

STATE OF HAWAII

Executive Office on Aging Strategic Plan

HAWAII 2020 - TOWARDS AN AGING FUTURE



Executive Office on Aging
Department of Health

PREPARED BY:

University of Hawai'i, Manoa • Public Administration • Organizational Learning Institute

A C K N O W L E D G E M E N T

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EXECUTIVE SUMMARY

The Executive Office on Aging (EOA) commissioned the Hawai'i 2020 Strategic Plan to guide the state and its aging network through a dynamic era of landmark legislation, national and state system changes, and the arrival of the “aging tsunami.” Two significant turning points are transforming Hawai'i's support to seniors:

- The Affordable Care Act and its bearing on long-term services and supports (LTSS).
- The establishment of Aging and Disability Resource Centers (ADRCs) as community information and access points for long-term services and supports.

For many decades, home and community based services have been a primary focus for EOA and the aging and disability networks. The aging community has sought to find policy and program solutions to meet the rising demands of the rapidly growing senior population. This plan provides a framework for strategic priorities and goals leading to the year 2020. It is an opportunity for EOA and the aging network to retool and develop a strengthened, collaborative and coordinated system of support for the aging community in Hawai'i.

Chapter 349, Hawai'i Revised Statutes, established the EOA as “the single state agency responsible for programs affecting senior citizens of this State.” As the lead advocate for Hawai'i seniors, EOA is responsible for setting direction for long-term services and supports for older adults and their caregivers throughout the State.

The aging tsunami is upon us. The first wave of baby boomers hit age 65 in 2011. Hawai'i's 60+ population will increase by over 60% by 2030. With extended longevity, needs of the boomer population at this time will likely dwarf Hawai'i's ability to meet them. Today, approximately 270,000 kūpuna and 170,000 family caregivers comprise over 440,000 consumers, nearly 30% of Hawai'i's total population. This number continues to grow where EOA and the aging network play a significant role in voicing their needs and concerns.

The process to develop a strategic plan for EOA began at the end of 2012. The project team researched available literature, conducted interviews and focus groups with 200+ stakeholders throughout the aging network, performed analyses, and facilitated deliberative planning sessions with lead representatives of the Policy Advisory Board for Elder Affairs (PABEA), EOA and the Area Agencies on Aging (AAA). These three entities are identified in the Hawai'i Revised Statutes as key components of a sound network for leading and administering aging policy and program operations throughout the State. The Older Americans Act of 1965 further designates the EOA and AAAs as administrators of federal funds through Titles III and VII.

This strategic plan cites five priority directions for 2014 - 2020:

Forging strategic partnerships and alliances that will give impetus to meeting Hawai‘i’s greatest challenges for the aging population,

EOA’s leadership in supporting AAAs to fully develop their LTSS systems for each county’s older adults and caregivers,

Developing a statewide ADRC system for kūpuna and their ‘ohana to access and receive LTSS information and resources within their respective counties,

Developing LTSS social financing options that would stave off impoverishment due to costly health and nursing home care, and

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

These priorities are supplemented and reinforced by additional strategies:

- **Close the LTSS gap** between persons on Medicaid and those nearing but not eligible for Medicaid.
- **Align the aging network with national direction** as set forth by the U.S. Administration for Community Living (ACL) and Centers for Medicare & Medicaid Services (CMS), compatible with implementation of the Affordable Care Act.
- **Incorporate person-centered, consumer self-directed approaches** into Hawai‘i’s LTSS system as defined by the ACL and CMS.
- **Maximize Kūpuna Care, Title III, and Medicaid funds** for home and community-based services to serve more eligibles.
- Develop new mechanisms for **family caregiver support and respite**.
- Establish a State focal point to **address Alzheimer’s disease and related dementias**.
- Address the growing trend of **senior exploitation, abuse and neglect**.

While continuing to advance specific strategies, EOA and the aging network must next collaborate on an implementation framework with major actions leading to the realization of strategic goals for 2020. Coordination on policies, programs and services will rely on improved infrastructure and communication at all levels. This strategic plan is intended to provide statewide direction for developing the next 4-Year Hawai‘i State Plan on Aging, the County Plans on Aging and related plans throughout Hawai‘i’s aging network.

INTRODUCTION

The Executive Office on Aging (EOA) commissioned the Year 2020 Strategic Plan to help its office and the State's aging network navigate through this dynamic era of landmark legislation, national system changes, and the arrival of the aging tsunami. The aim is to provide direction and cohesion for the development of Hawai'i policies, programs and services for the aging population by 2020.

This plan presents an opportunity for EOA and the aging network to re-tool and develop a collaborative and coordinated system of support for the aging community in Hawai'i. It is hoped that the EOA, the aging network and all stakeholders will rally around a shared vision and expectations for the future.

I. Assumptions

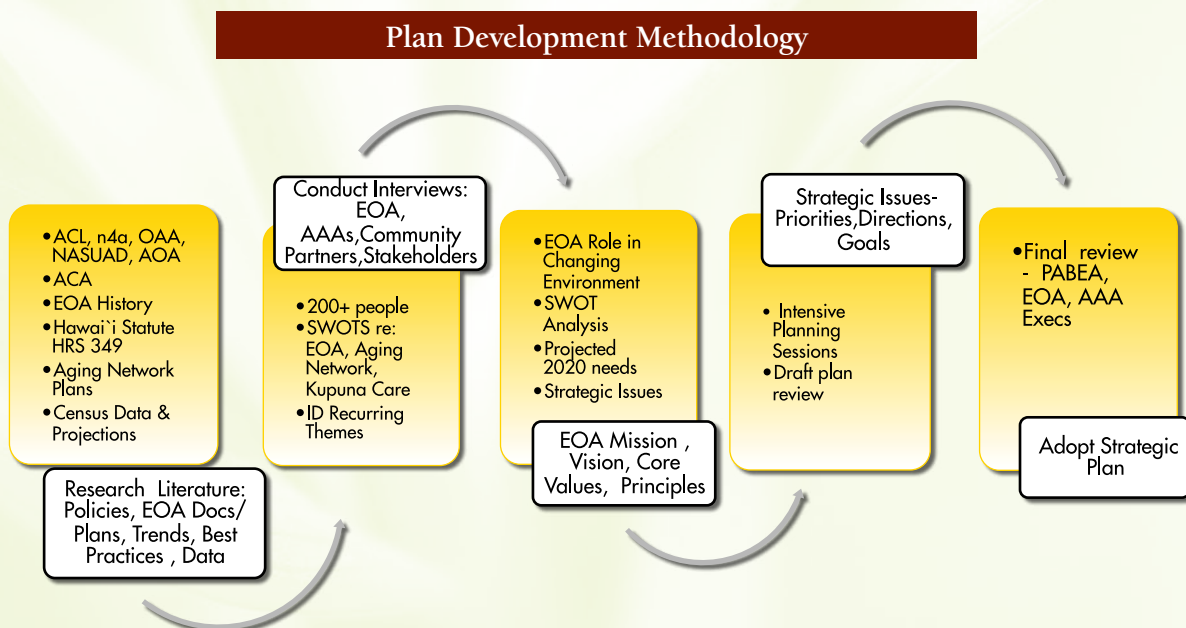
As Hawai'i's aging population grows dramatically, EOA and the Area Agencies on Aging (AAAs) have limited resources to address the many needs of older adults in Hawai'i. To achieve significant progress, EOA, AAAs and key stakeholders—providers, advocates, consumers—must be aligned and work toward the same vision and goals. No one entity can fully address the issues and challenges of the aging network. Hawai'i's aging network includes EOA as the lead, the four AAAs, public and private elder health and social service providers, senior advocacy groups and coalitions.

Concerted action requires that:

- Each stakeholder is committed to its role and responsibilities in moving the aging network's agenda forward.
- Stakeholders are engaged and provide leadership in their respective realm.
- Communication among stakeholders is ongoing as a basis for understanding varying perspectives and resolving issues.
- Resolution by consensus is sought without hindering overall progress.

II. Methodology

Strategic plan development was conducted by a three-member project team from the University of Hawai'i (UH), Public Administration Organizational Learning Institute. The methodology used to produce the strategic plan is depicted in the following chart:



Research Methodology: The research included online information from the U.S. Administration for Community Living (ACL), National Association of States United for Aging and Disabilities (NASUAD), National Association of Area Agencies on Aging (n4a), U.S. Census, and other local and national sources.

Literature searches focused on the Patient Protection and Affordable Care Act (ACA), federal system change initiatives such as the Aging and Disability Resource Center (ADRC), demographics, long term services and supports financing, and other issues and opportunities which would impact Hawai'i's aging future.

Other Methodologies: Phone and in-person interviews were conducted with key community partners and stakeholders, EOA consultants, and NASUAD officials; and focus group interviews with Policy Advisory Board on Elderly Affairs (PABEA), EOA staff, four county AAA staff and service providers. The AAA staff and service provider focus group sessions were held on Oahu, Maui, Kaua'i and Hawai'i island. Cumulatively, over 200 people were interviewed individually or in group (See Appendix A, List of Interviewees). The interviews focused on the Strengths, Weaknesses, Opportunities and Threats (SWOTs) of EOA, Hawai'i's aging network and the Kupuna Care program respectively. Recurring themes were identified as the basis for strategic issues to be considered, analyzed and discussed for formulation as priority issues and direction setting.

The PABEA Plans and Projects Review Committee (PPRC) and the EOA Director provided oversight and guidance on the strategic planning process with progress reports to PABEA. A 30+ member planning body of PABEA PPRC members, the four county AAA executives and EOA staff convened to participate in three full-day sessions facilitated by the UH project team, to develop the mission and vision statements, core values and principles, and to prioritize the major strategic issues, directions and goals that will move Hawai'i toward 2020. The culmination of this work is reflected in the strategic plan.

III. History of EOA: State and Federal Origins

The State of Hawai'i has a proud history of being a forerunner in planning and developing programs and services that improve the lives of older adults. Predating the passage of the federal Older Americans Act in 1965, Hawai'i established a state agency to address basic concerns, such as adequate housing and meals, while planning for a comprehensive program that would include education, health care, recreation, financial security and employment. Led by a grassroots group of concerned citizens, community leaders, and legislators, these visionaries laid the groundwork for an infrastructure that would meet and support the future needs of Hawai'i's kūpuna. They knew that Hawai'i had a brief time to prepare for the inevitable aging tsunami which has since arrived at our shores.



A. Executive Office on Aging, Chapter 349, Hawai‘i Revised Statute (HRS)

In 1963, the Hawai‘i State Legislature established the State Commission on Aging with the passage of Act 198. This Act also created the Policy Advisory Board on Elderly Affairs (PABEA) and the County Committees on Aging. The State office eventually became known as the Executive Office on Aging (Chapter 349, HRS) and was placed in the Office of the Governor. EOA was eventually moved from the Governor’s Office and is today administratively attached to the Department of Health.

