

# 2023 – 2027 HAWAI‘I STATE PLAN ON AGING

DRAFT

## Table of Contents

Introduction .....	1
Type chapter title (level 2) .....	2
Type chapter title (level 3) .....	3
Type chapter title (level 1) .....	4
Type chapter title (level 2) .....	5
Type chapter title (level 3) .....	6

## Executive Summary

**Executive Summary (3 pages) – The executive summary should stand alone in summarizing the state’s planned efforts on behalf of older individuals over the State Plan cycle. A well-written summary can aid the state in educating the public, lawmakers, and other agencies and can assist in securing additional resources.**



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## I. Overview

The Department of Health (DOH), Executive Office on Aging (EOA), respectfully submits the 2023 – 2027 State Plan on Aging for the period of October 1, 2023 - September 30, 2027, to the U.S. Department of Health and Human Services, Administration for Community Living (ACL) for approval.

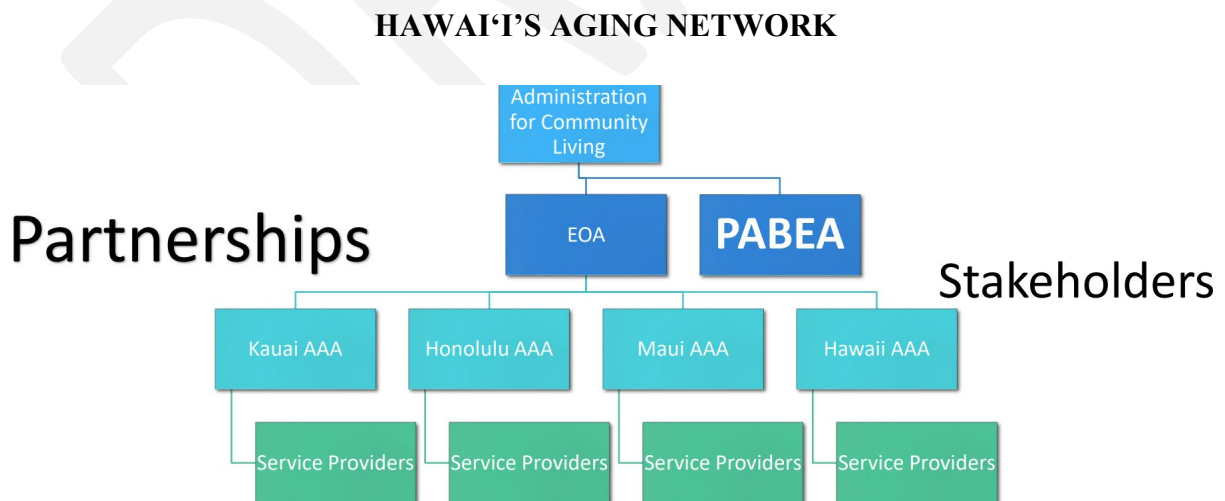
The Plan complies with the requirements of the Older Americans Act (OAA), entitled Supporting Older Americans Act of 2020 (P.L. 116-131) and is consistent with the current ACL priorities as reflected by the Presidential Executive Orders and directives.

### A. State of Hawai‘i’s Aging Network

***EOA’S VISION: HAWAI‘I IS THE BEST PLACE TO GROW OLD***

EOA’s mission is to optimize the health, safety, and independence of Hawai‘i’s older adults and people with disabilities. We continually pursue our mission by supporting *kupuna* (Hawaiian word for elder) and their caregivers through planning, development, advocacy and coordination of policies, programs, and services.

Hawai‘i has four (4) distinct planning and service areas (PSAs) to plan, develop, deliver, and administer services and supports to meet the needs of Hawai‘i’s diverse populations. The PSAs include the counties of Kaua‘i, which includes the island of Ni‘ihau, Hawai‘i, and the tri-county of Maui, which includes the island of Moloka‘i and Lāna‘i, and the City and County of Honolulu. Each county has its own unique challenges and opportunities.



EOA has designated the following area agencies on aging to be the leaders in their respective planning and service areas (PSAs) and in accordance with their Area Plans on Aging for the same planning period.

