on Aging

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

11/27/23
Date

Signed 
Chairperson
Elderly Affairs Advisory Council

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

11/30/2023
Date

Signed 
Mayor or Chairperson of the County Council

EXECUTIVE SUMMARY

This four-year Area Plan on Aging covers the federal funding period of October 1, 2023 – September 30, 2027. It serves as a planning and compliance document which enables the County of Kauai to receive federal funds under the Older Americans Act (OAA), through the Administration for Community Living (ACL) and the Executive Office on Aging (EOA). This plan describes the older adult population on Kauai and the approaches to develop a wide-ranging and coordinated system of services to promote the well-being of older adults.

The Act, established in 1965, has played a critical role in determining our nation's health and long-term care system to help older adults access information and provide opportunities for maintaining their health and well-being in the community.

Hawaii's statewide goals are in alignment with ACL's topic areas namely the Older Americans Act Core Programs of Covid-19, Equity, Expanding Access to Home and Community-based Services, and Caregiving. The plan mirrors these statewide goals to address Hawaii's older adults have opportunities to live well; are prepared for future health threats and disasters; underserved populations have equitable access to programs and services; will age in place; and have a broad array of services and supports to effectively care for their loved ones. The County of Kauai is home to a diverse and vibrant senior community that contributes to the social, cultural, and economic fabric of our island. The Agency on Elderly Affairs, as the designated Area Agency on Aging, is responsible for assessing the needs of the county's older adult population, committed to ensure our seniors, those with disabilities, and their caregivers have access to the resources and support they need to live healthy, independent, fulfilling lives while still engaged in the community.

As this plan unfolds, we find ourselves at a pivotal stage in history. The impact of COVID-19 pandemic caused a literal shut down of our island, forced our community into isolation and closed down businesses. Three years later, we still feel the ripple effect which strained our health care systems and workforce, reduced the quality of life for our senior community who face challenges and barriers that affect their well-being, including caregivers' stress and burnout; lack of access to core services such as transportation, nutrition and health care; social isolation due to physical distancing or limited mobility; elder abuse in various forms such as neglect, exploitation or violence; and housing insecurity due to rising costs or inadequate options. These challenges are not only detrimental to our seniors and their caregivers individually but also collectively impact our county's social cohesion, economic development, and environmental sustainability. Adapting to a new reality involves being proactive, finding innovative ways, molding creative landscapes to better support our kupuna and their caregivers. It is our civic responsibility to care for those who once cared for us. Therefore, addressing these challenges is not only a moral obligation, but also a strategic priority for our agency.

Older Americans are one of the fastest-growing demographics in the country. In a report completed by the state of Hawaii, Department of Business, Economic Development & Tourism (DBEDT), we are living in the era of rapid change in the population structure. In Hawaii, more than a third of all households have at least one person at age 65 years or older. The elderly population is expected to

continue rising at a much faster rate than the overall population structure. The aging baby boomers are the main contributor to these rapid changes in the population.

In Kauai County alone, DBEDT estimated the population of those 65 years and older at 15,500. 19% of the elderly population lived alone. The share of elderly people living alone increases with age with 25% of those at age 85 or older living alone.

The four-year area plan outlines our vision, goals, and strategies for meeting the needs of our senior community and their caregivers in these five topic areas: caregivers, access to core services, social isolation, elder abuse and housing. This plan is based on research, consultation and collaboration with various stakeholders including seniors themselves, caregivers, organizations, first responders, service providers, community groups, and the public and private sector. This plan also aligns with the state's aging policy framework as well as the national aging agenda while reflecting our dedication to providing our seniors with quality care and services, including access to home and community-based services, nutrition programs, health education and promotion, and programs to support their emotional and physical well-being. We strive to increase awareness of senior services and resources to ensure that our seniors can access the services they need. This includes addressing social isolation, providing availability to transportation, ensuring access to nutrition and medical care, providing oversight for elder abuse, and support to remain in stable housing. It reflects our county's values of responsive service, integrity, solidarity, and excellence. It builds on our county's strengths such as its natural beauty, cultural diversity, and civic engagement, creating a community where seniors are respected and valued, and where their voices are heard. We will also support and empower family caregivers, providing them with resources they need to ensure their loved ones have the best care possible. It addresses our county gaps such as its geographic isolation, limited infrastructure, and workforce shortage. This plan is not a static document but a dynamic roadmap that will guide our actions for the next four years. It will be monitored regularly and evaluated periodically to measure its progress and impact. It will be revised accordingly to adapt to changing circumstances and emerging opportunities while ensuring we are efficient, accountable, and responsible stewards of taxpayer dollars. These critical issues and unwavering challenges merit our full attention, let's be committed to caring for our kupuna. Our community has been known for banding together in times of need, we urge you to join the Agency on Elderly Affairs in implementing this plan with passion and dedication. Collectively, let's make Kauai County a better place for our seniors and their caregivers, today and tomorrow, to live well, age well.

INTRODUCTION

A. Orientation to AAA Plan

This Area Plan on Aging is a document submitted by the Area Agency on Aging (AAA) to the Executive Office on Aging (EOA) in compliance with the Older Americans Act and for the receipt of subgrants or contracts from the Executive Office on Aging's Title III grant. It contains a detailed statement describing the Area Agency on Aging's strategy for the development of a comprehensive and coordinated system in accordance with all federal and state requirements. The period of time covered by this plan is October 1, 2023 to September 30, 2027.

This plan is made up of four major parts. Part I provides an overview of the older adult population, the needs assessment, the current programs, services, and initiatives with the Kauai County. Part II describes the context in which programs and services are developed. Part III addresses the visionary goals of the State of Hawaii and then aligns with the five topic areas as described by the Administration for Community Living. The five topic areas include objectives, strategies, outcomes, and evaluation strategies. Part IV is the funding portion, which describes the current funding allocations and the funding projections for the planning period. The Appendices provide assurances made by the Area Agency on Aging and other pertinent information.

B. An Overview of the Aging Network

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

The Administration for Community Living (ACL) heads the Aging Network on the federal level. Directed by the Assistant Secretary on Aging, it is the ACL agency that awards Title III funds to the states and monitors and assesses state agencies which administer these funds.

The Executive Office on Aging is the designated lead agency in the network at the State level.

The 2020 amendments to the Older Americans Act require the Executive Office on Aging to plan for and offer leadership at both the state and local levels in the coordination and delivery of access, home, and community services to the older adult population. This Office is responsible for statewide:

- * planning
- * policy and program development
- * advocacy

- * research
- * information and referral
- * coordination of services provided by public and private agencies for our elders and their families.

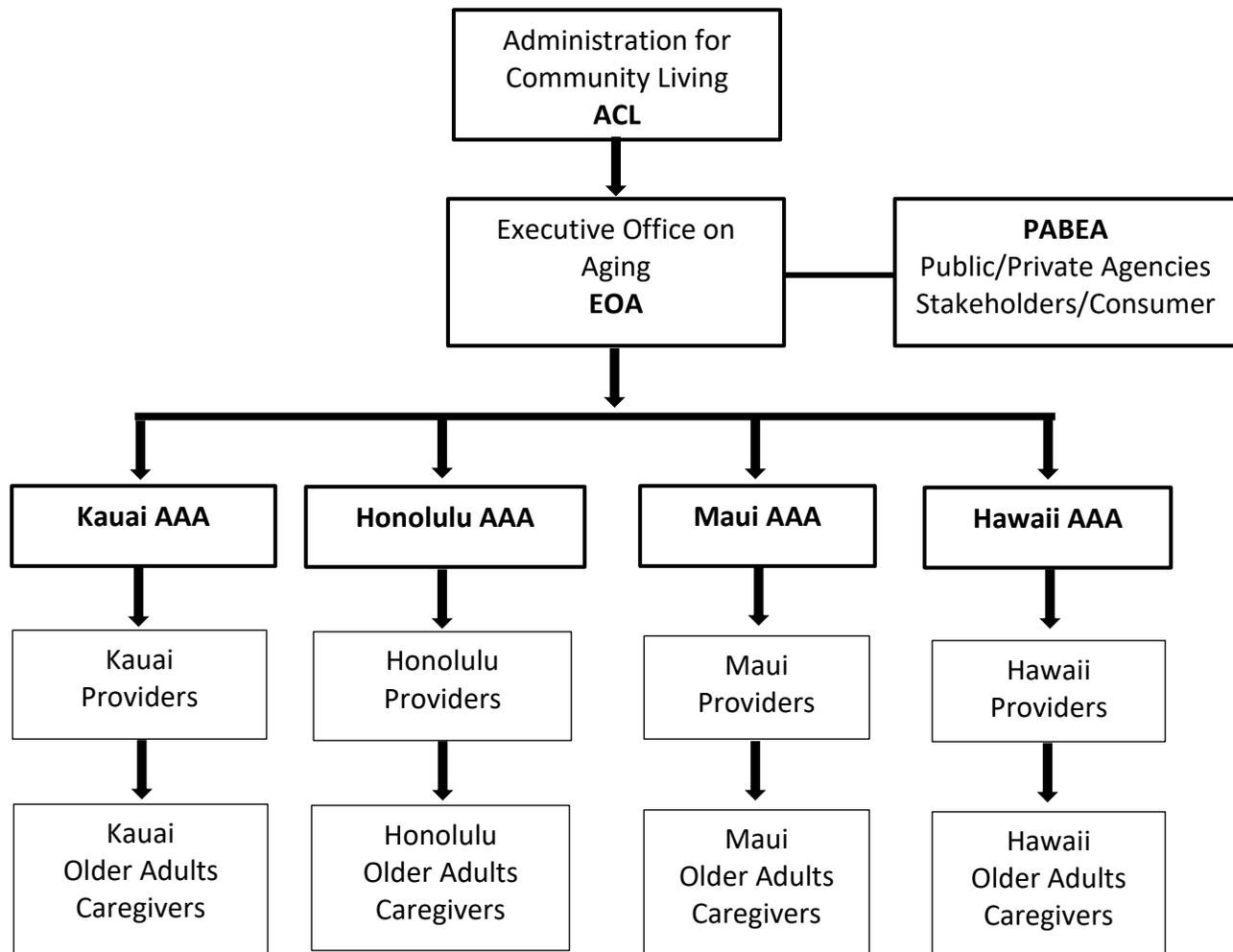
Chapter 349 of the Hawaii Revised Statutes established the Policy Advisory Board for Elder Affairs (PABEA) and assists in advising EOA on the development and administration of the State Plan and conducting public hearings on the State Plan on Aging by representing the interests of older persons, and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

The Executive Office on Aging has delineated the State into distinct planning and service areas for purposes of planning, development, delivery, and the overall administration of services. The EOA has designated each of the counties of the State -- namely, Kauai, Honolulu, Maui, and Hawaii -- as planning and service areas. Kalawao County on the island of Molokai, currently under the administrative jurisdiction of the State Department of Health, is included in the Maui Planning and Service Area.

Organizational Structure

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

Chart 1
State of Hawaii's Aging Network

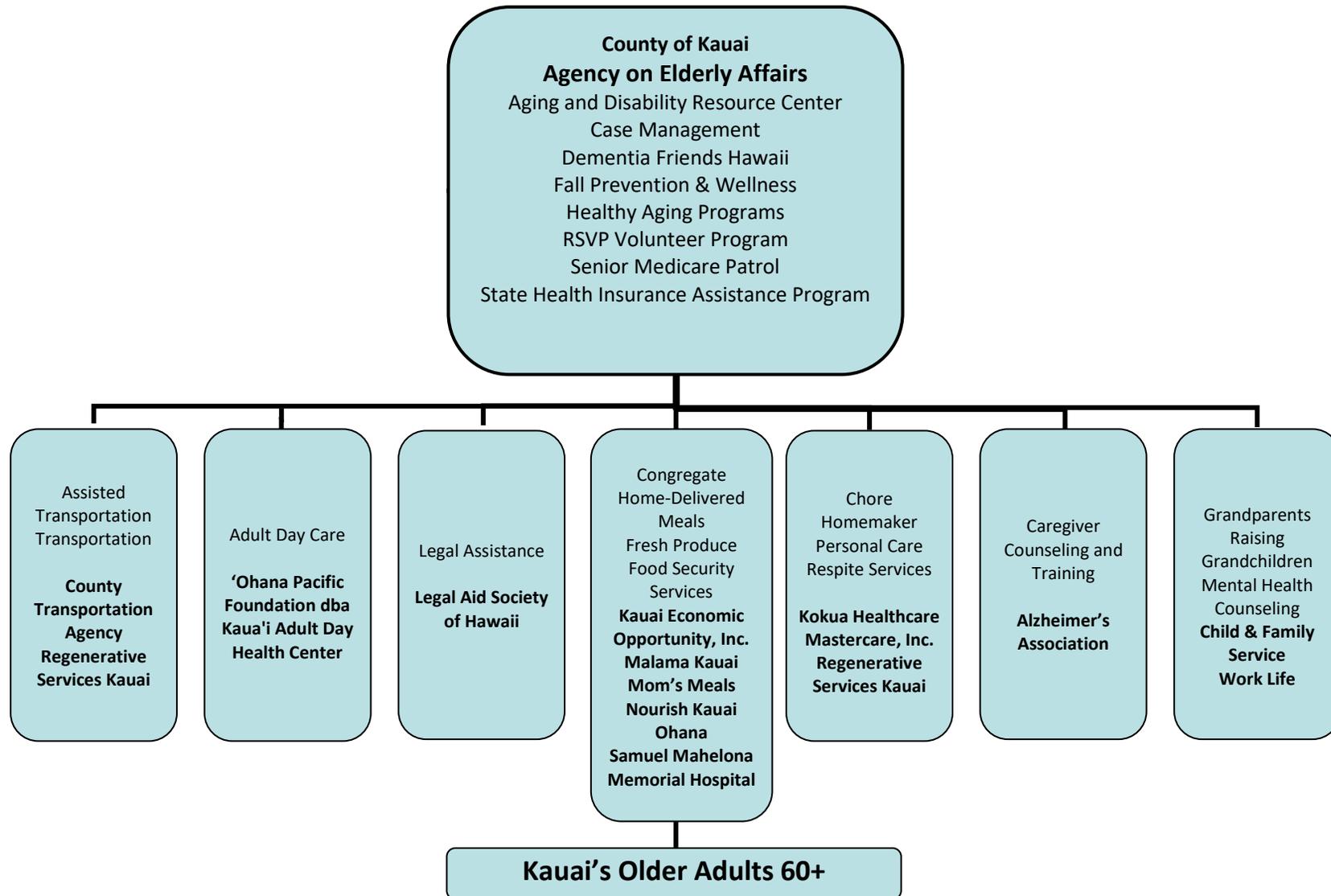


Area Agency on Aging (AAA)

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

The County of Kauai, Agency on Elderly Affairs (AEA) is the lead agency in the network for the county planning and service area.

Chart 2
County of Kauai Aging Network



Mission of the Area Agency

The Agency on Elderly Affairs, as the designated lead County agency, plans, implements, supports, and advocates for the well-being of older adults; and as the Aging and Disability Resource Center (ADRC) serves as a one stop source of information on long term care support options and services for all residents.

Vision statements of the Area Agency

- Older adults will live independently at home or in the community with dignity and respect.
- Family caregivers receive adequate support to care for their older adults.
- Older adults, persons with disabilities and family caregivers will make informed choices and have streamlined access to long term care support.

Activities of the Area Agency

The Agency on Elderly Affairs shall proactively carry out, under the leadership and direction of the Executive Office on Aging, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, grants management, and monitoring and evaluation. These functions are designed to lead to the development and enhancement of a comprehensive and coordinated community-based system in or serving each community in the planning and service area. These systems shall be designed to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities for as long as possible.

In addition, the Administration for Community Living stresses the importance of emergency or disaster preparedness to support and encourage that:

- All individuals, including older and disabled persons, their caregivers, as well as Aging Services Network professionals, develop personal preparedness plans.
- All sectors of the national Aging Services Network and other professionals become full participants in coordinated preparedness and response planning between Federal, State, Tribal, and local governments, as well as the private, voluntary, and faith-based sectors.

The AEA has in place a disaster preparedness plan which provides a framework in which the local government, along with its officials, departments, agencies, offices, and other governmental entities can plan and perform their respective functions during a disaster or national emergency.

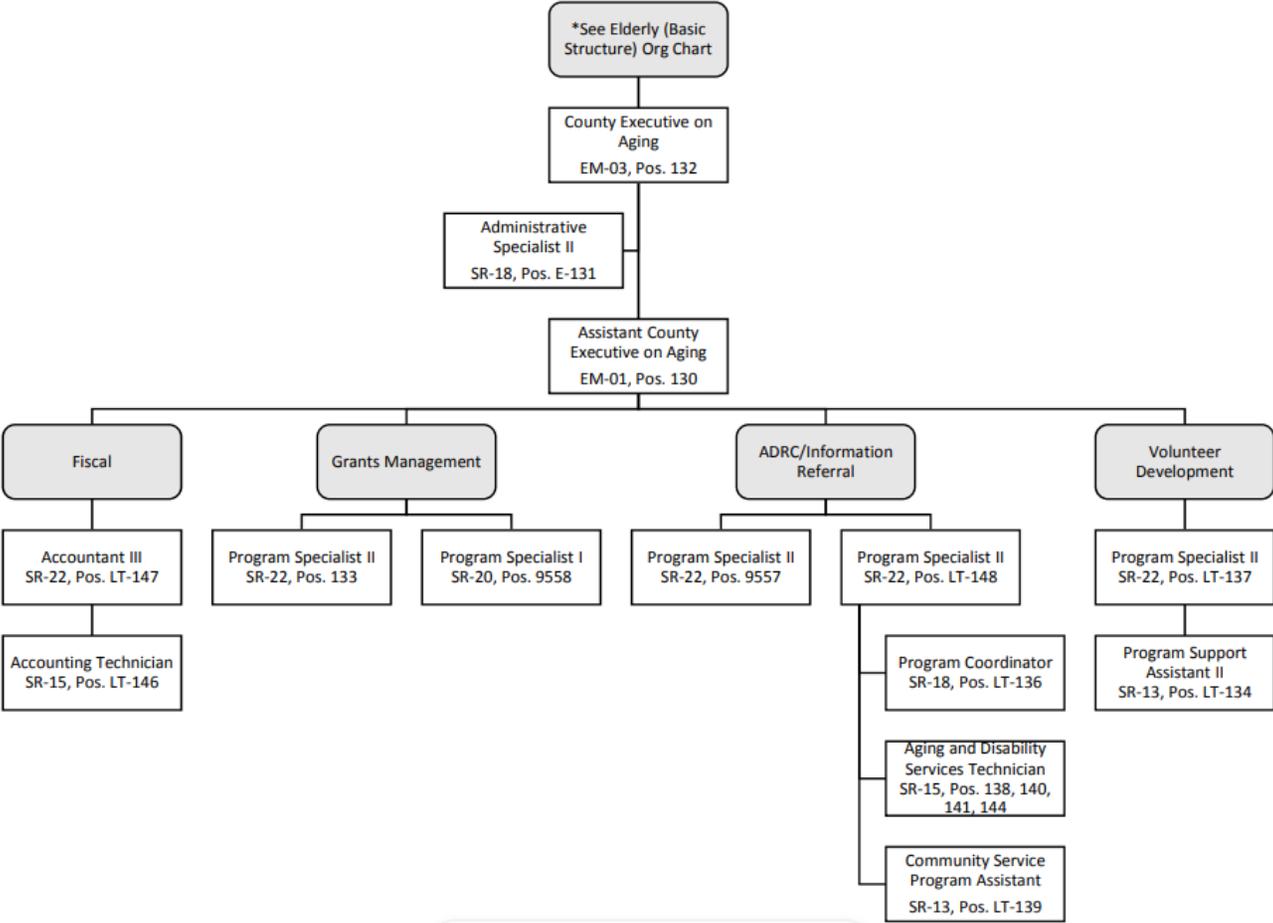
Staffing of the Area Agency

The Agency on Elderly Affairs' staff consists of 17 salaried positions, including four (4) Aging & Disability Services Technicians and (1) Community Service Program Assistant who work in designated judicial districts and are involved in providing information and assistance through home visits in the community, and outreach to identify older adults who may need supportive services. The AEA Associates are equipped with portable electronic tablets and remote equipment when they conduct their home visits to assist older adults and their families in accessing information and introduce them to the ADRC website.

Approved by:  Dec 7, 2022
 Department of Human Resources Date

**COUNTY OF KAUAI
 AGENCY ON ELDERLY AFFAIRS**

Key:
 ● – Seasonal
 ● – Section 3
 ● – Temporary Reallocation



Advisory Council

Each Area Agency on Aging has established an advisory council to advise the agency on the development of, administration of, and operation conducted under the Area Plan on Aging. The Elderly Affairs Advisory Council currently consists of 10 active members, representing older adults, local agencies, and organizations, and the community-at-large. These members have offered support and advice on the various programs and services of the AEA at regular meetings or through ad hoc sub-committees to review documents, proposals, and evaluation of services.

The Advisory Council members also provide support for the various activities of the AEA, which includes the annual Older Americans Recognition event.



2023 Kauai Outstanding Older American Honorees

Pictured above from top row left to right: Bruce Barraclough, Edith E. "Edie" Ignacio-Neumiller, Consuelo "Connie" Baniaga, Gloria Jean AQUI; second row left to right: Henrie Rose Kauai, Henry "Curt" Colby; third row left to right: Leonard Vierra, Soledad Negrillo, Marina LaMadrid, and Virginia Cruzada.



Consuelo "Connie" Baniaga and Bruce Barraclough pictured above wearing the purple orchid leis were selected to represent Kaua'i at the State Recognition event on June 2, 2023.



Elderly Affairs Advisory Council
and Kealoha Takahashi, Executive on Aging

C. AAA Planning Process

The Agency on Elderly Affairs established a timeline to plan and develop the Area Plan on Aging which involved the following:

- Planning meetings led by the Executive Office on Aging (EOA) to develop surveys for statewide distribution for data collection and review.
- Two surveys were distributed, Aging in Hawaii and Hawaii Caregivers, and made available in electronic and hard copy versions.
- Focus groups were conducted with community members including seniors, family caregivers,

representatives from service providers, public and private sector as well as other partners of our aging network.

- Community meetings were held at three locations to provide opportunities for older adults, caregivers, agencies, and the public to offer comments on the draft goals, objectives, and strategies.

Community Meeting(s)

- **Wednesday, September 20, 2023, 9:30am – Hanapepe Neighborhood Center**
- **Thursday, September 21, 2023, 9:30am – Kapaa Neighborhood Center**
- **Thursday, September 21, 2023, 5:30pm – Kauai War Memorial Convention Hall**

D. Glossary of Terms and Acronyms

Activities of Daily Living means the following activities that individuals perform as a part of daily living: eating, dressing, bathing, toileting, transferring in and out of a bed or chair, and walking. [Kupuna Care Program Administrative Rules, §11.902.002]

Adult Day Care/Adult Day Health: Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. [Kupuna Care Program Administrative Rules, §11.902.002]

Aging and Disability Resource Center means an entity, network, or consortium established by a State as part of the State system of long-term care, to provide a coordinated and integrated system for older individuals and individuals with disabilities (as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102)), and the caregivers of older individuals and individuals with disabilities, that provides, in collaboration with (as appropriate) area agencies on aging, centers for independent living (as described in part C of chapter 1 of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.)), and other aging or disability entities—(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 services, and Federal or State programs that provide long-term care services and supports through home and community-based service programs; (B) person-centered counseling to assist individuals in assessing their existing or anticipated long-term care needs and goals, and developing and implementing a person-centered plan for long-term services, supports, and care that is consistent with the desires and choices of such an individual and designed to meet the individual’s specific needs, goals, and circumstances; (C) access for individuals to the full range of publicly supported long-term care services and supports for which the individuals may be eligible, including home and community-based service options, by serving as a convenient point of entry for such

programs and supports; and (D) in cooperation with area agencies on aging, centers for independent living described in part C of chapter 1 of title VII of the Rehabilitation Act of 1973, and other community-based entities, including other aging or disability entities, information and referrals regarding available home and community-based services for individuals who are at risk for residing in, or who reside in, institutional settings, so that the individuals have the choice to remain in or to return to the community. [OAA, Sec 102 (4) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Aging Network: means the network of—(A) State agencies, area agencies on aging, title VI grantees, and the Administration; and (B) organizations that—(i)(I) are providers of direct services to older individuals; or (II) are institutions of higher education; and (ii) receive funding under this Act. [OAA, Sec 102 (5) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Area Agency on Aging means an area agency on aging designated under section 305(a)(2)(A) or a State agency performing the functions of an area agency on aging under section 305(b)(5). [OAA, Sec 102 (6) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Assisted Transportation: Assistance and transportation, including escorting, for a person who has cognitive or physical difficulties using regular vehicular transportation. [Kupuna Care Program Administrative Rules, §11.902.002]

Assistive Technology: The term means technology designed to be utilized in an assistive technology device or assistive technology service. [Sec 3(a)(2) Assistive Technology Act of 1998 (29 U.S.C. 3002)]

Assistive Technology Device: means any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. [Sec 3(a)(3) Assistive Technology Act of 1998 (29 U.S.C. 3002)]

Assistive Technology Service: means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. [Sec 3(a)(4) Assistive Technology Act of 1998 (29 U.S.C. 3002)]

Attendant Care: Means stand-by assistance, supervision, or cues, including verbal prompts for medication, bathing, eating, grooming, and dressing, and may include other activities to help maintain the independence of older adults at home. Attendant care does not include physical contact in support, including but not limited to weight-bearing assistance with transfers, washing, bathing, and dressing. [Kupuna Care Program Administrative Rules, §11.902.002]

Care Recipient: means an individual who is: United States citizen or a qualified alien lawfully admitted permanent resident under the Immigration and Nationality Act; Sixty (60) years of age or older; Not covered by any comparable government or private home and community-based care services; Not residing in a long-term care facility, such as an Intermediate Care Facility, Skilled Nursing Facility (SNF), Adult Residential Care Home (ARCH), hospital, or foster family home; and Has impairments of at least two activities of daily living; two instrumental activities of daily living;

one activity of daily living and one instrumental activity of daily living; or substantive cognitive impairment requiring substantial supervision because the individual behaves in a manner that poses a serious health and safety hazard to the individual or another person.

[Kupuna Care Program Administrative Rules, §11.902.002]

Caregiver Assessment: Means a defined process of gathering information to identify the specific needs, barriers to carrying out caregiving responsibilities, and existing supports of a family caregiver or older relative caregiver, as identified by the caregiver involved, to appropriately target recommendations for support services described in section 373(b). Such assessment shall be administered through direct contact with the caregiver, which may include contact through a home visit, the Internet, telephone or teleconference, or in-person interaction.

[OAA, Sec 372 (a)(1) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Caregiver Support Services: —The services provided, which may be informed through the use of caregiver assessments, in a State program under subsection (a), by an area agency on aging, or entity that such agency has contracted with, shall include— (1) information to caregivers about available services; (2) assistance to caregivers in gaining access to the services; (3) individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles; (4) respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and (5) supplemental services, on a limited basis, to complement the care provided by caregivers. [OAA, Sec 373 as Amended Through P.L. 116-131, Enacted March 25, 2020]

Case Management Service: (A) means a service provided to an older individual, at the direction of the older individual or a family member of the individual—(i) by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph (B); and (ii) to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and (B) includes services and coordination such as—(i) comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual); (ii) development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services—(I) with any other plans that exist for various formal services, such as hospital discharge plans; and (II) with the information and assistance services provided under this Act; (iii) coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided; (iv) periodic reassessment and revision of the status of the older individual with—(I) the older individual; or (II) if necessary, a primary caregiver or family member of the older individual; and (v) in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

[OAA, Sec 102 (11) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Child: An individual who is not more than 18 years of age.