Chapter 349, HRS Highlights:

§349-7 Recognition as responsible state agency. “The executive office on aging shall be the single state agency responsible for programs affecting senior citizens of this State;”

§349-1 (10)(b)(3) Declaration of purpose; support; duties.

“...provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older residents; and where applicable, also furnish meaningful employment opportunities for individuals, including older persons from the community;”

§349 (10) (b) (4) “Insure that the planning and operation of such programs will be undertaken as a partnership of older residents, the at-large community, and the State and its counties with appropriate assistance from the federal government.”

§349-9 County functions. “Each county may establish a county office on aging and a county council on aging pursuant to the Older Americans Act of 1965, as amended.”

§349-4 Policy advisory board for elder affairs. “There shall be a policy advisory board for elder affairs, appointed by the governor..The board shall advise the director in, but not limited to, the following areas: (1) The identification of issues and alternative approaches to solutions; (2) The development of positions statements and papers; (3) Advocacy and legislative actions; and (4) Program development and operations.”

§349-6 State master plan for elders. “The executive office on aging shall be responsible for the continued development, implementation and continuous updating of a comprehensive master plan for elders which shall include, but not 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.”

B. Older Americans Act (OAA) of 1965

Passage of the Older Americans Act established a new Administration on Aging (AoA), which began providing federal funds to support states. Hawai‘i was one of the first five states in the country to be awarded Title III funds in 1965. The OAA helped strengthen state and county agencies on aging and became a key funding source for AAA core functions, such as information and referral services. The goal of OAA was to “assist older persons throughout the nation to live independent, meaningful and dignified lives in their own homes or other place of residence as long as possible, emphasizing the lessening of isolation and the prevention of unnecessary institutionalization.” Under OAA authorization, Title III

funding stimulated many of the senior programs known today. States are required to develop and implement a State Plan on Aging every four years comprised of County AAA plans. The county area planning process entails conducting public listening sessions at local community sites to gather input from seniors and the general public about aging issues. The community dialogue helps the AAA identify and prioritize the area plan’s goals and objectives.

National Milestones and Landmark Legislation:

- 1965 Older Americans Act
- 2000 Older American Act Amendments establish the National Family Caregiver Support Program
- 2003 Medicare Prescription Drug, Improvement and Modernization Act (MMA)
- 2006 Medicare Part D Prescription Drug Program (part of MMA); Lifespan Respite Care Act
- 2010 Elder Justice Act
- 2010 Patient Protection and Affordable Care Act, commonly called Affordable Care Act (ACA)
- 2011 First of the nation’s baby boomers turn 65
- 2012 U.S. Department of Health and Human Services (DHHS) establishes a new organization, the Administration for Community Living (ACL) merging the Office of the Administrator, Administration on Aging (AoA), Center for Disability and Aging Policy (CDAP), Center for Management and Budget (CMB), and the Administration on Intellectual and Developmental Disabilities (AIDD).

IV. Executive Office on Aging - Mission, and Guiding Principles

The following vision and mission statements, core values and principles guide EOA and the Aging network in meeting the challenges ahead.



(Note: The mission statement is one of inclusion. “Older persons” include those with disabilities. “Caregivers” include both unpaid and paid, recognizing that in Hawai`i, ‘ohana provide support for many kūpuna. Optimizing “independence” does not preclude the essential interdependence of older adults, family and community.)

Guiding Principles

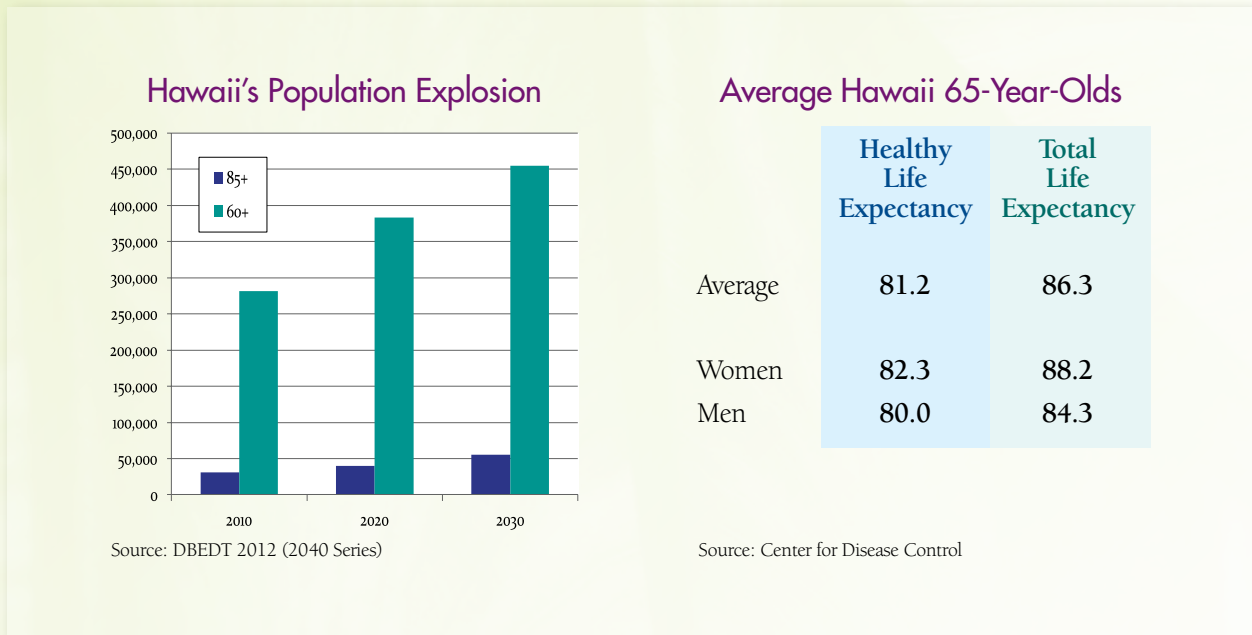
1. Consumer awareness of programs and services is essential to supporting older adults and their ‘ohana for timely and equal access to services.
2. Person-centered programs and services respect the dignity and independence of Hawai‘i’s older adults to have informed choice in the least restrictive environment.
3. Aging is an asset where older adults can engage in meaningful opportunities, contributing added values of knowledge, talent and skills.
4. Ongoing communication and partnerships with the greater community are intrinsic to sound policies, programs and services for Hawai‘i’s aging population.

V. Hawai‘i’s Aging Population: The Silver Tsunami

Adults over 60-years-old are the fastest growing population in Hawai‘i. This age group is expected to increase by 62% between 2010 and 2030. In 2010, they comprised 20.6% (281,210) of the total population. But fueled by the baby boomers---born between 1947 and 1963---the number is expected to jump to 28.4% (455,038) of the population by 2030. Even more dramatic is the 80% increase in the 85+ year-old population. These population increases place a heavy burden on an already stressed elder care environment in Hawai‘i.

Source: US Census, 2010. DBEDT 2012 - 2040 Series

Local residents also enjoy their longevity. The average 65-year-old woman today has a life expectancy of 88 years while men can expect to live past 84 years of age. The data shows that older adults will age healthfully for all but five of these years. But there will be a near doubling of Hawai‘i’s elder care needs due to the population explosion and lengthening life expectancy



VI. Context for Aging In Hawai'i: A Changing Environment

How do we ensure that Hawai'i's rapidly growing population of retirees and elders are able to live meaningful and dignified lives within their settings of choice as long as possible? The challenges of aging are viewed as a societal concern, not just one for our kūpuna and families to deal with on their own.

"Hawai'i is facing a social crisis and a crisis of our conscience. Too many older adults and their families are without the support and resources they need, forcing them to turn to more expensive and less desirable living options. Many lack the respect and opportunities that they deserve. For older adults who are alone and impoverished, the situation is even worse."

Source: A New Day in Hawaii (Health – Older Adults and Aging), 2010
http://governor.hawaii.gov/wp-content/uploads/2012/09/AFG_ANewDayinHawaii_2010.pdf

A. U.S. National Scene: New Federal Directions Bring System Change

Since 2000, the federal administration has created major programs and funding opportunities under a system change initiative. In response to the escalating needs of a rapidly aging society, the federal government has set forth bold directions to forge new partnerships, improve the coordination and delivery of health and social services, and adopt a person-centered approach. This has resulted in a paradigm shift as to how business is to be conducted for State Units on Aging, AAAs and aging partners. Key federal initiatives and landmarks such as the Affordable Care Act (ACA) and the U.S. Administration for Community Living (ACL) now affect Hawai'i's elder care environment with new funding streams and delivery systems.

1) Patient Protection and Affordable Care Act (ACA)

Signed into law in 2010, the ACA's overall intent is to expand health care coverage to millions of uninsured Americans. Besides ensuring access to health care, the ACA also focuses on: 1) improved efficiency with quality outcomes; 2) prevention of chronic disease and effective public health programs; 3) building a strong health care workforce; and 4) transparency and program integrity. This legislation presents significant implications and opportunities for Hawai'i's elder population as well as the aging network. Over time, the ACA's general impact on the senior and disability population is expected to be dramatic, especially for those needing long term services and supports (LTSS). These services are largely administered and paid for at the state level, resulting in significant variations across the United States in overall quality, types and amounts of services offered, eligibility, and system navigability. ACA offers states several incentives and funding programs to expand LTSS. Some of these programs are already underway in Hawai'i such as: the Money Follows the Person grant program, which helps people move out of institutions or avoid unwanted institutionalizations; and the Aging and Disability Resource Center (ADRC), which creates a single point of entry and/or no wrong door approach for services and eligibility.

Hospitals, health care providers and health plans are now aligning with ACA. It is apparent that the aging network can be key partners in coordinating a seamless delivery system that is focused on quality outcomes, preventive care, efficiency, and cost containment. The network brings expertise and knowledge of chronic disease and falls prevention, civic engagement opportunities, and a full menu of community-based services such as transportation, meal delivery, and other supportive care that help older adults live safely and healthily at home. These services complement medical care and provide the necessary

safety net that promotes wellness and active aging in place. With the surge of 78 million baby boomers turning age 65 over the next two decades, this collaboration is essential to fulfilling ACA's vision of improving the overall health of the nation.

2) Administration for Community Living (ACL) - Integrating the Aging and Disability Communities

In 2012, the U.S. Department of Health and Human Services established the Administration for Community Living (ACL), bringing together the Office of the Administrator, Administration on Aging (AoA), Center for Disability and Aging Policy (CDAP), Center for Management and Budget (CMB), and the Administration on Intellectual and Developmental Disabilities (AIDD). ACL now serves as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

ACL objectives include, but are not limited to, reducing the fragmentation that currently exists in Federal programs addressing the community living service and support needs of both the aging and disability populations, enhancing access to quality health care and long-term services and supports for all individuals, and promoting consistency in community living policy across other areas of the Federal government.

