

# Hawai'i State Plan on Aging 2023 - 2027



**EOA** EXECUTIVE  
OFFICE  
ON AGING

*E Loa Ke Ola  
May Life Be Long*



Hawai'i Department of Health





# Acknowledgements

A warm mahalo to everyone who supported the planning, development, and implementation of the *Hawai'i State Plan on Aging 2023 – 2027*.

Through these strategies and objectives, we will address issues that impact our aging population and persons with disabilities. A special mahalo to kūpuna, caregivers, and Aging Network professionals for their time and expertise. Together, we will build a stronger tomorrow and keep Hawai'i as the best place to grow older.

*E Loa Ke Ola - May Life be Long!*

Governor of Hawai'i, Honorable Josh Green, M.D.

Director of Health, Kenneth S. Fink, M.D., M.G.A., M.P.H.

U.S. Administration for Community Living

Policy Advisory Board for Elder Affairs

County of Kaua'i, Agency on Elderly Affairs

City & County of Honolulu, Elderly Affairs Division

Maui County Office on Aging

Hawai'i County Office of Aging



## Table of Contents

4	Message from the Director
5	Verification of Intent
6	Executive Summary
9	Introduction
12	Profiles of Hawai'i's Aging Population
20	Programs, Special Initiatives, and Accomplishments
24	Goals, Objectives, Strategies, and Expected Outcomes
41	Quality Management
41	Potential Barriers to the Proposed Strategies
42	Conclusion
	Attachment A: State Plan Assurances and Required Activities
	Attachment B: Information Requirements
	Attachment C: Intrastate Funding Formula
	Attachment D: Aging in Hawai'i Survey Report of Needs Assessment
	Attachment E: Public Comments
	Attachment F: Aging Network Planning Meetings





## Message from the Director

Dear Colleagues,

As the state-designated lead agency for the coordination of statewide aging initiatives, the Executive Office on Aging is pleased to present the *Hawai'i State Plan on Aging 2023 – 2027*. This Plan ensures that kūpuna and persons with disabilities, can optimize their health, safety, and independence, as they age. This Plan was developed with input from the Policy Advisory Board for Elder Affairs, the Aging Network, and the community at large.

Under Title III of the Older Americans Act, the vast array of programs and initiatives span the aging continuum from healthy older adults to our most frail and vulnerable residents. Previous approaches were reassessed to identify limitations of our current strategies; particularly, in the aftermath of the COVID-19 public health emergency. Furthermore, it challenged the Aging Network to explore new and innovative ways to deliver services and supports.

Adapting to a new era of technology emphasized the importance of providing Hawai'i's kūpuna with education and assistance to increase digital literacy, connectivity, and accessibility to online resources and supports to address issues like food insecurity, housing, and social isolation to name a few.

With the August 2023 Maui wildfires, the Aging Network came together once again to collectively support kūpuna and their families who live and work in Lāhainā. Through these historic times, lessons learned shall inform policy change to prepare Hawai'i for the future.

I ask for your continued support and commitment to achieve the goals as set forth. This Plan is a roadmap to address aging issues that will improve the quality of life and care for our older adults. The ultimate goal is to age in place, enjoying active, safe, and independent lives in these islands we call home.

Mahalo nui loa,

Caroline Cadirao, Director  
Executive Office on Aging

## VERIFICATION OF INTENT

The Executive Office on Aging, an attached agency to the Hawaii Department of Health hereby submits the 2023 - 2027 Hawaii State Plan on Aging for the period from October 1, 2023 - September 30, 2027. The Executive Office on Aging has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act of 1965, as amended through P.L. 116-131, enacted March 25, 2020, and is primarily responsible for the coordination of all state activities related to the purposes of the Act. This plan charts the direction over the next four years, 2023-2027, and includes the development of a statewide comprehensive and coordinated system of long-term services and supports. The Executive Office on Aging serves as an effective and visible advocate for all older adults in the State of Hawaii.

The State Plan on Aging is hereby approved by the Governor and constitutes authorization to proceed with activities under the plan upon approval by the U.S. Assistant Secretary for Aging, Administration on Aging. The plan, as submitted, has been developed in accordance with all Federal statutory and regulatory requirements.

June 22, 2023

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caroline Cadirao  
DIRECTOR, EXECUTIVE OFFICE ON AGING  
STATE OF HAWAII

6/23/2023

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kenneth S. Fink, M.D., M.G.A., M.P.H.  
DIRECTOR OF HEALTH  
STATE OF HAWAII

I hereby approve the State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.

JUN 29 2023

\_\_\_\_\_  
Date

\_\_\_\_\_  
Josh Green, M.D.  
GOVERNOR  
STATE OF HAWAII

# Executive Summary

## E Loa Ke Ola - *May Life be Long*

The Department of Health (DOH), Executive Office on Aging (EOA), is pleased to present the *Hawai'i State Plan on Aging 2023 – 2027* (October 1, 2023 - September 30, 2027), as approved by the U.S. Department of Health and Human Services, Administration for Community Living.

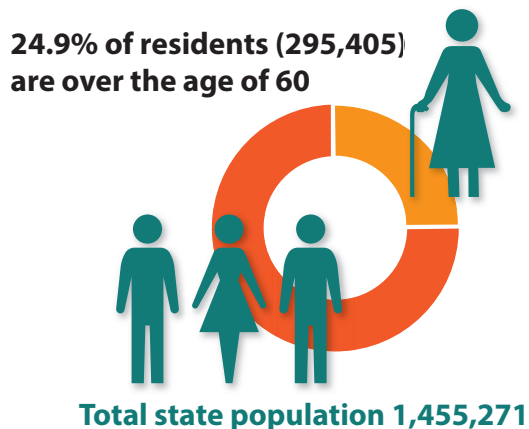
This State Plan ("Plan") was developed in collaboration with stakeholders from the Aging Network and complies with the requirements of the Older Americans Act (OAA) of 1965 as amended; Supporting Older Americans Act of 2020 (P.L. 116-131), and is consistent with the current priorities of the Presidential Executive Orders and Directives.

The Plan contains goals, objectives, strategies, and outcomes that EOA will adhere to when planning, implementing, and evaluating a comprehensive, coordinated system of long-term services and supports (LTSS) for kūpuna (Hawaiian for elders), caregivers, persons with disabilities, and individuals with Alzheimer's Disease and Related Dementias (ADRD).

Of Hawai'i's total population of 1,455,271, the City and County of Honolulu on the island of O'ahu has the largest share at 66% of residents aged 60 or older. In contrast, county-specific data reflects that Hawai'i and Kalawao have the densest county populations of residents aged 60 or older at 29.4% and 31.3%, respectively.

Hawai'i is the highest in the nation for average life expectancy at 80.7 years of age with 1 in 4 residents (24.9%) aged 60 or older. Factors affecting longevity include gender, ethnicity, socioeconomic status, geographic residence, access to healthcare, and lifestyle choices. In addition, experiences with racial discrimination, colonization, and adverse childhood events can also impact life expectancy.

This statistic is expected to increase, and as the younger generation graduates and leaves their island







home for educational or economic opportunities, it creates an urgency to address the anticipated increase in demand for caregiver support and other long-term services.

Hawai'i's high cost of living, housing shortage, and inflation are challenging, especially for kūpuna, putting them at a higher risk for poverty. According to the *2022 Continuum of Care Report*, kūpuna made up 8% of O'ahu's homeless population and 14% of those who are unsheltered statewide.

The risk of developing chronic health conditions or a disability increases with age. In Hawai'i, the leading causes of death include heart disease, cancer, stroke, accidents, and Alzheimer's disease. According to the Alzheimer's Association, roughly 51,000 family members provide care for the 29,000+ individuals who live with Alzheimer's disease and this statistic is projected to increase to 35,000 individuals by 2025.

COVID-19 highlighted and clarified areas of concern in the existing system and mobilized communities to address the issues as they evolved. Although nationally 81% of individuals who died of COVID-19 were aged 65+, Hawai'i had the lowest age-adjusted death of adults aged 65+ with a record 90.5 per 100,000 compared to a national rate of 533.5 per 100,000 standard population. Food insecurity rose by 50% in 2020. In addition, enrollment in the Supplemental Nutrition Assistance Program increased by 23.6% between 2018 to 2022.

According to the National Council on Aging, older adults experienced social isolation which directly correlates with negative impacts on physical and mental health, cognition,

adherence to care, immunity, functional ability to do activities of daily living, and mortality rates. Factors to avoid social isolation include enhancing relationships, increasing physical activities, and having opportunities to engage as productive members of society.

EOA in collaboration with Hawai'i's Aging Network identified five overarching goals in alignment with the Biden Administration's five topics areas listed below.

1. Older Americans Act (OAA) Core Programs
2. COVID-19
3. Equity
4. Expanding Access to Home and Community-Based Services
5. Caregiving

The Aging Network of partners and providers will expand outreach to kūpuna with the greatest needs, including those with limited English proficiency, low income, or who reside in rural communities where resources are limited or difficult to access. EOA will collaborate with stakeholders and community advocates to support ADRD awareness, education, preventive services, and access to caregiver resources to promote informed, dementia-capable communities statewide.