[OAA, Sec 372 (2) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Chore: Assistance such as heavy housework, yard work or sidewalk maintenance for a person.
[Kupuna Care Program Administrative Rules, §11.902.002]

Comprehensive and Coordinated System means a system for providing all necessary supportive services, including nutrition services, in a manner designed to—(A) facilitate accessibility to, and utilization of, all supportive services and nutrition services provided within the geographic area served by such system by any public or private agency or organization; (B) develop and make the most efficient use of supportive services and nutrition services in meeting the needs of older individuals; (C) use available resources efficiently and with a minimum of duplication; and (D) encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals to assist the older individuals on a voluntary basis.
[OAA, Sec 302 (1) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Congregate Nutrition Services: The establishment and operation of nutrition projects that— (1) 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide; (2) shall be provided in congregate settings, including adult day care facilities and multigenerational meal sites; and (3) provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal participants.
[OAA, Sec 331 as Amended Through P.L. 116-131, Enacted March 25, 2020]

Disability: means (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) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Disease Prevention and Health Promotion Services: means—(A) health risk assessments; (B) routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, oral health, immunization status, and nutrition screening (including screening for malnutrition); (C) nutritional counseling and educational services for individuals and their primary caregivers; (D) 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), infectious disease, and vaccine-preventable disease, prevention of sexually transmitted diseases, as well as alcohol and substance abuse reduction, chronic pain management, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition; (E) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by—(i) an institution of higher education; (ii) a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801); or (iii) a community-based organization; (F) 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; (G) screening for the prevention of depression and screening for suicide risk, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services; (H) screening for fall-related traumatic brain injury and other fall-related injuries, coordination of treatment, rehabilitation and related services, and referral services related to such injury or injuries; (I) educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.); (J) medication management screening and education to prevent incorrect medication and adverse drug reactions; (K) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction; (L) services that are a part of responses to a public health emergency or emerging health threat; (M) gerontological counseling; (N) screening for the prevention of negative health effects associated with social isolation and coordination of supportive services and health care to address negative health effects associated with social isolation; and (O) counseling regarding social services and follow up health services based on any of the services described in subparagraphs (A) through (N). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.). [OAA, Sec 102 (14) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Education and Training Service: A supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, preretirement education, financial planning, and other education and training services which will advance the objectives of the Older Americans Act. [OAA, Sec 302 (2) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Elder Abuse: means abuse of an older individual.
[OAA, Sec 102 (15) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Elder Abuse, Neglect, and Exploitation: means abuse, neglect, and exploitation, of an older individual. [OAA, Sec 102 (16) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Elder Justice: means—(A) from a societal perspective, efforts to—(i) prevent, detect, treat, intervene in, and prosecute elder abuse, neglect, and exploitation; and (ii) protect older individuals with diminished capacity while maximizing their autonomy; and (B) from an individual perspective, the recognition of an older individual's rights, including the right to be free of abuse, neglect, and exploitation. [OAA, Sec 102 (17) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Employed Caregiver means an individual who: Provides care for a care recipient; and is employed at least twenty hours per week by one or more employers or is self-employed.
[Kupuna Care Program Administrative Rules, §11.902.002]

Executive Office on Aging means the designated, responsible state agency that coordinates the statewide system of aging and caregiver support services in the State of Hawaii, as authorized by

federal and state laws. Chapter 349 of the Hawaii Revised Statutes establishes the Executive Office on Aging as the focal point for all matters relating to older adults' needs and the coordination and development of caregiver support services within the State of Hawaii.

[Kupuna Care Program Administrative Rules, §11.902.002]

Exploitation and Financial Exploitation: mean 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, belongings, or assets. (B) In subparagraph (A), the term "caregiver" means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an older individual.

[OAA, Sec 102 (18) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Family Caregiver means 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 of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

[OAA, Sec 302 (3) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Fiduciary: (A) means a person or entity with the legal responsibility— (i) to make decisions on behalf of and for the benefit of another person; and (ii) to act in good faith and with fairness; and (B) includes a trustee, a guardian, a conservator, an executor, an agent under a financial power of attorney or health care power of attorney, or a representative payee.

[OAA, Sec 102 (20) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Focal Point: A facility established to encourage the maximum collocation and coordination of services for older individuals.

[OAA, Sec 102 (21) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Frail: means, with respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual—(A)(i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or (ii) 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) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Greatest Economic Need: The need resulting from an income level at or below the poverty line.

[OAA, Sec 102 (23) as Amended Through P.L. 116-131, Enacted March 25, 2020]

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) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Home-Delivered Nutrition Services: The establishment and operation of nutrition projects for older individuals that provide— (1) on 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by rule) and a lesser frequency is approved by the State agency) at least 1 home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, or fresh foods and, as appropriate, supplemental foods, and any additional meals that the recipient of a grant or contract under this subpart elects to provide; and (2) nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal recipients. [OAA, Sec 336 as Amended Through P.L. 116-131, Enacted March 25, 2020]

Homemaker: Means a person who provides assistance with preparing meals, shopping for personal items, managing money, using the telephone, or performing light housework.
[Kupuna Care Program Administrative Rules, §11.902.002]

Indian: A person who is a member of an Indian tribe.
[OAA, Sec 102 (26) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Indian Tribe: Any tribe, band, nation, or other organized group or community of Indians (including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (Public Law 92–203; 85 Stat. 688) which (A) is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; or (B) is located on, or in proximity to, a Federal or State reservation or rancheria. [OAA, Sec 102 (27) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Individual with a Disability: Means an individual with a disability, as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102), who is not less than age 18 and not more than age 59.
[OAA, Sec 372 (a)(3) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Information and Assistance Service: means a service for older individuals that—(A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow up procedures; and (E) serves the entire community of older individuals, particularly—(i) older individuals with greatest social need; (ii) older individuals with greatest economic need; and (iii) older individuals at risk for institutional placement.
[OAA, Sec 102 (28) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Information and Referral Services: Establishes and maintains rapport, conducts an assessment in which the inquirer has one-to-one interaction with a community resource specialist and provides appropriate information and referrals. The I&R process consists of active listening and effective

questioning to determine the needs of the inquirer, clarifying those needs, providing requested information and/or identifying appropriate resources, making referrals to organizations capable of meeting those needs, and providing enough information about each organization (e.g., describing how intake works and required documentation) to help inquirers make an informed choice. In situations where services are unavailable, the I&R service engages in problem solving to help the inquirer identify alternative strategies and manage expectations.

[AIRS Standards and Quality Indicators for Professional Information and Referral, Version 9.0
Published: July 2020]

In-home Services: includes—(A) services of homemakers and home health aides; (B) visiting and telephone reassurance; (C) chore maintenance; (D) in-home respite care for families, and adult day care as a respite service for families; (E) minor modification of homes that is necessary to facilitate the ability of older individuals to remain at home and that is not available under another program (other than a program carried out under this Act); (F) personal care services; and (G) other in-home services as defined—(i) by the State agency in the State plan submitted in accordance with section 307; and (ii) by the area agency on aging in the area plan submitted in accordance with section 306.

[OAA, Sec 102 (30) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Instrumental Activities of Daily Living (IADLs) means these eight instrumental activities that individuals perform as a part of daily living: preparing meals, shopping for personal items, medication management, managing money, using the telephone, doing light housework, doing heavy housework, and making use of available transportation.

[Kupuna Care Program Administrative Rules, §11.902.002]

Kupuna Care Program: A state funded program, coordinated by the Executive Office on Aging and administered by the area agencies on aging, to provide long-term services and supports to address the needs of Hawaii’s older adults and their desire to remain in their own homes and communities as they age. [Kupuna Care Program Administrative Rules, §11.902.004]

Kupuna Care Core Services includes Adult Day Care/Day Health; Assisted Transportation; Attendant Care; Caregiver Support Services; Chore; Homemaker; Personal Care; Home-Delivered Meals; Transportation; and Respite. [Kupuna Care Program Administrative Rules, §11.902.005]

Legal Assistance: (A) means legal advice and representation provided by an attorney to older individuals with economic or social needs; and (B) includes—(i) to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and (ii) counseling or representation by a nonlawyer where permitted by law.

[OAA, Sec 102 (33) as Amended Through P.L. 116-131, Enacted March 25, 2020]

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) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Long-term Care Facility: means— (A) any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i–3(a)); (B) any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a)); (C) a board and care facility; and (D) any other adult care home, including an assisted living facility, similar to a facility or institution described in subparagraphs (A) through (C).

[OAA, Sec 102 (35) as Amended Through P.L. 116-131, Enacted March 25, 2020]

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 and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.

[OAA, Sec 102 (36) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Native American: means— (A) an Indian as defined in paragraph (26); and (B) a Native Hawaiian, as defined in section 625.

[OAA, Sec 102 (37) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Native Hawaiian: Any individual of whose ancestors were natives of the area which consists of the Hawaiian Islands prior to 1778.

[OAA, Sec 625) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Neglect: means— (A) the failure of a caregiver (as defined in paragraph (18)(B)) or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older individual; or (B) self-neglect.

[OAA, Sec 102 (38) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Older Individual: An individual who is 60 years of age or older.

[OAA, Sec 102 (40) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Older Relative Caregiver: Means a caregiver who— (A)(i) is age 55 or older; and (ii) lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability; (B) in the case of a caregiver for a child— (i) is the grandparent, step grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child; (ii) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and (iii) has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally; and (C) in the case of a caregiver for an individual with a disability, is the parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability.

[OAA, Sec 372 (a)(4) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Pacific Island and Asian Americans: means Americans having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

[OAA, Sec 518 (a)(6) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Participant means a person deemed eligible for Kupuna Care and participating in services from the program. [Kupuna Care Program Administrative Rules, §11.902.002]

Personal Care: Personal assistance, stand-by assistance, supervision, or cues.
[Kupuna Care Program Administrative Rules, §11.902.002]

Person-centered: “Person-centered, trauma-informed”, with respect to services, means services provided through an aging program that— (A) use a holistic approach to providing services or care; (B) promote the dignity, strength, and empowerment of victims of trauma; and (C) incorporate evidence-based practices based on knowledge about the role of trauma in trauma victims’ lives.
[OAA, Sec 102 (41) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Planning and Service Area: means 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).
[OAA, Sec 102 (43) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Poverty Line means the official poverty line (as defined 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)).
[OAA, Sec 102 (44) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Representative Payee: Means a person who is appointed by a governmental entity to receive, on behalf of an older individual who is unable to manage funds by reason of a physical or mental incapacity, any funds owed to such individual by such entity.
[OAA, Sec 102 (45) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Respite Care means services that offer temporary, substitute supports, or living arrangements for care recipients to provide a brief period of rest to qualified caregivers.
[Kupuna Care Program Administrative Rules, §11.902.002]

Self-Directed Care: means an approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which— (A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual; (B) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual’s care options;
(C) the needs, capabilities, and preferences of such individual with respect to such services, and such individual’s ability to direct and control the individual’s receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved; (D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual’s family, caregiver (as defined in paragraph (18)(B)), or legal representative— (i) a plan of services for such individual that specifies which services such individual will be responsible for directing;

(ii) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and (iii) a budget for such services; and (E) the area agency on aging or State agency provides for oversight of such individual’s self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.

[OAA, Sec 102 (47) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Self-neglect: Means an adult’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including— (A) obtaining essential food, clothing, shelter, and medical care; (B) obtaining goods and services necessary to maintain physical health, mental and behavioral health, or general safety; or (C) managing one’s own financial affairs.

[OAA, Sec 102 (48) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Service Provider means an entity that has all required licenses or certificates and is registered as a business entity in the State of Hawaii.

[Kupuna Care Program Administrative Rules, §11.902.002]

Severe Disability: means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that— (A) is likely to continue indefinitely; and (B) results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (13) see Disability.

[OAA, Sec 102 (49) as Amended Through P.L. 116-131, Enacted March 25, 2020]

Transportation: Transportation from one location to another with a vehicle and does not include any other activity. [Kupuna Care Program Administrative Rules, §11.902.002]

Acronyms

AAA	Area Agency on Aging
ACL	Administration for Community Living
ACP	Affordable Connectivity Program
ADRC	Aging and Disability Resource Center
AEA	Agency on Elderly Affairs
AMR	American Medical Response
ARPA	American Rescue Plan Act
CDSMP	Chronic Disease Self-Management Program
CFR	Code of Federal Regulations
CNA	Certified Nursing Assistant
COOP	Continuity of Operations Plan
COVID	Coronavirus Disease

COVID-19	Coronavirus Disease 2019
CTS	Cancer: Thriving and Surviving
DBEDT	Department of Business, Economic Development & Tourism
DSMES	Diabetes Self-Management Education and Support
EBP	Evidence-based programs
EF	EnhanceFitness
EJT	Elder Justice Team
EOA	Executive Office on Aging
FFY	Federal Fiscal Year
HCBS	Home and Community-based Services
HD	Home delivered
HDM	Home delivered meals
IDT	Interdisciplinary Team
I&A	Information & Assistance
JPR	Job Performance Report
KC	Kupuna Care
KEMA	Kauai Emergency Management Agency
KPD	Kauai Police Department
LEP	Limited English proficiency
LGBTQ	Lesbian, gay, bisexual, transgender, and queer
LTSS	Long-term services and supports
MOU	Memorandum of Understanding
OAA	Older Americans Act
PABEA	Policy Advisory Board for Elder Affairs
QR	Quick response
RAISE	Recognize, Assist, Include, Support, & Engage
RSVP	Retired Senior and Volunteer Program
SCSEP	Senior Community Service Employment Program
SME	Self-management education
SNAP	Supplemental Nutrition Assistance Program
TBI	Traumatic brain injuries

TLC	Tender Loving Care
U.S.C.	United States Code
VA	Veterans Administration

Sources:

Kupuna Care Program Administrative Rules, §11.902.002

(OAA) Older Americans Act, as Amended Through P.L. 116-131, Enacted March 25, 2020

PART I. Overview of the Older Adult Population, Needs Assessments, Existing Programs, Services, Special Initiatives and Unmet Needs
A. Overview of Older Adult Population – Population Profile

Kauai’s 65+ Population Second Largest in State

According to the Dept. of Business, Economic Development & Tourism (DBEDT), we are living in the era of rapid change in the population structure which affects people of all ages. The age 65 and over population in Hawaii was estimated at 277,200 for 2020, more than 40% larger than its size in 2010 and a 3.6% average annual growth between 2010 and 2020 (Table 1). In comparison to the other counties within the State of Hawaii, Kauai’s percentage of those 65+ ranks second, just behind Hawaii County.

Table 1. Households and population in Hawaii in 2020

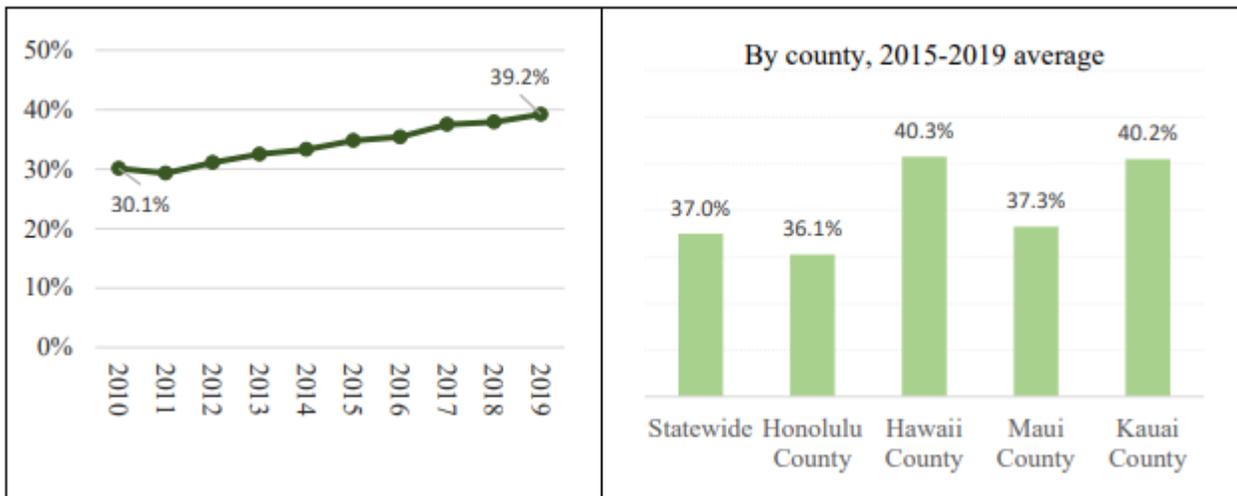
	State of Hawaii	Honolulu County	Hawaii County	Maui County	Kauai County
Total households in 2020 (2020 decennial census)	490,267	336,412	73,021	56,122	24,712
Total population in 2020 (2020 decennial census)	1,455,271	1,016,508	200,629	164,836	73,298
Share of population 65 and over in 2020 (DBEDT estimates)	19.0%	18.3%	21.9%	19.2%	21.1%
Population 65 and over in 2020 (DBEDT estimates)	277,200	186,000	44,050	31,650	15,500

Source: DBEDT, Elderly Population in Hawaii: Current Living Circumstances and Housing Options, December 2021



RSVP volunteers enjoy fellowship at their annual event held earlier this year. The average age of volunteers is 74 years old.

Figure 3. Households with at least one person at age 65 and over



Source: U.S. Census Bureau, American Community Survey, various years, Table DP04

Source: DBEDT, Elderly Population in Hawaii: Current Living Circumstances and Housing Options, December 2021

Compared to the other counties across the state, Kauai ranks second. The aging of baby boomers is the main contributor to the rapid changes in the population structure observed in the recent decades. Baby boomers are typically defined as persons who were born between 1946 to 1964. In 2020, the baby boomers entered the elderly age group between 2010 and 2020. With the remaining baby boomers turning 65 in the next decade, we will continue to see the rapid increase in the elderly population between 2020 and 2030. The latest DBEDT long-range projection projected the share of the 65 and over population will further increase to 22.6% of total population by 2030.



Centenarian, Natsuko Daida on the left, pictured above with her daughter, is honored for her 20 years of service as an AmeriCorps Seniors member of RSVP.

Table 6. Estimates of people living in poverty in 2020 for selected elderly groups

	Statewide	Honolulu County	Hawaii County	Maui County	Kauai County
% of living in poverty among 65+ (2015-2019 average)	8.1%	7.8%	9.8%	8.1%	6.4%
65+ population, 2020	277,200	186,000	44,050	31,650	15,500
-living in poverty	(22,070)	(14,280)	(4,280)	(2,530)	(980)
65+ living in rented home, 2020	57,340	40,400	7,780	6,150	3,010
-living in poverty	(11,700)	(8,390)	(1,920)	(1,000)	(390)
65+ living alone in rented home, 2020	19,700	14,150	2,640	1,980	970
-living in poverty	(5,600)	(4,150)	(730)	(520)	(200)

Source: Estimates by authors using 2015-2019 poverty rates from ACS table DP04 and estimates using PUMS

Source: DBEDT, Elderly Population in Hawaii: Current Living Circumstances and Housing Options, December 2021

According to the DBEDT report, figures in Table 6 represent the number of people in poverty among the selected elderly subgroups, estimated by applying the estimated poverty rates to the estimated total elderly population and elderly renters. Since renters and those living alone had a higher poverty rate, about half of the elderly population living in poverty were renters and about half of the elder renters living in poverty were living alone.



Kaua'i RSVP and its sponsor agency, AEA, continues to partner on many projects including assembling and delivering bags of non-perishable food items, frozen local ground beef, and local produce through the Kaua'i Independent Food Bank and delivering boxes of fresh produce from Kaua'i farmers through Malama Kauai, Aina Ho'okupu O Kilauea and the Hawai'i Food Bank – Kaua'i Branch. Volunteers delivered over 3,600 boxes and bags of fresh produce, non-perishable food items, and helpful flyers and brochures that provide notification and informational alerts in each delivery. This feeding program targets low-income older adults, especially those who live alone.

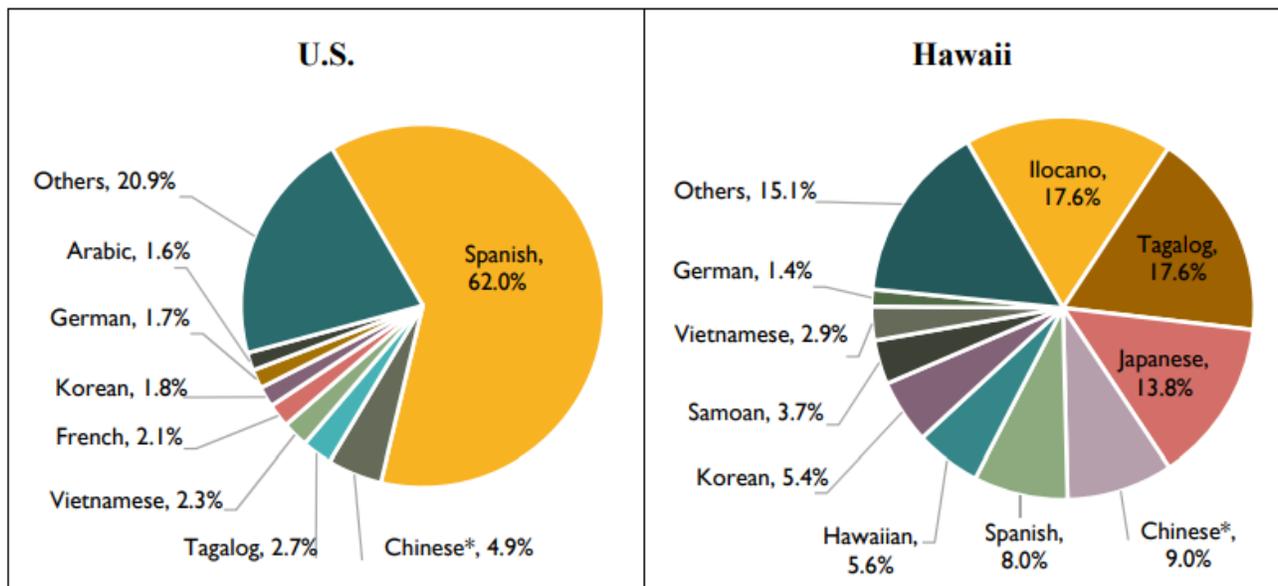
Table 5. Nativity and age distribution of non-English speakers in Hawaii for the top ten most common non-English languages spoken at home in Hawaii

Language spoken at home	Percentage of foreign-born persons among the language speakers	Age distribution of the language speakers			
		5-17	18-34	35-64	65&over
Ilocano	81.8%	8.6%	17.2%	50.5%	23.7%
Tagalog	84.5%	7.1%	19.0%	55.5%	18.4%
Japanese	43.7%	11.3%	13.6%	37.1%	38.0%
Chinese*	74.1%	11.3%	19.2%	46.1%	23.4%
Spanish	28.6%	14.9%	43.0%	36.1%	5.9%
Hawaiian	1.0%	28.4%	27.9%	34.6%	9.1%
Korean	80.4%	8.6%	19.2%	50.2%	22.0%
Samoaan	16.7%	14.7%	29.7%	46.5%	9.1%
Vietnamese	77.6%	16.3%	20.4%	51.6%	11.8%
German	53.6%	12.5%	22.3%	42.8%	22.4%

Source: Estimates by DBDEDT based on Public Use Microdata Sample of the 2010-2014 5 year ACS

*Chinese includes Mandarin, Cantonese and other Chinese languages

Figure 5. Languages other than English spoken at home: Hawaii vs. the U.S.



Source: National statistics: U.S. Census Bureau, ACS 2010-2014 5 year, table B16001,

Hawaii statistics are estimates by DBDEDT based on Public Use Microdata Sample of the 2010-2014 5 year ACS

*Chinese includes Mandarin, Cantonese and other Chinese languages

Source: DBEDT, Non English Speaking Population in Hawaii Report, April 2016

As detailed in DBEDT Non English Speaking Population in Hawaii report of April 2016, the non-English speakers in Hawaii increased by 44 percent for about the last three decades. Table 5 and Figure 5 above reflect the outstanding trends of the Filipino and Japanese languages spoken at home.

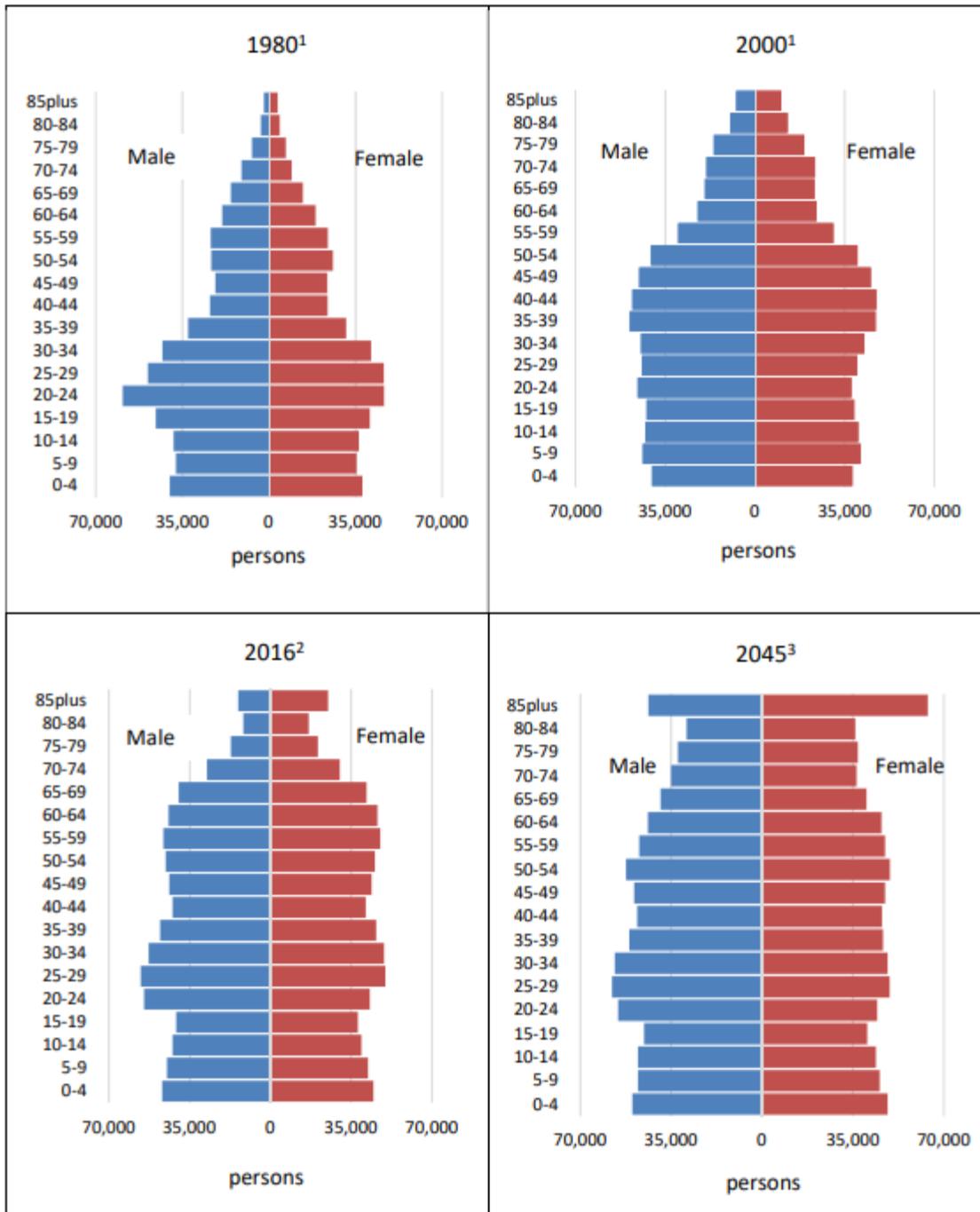
AEA strives to support older adults and their caregivers with limited English proficiency to ensure their well-being and inclusion. Equitable access of our Kupuna Resource Directory is made available in multiple languages in hard copy versions as well as electronically on our kauaiadrc.org website, including Ilocano, Tagalog, Japanese and Hawaiian.