***PSA 1: Kaua'i Agency on Elderly Affairs***

County of Kaua'i  
4444 Rice Street, Suite 330  
Lihue, HI 96766

**Kealoha Takahashi, County Executive**

Telephone: (808) 241-4470

***PSA 2: Elderly Affairs Division (EAD)***

City and County of Honolulu  
925 Dillingham Blvd #200  
Honolulu, HI 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, HI 96793

**Rowena Dagdag-Andaya, County Executive**

Telephone: (808) 270-7774

***PSA 4: Hawai'i County Office of Aging***

County of Hawai'i  
1055 Kino'ole Street, Suite 101  
Hilo, HI 96720

**Horace Farr, County Executive**

Telephone: (808) 961-8600

**B. State Plan**

The 2023 – 2027 Hawai'i State Plan (State Plan) on Aging establishes our direction for a comprehensive, coordinated statewide system of person-centered, long-term services and supports (LTSS). The State Plan addresses the health and wellbeing of our older adults, the coordination of LTSS that are holistic and person-centered, ensuring equity, diversity and inclusion in all programs and services, guaranteeing that participants can age in place, and addressing the needs of our caregivers statewide.

EOA and the AAAs agreed on five overarching goals, conducted two needs assessments, reviewed current service utilization data, accounted for issues faced by the workforce shortage, and considered community input in the development of the State Plan.

***Hawai'i's 5 overarching goals are:***

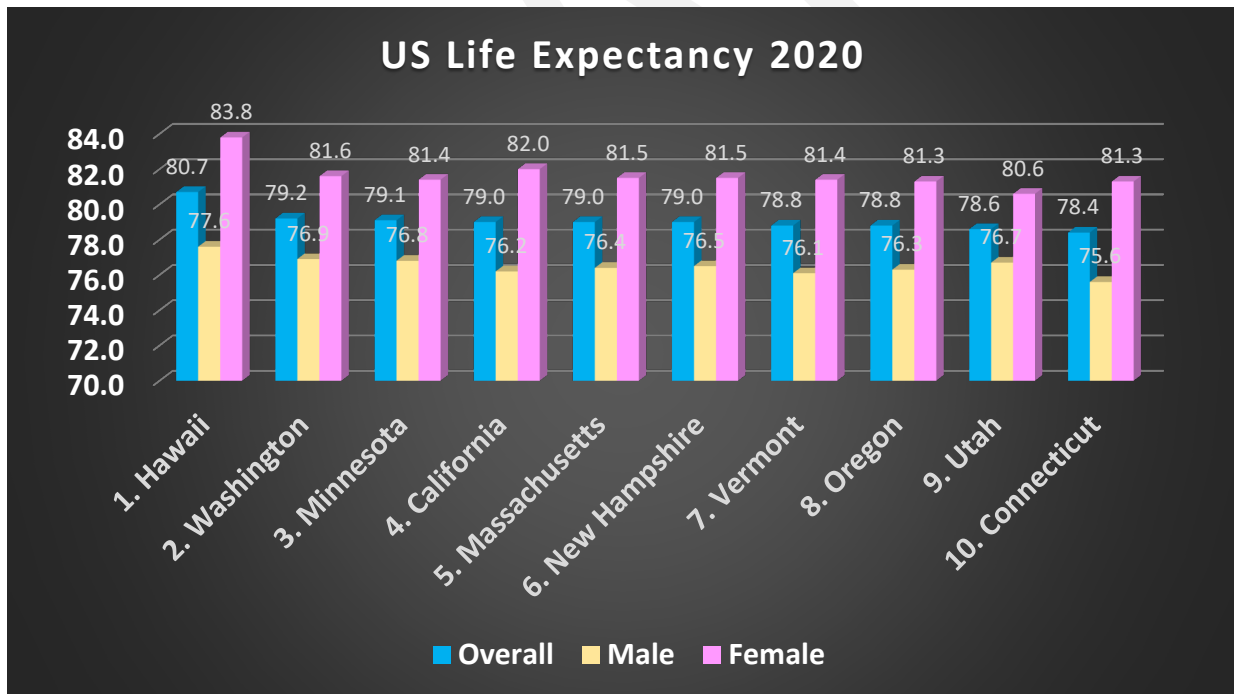
- 1. Hawai'i's older adults have opportunities to live well.***
- 2. Hawai'i's older adults are prepared for future health threats and disasters.***
- 3. Hawai'i's underserved populations have equitable access to programs and services.***
- 4. Hawai'i's older adults and people with disabilities will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

### C. Planning Process and Community Input

The State Plan process was developed and coordinated with the Area Agencies on Aging. EOA garnered community input through community presentations throughout the state in each county. Meetings were held in person and through web-enabled technology. In addition, the State Plan was posted on the ADRC website for public review and to accept written comments. Finally, the Policy Advisory Board on Elder Affairs (PABEA) reviewed the plan and provided their input. (See Attachment/exhibit/appendix for summary of community input).

### II. Profile of Hawai‘i’s Aging Population

Hawai‘i is fortunate to have the highest life expectancy in the U.S. with a record of 80.7 years.<sup>1</sup> The number of kūpuna\* living into their 80s, 90s and even 100s continues to grow. To put it in perspective, the majority of the Silent Generation, born in 1928-1945, has already turned 80 years old and the younger Baby Boomers’ born in 1964 will be turning 60 years old in 2024. As we continue to live longer, may we strive to make Hawai‘i the best place to grow older, to honor those that have come before us, and care for kūpuna.