Federal direction in combining two population groups—aging and disability—focus on their common need for long term services and supports (LTSS). (Note: “Long term services and supports” is the current terminology used in place of “long term care,” more commonly known by the general public. LTSS includes institutional services, e.g., nursing homes as well as home and community based services). ACL federal initiatives and funding opportunities are designed to encourage states to: integrate oversight and care of the disabled and aging populations; rebalance the system from costly institutional care to community-based programs that support persons in their homes; promote healthy lifestyles and preventive care through chronic disease management; eliminate silos by forming stronger alliances and improving systems coordination; support family caregivers; and invest in the ACL workforce for recruitment, retention and development.

Source: http://acl.gov/About_ACL/StrategicPlan/docs/ACL_Strategic_Plan.pdf

B. Hawai'i: Challenges of the Silver Tsunami

As the Federal government is pressed by aging issues encountered throughout the nation, Hawai'i faces its own challenges unique to our population and communities. For the last two decades, a resounding theme at the State Legislature has been how Hawai'i will address the impact of the aging population and their caregivers. Legislative initiatives to improve LTSS access and availability have been at the forefront for advocacy among the aging network. This has resulted in short-term funding measures for ADRC, Kupuna Care, senior programs and pursuit of a viable LTSS financing mechanism to reduce the social, health and financial threats many people face as they and their loved ones grow older.

Policy makers continue to grapple with stemming the tide of the silver tsunami for the long run. How does Hawai'i deter and potentially reverse the trend we see today, that is, the resource drain of income, assets and caregiver support/services that our kūpuna and their households are mired in? Cumulatively over time, the economic and social burden for Hawai'i families stands to get worse.

Stop gap measures supported by year-to-year funding from the State Legislature serve a purpose, but are limited in scope and sustainability. For example, Kupuna Care is an important program that provides support services to keep frail non-Medicaid eligible kūpuna in their homes. But attempts to raise the ongoing base budget have not been successful. Meanwhile, AAAs struggle each year to keep up with rising costs and escalating needs of the growing older adult population. Services are often filled to capacity and not readily available for new applicants.



1) Burden on Families for Caregiving

Hawai'i is a state where many elders and their families value "aging in place." This is a strong preference, if not expectation, rooted in the cultures of many in Hawai'i. Currently, over 247,000 residents are involved in family caregiving. They provide 85% of the care for frail and disabled individuals in their homes. The total value of unpaid family caregiving is estimated at \$2 billion.

Source: AARP Public Policy Institute. Valuing the Invaluable: 2011 Update – the Economic Value of Family Caregiving in 2009.

Aging in place is less expensive than institutional care (e.g. nursing homes), but in-home care can become physically, emotionally and economically burdensome to families. Families struggle to provide their own caregiving, often resulting in stress and burnout, especially when family members have fulltime jobs and care is not shared. Moreover, many family caregivers are aging themselves, and may experience similar physical, mental, emotional and financial challenges as those they are caring for.

To make matters worse, the shifting demographics indicate there will be fewer caregivers for aging baby boomers. This is exacerbated by the shrinking size of households (with fewer children) and longer life expectancy. The peak of this shortage coincides at a time when boomers will age into their 80s when help is most needed. According to a recent AARP study, the ratio of potential caregivers to those needing care will drop from 7:1 in 2010 to 2.9:1 by year 2050. More than ever, there is urgency to build the elder care workforce, encourage young people to pursue careers in gerontology, and develop creative caregiving alternatives (e.g., volunteer caregiver time banking, in-home technology).

Source: "The Aging of the Baby Boom and the Growing Care Gap: a Look at Future Declines in the Availability of Family Caregiving," AARP, 2013; "Boomers May Face Caregiver Shortage," Star Advertiser, 8/27/13

2) State's Healthcare System Change

Hawai'i is addressing the enactment of ACA through the Hawai'i Healthcare Transformation Initiative (HHTI) which has worked with various sectors in developing the Hawai'i Healthcare Project. This is "a public-private partnership between the Office of the Governor and Hawai'i's health care industry--including health plans, hospitals, providers and other

stakeholders affected by the healthcare system. It aims to engage parties in identifying strategies that will result in a significant, positive change in how we deliver and pay for health care, use information for improvement, and shape public policy and programs to support these changes.”

Source: www.hawaiihealthcareproject.org

In alignment with the ACA, Medicaid expansion in the State of Hawai‘i is being implemented through the QUEST Integration (QI) program, which melds a number of Medicaid programs including QExA (for the aged, blind and disabled) into one statewide program that will provide managed care services to all of Hawai‘i’s Medicaid population. The QI program’s emphasis is on quality health care.

Quest Integration Goals related to the aging network are to:

- Expand access to home and community based services (HCBS) and allow members to have a choice between institutional services and HCBS;
- Maintain a managed care delivery system that assures access to high quality, cost-effective care that is provided whenever possible, in the members’ community, for all covered populations;
- Expand and strengthen a sense of member responsibility and promote independence and choice among members that leads to a more appropriate utilization of the health care system.

Source: <http://www.med-quest.us/Quest/QuestIntegration.html>

EOA and the aging network’s collaboration with the state’s Office of Healthcare Transformation regarding approaches and strategies to meet the health care needs of the aging population will help meet ACA goals. The 2013 Hawai‘i State Healthcare Innovation Plan identified Community Care Teams and Networks as one of five workgroups “to address the critical elements of the health care system that need to be aligned for transformation. EOA’s participation in this workgroup as well as with related local healthcare reform initiatives, such as QUEST Integration and the Hawai‘i Health Connector, will contribute to a more coordinated system addressing Hawai‘i’s continuum of care. ACA opens the door for greater understanding of shared interests between the Aging network and the healthcare industry, particularly insurers and providers.



VII. Strengths, Weaknesses, Opportunities, Threats (SWOTS)

Approximately 200 key stakeholders participated in a SWOT assessment, where they were asked for feedback on EOA, the aging network and the Kupuna Care program. Recurring themes were identified from all responses, and provided the basis for formulating strategic issues and directions as well as identifying immediate critical issues. The following charts represent the most commonly reported stakeholder responses for EOA and the aging network. (See Appendix B for SWOTS Summary in all three areas.)

Executive Office on Aging

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • As a state entity, structurally established to look at senior issues broadly • Represents Hawai‘i to the Feds/national. Seeks federal dollars (grants, funding through Older Americans Act) • EOA and PABEA - Effective advocates at the State Legislature • Current EOA Director - Knowledgeable of aging field • Launched ADRC and other programs (Sage PLUS, Senior Medicare Patrol, etc.) 	<ul style="list-style-type: none"> • EOA infrastructure is stretched for a huge agenda (e.g., staff, bureaucracy) • Standards for a statewide system - Data collection, analysis and reporting re: population, issues, policies, needs, etc. • Not “at the table” with major state entities on issues that affect the aging population • Leadership position in statute: Director appointed by governor (Impact: lack of continuity)
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Leadership in all aging issues • Strengthened internal infrastructure (staff, communication, stakeholders) • ACA and Hawai‘i’s Healthcare Transformation Initiative • Collaboration with MedQUEST • ACL - Federal funding opportunities for capacity development and innovations • ADRC - achieving consistency; supporting AAAs for statewide implementation • Capturing quality, outcome, cost data that provides a fuller picture of the benefits of keeping Hawai‘i’s seniors in the home and community • Collaboration with disability sector • Position and “voice” with public, state departments, legislature and governor • EOA branding 	<ul style="list-style-type: none"> • Major issues insufficiently addressed, e.g., Alzheimer’s; physical, mental and financial abuse, neglect and exploitation of seniors • Absence of statewide convening and dialogue (particularly with providers) re: federal/state direction, trends, issues • EOA, AAAs and providers not aligned • Lack of continuity in EOA leadership and staff (turnover, retention of knowledge base)

Hawai'i's Aging Network

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Decades of experience working together • Commitment and passion • Collective cultural mindset: taking care of people • Collaboration • Hawai'i "aloha" and "kūpuna" • Multitude of human resources and programs in State, UH, public and private agencies • Legislature and Governor supportive of kūpuna issues 	<ul style="list-style-type: none"> • Administrative and program/service backlogs • Infrequent convening and information-sharing e.g., biennial HGPS conferences • Unable to adequately meet the needs of underserved populations, e.g., seniors in rural, isolated areas • Lack of standardization for collecting and sharing info. (For providers, different funders require different data) • Different county structures and funding sources
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Engagement of more seniors, consumers and younger adults (intergenerational) • Advocacy for ACA opportunities • Community planning and problem solving • One unified, powerful voice • Public awareness and education for informed consumer decision making 	<ul style="list-style-type: none"> • Limited knowledge and understanding of key issues and trends that will affect seniors • Rise in physical, mental, financial abuse, neglect and exploitation (Adult Protective Services, Legal Aid Society) • Each sector developing own organization versus being part of a whole • AAAs are struggling to meet ADRC requirements for implementation • Providers are struggling – need for alternative funding sources

VIII. Critical Issues

A noteworthy outcome of the SWOT assessment was the recognition that EOA, PABEA and the AAAs must immediately address and resolve certain critical issues. Otherwise, progress would be hindered in moving toward Hawai'i's envisioned future. These critical issues relate to the basic infrastructure, core functions, operational and communication processes of EOA, AAAs and the system of supports and services for older adults.

1. Solidifying the Infrastructure: EOA and PABEA

EOA and PABEA must attend to certain fundamentals, such as their core purpose, defined roles, scope of responsibility and major functions as defined in chapter 349 (HRS), the Older Americans Act and other federal and state funding requirements. With the combined impact of the silver tsunami, healthcare and LTSS system changes, it is timely that PABEA's advisory role and EOA's vast oversight and implementation role be reexamined.

Recommendations:

- ★ Review and update of EOA statutes
- ★ Review and update of EOA organizational structure and processes
- ★ Strong leadership voice on statewide policies and direction in healthcare and LTSS system reform
- ★ Ongoing communication with the aging network on new developments, data and trends, policies and program initiatives, population outcomes.
- ★ Ongoing public education on access to LTSS, aging data and trends

2. Solidifying the Infrastructure: EOA and AAAs

Hawai'i's AAAs are legally established under the jurisdiction of the counties in which each mayor appoints the respective AAA director, often a cabinet level executive. A county policy council for elderly affairs comprised of consumers and senior advocates advise the AAA and the mayor.

Chapter 349, HRS and OAA created an administrative structure which linked EOA as the designated State Unit on Aging with the county AAAs as core components of a statewide aging network for service delivery. Establishing an interconnected statewide seamless system among all counties is highly challenging in comparison to overseeing a centralized system. Historically, Hawai'i developed a centralized state government with statewide responsibility for health, education and social services. The AAAs have had to develop operations within their respective counties where attention is often given to long-established core services, such as police and fire protection.

The overall administrative and operational structure where federal and state funds flow from EOA to the AAAs to county providers calls for system accountability at all levels. Operational alignment related to administrative requirements, communication and reporting mechanisms, and core infrastructure functions need to be in sync in order for the system to work throughout the state for Hawai'i's older adult population.