Participants at our 2019 Older Americans Month Festival enjoy performing their cultural song and dance



Figure 1- 4. Age Distribution of Resident Population in Hawaii: 1980 to 2045



¹ Source: 1980, 2000 Decennial Census, U.S. Census Bureau

² Source: Estimates by U.S. Census Bureau

³ DBEDT projections

Figure 1-4 above compare age structure of the population in Hawaii from 1980 to 2045 by 5-year age group and by gender. Rapid growth is expected especially in the population group aged 75 years and over, and the aging population will be more evident in female population. Aging within the elderly population is another phenomenon that will be clearly observed in

future years. In 2016, more than a half of the elderly population (aged 65 years and over) was in the 65-74 age range while 15.6 percent was in “85 and over”. By 2045, the share of the population aged 65-74 is projected to decrease to 38.4 percent of total elderly population while the population aged 85 years and over is projected to increase its share to 27.4 percent.

**State of Hawaii DBEDT Research and Economic Analysis Division, Dept. of Business, Economic Development and Tourism, 2018 Population and Economic Projections for State of Hawaii to 2045

PART I. Overview of the Older Adult Population, Needs Assessments, Existing Programs, Services, Special Initiatives and Unmet Needs
B. Overview of Older Adult Population – Needs Assessment and Unmet Needs

B. Needs Assessment and unmet needs.

The following Focus Group Recap provides valuable data for needs assessment by gathering qualitative information and insights from a group of individuals with shared characteristics or experiences. Themes for topics were selected based on data collection from surveys. Each focus group engaged in guided discussions led by a facilitator from Ho’ohana Partners LLC. Participants were able to express their thoughts and provide detailed information that may not be captured through other data collection methods.

Each group discussion encouraged participants to build upon each other’s ideas creating dynamic interactions of rich and diverse perspectives, uncovering a range of needs and concerns that may not emerge in individual interviews or surveys.

Open-ended questions and group interactions allowed participants to share their challenges, gaps in services, uncovering unmet needs that participants may not have previously articulated. Suggestions for improvement provided valuable insights for needs assessment.

The facilitator was able to guide the discussions to explore specific areas of interest and probe deeper into participants’ responses. Qualitative data gathered through focus groups may not be representative of the entire population thus were considered alongside other data collection methods to ensure a comprehensive needs assessment.

Area Plan 2023-2027 Focus Group Brief Overview

Every four years, the Agency on Elderly Affairs (AEA) updates its plan to support the senior population in the County of Kaua’i. In preparation for the 2023-2027 Area Plan, AEA conducted a set of surveys asking for residents’ input on needs and priorities. Following the close of the surveys, AAA staff from across the state of Hawaii gathered to review results and capture survey themes. Kauai AEA survey themes included:

- Caregivers
- Social Isolation
- Access to Core Services
- Equity/Inclusiveness
- Elder Abuse
- Emergency Preparedness
- Healthy Aging
- Workforce Capacity
- Community Need Post Covid

- Housing
- Nutrition
- Transportation
- Technology
- Financial Literacy
- Fall Prevention

The 15 survey themes provided the starting point/topic list for six in-person focus groups conducted October 25-27, 2022 and one virtual focus group conducted via Zoom. Participants were encouraged to think beyond the initial topic list and add to the list. County residents from a variety of backgrounds and interests were invited to participate in the focus groups, including:

- Department of Health
- Veterans Affairs
- Insurance/Medicare providers
- Adult Day Care
- Caregivers including kinship care providers (Grandparents)
- AmeriCorps Seniors Foster Grandparents and RSVP members
- Financial institutions
- Kauai Police Department
- Prosecuting Attorney's Office
- Legal Aid Society
- American Medical Response

In each session,

- Participants each chose one of the themes that had meaning to them
- They captured notes on why that topic was important and their ideas for how to address the topic
- They then moved around, read others' notes, and added their own notes to other topics
- They each told the story of their original topic (their notes along with others') and shared how their topic was connected to other topics
- Finally, they each chose their top four topics

Across the seven sessions, the top priorities were:

- Caregivers
- Access to Core Services
- Social Isolation
- Elder Abuse
- Housing

Those priorities and second-order priorities are shown in the chart below. Columns indicate the number of priority votes for each topic for each session.

	Dept of Health, VA, Insurance, Adult Day Care*	Caregivers*	Grand parents & Foster Grand parents	Financial, KPD, prosecuting attorney	KPD, Legal Aid, AMR	Total
Caregivers	11	1	3	6	4	25
Access to Core Services	8	9	4		4	25
Social Isolation	5	6	4	4	4	23
Elder Abuse	5	1		10	5	21
Housing	12	2	4		3	21
Healthy Aging	9	5				14
Financial Literacy		6		7		13
Transportation	9	3				12
Nutrition	3	8				11
Fall Prevention / Safety	4	3			3	10
Workforce	7					7
Emergency Preparedness		5			2	7
Technology	4			2		6

*two sessions

Top Priorities

Caregivers

Participants looked at the Caregiver topic through two distinct lenses: professional caregivers (e.g., doctors, nurses, CNAs, care facilities) and family/other sources of caregiving.

Access to Core Services

Core Services were seen as transportation, housing, nutrition, medical care, etc. Key themes around access was awareness of what services are currently available and how to access those services. Regular communication of the availability of those services through multiple channels (radio, newspaper, AEA, financial institutions, professional caregivers, etc.) was a common suggestion.

Social Isolation

The pandemic was punctuated by calls to isolate and avoid contact with other people (including family). A residual impact is seniors seem to be hesitant to get back out in the community and interacting with others. Some of the outcomes include depression, diminished physical and mental

health, less exercise, general fearfulness, and increased susceptibility to elder abuse via scams (especially romance scams where the scammer pretends to be kind and interested in the target of the scam).

Elder Abuse

Again, probably heightened by the pandemic's isolation, elders have had less communication and interaction/contact with family and other trusted allies. This has likely left them more vulnerable to abuse, not only by scammers, but by family or others who "should" be trusted. Taken with cultural norms not to talk about such things, incidents of abuse seem to have risen noticeably.

Housing

Housing was a top priority in the previous Area Plan and not surprisingly, is once again a significant concern for Kauai's older population. Concerns about housing for individuals, multi-generational families, senior living options, and assisted living facilities were all prevalent.

Note that Transportation is in the second priority tier as opposed to being a top-tier priority for the participants in the 2018 focus groups. A number of this year's focus group participants commented on transportation and since the pandemic had kept many kupuna isolated for 12-24 months, they may still be hesitant to venture out. Therefore, transportation as second tier is likely an artifact, and by the time the 2023-2027 plan is finalized and implemented, we will likely see greater need for transportation.

Additional Trends

Another theme that cut across topics was that of "Mind the Gap." Individuals who have few to no resources have services available to them. Individuals who have the means to find and fund services on their own have ample resources. But, the large group between these extremes have significantly diminished access to available services.

A second trend was the dichotomy of isolation. For the past 2+ years, isolation was good and encouraged and has become the norm. Now, it has become a social and health issue. Equal emphasis on breaking the isolation cycle should be given as was the messaging to isolate during the pandemic.

Third, COVID impacted all of these themes and generally made things more difficult. While the pandemic seems to be waning, the impacts are still being seen as Kauai's elder population is still adjusting to the new normal. The trend seems to be one of cautiousness about returning to normal activities and needs of the past.

Different Priorities from Different Perspectives

As illustrated in the chart above, not everyone saw the same priorities. And we shouldn't expect that everyone would have the same priorities given their life experiences, work expertise, and family situations. The full report of these focus groups, highlighting each group's discussions, are included in appendices.

FOCUS GROUP PARTICIPANTS



First responders including Kauai Police Department and American Medical Response

Family Caregivers



AmeriCorps Seniors Foster Grandparents & Grandparents Raising Grandchildren

Gather Federal Credit Union Staff



PART I. Overview of the Older Adult Population, Needs Assessments, Existing Programs, Services, Special Initiatives and Unmet Needs
C. Description of Existing Programs, Services, and Initiatives

Introduction

The State Executive Office on Aging spearheaded a statewide effort to assess the needs in the community. County of Kauai, Agency on Elderly Affairs (AEA) distributed Aging in Hawaii and Hawaii's Caregivers surveys asking for residents' input on needs and priorities. Following the close of the surveys, Kauai AEA distributed additional surveys for service providers as well as conducted focus groups including first responders, financial institutions, government, and other major stakeholders from the private and non-profit sectors.

C. Description of Existing Programs, Services, and Initiatives

Aging and Disability Resource Center

As a one stop center to obtain information on long-term services and supports, the goal of the ADRC is to create a single, coordinated system of information and access for all persons seeking long term support through awareness and information, assistance, and access.

The Older Americans Act (OAA) authorizes a range of services and supports a range of home and community-based services that help older Americans remain as independent and productive as possible in their own homes and communities. Title III grants covers the following programs and services providing a variety of services:

Title III-B – Supportive Services Program

The program enables older adults to access services that address functional limitations, promote socialization, continue health and independence, and protect elder rights. Supportive services help with individuals who otherwise could not remain in their homes including Information & Assistance, Outreach, Home Modification, Fall Prevention, Telephone Reassurance, and Legal Assistance.

Title III-C1 & C2 – Nutrition Programs Services Program

Home Delivered and Congregate Meals Programs.

Title III-D – Evidence-Based Disease Prevention & Health Promotion Services

EnhanceFitness and Better Choices, Better Health programs including Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP) and Cancer Thriving and Surviving (CTS) Program.

Title III-E – National Family Caregiver Support Program

Caregiver support services, Information and Assistance, Counseling, Support Groups, Training, In-Home Respite, Grandparents Raising Grandchildren Respite and Support Groups.

Kupuna Care Program

Kupuna Care is funded by the State of Hawaii to provide services such as transportation, case

management, home-delivered meals, homemaker, and personal care services. To qualify someone must not be able to do one or more activities of daily living (ADL's) or instrumental activities of daily living (IADL's). Programs include Case Management assistance to assess needs, develop care plans and coordinate provision of services through contracted service providers, Adult Day Care/Day Health, Assisted Transportation, Caregiver Support Services, Chore, Homemaker, Personal Care, Home Delivered Meals, Transportation, and Respite.

PART I. Overview of the Older Adult Population, Needs Assessments, Existing Programs, Services, Special Initiatives and Unmet Needs
D. Description of Community Focal Points, Multi-Purpose Senior Centers, Nutrition Sites and Home Delivered Meal Providers

D. Description of Community Focal Points, Multi-Purpose Senior Centers, Nutrition Sites and Home Delivered Meal Providers.

Community Focal Points

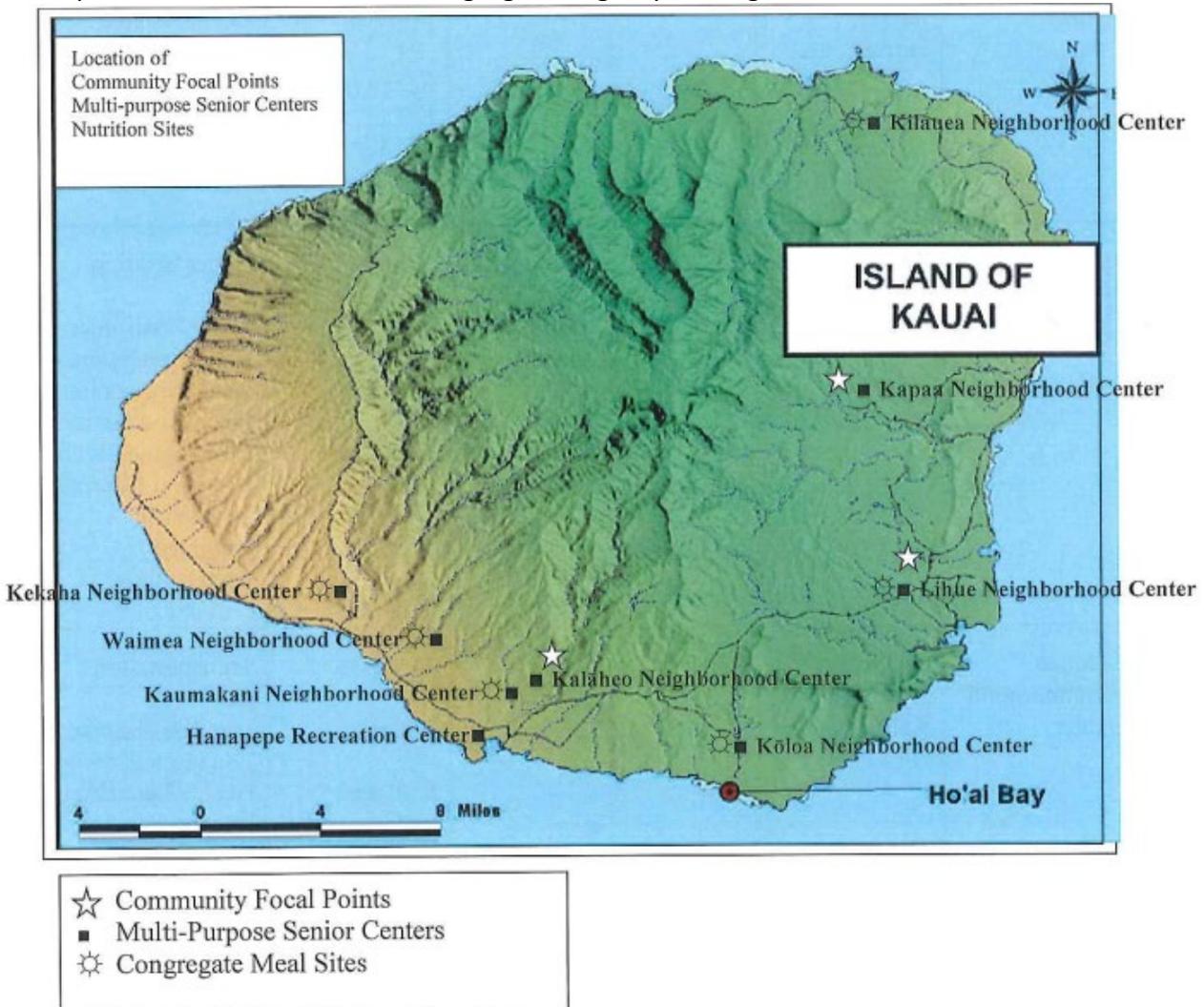
Facilities established to encourage the maximum arrangement and coordination of services for older individuals. Areas of activity designated at three areas of the island (east, central, west).

Multi-Purpose Senior Centers

Community facilities providing a broad range of services, which include health, social, nutritional, educational, and recreational services.

Congregate Nutrition Sites

Meals provided to individuals in a congregate or group setting.



PART II. Recommendations Framework
Include County Charters or directives
Describe under section B the AAA Prioritization of Issues and services

PART II: Recommendations

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, 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 in 2020, and Chapter 349, Hawaii Revised Statutes.

The Older Americans Act

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

Title I - Declaration of Objectives for Older Americans [OAA Sec. 101 (1-10)]

- An adequate income in retirement in accordance with the American standard of living;
- The best possible physical and mental health (including access to person-centered, trauma-informed services as appropriate) which science can make available and without regard to economic status;
- Obtaining and maintaining suitable housing, independently selected, designed, and located with reference to special needs and available at costs which older citizens can afford;
- Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services;
- Opportunity for employment with no discriminatory personnel practices because of age;
- Retirement in health, honor, and dignity--after years of contribution to the economy;
- Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational, and training and recreational opportunities;
- Efficient community services, including access to low-cost transportation, which provide

a choice in supported living arrangements and social assistance in a coordinated manner, and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals;

- Immediate benefit from proven research knowledge which can sustain and improve health and happiness; and
- Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

Targeting of Services

The Older Americans Act, reauthorized in 2020, reemphasizes the intention of the Congress to measure and evaluate the impact of all programs, their effectiveness in achieving their goals in relation to costs, and their effectiveness in targeting of services to older individuals with the greatest economic and social needs. The act aims to provide support and assistance to older Americans to help them age with dignity and independence. Special emphasis has been placed on using outreach methods to target services to:

- ❖ older individuals residing in rural areas;
- ❖ older individuals with greatest economic needs (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- ❖ older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- ❖ older individuals with severe disabilities;
- ❖ older individuals with limited English-speaking ability;
- ❖ older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- ❖ older individuals at risk for institutional placement

Chapter 349 Hawaii Revised Statutes Area Plan for Elders

Hawaii Revised Statutes, Section 349-6 (2013) State Master Plan for Elders. The Executive Office on Aging shall be responsible for the development, implementation, and monitoring of a comprehensive master plan for elders which shall include, but not be limited to, the following:

- (1) Compilation of basic demographic data on elders in the State;
- (2) Identification of the physical, sociological, psychological, and economic needs of elders in the State;
- (3) Establishment of immediate and long-range goals pursuant to programs and services for elders in the State;

- (4) Establishment of priorities for program implementation and of alternatives for program implementation; and
- (5) Organization of administrative and program structure, including the use of facilities and personnel.

The state master plan for elders shall be developed in accordance with the requirements of the executive budget act. [L 1976, c 217, pt of §2; am L 1990, c 67, §8]

In alignment with the State Executive Office on Aging, all County Agencies on Aging are responsible for the development, implementation, and monitoring of a comprehensive Area Plan on Aging for elders in your respective county which shall include, but not be limited to the following:

- (1) Compilation of basic demographic data on elders in your respective county;
- (2) Identification of the physical, sociological, psychological, and economic needs of elders in your respective county;
- (3) Establishment of statewide goals, measurable objectives, strategies, and outcomes pursuant to programs and services to meet the need of elders in your respective county;
- (4) Establishment of priorities for program implementation and alternatives; and
- (5) Organization of administrative and program structure, including the use of county facilities and personnel.

The county area plan on aging shall be developed in accordance with the requirements of their county executive budget act.

County Information –

A. Kaua'i County, Hawai'i County Code

Title II COUNTY ORGANIZATION AND ADMINISTRATION

Chapter 2 COUNTY ORGANIZATION

Article 1. County Departments

Sec. 2-1.6 Agency on Elderly Affairs.

(a) Declaration of Purpose. This Section shall provide a more permanent status to the present organization titled "Kaua'i County Committee on Aging" established by Resolution No. 38 (1964) of the then Board of Supervisors and to separate the advisory committee and the administrative agency involved in the program for the elderly. The declaration of purpose set forth in Chapter 349, Hawai'i Revised Statutes, shall be adopted by the County as its purpose in establishing the County's program for the elderly.

(b) Organization and Administration. There shall be an administrative agency titled "Agency on Elderly Affairs" under the Mayor's office to perform the administrative duties related to all programs relating to the elderly. The office shall be headed by an executive on aging appointed by the Mayor, with the advice and consent of the Advisory Council. The executive on aging may establish staff positions as may be funded by the County Council and as may be within the funds available for staffing from Federal, State, or County funds. To the extent that funding is non-County, positions based on that funding may be created without Council action.

(c) Annual Budget. The executive on aging shall prepare an annual budget for the Agency on Elderly Affairs commencing with the annual budget for fiscal year 2008-2009. The annual budget shall include an accounting of all funds to be received from all sources, including County, State and Federal funds, and for all expenditures to be made from such funds. This annual budget shall be furnished to the Director of Community Assistance, who shall in turn furnish this budget to the Director of Finance and the Mayor, who shall submit it as part of the annual budget ordinance of the County to the Council, as provided in the Kaua'i County Charter. No funds shall be expended from any accounts unless authorized by the County pursuant to the budgetary process. The use of all Federal funds proposed in the Agency on Elderly Affairs' budget shall be subject to all applicable Federal regulations, laws and restrictions.

(d) All agreements, contracts, documents and other written instruments relating to the operations of the Agency on Elderly Affairs shall be prepared by the Executive on Aging and approved by the Mayor or Director of Finance, as provided in the Kaua'i County Charter or Kaua'i County Code, 1987, Council approval shall also be obtained.

(e) Advisory Council. An advisory council titled "Elderly Affairs Advisory Council" shall be established to advise the Executive on Aging on matters relating to the programs, interests and needs of the elderly. The advisory council shall consist of not less than fifteen (15) members who shall be appointed by the Mayor. The composition of the advisory council and its regulations shall be as set forth in Chapter 349, Hawai'i Revised Statutes. (Ord. No. 215, June 6, 1974; Sec. 2-1.6, R.C.O. 1976; Ord. No. 740, July 6, 1999; Ord. No. 802, May 28, 2003; Ord. No. 850, May 24, 2007)

B. AAA Prioritization of Issues and Services NOTE: The AAA shall describe how they plan to prioritize the needs of older adults in your community.

The COVID-19 pandemic has had significant impacts on the aging network in Kauai County, affecting the delivery of senior services and support. The lasting effects of the pandemic have been particularly challenging for the aging community, and temporary flexibilities were implemented to address these challenges. Based on general practices and considerations during the COVID-19 pandemic, the Agency on Elderly Affairs may prioritize services by considering the following factors:

1. **Health and Safety:** Use guidance from public health authorities to determine safe in-person services and careful monitoring of the situation to adjust as needed.
2. **Vulnerable populations:** Prioritize in-person services for older adults who are most vulnerable and have the greatest need for direct assistance. This could include individuals who require personal care, have limited mobility, or lack access to technology for virtual services.
3. **Service Accessibility:** Consider the accessibility of services and the ability of older adults to access and benefit from virtual services.
4. **Community Engagement:** Seek input from older adults, caregivers, and community stakeholders to understand their needs and preferences regarding in-person services.

To prioritize and meet the needs of older adults in our community, AEA will take a comprehensive approach considering various factors and using key considerations and strategies:

1. **Engage Older Adults:** Conduct outreach activities in the community to identify older adults who may need services and actively involve older adults in the decision-making process, seek their input on the services and support they require ensuring their voices are heard and their perspectives are considered.
2. **Promote Social Connections:** Address social isolation by creating opportunities for older adults to engage with their peers and the broader community by organizing social events, facilitating intergenerational programs, and promoting volunteer opportunities.
3. **Support Caregivers:** Recognize the crucial role of formal and informal caregivers including kinship and grandparents raising grandchildren caregivers to provide them with the necessary support and resources by offering caregiver training programs, respite care services, support groups, and access to information and guidance on caregiving best practices as recommended by the RAISE (Recognize, Assist, Include, Support, and Engage) Family Caregiving Advisory Council and other national efforts.
4. **Enhance Nutrition Programs:** Develop and enhance nutrition programs that cater

to specific needs of older adults by promoting healthy eating habits, collaborating with providers to offer a diverse range of menu options that are nutritious, flavorful, and visually appealing, cater to different dietary preferences, cultural backgrounds. Collaborating with healthcare professionals to address malnutrition and nutritional deficiencies.

5. **Collaboration and Partnerships:** Foster collaborations among various stakeholders, including government agencies, community organizations, healthcare providers, and advocacy groups. By working together, we can leverage resources, share expertise, and develop comprehensive solutions to address the needs of older adults.
6. **Holistic Approach:** Take a holistic approach to address the diverse needs of older adults. This includes considering physical health, mental well-being, social connections, access to healthcare, transportation, housing, and other social determinants of health.
7. **Promote Age-Friendly Communities:** Create age-friendly environments that support the wellbeing and independence of older adults including improving accessibility, transportation options, and community engagement opportunities.
8. **Education and Awareness:** Raise awareness of the needs and challenges faced by older adults in our community. Educate the public, policymakers, and service providers about the importance of prioritizing the well-being of older adults and the benefits of age-friendly initiatives.
9. **Advocacy and Policy:** Advocate for policies and programs that support the needs of older adults. Engage with local and state policymakers to ensure the concerns of older adults are addressed and resources are appropriately allocated.
10. **Capacity Building Activities:** Provide regular training programs and professional development opportunities to enhance the skills and knowledge of AEA staff, service providers and community partners within the aging network, to enhance the skills and knowledge needed to provide services for older adults, caregivers, and persons with disabilities.

**PART III. TOPIC AREAS
ACTION PLANS**

Summary of Goals, Objectives, Strategies, Outcomes, and Evaluation

A. Topic Areas

1. **Older Americans Act Core Programs** in Title III (Supportive Services, Nutrition, Disease Prevention/Health Promotion, Caregiver Programs), Title VI (Native American Programs), Title VII (Elder Rights Programs) and serve as the foundation of the national aging services network.
2. **COVID-19** highlighted the overall importance of the services that make it possible for older adults to live independently, created a national awareness of the impact of social isolation on older adults and caregivers, and increased awareness of the need to plan for future disasters. It also transformed the aging network; drove rapid innovation and creation of new approaches that will endure beyond recovery; and increased awareness of the need to plan for future disasters.
3. **Equity**
Serving individuals with the greatest economic and social need means ensuring equity in all aspects of plan administration. The Area Plan on Aging should address activities to support these goals.
4. **Expanding Access to Home and Community-Based Services**
Home and Community-Based Services are fundamental to making it possible for older adults to age in place
5. **Caregiving**
Enhancing services and support for caregivers.

B. Summary of Goals: The State of Hawaii through the Area Agencies on Aging are pursuing the following five (5) overarching goals:

GOAL 1: Hawaii's older adults have opportunities to live well.

GOAL 2: Hawaii's older adults are prepared for future health threats and disasters.

GOAL 3: Hawaii's underserved populations have equitable access to programs and services.

GOAL 4: Hawaii's older adults and people with disabilities will age in place.

GOAL 5: Hawaii's caregivers have a broad array of services and supports to effectively care for their loved ones.

Hawaii's statewide goals are in alignment with the ACL's five topic areas: Older Americans Act (OAA) Core Programs, Covid -19, Equity, Expanding Access to Home and Community-based Services, and Caregiving.

GOAL 1. HAWAII'S OLDER ADULTS HAVE OPPORTUNITIES TO LIVE WELL.

Objective 1.1: Increase opportunities for older adults to live well by raising awareness of agency services and other resources through outreach events.

The Aging in Hawaii survey for Kauai County reflected 50% found it very or somewhat difficult to get information. Implementing effective strategies and engaging the community is of great importance to increase opportunities for older adults to live well by raising awareness of agency services and other resources through outreach events.

Strategies:

1. Identify targeted outreach locations. Research and identify locations where older adults frequently gather, i.e., senior centers, housing complexes for older adults, retiree organizations and the faith-based community, which can serve as venues for outreach events.
2. Collaborate with community partners. Establish and strengthen partnerships with local organizations, nonprofits and business that cater to older adults to plan and execute outreach events. Leveraging the networks of community partners can expand AEA's reach to a larger audience.
3. Offer informative workshops. Organize workshops and inviting experts to share their knowledge with topics relevant to older adults such as well-being of older adults, financial planning, legal services, and technology training.
4. Utilize various outreach channels for agency publicity in addition to in person events, through advertisements using radio, media (Kauai Family Magazine, Generations Magazine) and digital platforms, such as social media, newsletters, and online forums. Commit to a minimum of one ad campaign per year through Kauai Family Magazine quarterly publication and Generations Magazine – every 2 months publication. Engage said outreach channels to promote outreach events and share success stories of older adults who benefit from agency services.
5. Update AEA YouTube videos from previous promotional campaigns. Videos are posted on www.kauaiadrc.org website and shared on other digital platforms.

Short-Term Outcome(s):

1. The community will be better informed of where to find services for seniors
2. The community will have increased awareness of AEA/ADRC services

Intermediate Outcome(s):

1. By October 2024, 20% of calls to the Agency on Elderly Affairs will be referrals as a result of media, community partners and outreach events.

Long-Term Outcome(s):

1. By October 2025 older adults and their caregivers will live well by utilizing services through AEA service providers and community partners.

Effectiveness Measure(s):

- # of calls to AEA
- # of referrals to AEA **by** service providers and community partners
- # of referrals **to** service providers and community partners

Objective 1.2: Prevent elder abuse by forging new partnerships and collaborations with key stakeholders and strengthening AEA’s Elder Abuse Education and Awareness Campaign.

Elder abuse, which can be defined as an intentional act or failure to act that causes or creates a risk of harm to an older adult is a serious public health problem in the United States and on Kauai. There are many forms of elder abuse including emotional abuse, neglect, abandonment, sexual abuse, and financial abuse. Studies have shown that elder abuse is experienced by about 1 in 10 people aged 60 or older who live at home. From 2002 to 2016, more than 643,000 older adults were treated in the emergency department for nonfatal assaults and over 19,000 homicides occurred.