\*Kupuna is the Native Hawaiian word for elder, grandparent, ancestor, older adult, etc. Kūpuna is plural for kupuna.

<sup>1</sup> CDC/National Center for Health Statistics. (2023, February 21). *Hawaii*. <https://www.cdc.gov/nchs/pressroom/states/hawaii/hi.htm>

**1 in 4 persons are 60 years or older  
= 24.9% of the state's total  
population of 1,455,271<sup>5</sup>**

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.

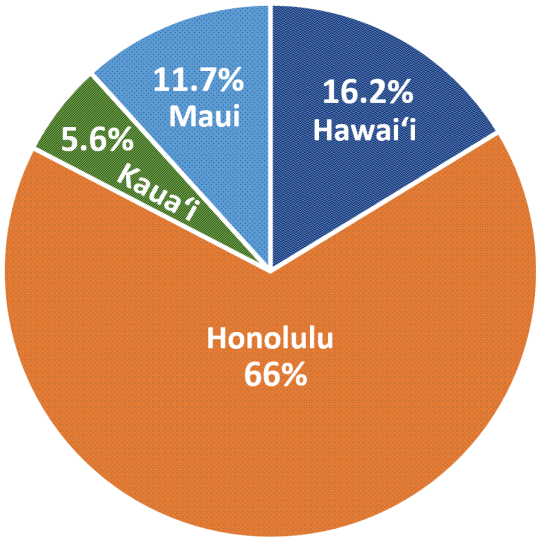
While these qualities draw people from around the world to visit Hawai‘i, there are numerous factors impacting Hawai‘i’s residents who want to continue to call Hawai‘i home. Factors that cause concern for older adults are the high cost of living encompassing housing shortage, and inflation. In addition, the cost of long-term care in Hawai‘i is beyond reach for most residents if they failed to prepare and purchase long-term care insurance.

In addition, the shortage of medical doctors, specialists, and other medical personnel has impacted the lives of elders living in Hawai‘i, most extremely in rural communities.

These factors may have contributed to the 15,000 residents (1%) leaving for the continental U.S. in 2022. Interestingly, there is no trend with age or socioeconomic status. This has led to a slight decrease in the population. On average, there were 43 births per day and 37 deaths per day in Hawai‘i.<sup>2</sup>

Older Adult Population Distribution by county

Hawai‘i has seen exponential growth in the aging population. The distribution of 60+ individuals across the state is 16.2% in Hawai‘i, 66% in Honolulu, 5.6% in Kaua‘i (including Ni‘ihau), 11.7% in the tri-county of Maui (including Moloka‘i and Lāna‘i), and 0.004% in Kalawao County (on the island of Moloka‘i).



When looking at the long-range forecast of the elderly population age 65 years or older (65+), the proportion of oldest-old individuals, age 85 years or older, will grow to 27.4% by 2045.<sup>3</sup> The middle-old (age 75-84) will represent 34.2% and the young-old (age 65-74) will constitute 38.4% of the elderly population.

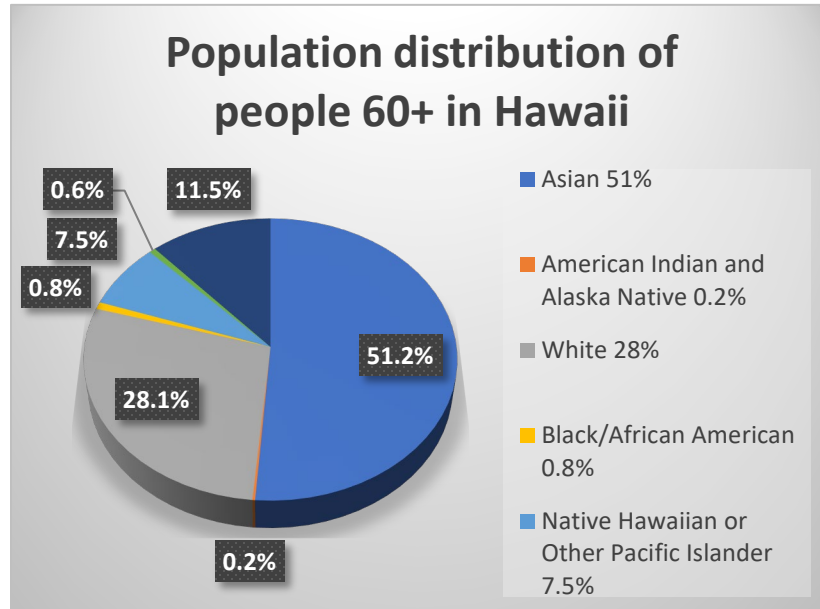
Overall, we anticipate an increase in the elderly population by 3.3% every year.<sup>3</sup> In addition, one in six adults in Hawai‘i are caregivers and another one in six adults expect to become caregivers within two years.<sup>4</sup>