EOA will build a more effective, diverse, representative, and culturally humble workforce to provide equitable access to inclusive services for Hawai'i's multiethnic, multicultural populations; and will work to strengthen advocacy at the federal, state, and county levels to secure and maximize available funding to enable positive change.

Input from community members, Area Agencies on Aging (AAA), and EOA's Policy Advisory Board for Elder Affairs (PABEA) was instrumental in the development of the Plan and supported the assumptions and data to identify the needs and challenges of kūpuna today. EOA is committed to addressing these imminent trends with planning, partnerships, and ingenuity to provide quality care that is person-centered, holistic, and comprehensive for kūpuna, caregivers, persons with disabilities, and individuals with ADRD.

EOA will ensure that the Plan remains a living document and will implement the strategies, monitor the progress, make corrective adjustments as needed, adapt to challenges as they arise, and explore new and efficient ways to accomplish the goals contained herein.

EOA is mindful to uphold the vision to honor those that came before us by serving our kūpuna with the utmost compassion, respect, and dignity.



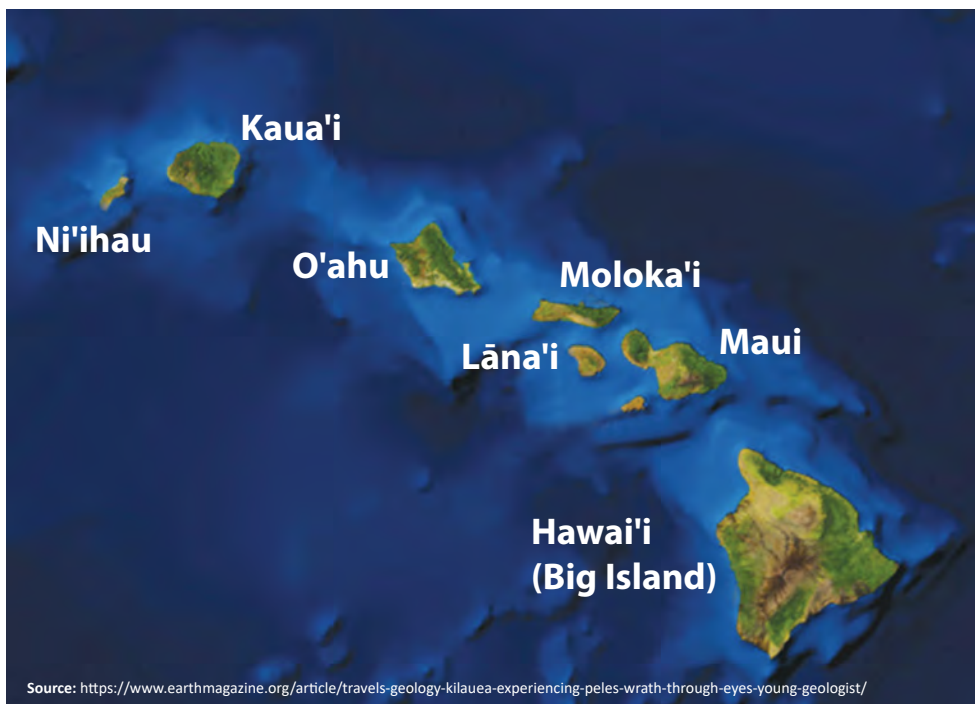
# Introduction

## Hawai'i's Aging Network

*Hawai'i is the best place to grow older.* This vision is supported by EOA's mission to optimize the health, safety, and independence of Hawai'i's older adults and persons with disabilities. EOA will carry out the mission through effective planning, development, advocacy and coordination of policies, programs, and services.

Hawai'i has four distinct Planning and Service Areas (PSAs) to develop, deliver, and administer services and supports to meet the needs of Hawai'i's diverse aging population. Each PSA has its own unique challenges and opportunities.

- Kaua'i includes the island of Ni'i'hau
- City and County of Honolulu on the island of O'ahu
- Tri-county of Maui includes the islands of Moloka'i and Lāna'i
- Hawai'i island also known as the Big Island



EOA has designated the following Area Agencies on Aging (AAAs) to provide leadership in their respective PSAs in accordance with their respective Area Plans on Aging.

**PSA 1 | Agency on Elderly Affairs**

County of Kauaʻi  
 4444 Rice Street, Suite 330  
 Līhuʻe, Hawaiʻi 96766  
**Kealoha Takahashi, County Executive**  
 Telephone: (808) 241-4470

**PSA 2 | Elderly Affairs Division**

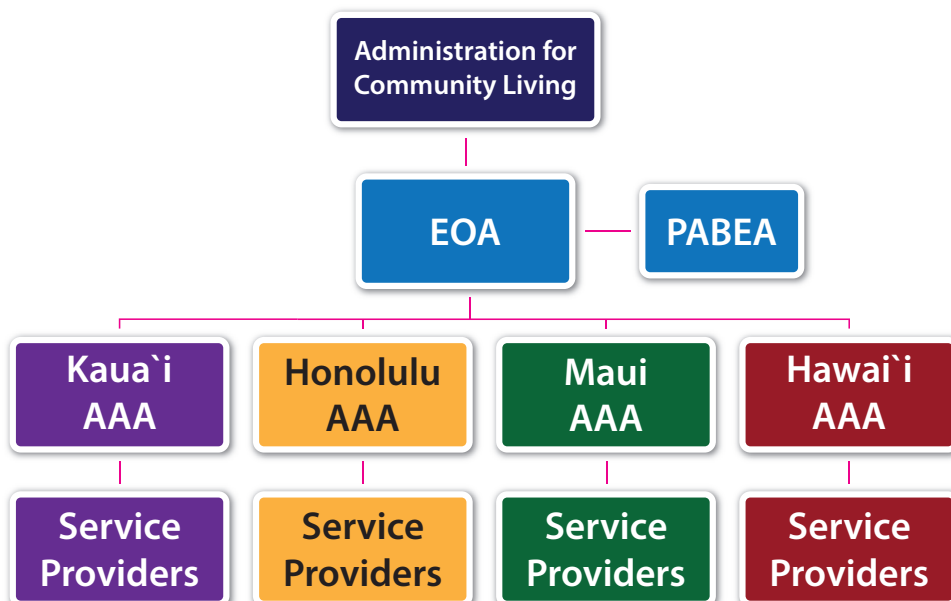
City and County of Honolulu  
 925 Dillingham Boulevard, Suite 200  
 Honolulu, Hawaiʻi 96817  
**Derrick Ariyoshi, County Executive**  
 Telephone: (808) 768-7700

**PSA 3 | Maui County Office on Aging**

County of Maui  
 95 Mahalani Street, Room 20  
 Wailuku, Hawaiʻi 96793  
**Rowena Dagdag-Andaya, County Executive**  
 Telephone: (808) 270-7774

**PSA 4 | Hawaiʻi County Office of Aging**

County of Hawaiʻi  
 1055 Kinoʻole Street, Suite 101  
 Hilo, Hawaiʻi 96720  
**Horace Farr, County Executive**  
 Telephone: (808) 961-8600





## State Plan

The Plan establishes the direction for a comprehensive, coordinated statewide system of long-term services and supports (LTSS) that is holistic and person-centered. It incorporates strategies to build diversity and cultural humility within the workforce and to promote equitable access to services that are inclusive, especially for underserved and underrepresented communities. The focus is to promote the health and wellbeing of kūpuna, assuring that participants can age in place safely, and the needs of caregivers are met.

EOA and the AAAs developed five overarching goals based on findings from two needs assessment surveys conducted statewide and a comprehensive review of current service utilization data. Community comments and the effects of the workforce shortages were also accounted for in the development of the following goals:

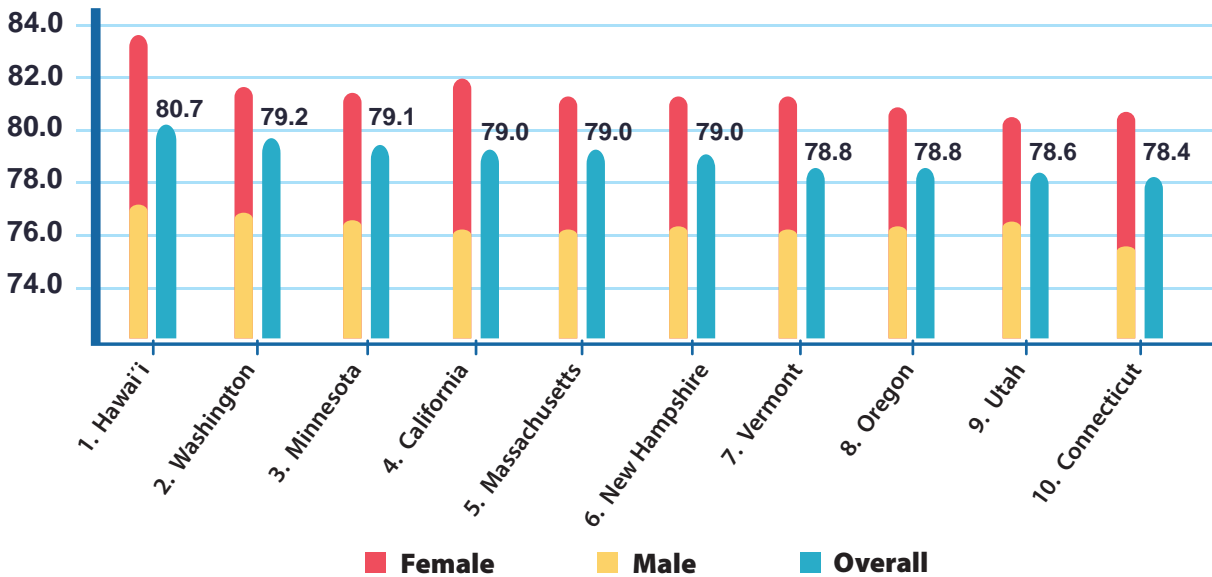
- 1 Hawai'i's older adults have opportunities to live well
- 2 Hawai'i's older adults are prepared for future health threats and disasters
- 3 Hawai'i's older adults in underserved groups have equitable access to programs and services
- 4 Hawai'i's older adults and persons with disabilities will age in place safely
- 5 Hawai'i's caregivers have a broad array of services and supports to effectively care for their loved ones

## Planning Process and Community Input

The planning process, in coordination with the AAAs, garnered public input through community meetings across the state. Meetings were held in-person and through web-enabled Zoom technology; the Plan was posted on the Aging and Disability Resource Center (ADRC) website for review and comments; and the Policy Advisory Board for Elder Affairs (PABEA) provided feedback. (Attachment E: Public Comments)

# Profiles of Hawai'i's Aging Population

## U.S. Life Expectancy 2020



Hawai'i has the highest average life expectancy in the U.S. with a record of 80.7 years. The number of kūpuna living into their 80s, 90s, and even 100s continues to grow. The majority of the Silent Generation, born in 1928-1945, have already turned 80 years old and the last of the younger Baby Boomers born in 1964 will be turning 60 years of age in 2024.

Factors that impact and cause variations in life expectancy include gender, ethnicity, geographic residence, socioeconomic status, access to healthcare, and lifestyle choices, as well as experience with racial discrimination, colonization, and adverse childhood events.

- Women live about six years longer than men
- Life expectancy of Native Hawaiians has risen in the last century but is still about a decade shorter than the longest-living Chinese and Japanese in Hawai'i
- Data comparing Chinese and Native Hawaiians indicate the health disparities of indigenous people with gaps of 15.7 years for females and 12.3 years for males

Living in Hawai'i has positive aspects such as beautiful scenery, warm climate, variety of outdoor activities, laid-back lifestyle, cultural diversity, safe living, and a lower crime rate compared to the national average.



While these qualities draw people from around the world to Hawai'i, there are numerous factors impacting residents who continue to call Hawai'i home. Of great concern for older adults is the high cost of living, housing shortage, and inflation. To worsen the situation, the exorbitant, demand-driven cost for long-term care services far exceeds the affordable threshold for most older adults, even with adequate planning and insurance.

In addition, the shortage of doctors, specialists, and other healthcare providers has negatively impacted the access to and utilization of preventive care services, most severely in rurally isolated communities, leading to overall lower health outcomes.

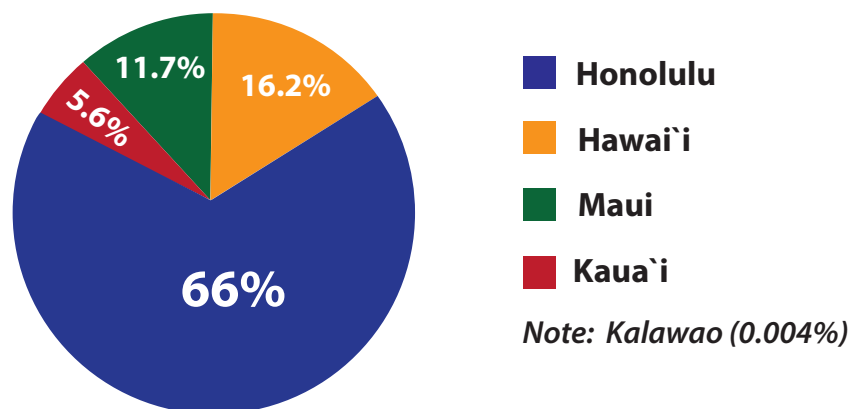
Current data related to population growth include 43 births and 37 deaths per day on average. In addition, an unprecedented 15,000 residents relocated from Hawai'i in 2022; however, there are no correlations based on age or socioeconomic status.

By 2045, the long-range forecast of residents aged 65 years or older, is as follows:

- Oldest-old (age 85+) will grow to 27.4%
- Middle-old (age 75-84) will represent 34.2%
- Young-old (age 65-74) will constitute 38.4%

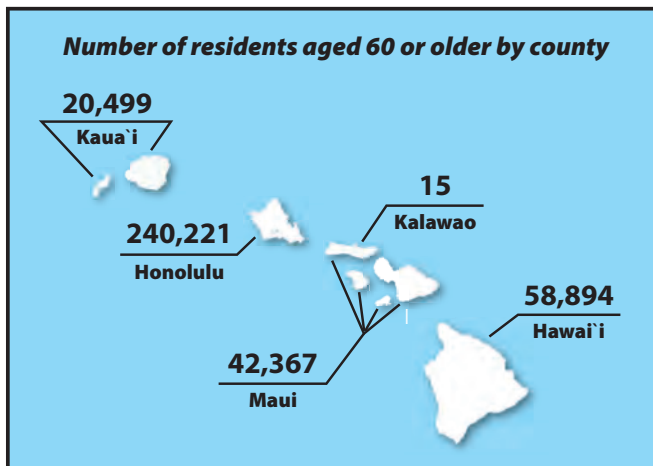
### **Statewide distribution of older adults by county**

Hawai'i has had exponential growth in the aging population. The pie chart illustrates the overall distribution of individuals aged 60 or older across the islands.



## Population density by county

When looking at population density by county, the figures are in stark contrast to overall statewide statistics for those aged 60 years or older.



### Percentage of total population within each county

- 31.3% Kalawao
- 29.4% Hawai'i
- 28% Kaua'i
- 23.7% Honolulu
- 5.6% Maui

The elderly population is expected to grow by 3.3% annually and the need for caregiving services will grow proportionately. Currently, one in six adults is a caregiver and another one in six is expected to become a caregiver within two years.

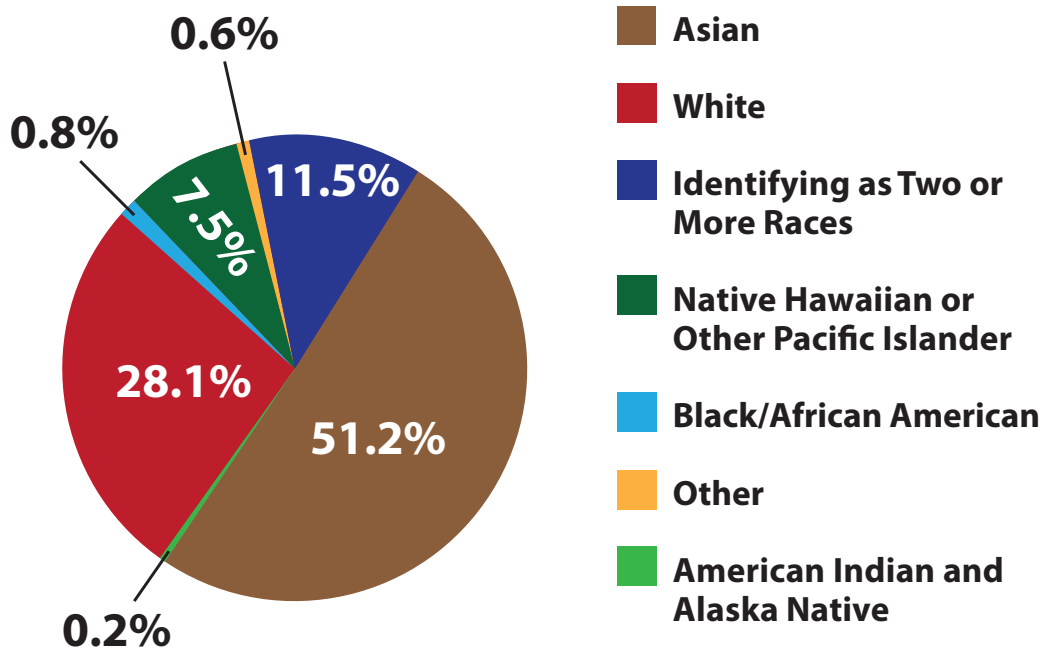
## Hawai'i's Diversity

Cultural diversity makes Hawai'i unique yet creates barriers to access for kūpuna with limited English proficiency. Within Hawai'i's multilingual households, 27.3% of kūpuna speak a language other than English at home and 16.1% speak English less than "very well." The largest Asian single race subgroups were Filipino (15.5%) and Japanese (11.5%). Native Hawaiians currently represent 6.4% of the population, but some Native Hawaiians of mixed descent may have identified as two or more races.