The prevention of elder abuse on Kauai is a priority for the Agency on Elderly Affairs. Over the next four years, AEA will collaborate with other stakeholders to develop strategies and programs to reduce the incidents of elder abuse in Kauai County.

AEA will collaborate with multidisciplinary agencies addressing elderly abuse to increase the dissemination of information regarding elder abuse. Such agencies include Adult Protective Services, Department of Health – Public Health Nurses, Kauai Police Dept., Kauai Fire Department, Office of the Prosecuting Attorney, Long Term Care Ombudsman, Legal Aid, Financial Institutions, Health Care Professionals, Senior Medicare Program, and religious organizations.

In addition, AEA will continue partnering with other agencies addressing elder abuse through the Elder Justice Team and Interdisciplinary Team (IDT).

And third, AEA will initiate an Elder Abuse Education and Awareness Campaign

Strategies:

1. Continue collaborations with Kauai Elder Justice Team members with four (4) scheduled meetings/year.
2. Continue collaborations with IDT (Interdisciplinary Team) members with six (6) scheduled meetings.
3. Partner with stakeholders, providers, and other community organizations.
4. Draft and execute an MOU and confidentiality agreements with IDT and Elder Justice Team members.
5. Conduct workshop/meetings on Elder Abuse and schedule follow-up sessions

Short-Term Outcome(s):

1. 75% of identified partners will attend quarterly Elder Justice Team meetings
2. 75% of identified partners will attend quarterly IDT meetings

Intermediate Outcome(s):

1. 80% of complaints will be addressed through meetings to review suspected elder abuse, exploitation and/or allegations of neglect to develop effective and efficient responses to complaints.
2. At least one annual outreach event will address Elder Abuse through collaboration with Elder Justice Team partners.

Long-Term Outcome(s):

70% of complaints/allegations will be resolved through support and resources resulting in prevention of elder abuse and/or further abuse.

Effectiveness Measure(s):

- # of identified partners
- # of referrals
- # of consumers with supports and resources to live safely

Objective 1.3: Increase financial literacy among older adults to reduce incidents of financial fraud and scams and other forms of financial abuse by offering education and fraud prevention events.

Increasing financial literacy will make elders less vulnerable to financial fraud and scams. Financial literacy refers to the ability to understand and effectively use various financial skills to help individuals manage their money, personal finances, investments, and tax planning.

In research studies with older adults (age 50 and older), the reported prevalence of adequate financial literacy based on existing measurement scales ranges from about 18% [10] to about 57% [14, 17]. Financial literacy appears to decrease with increasing age. After age 60, financial literacy scores decline about 2% EACH year.

By offering financial literacy workshops and presentations on fraud prevention and scams Kauai's older adult population will be better equipped to handle their finances, make proper financial decision and thus be less susceptible to being victims of fraud and financial abuse.

Strategies:

1. Collaborate with community partners, i.e., financial institutions, law enforcement, state agencies, to present workshops and materials for financial literacy, fraud prevention and scams.
2. Partner with financial institutions/senior centers to present available resources i.e., auto bill pay, direct deposit, financial concierge for older adults.

Short-Term Outcome(s):

1. 75% of workshop participants/partners have a better understanding of scams.
2. 75% of participants have basic knowledge of financial literacy tools.

Intermediate Outcome(s):

1. After year 1, have one financial institution implementing financial concierge program for the elderly, in place.

2. After year 1, twenty (20) participants will utilize the program.
3. After year 2, at least two participating financial institutions and an increase of 20% in participants.

Long-Term Outcome(s):

1. 80% of participants will be less susceptible to being victims of fraud and financial abuse.
2. 80% of participants will be better equipped to handle finances and make proper financial decisions.

Effective Measures:

of participating financial institutions

of workshop participants

of participants who express better knowledge of scams and financial literacy

Objective 1.4: Improve the well-being of older adults with chronic diseases through participation in self-management education programs.

Kauai County offers three “self-management education” (SME) programs for older adults to help them self-manage chronic health conditions without cost. Self-management education (SME) programs teach strategies to help participants manage chronic conditions and live a healthier life. Evidence-based programs (EBPs) such as the three provided by the Agency on Elderly Affairs are programs that have been rigorously tested in controlled settings, proven effective, and translated into practical models that are available to community-based organizations. Their evaluation has been subjected to critical peer review: Experts in the field have examined the evaluation’s methods and agreed with its conclusions about the program’s effects. When you implement an evidence-based program, you can be confident you’re delivering a program that works to improve the health of your constituents. Research studies have shown that SME programs help reduce symptoms and improve quality of life.

- The Chronic Disease Self-Management Program (CDSMP) is a workshop for older adults with at least one chronic health condition, which may include arthritis. It focuses on disease management skills including decision making, problem-solving, and action planning.
- Diabetes Self-Management Education and Support (DSMES) program provides information and skills for older adults to manage their diabetes and related conditions. DSMES is tailored to a person’s individual needs, goals, and life experiences and is guided by evidence-based standards. Among the skills learned are how to eat healthy, be physically active, monitor blood sugar levels, take medication, problem solve, reduce risk for other health conditions, cope with the emotional side of diabetes, and improve your health and quality of life.
- Cancer: Thriving and Surviving (CTS) is a 6-week interactive workshop for cancer survivors developed by a major American University. The sessions provide many tools to participants to help them have a more active and fulfilling life through the reduction of stress, management of pain, and making good decisions about treatment options and life challenges.

Strategies:

1. Create a schedule with times and locations for four workshops/training by the end of September each year for the following calendar year.
2. Advertise schedule as appropriate.
3. Conduct workshops/training as scheduled.
4. Conduct surveys and follow-up surveys in a timely manner.
5. Review and evaluate survey results.

Short-Term Outcome(s):

1. 70% of participants will be educated with information to better manage their chronic disease.

Intermediate Outcome(s):

1. 70% of participants will use tools from SME's to manage their chronic disease
2. 70% of participants will feel empowered to maintain or improve their condition

Long-Term Outcome(s):

1. At the end of 6 months, 75% of participants will have enhanced well-being¹.
2. At the end of 1 year, 75% of participants will have enhanced well-being.

Effectiveness Measure(s):

of participants successfully completing program

of participants who report enhanced well-being

Objective 1.5: Improve the well-being of older adults through participation in the EnhanceFitness Program.

Kauai County offers a fourth evidenced-based program for older adults, EnhanceFitness (EF). EF is a program developed specifically for seniors and focuses on four key areas important to the well-being and function of participants: low impact cardiovascular exercise; dynamic/static balance work; strength training with weights; and stretching. Research demonstrates that participants can improve strength and physical function, decrease depression symptoms, reduce the risk of falls, and reduce health care costs.

EnhanceFitness classes are led by a certified instructor with special training to bring out the physical best from older adults. Classes follow a standardized format and last about an hour.

Participants' progress is tracked with standardized fitness checks completed at the time the individual joins EnhanceFitness, again after four months, and then as often as needed.

- Improved hemoglobin A1c levels
- Improved control of blood pressure and cholesterol levels
- Higher rates of medication adherence
- Fewer or less severe diabetes-related complications

Strategies:

1. Create a schedule with times and locations for in person workshops/training by the end of September each year for the following calendar year.
2. Continue hybrid participation to be inclusive of more participants.
3. Conduct standardized fitness check for all new participants.
4. Conduct standardized fitness check for all participants every four months.
5. On an annual basis, review and report data from the fitness checks including information on falls.

Short-Term Outcome(s):

1. 70% of program participants will learn how to improve the quality of their lives through improved fitness.
2. 70 % of new participants will be more physically active by continued active participation in the program for 4 months.

Intermediate Outcome(s):

1. After year 1, 70% of participants will experience fewer falls as compared to island-wide fall data.
2. After year 1, 70% of participants will report enhanced well-being through maintenance or increase from baseline scores of fitness check (chair stand, arm curls, up and go)
3. After year 1, 70 % of new participants will be more physically active by continued active participation in the program.

Long-Term Outcome(s):

1. 80% of participants will experience improved well-being through successful participation of the EnhanceFitness program.

Effectiveness Measure(s):

- # of participants successfully completing program
- # of participants with improvements in baseline scores
- # of participants reporting improvement in physical activity

Objective 1.6: Improve the well-being of older adults by educating them, their families, and caregivers, on fall prevention and providing in-home fall prevention evaluations and home modifications.

Falling is a serious health concern for older adults. Seventy-five percent of falls by older adults occur in their home or in close proximity (yard, garden, etc.) More than one out of four older people fall each year, but less than half tell their doctor. One out of five falls causes a serious injury such as broken bones or a head injury. Each year, 3 million older people are treated in emergency departments for fall injuries. Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture. Each year at least 300,000 older people are hospitalized for hip fractures. More than 95% of hip fractures are caused by falling. Falls are the most common cause of traumatic brain injuries (TBI). Falling once doubles a person's chances of falling again.

In 2021, the age-adjusted death rate from falls in Hawaii per 100,000 was 45.5.

Many people who fall, even if they're not injured, become afraid of falling. This fear may cause a person to cut down on their everyday activities. When a person is less active, they become weaker, and this increases their chances of falling.

Strategies:

1. Continue falls prevention and wellness program, a multi-agency coalition between the Agency on Elderly Affairs, Kauai Fire Department, American Medical Response, and the Department of Health.
2. Falls prevention and wellness program will provide personalized recommendations to include modifications to their home environment with devices such as smoke alarms, shower chairs, soft installation of grab bars in bathroom, transfer benches, grabber reachers, night lights, non-slip rugs, grip tape, etc.

Short-Term Outcomes:

1. 75% of participants in Home Delivered meals programs will receive falls prevention information.
2. 75% of participants in produce and food distribution programs will receive falls prevention information.
3. 75% of participants of home visits/walk ins/calls will receive falls prevention information.

Intermediate Outcomes:

1. 75% of participants in Falls Prevention will receive wellness information.
2. 75% of participants are provided with equipment to prevent falls.
3. 75% of participants are aware of how equipment can help prevent falls.
4. 65% of participants don't experience falls in the home, three (3) months since falls prevention visit.

Long-Term Outcomes:

1. 80 % of participants have improved their well-being by feeling safer in their homes after fall prevention visit.

Effectiveness Measure(s):

- # of participants with no falls or decreased falls after 3 months
- # of participants who express feeling safer in their home
- # of pieces of equipment issued

Objective 1.7: Identify and implement opportunities to strengthen the capacity of the Agency on Elderly Affairs as the designated Area Agency on Aging and ADRC, Aging and Disability Resource Center.

Fostering a collaborative and inclusive work environment is crucial for the success and well-being of any organization and its employees. Key reasons for doing so can enhance communication and problem-solving, increase productivity and efficiency, strengthen relationships, and trust and build diverse perspectives and innovation. Creating a positive work environment that aligns with employees' values, fosters inclusivity, diversity, and a sense of belonging so team members want to work in an environment where they feel respected, valued, and connected to their colleagues. A positive team dynamic contributes to overall job satisfaction and can only strengthen the capacity of our agency to be better equipped and ready to serve the growing older adult population.

Strategies:

1. Provide opportunities for staff development, enhanced skill building, and self-care workshops.
2. Utilize annual JPR (Job Performance Review) and Stay surveys to evaluate staff performance, areas of improvement. including opportunities for leadership to implement change for effective practices.
2. Assess and analyze the projected change in increased number of older individuals to better address unmet needs within our community
3. Research additional funding sources specific to increase staff and program capacity
4. Identify and implement creative solutions to address limited resources to meet the need of an increasing older adult population
5. Build cohesive partnerships with major stakeholders, agencies, other community resources, to implement MOU's as necessary to avoid duplication of efforts and services.

Short-Term Outcome(s):

1. AEA, major stakeholders, service providers and community partners will be kept abreast of opportunities for staff development and self-care.
2. AEA staff, major stakeholders, service providers and community partners will recognize the role of AEA/ADRC

Intermediate Outcome(s):

1. AEA staff will have increased awareness of roles and responsibilities of AEA/ADRC to adequately provide older adults and their caregivers with supports and resources.
2. AEA staff will have increased awareness of community resources available to empower older adults, caregivers and their families of long-term services and support.
3. AEA Staff will have increased knowledge of self-care and stress management practices to create better work/life balance.

Long Term Outcome(s):

1. Older adults, including those with disabilities and their caregivers will be provided with resources and long-term support services to live well in their community.

Effectiveness Measure(s):

of trainings/workshops attended

\$\$ amount of additional funding

of additional workforce

of new programs

of new service providers

of MOU's with major stakeholders

Objective 1.8: Improve home and community-based services by increasing capacity.

Program Description:

Improving capacity for home and community-based services in Kauai County should include various strategies, including innovations, partnerships, and collaboration with state and local agencies and community-based organizations. Kauai is known for coming together in times of need. Community organizations may be underutilized. By partnering with other organizations, we can build strength in numbers, leverage resources, share expertise and coordinate efforts. Establishing formal partnerships can help streamline service delivery, improve communication, and ensure alignment of goals and priorities.

Strategies:

1. Strengthen relationships with current service providers by scheduling quarterly meetings as a proactive approach to address challenges and celebrate and share successes.
2. Provide resources, on an ongoing basis, as information becomes available, for educational/informational opportunities for service providers, RSVP volunteer stations and their staff.
3. Engage in efforts to bring new organizations as service providers including models utilizing volunteers to provide additional long-term services and support systems .
4. Collaborate with County officials on procurement methods that better fit Kauai's unique circumstances and provide workshops to encourage private/non-profit sector to seek contract opportunities as service providers of AEA.
5. Consult with major stakeholders addressing the direct care workforce to provide opportunities for service providers to address the workforce.
6. Forge partnerships and collaborations with the faith-based community and other nonprofit organizations with potential partnerships to support direct care workforce and/or provide support services.

Short Term Outcomes

1. Provide current service providers, agencies, community organizations and their staff with Dementia Friendly training and materials, and other training opportunities
2. AEA, current service providers, agencies, community organizations are apprised of Senior Community Service Employment Program (SCSEP) and AmeriCorps programs as opportunities to strengthen workforce.

Intermediate Outcomes

1. Current providers, agencies, community organizations and their staff will be updated on capacity building opportunities as they arise

Long-term Outcomes

1. 50% of service providers, agencies, community organizations and their staff will have the capacity to provide additional HCBS and/or long term services and supports.
2. 60% of participants who receive services through AAA will remain in community longer

Effectiveness Measure(s)

- # of providers, agencies, community organizations who complete Dementia Friendly
- # of new partnerships
- # of additional service providers
- # of providers with increased capacity

GOAL 2: HAWAII'S OLDER ADULTS ARE PREPARED FOR FUTURE HEALTH THREATS AND DISASTERS.

Objective 2.1: Ensure the safety of older adults and their caregivers during future disasters by having an emergency plan in place.

The COVID-19 pandemic has had significant impacts on the aging network including programs and services that support older adults. According to the Aging in Hawaii survey, almost 40% of Kauai respondents strongly agreed that COVID-19 had impacted their lives and daily activities. During that time, it was important for public awareness and education, especially to our most vulnerable population, older adults as well as their caregivers, so they could understand the specific risks and challenges they may face during health threats and disasters. Almost 80% of respondents indicated they knew where to go to for COVID-19 information. AEA will encourage and assist older adults and their caregivers to have an emergency plan in place to be better prepared for future health threats and disasters.

Strategies:

1. At initial assessment, consumers will be provided information on emergency and health disaster preparedness.
2. At reassessment, staff review consumer's emergency plan and update as necessary.
3. Information on emergency and health disaster preparedness will be provided to nutrition program participants, senior centers, at outreach events and AEA sponsored events.

Short-Term Outcome(s):

1. Consumers will be educated on safety measures in the event of natural disasters including emergency notification services through KEMA (Kauai Emergency Management Agency)

Intermediate Outcome(s):

1. 70 % of consumers will have a disaster/emergency plan in place within 2 months of assessment
2. 60% of consumers participating in nutrition services will have a disaster/emergency plan in place.
3. 60% of identified consumers in WellSky will have a disaster/emergency plan in place.

Long-Term Outcome(s):

1. 70% of consumers identified in WellSky will be safer in the event of a disaster with a disaster/emergency plan in place.

Effectiveness Measure(s):

of consumers with disaster/emergency plan in place

of newly identified consumers with disaster/emergency plan in place

of consumers enrolled in emergency notification services through KEMA

GOAL 3: HAWAII'S UNDERSERVED POPULATIONS HAVE EQUITABLE ACCESS TO PROGRAMS AND SERVICES.

Objective 3.1: Enable members of underserved populations to access more resources & services digitally, i.e., telehealth appointments, virtual activities.

For a variety of reasons, many older adults lack connected devices and internet access. Many older adults, particularly underserved populations, lack community and social connections, which can lead to loneliness and social isolation. These underserved populations will include older adults in greatest social need in line with recent Executive Orders by President Biden: individuals who are Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons who live in rural areas.

Also, the rapid development of digital health today combined with the lack of digital health literacy in older adults, can affect their health by preventing access to medical resources. Older adults can live healthier and longer lives by adapting to the emerging digital trends in medical treatment, pension, health management, and other fields.

A digital literacy program will provide training and follow-up to older adults, particularly in underserved populations, to safely use smart phones, laptops, and other digital devices to socially interact with others including participating in on-line events, find information, and digitally access services (e.g., appointments, ordering medication, e-visits, etc.)

Through a series of classes or workshops, participants will learn how to use technological devices such as smart phones, laptops, and computers to enrich their lives. To continue this technological journey, older adults will receive continued guidance through peer-to-peer and intergenerational support. In addition, resources for access to affordable high-speed internet connectivity will be provided for eligible participants through the Affordable Connectivity Program (ACP). The ACP

provides eligible households up to \$30/month (or up to \$75/month for households on Hawaiian Home Lands) off internet bills, as well as a one-time discount of up to \$100 off a laptop, desktop computer, or tablet.

Strategies:

1. Conduct train-the-trainers class by April 30, 2024.
2. Identify underserved populations.
3. Establish and implement methodology for recruiting program participants, ensuring services are reaching older adults in greatest social need in line with recent Executive Orders by President Biden. These populations include: individuals who are Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons who live in rural areas.
4. Forge partnerships with potential stakeholders.
5. Secure locations for classes/workshops by end July 2024 especially in Kauai's more geographically challenged and rural areas.
6. Conduct classes/workshops.
7. Conduct 6 month and 1 year follow-up assessments with participants to determine continued use of technology.
8. Repeat series of workshops 2 times a year.

Short-Term Outcome(s):

1. 60% of older adults in public housing units, senior housing complexes will be informed of opportunities for digital literacy.

Intermediate Outcome(s):

1. After 6 months, survey results find that 80 % of participants will still be using digital technology tools learned in the classes/workshops.
2. After 1 year, survey results find that 75 % of participants will still be using digital technology tools learned in the classes/workshops.

Long-Term Outcome(s):

70% of participants, especially underserved populations, and those with greatest social and economic need, will enhance their lives through resources accessed by use of digital technology.

Effectiveness Measure(s):

of workshop series

of participants who completed series

of participants who continue using technology after 6mos/1year

of participants who identify with an underserved population and/or of economic or social need

Objective 3.2: Provide equitable opportunities for economically and geographically disadvantaged, those with limited mobility, limited transportation, and other underserved populations, to improve their physical and emotional well-being by increasing the number of RSVP volunteers from those target groups.

Studies have shown that volunteering has many benefits for older adults including improving their physical and mental health, providing them with a sense of purpose and opportunities to learn new things, allowing them to share their skills and knowledge, and increasing social interactions by making new friends and strengthening existing relationships.

Recruiting volunteers who share similar backgrounds and experiences can help create a more inclusive and supportive environment for these underserved populations. This representation can help individuals feel understood, heard, and supported, which can positively impact their overall well-being. Volunteers who have faced similar challenges can empathize with the struggles and barriers faced by underserved populations. They can offer emotional support and encouragement based on their own experiences, fostering a sense of connection, and understanding.

The Retired Senior and Volunteer Program (RSVP) provides volunteer opportunities to persons over 60 years old. Through its network of volunteer stations (non-profit and government agencies), RSVP is a one-stop location where seniors' experience and interests can be matched with specific volunteer opportunities.

Kauai RSVP's annual volunteer survey yielded positive responses. Of 150 respondents, 90% feel good by keeping active; 97% have a more positive attitude; 92% did not feel lonely and 95% indicated they met new people and made more friends. Kauai RSVP surveys historically reflect similar responses which is a good indicator that participants improve their well-being as well as alleviate social isolation. Feedback from volunteers include that being a part of RSVP offers an opportunity to share their skills and talents to make a difference in the community, gives a sense of contribution and feeling worthwhile; while others shared that they love to help people, continue to learn new things, built long lasting relationships and is a form of stress relief. Data from Kauai RSVP consistently correlates with research from AmeriCorps Seniors where volunteers reported feeling healthier, less depressed, and less socially isolated. Not only do volunteers improve the lives of others, but they are also improving their own.

Promoting inclusive volunteer opportunities is crucial for creating a diverse and welcoming environment that encourages participation from individuals of all backgrounds. By increasing the number of volunteers from economically and geographically disadvantaged backgrounds, limited mobility, limited transportation, and other underserved populations, it becomes possible to create a more inclusive and supportive environment that addresses the unique needs of these communities, ultimately improving their physical and emotional well-being.

Strategies:

1. Create a list of elderly housing complexes, veterans' groups, and churches where underrepresented potential volunteers can be recruited.
2. Develop a plan to make presentations about RSVP and the benefits of volunteering at locations identified in strategy 1 by December 31, 2023. The plan should include visits to a

minimum of three (3) locations per quarter. Follow-up visits will be counted as separate visits.

3. Collaborate with and present to elderly housing complexes to provide information and recruit prospective volunteers who are economically disadvantaged.
4. Collaborate with and present at locations in the underrepresented areas such as Princeville and Kekaha to reach geographically disadvantaged populations.
5. Collaborate with and present to veterans' groups to provide information and locate potential volunteers.
6. Collaborate and present to faith-based community and other service organizations to provide information and locate prospective volunteers and potential partnerships.

Short-Term Outcome(s):

1. Annually, RSVP will participate in a minimum of five (5) outreach events to educate potential participants of RSVP volunteer opportunities.
2. Annually, RSVP will conduct roving volunteer events to providing equitable opportunities for those with limited mobility, geographically and economically disadvantaged participants in their respective communities.

Intermediate Outcome(s):

1. Twenty (20) new volunteers per year from target groups.

Long-Term Outcome(s):

1. 70% of enrolled participants of underserved populations (limited mobility, geographically or economically disadvantaged, and limited English proficiency (LEP) will have annually participated in volunteer service activities.
2. 75% of new target group volunteers surveyed will experience improved physical and/or emotional well-being.

Effectiveness Measure(s):

of enrolled volunteers from underserved populations

of volunteers expressed improved physical and/or emotional well-being

GOAL 4: HAWAII'S OLDER ADULTS AND PEOPLE WITH DISABILITIES WILL AGE IN PLACE.

Objective 4.1: Reduce social isolation in older adults and people with disabilities by providing participants with opportunities to have regular contacts with a trained RSVP volunteer.

The Aging in Hawaii survey reported that 33% of Kauai County respondents sometimes felt lonely and disconnected from other people, while 51% were impacted by the COVID-19 pandemic due to feeling isolated from family and friends.

The TLC (Tender Loving Care) Program was started during the pandemic to help alleviate social isolation, especially for homebound or older adults and individuals with disabilities while also

allowing them to live more independently. Participants are contacted by trained volunteers twice/week. Participants can share stories, talk about issues of interest to them, and create friendships during these calls. The TLC program will include telephone reassurance calls as well as friendly visits.

Research has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions: high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death.

Strategies:

1. Continue to recruit participants through outreach events, distribution of flyers.
2. Continue to recruit volunteers to ensure we have enough volunteers to provide service to participants.
3. Conduct training as necessary.
4. Monitor volunteer call logs to ensure participants are called as scheduled.
5. Evaluate participants surveys to assess program outcomes and performance indicators.

Short-Term Outcome(s):

1. 10% of participants in nutrition services programs who received information on the TLC program will express interest and request additional information about the TLC program.
2. 10% of consumers identified as home bound and/or live alone, who received information on the TLC program will express interest in the TLC program and request additional information about the TLC program.

Intermediate Outcome(s):

1. At the end of three (3) months in the program, 75 % of participants will report feeling less socially isolated or less lonely with commensurate scores from their initial assessment.
2. At the end of six (6) months in the program, 70 % of participants will report feeling less socially isolated or less lonely with commensurate scores from their initial assessment.
3. Through surveys, participants' feeling of loneliness will not increase. If it does, professional assistance will be offered as an additional resource.

Long-Term Outcome(s):

1. At the end of year 1, an additional ten (10) participants will be enrolled in the TLC program.
2. At the end of year 1, five (5) additional volunteers to the current level.
3. 75% of participants enrolled in the TLC program will not experience increased feelings of social isolation or loneliness.

Effectiveness Measure(s):

of volunteers enrolled in program

of participants enrolled in program

of participants reported feeling less socially isolated and/or less lonely

Objective 4.2: Increase access to nutrition services to promote the health and well-being of older adults.

Adequate nutrition is essential for maintaining overall health and preventing chronic diseases. A well-balanced diet can help older adults maintain a healthy weight, manage chronic conditions such as diabetes, heart disease, and osteoporosis, and support optimal immune function.

The top five health conditions indicated of Kauai County respondents to the Aging in Hawaii survey, respectively in this order are high blood pressure (46%), arthritis (42%), foot problems-walking/balance issues (25%), diabetes (19%) and heart problems (13%).

As older adults are at higher risk of malnutrition due to various factors such as reduced appetite, dental problems, medication side effects, and decreased nutrient absorption, increasing access to nutrition services can alleviate these risks.

Strategies:

1. Collaborate with service providers for proactive steps to prevent potential service delivery disruptions due to staffing or other challenges.
2. Expand congregate meal program sites from the three current sites.
3. Explore and implement innovative congregate meal programs.
4. Continue supplemental nutrition services with food bank programs and forge new partnerships with community stakeholders on additional resources for nutrition programs.
5. Provide private pay options for non-eligible individuals of home delivered meals and/or referral to other food programs and nutrition services.

Short-Term Outcome(s):

1. Decreased number of interruptions to Home Delivered meals program

Intermediate Outcome(s):

1. Increased number of congregate meal sites by October 1, 2025
2. 50% of those ineligible for traditional Home Delivered meals will participate in a private pay option for Home Delivered meal and/or supplemental food programs.

Long-Term Outcome(s):

70% of participants experience well-being through food and nutrition programs.

Effectiveness Measure(s):

of Home Delivered meals delivered

of participants referred to private pay options for Home Delivered Meals program

of additional congregate meal sites

of congregate meal participants

Objective 4.3: Enable older adults to age in place by supporting efforts to access or sustain housing and food.

A struggling economy, and high housing cost burden poses challenges among elderly renters and homeowners. Older adults and those disabled on fixed incomes with very limited or no resources, are at risk of maintaining their current living situation in public housing, low-income housing or as a recipient of Housing Choice Voucher Section 8 program or as a homeowner, especially for those with limited English proficiency (LEP), live alone and may have no other support systems.

Strategies:

1. Support participants in re-certification process with document completion needed for housing and food and nutrition programs (i.e., Section 8 and SNAP). Other assistance may include assisting with inspections to prevent homelessness by providing Home and Community Based Services such as chore and homemaker services (Medicaid)
2. Forming partnerships with housing property managers and others to mitigate eviction due to noncompliance with rental contract agreement and provide information for AEA and other community resources for additional support services.
3. Forming partnerships with community resources and organizations to provide assistance and supportive efforts.
4. Refer homeowners to Real Property staff for home exemption information and help with enrollment.