<sup>2</sup> 2022 State Population Estimates. (2022, December 22). <https://census.hawaii.gov/main/2022-state-pe/>  
<sup>3</sup> Source: Research Economic Analysis Division, Population and Economic Projections for the State of Hawaii to 2045  
<sup>4</sup> 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)

## Hawai‘i’s Diversity

Our cultural diversity makes Hawai‘i unique. Our older adults are diverse and experience a range of issues. According to the U.S. Census Bureau’s estimates for people 60+ in Hawai‘i, 51% are Asian, 28% are White, 7.5% are Native Hawaiian or Other Pacific Islander, 0.8% are Black or African American, 0.2% are American Indian and Alaska Native, 11.5 % identify as two or more races and 0.6% identify as some other race.

With our multicultural population we naturally have many multilingual households: 27.3% of older adults speak a language other than English at home and 16.1% speak English less than “very well.”<sup>5</sup>



The largest Asian single race subgroups were Filipino (15.5%), and Japanese (11.5%). Native Hawaiians currently represent 6.4% of the population, but more Native Hawaiians of mixed decent may have identified as two or more races.

Hawai‘i’s diverse population is deep 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 Hawai‘i to work on the plantations, in the pineapple and sugar cane fields. More recently, Hawai‘i is home to more than a quarter of a million first generation immigrants making up approximately 18% of the entire population.

## Housing and Finances

Housing is a growing issue for older adults who rent and own property. For elderly renters in Hawai‘i, they may be “priced out of paradise” due to the rising cost of housing. Owners on the other hand are faced with increasing property taxes. Those in condominiums will experience tremendous financial hardships in the future, if not already. Condominiums have faced huge insurance increases recently and this is all added to existing scheduled repairs. In some cases, older adults with a paid off mortgage are faced with maintenance fee increases that have, or will be exceeding, their fixed incomes. Those who rent are facing rental increases to cover property owner’s costs such as mortgage, property taxes, maintenance fees, and insurance.

<sup>5</sup> Source: United States Census Bureau, ACS 5-Year Estimates Data Profiles

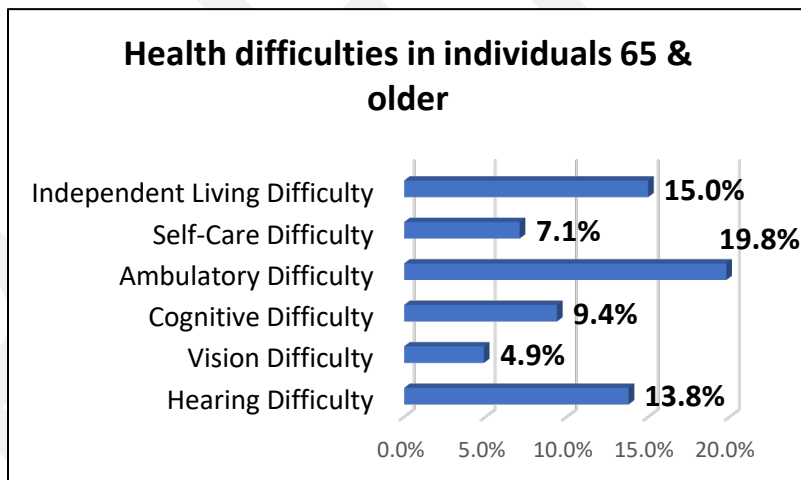


Hawai‘i has one of the highest rates of multigenerational households in the nation.<sup>6</sup> There are opportunities for multigenerational households who live harmoniously to support each other and their kūpuna. Hawai‘i also has a growing population of elders living alone. Approximately 19,617 males 65+ live alone and 31,340 females 65+ live alone.<sup>5</sup> Many seniors live on a fixed income which varies based on their life experiences. We need to prepare for a future of older adults living alone or living as a couple without adult children or grandchildren who can assist with informal caregiving. This will require an expansion of programs to help elders age in place through early assessment and coordination of care.