Hawai'i's diverse population is deeply rooted in the 19<sup>th</sup> and 20<sup>th</sup> centuries when migrant workers from China, Japan, Korea, Philippines, Portugal, and Puerto Rico came to work in Hawai'i's pineapple and sugar cane fields. Currently, Hawai'i is home to more than 250,000 first generation immigrants making up approximately 18% of the total population.



### ***Distribution of population aged 60 or older by ethnicity***



### **Housing and Finances**

Affordable housing is a growing concern for kūpuna. To offset the increase in cost for mortgage, property taxes, maintenance fees, and insurance, property owners must raise the rent for elderly renters living on fixed incomes. They are “priced out of paradise.”

Elderly homeowners are paying unprecedented increases in property taxes. Those living in condominiums have or will experience tremendous financial hardship in the future due to price hikes for insurance, maintenance fees, and structural repairs. In some cases, owners with a paid-off mortgage are faced with maintenance fee increases that exceed their fixed monthly income requiring them to seek less expensive housing options, if available.

Hawai'i ranks high in the nation for the number of multigenerational households which can be mutually beneficial to support one another and their kupuna. However, the number of older adults who live alone is growing. As of April 2023, the data for residents over the age of 65 by gender shows that approximately 19,617 males and 31,340 females live alone.



There are 8.5% of kūpuna living below the federal poverty level and 9.4% are receiving Supplemental Nutrition Assistance Program (SNAP) benefits. Living with financial strains in this inflated cost of living environment amidst a housing crisis puts kūpuna at a very high risk for poverty. In 2022, older adults made up 8% of the homeless population on O‘ahu and 14% of those were unsheltered.

As a state, we need to prepare for the future needs of kūpuna who live alone or live as a couple without adult children or grandchildren to assist with informal caregiving. This requires an expansion of programs to help older adults and persons with disabilities to age in place safely through early assessment and coordination of care.

## **Chronic Health Conditions**

The risk of developing health difficulties increases as we age, with 27.8% of older adults living with a disability. The figures increase to 39.5% for the middle-old (ages 75-84) and 70.9% for the oldest-old (ages 85 years or older).

According to the Centers for Disease Control and Prevention (CDC), the 10 leading causes of death in Hawai‘i are: 1) Heart Disease, 2) Cancer, 3) Stroke, 4) Accidents, 5) Alzheimer’s Disease, 6) Chronic Lower Respiratory Diseases, 7) COVID-19, 8) Diabetes, 9) Influenza/



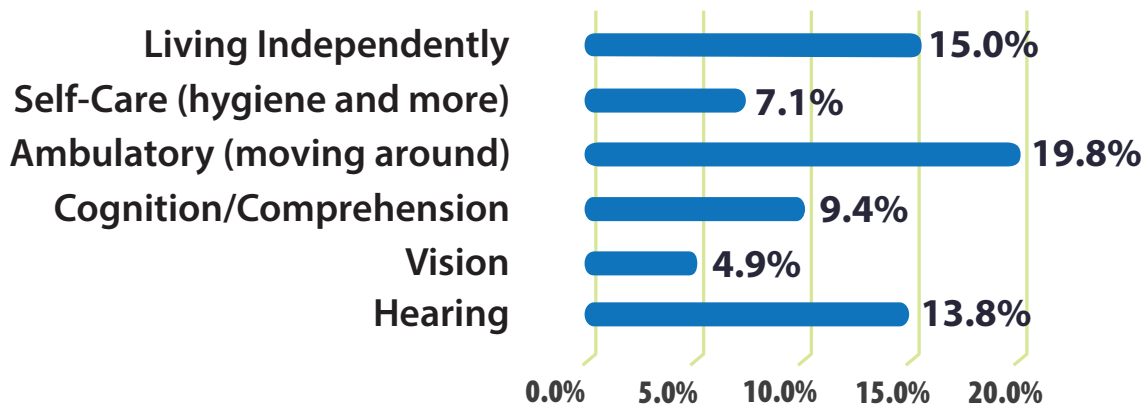
Pneumonia, and 10) Kidney Disease. Moreover, three out of every 10 deaths in Hawai'i is due to cardiovascular disease, which is largely preventable with lifestyle changes.

In Hawai'i, 29,000 people aged 65 or older are living with Alzheimer's Disease. According to the CDC, one in nine adults aged 45 or older reported experiencing subjective cognitive decline, as they noticed memory problems that had been getting worse; and within this group 74% had at least one chronic condition. By 2025, the number of people living with Alzheimer's disease in Hawai'i is expected to exceed 35,000, an increase of more than 20% from 2020. Researchers found that what is beneficial for heart health is also good for brain health. EOA and the Aging Network must lead the way through collaborations to promote awareness, education, and preventive services for a healthier Hawai'i tomorrow.

### Impact of COVID-19 on Hawai'i's Kūpuna

Kūpuna experienced the most devastating effects of the COVID-19 pandemic. The CDC found that age was the strongest risk factor for death from COVID-19: 60x higher in young-old, 140x higher in middle-old and 340x higher in the oldest-old. The presence of chronic conditions magnifies the risk as well. During the pandemic, 81% of individuals

### Difficulties for individuals aged 65 or older by category



who died due to COVID-19 in the U.S. were aged 65+. However, Hawai'i had the lowest rates in the nation for COVID-19 age-adjusted deaths of adults aged 65+ with a record 90.5 per 100,000 people compared to the overall U.S. rate of 533.5 per 100,000 standard population. Long-term care facility residents were disproportionately impacted as they represent less than 1% of the U.S. population but made up 35% of all COVID-19 deaths.

The pandemic impacted food insecurity by 50% as evidenced by enrollment for SNAP benefits which increased by 23.6% between 2018 to 2022. However, kūpuna appear to be less likely to sign up for financial assistance for groceries. There are estimates that SNAP is underutilized by half of eligible seniors. Factors contributing to this underutilization statistic include generational perspectives, negative stigma, cultural values, lack of awareness, inadequate promotion of programs, lack of access, and/or language barriers.

By enforcing and adhering to safety precautions and restrictions (such as masking, social distancing, and remote work), Hawai'i was able to minimize the spread of COVID-19 which contributed to further protecting the frail and elderly population.

However, kūpuna experienced social isolation which had negative impacts on their physical health, immunity, mental health, cognition, functional ability to do activities of daily living, compliance with medical care, and mortality rate.

Community members describe the effects as *collateral damage* of the COVID-19 lockdown since older adults, particularly nursing home residents, experienced accelerated decline physically, mentally, and emotionally, leading to a failure to thrive, losing the will to live, and "passing away from a broken heart."

Protective factors are conditions or attributes that help people deal more effectively with stressful events and lessen risk in families and communities. Data shows that if protective factors were in place, *collateral damage* of COVID-19 was reduced. These protective factors include quality of relationships, physical activities, learning activities, planning for the future, wisdom, compassion, greater emotional regulation, and resilience.





## Conclusion

Kūpuna in Hawai‘i live long and healthy lives as a diverse and inclusive group with multi-ethnic backgrounds and culturally rich traditions that contribute to Hawai‘i's legacy as the Melting Pot of the Pacific. Although kūpuna experienced devastating impacts physically, mentally, and emotionally during and after the COVID-19 pandemic, Hawai‘i had the lowest age-adjusted death rate in the nation. Today's kūpuna are resilient and dynamic. Unlike previous generations, the current aging population is better able to adapt to a fast-paced, technically-driven, and evolving world.

Understanding how the needs of kūpuna has changed will enable EOA to anticipate barriers before they arise to better inform planning and development. In partnership with the Aging Network, EOA will lead the way to coordinate and deliver a comprehensive system of home and community-based, long-term services and supports for tomorrow's kūpuna.

EOA will continue to passionately advocate for state and federal funding, resources, and support to expand the state's capacity to address the most critical issues affecting the quality of life of kūpuna who continue to call Hawai‘i home.

# Programs, Special Initiatives, and Accomplishments

In 2022, 50,633 (unduplicated) older adults and caregivers received long-term services and supports through the Aging Network statewide.

## **Aging and Disability Resource Center (ADRC)/No Wrong Door (NWD)**

The ADRC assists individuals in finding options to address their need for long-term services and supports. Each PSA serves as an ADRC site connecting older adults, caregivers, and persons with disabilities with resources to maintain their independence to age in place, preserving their dignity and quality of life. The ADRC is part of the NWD Network to improve the coordination of referrals and to standardize the intake assessment process and tools to streamline and expand access to public assistance for individuals of all ages and abilities in the community. In FY 2022, ADRC received 17,373 inquiries statewide.