With the federal government’s commitment to ACA and establishment of the new Administration for Community Living, Title III funding is holding State Units on Aging accountable for their role in transforming the aging network to establish a reliable infrastructure for “community living” (aka HCBS).

EOA has a significant leadership role in providing guidance and support to the AAAs to uphold Title III obligations giving careful consideration to the unique characteristics of each county’s administration, organizational makeup, resources, population and culture. AAAs are challenged to solidify their LTSS/HCBS operations by establishing fully functioning ADRCs as the pivotal point of access in their respective counties. To do this, they are encouraged to incorporate entrepreneurial strategies to enhance and sustain operations over time.

Data/Information System

Reliable data on services provided, persons served, projected needs, expenditures, and service outcomes are essential in a well- managed, cost-effective network of services for older adults. Information about consumer needs and preferences enables providers to tailor programs and care plans to meet their unique requirements.

Development of a statewide coordinated data collection, analysis and reporting system would:

- Provide sound data for public education and advocacy;
- Allow for evaluation of the outcomes and effectiveness of existing services and program funding throughout the State; and
- Encourage and enable State and County AAA decision-makers to use the data to make informed decisions about aging network programs and services, including the feasibility and benefits of new initiatives and opportunities.

At the State level, the designated lead agency or State Unit on Aging in the network is the Executive Office on Aging, that is required to plan for and offer leadership at the state and local levels in the coordination of access to home and community-based services to the older adult population including:

- 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

Source: Hawaii State Plan on Aging, October 1, 2011 to September 30, 2015, EOA
<http://health.hawaii.gov/eoa/files/2013/07/Hawaii-State-Plan-On-Aging.pdf>

To build infrastructure capacity for monitoring the quality of managed LTSS, the ACL in its “Managed Long-Term Services and Supports: Measuring Outcomes, February 26, 2013” report, encourages states to identify “useful and valid measures” and to provide information to the public. The report emphasizes three managed LTSS/HCBS principles:

- The measurement process is person-centered
- Measurement examines Quality of Life outcomes
- Measurement outcomes inform Continuous Quality Improvement (CQI)

Recommendations:

- ★ Clarity and communication related to Federal and State funding requirements
- ★ Clarity and communication related to State and County roles and responsibilities, and decision making
- ★ Yearly implementation plans, which include monitoring, evaluation and assessment of participant/consumer outcomes
- ★ Coordination of the EOA Strategic Plan with the 4-year State Plan on Aging and 4-year Area Plans on Aging
- ★ Development of AAA operational and business plans in alignment with LTSS system reform
- ★ Development of fully functional ADRCs in all counties, and incorporating the “D” (disability resources and services)
- ★ Development of a statewide data collection system incorporating and highlighting County data (Suggested: Digital dashboard showing status and progress in meeting health and quality goals for Hawai‘i’s older adult population)

3. Leadership

Stakeholders agreed on the need for EOA to convene and communicate on an ongoing basis with the aging network and all sectors in Hawai‘i. EOA’s leadership role in conveying important and newly developing information on data, trends, policies, programs and services is fundamental to EOA’s role and responsibilities, and more so, in a rapidly changing healthcare environment.

Statutorily, EOA is authorized to lead the planning and coordination with state agencies on issues, programs and services affecting older adults. Agencies identified as highly relevant to aging network goals were: Department of Human Services (MedQUEST, Adult Protective Services), Department of Health (Developmental Disabilities, Chronic Disease Prevention, Adult Mental Health Services, Injury Prevention), Department of Transportation, and the University of Hawai‘i.

§349-8 Powers of other departments and agencies; cooperation with the executive office on aging.

It shall be the duty and responsibility of every state and county agency providing programs and service to the aging, in actively working toward the goals and objectives articulated in the state master plan for elders, to coordinate with the executive office on aging the development of its program plans and clear its final plans with the office prior to implementation of such plans. The executive heads of all such departments and agencies shall cooperate with the executive office on aging in providing information as the office deems necessary for the effective discharge of its duties under sections 349-3, 349-5, 349-6 and 349-7... Each department, agency, officer and employee shall cooperate and assist the executive office on aging in the performance of the function, powers, and duties of the office.

EOA is well positioned to engage all stakeholders including the private sector (e.g. health plans, hospitals, and physician groups) in developing a seamless system of access to LTSS. The era of healthcare reform provides opportunity for public-private partnerships and alliances in which the aging network represents a significant population in Hawai‘i.

EOA and the aging network constitute the voice for an estimated 528,210 consumers, nearly 40% of Hawai‘i’s total population today. This includes over 281,210 kūpuna and 247,000 family caregivers, with the total number continuing to grow exponentially. This collective voice cannot be disregarded.

Recommendations:

- ★ Strengthen interdepartmental relationships and collaborate with the leadership of key state agencies (noted above). (PABEA has noted that EOA must have a stronger and elevated voice within the State Administration, such as EOA membership in the Governor’s Cabinet)
- ★ Develop and implement a marketing plan that raises the visibility of EOA, AAAs and the aging network in elevating public awareness of aging issues, data, trends and future directions
- ★ Develop and strengthen relationships with the private sector. Engage with the health insurance and healthcare industries (hospitals and physician groups), and business entities (Chamber of Commerce, major employers, unions)

IX. Strategic Priority Issues and Directions

Strategic Issues must be addressed in order to move successfully toward a shared vision. They are instrumental in galvanizing concerted action toward the vision with clear, unified strategic direction(s) that positions EOA and the aging network as important and necessary voices in shaping Hawai‘i’s future.

Five strategic issues emerged as top priorities based upon the dominant strengths, assets and opportunities determined from the SWOT analysis, the environmental assessment and stakeholder discussions. While other issues are also important and require attention, these five were determined to be the most significant catalysts for moving Hawai‘i toward its vision as “the best place to grow older.”

STRATEGIC ISSUE PRIORITIES	
1. Strategic Partnerships and Alliances	Identify and develop partnerships and alliances that will give impetus to meeting Hawai‘i’s greatest challenges for the aging population.
2. EOA Leadership with the County AAAs	Provide direction, guidance and support for all AAAs to fully develop their LTSS systems to best support their county’s aging population and their caregivers.
3. Statewide ADRC System	Fully support the development of ADRCs that serve each county’s older adults, people with disabilities, and caregivers with information and access to LTSS/HCBS.
4. LTSS Financing	Develop social financing support options that relieve Hawai‘i’s aging adults and their ‘ohana from the risks of impoverishment due to the high costs of health and institutional care.
5. Optimal Senior Health, Quality of Life and Community Participation	Maximize opportunities to age well, remain active and enjoy quality lives. Encourage older adults to engage in their communities.

Strategic Partnership and Alliances



1. Strategic Partnership and Alliances: As Hawai'i's designated State Unit on Aging under the Older Americans Act, EOA is positioned to lead the aging network—AAAs, providers and community organizations—with initiatives which optimize the health, safety and quality of life of Hawai'i's older persons.

Chapter 349, HRS, substantiates EOA's role as the single State agency responsible for coordinating all programs affecting senior citizens of the state. To examine the scope of this responsibility, an inventory of state agencies providing services for seniors was conducted. It revealed a broad variety of aging-related programs and services in Hawai'i. Eleven (11) out of twenty (20) major state departments have over 96 aging-related programs, facilities and/or services. This does not include the many private and not-for-profit programs and services throughout the State that serve seniors. Without some degree of statewide coordination, the myriad of programs run the risk of being fragmented and working in silos, foregoing opportunities for sharing and leveraging resources, reducing duplication and inefficiencies and providing greater public awareness of services. (See Appendix C - Inventory of Hawaii State Aging-related Programs and Services)

The ACA and other federal initiatives encourage States to develop partnerships with agencies and groups outside the aging network in order to build age-friendly systems that are comprehensive and easily accessible. Suggested partnerships for achieving ACA goals through integrated healthcare/LTSS system development include those with HHTI, DHS MedQuest, health insurers, hospitals, the physician community, assisted living and nursing homes. (See Appendix D - Suggested List of Partners and Alliances)

The silver tsunami is generating great demand for services and supports for older adults as they become increasingly frail, vulnerable and dependent. We can expect the private sector to respond to this demand, providing fertile ground for developing strategic alliances and partnerships that will support Hawai'i's kūpuna.

Federal grant incentives can add impetus to involving various sectors in developing home and community based programs and services, keeping older adults actively engaged and healthy, and reducing the need for institutionalization. Some grant programs with potential for seeding alliances and partnerships include the Community-based Care Transitions Program (CCTP), Veteran-Directed Home and Community-based Service (VD-HCBS) Program, and the Money Follows the Person (MFP) Rebalancing Demonstration Program.

EOA Leadership with the County AAAs



2. EOA Leadership with the County AAAs: While there is a need for statewide alignment, AAAs must work within their respective county's government system and structure, legal and functional methods of operation, and unique local customs. Among Counties, there is variation in the need and demand for services associated with geography, rural characteristics, socioeconomic makeup of seniors, the depth and breadth of providers, revenue sources and funding availability. Each AAA is legally incorporated by county statute and reports directly to the mayor. AAA Directors are civil service employees of their respective county. While federal and state funds are administered through contracts with EOA, the AAAs also rely on county funding and other local sources. This state-county administrative structure adds complexity to the relationship between the state EOA and the county AAAs.

As Hawai'i's designated State Unit on Aging under the Older Americans Act, EOA provides linkage for Federal and State funding to the county AAAs for services at the community level. Chapter 349, HRS affirms this role and relationship, and requires that EOA collaborate and incorporate its plans and actions with that of each county AAA. In implementing Federal and State mandated system changes, EOA faces mounting challenges to establishing standards and requirements for the administration of contracts and funds, as well as for coordinating plans and program reports within a context of differing issues and priorities for each county. Greater integration than ever through planning, communication, and collaboration among the EOA, the AAAs, and providers will maximize the aging network's effectiveness in caring for our kūpuna.

EOA and the AAAs are required to submit a state and area plan every four years to the federal administration for compliance with OAA. Information and community assessments are gathered at the county level in which the 4-year plan is developed by the AAAs and submitted to EOA for a statewide consolidated plan. In addition, EOA is required to routinely monitor and report program performance to the federal government based on AAA accumulated data.

In this era of healthcare transformation which includes the development of LTSS capacity, the need is greater than ever for reliable quantitative and qualitative data, e.g., number of seniors served, quality of services, consumer outcomes. This data provides the basis for projecting needs and resource expenditures in managing an efficient and cost-effective network of services for older adults. Information about consumer needs and living choices enables service providers to tailor programs and care plans to meet the unique requirements of consumers.

Statewide ADRC System



3. Statewide ADRC System: Aging and Disability Resource Centers (ADRC) are a key component to LTSS system reform as well as a dual component of healthcare reform. They are essential in the development of effectively managed, person-centered service systems at national and state levels. ADRCs play a pivotal role in integrating the range of community resources and services into a seamless, coordinated LTSS system.