There are 8.5% of older adults living below the poverty line and 9.4% are receiving food stamps or SNAP benefits. Living with financial strains in this inflated cost of living environment amidst a housing crisis puts kūpuna at risk for homelessness. In 2022, older adults made up 8% of the homeless population on O‘ahu and 14% of those who are unsheltered.<sup>7</sup>

### Health conditions

As we age, we are more likely to experience differing abilities with 27.8% of older adults living with a disability. This likelihood increases to 39.5% for the middle-old (age 75-84) and 70.9% for the oldest-old (age 85 years or older) living with a disability.<sup>5</sup>



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.<sup>8</sup> Moreover, 3 out of 10 deaths in Hawai‘i are due to cardiovascular disease, which is largely preventable.<sup>9</sup>

In addition, there are approximately 29,000 persons, age 65 and older, living with Alzheimer’s Disease in Hawai‘i who are cared for by 51,000 family caregivers.<sup>10</sup> According to the CDC, 1 in 9 adults 45 years or older in Hawai‘i report experiencing subjective cognitive decline, as they noticed memory problems that have been getting worse, and within this group 74% have at least

<sup>6</sup> 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-a79f580fcbf9.html](https://www.theweeklyjournal.com/lifestyle/hawaii-reports-the-most-people-living-in-multigenerational-households/image_4e8df98a-0821-558b-9b89-a79f580fcbf9.html)

<sup>7</sup> Source: Partners in Care, O‘ahu Continuum of Care, 2022 Point in Time Count Comprehensive Report

<sup>8</sup> CDC/National Center for Health Statistics. (2023, February 21). Hawaii. <https://www.cdc.gov/nchs/pressroom/states/hawaii/hi.htm#lcood> <https://health.hawaii.gov/heart-disease-stroke/>

<sup>10</sup> Alzheimer’s Association. (n.d.). Hawaii. <https://www.alz.org/professionals/public-health/state-overview/Hawaii>

one chronic condition.<sup>11</sup> By 2025, the number of people living with Alzheimer's disease in Hawai'i is expected to increase to 35,000, a more than 20 percent increase from 2020.<sup>12</sup> Researchers have found that what is beneficial for heart health is also good for brain health. With this in mind, we must promote preventative measures towards a healthier Hawai'i.

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

Kūpuna experienced immense impacts during the COVID-19 pandemic. The CDC found that age is the strongest risk factor for COVID-19 because the risk of death grows with age, in other words this risk is: 60x higher in young-old, 140x higher in middle-old and 340x higher in the oldest-old.<sup>13</sup> The presence of chronic conditions multiplies this risk as well. During the pandemic, 81% of individuals who died due to COVID-19 in the U.S. were age 65+. However, Hawai'i had the lowest rates in the nation for COVID-19 age-adjusted deaths of adults age 65+ with a record 90.5 per 100,000 people compared to the overall US rate of 533.5 per 100,000 standard population.<sup>14</sup> 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.<sup>13</sup>

Hawai'i experienced a 50% increase in food insecurity<sup>15</sup> and 23.6% increase in enrollment in The Supplemental Nutrition Assistance Program (SNAP) from 2018 before the pandemic to 2022.<sup>16</sup> Older adults appear to be less likely to sign-up for financial assistance for groceries, because there are estimates that SNAP is underutilized by half of eligible seniors.<sup>17</sup> This is potentially due to generational perspectives, cultural values, lack of knowledge of such programs and logistical barriers. The State of Hawai'i took action to reduce the risk of spread of COVID-19 by enforcing safety precautions and restrictions, especially protecting the frail elderly population. During this time, many kūpuna also experienced social isolation which has been found to correlate with negative impacts on physical health, mental health, cognition, adherence to care, immunity, functional ability to do activities of daily living, mortality rates and more.<sup>18</sup> Community members describe these effects as collateral damage of COVID-19 isolation since older adults, particularly nursing home residents, have experienced accelerated decline physically, mentally, emotionally, leading to failure to thrive, losing the will to live and, "passing away because of a broken heart."<sup>19</sup> There were protective factors that reduced the collateral

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<sup>11</sup> 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)

<sup>12</sup> Alzheimer's Association. 2023 Alzheimer's Disease Facts and Figures. *Alzheimers Dement* 2023;19(4). DOI 10.1002/alz.13016.

<sup>13</sup> 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>

<sup>14</sup> 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>.