## **Kūpuna Care (KC) Program**

The KC Program provides older adults with access to affordable and quality home and community-based services that are person-centered, allowing the participants to remain at or return to their homes. The KC program consists of eight core services to provide participants with access to adult day care, transportation, and case management, as well as in-home services such as attendant care, chore, homemaker, personal care, and home-delivered meals. The goals of the KC program are to 1) support individuals to live at home for as long as possible, avoiding premature and costly placement in a long-term care facility, and 2) support caregivers who care for elderly loved ones, especially if they are still employed. In FY22, 5,834 older adults received KC services statewide.

## **Office of the State Long-Term Care Ombudsman Program (LTCOP)**

LTCOP staff and certified volunteer Ombudsmen provide education, assistance, and advocacy to protect the rights of long-term care (LTC) residents by investigating complaints and resolving issues regarding the quality of care received in an LTC facility, including nursing homes, adult residential care homes, expanded adult residential care homes, assisted living facilities, and community care foster family homes.





Ombudsmen conduct weekly unannounced visits to assigned facilities to meet with residents and facility staff. Ombudsmen attend Resident Council as well as Family Council meetings to hear their concerns and work with the facility to resolve issues or problems.

LTCOP partners with regulatory agencies to ensure facilities are in compliance with federal and state laws; refers urgent cases regarding resident safety to adult protective services or law enforcement; and promotes awareness with lawmakers and advocates to introduce, amend, or comment on federal and state policies that govern the delivery of LTC services.

## **Older Americans Act (OAA) Services**

OAA services represent a significant federal investment of a comprehensive, coordinated, and cost-effective system of home and community-based services (HCBS) that enables older adults to live independent and healthy lives in their home and community.

Title III-B: Supportive Services provides transportation, information and referral assistance, outreach, legal assistance, and mental health services. Title III-B may also fund multi-purpose senior centers that coordinate services for older adults, community education, health screening, exercise and health promotion programs, and transportation. In FY22, 82,931 one-way transportation trips, 26,441 hours of information and assistance, 2,081 hours of outreach, and 7,837 hours of legal assistance were coordinated and delivered.

Title III-C: Congregate and Home-Delivered Meals provides meals and nutritional services for older adults at home and in a group setting to reduce hunger and food insecurity (lacking the ability to purchase or acquire enough to eat), increases socialization, and promotes health and wellbeing. In FY22, 2,246 participants received 149,970 congregate meals and 3,367 homebound elders received 505,032 home-delivered meals. In addition, COVID-19 response efforts provided 2,521 units of fresh produce, meal kits, and other consumables to 103 older adults.

Title III-D: Disease Prevention and Health Promotion Services requires states to promote healthy lifestyles and behaviors by implementing evidence-based interventions (EBI) proven to improve health and wellbeing and reduce disease or injury. Hawai'i promotes

1) *Better Choices, Better Health*, and 2) *EnhanceFitness*<sup>®</sup> programs through the Hawai'i Healthy Aging Partnership.

These interventions prioritize elderly living in medically underserved areas of the state or who are of greatest economic need. In FY22, 1,760 individuals participated in EBI programs and an additional 2,984 individuals participated in other health promotion activities.

Title III-E: National Family Caregiver Support Program (NFCSP) offers supports that help family and informal caregivers care for older adults in their home for as long as possible. Services include information and assistance to caregivers with access to available resources, individual counseling, coordination of local support groups, caregiver training, respite care, and supplemental services.

In 2022, 2,446 caregivers received 718 hours of counseling, 149 hours of training, 1,397 hours of case management, 5,275 hours of in-home respite, 6,683 days of out-of-home respite, and 336 hours of overnight respite.

Studies show these services reduce caregiver depression, anxiety, and stress as well as enable caregivers to provide care longer, avoiding/delaying placement in an LTC facility.

## **Hawai'i State Health Insurance Assistance Program (SHIP)**

In 2022, Hawai'i SHIP celebrated 30 years of educating and empowering Hawai'i's kūpuna to choose a medical and drug plan that best meets their health needs and budget. Over 100 trained volunteers and partners statewide provide 1:1 counseling; compare Medicare, Medigap, and drug plan options; and conduct presentations and outreach to over 8,000 kūpuna, families, caregivers, and soon-to-be retirees each year. SHIP services are free and include eligibility screening and application assistance for programs that can cover medical and drug premiums, deductibles, copayments, and lifetime late-enrollment penalties.

## **Senior Medicare Patrol (SMP) Hawai'i**

SMP Hawai'i recruits volunteers to educate Medicare beneficiaries on how to prevent, detect, and report health care fraud, errors, and abuse. Medicare loses over \$60 billion each year to false claims. SMP Hawai'i encourages kūpuna to check their medical statement and report any billing errors, to avoid paying for services or supplies they did not need or receive. Scams that target kūpuna are on the rise. Volunteers participate in

group outreach, provide 1:1 counseling, and refer urgent cases to the proper authorities for investigation. Awareness campaigns with important information and tips are promoted statewide through tv, radio, newsletters, and social media. Call the toll-free helpline or visit the SMP Hawai'i website to get updates on current scams or report suspicious activities.

## **Participant-Directed (PD) & Veteran-Directed Care (VDC)**

EOA is a provider for the VDC program under the Veterans Administration (VA). VDC serves veterans of any age with any disability, who are enrolled in the VA health care system and require nursing home level care. VDC allows veterans to manage a budget, enabling them to purchase goods and coordinate home and community-based services that they need to live independently and age in place. In FY22, 161 veterans enrolled in the VDC program.

## **Special Initiatives**

In 2020, the EOA received a three-year planning grant from the Center for Disease Control and Prevention (CDC) to revise the *Hawai'i 2025: State Plan for Alzheimer's Disease and Related Dementias (ADRD)* and to build a strong public health infrastructure to address ADRD that aligns with the CDC's Healthy Brain Initiative Road Map.

EOA received funding to partner with Papa Ola Lōkahi to develop the *Native Hawaiian Road Map Navigating Impacts of Nā Ma'i Poina: Alzheimer's Disease and Related Dementias Among Native Hawaiians*, which can be viewed at this link: <https://www.hawaiiadrc.org/Data/Sites/1/media/HADSSP/native-hawaiian-road-map-2nd-edition.pdf>

A new CDC grant funded by the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act, Public Law 115-406: 1) engaged stakeholders in the planning process; 2) increased the data sources on dementia; 3) developed a workforce development plan; and 4) developed a public awareness and messaging plan for Asian American and Pacific Islander (AAPI) communities.

EOA provides leadership in the coordination of ADRD services as outlined in the *Hawai'i 2025 State Plan for ADRD*. The ADRD Advisory Committee and workgroups are comprised of stakeholders and tasked with updating the State Plan for ADRD. EOA has applied for the subsequent CDC BOLD implementation grant and is awaiting award notification.



# Goals, Objectives, Strategies, and Expected Outcomes

Hawai'i's goals align with ACL's five topic areas: Older Americans Act (OAA) Core Programs, COVID -19, Equity, Expanding Access to Home and Community-based Services, and Caregiving.

<b>GOAL 1</b>	<b>HAWAI'I'S OLDER ADULTS HAVE OPPORTUNITIES TO LIVE WELL</b>
<b>GOAL 2</b>	<b>HAWAI'I'S OLDER ADULTS ARE PREPARED FOR FUTURE HEALTH THREATS AND DISASTERS</b>
<b>GOAL 3</b>	<b>HAWAI'I'S UNDERSERVED POPULATIONS HAVE EQUITABLE ACCESS TO PROGRAMS AND SERVICES</b>
<b>GOAL 4</b>	<b>HAWAI'I'S OLDER ADULTS AND PERSONS WITH DISABILITIES WILL AGE IN PLACE SAFELY</b>
<b>GOAL 5</b>	<b>HAWAI'I'S CAREGIVERS HAVE A BROAD ARRAY OF SERVICES AND SUPPORTS TO EFFECTIVELY CARE FOR THEIR LOVED ONES</b>

The goals, objectives, strategies, and expected outcomes address the current needs and gaps in services. (Attachment D: Aging in Hawai'i Survey Report of Needs Assessment)

## GOAL 1:

## HAWAI'I'S OLDER ADULTS HAVE OPPORTUNITIES TO LIVE WELL

The Aging in Hawai'i survey revealed that 33% found it difficult/very difficult to find information. The top four responses included needing information about community resources, Medicare or other health insurance, in-home services, and caregiving services. In Hawai'i, the Area Agencies on Aging are the operating entities of the Aging and Disability Resource Center (ADRC) sites.

### OBJECTIVE 1-1

***Increase access to the Aging and Disability Resource Center (ADRC)/No Wrong Door (NWD) which serves as a comprehensive source of information and assistance to meet the needs of Hawai'i's older adults, caregivers, persons with disabilities, and individuals with Alzheimer's disease and related dementias (ADRD).***

#### **Strategies:**

- 1.1.1 Work with the AAAs to develop and implement an education and outreach campaign to increase awareness of the ADRC.
- 1.1.2 Review and analyze data collected by each ADRC to inform decision-making, processes, and planning at the state level.
- 1.1.3 Provide ongoing training on person-centered principles to ensure that ADRC consumers have a satisfactory experience.
- 1.1.4 Ensure that ADRC options counseling includes "fee for services" for older adults, persons with disabilities, and individuals with ADRD who have the financial means to pay for services.
- 1.1.5 Create a Memorandum of Understanding (MOU) with the DOH Neurotrauma program to increase awareness, education, and resources available to the ADRC sites regarding traumatic brain injury (TBI).