Short-Term Outcome(s):

1. 70% consumers, especially LEP participants and those with no other assistance, will sustain current housing/food benefits annually with support or referral from AEA staff.
2. 70% of public housing units and senior housing complexes will be informed of resources, such as homemaker and chore services, to mitigate eviction.
3. 70% of consumers who are homeowners will be informed of home exemption opportunities.

Intermediate Outcome(s)

1. 70% of consumers facing eviction due to noncompliance of rental contract agreement will be referred to AEA service providers for support services

Long-Term Outcome(s)

1. 70% of active consumers identified in WellSky as economically disadvantaged will age in place by maintaining stable housing and have access to food resources.

Effectiveness Measure(s):

of economically disadvantaged consumers who sustain housing and have access to food resources
of consumers who are homeowners and qualify for home exemptions
of consumers who successfully enroll for home exemptions

Objective 4.4: Explore additional resources for person-centered options of transportation.

Limited resources for transportation to assist with basic needs such as shopping for food, keeping medical appointments, attending to business (banking/post office) as well as other activities are beneficial to health and well-being. The Aging in Hawaii Survey for Kauai County reflected the following five top things those over 60 could not do because they lacked transportation 1- Shop for groceries (44%), 2- Go to the pharmacy/bank, and/or post office (40%) 3- Go to a health care appointment (28%) 4- Visit friends and family (27%) and 5- Attend and/or participate in religious activities. As such it is not surprising that transportation is expressed as the greatest barrier for receiving healthcare and other services, especially for caregivers as 44% indicated transportation is too difficult and 40% indicated transportation is unavailable. Ideally utilizing multiple modes of transportation to include paratransit, the Kauai Bus, assisted transportation and volunteers to assist in getting participants to/from medical appointments, shopping, banking, as well as other activities contribute to the health and well-being of older adults. These activities could include attending volunteer service activities, senior centers, congregate meal programs, exercise program and other related health and wellness programs. Providing this resource could also provide support to caregivers by providing respite from their caregiver duties.

Strategies:

1. Identify other transportation providers (paid or voluntary).
2. Allocate additional funds or seek additional funds/resources to support transportation services.
3. Collaborate with transportation providers and community stakeholders on innovative and efficient alternatives for transportation.
4. Partner with the Kauai Bus for opportunities for subsidized bus passes.

Short-Term Outcome(s):

1. 70% of consumers requesting transportation services for basic needs will be informed of choices for transportation providers.

Intermediate Outcome(s):

1. 70% of consumers who are unable to drive are supported with choices of transportation and/or other support services to tend to basic needs.

Long-Term Outcome(s):

1. Older adults and those with disabilities can age in place when provided with choices for transportation to tend to basic needs and other activities to promote health and well-being.
2. Caregivers are provided support/respite through transportation services for their loved one to medical appointments, basic needs and other activities to promote health and well-being.

Effectiveness Measure(s):

of older adults assisted with transportation services to tend to basic needs

\$ amount of additional funds

of additional service providers for transportation (paid or voluntary)

Objective 4.5: Enable older adults and caregivers to live in their communities through the availability of and access to high-quality, long-term services and supports (LTSS) through the Kupuna Care Program.

Strategies:

1. Assess older adults for eligibility for Kupuna Care services including, adult day care/day health; assisted transportation; attendant care; caregiver support services; chore; homemaker; personal care; home-delivered meals; transportation; and respite.
2. Refer eligible older adults to the participant direct program as an option for Kupuna Care.
3. Use of Priority Score for older adults on waitlist for services.

Short-Term Outcome(s):

1. By June 2024, priority score will address characteristics important to consider when prioritizing older adults for Kupuna Care services.

Long-Term Outcome(s):

1. 70% of consumers and those with disabilities can age in place when provided Kupuna Care services.
2. 70% of caregivers who are receiving support/respite through Kupuna Care services for their loved one felt less stressed.

Effectiveness Measure(s):

of older adults receiving Kupuna Care services

of older adults who uses the participant directed program as an option.

GOAL 5: HAWAII'S CAREGIVERS HAVE A BROAD ARRAY OF SERVICES AND SUPPORTS TO EFFECTIVELY CARE FOR THEIR LOVED ONES.

Objective 5.1: Enhance support systems of caregivers through support groups and available resources.

The www.kauaiadrc.org will provide a one-stop internet site that will provide articles, videos, training/classes/workshops, programs/activities, and other resources to caregivers. Also included will be links to other relevant organizations in the community which can help those being cared for, caregivers, caregiver family and friends.

In the state-wide survey conducted by the State of Hawaii, Executive Office on Aging, caregivers were asked how difficult it was to find information they needed about available caregiver services and programs, over half (55%) of respondents said it was difficult to find such information.

Over 60% reported that the best way for caregivers to get service and program information was from their "friends/family (word of mouth)". In addition, over half, 51% found information they were looking for on the "internet." Most caregivers have access to the Internet with 78% indicating they access the internet via their home computer, laptop, or a tablet device.

78% of caregivers living on Kauai felt “stressed, overwhelmed, or tired” by their caregiver responsibilities in the month prior to completing the survey. When asked what their greatest needs as a caregiver are, 50% reported needing additional in-home support and help in providing care, 43% needed assistance in juggling work and care giving and 35% needed information and assistance.

The signs of caregiver burnout can be recognized by both the caregiver themselves and by others close to them. Since caregiver burnout can vary from person to person and not all caregivers will experience the same symptoms, providing educational workshops to identify symptoms of caregiver burnout can be a proactive approach towards prevention. By recognizing the signs and symptoms, caregivers can reach out for support when needed and be provided guidance and resources.

In 2019, AEA participated in becoming a part of the Dementia Friendly America initiative to be informed, safe and respectful of individuals living with dementia, their families and caregivers and provides supportive options that foster quality of life. By revitalizing this initiative, we encourage community members to work together in creating a dementia friendly culture which provides a positive environment for everyone to be “caregivers” for the growing older adult population.

Strategies:

1. Collaborate with community organizations. Partner with local community organizations to expand the range of available resources for caregivers. These organizations may offer support services, educational programs, and referrals to additional resources for caregivers to share experiences, exchange advice and offer emotional support.
2. Provide educational workshops to identify and take steps to prevent caregiver burnout. By recognizing the signs and symptoms of caregiver burnout, caregivers, family, and friends, AEA staff, providers, healthcare professionals and community partners can take a proactive approach to offer guidance or resources.
3. Expand access to resources for informal and family caregivers through the www.kauaiadrc.org (ADRC) website. The website Resource menu will expand links in Publications and Caregivers browsing library.
4. Develop use of a QR code to be utilized on agency brochures, promotional items, outreach materials and digital platforms to promote use of the www.kauaiadrc.org website.
5. Revitalize Dementia Friends Kauai initiatives. AEA staff and partners previously trained as Dementia Friends Hawaii champions will be encouraged to revisit Dementia Friends materials and sponsor Dementia Friends workshops within their organizations and communities.
6. Provide resources to caregivers to prepare for end of life and major illnesses. Collaborate with partners to develop a booklet of tips and resources as a guide for older adults, their caregivers and family members to prepare for end of life and major illnesses.
7. Offer professional facilitation. Provide trained facilitators or professionals who can lead support groups and more personalized one on one support. Facilitators can guide discussions, provide information, and offer resources to caregivers. They can also help caregivers navigate challenges and provide guidance on self-care strategies.

Short-Term Outcome(s):

1. Data to reflect increase # of hits on “Caregiver Resources” folder on www.kauaiadrc.org
2. # of participants in Dementia Friends workshops

Intermediate Outcome(s):

1. By end of 2024, at least 50% of identified caregivers email and contact information will be added to County notification alerts to receive updates of posted information on ADRC website.

Long-Term Outcomes (s):

70% of identified caregivers will feel supported with resources and support services.

Effectiveness Measure(s):

- # of hits on Caregiver Resources folder
- # of caregivers registered to receive county notifications
- # of caregivers completing Dementia Friends workshops
- # of caregivers receiving end of life resources and/or caregiver’s guide



We Are Dementia Champions
Creating A Dementia Friendly Kauai

Kauai’s First * 08/22/2019



#DementiaFriends
#DementiaFriendlyKauai
#ChloesCause #DementiaChampions

AAA Methodology to ensure compliance with Targeting Services

Targeting Services -- The Next Four Years

The Area Agency on Aging agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan on Aging, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Agency on Elderly Affairs, shall prepare and develop an area plan for the next four years which shall provide assurances that the Agency on Elderly Affairs will set specific objectives for providing services to older individuals, people with disabilities, and their caregivers, with greatest economic need. No means test shall be used to qualify any individual for services supported with funds from the Administration for Community Living.

Definition

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

Methods

- 1) The Agency on Elderly Affairs (AEA), Aging & Disability Resource Center (ADRC) staff will conduct outreach activities at elderly and public housing facilities and various locations in the community to identify those older adults, people with disabilities, and their caregivers, in greatest economic need, who may need services or assistance.
- 2) The Aging & Disability Resource Center (ADRC) staff will identify those in greatest economic need through visits conducted in the home of older adults and people with disabilities.
- 3) The Aging & Disability Resource Center (ADRC) staff will participate in capacity-building activities and training under the Medicare Improvements for Patients and Providers Act (MIPPA) and Medicare Beneficiary Outreach and Assistance for Low-Income Assistance and Enrollment. ADRC staff will also coordinate and collaborate with agencies who assist clients with Medicare Part D enrollment, such as the Hawaii SHIP program.
- 4) AEA will conduct public education/media activities to reach those older adults, people with disabilities, and their caregivers, in greatest economic need.
- 5) Partnerships will be developed by the AEA with community agencies who provide services to those in greatest economic need and have experience in working with such target groups to distribute brochures and other information.
- 6) AEA will identify and invite agency representatives who provide services to those in greatest economic need to participate on the Elderly Affairs Advisory Council and other committees.

- 7) AEA will coordinate and collaborate with agencies on mutual client referrals and linkages and to maximize service delivery. These agencies may include Samuel Mahelona Memorial Hospital, Department of Human Services, and Catholic Charities.
- 8) AEA staff will be encouraged to participate on local boards, committees, and advisory councils with agencies who target older adults, people with disabilities, and their caregivers, in greatest economic need.
- 9) AEA will encourage local businesses, civic organizations, and service clubs to provide service projects and social support to those in greatest economic need, which may include Zonta Club of Kaua'i's Annual Christmas Fund and continued collaboration with Kaua'i Island Utility Cooperative (KIUC) to provide free refrigerators to older adults in need.
- 10) AEA will continue to participate and support community events such as educational health fairs and informational presentations to provide information on available resources.

II. Methods for Assuring Service Preference to Older Individuals, People with Disabilities, and Their Caregivers, with the Greatest Social Need

Declaration of Compliance

The Area Agency on Aging agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan on Aging, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Agency on Elderly Affairs, shall prepare and develop an area plan on aging for the next four years which shall provide assurances that the Agency on Elderly Affairs will set specific objectives for providing services to older individuals, people with disabilities, and their caregivers, with greatest social need. No means test shall be used to qualify any individual for services supported with funds from the Administration for Community Living.

Definition

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)].

Methods

- 1) The Agency on Elderly Affairs (AEA), Aging & Disability Resource Center (ADRC) staff will identify areas within the community that may be isolated and pose challenges for older adults, people with disabilities, and their caregivers to access services.
- 2) The Aging & Disability Resource Center (ADRC) staff will conduct outreach at elderly and public housing facilities to identify those seniors, people with disabilities, and their caregivers, in greatest social need who may have difficulty in accessing services.

- 3) The Aging & Disability Resource Center (ADRC) staff will continue to conduct outreach efforts in the community to identify those who may be socially isolated and in need of services.
- 4) AEA will conduct public education/media activities to reach those older adults, people with disabilities, and their caregivers, in greatest social need.
- 5) AEA and its service providers will make efforts to hire and recruit bilingual staff who are able to communicate with minority elderly, people with disabilities, and their caregivers, with language barriers or who speak or understand limited English.
- 6) Agency representatives who service older adults, people with disabilities, and their caregivers in greatest social need are invited to participate on the Elderly Affairs Advisory Council and other committees.
- 7) AEA will develop partnerships and coordinate and collaborate with agencies and organizations to target those in greatest social need and maximize service delivery. These agencies may include churches, clinics, and other agencies and organizations that provide services to the disability population, homebound older adults, and/or older adults and people with disabilities, with language barriers.
- 8) AEA staff will be encouraged to participate on local boards, committees, and advisory councils with agencies who target older adults, people with disabilities, and their caregivers, in greatest social need.
- 9) AEA will continue to provide support to the Kaua'i APS Multidisciplinary Team to target those older adults and people with disabilities who are frail and vulnerable and may need assistance in accessing services.
- 10) AEA staff will seek capacity-building opportunities to develop skills in identifying those older adults and people with disabilities who may be vulnerable and at-risk for elder abuse.

III. Methods for Providing Services to Older Individuals and People with Disabilities At-Risk for Institutional Placement

Declaration of Compliance

The Area Agency on Aging agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan on Aging, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Agency on Elderly Affairs, shall prepare and develop an area plan on aging for the next four years which shall provide assurances that the Agency on Elderly Affairs will set specific objectives for providing services to older individuals and people with disabilities at risk for institutional placement. No means test shall be used to qualify any individual for services supported with funds from the Administration for Community Living.

Definition

With respect to an older individual or a person with disabilities, that such individual is unable to perform at least two activities of daily living without substantial human assistance

(including verbal reminding, physical cuing, or supervision) and is determined by the State to need placement in a long-term care facility.

Disability: means (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)]

Methods

- 1) The Agency on Elderly Affairs (AEA), Aging & Disability Resource Center (ADRC) staff will identify areas within the community that may be isolated and pose challenges for older adults and people with disabilities who are frail to access services.
- 2) The ADRC staff will continue outreach efforts in the community to identify older adults and people with disabilities who may be at-risk for institutionalization and in need of services.
- 3) AEA will conduct public education/media activities to reach those older adults and people with disabilities at risk for institutionalization and their families and caregivers who may need assistance.
- 4) AEA’s Case Management component will identify older adults and persons with disabilities who may be at-risk of institutionalization through its initial assessment process and develop care plans as appropriate and collaborating with appropriate agencies.
- 5) AEA will develop partnerships and coordinate and collaborate with agencies and organizations to maximize service delivery and target those older adults and people with disabilities who may be frail and in need of services. These agencies may include churches, clinics, hospitals, and other agencies and organizations that provide services to people with disabilities and frail, homebound older adults.
- 6) AEA staff will be encouraged to participate on local boards, committees, and advisory councils with agencies who target older adults and people with disabilities at risk for institutionalization.

IV. Methods for Assuring Service Preference to Low Income Minority Older Individuals and People with Disabilities, and Their Caregivers

Declaration of Compliance

The Area Agency on Aging agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan on Aging, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Agency on Elderly Affairs, shall prepare and develop an area on aging for the next four years

which shall provide assurances that the Agency on Elderly Affairs will set specific objectives for providing services to low-income minority older individuals, people with disabilities, and their caregivers.

Definitions

1. **Low Income** means having an income at or below the federal poverty level. It is the same as "greatest economic need."
2. **Minority** elders are persons age 60+, people with disabilities, and their caregivers who are either: American Indian/Alaskan Native; Asian Pacific Islander; Black, not of Hispanic origin; or Hispanic.
3. **Low-Income Minority** elders are persons age 60+, people with disabilities, and their caregivers, who are either: American Indian/Alaskan Native; Asian/Pacific Islander; Black, not of Hispanic origin; or Hispanic, with an annual income at or below the established poverty level.

Methods

- 1) The Agency on Elderly Affairs (AEA), Aging & Disability Resource Center (ADRC) staff will conduct home visits within designated areas to determine needs of older adults, people with disabilities, and their caregivers, and provide information on available services and resources.
- 2) The ADRC staff will conduct outreach at elderly and public housing facilities to identify older adults, people with disabilities and their caregivers, in need of services or assistance.
- 3) The ADRC staff will participate in capacity-building activities and training under the Medicare Improvements for Patients and Providers Act (MIPPA) and Medicare Beneficiary Outreach and Assistance for Low-Income Assistance and Enrollment. ADRC staff will also coordinate and collaborate with agencies who assist clients with Medicare Part D enrollment, such as the Hawaii SHIP program.
- 4) AEA will provide public education/media activities to reach those older adults, people with disabilities, and their caregivers, who are low-income and minority, including efforts to provide information in other languages.
- 5) AEA will identify and invite agency representatives who service older adults, people with disabilities, and their caregivers, who are low-income and minority to participate on the Elderly Affairs Advisory Council and other committees.
- 6) AEA will develop partnerships and coordinate and collaborate with agencies to target older adults, people with disabilities, and their caregivers, who are low-income and minorities, and maximize resources. These partnerships may include clinics, cultural organizations, Samuel Mahelona Memorial Hospital, Catholic Charities, and the Department of Human Services.
- 7) AEA staff will be encouraged to participate on local boards, committees, and advisory councils with agencies who target those who are low-income and minorities.
- 8) AEA will encourage service clubs, individuals, and the private sector to conduct service projects and/or funding to low-income minority individuals.

- 9) AEA and its service providers will make efforts to hire and recruit bilingual staff that is able to communicate with minority elderly, people with disabilities, and their caregivers, who speak or understand limited English.
- 10) AEA will encourage service providers to participate in cultural activities to identify those who are low-income and minority and may be in need of services.

V. Methods for Providing Services to Older Individuals, People with Disabilities, and Their Caregivers, with Limited English Proficiency

Declaration of Compliance

The Area Agency on Aging agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan on Aging, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Agency on Elderly Affairs, shall prepare and develop an area plan on aging for the next four years which shall provide assurances that the Agency on Elderly Affairs will set specific objectives for providing services to older individuals, people with disabilities, and their caregivers, with limited English proficiency. No means test shall be used to qualify any individual for services supported with funds from the Administration for Community Living.

Definition

HRS Sec. 321C-2: “an individual who, on account of national origin, does not speak English as the person’s primary language and self identifies as having a limited ability to read, write, speak or understand the English language.”

Methods

- 1) The Agency on Elderly Affairs (AEA), Aging & Disability Resource Center (ADRC) staff will conduct home visits within designated areas to determine needs of older adults, people with disabilities, and their caregivers, and provide information on available services and resources.
- 2) The ADRC staff will conduct outreach at elderly and public housing facilities to identify older adults, people with disabilities, and their caregivers, in need of services or assistance.
- 3) AEA will make efforts to provide public education/media activities to reach those older adults, people with disabilities, and their caregivers, who have limited English proficiency.
- 4) Agency representatives who provide services to older adults, people with disabilities, and their caregivers, with limited English proficiency are invited to participate on the Elderly Affairs Advisory Council and other committees.
- 5) AEA will continue to develop partnerships and coordinate and collaborate with agencies to maximize service delivery. These partnerships may include clinics, cultural organizations, Samuel Mahelona Memorial Hospital, Catholic Charities, the Department of Health, and the Department of Human Services.

- 6) AEA staff will be encouraged to participate on local boards, committees, and advisory councils with agencies who have the experience and target those who have limited English proficiency.
- 7) AEA and its service providers will make efforts to hire and recruit bilingual staff that is able to communicate with those who speak or understand limited English.
- 8) AEA will encourage service providers to participate in cultural activities to identify those with limited English proficiency and may need services.

VI. Methods for Assuring Service Preference to Older Individuals, People with Disabilities, and their Caregivers, Residing in Rural Areas

Declaration of Compliance

The Area Agency on Aging agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan on Aging, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Agency on Elderly Affairs, will provide assurances that its outreach efforts will identify individuals eligible for assistance under this Act, with special emphasis on older individuals, people with disabilities, and their caregivers, residing in rural areas.

Definitions

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

Disability: Means (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)]

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)].

Rural: An area that is not urban.

Definition: Beginning in FY 97, the Administration for Community Living definition of rural for purposes of SPR reporting: 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.

Methods

- 1) The Agency on Elderly Affairs (AEA), Aging & Disability Resource Center (ADRC) staff will conduct home visits within designated areas to determine needs of older adults, people with disabilities, and their caregivers, and provide information on available services and resources.
- 2) The ADRC staff will conduct outreach at elderly and public housing facilities to identify those seniors, people with disabilities, and their caregivers, in need of services or assistance.
- 3) AEA will provide public education/media activities to reach older adults, people with disabilities, and their caregivers.
- 4) Agency representatives who service older adults, people with disabilities, and their caregivers, are invited to participate on the Elderly Affairs Advisory Council and other committees.
- 5) AEA will develop partnerships and coordinate and collaborate with agencies to maximize resources. These partnerships may include the County Department of Parks and Recreation, Samuel Mahelona Memorial Hospital, Catholic Charities, the Department of Health, and the Department of Human Services.
- 6) AEA staff will be encouraged to participate on local boards, committees, and advisory councils to provide information and advocacy on behalf of older adults, people with disabilities, and their caregivers.
- 7) AEA will encourage service clubs, individuals, and the private sector to conduct service projects and/or funding for older adults, people with disabilities, and their caregivers, within the community.
- 8) AEA and its service providers will make efforts to hire and recruit bilingual staff that is able to communicate with rural, minority elderly, people with disabilities, and their caregivers who speak or understand limited English or are geographically isolated.
- 9) AEA will participate and encourage service providers to participate in community events to promote services.

VII. Methods to Increase Access by Older Individuals, People with Disabilities, and Their Caregivers, who are Native Americans (American Indians, Alaskan Natives, and Native Hawaiians)

Declaration of Compliance

The Area Agency on Aging agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan on Aging, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Agency on Elderly Affairs, will provide assurances that its outreach efforts will identify individuals eligible for assistance under this Act, with special emphasis on older individuals, persons with disabilities, and their caregivers, who are Native Americans (American Indians, Alaskan Natives, and Native Hawaiians).

Definitions

Native American: means—(A) an Indian as defined in paragraph (26); and (B) a Native Hawaiian, as defined in section 625. [OAA, Sec 102 (37)]

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. (Instructions for Completion of Title III and VII SPR).

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]

Methods

- 1) The Agency on Elderly Affairs (AEA) will provide information and assistance, and outreach efforts to identify individuals eligible for assistance under its Area Plan, with special emphasis on older American Indians, Alaskan Natives, and Native Hawaiians, and inform such individuals of the availability of available services.
- 2) AEA will identify cultural events in the community and make efforts to participate and promote services.
- 3) AEA will continue to develop partnerships with agencies that provide services or programs to older Native American individuals and will coordinate and collaborate on client referrals to maximize resources.
- 4) AEA will continue to develop partnerships with agencies that provide services or programs to older Native American individuals, Native American individuals with disabilities, and their caregivers, to collaborate on community events and programs.
- 5) Agency representatives who service older adults, people with disabilities, and their caregivers, and have the experience of working with Native Americans are invited to participate on the Elderly Affairs Advisory Council and other committees.

PART IV. Funding Plan
Previous Year Expenditures for Priority Services
(FY 2022)
Title III Part B Federal Funds Only

PART IV. Funding Plan

Previous Year Expenditures for Priority Services
(FY 2022)
Title III Part B Federal Funds Only

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

Service	Budgeted Compliance Amount (Dollars)	FY 22 Actual Expenditures	% for Title III Categories
Access	13,731		
Information & Assistance		97,177	35%
Outreach		24,294	8%
Evidence-based Health Programs		57,420	20%
Sub-total		178,891	63%
In-Home	13,731		
Fall Prevention		11,622	4%
Telephone Reassurance		6,657	2%
Sub-total		18,279	6%
Legal	82,386		
Legal Assistance		69,647	25%
Sub-total		69,647	25%
Title III Part B Total		266,317	

**Part IV-B. Projected Service Outputs and Resources
for 2023-2027 Allocation Levels**

FY Year 2024 (October 1, 2023-September 30, 2024)

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
<i>ACCESS</i>					
Information & Assistance	1,400	6,700 Contacts	\$42.00	\$93,264 \$188,536	NB S
Outreach	1,006	1,006 Contacts	\$70.00	\$23,316 \$47,134	NB S
Case Management	90	846 Hours	\$65.00	\$55,000	A
Transportation	70	7,000 Trips	\$15.00	\$105,000	A
Assisted Transportation	20	550 Trips	\$40.00	\$22,000	A
<i>SUPPORTIVE SERVICES: IN-HOME</i>					
Homemaker	35	2,900 Hours	\$34.00	\$98,600	A
Personal Care	15	2,000 Hours	\$36.00	\$72,000	A
Adult Day Care	15	12,000 Hours	\$7.00	\$84,000	A
Chore	10	300 Hours	\$45.00	\$13,500	A
Home Modification	15	15 Requests	\$550.00	\$8,250	NB
Caregiver Support Services					
Information	200	400 Contacts	\$0	\$0	
Assistance	200	400 Contacts	\$0	\$0	
Counseling	30	68 Hours	\$94.00	\$6,392	NE
Support Groups	50	48 Sessions	\$325.00	\$15,600	NE
Training	100	12 Sessions	\$667.00	\$8,004	NE
Respite – In-home	5	720 Hours	\$35.00	\$25,200	NE
Information Services - activities	25	12 activities	\$250.00	\$3,000	NE
Grandparents Raising Grandchildren - respite/support group	12	12 sessions	\$666.67	\$8,000	NE

* Reduction in Number of Unduplicated Persons and/or Service Units due to increase in Unit Cost.

SUPPORTIVE SERVICES: COMMUNITY-BASED					
Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	185			\$77,500 \$180,000	NO S
Disease Prevention-Enhance Fitness	200	1,404 Sessions	\$161.91	\$105,757 \$114,211 \$7,358	A S ND
Disease Prevention-Better Choices, Better Health	70	7 workshops 42 Sessions	\$849.47	\$28,320	A
<i>NUTRITION PROGRAM</i>					
Meals-Home Delivered	300	50,000 Meals	\$16.00	\$400,000 \$271,150 \$128,850	NC2 S A
Meals-Congregate	100	5,000 Meals	\$12.00	\$60,000	NC1
<i>LEGAL SERVICES</i>					
Legal Assistance	300	1,400 Hours	\$50.00	\$70,000	NB

- NB = Federal Funds (Title III-Part B)
 NC-1 = Federal Funds (Title III-Part C-1)
 NC-2 = Federal Funds (Title III-Part C-2)
 ND = Federal Funds (Title III-Part D)
 NE = Federal Funds (Title III-Part E)
 NO = Federal Funds (Other)
 ARRA = American Recovery and Reinvestment Act of 2009
 A = State General Funds (General Funds)
 AO = State Funds (Other)
 S = County Funds (Cash only)
 PI = Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising 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

* Reduction in Number of Unduplicated Persons and/or Service Units due to increase in Unit Cost.

**Projected Service Outputs and Resource Allocation Levels
FY Year 2025 (October 1, 2024 – September 30, 2025)**

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
<i>ACCESS</i>					
Information & Assistance	1,400	6,700 Contacts	\$42.00	\$93,264 \$188,536	NB S
Outreach	1,006	1,006 Contacts	\$70.00	\$23,316 \$47,134	NB S
Case Management	90	846 Hours	\$65.00	\$55,000	A
Transportation	75	7,000 Trips	\$18.00	\$126,000	A
Assisted Transportation	22	610 Trips	\$45.00	\$27,000	A
<i>SUPPORTIVE SERVICES: IN-HOME</i>					
Homemaker	38	3,100 Hours	\$40.00	\$124,000	A
Personal Care	25	2,500 Hours	\$45.00	\$112,500	A
Chore	12	400 Hours	\$50.00	\$20,000	A
Adult Day Care	15	12,500 Hours	\$10.00	\$125,000	A
Home Modification	20	20 Requests	\$550.00	\$11,000.00	NB
Caregiver Support Services					
Information	200	400 Contacts	\$0	\$0	
Assistance	200	400 Contacts	\$0	\$0	
Counseling	30	71 Hours	\$94.00	\$6,674	NE
Support Groups	60	48 Sessions	\$325.00	\$15,600	NE
Training	100	13 Sessions	\$667.00	\$8,671	NE
Respite – In-home	7	1,000 Hours	\$45.00	\$45,000	NE
Information Services - activities	30	12 activities	\$250.00	\$3,000	NE
Grandparents Raising Grandchildren - respite/support group	15	12 sessions	\$666.67	\$8,000	NE

* Reduction in Number of Unduplicated Persons and/or Service Units due to increase in Unit Cost.