<sup>15</sup> Source: Feeding America, *The Impact of the Coronavirus on Food Insecurity in 2020*

<sup>16</sup> State of Hawaii. (2023). *Supplemental Nutrition Assistance Program (SNAP)*. <https://humanservices.hawaii.gov/bessd/snap/>

<sup>17</sup> 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/>

<sup>18</sup> 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>

<sup>19</sup> 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>

impacts of COVID-19 such as quality of relationships, physical activities, learning activities, planning for the future, wisdom, compassion, greater emotional regulation, and resiliency.<sup>20</sup>

### Conclusion

In summary, older adults in Hawai‘i have the highest life expectancy in the nation, they represent 24.9% of the state population, yet they are a diverse group that experience a range of issues depending on their varied life experiences.<sup>5</sup> Older adults experienced immense impacts physically, mentally, and emotionally due to COVID-19, yet Hawai‘i had the lowest age-adjusted death rates for elderly people in the nation. Our kūpuna are resilient, yet dynamic. Our recent graduates to senior status are different from the generations that have come before. They continue to adapt to an ever-changing world. Understanding this growing population will assist the EOA in advocacy, planning, development, and coordination of more comprehensive services and supports. We must advocate to increase our state’s capacity to meet the growing need, to care for kūpuna and their caregivers.

### **III. Hawai‘i’s Programs, Special Initiatives, and Program Accomplishments**

In 2022, 50,633 unduplicated older adults and caregivers statewide received long-term services and supports through the state aging network.

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

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, dignity, and quality of life. The ADRC is part of the No Wrong Door (NWD) Network to improve the coordination of referrals and to standardize the intake assessment process and tools to streamline access to public assistance for individuals of all ages and abilities in the community. In FY 2022, 17,373 persons contacted the ADRC.

#### *Kupuna Care Program*

The Kupuna Care (KC) Program provides older adults with access to affordable and quality home and community-based services that are person-centered, allowing them to age in place with independence and dignity. KC consists of eight core services: adult day care, attendant care, case management, chore, homemaker, personal care, transportation, and home delivered meals. The goals of the KC program are to 1) support individuals to live at home for as long as possible and

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<sup>20</sup> Kim, S.B. & Lee, Y.J. (2022). Older Adults, Protective Factors, and Opportunities to Promote Health during the COVID-19 Pandemic. *Hawaii Journal of Health & Social Welfare*, 81(8), 230-231.

avoid costly institutionalization, and 2) to support caregivers. In FY22, 5,834 older adults received Kupuna Care Services statewide.<sup>21</sup>

### *Long-Term Care Ombudsman Program (LTCOP)*

The Long-Term Care Ombudsman Program (LTCOP) provides support and complaint resolution for residents of nursing homes, adult residential care homes, expanded adult residential care homes, assisted living facilities, and community care foster family homes. The LTCOP provides information, outreach, and advocacy to meet the needs and satisfaction of all residents statewide. LTCOP works with families, facility staff, various advocacy organizations, provider groups, the media, and legislators to improve the quality and satisfaction of services provided to Hawai'i's long-term care residents.

The Long-Term Care Ombudsman Volunteer Program (LTCOVP) enhances the LTCOP goals by providing trained and certified volunteers to provide information, outreach, and advocacy for residents in long-term care facilities. Volunteers are trained and certified to regularly visit licensed LTC (long-term care) facilities.

### *Older Americans Act (Title III services)*

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

*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, support services provided 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.

*Title III-C: Congregate and Home Delivered Meals* provides kūpuna with congregate dining and home delivered meals. In FY22, 2,246 participants received 149,970 congregate meals and 3,367 homebound elders received 505,032 home delivered meals. In addition, Covid response efforts included 2,521 units of fresh produce, meal kits, and other consumables to 103 older adults.

*Title III-D: Disease Prevention and Health Promotion Services* provides education and implementation activities that support healthy lifestyles and promote healthy behaviors. Health education reduces the need for more costly medical interventions. The program targets and prioritizes elderly living in medically underserved areas of the State or who are of greatest

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<sup>21</sup> Cluster 1, Assisted Transportation, and Attendant Care.

economic need. Hawai‘i provides two evidence-based interventions (EBI), namely the Better Choices, Better Health and EnhanceFitness® through the Hawai‘i Healthy Aging Partnership. 1,760 individuals participated in EBI programs. An additional 2,984 individuals participated in non-evidence-based health promotion activities.

*Title III-E: National Family Caregiver Support Program (NFCSP)* offers a range of services to support family caregivers. Services include information to caregivers about available services and support, assistance to accessing services, individual counseling, organization of support groups, and caregiver training, respite care, and supplemental services.

2,446 caregivers received 718 hours of counseling, 149 hours of training, 1397 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.

### *State Health Insurance Assistance Program (SHIP)*

In 2022, Hawai‘i SHIP celebrated 30 years of educating and empowering Medicare beneficiaries to make cost-effective, informed healthcare decisions based on their own needs and ability to pay. Over 100 locally trained counselors each year help 8,000+ kūpuna, caregivers, and soon-to-be retirees with accurate, unbiased, and individual assistance, counseling, and outreach. Services include free confidential counseling, plan comparisons by county, and eligibility/enrollment in low-income subsidy programs.