Source: <http://acl.gov/Programs/CDAP/OIP/ADRC/index.aspx>

Well before the establishment of the ACL, ADRCs were being developed across the country to help people seeking information and services for older adults and persons with disabilities. ADRCs conduct individual intake assessments and simplify access to services.

http://aoatest.aoa.gov/www.acl.gov/Programs/Integrated_Programs/ADRCs/Index.aspx

Endorsed by ACL and CMS, ADRCs are becoming the cornerstone of the national aging services infrastructure. Competition for new federal grants and funding now require states to have “fully functional” ADRCs in its communities. To date, the ACL has funded 54 out of 56 states and territories to implement ADRCs. Nationwide, a total of 467 ADRC systems are in place actively serving older adults and persons with disabilities. This covers nearly 70% of the U.S. population living in an ADRC service area.

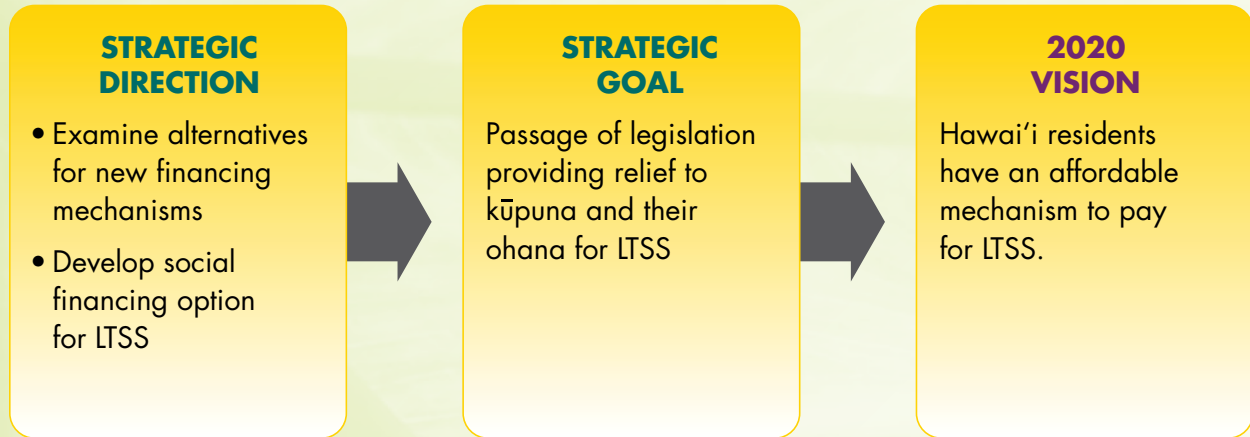
In 2005, supported by the former AoA and CMS, EOA established the beginning of a statewide ADRC. Hawai'i's ADRC initiative was a frontrunner in aligning with federal system change initiatives. It was recognized that a strong ADRC system fully established in every county would help Hawai'i's older adults and people with disabilities navigate and understand their LTSS choices. The ADRC would support individuals and their families to be informed of less costly care options rather than simply resorting to placement in a care home bed. Through consumer access to credible, unbiased information and an array of service and support options, people would more likely be able to age in place.

<http://www.hawaiiadrc.org/site/439/resources.aspx>

The 2009 ADRC Expansion Grant further bolstered ADRC development through EOA's adoption of the Hawai'i Systems Change Initiative, Five-Year Plan for Implementing ADRC, the Community Living Program (CLP) and Person-centered Hospital Discharge Planning (HDP), March 2011. Following this statewide implementation plan, Maui County was the first to reach the fully functional ADRC benchmark, followed by Kaua'i in 2013. Hawai'i and Honolulu Counties are slated next for implementation.

http://hawaiiadrc.org/Portals/_AgencySite/Hi%20ADRC%205-Year%20Operational%20Plan%2003-15-11.pdf

LTSS Financing



4. LTSS Financing: The need for long-term services and supports in 2020 and beyond will likely dwarf available resources and place further financial and emotional burden on Hawai'i's families. This will have substantial impact on Medicaid, public assistance and social services. Hawai'i's residents need additional viable financing options for LTSS.

In 15 years, the cost of care is expected to double along with a near doubling of the population needing care. Hawai'i must prepare for an economic tsunami. Presently, LTC insurance is available to some, but unaffordable to many. This situation further widens the gap between need and access to care resources.

The 2012 State Long Term Care Commission Report describes the long term care crisis that Hawai'i can no longer ignore:

“The long-term care system in Hawai'i is broken. Long-term care is expensive and beyond the financial reach of most people. Medicare and private health insurance do not cover long-term care, and few people have private long-term care insurance. As a result, if they need extensive long-term care, they must pay out of pocket; if their resources have been depleted, they must turn to the means-tested Medicaid program. Most importantly, the aging of the population guarantees that there will be a much greater need for long-term care in the future than there is now.”

Source: Long-Term Care Reform in Hawaii: Report of the Hawaii Long-Term Care Commission, January 18, 2012
<http://www.publicpolicycenter.hawaii.edu/documents/HawaiiLTCCFinalReport.pdf>

The 2013 State Legislature appropriated funding for EOA to conduct a LTSS feasibility study and actuarial analysis for a LTSS financing system. The study will examine social financing options and determine the feasibility to publicly fund LTSS (aside from Medicaid). Development of a public LTSS financing system will have a major impact on Hawai'i's LTSS industry. It would increase access to home and community based services and delay entry into the Medicaid system. A LTSS financing mechanism would spur growth of the silver industry, affecting higher education and workforce development, and would likely contribute to the state's overall economy through the infusion of new revenue sources. In addition to public financing, preventive strategies to slow or reduce the rising costs of LTSS could begin with a concerted public-private initiative to identify the primary contributors to high costs, and alternatives for reducing these costs.

Projected Hawai'i Care Costs (Annual)

Source: Genworth 2013 Report

	2013	2020
Homemaker	\$53,768	\$111,780
Home Health	57,200	118,915
Adult Day Care	18,200	37,836
Assisted Living	50,400	104,778
Nursing Home		
Semi	127,568	265,205
Private	145,270	302,006

Optimal Senior Health, Quality of Life and Community Engagement



5. Optimal Senior Health, Quality of Life and Community Engagement:

Optimal Health

Active aging policies and programs can address many of the challenges of individual and population aging, resulting in "...fewer premature deaths in the highly productive stages of life; fewer disabilities associated with chronic diseases in older age; more people enjoying a positive quality of life as they grow older; more people participating actively as they age in the social, cultural, economic and political aspects of society, in paid and unpaid roles and in domestic, family and community life; lower costs related to medical treatment and care services.

Source: Active Aging - A Policy Framework, WHO 2002
http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf

EOA's Healthy Aging Partnership has launched two evidence-based programs—Better Choices, Better Health and EnhanceFitness—that have been studied to show their effectiveness for older adults. They are research-tested interventions translated into practical, effective community programs that provide proven health benefits to participants. The ultimate impact of these programs is to minimize risks for premature disability, institutionalization and death, beginning with participants' increased health knowledge and improved health practices.

Enhance Fitness is a physical activity program designed to improve the functional fitness and well-being of older adults. Functional fitness is defined as a person keeping strong, balanced and flexible, retaining the ability to do things for oneself, sustaining the daily activities of life.

Better Choices, Better Health helps people with chronic health conditions manage their symptoms and take control of their health. Chronic conditions include arthritis, asthma, diabetes, lung disease, heart disease, stroke, and osteoporosis.

Ultimately, these programs represent a thoughtful way to apply limited resources for social good. They can:

1) significantly improve the health and well-being of older adults in the community, 2) attract new participants and funders through innovative programming and 3) create powerful partnerships with other organizations, including health care providers.



Quality of Life

There is no denying that quality of life is related to social contact. Social inclusion:

- Promotes and supports access to social networks.
- Builds links with community projects, community centers and schools to increase levels of social contact between people from different generations.
- Identifies, respects and uses people's skills, including the skills of older people gained in previous employment.
- Gives ordinary people opportunities to participate in the wider community through person-centered care planning.
- Involves people in service planning and ensures ideas and suggestions are acted upon.

Opportunities abound for social inclusion and can generate vitalized interest and creative ideas for new initiatives. A plethora of activities are already underway throughout the state, many organized by boomers with fellow retirees, long-time friends and colleagues, peer interest groups and others. Well established programs and groups provide opportunity for meaningful participation in reaching program goals. They often tap older people's skills and experiences connecting them with the wider community; encouraging contact between older and younger generations; creating opportunities to make new friends; and involving users of services in the improvement of those services

Community Engagement

Hawai'i's growing aging population provides an opportunity for older adults to make substantial contributions to their communities for unprecedented years of life. Large numbers of older residents and retirees are a rich reservoir of potential volunteers, mentors and skilled workers who can share their knowledge and experience with younger generations. Hawai'i can reap social and economic value from volunteerism where older adults remain engaged in the community, gaining intrinsic rewards of lifelong work and learning. Studies show that supportive relationships, interactions with the environment, engagement in social activities and religious involvement all have positive correlations in the wellbeing of older adults.

Source: Profile of Successful Aging Among Hawaii's Older Adults, EOA 2013 http://www.hawaiiadrc.org/Portals/_AgencySite/2013Aging.pdf

Celebrating and honoring their valuable contributions to the community, outstanding older volunteers are selected and recognized in Hawai'i every May as part of the Older Americans Month. These Hawaii honorees are instrumental in supporting families, friends, and our community every day. They are engaged in volunteer activities, such as delivering food to homebound seniors; providing transportation to older adults who cannot drive; providing assistance with home repairs, shopping and errands; and providing counseling, information, and referral services.

According to a 2010 study conducted by the Corporation for National and Community Service, Office of Research and Policy Development (2010), 19.8% of Hawaii’s adults 65 years of age and older volunteered between 2008 and 2010. Vitality spans across our State’s older adults, presenting meaningful opportunities for volunteerism after retirement. Hawaii’s profit and non-profit sectors in all industries can reap extrinsic value from volunteerism, such as economic savings and the advanced knowledge and skill sets many older adults encompass. Older adults can also benefit, gaining intrinsic rewards through life-long learning opportunities, fulfillment in meaningful work, and maintaining and expanding their networks within the community.

Older people can also be actively involved in policy development processes where a direct, collective voice is highly effective and more necessary than ever in expressing concerns and issues in this time of accelerated population aging.

Important Strategic Issues

While the strategic issues identified above were determined to be of the highest priority, a number of additional issues were also considered important in moving EOA and the aging network forward.

LTSS – Closing the Gap between Medicaid, Near Medicaid and Other Publicly-funded Sources

Older adults make up a population that dominantly impacts the healthcare system. As ACA promotes coordination between prevention and health care, Hawai‘i’s healthcare system can move toward a more population-focused “seamless” LTSS system. EOA administers OAA Title III and state funds to the counties for older adults who are not covered by other public funding sources. EOA’s goal is to ensure that all older adults in need of LTSS, regardless of funding source, are able to access and obtain needed home and community based services.