#### **Outcomes:**

- 1.1.1 By September 2025, EOA and AAAs will launch a kick-off campaign to inform and educate Hawai'i's residents about the ADRC.

- 1.1.2 Annually, ADRC staff will be trained on person-centered principles.
- 1.1.3 Annually, conduct a customer satisfaction survey of the ADRC.
- 1.1.4 By September 2025, an MOU is developed with the DOH Neurotrauma program.
- 1.1.5 By September 2027, increase ADRC contacts by 20%.

## OBJECTIVE 1-2

***Ensure that older adults and caregivers have access to legal services to protect their rights and secure justice.***

### ***Strategies:***

- 1.2.1 Develop a comprehensive list of legal services providers statewide that specialize in legal issues impacting kūpuna, caregivers, and persons with disabilities.
- 1.2.2 Scan and develop partnerships with the legal services community as pro bono/affordable resources to refer clients with complex cases.
- 1.2.3 Identify barriers affecting older adults' access to legal services.
- 1.2.4 Foster collaborations with key stakeholders to ensure access to legal services for underserved populations.

### ***Outcomes:***

- 1.2.1 By July 2025, older adults, caregivers, and persons with disabilities will have access to an array of legal services and providers.
- 1.2.2 Annually, measure the older adults' increase in knowledge and understanding of legal services offered by the Aging Network.
- 1.2.3 By July 2026, older adults and caregivers with complex needs will receive targeted legal assistance.
- 1.2.4 Annually, convene a meeting with the legal providers to identify barriers to accessing legal services, opportunities for growth, and strategies for addressing the barriers.
- 1.2.5 Annually, collaborate with one new organization to improve access to legal services for underserved populations.



## OBJECTIVE 1-3

***Safeguard elders and educate the community on abuse, neglect, and exploitation.***

### ***Strategies:***

- 1.3.1 Partner with providers to increase education and outreach regarding Power Of Attorney (POA) and advance directives to older adults, caregivers, persons with disabilities, and individuals living with ADRD.
- 1.3.2 Develop relationships with Adult Protective Services (APS) & AAAs to increase priority for services for APS clients and those at high risk of abuse.
- 1.3.3 Collaborate with key stakeholders, such as APS and law enforcement, to increase public awareness on abuse, neglect, and exploitation targeting kūpuna and persons with disabilities.
- 1.3.4 Coordinate with Developmental Disabilities (DD) Council and Guardianship stakeholders to ensure that Hawai'i's Guardianship and Conservatorship laws meet the needs of older adults and persons with disabilities.

### ***Outcomes:***

- 1.3.1 Annually, provide eight training sessions regarding legal resources that provide safeguards, prevent exploitation, and mitigate the potential for abuse.
- 1.3.2 By September 2025, establish a master Memorandum of Agreement with APS to ensure that APS clients referred to the ADRC and those at high-risk of abuse are prioritized for LTSS.
- 1.3.3 By September 2027, increase elder abuse awareness and prevention efforts by 20%.
- 1.3.4 By September 2027, provide recommendations for amendments to Hawai'i's Guardianship and Conservatorship laws.

## OBJECTIVE 1-4

***Expand wellness and health maintenance programs that are evidence-based leading to greater health outcomes for older adults.***

## **Strategies:**

- 1.4.1 Increase participation in *Better Choices Better Health (BCBH)* and *Enhance Fitness (EF)* statewide.
- 1.4.2 Target referral and recruitment of participants with co-morbidities including HIV.
- 1.4.3 Develop and implement a marketing plan to promote BCBH and EF statewide.
- 1.4.4 Develop a plan to recruit, train, and retain BCBH and EF trainers.
- 1.4.5 Develop public and private partnerships to secure additional EF sites to conduct classes.
- 1.4.6 Continue collaborating with the University of Hawai'i, the DOH, and with Alu Like to advance the BCBH and EF programs statewide.
- 1.4.7 Distribute information on the risks for chronic diseases, preventive services, the benefits of staying active, exercising, completing vaccinations and boosters, and how to maintain mental health and wellbeing.

## **Outcomes:**

- 1.4.1 By September 2024, recruit and train at least one new EF trainer in each county.
- 1.4.2 By September 2025, secure additional EF sites in Honolulu, Kaua'i, and Maui counties.
- 1.4.3 By September 2027, increase EF classes by 15% statewide.
- 1.4.4 By September 2027, increase BCBH classes by 10% statewide.





## OBJECTIVE 1-5

*Increase nutrition services through modernizing congregate meals, redefining home-delivered meals, and enhancing nutrition education and nutrition screening.*

### **Strategies:**

- 1.5.1 Survey meal participants on recommendations to increase participation in the congregate meals program.
- 1.5.2 Develop a café model with menu options and alternatives that are more responsive to the needs of younger kūpuna.
- 1.5.3 Expand the quality of congregate and home-delivered meals statewide, and ensure menus have tasty, healthy varieties that include ethnic menu options; and brain health options such as the MIND diet.
- 1.5.4 Revisit and update nutrition standards including targeting participants for home-delivered meals.
- 1.5.5 Implement a screening tool to identify nutrition participants who are at risk of malnutrition.

### **Outcomes:**

- 1.5.1 By September 2024, incorporate participants' suggestions and feedback regarding congregate dining.



- 1.5.2 By September 2026, evaluate a pilot café model site with the opportunity to expand to other sites.
- 1.5.3 Annually, evaluate the quality and nutritional value of congregate and home-delivered meals.
- 1.5.4 By September 2026, the nutrition programs statewide are assessing participants with a low body mass index for malnutrition.
- 1.5.5 By September 2027, increase participation in congregate dining and home-delivered meals by 25%.

## OBJECTIVE 1-6

***Increase the availability of publicly funded transportation to assist with basic needs such as shopping for food, running errands, and keeping medical appointments.***

### ***Strategies:***

- 1.6.1 Identify barriers affecting access to reliable transportation for older adults, persons with disabilities, and individuals living with ADRD.
- 1.6.2 Identify transportation options currently available and geographic coverage (e.g., bus, taxi, Handi-van, Uber/Lyft, private transportation, county transportation).
- 1.6.3 Review and implement other service models such as the Medicaid health plan model to increase service provider capacity and availability using OAA and state funds.
- 1.6.4 Seek other creative opportunities in the community such as Ride Assist to expand assisted transportation to support medical appointments and shopping.

### ***Outcomes:***

- 1.6.1 By December 2026, develop a plan to address accessing reliable transportation.
- 1.6.2 By September 2027, implement multiple strategies, particularly in rural and hard to reach areas, to increase access to reliable transportation for older adults and persons with disabilities.

## OBJECTIVE 1-7

**Ensure that people living with Alzheimer’s Disease and Related Dementias (ADRD) are supported to have quality of life from early detection to end-of-life.**

### **Strategies:**

- 1.7.1 Based on public input, publish the CDC-approved the *Hawai’i 2035: State Strategic Plan on ADRD*, which is effective from September 1, 2023 to August 30, 2035.
- 1.7.2 Engage with stakeholders of the Building Our Largest Dementia (BOLD) Infrastructure Hawai’i Coalition to identify and implement the annual actionable steps to achieve the goals and outcomes of the the *Hawai’i 2035: State Strategic Plan on ADRD*.

### **Outcomes:**

- 1.7.1 By December 2024, the *Hawai’i 2035: State Strategic Plan on ADRD* will be published and accessible in multiple formats.
- 1.7.2 By December 2027, the Hawai’i BOLD Coalition will have made significant advancements toward meeting the goals as described in the 12-year State Strategic Plan on ADRD.



## GOAL 2:

## HAWAI‘I’S OLDER ADULTS ARE PREPARED FOR FUTURE HEALTH THREATS AND DISASTERS

Survey showed 56% of respondents did not have a plan in place in case of an emergency.

### OBJECTIVE 2-1

*Empower older adults, caregivers, and persons with disabilities to have a personal emergency plan in place to ensure their health and safety during health emergencies or natural disasters as declared by federal or state agencies.*

#### **Strategies:**

- 2.1.1 Assess ADRC participants’ ability to be prepared for health emergencies and natural disasters.
- 2.1.2 Offer ADRC participants the opportunity to develop a disaster plan to ensure their health and safety during a declared emergency.
- 2.1.3 Create opportunities to promote emergency preparedness education at the ADRC website.

#### **Outcomes:**

- 2.1.1 By September 2025, the ADRC website will help kūpuna to navigate and find educational and informative resources on disaster preparedness.
- 2.1.2 By September 2027, the ADRC will complete disaster plans for 90% of participants assessed for long-term services and supports.