### *Senior Medicare Patrol (SMP) Program*

SMP Hawai‘i recruits and trains volunteers to prevent, detect and report health care fraud, errors, and abuse. Volunteers participate in group outreach and education events, provide 1:1 counseling, and refer suspected fraud and scams to the proper authorities. Medicare loses \$70 billion each year from fraudulent billing and scams. SMP Hawai‘i educates Medicare beneficiaries to read their medical statements to detect errors and incorrect billing and promote prevention tips to avoid becoming victims of malicious online or phone scams.

### *Veterans Directed Care*

The Executive Office on Aging is a provider for the Veteran’s Administration’s (VA) Veteran-Directed Choice (VDC) Program which is a participant-directed program for eligible veterans of all ages. The VDC participants must meet nursing home level of care to be eligible. Veterans control the care they receive, the provider of their care, and the quality of their care, rather than being dependent on a VA facility or community facility that is reimbursed by the VA for their care. In FY22, 161 veterans were enrolled in VDC.

### *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 build a strong public health infrastructure to address ADRD (BOLD) that aligns with the Center for Disease Control and Prevention (CDC) Healthy Brain Initiative Road Map. The CDC BOLD grant: 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. Additionally, EOA received funding to contract with Papa Ola Lokahi to develop the [Native Hawaiian Road Map - Navigating Impacts of Nā Ma‘i Poina: Alzheimer’s Disease and Related Dementias Among Native Hawaiians.](#)

EOA has successfully appointed the Alzheimer’s Disease and Related Dementia Coordinator in January 2023. The ADRD Coordinator position is vital to the implementation of the Hawai‘i State Plan on Alzheimer’s and Related Dementia. EOA will continue to engage stakeholders in the Advisory Committee and four workgroups to develop the updated State Plan for Alzheimer’s Disease and Related Dementias. EOA has applied for the CDC implementation grant and is awaiting an award.

## **Section VI: Goals, Objectives, Strategies, and Expected Outcomes**

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

Goal 1: Hawai'i's older adults have opportunities to live well.

Goal 2: Hawai'i's older adults are prepared for future health threats and disasters.

Goal 3: Hawai'i's underserved populations have equitable access to programs and services.

Goal 4: Hawai'i's older adults and people with disabilities will age in place.

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

The Objectives and strategies address the needs and gaps in services and the assumptions based on data as outline in the Aging in Hawai'i Survey Report, as attached in [Appendix XXX ]

### **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 information about community resources, Medicare or other health insurances, in-home services, and caregiving services. In FFY2022, the Aging and Disability Resource Center (ADRC) sites provided 26,441 contacts statewide.

*Objective 1: Increase access to the Aging and Disability Resource Center (ADRC), which serves as a comprehensive source of information and assistance to meet the needs of Hawai'i's older adults, caregivers, individuals with disabilities, and individuals with Alzheimer's disease and related dementias.*

#### **Strategies:**

- 1.1 Work with each AAA to develop and implement a statewide plan to increase awareness of the ADRC in each county. Activities may include:
  - a. Place PSAs, radio ads, and mail outs in the community about the ADRC.
  - b. Create opportunities in the community to discuss the ADRC and NWD concepts to increase contacts to the ADRC.
- 1.2 Review and analyze data collected by each ADRC to inform decision making, processes, and planning at the state level.
- 1.3 Provide ongoing training on person centered principles to ensure that ADRC consumers have a satisfactory experience.



1.4 Continue to support the No Wrong Door efforts and ensure that it is implemented throughout state government.

Outcomes:

1.1 Annually, the State will conduct an ADRC kick-off campaign to inform and educate Hawai'i's residents about the ADRC.

1.2 By September 2027, increase ADRC contacts by 20%.

*Objective 2: Ensure that older adults in Hawai'i have access to legal services to protect their rights and secure justice.*

Strategies:

2.1 Ensure a comprehensive list of legal services providers statewide to provide kūpuna and individuals with disabilities with information on evictions, simple wills and trusts, and powers of attorney.

2.2 Enhance legal services by developing partnerships through Memorandums of Understanding (MOUs) with the legal services community: University of Hawai'i Elder Law Program, Access to Justice Commission, and Hawai'i State Bar Association to identify gaps in services and develop pro bono/affordable lawyer resource for complex, difficult cases.

2.3 Identify barriers affecting older adults' access to legal services.

2.4 Ensure access for underserved populations such as LGBTQ, veterans, limited English proficiency, and those living in rural communities by partnering with appropriate organizations: LGBTQ organizations, immigrant services, Office of Language Access (OLA), veterans' affairs, neighbor island and rural neighborhood boards, organizations, and churches.

Outcomes:

2.1 Annually, measure the increase in older adults' knowledge and understanding of legal services offered by the aging network.