SUPPORTIVE SERVICES: COMMUNITY-BASED					
Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	200			\$75,000 \$185,000	NO S
Disease Prevention-Enhance Fitness	200	1,404 Sessions	\$161.91	\$114,211 \$7,358	S ND
Disease Prevention-Better Choices, Better Health	70	7workshops 42 Sessions	\$849.47	\$28,320	A
NUTRITION PROGRAM					
Meals-Home Delivered	320	50,500 Meals	\$16.00	\$400,000 \$279,150 \$128,850	NC2 S A
Meals-Congregate	125	5,200 Meals	\$12.00	\$62,400	NC1
LEGAL SERVICES					
Legal Assistance	320	1,450 Hours	\$50.00	\$72, 500	NB

- NB = Federal Funds (Title III-Part B)
- NC-1 = Federal Funds (Title III-Part C-1)
- NC-2 = Federal Funds (Title III-Part C-2)
- ND = Federal Funds (Title III-Part D)
- NE = Federal Funds (Title III-Part E)
- NO = Federal Funds (Other)
- ARRA = American Recovery and Reinvestment Act of 2009
- A = State General Funds (General Funds)
- AO = State Funds (Other)
- S = County Funds (Cash only)
- PI = Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising 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

* Reduction in Number of Unduplicated Persons and/or Service Units due to increase in Unit Cost.

**Projected Service Outputs and Resource Allocation Levels
FY Year 2026 (October 1, 2025 – September 30, 2026)**

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
<i>ACCESS</i>					
Information & Assistance	1,400	6,700 Contacts	\$42.00	\$93,264 \$188,536	NB S
Outreach	1,006	1,006 Contacts	\$70.00	\$23,316 \$47,134	NB S
Case Management	90	846 Hours	\$65.00	\$55,000	A
Transportation	77	7,500 Trips	\$18.00	\$135,000	A
Assisted Transportation	25	720 Trips	\$45.00	\$32,400	A
<i>SUPPORTIVE SERVICES: IN-HOME</i>					
Homemaker	40	3,300 Hours	\$40.00	\$142,000	A
Personal Care	27	3,000 Hours	\$45.00	\$135,000	A
Chore	15	500 Hours	\$50.00	\$25,000	A
Adult Day Care	220	13,000 Hours	\$10.00	\$130,000	A
Home Modification	22	22 Requests	\$550.00	\$12,100	NB
Caregiver Support Services					
Information	200	400 Contacts	\$0	\$0	
Assistance	200	400 Contacts	\$0	\$0	
Counseling	30	71 Hours	\$94.00	\$6,674	NE
Support Groups	50	48 Sessions	\$325.00	\$15,600	NE
Training	100	15 Sessions	\$667.00	\$10,005	NE
Respite – In-home	10	1400 Hours	\$45.00	\$63,000	NE
Information Services - activities	30	12 activities	\$250.00	\$3,000	NE
Grandparents Raising Grandchildren - respite/support group	20	12 sessions	\$700.00	\$8,400	NE

* Reduction in Number of Unduplicated Persons and/or Service Units due to increase in Unit Cost.

SUPPORTIVE SERVICES: COMMUNITY-BASED					
Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	225			\$75,000 \$190,000	NO S
Disease Prevention-Enhance Fitness	200	1,404 Sessions	\$161.91	\$105,757 \$114,211 \$7,358	A S ND
Disease Prevention-Better Choices, Better Health	70	7workshops 42 Sessions	\$849.47	\$28,320	A
-					
NUTRITION PROGRAM					
Meals-Home Delivered	330	51,000 Meals	\$18.00	\$400,000 \$389,150 \$128,850	NC2 S A
Meals-Congregate	150	7,000 Meals	\$14.00	\$98,000	NC1
LEGAL SERVICES					
Legal Assistance	330	1,500 Hours	\$50.00	\$75,000	NB

- NB = Federal Funds (Title III-Part B)
- NC-1 = Federal Funds (Title III-Part C-1)
- NC-2 = Federal Funds (Title III-Part C-2)
- ND = Federal Funds (Title III-Part D)
- NE = Federal Funds (Title III-Part E)
- NO = Federal Funds (Other)
- ARRA = American Recovery and Reinvestment Act of 2009
- A = State General Funds (General Funds)
- AO = State Funds (Other)
- S = County Funds (Cash only)
- PI = Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising 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

* Reduction in Number of Unduplicated Persons and/or Service Units due to increase in Unit Cost.

**Projected Service Outputs and Resource Allocation Levels
FY Year 2027 (October 1, 2026 – September 30, 2027)**

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
<i>ACCESS</i>					
Information & Assistance	1,400	6,700 Contacts	\$42.00	\$93,264 \$188,536	NB S
Outreach	1,006	1,006 Contacts	\$70.00	\$23,316 \$47,134	NB S
Case Management	90	846 Hours	\$65.00	\$55,000	A
Transportation	77	8,000 Trips	\$18.00	\$144,000	A
Assisted Transportation	30	900 Trips	\$45.00	\$40,500	A
<i>SUPPORTIVE SERVICES: IN-HOME</i>					
Homemaker	45	3,750 Hours	\$40.00	\$150,000	A
Personal Care	30	3,500 Hours	\$45.00	\$157,500	A
Chore	20	700 Hours	\$50.00	\$35,000	A
Adult Day Care	25	14,000 Hours	\$10.00	\$140,000	A
Home Modification	25	25 Requests	\$550.00	\$13,750	NB
Caregiver Support Services					
Information	200	400 Contacts	\$0	\$0	
Assistance	200	400 Contacts	\$0	\$0	
Counseling	30	72 Hours	\$94.00	\$6,768	NE
Support Groups	50	48 Sessions	\$325.00	\$15,600	NE
Training	100	15 Sessions	\$667.00	\$10,005	NE
Respite – In-home	12	1,500 Hours	\$45.00	\$67,500	NE
Information Services - activities	35	15 activities	\$250.00	\$3,750	NE
Grandparents Raising Grandchildren - respite/support group	30	15 sessions	\$700.00	\$10,500	NE

SUPPORTIVE SERVICES: COMMUNITY-BASED					
Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	250			\$75,000 \$195,000	NO S
Disease Prevention-Enhance Fitness	200	1,404 Sessions	\$161.91	\$105,757 \$114,211 \$7,358	A S ND
Disease Prevention-Better Choices, Better Health	70	7workshops 42 Sessions	\$849.47	\$28,320	A
-					
<i>NUTRITION PROGRAM</i>					
Meals-Home Delivered	350	51,500 Meals	\$18.00	\$400,000 \$398,150 \$128,850	NC2 S A
Meals-Congregate	200	10,000 Meals	\$14.00	\$140,000	NC1
<i>LEGAL SERVICES</i>					
Legal Assistance	330	1,550 Hours	\$50.00	\$77,500	NB

- NB = Federal Funds (Title III-Part B)
- NC-1 = Federal Funds (Title III-Part C-1)
- NC-2 = Federal Funds (Title III-Part C-2)
- ND = Federal Funds (Title III-Part D)
- NE = Federal Funds (Title III-Part E)
- NO = Federal Funds (Other)
- ARRA = American Recovery and Reinvestment Act of 2009
- A = State General Funds (General Funds)
- AO = State Funds (Other)
- S = County Funds (Cash only)
- PI = Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising 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

* Reduction in Number of Unduplicated Persons and/or Service Units due to increase in Unit Cost.

**PART IV- C. Minimum Percentages for Title III
Part B Categories of Services**

Minimum Percentages for Title III Part B Categories of Services

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

<u>Categories of Services</u>	<u>Percent</u>
Access	5%
In Home	5%
Legal	30%
Total Percent	40%

APPENDICES

APPENDIX A: WAIVERS

Waiver to Provide Direct Service

KAUAI AGENCY ON ELDERLY AFFAIRS

(Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY’S DIRECT PROVISION OF SERVICE

For the period beginning April 1, 2023 through March 30, 2024

Service

Retired and Senior Volunteer Program - RSVP

Title III Reference

OAA Sec.3026(a)(12) Each plan shall, in the discretion of the area agency on aging, provide for a Program Director, who shall encourage, organize, and promote the use of older individuals as volunteers to local communities within the area.

OAA Sec.3027(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

	<u>CNCs*</u>	<u>State</u>	<u>County</u>
	\$75,000	- 0 -	\$180,000
TOTAL \$255,000	<u>\$75,000</u>	- 0 -	<u>\$180,000</u>

*AmeriCorps Seniors formerly known as CNCs (Other Federal) – Corporation for National and Community Service

Justification

- Kauai RSVP organizes and promotes volunteer opportunities for volunteers 55 years and older who seek to find challenging, rewarding, and significant service opportunities in their local communities. RSVP member’s interests matched with community needs and volunteer opportunities with government agencies, nonprofits, faith based, and other community organizations on Kauai. RSVP’s primary focus is Healthy Futures – increasing 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. Other service areas include protecting and restoring the environment, tutoring children, assisting veterans, military service members, and their families, volunteering in thrift shops and hospitals, assisting in museums and doing special projects.

- The provision of RSVP services by the Agency on Elderly Affairs (AEA) is necessary to assure an adequate supply of such services. RSVP is an added resource for the AEA to provide services to the elderly, enhance its service delivery, and strengthen its infrastructure.
- These services are related to the Agency on Elderly Affairs' administrative functions. The AEA, for the past 50 years, is the designated grantee organization and provides all in-kind support that may not be readily available through other community agencies.
- The RSVP component is the only program within the County of Kauai with a core of hundreds of experienced volunteers and a long-term history and record of experience on volunteerism since 1973. This grantee/grantor relationship has progressed over the years into a well-developed partnership, which significantly enhances elderly services through volunteerism and demonstrates that it has provided the service effectively and efficiently. This enhancement of elderly services is expected to increase as recent program changes at the Corporation for National & Community Services are streamlining the focus areas for RSVP volunteers to provide greater impact on the areas of greatest community need. These focus areas are Healthy Futures, Education, Veterans and Military Families, Environmental Stewardship, Economic Opportunities, Disaster Services and Other Community Priorities.
- During FY2023, RSVP saw an increase in the number of volunteers actively serving from the previous fiscal year. 224 volunteers served 19,675 hours at thirty nonprofit organizations and government agencies. The average value of volunteering in Hawaii is \$33.48, according to Independent Sector, a coalition of nonprofits, foundations, and corporate philanthropy organizations. Thus, reflecting a savings value of \$658,719 through volunteer service activities of the AmeriCorps Seniors Kauai RSVP program.
- According to the RSVP Program Operation Handbook, "the RSVP sponsor is required to supplement the CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS) grant with other budget support to the fullest extent possible and at least equal in amount to the local support negotiated between CNCS and the sponsor." AEA, as the sponsoring agency, has continued to match the CORPORATION FOR NATIONAL AND COMMUNITY SERVICE grant with funds provided by the County.

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

Waiver to Provide Direct Service

KAUAI AGENCY ON ELDERLY AFFAIRS

(Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY’S DIRECT PROVISION OF SERVICE

For the period beginning July 1, 2023 through June 30, 2024

Service

Evidence-based Programs: EnhanceFitness Program
 Chronic Disease Self-Management Program (CDSMP) – also known as Better Choices, Better Health
 Cancer Thriving & Surviving (CTS)

Title III Reference

OAA Sec.3027(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. 102(14)(D) **Disease Prevention and Health Promotion Services definition** refers to evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, cardiovascular disease, and cancer), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, improved nutrition.

Funding Source

	<u>AoA</u>	<u>County</u>	<u>State</u>
Enhance Fitness	\$ 7,358	\$114,211	0
CDMSP/DSMP 0	0		0
TOTALS \$121,569	\$ 7,358	\$114,211	0

ACL – Administration for Community Living
 County – County of Kauai
 State – State of Hawaii

Justification

- The Older Americans Act amendments of 2020 directed the aging network at all levels, which includes the Area Agency on Aging, to actively promote the opportunity to enable older adults to live healthier lives through the delivery of evidence-based

disease and disability prevention programs. One of these programs is EnhanceFitness, a physical activity program for older adults and another is Better Choices, Better Health (BCBH), a Chronic Disease Self-Management Program. Both evidence-based programs have been researched, tested and proven to be effective in communities.

- The U.S Administration for Community Living’s Strategic Action Plan includes efforts to move forward changes in the long-term care system at the state and community levels. One of its priorities is building evidence-based prevention into our community-based systems for services. These prevention programs help older people to make behavioral changes that will reduce their risk of disease, disability, and injury, which can lead to increased healthcare costs.
 - EnhanceFitness is a nationally recognized, evidence-based program developed by the University of Washington and Senior Services in Seattle, Washington. It is a group exercise program designed for older adults to improve their overall functional fitness through classes held three times a week. The design of the program includes exercises to address balance, strength, endurance, and flexibility, and is geared to the level of both active and frail older adults.
- It is commonly recognized that regular physical activity in the older adult population can decrease the risk of developing high blood pressure, osteoporosis, heart disease, diabetes and depression or help to manage chronic disease and prevention of falls.
 - The provision of the EnhanceFitness program by the Agency on Elderly Affairs (AEA) is necessary to assure an adequate supply of these services and is directly related to the area agency on aging’s administrative functions. Providing these services enhances AEA’s existing service delivery and coordinated system of community-based services for a wide spectrum of older adults.
 - BCBH is a nationally recognized, evidence-based program developed by Stanford University. It is a series of six weekly classes for persons with a chronic health condition, teaching them about goal setting and action planning, and discusses relevant topics including exercise, nutrition, and medication management.
 - The provisions of the BCBH program by the Agency on Elderly Affairs (AEA) is necessary to assure an adequate supply of these services and is directly related to the area agency on aging’s administrative functions. Providing this program enhances AEA’s existing service delivery and coordinated system of community-based services to address the needs for a wide spectrum of older adults.
 - Since 2003, AEA has worked in partnership on a statewide Healthy Aging Project committee with the Executive Office on Aging and the State Department of Health, with the overall goal of improving the health status of older adults. Consequently,

AEA has implemented Healthy Aging activities on Kaua'i since 2004 and has developed partnerships on Kaua'i to collaborate and coordinate its efforts.

- In August, 2006, AEA participated in a statewide effort to apply for Administration for Community Living funding to implement evidence-based, disease prevention programs in Hawaii. Kauai received funding to implement the EnhanceFitness program in July, 2007 at two nutrition sites/senior centers. Interest in the program has led to the expansion of seven sites and nine classes throughout the community. In fiscal year 2009, Kauai received funding to implement the BCBH program.
- In 2011, AEA received funds from the Department of Health and Human Services – Communities Putting Prevention to Work (CPPW), through the State Department of Health, to expand the EnhanceFitness program in Kapaa and train more BCBH workshop leaders and continue implementation of the workshops.
- AEA staff has provided the necessary oversight and has monitored the requirements of the program to maintain program fidelity and has provided the leadership for the Healthy Aging partnership development. AEA staff has also provided on-going in-kind support to assist with participant recruitment, registration, and Fitness Checks, which measures participants' progress in the program.

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

Waiver of Priority Categories of Services

Waiver of Priority Categories of Services

County of Kauai, Agency on Elderly Affairs

JUSTIFICATION FOR WAIVER PRIORITY CATEGORIES OF SERVICES

For the duration of the Area Plan (FY2023-2027)

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, 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 and organic brain dysfunction).

N/A

Legal Assistance

N/A

Justification

Appendix B. Assurances

- B1. Assurance of Compliance with the Department of Health and Human Services Regulation Under Title VI of the Civil Rights Act of 1964**
- B2. Department of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended**
- B3. General and Program Specific Provisions and Assurances**
 - a. General Assurances**
 - b. Program Specific Assurances**
 - c. Other Assurances as Related to the Code of Federal Regulation [1321.17(F) 1 to 15]**
 - d. Certification Regarding Lobbying**

Appendix B1

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

The County of Kauai – Agency on Elderly Affairs (hereinafter called the “Applicant”)
HEREBY

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

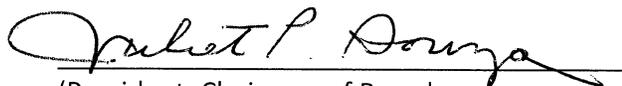
If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real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

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

Date 11/27/23

By

County of Kauai, Agency on Elderly Affairs
Piikoi Building
4444 Rice Street, Ste. 330
Lihue, Hawaii 96766


(President, Chairman of Board or
comparable authorized official)

Appendix B2

**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 the regulation [45 C.F.R. 84(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 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 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 the regulation [45 C.F.R.84.5(b)].

The recipient: (Check one box)

- employs fewer than fifteen persons
- employs fifteen or more persons and pursuant to 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:

Agency on Elderly Affairs

Designee

County of Kaua'i
Name of Recipient

Piikoi Building, 4444 Rice Street, Ste. 330
Street Address

99-6000658
(IRS) Employer Identification No.

Lihue, Hawaii 96766
City, State, Zip Code

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

11/30/2023
Date

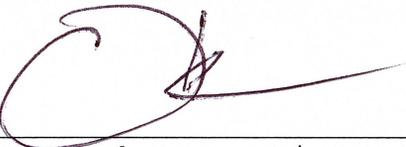


Derek S. K. Kawakami, Mayor, County of Kaua'i

Appendix B3

GENERAL AND PROGRAM SPECIFIC PROVISIONS AND ASSURANCES

The County of Kauai, Agency on Elderly Affairs 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 100 through 112.

11/30/2023 
Date Signature of Mayor or His/Her Designee

B3a. General Assurances

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

1. General Administration

a. Compliance with Requirements

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

b. Efficient Administration

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

c. General Administrative and Fiscal Requirements

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

d. Training of Staff

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

e. Management of Funds

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

f. Safeguarding Confidential Information

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

g. Reporting Requirements

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

h. Standards for Service Providers

All providers of service under this Plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation, and other standards prescribed in law or regulations. The Area Agency provides that where the State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

i. Amendments to Area Plan

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

j. Intergovernmental Review of Services and Programs

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

k. Standards for a Merit System of Personnel Administration

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

2. Equal Opportunity and Civil Rights

a. Equal Employment Opportunity

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

b. Non-Discrimination on the Basis of Handicap

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

CFR 84.

c. Non-Discrimination on the Basis of Age

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

d. Civil Rights Compliance

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

3. Provision of Services

a. Needs Assessment

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

b. Priorities

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

c. Eligibility

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

d. Residency

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

e. Coordination and Maximum Utilization of Services

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

4. Non-Construction Programs

a. Legal Authority

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

b. Hatch Act

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

c. Single Audit Act of 1984

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

d. Other Laws

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

B3b. Program Specific Provisions and Assurances

Program specific assurances will follow the intent of the area plans as stated in section 306 of the Older Americans Act, as amended through P.L. 116-131, enacted March 25, 2020.

Section 306 Area Plans

SEC. 306. (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, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual

to older individual work), 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 and behavioral 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 with 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, specifically including survivors of the Holocaust; and (ii) inform the older individuals referred to in subclauses (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 and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral 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; (H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and (I) 7 to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(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; 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—(A) 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 2019 in carrying out such a program under this title; and (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(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;

(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;

(18) provide assurances that the area agency on aging will collect data to determine—(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

SEC. 306. (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; (K) protection from elder abuse, neglect, and exploitation; (L) assistive technology devices and services; and (M) any other service as determined by such agency.

SEC. 306. (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.

SEC. 306. (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.

SEC. 306. (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.

SEC. 306. (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.

SEC. 306. (g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—(1) contracts with health care payers; (2) consumer private pay programs; or (3) other arrangements with entities or individuals that increase the availability of home- and community-based services and supports. [42 U.S.C. 3026]

B3c. 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 shall 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 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 shall 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)

The State agency shall have and employ appropriate procedures for 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.

B3d. Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an 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 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.

County of Kaua'i Agency on Elderly Affairs
Organization

Hawaii
State


Ludvina K. Takahashi
County Executive on Aging

11/24/2023
Date

Appendix C. CHART OF EXISTING SERVICES

Appendix C: AAA Chart of Existing Services

Information provided by agencies and organizations completing AEA Senior Resource Survey and through other resources. Agencies listed serve older adults 60+ and may serve disabled persons under 60 as identified below.

**denotes programs and services administered or contracted by the AEA

Programs and Services	Provider Agency		Area Served by Jurisdiction	Also serve disabled persons under 60
Basic Needs: Food				
Food Banks	Hawaii Food Bank		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kauai Independent Food Bank		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Food Pantries	Calvary Chapel Lihue			
	Salvation Army (Lihue)			
	St. Michael’s and All Angels (Lihue)			
	Hale Hoomalu (Kapaa)			
	Kapaa Missionary Church			
	Kapaa Seventh Day Adventist			
	Church of the Pacific (Princeville)			
	St. Williams Church (Hanalei)			
	Kauai Bible Church (Lawai)			
	Holy Cross Church (Kalaheo)			
	Nana’s House (Waimea)			
	Salvation Army (Hanapepe)			
Home Delivered Meals	Kauai Economic Opportunity, Inc.	**	Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	Alu Like, Inc.		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
Meals Congregate	Kauai Economic Opportunity, Inc.	**	Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	Salvation Army (Lihue)		Hanalei, Kawaihau, Līhu‘e	Y
Nutrition Counseling	Kauai Economic Opportunity, Inc.		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	Dept Veterans Affairs		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Ho’ola Lahui Hawaii		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kauai Hospice		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Nutrition Education	Kauai Economic Opportunity, Inc.		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N

	American Cancer Society		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Dept Veterans Affairs		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Ho‘ola Lahui Hawaii		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kauai Independent Food Bank		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kauai Hospice		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Nana’s House		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Other – Food Assistance	Church of the Pacific, United Church of Christ		Hanalei	Y
	Kauai Independent Food Bank		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Basic Needs: Housing				
Elderly and Multi-Family Housing	Hawaii Public Housing Authority		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kapaa (Mahelona) Elderly Hale Nana Kai O Kea			
	Elderly & Disabled – Hale Hoolulu			
	Elderly & Disabled – Hale Hoonanea			
	Elderly & Disabled – Home Nani			
	Hale Kupuna Elderly Housing			
	Kalepa Village			
	Kanikoo Senior Housing		Līhue	Y
	Kekaha Plantation Elderly Housing Project			
	Koloa Hale Ohana			
	Līhue Court Townhomes			
	Līhue Theater Apartments		Līhue	N
	Paanau Village (Phase II)			
	Plantation Traditional Living			
Housing Assistance	Kauai County Housing Agency		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	American Cancer Society		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Catholic Charities		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Dept. of Health – Kauai Community Mental Health Center		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc.- Persons-In-Need		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
Other Senior Housing	Hale Kupuna Senior Apartments		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	Kekaha Elderly Housing		Kekaha	Y
	Līhue Gardens		Līhue	Y
Home Improvement	U.S. Department of Agriculture			

Affordable and Transitional Housing	County of Kaua'i Housing Agency Section 8			
	Kauai Economic Opportunity, Inc. (KEO)		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Long-Term Care Facilities	Garden Isle Healthcare		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea Y	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea Y
	Hale Kupuna Heritage Home			
	Kauai Care Center			
	Kaua'i Veterans Memorial Hospital (KVMH)		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea Y	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea Y
	Samuel Mahelona Memorial Hospital		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea Y	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea Y
Residential Care and Foster Home	For assistance and listing, contact: Kauai Agency on Elderly Affairs			
	Department of Health - State Licensing Section			
Retirement Home & Assisted Living	Regency at Puakea			
Basic Needs: Transportation				
Licensing and Permits	Driver Licensing Bldg. A		Hanalei, Kawaihau, Līhu'e, Koloa, Waimea	Y
	Motor Vehicle Licensing Bldg. A		Hanalei, Kawaihau, Līhu'e, Koloa, Waimea	Y
	Persons with Disabilities Parking Permit		Hanalei, Kawaihau, Līhu'e, Koloa, Waimea	Y
County of Kauai Transportation	Kauai Bus		Hanalei, Kawaihau, Līhu'e, Koloa, Waimea	Y
	Kupuna Care Transportation	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Paratransit & ADA			
	The Salvation Army - Lihue		Hanalei, Kawaihau, Līhu'e	Y
Medical Transportation	Kauai Medical Transport, Inc.			
Local Transportation and Passes	Akita Enterprises			
	Workforce Development Division/Workwise Kauai			
Other – Disability Communication Access Board	County Driver Licensing Division		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N

Older Driver Information Websites	AAA Foundation for Traffic Safety seniordriving.aaa.com			
	American Occupational Therapy Association www.aota.org/olderdrive			
	The Hartford www.thehartford.com/talkwitholderdriver			
Assisted Transportation	American Cancer Society		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Counseling				
	Alzheimer's Association - Kauai		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Church of the Pacific, United Church of Christ		Hanalei	
	Dept. of Health – Kauai Community Mental Health Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Human Services – Adult Protection & Community Services Section		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept of Veterans Affairs		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Aloha Independent Living Hawaii		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Hospice		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Northshore Caregivers Support Group		Hanalei	N
	Salvation Army (Lihue)		Hanalei, Kawaihau, Lihue	Y
Caregivers Education and Support				
Caregivers Education and Support	Ohana Pacific Management dba Adult Day Health	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc.- Persons-In-Need		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Alzheimer's Association Support Group – Information and Referral			
	Kauai Hospice		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Liliuokalani Trust		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Tutu & Me Traveling Preschool			
	Grandparents Raising Grandchildren			
Adult Day Care	Ohana Pacific Management dba Kauai Adult Day Health Center	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc. – Persons-In-Need		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Elder Abuse/Neglect	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Human Services – Adult Protection & Community Services Section		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y

Respite Care	Bayada	**	Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	MasterCare		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Regency at Puakea			
	Veteran’s Outpatient Clinic			
	Dept. of Health – Community Services for the Developmentally Disabled		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Counseling	Alzheimer’s Association - Kauai		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Ho’ola Lahui Hawaii		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kauai Hospice		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Nana’s House		Koloa, Waimea	Y
	Northshore Caregivers Support Group		Hanalei	N
	Legal Aid Society Hawaii	**	Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	Ohana Pacific Management dba Kauai Adult Day Health Center		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Support Groups	Alzheimer’s Association - Kauai	**	Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kauai Hospice		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Northshore Caregivers Support Group		Hanalei	N
	American Cancer Society		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Aloha Independent Living		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Training	Alzheimer’s Association - Kauai	**	Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Bayada Home Health Care		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Legal Aid Society Hawaii	**	Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	Kauai Hospice		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Other – Home Medical Equipment	Gammie Home Care, Inc.		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Other – Medical, Dental, and Behavioral Health Services	Ho’ola Lahui Hawaii		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Other – Inpatient Nursing and Therapy	Garden Isle Healthcare		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Other – Kinship Care	Child & Family Services		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Other – Material Assistance	Catholic Charities		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y

	American Cancer Society		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Nana’s House		Kōloa, Waimea	Y
Other – Vocational Rehabilitation Support Services	Friendship House		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Community Information and Referral Services				
Community Information and Referral Services	2-1-1 Aloha United Way			
	Adult Protective Services – Department of Human Services		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Agency on Elderly Affairs - Aging and Disability Resource Center		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Alzheimer’s Association & 24/7 Helpline			
	Better Business Bureau Northwest+Pacific			
	Bilingual Access Line			
	Eldercare Locator			
Information and Assistance	County Agency on Elderly Affairs	**	Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	AARP		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	Aloha Independent Living		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Alu Like inc.		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	Alzheimer’s Association - Kauai	**	Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	American Cancer Society		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Bayada Home Health Care		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Catholic Charities		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Child & Family Services		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Dept. of Human Services – Adult Protection & Community Services Section		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Dept. of Health – Kauai Community Mental Health Center		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Ho’ola Lahui Hawaii		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc.- Persons-In-Need		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	Kauai Hospice		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Legal Aid Society Hawaii	**	Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	Nana’s House		Kōloa, Waimea	Y