Strategic Direction:

- ★ Collaboration with MedQUEST to improve Hawai‘i’s healthcare/LTSS system for older adults, especially in coordinating policies and procedures for HCBS eligibility.
- ★ Partnership with MedQUEST for identification, exploration and development of federal grant opportunities for Hawai‘i.

ACA, CMS, ACL - Aligning the Aging Network in Achieving Health Outcomes

The aging network—EOA, AAAs, providers, advocates—can work together to maintain the best health possible of our kupuna, reducing the need to be hospitalized, re-hospitalized or placed in institutional care. To achieve ACA goals, the healthcare industry is particularly attuned to consumer supports pre- and post-care acute service delivery. Each organization can do its part in working toward these goals through community education and intervention strategies in healthy and active aging, risk reduction, chronic disease management and access to HCBS.





Federal policy initiatives, such as ACA and Medicaid 1115 Waivers are changing our nation's health and LTSS systems, offering new opportunities and models for community-based supports and services for older adults and individuals with disabilities. Key grant initiatives include:

- Community-based Care Transitions Program (CCTP): Improves transitions from the hospital to other settings and reduces readmissions for high-risk Medicare beneficiaries.
- Managed Long-Term Services and Supports (MLTSS): Offers both opportunities and challenges in expanding business lines with managed care organizations through service contracts and services to managed care plan members. Many ADRC services—options counseling, person-centered planning, care and transitions management, chronic disease self-management, and benefits outreach and enrollment—can be part of a service package for managed care plans.

Source: http://acl.gov/About_ACL/FederalInitiatives/CommunityCare.aspx

Strategic Direction:

- ★ Assessment, development and evaluation of senior programs and services that reduce the need for emergency care, hospitalization/re-hospitalization
- ★ Development of a common (healthy seniors/healthy outcomes) dashboard used by all entities in the aging network
- ★ Training and technical assistance provided to aging and disability networks to increase capacity for initiatives in the design and delivery of MLTSS. (National resource organizations include NASUAD, NCOA and n4a)

ACL: Person-Centered Planning/Consumer Directed Options

Perhaps more than previous generations, the aging boomer population is inclined toward making their own decisions for health care and LTSS. They are apt to describe quality of life as the ability to maintain choice. Aging programs and services that have integrated person-centered approaches for consumer choice are in step with this growing population.

Nationally, ACL raises awareness of the person-centered approach—long familiar to the aging and disability communities—and its relationship to the ACA's emphasis on patient centeredness. The person-centered, consumer

directed model is embedded in ACL's support to states in transforming their LTSS systems. This includes the identification and dissemination of evidence-based models and best practices related to key elements of "high-performing" state LTSS systems, and the integration of person-centered planning and participant direction in all DHHS-administered programs that provide LTSS.

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Self-Directed-Services.html>

Strategic Direction:

- ★ Collaboration with disability network/community to share experience on effective person-centered/consumer directed approaches
- ★ Provider awareness and incorporation of person-centered models in program operations
- ★ Integration with person-centered/family-centered medical homes
- ★ Provision of needed supports for person-centered approaches

Comprehensive and Coordinated HCBS - Administrative Rules and Procedures re: State and OAA Title III funds

Kupuna Care state funds and Title III funds support a full continuum of HCBS services that are appropriate to the specific needs of aging individuals. Statewide county-administered program services support older adults to remain in the community, delaying institutionalized care, and preventing "spend down" for Medicaid eligibility. This judicious utilization of limited financial resources---whether that of individuals, families or government---saves expensive nursing home beds for those with greater medical and financial need, and delays necessary institutional care to the last months of life.

Strategic Direction:

- ★ Assessment and evaluation of operational efficiencies, consumer satisfaction and outcomes
- ★ Establishment of statewide administrative rules that define standards and processes for eligibility determination and program participation

Family Caregivers – New Mechanisms for Respite and Support

Over ¼ of Hawai'i households have at least one individual providing care for adults over age 60. The average caregiver is 54 years old, providing care for one to five years, 20+ hours a week. Over 55% of caregivers are still employed and 26.8% say caregiving responsibilities have affected their employment, such as reduced work hours, declined promotions and leaves of absence. As Hawai'i households shrink in size, fewer family members can help with caregiving. While many caregivers favor public policy changes, education and caregiver training, there is a need to examine alternatives to paid professional assistance which can be costly for many.

EOA's new initiative, Lifespan Respite, explores time banking as an alternative currency system to supplement caregiver respite needs. "TimeBanks" address formal service gaps by tapping community resources through the exchange of alternative currencies, such as "time dollars."

Time banking is a community self-empowerment approach. Members provide services to others to earn time dollars which can be used to purchase services from other members. Time dollars can be saved for future needs or donated to other members who cannot earn their own. Services exchanged are based on the skills and talents within the community. A one-time dollar is equivalent to one hour of service. Besides filling social service gaps, TimeBanks support healthy aging by promoting active citizenship, community building, and social well-being.

In response to Hawai'i Senate Resolution 77 passed during the 2013 legislative session, Lifespan Respite is developing a feasibility study on time banking as a sustainable alternative for strengthening Hawai'i's respite system. The study will be followed by a TimeBank demonstration project. LifeSpan Respite would link a TimeBank system and respite services to the state's ADRCs for easy access to Hawai'i's families and caregivers.

Strategic Direction:

- ★ Assessment, projection of needs and development of sufficient family caregiver supports to older adults in the next decade(s)
- ★ Exploration of new and alternative approaches for expanding family caregiver supports throughout the state, such as tax reduction and/or credits to expand the pool of caregivers

Alzheimer's Disease and Related Dementias (ADRD) - State Plan and Focal Point for Action

The single greatest risk factor for ADRD is age, and as baby boomers reach 65, dementia cases will rise. The first ever National Plan to Address Alzheimer's Disease was released on May 15, 2012.

<http://aspe.hhs.gov/daltcp/napa/NatlPlan2013.pdf>

“Alzheimer’s disease burdens an increasing number of our Nation’s elders and their families, and it is essential that we confront the challenge it poses to our public health.”

- President Barack Obama

on unveiling of National Plan to Address Alzheimer's Disease

Over 5.4 million people nationwide have ADRD. One in eight adults 65 and older will develop ADRD, with the risk doubling every five years. One in two people at age 85 will develop ADRD. This age group is the fastest growing segment of Hawai'i's population.



In Hawai'i, there are approximately 31,000 individuals over age 65 who have Alzheimer's disease. Hawaii's first State Plan on Alzheimer's Disease and Related Dementias will be published in December, 2013. There is an overall need to assess the current and future impact on the residents of Hawai'i. EOA supports development of an infrastructure to ensure that Hawai'i's LTSS system is responsive to the needs and concerns of individuals living with dementia and their family caregivers.

Strategic Direction:

- ★ Establishing an ongoing coordinator as a focal point for statewide leadership in ADRD policy and program development
- ★ Awareness and implementation of the Hawaii State Plan on Alzheimer's Disease and Related Dementias that include:
 - Collaboration with DOH programs, e.g., Adult Mental Health, Developmental Disabilities, State Health Planning and Development, as well as State agencies, e.g., DHS – Adult Protective Services, Department of Transportation, DOE, DLNR
 - Initiating a Dementia Coalition that includes professional stakeholders, caregivers and people living with dementia
 - Working with ADRCs, the aging network and stakeholders to be “dementia capable”
 - Building consciousness for “dementia friendly” communities
 - Public education and awareness regarding the stigma of ADRD

Senior Exploitation, Abuse and Neglect - Coordination and Community Education

The number of reported cases of elder abuse, neglect and exploitation is rising each year in Hawai'i and nationally. 74% of reported cases to the State Adult Protective Services (APS) related to victims 60 years and older. 44% among those investigated are 80 years and older. Caregiver neglect/abandonment, self neglect and financial exploitation are three leading types of abuse cases reported. The increase is attributed to the growing elder population, drug abuse, unemployment and caregiver stress.

Strategic Direction:

- ★ Collaboration and partnership with APS, Legal Aid and others
- ★ Community awareness and education

Public Health Program Partnerships – Promoting Health and Reducing Risks

Maintaining and improving the best health status among older adults require collaboration among public health partners and community groups to achieve desired health outcomes. The Hawaii Healthy Aging Partnership (HAP) is a coalition with approximately 60 partners dedicated to embedding evidence-based health promotion programs into aging network activities. HAP believes that having health promotion programs widely available to older adults will help prevent and delay the onset of chronic diseases, reducing its overall burden in Hawai'i. Chronic diseases are characterized by long duration and slow progression, and are among the most prevalent and costly of all health problems.





Health promotion and injury prevention programs already underway and needing continuing support are the following:

Chronic Disease Management

Through HAP, two health promotion evidence-based programs—Better Choices, Better Health and EnhanceFitness—have been initiated statewide. Since 2007, over 1,833 people have participated in these programs, demonstrating success in improving their health status, adopting healthier behaviors, reducing falls, hospital stays, emergency room and physician office visits.

Falls Prevention

Falls are the leading cause of injury-related deaths among older adults (EMSIPSB, Centers for Disease Control 2008, National Council on Aging, 2005). Hawai‘i averages 1,990 hospital and over 5,700 emergency room visits each year as a result of falls, mainly within the home. In 2010, Hawai‘i spent over \$112 billion in hospital medical charges alone where Medicare covered 90.3% or over \$101 million.

Fall prevention evidence-based programs addressing physical activity, medication management, vision checks and home modifications are already being supported by the AAAs with assessment instruments incorporated into ADRCs.

Strategic Direction:

- ★ Collaboration and partnership with public health programs with mutual public health goals, such as the DOH Chronic Disease Prevention and Management, DOH Injury Prevention
- ★ Collaboration with the Hawaii State Fall Prevention Consortium on implementation of the Hawaii Falls Prevention State Plan, 2013 – 2018, EOA 2013 http://www.hawaiiadrc.org/Portals/_AgencySite/2013Falls.pdf
- ★ Data collection system development able to measure health status changes based on significant risk factors in the older adult population

See Healthy People 2020 Objectives for Older Adults:

<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=31>

X. Next Steps

Strategic plan implementation rests with EOA, PABEA and the AAAs working closely together in leading the aging network towards Hawai‘i’s aging future. No one entity can shoulder the full burden and it will require the commitment, ownership and engagement of all. The following are recommendations for immediate next steps.