### OBJECTIVE 2-2

*Expand education and outreach to older adults, caregivers, and persons with disabilities with an emphasis on those with greatest need, to increase access to information and assistance and online resources.*



### **Strategies:**

- 2.2.1 Collaborate with the Hawai'i Emergency Management Agency (HiEMA) on planning and development of emergency preparedness guidelines that include considerations and accommodations for older adults, persons with disabilities, and individuals with ADRD.
- 2.2.2 Promote emergency preparedness education through the ADRC website on a regular basis and ensure that the resources provided are available in multiple languages.
- 2.2.3 Provide in-person eligibility and enrollment assistance for Medicare, other health insurance plans, and low-income subsidy programs for older workers who may have lost their job and health coverage during COVID-19, while adhering to health and safety protocols and HIPAA requirements to protect personal and health information.
- 2.2.4 Continue to offer educational meetings, trainings, webinars, and 1:1 counseling utilizing Zoom, Teams, and other virtual platforms incorporated into operations during COVID-19, as a method to expand outreach to underserved kūpuna who have limited access due to a lack of transportation, mobility, or who reside in rural communities.
- 2.2.5 Ensure COVID-19 funding is expended to promote LTSS statewide.

### **Outcomes:**

- 2.2.1 By June 2024, provide updates to partner organizations on emergency planning for kūpuna, persons with disabilities, and individuals with ADRD.
- 2.2.2 By December 2024, establish at least one partner site in each county to provide in-person counseling for help with emergency planning and health plan eligibility and enrollment.
- 2.2.3 By June 2025, in collaboration with technology partners, develop and distribute five products to build computer skills for kūpuna with limited income, limited English proficiency, or who live in rural areas, to increase online access to emergency assistance.
- 2.2.4 By June 2026, implement the *Train the Trainer* model to increase in-person computer and technology classes for older adults and persons with disabilities in each county.

***59.7% of responders to the "Aging in Hawai'i Survey" felt isolated, away from family and friends during the pandemic***



## OBJECTIVE 2-3

***Increase opportunities in the community for older adults, caregivers, and persons with disabilities to participate in programs to reduce social isolation.***

### ***Strategies:***

- 2.3.1 Increase volunteer recruitment that provides meaningful opportunities to stay active, informed, and socially connected while safely learning about Medicare, Medicaid, scam prevention, falls prevention, computer basics, and other health topics including how to avoid the negative health effects of social isolation.
- 2.3.2 Collaborate with other volunteer-based organizations to encourage cross-training, raise awareness of services, and promote other meaningful volunteer opportunities.
- 2.3.3 Engage with hard-to-reach older adults who are low-income, in rural communities, or are limited English speaking, through direct mail, newsletters, and partnerships with local agencies that serve these individuals and provide inclusive opportunities to volunteer.

### ***Outcomes:***

- 2.3.1 By June 2024, develop a baseline scan of volunteer-based programs statewide that provide recreational and cultural activities to promote socialization and learning.
- 2.3.2 By June 2027, increase by 10% the number of volunteer opportunities and programs statewide that offer recreational, cultural, and educational activities to their members.

## GOAL 3:

## HAWAI'I'S UNDERSERVED POPULATIONS HAVE EQUITABLE ACCESS TO PROGRAMS AND SERVICES

### OBJECTIVE 3-1

***Recruit, train, and retain an effective, representative, and culturally humble workforce that provides equitable access to inclusive services for Hawai'i's diverse and underserved populations.***

#### ***Strategies:***

- 3.1.1 Provide in-person and virtual outreach to kūpuna with information and application assistance for low-income subsidy programs that they may qualify for to offset the costs of medical and prescription drug costs.
- 3.1.2 Work with the Aging Network and the DOH to promote initiatives and collaborations that positively impact the social determinants of health for kūpuna. These include meaningful work opportunities such as the Senior Community Service Employment Program and learning projects such as senior clubs and *Computer Basics for Kūpuna* issues.
- 3.1.3 Partner with local agencies to help kūpuna in rural communities learn basic computer skills and apply for programs to fund the costs of a computer, smart device, or internet connection.

#### ***Outcomes:***

- 3.1.1 Increase by 10% annually the number of in-person events providing information and assistance with Medicare and health plan related eligibility and enrollment.
- 3.1.2 Increase new visitors to website by 10% every year.
- 3.1.3 Annually, conduct direct mailings to households identified as having at least one resident over the age of fifty and an annual household income of \$50,000 or less.
- 3.1.4 Annually, the state shall identify and partner with at least one new agency or organization to increase outreach and distribution of information and resources in each county.



## OBJECTIVE 3-2

***Foster diversity, equity, and inclusion among the Aging Network including long-term services and supports for underserved and underrepresented populations statewide.***

### ***Strategies:***

- 3.2.1 Collaborate with the AAAs, medical community, academia, faith-based organizations, agencies serving Native Hawaiians, and other public and private sector entities to advance diversity, equity, and inclusion (DEI) initiatives.
- 3.2.2 Provide cultural humility training to the AAAs and service providers who support the underserved and underrepresented individuals such as those with disabilities, individuals with ADRD, caregivers, those living in rural communities, individuals who are indigenous, Native Hawaiians, Black, Latino, Asian Americans and Pacific Islanders, other individuals of color, religious minorities, and the LGBTQ+ community.
- 3.2.3 Invest in annual DEI training to provide education and awareness to the Aging Network.

### ***Outcomes:***

- 3.2.1 By September 2024, a baseline survey is done of the AAAs and service providers to determine their understanding of the needs of underserved and underrepresented populations.
- 3.2.2 By September 2025, the state will have conducted and completed training on diversity, equity, and inclusion with a culturally tailored approach to address the needs of Hawai'i's aging population including persons with disabilities and the LGBTQ+ population.
- 3.2.3 By September 2026, the AAA and service providers shall report increased knowledge and comprehension on how to assess the needs of the target population.
- 3.2.4 By September 2027, the AAAs and service providers are competent in addressing the needs of individuals through an equity lens.

## GOAL 4:

# HAWAII'S OLDER ADULTS AND PERSONS WITH DISABILITIES WILL AGE IN PLACE SAFELY

## OBJECTIVE 4-1

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

### ***Strategies:***

- 4.1.1 Continue the development of the Hawai'i Administrative Rules for the Kūpuna Care (KC) program.
- 4.1.2 Strengthen the participant-directed program as a LTSS option for the Kūpuna Care participants statewide.
- 4.1.3 Conduct an external evaluation of the KC program to identify gaps in services with statewide recommendations to ensure that LTSS are responsive to the needs of eligible Kūpuna Care participants, recipients, and caregivers.

### ***Outcomes:***

- 4.1.1 By September 2025, EOA has completed the Hawai'i Administrative Rules for Kūpuna Care.
- 4.1.2 By September 2025, participant-directed program is available statewide as an option for those who choose to direct their own care and not have traditional support services through a contracted service provider.
- 4.1.3 By September 2027, EOA has evaluated the Kūpuna Care Program and implemented identified strategies to develop the *Hawai'i's State Plan on Aging 2027- 2031*.

## OBJECTIVE 4-2

***Advocate for the rights of all individuals residing in licensed and certified long-term care facilities.***

### **Strategies:**

- 4.2.1 Hire, train, and certify five (5) Long-Term Care Ombudsmen to cover Hawai'i's planning and service areas (PSAs) as advocates for facility residents residing on those islands.
- 4.2.2 Increase public awareness of the LTCOP by training AAA/ADRCs to answer questions about LTC options and triage calls to the local ombudsman in each PSA.

### **Outcomes:**

- 4.2.1 By June 2024, each planning and service area shall have a trained local ombudsman.
- 4.2.2 Annually, the LTCOP will develop and deliver training to the ADRC staff who will demonstrate increased knowledge of long-term care issues.

## **OBJECTIVE 4-3**

### ***Increase volunteer participation in the Long-Term Care Ombudsman Program statewide.***

#### **Strategy:**

- 4.3.1 Develop a plan and timeline to increase the number of volunteer ombudsmen through marketing and partnerships with organizations, such as the Retired Senior Volunteer Program (RSVP), statewide.

#### **Outcomes:**

- 4.3.1 By September 2024, have a plan and timeline that includes partnerships and action steps to increase the number of volunteer ombudsmen.
- 4.3.2 By September 2024, MOUs with the AAAs and the LTCOP outlining roles and responsibilities to support volunteer recruitment.
- 4.3.3 Annually, 15% increase to trained and certified Long-Term Care Ombudsman volunteers in all four counties.



## GOAL 5:

# HAWAI'I'S CAREGIVERS HAVE A BROAD ARRAY OF SERVICES AND SUPPORTS TO EFFECTIVELY CARE FOR THEIR LOVED ONES

## OBJECTIVE 5-1

*Increase access to information, services, and supports to assist caregivers.*

### **Strategies:**

- 5.1.1 Develop a statewide, comprehensive resource directory to include, but not be limited to, public and privately paid services and supports such as counseling, educational, and training opportunities. Ensure that the distribution of the directory is in multiple accessible formats and updated annually.
- 5.1.2 Assess caregivers for inclusion in the development of elders' support plans.
- 5.1.3 Provide caregiver support services to include education, counseling, and peer support services tailored to those caring for individuals with ADRD.