	Northshore Caregivers Support Group		Hanalei	N
	Salvation Army (Lihue)		Hanalei, Kawaihau, Līhu'e	Y
	Workforce Development Division/Workwise Kauai		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Literacy/Language Assistance	Child & Family Service		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Education				
Education	AARP: Driver Safety Education		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Alu Like, Inc.		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	McKinley Community School for Adults			
	Kauai Adult Literacy			
	Kauai Community College – Office of Continuing Education & Training			
	AARP		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Alzheimer's Association – Kauai		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Child & Family Services		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Health – Kauai Community Mental Health Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Community School for Adults		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Independent Food Bank		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Nana's House		Kōloa, Waimea	Y
	Northshore Caregivers Support Group		Hanalei	N
Public Education	AARP		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	American Cancer Society		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Church of the Pacific, United Church of Christ		Hanalei	Y
	Dept. of Veterans Affairs		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Community School for Adults		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai County Recreation Agency		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Ho'ola Lahui Hawaii		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Northshore Caregivers Support Group		Hanalei	N
Health Education/Promotion				
Health Education/Promotion	County Agency on Elderly Affairs		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N

	Alu Like inc.		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	Alzheimer’s Association – Kauai		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	American Cancer Society		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Dept. of Health – Kauai Community Mental Health Center		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kauai County Recreation Agency		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Northshore Caregivers Support Group		Hanalei	Y
Health Screening	Bayada Home Health Care		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Ho’ola Lahui Hawaii		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Emergency Assistance				
Emergency Assistance	Catholic Charities		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Hawaii Food Bank, Inc.		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	Kauai Independent Food Bank		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Salvation Army-Food, Hanapepe			
	Salvation Army-Lihue		Hanalei, Kawaihau, Līhu‘e	Y
	YWCA (Women’s Center) – Sexual Assault – Domestic Violence			
	American Red Cross			
	Kauai Emergency Management Agency			
Employment				
Employment	Workforce Development – Senior Community Service Employment Program (SCSEP)		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Unemployment Office, Department of Labor		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Employment Assistance	Dept. of Health – Kauai Community Mental Health Center		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Friendship House		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Other – Senior Employment	Workforce Development Division/Workwise Kauai		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
End of Life Services				
End of Life Services	Kauai Hospice		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Legal Aid Society of Hawaii	**	Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
Burial and Cremation Information	Borthwick Mortuary			
	Garden Island Mortuary			

	Kauai Memorial Gardens, Inc.			
	Med-Quest Division			
	U.S. Department of Veteran Affairs			
Death Certificates and Organ Donation	John A. Burns School of Medicine, University of Hawaii			
	Kauai District Health Office			
	Organ Donor Center of Hawaii			
Financial Assistance				
Financial Assistance	Catholic Charities		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Department of Human Services			
	Kauai Economic Opportunity, Inc. (KEO)		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	Income Tax Assistance – AARP			
	Salvation Army			
Other – Limited Financial Assistance	Queen Lili‘uokalani Children’s Center		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waime	N
In-Home Health Care Services				
In-Home Health Care Services	County of Kaua‘I, Agency on Elderly Affairs	**	Hanalei, Kawaihau, Līhu‘e, Kōloa, Waime	Y
	Department of Human Services, Med-Quest Division			
Fee for Service Agencies	Bayada Home Health Care		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	MasterCare		Hanalei, Kawaihau, Līhu‘e, Koloa, Waimea	Y
	Na Kahu Malama Nurses			
	Ohana Home Health			
	Stay At Home Healthcare Services			
Attendant Care	Bayada Home Health Care		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc.-Persons-In-Need		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
Chore	Bayada Home Health Care		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc.-Persons-In-Need		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
Friendly Visiting	County Agency on Elderly Affairs	**	Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	N
	American Cancer Society		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Bayada Home Health Care		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Child & Family Services		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Church of the Pacific, United Church of Christ		Hanalei	Y
Homemaker	Bayada Home Health Care		Hanalei, Kawaihau, Līhu‘e, Koloa, Waimea	Y

	Mastercare, Inc		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Regenerative Services Kauai	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Personal Care	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc.- Persons-In-Need		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Kauai Hospice		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Mastercare, Inc		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other – Nursing	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other – Assistive Devices	Kauai Economic Opportunity, Inc.- Persons-In-Need		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Legal and Advocacy Services				
Advocacy	American Civil Liberties Union			
	Hawaii Disability Rights Center			
	Kauai County ADA Coordinator			
	Legal Aid Society of Hawaii (LASH), Kauai	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Long-Term Care Ombudsman			
	Senior Law Program			
	Victim Witness Program			
Immigrant Assistance	Catholic Charities		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Legal Aid Society of Hawaii (LASH), Kauai	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Legal Representation and Mediation	KEO Mediation Program			
	Lawyer Referral & Information Service			
	Legal Aid Society of Hawaii (LASH), Kaua'i	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Child & Family Services		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Legal Assistance – Other (Guardianship)	Judiciary/Family Court		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Leisure and Recreation				
Fitness	EnhanceFitness			
	Kauai Athletic Club		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Parks & Recreation			
	YMCA			
	Kauai County Recreation Agency		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Alu Like, Inc.		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Kauai Community School for Adults		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y

	Salvation Army - Lihue		Hanalei, Kawaihau, Līhu'e	Y
Volunteer Opportunities	RSVP	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Alzheimer's Association		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Court Appointed Special Advocates Program (CASA) Judiciary/Family Court of the 5th District			
	Foster Grandparent Program			
	Project Dana			
	AARP		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	American Cancer Society		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Church of the Pacific, United Church of Christ		Hanalei	Y
	Dept. Human Services – Foster Grandparent Program		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Judiciary/Family Court		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc.		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Nana's House		Koloa, Waimea	Y
	Samuel Mahelona Memorial Hospital		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	The Salvation Army - Lihue		Hanalei, Kawaihau, Līhu'e	Y
Medical Equipment and Supplies				
	Assistive Technology Resource Centers of Hawaii			
	County of Kauai, Agency on Elderly Affairs		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Gammie Home Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Hawaii Home Infusion			
	American Medical Alert dba Connect America			
	Personal Identification, www.alz.org/hawaii/ MedicAlert® +Safe Return Wanderers Registry®			
Senior Centers				
Senior Centers	County of Kauai Dept of Parks and Recreation			
	Hanapepe Neighborhood Center			
	Kalaheo Neighborhood Center			
	Kapaa Neighborhood Center			
	Kaumakani Neighborhood Center			
	Kekaha Neighborhood Center			
	Kilauea Neighborhood Center			
	Koloa Neighborhood Center			
	Lihue Neighborhood Center			

	Waimea Neighborhood Center			
Multi-Purpose Senior Centers	Kauai County Recreation Agency		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Social Security				
	General Information – (Disability Benefits, Social Security Number and Card Survivor Insurance Replacement Medicare Card Retirement Benefits)			
	Medicare Hotline			
	Social Security Local Office			
	Supplemental Security Income (SSI)			
	General Information – (Disability Benefits, Social Security Number and Card Survivor Insurance Replacement Medicare Card Retirement Benefits)			
Utility Assistance				
	Catholic Charities		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Low Income Energy Assistance (LIHEAP)			
	Salvation Army – Lihue		Hanalei, Kawaihau, Līhu‘e	Y
	Salvation Army – Hanapepe			
Veterans Services				
Which column?	Department of Veterans Affairs		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Disability Benefits (VA)		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Education and Career Counseling (VA)		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Life Insurance (VA)		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Survivor Benefit (VA)		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Veterans Pension (VA)		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Kauai Veterans Center		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Veteran’s Outpatient Clinic		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
Issues, Organizations & Interest Groups.				
Elder Abuse	Bayada Home Health Care		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Dept. of Human Services – Adult Protection & Community Services Section		Hanalei, Kawaihau, Līhu‘e, Kōloa, Waimea	Y
	Domestic Violence Action Center			
	Elder Justice Initiative			
	Hale Hoomalu			

	Nana's House		Kōloa, Waimea	Y
	YWCA Crisis Hotline			
Alcohol and Drug Abuse	Al-Anon Family Groups Kauai			
	Alcoholics Anonymous on Kaua'i			
	Ke Ala Pono Recovery Center			
	Life's Choices Kauai			
Alzheimer's Disease and Dementia	Alzheimer's Association Kaua'i Office		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Princeville Support Group			
	Lihue Support Group			
	Westside Support Group			
	Regency at Puakea			
Individuals with Disabilities	Developmental Disabilities Services		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Hawaii Disabilities Rights Center			
	Aloha Independent Living Hawaii-Kauai		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Mental Health Counseling	Hoola Lahui Hawaii			
	Dept of Health - Kauai Community Mental Health Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Mental Health Access Crisis Line			
	Veterans Outpatient Clinic			
	ACCESS Suicide/Crisis Line Adult Mental Health division			
	National Suicide Prevention Hotline			
Services for Grandparents Raising Grandchildren 18 and younger				
Counseling	Child & Family Service	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Queen Lili'uokalani Children's Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Legal Aid Society of Hawaii (LASH), Kaua'i	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Nana's House		Kōloa, Waimea	Y
Support Groups	Child & Family Service	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Queen Lili'uokalani Children's Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Respite Care	Child & Family Service	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Health, Community Services for the Developmentally Disabled		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Garden Isle Healthcare		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Queen Lili'uokalani Children's Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Supplemental Services	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y

	Nana's House		Kōloa, Waimea	Y
Information Services	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Child & Family Service	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Queen Lili'uokalani Children's Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Nana's House		Kōloa, Waimea	Y
	Legal Aid Society of Hawaii (LASH), Kaua'i	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Workforce Development Division/Workwise Kauai		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Access Assistance	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Education	Kauai Community School for Adults		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other – Enrichment	Nana's House		Kōloa, Waimea	Y
Other - Food Assistance	Church of the Pacific, United Church of Christ		Hanalei	Y
Other – Legal Assistance	Legal Aid Society of Hawaii (LASH), Kaua'i	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other – Limited Financial Assistance	Queen Lili'uokalani Children's Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Other – Referral Assistance	Dept. of Human Services – Adult Protection & Community Services Section		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y

Appendix D: CONTACT INFORMATION FOR FOCAL POINTS, CONGREGATE AND HOME DELIVERED MEALS, AND ADULT DAY CARE CENTERS IN THE PSA

CONGREGATE NUTRITION SITES

Meals provided to individuals in congregate or group setting

Name and Address	Telephone	District Covered	Congregate (Persons)*	Days & Hours	Other Services Provided
Kilauea Neighborhood Center 2460 Keneke Street Kilauea, Hawaii	828-1421	Hanalei	(16)	M, W, TH 10:00 am To 12:00 pm	Nutrition Education Transportation I&R Education/Training Health Education Recreation Volunteer Opportunities
Lihue Neighborhood Center 3353 Eono Street Lihue, Hawaii	241-6858	Lihue	(60)	T, TH 10:00 am To 12:00 pm	Nutrition Education Transportation I&R Education/Training Health Education Recreation Volunteer Opportunities
Koloa Neighborhood Center 3461 Weliweli Rd Koloa, Hawaii	741-1313	Koloa	(24)	M, T, W, TH 10:00 am To 12:00 pm	Nutrition Education Transportation I&R Education/Training Health Education Recreation Volunteer Opportunities
Kaumakani Neighborhood Center 2301 Kaumakani Rd. Kaumakani, Hawaii	335-5770	Waimea	(12)	M, T, TH, F 10:00 am To 12:00 pm	Nutrition Education Transportation I&R Education/Training Health Education Recreation Volunteer Opportunities
Waimea Neighborhood Center 4556 Makeke Rd. Waimea, Hawaii	338-1671	Waimea	(16)	M, W, TH 10:00 am To 12:00 pm	Nutrition Education Transportation I&R Education/Training Health Education Recreation Volunteer Opportunities

Name and Address (Congregate sites continued)	Telephone	District Covered	Congregate (Persons)*	Days & Hours	Other Services Provided
Kekaha Neighborhood Center 8130 Elepaio Rd. Kekaha, Hawaii	337-1671	Waimea	(37)	T, W, TH 10:00 am To 12:00 pm	Nutrition Education Transportation I&R Education/Training Health Education Recreation Volunteer Opportunities

HOME-DELIVERED MEAL SITES

Meals provided to qualified individuals and delivered to place of residence

Name and Address	Telephone	District Covered	H-D (Persons)*	Days & Hours
Kauai Economic Opportunity Inc. Food Services 3343 Kanakolu Lihue, Hawaii	245-4077	Hanalei Kawaihau Lihue Koloa Waimea	(222)	M-F, except holidays
Purfoods, LLC DBA Mom's Meals 3210 SE Corporate Woods Drive Ankeny, IA 50021	515-963-0641	All	(22)	M-F, except holidays

<u>District</u>	<u>Areas Covered</u>
Hanalei/Kawaihau Kawaihau Kawaihau/Lihue Lihue Lihue/Koloa Koloa Koloa/Waimea Waimea	Kealia to Princeville Waipouli to Kapa'a Hanamaulu to Wailua Homesteads Hanamaulu to Lihue Puhi to Koloa Omao to Kalaheo Eleele to Kaumakani Waimea to Kekaha

<u>ADULT DAY CARE</u>				
Name and Address	Telephone	District Covered	ADC (Persons)	Days & Hours
Ohana Pacific Foundation Dba Kauai Adult Day Health Center 2943 Kress Street Lihue, HI 96766	246-6919	Lihue	(10)	M-F, except holidays

Appendix E. Staffing

Appendix E. Staffing

<u>Primary Area Agency Responsibilities</u>	<u>Position with Lead Authority for Decision-Making for Defined Responsibilities</u>
1. <u>General Administration</u>	<u>Descriptive Position Title</u>
• Overall program administration	<u>Executive on Aging</u>
• The statement of written procedures for carrying out all defined responsibilities under the Act	<u>Executive on Aging/Assistant Executive on Aging</u>
• Responding to the views of older persons relative to issues of policy development and program implementation under the Plan	<u>Executive on Aging/Assistant Executive on Aging Planner/I&R Specialist/Grants Manager/Case Manager</u>
• Hiring of staff resources	<u>Executive on Aging</u>
• Organization of staff resources	<u>Executive on Aging</u>
• Liaison to Advisory Council	<u>Executive on Aging</u>
• Public information	<u>I&R Specialist</u>
• Overall program policy	<u>Executive on Aging</u>
• Grants management	<u>Grants Manager</u>
• Fiscal management	<u>Accountant</u>
• Personnel management	<u>Executive on Aging/Assistant Executive on Aging</u>
• Information management/reporting	<u>Executive on Aging/Assistant Executive on Aging Planner/ I&R Specialist/Grants Manager/RSVP Director/Accountant</u>
2. <u>Program Planning</u>	
• Coordinating planning with other agencies and organizations to promote new or expanded benefits and opportunities for older people	<u>Executive on Aging/Assistant Executive on Aging Planner</u>
• Assessing the kinds and levels of services needed by older persons in the planning and service area, and the effectiveness of other public or private programs serving those needs	<u>Executive on Aging/Assistant Executive on Aging Planner</u>

Primary Area Agency Responsibilities

Position with Lead Authority for Decision-Making for Defined Responsibilities

- Defining means for giving preference to older person with greatest economic or social need
- Defining methods for establishing priorities for services
- Conducting research and demonstrations
- Resource identification/Grantsmanship

Executive on Aging/Assistant Executive on Aging Planner/I&R Specialist/Case Manager

Executive on Aging/Assistant Executive on Aging Planner/I&R Specialist/Grants Manager/Case Manager/Program Specialist I

Executive on Aging/Assistant Executive on Aging Planner

Executive on Aging/Assistant Executive on Aging Planner/Grants Manager

3. **Advocacy**

- Monitoring, evaluating, and commenting on all plans, programs, hearings, and community actions which affect older people
- Conducting public hearings on the needs of older persons
- Representing the interests of older people to public officials, public and private agencies or organizations
- Facilitate the support of activities to increase community awareness of the needs of residents of long-term care facilities
- Conducting outreach efforts, with special emphasis on the rural elderly, to identify older persons with greatest economic or social needs and to inform them of the availability of services under the Plan

Executive on Aging/Assistant Executive on Aging Planner/I&R Specialist/Grants Manager Case Manager

Executive on Aging/Assistant Executive on Aging Planner

All staff

I&R Specialist/Case Manager

I&R Specialist

4. **Systems Development**

- Defining community service area boundaries
- Designating community focal points
- Pursuing plans to assure that older people in the planning and service area have reasonably convenient access to services
- Entering into subgrants or contracts with service providers
- Providing technical assistance to service providers

I&R Specialist

Planner

Executive on Aging/Assistant Executive on Aging Planner/ I&R Specialist /Case Manager

Executive on Aging/Grants Manager

Grants Manager/Accountant

Primary Area Agency Responsibilities

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

5. **Program Maintenance**

- Monitoring performance of all service providers under the Plan
- Evaluating performance of all service providers
- Providing feedback to providers and key decision-makers
- Monitoring and evaluating coordinated services for older people in the planning and service area

Position with Lead Authority for Decision-Making for Defined Responsibilities

Planner/Program Specialist/Grants Manager/I&R Specialist /Case Manager

All staff

Grants Manager/ I&R Specialist/Case Manager/Program Specialist I

Executive on Aging/Assistant Executive on Aging Planner/Grants Manager/I&R Specialist Accountant/Case Manager

Executive on Aging/Assistant Executive on Aging Planner/Grants Manager/Case Manager Accountant

Executive on Aging/Assistant Executive on Aging Planner/Grants Manager/I&R Specialist/Case Manager/Accountant/Program Specialist I

Appendix F: Public Hearings, Evaluations

Public Hearings:

Opportunity for public input:

Participants of each of three community meetings were presented with the goals, objectives, strategies, and outcomes section of the draft Area Plan on Aging along with the Recap of Focus Groups report. The Assistant Executive on Aging conducted each meeting with a video clip of the role of the Agency on Elderly Affairs as the lead County Area Agency on Aging and designated Aging and Disability Resource Center serving as a one stop source of information for aging and disability services and support options. Information on the importance of the Area Plan on Aging being in alignment with the Executive Office on Aging's overarching goals and in compliance of Federal requirements and initiatives in order to receive our Federal funds, was shared along with a PowerPoint presentation of the Area Plan on Aging as the blueprint and framework for the next four years in the planning and development of services and programs for the older adults, people with disabilities, and their caregivers, to live well and age well.

Following the 45-minute presentation, participants had the opportunity to provide feedback and input.

Community Meeting(s)

- **Wednesday, September 20, 2023, 9:30am – Hanapepe Neighborhood Center**
 - **13 participants**
- **Thursday, September 21, 2023, 9:30am – Kapaa Neighborhood Center**
 - **17 participants**
- **Thursday, September 21, 2023, 5:30pm – Kauai War Memorial Convention Hall**
 - **11 participants**

Evaluations:

The County of Kaua'i, Agency on Elderly Affairs is developing and will implement an evaluation plan of their respective Area Plan. 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. How many were served? Who 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 County of Kaua'i, Agency on Elderly Affairs drafted program logic models for each stated goal. The models identify anticipated/intended resources, activities, outputs, outcomes and measures, and data collection tool.

The evaluation will be conducted using uniform survey instruments developed by EOA and AAAs.

The Agency on Elderly Affairs will submit an Annual Cumulative Area Plan Evaluation Report to 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.

County of Kaua'i Agency on Elderly Affairs Disaster Preparedness Plan

Appendix G: DISASTER PREPAREDNESS PLAN

(Revised September 11, 2023)

I. Chain of Command

Kealoha Takahashi
County Executive on Aging
808-241-4474 (work)
808-720-8506 (cell)

Donna Lynn Loo
Assistant County Executive on Aging
808-241-4475 (work)
808-720-8452 (cell)

Celia Melchor-Questin
Program Specialist II
808-241-4487 (work)

II. Pre-Disaster Phase-Alert

AEA's first priority is the safety of staff, contractor personnel, and those we serve. AEA will fully support the County's preparedness, response, and recovery efforts. (See attachment 3, Disaster Preparedness Plan Checklist.)

III. Phone Tree

When the EOC is activated, AEA will utilize the phone tree to provide staff with alerting information.

See attachment 2, AEA phone tree chart.

Staff Roles and Responsibilities – **all staff to assist in areas as needed**

IV. Post-Disaster Phase-Recovery

Following an "all clear" announcement, all staff will check in by way of any means available with the on-duty AEA staff in EOC or at the AEA office to report their status/availability. Staff shall not report to work until family, health and safety are reasonably assured. (See attachment 3, Disaster Preparedness Plan Checklist.)

Follow procedures, if applicable, for securing computer and other equipment as outlined in the County I.T.'s "Hurricane Preparedness-Computer User Instructions, attachment 1.

Hurricane Preparedness - Computer User Instructions

Notice: Only to be followed in conjunction with a hurricane

What to do when leaving the workplace

When given notice by your supervisor to leave the workplace due to an impending hurricane, please do the following:

- ✓ Shutdown and unplug computers, printers, scanners, copiers, UPS etc. from electrical outlets
- ✓ Move all equipment away from windows and walls
- ✓ Cover equipment with plastic if available (such as clean garbage bags etc)

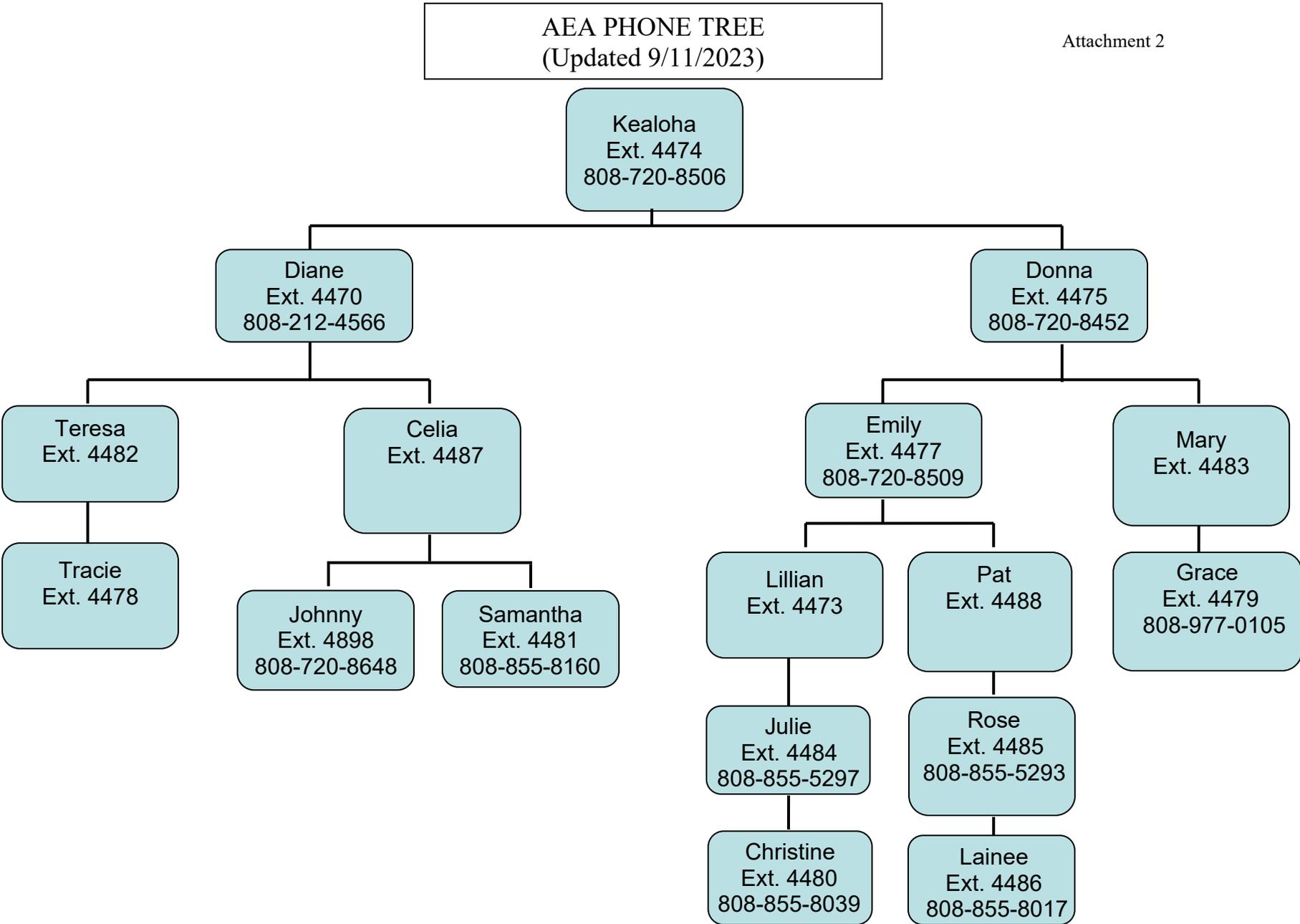
When returning to your workplace

After the hurricane has passed and your supervisor has asked you to return, the power up procedure upon returning to work place is to:

- Verify that the County has electricity
- Plug in the UPS and turn on
- Re-connect all equipment and turn on
- Call helpdesk with any issues you have 241-4400

County of Kaua'i Agency on Elderly Affairs Disaster Preparedness Plan

Attachment 2



DISASTER PREPAREDNESS PLAN CHECKLIST

Attachment 3

Staff Roles and Responsibilities CHECKLIST – PRE-DISASTER	Pre-disaster √ if completed with initials/add comments	Staff Roles and Responsibilities CHECKLIST – POST-DISASTER	Post-disaster √ if completed with initials/add comments
<p><u>ALL STAFF:</u> Follow procedures, if applicable, for securing computer and other equipment as outlined in the County I.T.'s "Hurricane Preparedness – Computer User Instructions (see attachment 1).</p> <ul style="list-style-type: none"> • Shutdown and unplug computers, printers, scanners, copiers, UPS etc. from electrical outlets • Move all equipment away from windows and walls • Cover equipment with plastic if available (such as clean garbage bags, etc.) 		<p><u>ALL STAFF:</u> Upon returning to your workplace After the hurricane has passed and your supervisor has asked you to return, the power up procedure upon returning to work place is to:</p> <ul style="list-style-type: none"> • Verify that the County has electricity • Plug in the UPS and turn on • Re-connect all equipment and turn on • Call helpdesk with any issues you have 241-4400 	

County of Kaua'i Agency on Elderly Affairs Disaster Preparedness Plan

Staff Roles and Responsibilities CHECKLIST – PRE-DISASTER	Pre-disaster √ if completed with initials/add comments	Staff Roles and Responsibilities CHECKLIST – POST-DISASTER	Post-disaster √ if completed with initials/add comments
<p><u>County Executive on Aging</u></p> <ul style="list-style-type: none"> • Review Disaster Preparedness Response Plan. • Serve as outside link to EOC contact. • Ensures that all personnel understand their emergency duties and can perform them effectively. • Alert all staff of emergency. <p><u>Administrative Specialist</u></p> <ul style="list-style-type: none"> • Assist Executive in ensuring that all staff have been notified of impending emergency. • Assist with general office procedures and facilitate incoming calls. <p><u>Assistant County Executive on Aging</u></p> <ul style="list-style-type: none"> • Assist Executive in ensuring that all personnel understand their emergency duties and can perform them effectively; monitor checklists. • Assess in-office needs and secures appropriate resources. 		<p><u>County Executive on Aging</u></p> <ul style="list-style-type: none"> • Keep Mayor’s office informed on status of staff and recovery efforts. • Meets with staff and service providers as soon as possible to assess needs, damage, contractor roles and immediate course of action. • Directs the implementation of shift schedules for staff and other trained personnel as recovery operations begin. <p><u>Administrative Specialist</u></p> <ul style="list-style-type: none"> • Serve as AEA office contact. • Record all emergency information for centralized intra-office dissemination. • Maintain log of incoming information/inquiry. • Attempt to contact all employees who have not reported to work and have not contacted the County Executive on Aging to determine their status. <p><u>Assistant County Executive on Aging</u></p> <ul style="list-style-type: none"> • Complete damage assessments of office. • Assist Executive in coordinating in-office meetings and meetings with service providers in post-disaster assessment. 	