1. Address critical issues as described in Section VIII.
2. EOA with PABEA and input from AAAs: Commitment to and development of an implementation framework for each of the five strategic priorities identifying:
 - a) Major actions
 - b) Lead individuals/entities as well as supporting individuals/entities
 - c) Measurements of progress and goal achievement (as quantifiable as possible)
 - d) Timeframe for completion, including benchmarks and milestones per strategic plan year
 - e) Feedback mechanisms among EOA, PABEA and AAAs for ongoing improvement
 - f) Annual review of the strategic plan on the PABEA/EOA calendar, citing updates, progress and proposed changes.
3. AAAs: Review, update, and/or develop strategic, operational, implementation and business plans to identify areas of alignment with EOA’s strategic plan and actions
 - a) Strengthen leadership and support in each county/island
 - b) Be the leading voice for the county’s kūpuna and aging network.
 - c) Work in tandem with EOA to ensure that administration, planning and development at all levels are synchronized, while integrating county, provider and consumer perspectives.



G L O S S A R Y

ACRONYM	MEANING	DESCRIPTION
AAA	Area Agency on Aging	In Hawai'i, county agency that is part of a nationwide network of State and local programs that help older people to plan and care for their life long needs. Created under the Older Americans Act. Goal is to keep seniors living independently in their own homes. Provides social services and nutrition services for elders, and support for caregivers.
ACA	Patient Protection and Affordable Care Act (aka Affordable Care Act)	U.S. federal statute signed into law Mar. 23, 2010. Together with the Health Care and Education Reconciliation Act, represents the most significant regulatory overhaul of the U.S. healthcare system since the passage of Medicare and Medicaid in 1965.
ACL	Administration for Community Living	Newly established federal agency which houses the former Administration on Aging, Center on Disability and Aging Policy, Center for Management and Budget and Administration on Intellectual and Developmental Disabilities.
ADA	Americans with Disabilities Act	Wide-ranging civil rights law enacted in 1990. Prohibits discrimination based on disability.
ADRC	Aging and Disability Resource Center	An entity established by the state to provide a coordinated long term care system. This is a federal and state initiative.
ADRD	Alzheimer's Disease and Related Dementias	Dementia is a general term for a decline in mental ability severe enough to interfere with daily life, e.g., memory loss. Alzheimer's is the most common type of dementia
Aging Network		The network of State agencies, Area Agencies on Aging, Title VI grantees, and the administration and organizations that are providers of direct services to older individuals or are institutions of higher education, and receive funding under the OAA.
AIDD	Administration on Intellectual and Developmental Disabilities	Federal agency under the U.S. Health and Human Services, Administration for Community Living.

ACRONYM	MEANING	DESCRIPTION
APS	Adult Protective Services	Division in the state Department of Human Services.
ARCH	Adult Residential Care Home	Residences licensed by the State Department of Health, Office of Health Care Assurance. Licensed homes can accept and care for adults with special needs.
CCTP	Community Care Transition Program	A federal grant initiative focused on hospital discharge planning.
CDAP	Center on Disability and Aging Policy	Federal agency under the U.S. Health and Human Services, Administration for Community Living.
CIL	Centers for Independent Living	A consumer-controlled, community based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities. Provides an array of independent living services.
CMB	Center for Management and Budget	Federal agency under U.S. Department of Health and Human Services, Administration for Community Living.
CMS	Center on Medicare and Medicaid Services	Federal agency under U.S. Department of Health and Human Services.
DDD	Developmental Disabilities Division	Division within the State Department of Health.
DHS	Department of Human Services	State department that provides programs, services and benefits to empower the most vulnerable in Hawai'i to expand their capacity for self-sufficiency, self-determination, independence, healthy choices, quality of life and personal dignity.
DOH	Department of Health	State department that protects and improves the health and environment for all people in Hawai'i.
DOT	Department of Transportation	State department that is responsible for planning, design, construction, operation and maintenance of State facilities in all modes of transportation, including air, water and land.
EMSIPSB	Emergency Medical Services, Injury Prevention System Branch	State comprehensive emergency medical services system under the State Department of Health designed to reduce medical emergency deaths, injuries, and permanent long-term disability through the implementation of a fully integrated cohesive network of related components.

ACRONYM	MEANING	DESCRIPTION
EOA	Executive Office on Aging	Federal and State designated state unit on aging administratively attached to the State Department of Health. Designated lead state agency in the coordination of a statewide system of aging and family caregiver support services in the State of Hawaii, as authorized by federal and state laws.
HAP	Healthy Aging Partnership	Statewide coalition of partners promoting evidence-based chronic disease management programs.
HHTI	Hawaii Healthcare Transformation Initiative	Enactment of ACA in Hawai'i. "...public-private partnership between the Office of the Governor and Hawai'i's health care industry. Aims to engage parties in identifying strategies that will result in a significant, positive change in how we deliver and pay for health care, use information for improvement, and shape public policy and programs to support these changes."
HCBS	Home and Community Based Services	Services delivered in a home or non-institutional care setting.
HRS	Hawaii Revised Statutes	Codified permanent State laws in Hawai'i passed by the State Legislature.
LTC	Long Term Care	Services for people who need ongoing assistance with their daily tasks. Includes institutional and non-institutional types of services.
LTSS	Long Term Services and Supports	New terminology for Long Term Care.
Med-QUEST	QUEST: Quality care Universal access Efficient utilization Stabilizing costs Transforming the way health care is provided to members.	Division of the State Department of Human Services. Administers Medicaid programs such as QUEST, which provides health coverage through health plans for medical and mental health services for eligible Hawaii residents.
MFP	Money Follows the Person	Federal initiative awarded to the State Department of Human Services. Consumer- directed program for Medicaid clients.

ACRONYM	MEANING	DESCRIPTION
MLTSS	Managed Long Term Services and Support	Medicaid initiative which offers both opportunities and challenges in expanding business lines with managed care organizations through service contracts and services to managed care plan members.
NASUAD	National Association of States United for Aging and Disabilities	Represents the nation's 56 state and territorial agencies on aging and disabilities. Supports state leadership, advancement of state systems innovation and articulation of national policies that support home and community based services for older adults and individuals with disabilities.
n4a	National Association of Area Agencies on Aging	Leading voice on aging issues for Area Agencies on Aging. Supports the national network of 629 AAAs and 246 Title VI programs through advocacy, training and technical assistance.
OAA	Older Americans Act	Federal law in 1965 which provides assistance in the development of new or improved programs to help older persons. Authorizes grants to states for community planning and services.
PABEA	Policy Advisory Board on Elderly Affairs	Consumer advisory board to the Executive Office on Aging established in Hawaii statute.
PPRC	Plans and Project Review Committee	PABEA Subcommittee.
QExA	QUEST Expanded Access	State Medicaid managed care program for seniors 65 and older, and people of all ages with disabilities. Administered by MedQUEST, State Department of Human Services.
QI	Quest Integration	Statewide Medicaid managed care program providing managed care services to all of Hawaii's Medicaid population. Administered by MedQUEST, State Department of Human Services. Effective 2015.
SWOT	Strengths, Weaknesses, Opportunities, Threats	Structured planning method. Analysis of a service or product before it is marketed. Identification of internal and external factors that are favorable and unfavorable to achieving a business or project objective.
VD-HCBS	Veterans Directed-Home and Community Based Services	New federal grant initiative with the Veterans Administration providing consumer-directed long term services and supports to help disabled veterans at home.

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Cullen Hayashida, PhD, Director, Kupuna Geriatric Center, Kapiolani Community College
Shirley Kidani, Former EOA Staff
Barbara Kim Stanton, AARP Hawai'i
Steve Lutzky, PhD, HCBS Strategies, Consultant to EOA
Lynn Moku, former member, Hawai'i Family Caregiver Coalition/Kokua Council
Pam Witty - Oakland, Director, Department of Community Services, City and County of Honolulu
Justin Wong, Hawai'i Alliance of Retired Americans (HARA)

Area Agency on Aging (Executive and Staff)

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Pablo Venenciano
Craig Yamaguchi
Jonell Yamamoto
Kelly Yoshimoto

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Rachelle Ing-Kupau
Zilpah Kaimiola
James Mariano
Hyenie Martin
Jill Matsui
Jo Reyes
Jan Roberson
Melissa Platiro
Timmy Satot
Elinor Takahashi
Cary Valdez

Service Providers (Focus Groups)

City and County of Honolulu

Merlita Compton, Kalihi Kokua Valley
Portia Fields, MetroCare Hawai'i
Howard Garval, Child and Family Services - Hawai'i
Debbie Hart, Child and Family Services - Hawai'i
Mike Hirano, Project Dana
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Joey McKeague, Child and Family Services - Hawai'i
Lyn Moku, Director Lanakila Meals on Wheels
Becky Murashige, St. Francis Healthcare System
Rose Nakamura, Director Project Dana
Cyndi Osajima, Volunteer Assistant Project Dana
Jennifer Ramirez, MetroCare Hawai'i
Peter Reyes, Catholic Charities Hawai'i
Pamela Y Scott - Yuen, Alzheimer's Association
Judy Taketa, Catholic Charities Hawai'i
Diane Terada, Catholic Charities Hawai'i
Marian Tsuji, Lanakila Pacific
Dallas Walker, Waikiki Health Center

Hawai'i County

Donna Barr, Legal Aid Society of Hawai'i
Ochana Bringman, Paradise Home Care Cooperative
Karyn Cloy Ho'o Nani Place
Lydia Gaspas, Metrocare Hawai'i
Jana Hechler, CareResource Hawai'i, Kona Branch
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Coran Kitaoka, Elderly Activities Division /
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Rowena Iiqui, Kona Adult Day Care Center
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Debra Nakai, Services for Seniors
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Christine Namahoe-Loo, Coordinated Services
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Mike Hall, Senior Director of Medicaid Policy and Planning

APPENDIX B

Strengths, Weaknesses, Opportunities, Threats (SWOTs) Summary

Executive Office on Aging

STRENGTHS	OPPORTUNITIES
<ul style="list-style-type: none"> • Current EOA Director - knowledgeable of aging field; well liked • EOA and PABEA – Effective advocates at the State Legislature • Launched ADRC and has other good programs (e.g. SagePLUS, Medicare Patrol) • Represents Hawaii to the Feds/national. Seeks federal dollars (grants, funding through Older American Act). • As a state entity, structurally established to look at senior issues broadly. • EOA Staff - passionate and committed 	<ul style="list-style-type: none"> • ACA and Hawaii’s Health Transformation Initiative • ADRC – getting consistency and support to AAAs for statewide implementation • Administration on Community Living – Fed funding opportunities for capacity development • Capturing quality, outcome, cost data that gives a fuller picture of the benefits of keeping Hawaii’s seniors in the home/community • Leadership in all aging issues • Strengthen internal infrastructure (in-house staff, communication channels, relationships with stakeholders) • Collaborate/integrate disability network • Develop more political awareness and influences through better positioning with public, state departments, Legislature and Governor • Improve public image; rebrand itself • Work closely with Medicaid on funding and structures
WEAKNESSES (IMPROVEMENTS NEEDED)	THREATS
<ul style="list-style-type: none"> • Working relationships with AAAs, such as: <ul style="list-style-type: none"> - Need better communication and teamwork - Perception of top down with AAAs without understanding their operational issues - Contractual role with AAAs has taken over its broader umbrella state role - Unclear problem resolution system and communication • No/limited relationship and communication with providers (based on traditional protocol) • Lack of clarity, communication and convening on issues for the entire aging network • Infrastructure is stretched for huge agenda • Standards are lacking for establishing a statewide system – insufficient data collection, analysis and reporting to inform the state on population, issues, policies, needs, etc. • Not “at the table” with major state entities on issues that affect the aging population • Leadership position in statute: Director appointed by Governor (Impact: Turnover, instability) 	<ul style="list-style-type: none"> • ADRC – being unable to establish statewide coverage and launch in all counties • Administration on Community Living – insufficient collaboration and understanding for mutual agreements with disability entities in the State • Funding not maximized via partnership with MedQUEST, DOH, etc. • Looming demand of the silver tsunami and their caregivers • Other major issues ignored/not addressed, e.g., Alzheimer’s; physical, mental and financial abuse, neglect and exploitation of seniors • Providers not being communicated with to understand (and weigh in on) Fed/state direction, trends, issues. Statewide dialogue is lacking. • Working relationships with AAAs and local providers • Lack of continuity in EOA leadership and staff (political appointment and turnover)