### **Outcome:**

- 5.1.1 Annually, measure the number of caregivers who access this information, participate in assessments, and receive services or supports.

## OBJECTIVE 5-2

*Collaborate with workforce initiatives to support older adults and family caregivers in need of long-term services and supports in Hawai'i.*

### **Strategies**

- 5.2.1 Advocate for, establish, and support workforce development initiatives that focus on developing a comprehensive continuum of care for the Aging Network, including non-clinical, paraprofessionals, and caregivers.

- 5.2.2 Expand administrative and service standards for the non-clinical direct-care workforce who provide long-term services and supports.
- 5.2.3 Engage with partners in the community to support awareness and education of working in the field of gerontology.
- 5.2.4 Develop an MOU with the Department of Labor, Senior Community Service Employment Program (SCSEP) to give unemployed, low-income individuals more opportunity to engage in training through part-time, community service assignments.

**Outcomes:**

- 5.2.1 By September 2024, contract a coordinator to lead planning and implementation efforts of the workforce development and support center.
- 5.2.2 By September 2025, complete the administrative and service standards for the non-clinical direct-care workforce.
- 5.2.3 By September 2026, the direct-care workforce will increase to support the growing number of older adults in Hawai'i.



# Quality Management

The EOA shall ensure management of programs through data collection, monitoring and oversight, and continuous quality improvement.

## Data Collection

EOA uses a consolidated database to collect and analyze service utilization data. This ensures that LTSS are delivered in a timely manner to participants at high risk for placement in a LTC setting. Data analysis provides opportunities to identify gaps in the delivery system and address areas for improvement.

## Monitoring and Oversight

EOA shall perform annual on-site monitoring of service delivery to ensure programs are implemented as outlined in the approved Area Plans on Aging, contractual agreements, and standards, directives, and guidelines in accordance with federal and state requirements.

## Continuous Quality Improvement

Each organizational section under EOA will be responsible for the implementation, timeline, and reporting on the progress of their respective objectives and strategies of the Plan. Annually, EOA shall report to the Policy Advisory Board for Elder Affairs on the challenges and barriers faced, and cumulative accomplishments.

# Potential Barriers to the Proposed Strategies

## Internal Staffing Challenges and Vacancies

In July 2023, the EOA increased the number of internal staff positions from 27 to 33 in response to an increase in demand for services. Currently, 16 positions are filled, 11 positions are being recruited for, and six new positions are being established. The State Plan objectives are attainable contingent upon timely hiring, training, and retention of qualified staff.





## Lack of Funding

Promotion of healthy aging initiatives (Goal 1, Objective 1-4) lacks state funding and must rely solely on limited Title III-D resources. EOA will continue to request monies annually from legislators to support the implementation, utilization, and sustainability of evidenced-based interventions to increase disease prevention awareness statewide.

## Workforce Shortage in Long-Term Services and Supports

Hawai'i is experiencing a severe workforce shortage of home health aides, certified nursing assistants, and other healthcare (para)professionals critically needed to meet the demand for supportive services for Hawai'i's older adults and persons with disabilities.

## Conclusion

Over the last three years, EOA has used lessons learned to achieve our goals despite the challenges faced before, during, and after the COVID-19 pandemic, by adapting to our new norm with flexibility and ingenuity. With a renewed sense of optimism and purpose, we commit to achieving the goals and outcomes in this Plan to ensure the coordination and provision of services and supports address the urgent needs of our most vulnerable kūpuna.



**References**

**Attachments**





# References

1. 2022 State Population Estimates. (2022, December 22). <https://census.hawaii.gov/main/2022-state-pe/>
2. Alzheimer's Association. 2023 Alzheimer's Disease Facts and Figures. *Alzheimers Dement* 2023;19(4). DOI 10.1002/alz.13016.
3. Alzheimer's Association. (n.d.). Hawaii. <https://www.alz.org/professionals/public-health/state-overview/Hawaii>
4. Avendaño, E. (2021). The Pandemic Has Transformed How Aid Groups Help Elderly in Need. *Civil Beat*. Retrieved from <https://www.civilbeat.org/2021/04/the-pandemic-has-transformed-how-aid-groups-help-elderly-in-need/>
5. CDC/National Center for Health Statistics. (2023, February 21). Hawaii. <https://www.cdc.gov/nchs/pressroom/states/hawaii/hi.htm>
6. Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion. (2022, May 2). Alzheimer's Disease and Healthy Aging. [www.cdc.gov/aging](http://www.cdc.gov/aging)
7. Feeding America, The Impact of the Coronavirus on Food Insecurity in 2020
8. Hawaii reports the most people living in multigenerational households. (2023, April 21). *The Weekly Journal*. [https://www.theweeklyjournal.com/lifestyle/hawaii-reports-the-most-people-living-in-multigenerational-households/image\\_4e8df98a-0821-558b-9b89-a79f580fcfb9.html](https://www.theweeklyjournal.com/lifestyle/hawaii-reports-the-most-people-living-in-multigenerational-households/image_4e8df98a-0821-558b-9b89-a79f580fcfb9.html)
9. National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases. (2023, February 9). Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>
10. National Council on Aging. (2021, March 31). COVID-Driven Isolation Can Be Dangerous for Older Adults. <https://www.ncoa.org/article/covid-driven-isolation-can-be-dangerous-for-older-adults>



11. Partners in Care, O'ahu Continuum of Care, 2022 Point in Time Count Comprehensive Report
12. Paulin, E. (2020, September 3). Is Extended Isolation Killing Older Adults in Long-Term Care? AARP. <https://www.aarp.org/caregiving/health/info-2020/covid-isolation-killing-nursing-home-residents.html>
13. Research Economic Analysis Division, Population and Economic Projections for the State of Hawaii to 2045
14. State of Hawaii, Department of Health Chronic Disease Prevention & Health Promotion Division: Heart Disease and Stroke Program, Chronic Disease Management webpage. <https://health.hawaii.gov/heart-disease-stroke/>
15. State of Hawaii. (2023). Supplemental Nutrition Assistance Program (SNAP). <https://humanservices.hawaii.gov/bessd/snap/>
16. Tejada-Vera, B. & Kramarow, E.A. (2022). COVID-19 Mortality in Adults Aged 65 and Over: United States, 2020. NCHS Data Brief, no 446. Hyattsville, MD: National Center for Health Statistics. DOI: <https://dx.doi.org/10.15620/cdc:121320>.
17. The MIND diet is a hybrid of the Mediterranean and DASH diets with its goal to reduce dementia and the decline in brain health that usually occurs as we age.
18. United States Census Bureau, ACS 5-Year Estimates Data Profiles
19. Wu Y, Braun K, Onaka AT, Horiuchi BY, Tottori CJ, Wilkens L. Life Expectancies in Hawai'i: A Multi-ethnic Analysis of 2010 Life Tables. *Hawaii J Med Public Health*. 2017 Jan;76(1):9-14. PMID: 28090398; PMCID: PMC5226016.
20. Wu Y, Uchima O, Browne C, Braun K. Healthy Life Expectancy in 2010 for Native Hawaiian, White, Filipino, Japanese, and Chinese Americans Living in Hawai'i. *Asia Pacific Journal of Public Health*. 2019;31(7):659-670. doi:10.1177/1010539519875614

# Attachments

To view the *Hawai'i State Plan on Aging 2023-2027* with Attachments, visit the Hawaii Aging and Disability and Resource Center website at:

<https://www.hawaiidrc.org/reports-publications>

- Attachment A: State Plan Assurances and Required Activities
- Attachment B: Information Requirements
- Attachment C: Intrastate Funding Formula
- Attachment D: Aging in Hawai'i Survey Report of Needs Assessment
- Attachment E: Public Comments
- Attachments F: Aging Network Planning Meetings

---

The Hawai'i Department of Health (HDOH) is committed to maintaining an environment free from discrimination, retaliation, or harassment on the basis of race, color, sex, national origin, age, or disability, or any other class as protected under federal or state law, with respect to any program or activity.

Definition of Equity adapted from Executive Order 13985: The consistent and systematic, fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of colors; members of religious minorities; lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

For more information, including language accessibility and filing a complaint, contact HDOH Non-Discrimination Coordinator at (808) 586-4400, [doh.nondiscrimination@doh.hawaii.gov](mailto:doh.nondiscrimination@doh.hawaii.gov), or visit the HDOH website at <http://health.hawaii.gov>.



# Hawai'i... the best place to grow older



**E Loa Ke Ola**  
*May Life Be Long*

**EOA** | EXECUTIVE  
OFFICE  
ON AGING

State of Hawai'i  
Hawai'i Department of Health  
Executive Office on Aging



250 South Hotel St. Rm. 406  
Honolulu, HI 96813  
Phone: 808-586-0100  
Website: [health.hawaii.gov/eoa](http://health.hawaii.gov/eoa)