County of Kaua'i Agency on Elderly Affairs Disaster Preparedness Plan

Staff Roles and Responsibilities CHECKLIST – PRE-DISASTER	Pre-disaster √ if completed with initials/add comments	Staff Roles and Responsibilities CHECKLIST – POST-DISASTER	Post-disaster √ if completed with initials/add comments
<p><u>Program Specialist II (ADRC)</u></p> <ul style="list-style-type: none"> Alert ADRC staff <p><u>If staff is out of the office, advise to:</u></p> <ul style="list-style-type: none"> Proceed to the nearest County baseyard to fuel the County vehicle. Immediately return to the office. Review list of homebound, live-alone clients in designated district. Ensure that all vehicles are fueled <p><u>Aging and Disability Services Technicians/ Community Service Program Assistant</u></p> <ul style="list-style-type: none"> Fully charge cell phones and laptop batteries. <p><u>Pre-Disaster Phase-Activation of EOC</u></p> <ul style="list-style-type: none"> Contact homebound, live-alone (Kupuna Care) clients and/or their emergency contacts to alert them of the impending disaster and record those who will be sheltering in place. Assist with emergency/disaster activities of ADRC staff. Ensure all equipment, desk computers, printers, laptops, cell phones are shutdown, unplugged from electrical outlets and secured before leaving the workplace. Ensure County vehicles are secured. 		<p><u>Program Specialist II (ADRC)</u></p> <ul style="list-style-type: none"> Complete damage assessments of ADRC equipment and vehicles. Determine service capability in disaster response efforts based on functional equipment and manpower. Directs ADRC staff to assess needs of clients in the community. <p><u>Aging and Disability Services Technicians/ Community Service Program Assistant</u> Report to AGING & DISABILITY RESOURCE CENTER (ADRC) Program Specialist on status.</p> <ul style="list-style-type: none"> Assist with damage assessments of office equipment and vehicles. Assist with assessment of needs of clients in the community. 	

County of Kaua'i Agency on Elderly Affairs Disaster Preparedness Plan

Staff Roles and Responsibilities CHECKLIST – PRE-DISASTER	Pre-disaster √ if completed with initials/add comments	Staff Roles and Responsibilities CHECKLIST – POST-DISASTER	Post-disaster √ if completed with initials/add comments
<p><u>Program Coordinator (ADRC)</u></p> <ul style="list-style-type: none"> • Generate print out of client lists – Kupuna Care clients (homebound, live alone). • Prepare blank copies of intake forms. • Assist with general office procedures <p><u>Program Specialist II (Case Management)</u></p> <ul style="list-style-type: none"> • Assist ADRC in notifying clients. • Assist Grants Manager and other staff in agency notification, as appropriate. <p><u>Program Specialist II (Grants Manager)</u></p> <ul style="list-style-type: none"> • Contact service providers to inform of pending disaster and possible program closures (during operating hours) or suspension of service (non-operational hours). • Ensures that service providers have emergency operation plans activated, procedures and checklists for effective response to actual or impending emergencies/disasters are in place. 		<p><u>Program Coordinator (ADRC)</u></p> <ul style="list-style-type: none"> • Report to Supervisor. • Assist ADRC staff with client information and maintain client records. • Ensure that client lists are printed and available for staff as needed. • Assist with answering telephone. <p><u>Program Specialist II (Case Management)</u></p> <ul style="list-style-type: none"> • Assist Grants Manager in identifying other service options and available resources. • Assist in securing service options and resources for older adults and caregivers. <p><u>Program Specialist II (Grants)</u></p> <ul style="list-style-type: none"> • Communicate with service providers on status of service delivery capacity. • Complete damage assessments of service providers, equipment and property. • Serve as the communication contact person between AEA and service providers. 	

County of Kaua'i Agency on Elderly Affairs Disaster Preparedness Plan

Staff Roles and Responsibilities CHECKLIST – PRE-DISASTER	Pre-disaster √ if completed with initials/add comments	Staff Roles and Responsibilities CHECKLIST – POST-DISASTER	Post-disaster √ if completed with initials/add comments
<p><u>Program Specialist I (EnhanceFitness)</u></p> <ul style="list-style-type: none"> • Notifies EnhanceFitness Instructors and participants (call tree or participants register with CTY) • Assist the staff with in-office activities. • Assist staff with basic duties, including fueling of vehicles and securing other equipment. <p><u>Program Specialist II (RSVP Director)</u></p> <ul style="list-style-type: none"> • Ensures that volunteers and volunteer stations understand their emergency procedures and plans are in place. • Assist in securing possible resources for senior service delivery, as needed. <p><u>Program Support Assistant II (RSVP)</u></p> <ul style="list-style-type: none"> • Assist in general office procedures. • Assist in RSVP Director in securing resources for senior service delivery. 		<p><u>Program Specialist I (EnhanceFitness)</u></p> <ul style="list-style-type: none"> • Report to Executive • Assist with post-disaster assessment of office and secure resources to replace or replenish needed equipment and supplies. <p><u>Program Specialist II (RSVP Director)</u></p> <ul style="list-style-type: none"> • Coordinate volunteer activities in support of recovery needs. • Arrange for child care capability for staff as needed. • Directs Program Support Assistant II. <p><u>Program Support Assistant II (RSVP)</u></p> <ul style="list-style-type: none"> • Report to RSVP Director. • Assist Director with volunteer activities. • Assist with answering telephone; maintain log of incoming calls. 	

County of Kaua'i Agency on Elderly Affairs Disaster Preparedness Plan

Staff Roles and Responsibilities CHECKLIST – PRE-DISASTER	Pre-disaster √ if completed with initials/add comments	Staff Roles and Responsibilities CHECKLIST – POST-DISASTER	Post-disaster √ if completed with initials/add comments
<p><u>Accountant III</u></p> <ul style="list-style-type: none"> • Review necessary paperwork needs for post-disaster recovery phase • Assist staff in back up of all files. <p><u>Accounting Technician</u></p> <ul style="list-style-type: none"> • Assist Accountant in coordinating back up of all equipment and inventory files for AEA and contractors. • Maintain record of personnel activities/time. 		<p><u>Accountant III</u></p> <ul style="list-style-type: none"> • Maintain a duty roster and daily log of employee work hours. • Work with the Finance Department in providing the necessary support for the procurement of emergency supplies and services. • Assist the Grants Manager in preparation of damage assessments of AEA property, equipment and facilities. <p><u>Accounting Technician</u></p> <ul style="list-style-type: none"> • Report to Accountant. • Assist Accountant with daily log of employee work hours. • Maintain AEA and contractor equipment inventory list. • Process requisitions, PO, etc. 	

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Appendix H: FOCUS GROUP RECAP FULL REPORT



**County of Kaua'i Agency on Elderly Affairs
Area Plan 2023-2027 Focus Group Recap
December 9, 2022**

**Patrick R. Powaser, PhD
Founder & President
Ho'ohana Coaching & Consulting**

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Ho'ohana Coaching & Consulting

2970 Kele Street, Suite 110

Lihue, HI 96766

808-320-8522

www.hoohana.com

County of Kaua'i Agency on Elderly Affairs Area Plan 2023-2027 Focus Group Recap

Every four years, the Agency on Elderly Affairs (AEA) updates its plan to support the senior population in the County of Kaua'i. In preparation for the 2023-2027 Area Plan, AEA conducted a set of surveys asking for residents' input on needs and priorities. Following the close of the surveys, AEA staff from across the state of Hawaii gathered to review results and capture survey themes. Themes included:

- Caregivers
- Social Isolation
- Access to Core Services
- Equity/Inclusiveness
- Elder Abuse
- Emergency Preparedness
- Healthy Aging
- Workforce Capacity
- Community Need Post Covid
- Housing
- Nutrition
- Transportation
- Technology
- Financial Literacy
- Fall Prevention

The 15 survey themes provided the starting point/topic list for six in-person focus groups conducted October 25-27, 2022. Participants were encouraged to think beyond the initial topic list and add to the list. County residents from a variety of backgrounds and interests were invited to participate in the focus groups, including:

- Department of Health
- Veterans Affairs
- Insurance/Medicare providers
- Adult Day Care
- Caregivers including kinship care providers (Grandparents)
- AmeriCorps Seniors Foster Grandparents and RSVP members
- Financial institutions
- Kauai Police Department

- Prosecuting Attorney’s Office
- Legal Aid Society
- American Medical Response

In each session,

- Participants each chose one of the themes that had meaning to them
- They captured notes on why that topic was important and their ideas for how to address the topic
- They then moved around, read others’ notes and added their own notes to other topics
- They each told the story of their original topic (their notes along with others’) and shared how their topic was connected to other topics
- Finally, they each chose their top four topics

Across the seven sessions, the top priorities were:

- Caregivers
- Access to Core Services
- Social Isolation
- Elder Abuse
- Housing

Those priorities and second-order priorities are shown in the chart below. Columns indicate the number of priority votes for each topic for each session.

	Dept of Health, VA, Insurance, Adult Day Care*	Caregivers*	Grand parents & Foster Grand parents	Financial, KPD, prosecuting attorney	KPD, Legal Aid, AMR	Total
Caregivers	11	1	3	6	4	25
Access to Core Services	8	9	4		4	25
Social Isolation	5	6	4	4	4	23
Elder Abuse	5	1		10	5	21
Housing	12	2	4		3	21

Healthy Aging	9	5				14
Financial Literacy		6		7		13
Transportation	9	3				12
Nutrition	3	8				11
Fall Prevention / Safety	4	3			3	10
Workforce	7					7
Emergency Preparedness		5			2	7
Technology	4			2		6

*two sessions

Top Priorities

Caregivers

Participants looked at the Caregiver topic through two distinct lenses: professional caregivers (e.g., doctors, nurses, CNAs, care facilities) and family/other sources of caregiving.

Access to Core Services

Core Services were seen as transportation, housing, nutrition, medical care, etc. Key themes around access was awareness of what services are currently available and how to access those services. Regular communication of the availability of those services through multiple channels (radio, newspaper, AEA, financial institutions, professional caregivers, etc.) was a common suggestion.

Social Isolation

The pandemic was punctuated by calls to isolate and avoid contact with other people (including family). A residual impact is seniors seem to be hesitant to get back out in the community and interacting with others. Some of the outcomes include depression, diminished physical and mental health, less exercise, general fearfulness, and increased susceptibility to elder abuse via scams (especially romance scams where the scammer pretends to be kind and interested in the target of the scam).

Elder Abuse

Again, probably heightened by the pandemic's isolation, elders have had less communication and interaction/contact with family and other trusted allies. This has likely left them more vulnerable to abuse, not only by scammers, but by family or others who "should" be trusted. Taken with cultural norms not to talk about such things, incidents of abuse seem to have risen noticeably.

Housing

Housing was a top priority in the previous Area Plan and not surprisingly, is once again a significant concern for Kauai's older population. Concerns about housing for individuals, multi-generational

families, senior living options, and assisted living facilities were all prevalent.

Note that Transportation is in the second priority tier as opposed to being a top-tier priority for the participants in the 2018 focus groups. A number of this year's focus group participants commented on transportation and since the pandemic had kept many kupuna isolated for 12-24 months, they may still be hesitant to venture out. Therefore, transportation as second tier is likely an artifact, and by the time the 2023-2027 plan is finalized and implemented, we will likely see greater need for transportation.

Additional Trends

Another theme that cut across topics was that of "Mind the Gap." Individuals who have few to no resources have services available to them. Individuals who have the means to find and fund services on their own have ample resources. But, the large group between these extremes have significantly diminished access to available services.

A second trend was the dichotomy of isolation. For the past 2+ years, isolation was good and encouraged and has become the norm. Now, it has become a social and health issue. Equal emphasis on breaking the isolation cycle should be given as was the messaging to isolate during the pandemic. Third, COVID impacted all of these themes and generally made things more difficult. While the pandemic seems to be waning, the impacts are still being seen as Kauai's elder population is still adjusting to the new normal. The trend seems to be one of cautiousness about returning to normal activities and needs of the past.

Different Priorities from Different Perspectives

As illustrated in the chart above, not everyone saw the same priorities. And we shouldn't expect that everyone would have the same priorities given their life experiences, work expertise, and family situations. Highlights of each group's discussions are presented below.

Wednesday Morning

- Nutrition
 - Classes to learn how to make better meals
 - Better tasting menu
- Healthy Aging
 - Enjoyment of golden years
 - Ways to stay healthy
 - Maintaining independence
 - More housing choices
 - Family mediation
 - Senior activities/socials
 - Medical support/education
 - Educate what healthy looks like

- Financial Literacy
 - Trust planning
 - POAs
 - Lack of agency on Kauai
- Access to Core Services
 - Lack of local services
 - Need for diversity of services
 - Bilingual services
 - Lack of specialty care doctors
- Housing
 - Homelessness
 - Medical deterioration
 - Seniors have hard time getting into housing
 - Living alone
 - Lack of support
 - Bill pay or household management
 - Room share
 - ARCH care homes
- Safety/Fall Prevention
 - Remove physical home barriers
 - Only 1 skilled home health agency on island
 - Free home safety assessments
 - Durable medical equipment access and cost
 - Education
 - Volunteers for home renovations
 - Multiagency meetings for high risk seniors
- Transportation
 - Renewing driver license every 2 years
 - Difficult to access services without transportation
 - Easier access and more routes
 - Handivan
 - Bilingual services
- Equity/Inclusiveness
 - Lack of resources
 - Isolation
 - Loneliness
 - Broken families

- Caregivers
 - So elders can stay at home
 - Not everyone has family to help
 - Lack of staff
 - Restrictions/qualifications
 - Funding & eligibility
- Workforce
 - Difficult for seniors to find work
 - Lack of specialty doctors on Kauai
 - Lack of CNAs
- Social Isolation
 - Teach healthy communication skills
 - Deterioration of health
 - Activities
 - Cultural
 - Physical
 - Finding meaning
 - Neighbors who care
- Emergency Preparedness
 - Not prepared/no support
 - Community network
 - Outreach support
- Elder Abuse
 - Non-reporting
 - Mental/physical abuse
 - Educate community
 - Financial abuse
- Technology
 - Majority of communication has shifted to digital
 - Younger generations communicate/connect differently
 - Remove fear
 - Easy access to technology

Wednesday Afternoon

- Workforce Capacity
 - Not enough workers available
 - Retirement of workers

- Lack of nursing facilities/ care homes
- Bring in workers from other countries (housing for workers?)
- Streamline processes
- More caregiver training
- Housing
 - Too expensive
 - Low supply
 - Long wait
 - Build more affordable housing
 - Lack of care facilities
 - Incentives to landlords
 - Family assistance/sharing
- Transportation
 - Ability to get to where they need to go
 - Paratransit
 - Ride sharing
 - Insurance transportation benefits
 - Grants to help small businesses to provide assistance
- Post-COVID Community Needs
 - Seniors still in fear
 - Media can heighten fear
 - Access to supplies
- Nutrition
 - Access to kitchen to cook food
 - Safely able to cook food
 - Services to deliver groceries and meals
 - Community gardens
 - All folks should have access to healthy foods
 - Finances—can afford food?
- Social Isolation—home visits, programs & outings, friendly calls
- Healthy Aging
 - More providers/doctors
 - Voice in planning and discussions
 - Safe place to sleep
 - Safe streets
 - Family support
 - Opportunities to socialize

- Technology
 - Generation gap—join forces to learn from each other
 - Use it to access virtual care services
 - Classes on tech/identity safety
- Caregivers
 - Adequate support
 - Financial reimbursement
 - Training & support groups
 - Recharging self and others
 - Focusing energy on self
- Access to Core Services
 - End of life options
 - Advanced health directives
 - Funeral planning
 - Legal assistance
 - Training
 - Transportation to services
- Equity/Inclusiveness
 - Diverse boards/workforce
 - Increase bilingual volunteers/staff
 - Access to preventive services
 - Embrace diversity/differences
- Emergency Preparedness
 - Take 10 plan
 - E-kit
 - Assistance to families with disabilities or other challenges
 - Shelter in place vs shelters
 - Distribute supplies
 - Training
- Elder Abuse
 - Resources for supplies/basic needs
 - Not reported
 - Training
 - Physical, mental, emotional, financial, neglect
 - Who is the abuser?
 - Family/caregiver stress
 - Not enough care facilities

- Buddy check in

Thursday Morning

- Nutrition
 - Weight loss just part of aging or nutrition issue?
 - Resources to regularly check health
 - Appropriate foods
 - Picky eaters
- Access to Core Services
 - Services that do not have an income requirement
 - Wellness checks
 - Communicate which services are available
 - Where to purchase durable medical devices
- Housing—access to housing for people with medium income
- Social Isolation
 - Mood swings
 - Depression
 - Regular communication
 - How to reach out to friends/family
 - Stubborn parents
- Safety/Fall Prevention
 - Pride—how to encourage elders to use walker/cane/wheelchair
 - Access to medical alert devices
 - Encourage asking for help
 - Wellness checks
 - More family support
- Financial Literacy
 - Taking care of bills
 - Banking
 - Family member sharing in expenses
 - Wellness checks
 - Classes to educate
- Emergency Preparedness
 - How does family prepare for when elders need help?
 - Who to call/what should we expect when we call 911?
- Shortage of medical / physicians
- Healthy Aging
 - Meals on Wheels—menu need to change

- More regular checks on elderly
- More exercise
- Physical activities
- Access to Elderly Housing
 - Non-assisted units
 - High demand/limited supply
 - Qualifications
 - Fixed or low income
 - Wait lists
 - Infrastructure issues a barrier to adding more housing
 - Housing located near services
 - Missing middle income access
 - Long-term care facilities/assisted units
 - Limited supply
 - High demand
 - \$\$\$
 - Wait lists
 - Not enough staffing

Thursday Afternoon

- Finances (lack of \$\$ gets in the way of other things)
- Elder Abuse (isolation has led to vulnerability)
- Quality of Life (different at different points in the life cycle – putting other before yourself)
- Safety/Fall Prevention
 - Prevention
 - Proactive
 - Impacts desire/willingness to go out and do things
 - Safety & Isolation (I'm not healthy so I'm not going to risk going out and getting sick/falling")
- Foster Grandparents
 - Kids are different today (post-covid)
 - Out of their routine
 - Covid
 - Structure/stability
 - Lost 2 years of school
- How do you find the most updated list of services?
- Service Gap (in the middle who have no/little access to services)
- Workforce (lack of people to provide services)

- How do we help people as they move into this phase of their lives? (stability, balance, getting together with others, life changes)
- Social Isolation
 - After illness/during illness (no energy)
 - Someone to stay with you
 - Isolated during COVID – hard to get elders back into the community
 - Isolation can be seen as a safe place
 - Department of health & others did a good job on need to mask/isolate during pandemic—community needs to do a better job of “isolation is not good at this point”
 - Groups throughout the community just to connect (parks & rec, church, schools)
- Access to Core Services
 - Time
 - Juggling family, work, etc.
- Caregivers
 - Take a break/respite
 - Gatherings
 - Sharing
 - Resources to keep me going
- Post-covid Community Needs
 - Lost connections
 - Lost ability to have conversations
 - Fear of getting sick

Friday Morning

- Access to Legal Planning
 - Advanced health care directives
 - Estate planning
 - Incapacity
 - Too expensive
 - Lack of public information
- Fall Prevention/Safety
 - Access to preventive activities such as walking, strength training
- Caregivers
 - Lack of resources
 - Care homes/CCFH
 - Selective admissions
 - Short staffed
 - Burnout

- Fear of Covid
- Facilities (lack of beds, covid, selective)
- Social Isolation
 - No family/no support
 - Post covid – fear of exposure
 - Pride/independence, refuse help, shame
 - Mental health/depression
 - Transportation issues
 - Lack of information/resources
 - Medical/lack of understanding of diagnosis & medications
- Nutrition
 - Lack of equal access (geography, transportation, need, information)
 - Poor nutrition (fresh products)
- Elder Abuse/Financial Literacy/Technology
 - Financial privacy laws prevent financial institutions from freezing funds or sharing information
 - Requirement to report—can't be part of solution with no communication
 - “friendly” fraud/abuse
 - Foreign scams
 - Lack of retirement savings/planning
 - Scams
 - Lack of finances for basic needs
 - Lack of planning for medical issues
 - Education
 - Give financial institutions the ability to freeze funds

Friday Afternoon

- Elder Abuse
 - Financial
 - Scams
 - Romance
 - Sweepstakes
 - Tech
 - Family/Friends
 - Physical
 - Neglect
 - Family abuse
 - Possible Solutions

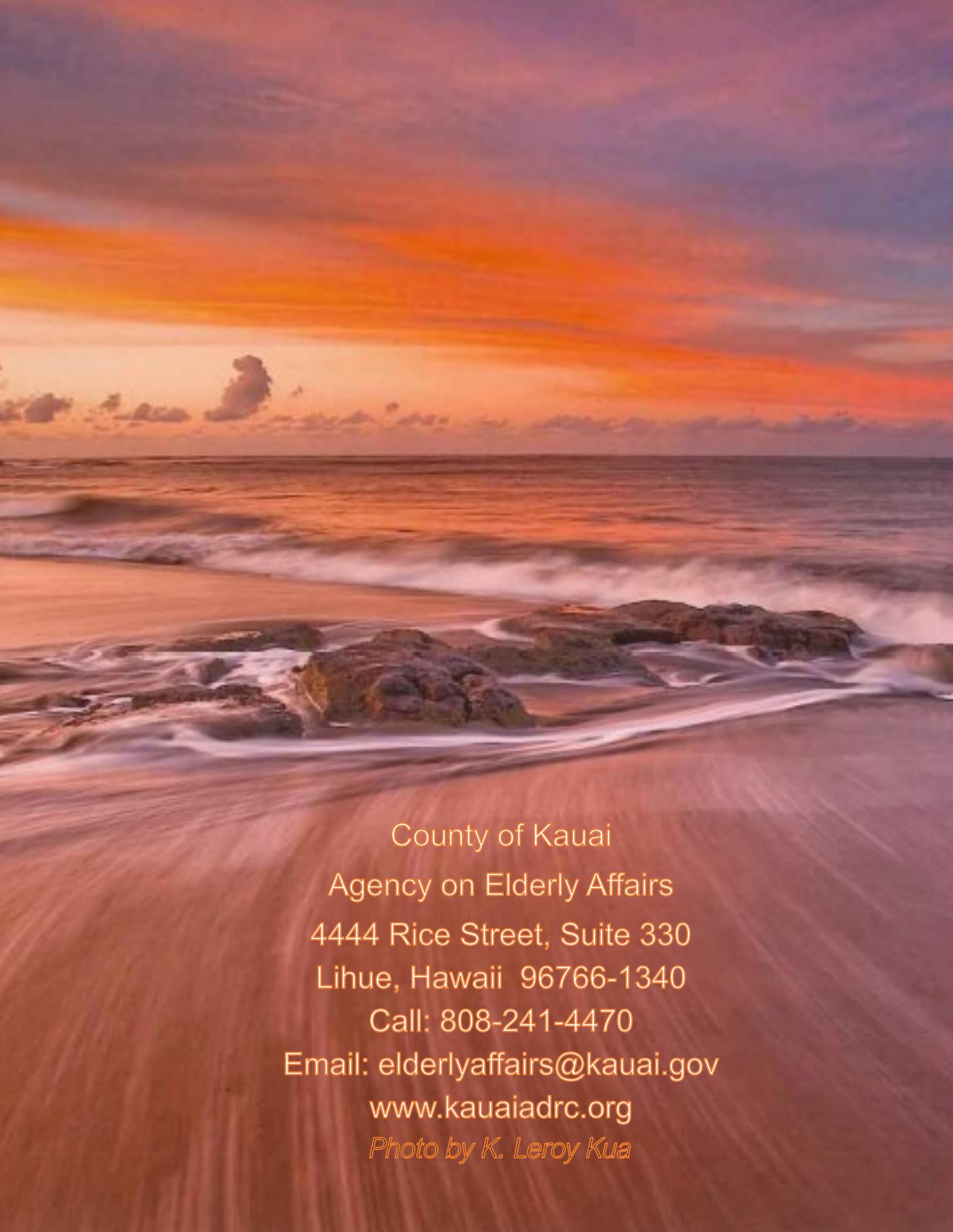
- Education/Training
 - Counseling/focus on psychological/mental health
 - Resources
- Post-COVID community needs
 - Increase in mental health issues
 - Ideas: Increase awareness of resources already available (radio ads?)
- Emergency Preparedness
 - Natural disaster preparation
 - Age of residence/sturdiness of residence
 - Elderly who live alone
 - Unable to reach by phone/email
 - No transportation
 - Hard of hearing
 - Dementia
 - Provide most vulnerable list to KEMA & other stakeholders
- Social Isolation
 - #1 issue currently observed with elderly
 - Spouse passed away recently
 - Searching for companionship
 - Stays alone at home & highly prone to scams
 - Children grown and moved away
 - Health concerns due to being isolated
- Safety/Fall Prevention
 - Isolated/live alone
 - Not able to call for help (medical alert button)
 - Poor access into home (ramps/stairs)
 - Decreased mobility
 - Rugs/wires/obstacles/trip hazards
 - Education & encouragement
- Caregivers
 - Lack of caregivers
 - How to get more caregivers
 - Workforce
 - High school students
 - Information on lack of caregivers to public
 - More resources for caregivers
- Access to Core Services
 - Medical care: follow up with doctor
 - Food delivery

- Educate family
- Technology
 - How to access relevant tech e.g., websites, how to google
 - How to use cell phones & text
 - In home and community teachers, at neighborhood centers & libraries
 - Unable to afford tech, computers, tablets, phones
 - Grants available
 - Safety issues (scams) with tech
- Financial Literacy
 - Lack of knowledge on savings, retirement, VA, benefits when a spouse passes
 - Provide classes/education
- Housing
 - No options when needed or want to move
 - Potentially expand Section 8 vouchers?
 - Need more senior housing
 - Cannot afford to make needed repairs and safety updates
- Workforce
 - Volunteers
 - Across county agencies
 - List of skills elders have to be able to match with needs

Virtual

- Housing
 - Challenges if not a homeowner
 - Landlord selling home
 - Lack of emergency shelters if no alternative
- Caregivers
 - Greater challenges as long-distance caregiver
 - Lack of support since not on island
 - Importance of notifying agencies you are first contact person (adult child)
 - Relying on AEA for resources
- Transportation
 - To/from doctor appointments
 - Helpful to ensure senior is up to date with their health
- Nutrition
 - Food distributions
 - Home delivered meals
- Fall Prevention/Safety

- Life Alert (especially for live alones)
 - Inform parent to call for help first
- Education
 - Proper way/safe maneuvering around home, i.e. with walker
- Access to Services
 - Grocery shopping
 - Help with accessing different options i.e. online shopping
 - Housekeeping/Homemaker services
 - Home Delivered Meals
 - Use ADRC website for information/updates
 - Providers - Lack of services due to staff shortages
- Social Isolation
 - Senior feels alone especially since Covid
 - Covid changed dynamics of socialization routine
 - Adjustment post Covid-fear of being exposed to others
- Legal Assistance
 - Power of Attorney
- Communication
 - Daily communication to senior is helpful
 - Being listed as a first point of contact in the case of emergency and to reduce senior feeling overwhelmed with appts/meds etc.
 - Appointments/Medication management/refills utilize text reminders/notifications
 - Alternating with other family members to call parent
- Emergency Preparedness
 - AEA provided Emergency Preparedness kit/instructions
- Healthy Aging
 - To ensure needs are met
 - Asses other needs
 - Important to keep senior living independently for as long as possible
- Elder Abuse
 - Education
 - How to ask questions



County of Kauai
Agency on Elderly Affairs
4444 Rice Street, Suite 330
Lihue, Hawaii 96766-1340
Call: 808-241-4470
Email: elderlyaffairs@kauai.gov
www.kauaiadrc.org
Photo by K. Leroy Kua