Aging Network

STRENGTHS	OPPORTUNITIES
<ul style="list-style-type: none"> • Decades of experience working together • Commitment and passion. Collective cultural mindset: taking care of people • Collaboration • Hawaii “aloha” – we care for each other • Multitude of human resources and programs at State, UH, public and private agencies • Legislature and Governor supportive of kupuna issues 	<ul style="list-style-type: none"> • Engage more seniors/consumers, younger adults (inter-generational) • Advocacy for opportunities in ACA • Meet, plan and communicate on plans and problems in structured ways • Speak as one large, powerful voice • Promote education and public awareness for consumers, caregivers and advocates: Many highly educated retired seniors, desire for independence and wanting to make own informed choices.
WEAKNESSES (IMPROVEMENTS NEEDED)	THREATS
<ul style="list-style-type: none"> • Infrequent group contact for information, lack of planning as a network with overall goals i.e., HGPS conferences -biannual • Lack of Resources—funding and volunteers—to bring people together • Unable to adequately meet the needs of underserved populations i.e. seniors in rural, isolated areas • Lacks standardization for collecting and sharing info. (For providers, different funders require different data. Time consuming.) • Separate allegiances due to County structure and funding sources 	<ul style="list-style-type: none"> • Updated knowledge and understanding of key issues, trends that will affect seniors • Each “sector” sticking to developing own organization or turf; not seeing selves as part of whole • Rise in physical, mental, financial abuse, neglect and exploitation often by caregivers. Adult Protective Services, Legal Aid • Providers are struggling (e.g., need to find alternative funding sources to meet need) • AAAs are struggling to meet ADRC requirements for implementation

Kupuna Care

STRENGTHS	OPPORTUNITIES
<ul style="list-style-type: none"> • Many years in place; ongoing program • Highly recognized and supported by State and Legislature • Successful advocacy – PABEA, EOA, AAA, AARP, Caregivers Coalition, HARA, providers, consumers, etc. • Program well received by all • Safety net for non-Medicaid eligible population 	<ul style="list-style-type: none"> • Creative alternative funding sources: Partnerships, collaboration with private sector • Additional types of services than the usual menu currently offered • Measure effectiveness
WEAKNESSES (IMPROVEMENTS NEEDED)	THREATS
<ul style="list-style-type: none"> • Inconsistently/unevenly administered throughout State e.g. eligibility • Lacks clarity on information on actual need, data unclear, e.g., waitlists • Need for more funding. Base budget hasn't increased much; year by year increases • Lack of public awareness of its existence 	<ul style="list-style-type: none"> • Unclear rules and requirements, e.g., eligibility • Inconsistency with OAA funded requirements and reporting • Unclear as to \$ spent for #s served, types and frequency of services, etc. • Divergent perspectives on consumer options. • Lack of funding • Unmeasured success

APPENDIX C

Hawaii State Aging Related Programs and Services Summary

STATE DEPARTMENT	NUMBER/DESCRIPTION OF SERVICES, PROGRAMS, PROJECTS
Commerce and Consumer Affairs (DCCA)	<p>2 Programs</p> <ul style="list-style-type: none"> • Investor Education Program • Consumer Resource Center
Defense (SDOD)	<p>2 Programs – Office of Veterans Affairs, State Civil Defense</p>
Education (DOE)	<p>1 Program – Community School for Adults</p>
Hawaii Health Systems Corporation (HHSC)	<p>6 Long Term Care Facilities</p> <p>8 Hospitals with long term care beds</p> <p>3 Adult Day Health Centers</p> <p>4 Outpatient Clinics (Geriatrics or Family Medicine)</p> <p>1 Home Health Agency</p> <p>1 Assisted Living Facility (Roselani/Maui)</p> <p>1 Elderly Housing (Senior Residence at Maluhia)</p> <p>3 Special Projects (Collaborations with other entities)</p>
Health (DOH) – non EOA	<p>22 Divisions, Programs and Projects</p> <ul style="list-style-type: none"> • Developmental Disability Division – HCBS • Neuro-Trauma Support • Personal Assistance Services and Support • Adult Mental Health Division • Alcohol and Drug Abuse Division • Hawaii Access to Recovery (ATR Ohana Project) • Public Health Nursing • Chronic Disease Prevention and Health Promotion • Communicable Disease Division <ul style="list-style-type: none"> – Sexually Transmitted Disease/AIDS Prevention • Disease Outbreak Control Division/Tuberculosis Control Program • Hawaii Immunization Branch • Emergency Medical Services • Injury Prevention and Control Program • Falls Prevention Program • Walkable Communities/Walk Safety Program/Complete Streets • Health Care Assurance Branch (OHCA State Licensing and Medicare Sections) • Hospital and Community Dental Health Branch (Dental Hygiene Program) • Disability and Communications Access Board • State Health Planning and Development Agency

Chart continued on next page...

STATE DEPARTMENT	NUMBER/DESCRIPTION OF SERVICES, PROGRAMS, PROJECTS
<p>Housing Finance and Development (DHFD)</p>	<p>1 Program</p> <ul style="list-style-type: none"> Rental Assistance Program
<p>Human Services (DHS)</p>	<p>28 Programs and Projects</p> <ul style="list-style-type: none"> Adult Protective Services Chore Services Program Adult Foster Care Program Senior Companion Program Respite Companion Services Foster Grandparents Program Transportation Assistance for Resident Aliens and Naturalized Citizen Courtesy Services Licensing and Certification – Community Ties of America (CTA) Nursing Aide Training and Recertification Benefit Employment and Support Services General Assistance Aid to the Aged, Blind and Disabled Supplemental Nutrition Assistance Program (SNAP) Hawaii Electronic Benefit Transfer Homeless Programs and Information MedQUEST – Quest Expanded Access DD/Mental Retarded Home and Community Based Services Going Home Project Community Care Services Vocational Rehabilitation Hawaii Public Housing State Rental Supplemental Program/Section 8 Voucher Program
<p>Judiciary (DoJ)</p>	<p>1 Program - Office of Public Guardianship</p>
<p>Labor and Industrial Relations (DLIR)</p>	<p>4 Programs</p> <ul style="list-style-type: none"> Senior Community Service Employment Service Disability Employment Initiative Disability Compensation Division Senior Farmers’ Market Nutrition Program

Chart continued on next page...

STATE DEPARTMENT	NUMBER/DESCRIPTION OF SERVICES, PROGRAMS, PROJECTS
<p>Transportation (DOT)</p> <p>University of Hawaii System (UH)</p> <ul style="list-style-type: none"> • Some projects are co-sponsored or contracted by EOA • Does not include courses or classes on aging-related subjects 	<p>2 Programs</p> <ul style="list-style-type: none"> • Office of Civil Rights • Walk Wise Hawaii <p>19+ Programs and Projects</p> <ul style="list-style-type: none"> • College of Tropical Agriculture and Human Service (Family Education Center, grandparents raising grandchildren, Ohana Caregivers Project, Na Tutu Coalition, Nutrition Education for Wellness, Food and Nutrition Services for Older Adults) • School of Nursing and Dental Hygiene (5 research projects) • UH Manoa Center on Aging (Ha Kupuna) • Center on the Family Data Center • Nutrition Program for Older Adults (with EOA) • Center on Disability Studies (Feeling Safe, Being Safe) • UH Elder Law Program • Kapiolani Community College – Kupuna Education Center • John A. Burns School of Medicine – Geriatrics Medicine <p>The Honolulu Heart Program, a long-term study of cardiovascular disease in a cohort of Japanese-American males, which is currently the nation’s largest health follow-up study of a minority group</p> <p>The Honolulu-Asia Aging Study, with comparison studies of age-related problems and dementia</p> <p>The Women’s Health Initiative, a headline-making clinical trial and observational study to address the effects of hormone replacement therapy and other factors on the overall health of post –menopausal women.</p>

Other State Departments – Researched (No aging-related programs)

- | | |
|---|--|
| <ul style="list-style-type: none"> • Accounting and General Services • Agricultural • Budget and Finance • Attorney General • Hawaiian Affairs | <ul style="list-style-type: none"> • Hawaii Tourism Authority • Business Economic Development Tourism • Public Safety • Land and Natural Resources |
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A P P E N D I X D – Strategic Partnerships and Alliances

Participants at a strategic planning session on August 8, 2013 identified the following organizations as potential partners for collaboration with EOA and the aging network.

Associations

Aloha Independent Living
Centers of Independent Living
Disability Network
Epilepsy Association
Filipino Caucus
Hawaii Long Term Care Association
Healthcare Association of Hawaii
Health Industry
National Federation for the Blind

Public Sector

Counties Department of Parks and Recreation
Counties Department of Transportation
Disability and Communications Access Board
Hawaii Department of Education
Hawaii Department of Health

- Adult Mental Health Division
- Developmental Disabilities Division
- Vocational Rehabilitation

Hawaii Department of Labor and Industrial Relations
Hawaii Department of Public Safety
Hawaii Department of Transportation
Hawaii's Universities and Colleges
Housing
Maui Economic Opportunity (MEO) for Maui
Mayor's Offices (Initiative for Age Friendly Communities)
U.S. Housing Urban Development (HUD)
Veterans Administration

Business (Private)

Businesses (Banks, Credit Unions, Hotels)
Foundations
Pfizer/Pharmaceutical Companies

Insurers

Hawaii Department of Human Services- MedQuest
Health Plans
Insurers
Insurance Companies
Medicare
Managed Care Organizations

Providers

Assisted Living Facilities
First Responders (Fire Department, Police, Emergency Medical Services)
Home Care Agencies
Hospitals/Health Care Systems (private and public)
Nursing Homes
Physicians
Primary Health Centers
Senior Centers