2.2 By July 2025, older adults will have access to an array of legal services and providers.

2.3 By July 2026, older adults with complex legal needs will receive targeted legal assistance.

2.4 By September 2027, older adults are knowledgeable of legal services offered through the Aging Network.

*Objective 3: Safeguard elders and educate the community on abuse and scams.*

Strategies

3.1 Partner with legal providers, Aging Network, and caregiver organizations to increase outreach and education to older adults and family caregivers on legal resource tools, such



as power of attorney (POA) and advance directives, which can be safeguards to prevent exploitation and mitigate the potential for abuse.

- 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.
- 3.3 Collaborate with key stakeholders such as APS and law enforcement, to increase elder abuse prevention activities.
- 3.4 Coordinate with DD Council and Guardianship stakeholders to ensure that Hawai'i's Guardianship and Conservatorship laws meet the needs of older adults and individuals with disabilities.

Outcomes:

- 3.1 Annually provide eight training sessions covering legal resources in the community to provide safeguards and prevent exploitation.
- 3.2 By 2027, increase elder abuse awareness and prevention efforts by 20%.
- 3.3 By 2027, provide recommendations for amendments to Hawai'i's Guardianship and Conservatorship laws.

*Objective 4: Expand wellness and health maintenance programs that are evidence-based leading to greater health outcomes for older adults.*

Strategies:

- 4.1 Increase participation in Better Choices Better Health (BCBH) and Enhance Fitness (EF) statewide.
- 4.2 Develop and implement a marketing plan to promote BCBH and EF statewide.
- 4.3 Develop a plan to recruit, train, and retain BCBH and EF trainers.
- 4.4 Develop public and private partnerships to secure additional EF sites to conduct classes.

Outcome Measure:

- 4.1 By September 2024, recruit, and train at least one new EF trainer in each county.
- 4.2 By September 2025, secure an additional EF site for Honolulu, Kauai, and Maui counties.
- 4.3 By September 2027, increase EF classes by 15% statewide.
- 4.4 By September 2027, increase BCBH classes by 10% statewide.

*Objective 5: Increase nutrition services through congregate meals, home delivered meals, nutrition education, and nutrition screening.*

Strategies

- 5.1 Survey congregate meals' participants to gather their recommendations to increase participation in the program.

- 5.2 Develop a café model with menu options and alternatives that is more responsive to the needs of younger kūpuna.
- 5.3 Solicit a nutritionist to support EOA in evaluating the quality of congregate and home delivered meals statewide.

Outcome Measure:

- 5.1 By September 2024, incorporate participants' suggestions and feedback regarding congregate dining.
- 5.2 By September 2026, evaluate a pilot café model site with the opportunity to expand to other sites.  
By September 2027, increase participation in congregate dining by 25%.
- 5.3 Annually, evaluate the quality and nutritional value of congregate and home delivered meals.

*Objective 6: Increase the availability of publicly funded transportation to assist with basic needs such as shopping for food, running errands, and keeping medical appointments.*

Strategy:

- 6.1 Identify barriers affecting older adults' access to reliable transportation.
- 6.2 Identify transportation options currently available and geographic coverage (e.g., bus, taxi, Handi-van, private transportation companies, county transportation.)
- 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.
- 6.4 Seek other creative opportunities in the community such as Ride Assist to expand assisted transportation to support medical appointments and shopping.

Outcome Measures:

- 6.1 By December 2025, develop a plan to address accessing reliable transportation.
- 6.2 By July 2026, implement multiple strategies, particularly in rural and hard to reach areas, to increase access to reliable transportation for older adults in Hawai'i.

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

Aging in Hawai'i survey said that 56% of respondents did not have a plan in place in case of an emergency
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*Objective 1. Ensure that older adults and their caregivers have an emergency plan in place.*

Strategies:

- 1.1 Hawai'i ADRC shall assess all participants as it relates to disaster preparedness.
- 1.2 Hawai'i ADRC shall offer the opportunity to develop a disaster plan to interested participants.
- 1.3 EOA shall use the ADRC website to educate consumers about emergency preparedness.
- 1.4 EOA shall work with the Department of Health (DOH) on promoting information and available resources regarding COVID-19 and other health related emergencies.

Outcomes:

- 1.1 Annually, the ADRC website will provide on-line resources to educate consumers prior to events such as hurricane season and other natural disasters.
- 1.2 Annually, the ADRC website content will include important DOH information.
- 1.3 By September 2027, Hawai'i ADRC will complete disaster plans for 90% of participants assessed for long-term services and supports.

*Objective 2. Enhance education and outreach to beneficiaries, with a special emphasis on those with greatest need to increase access to services and supports, in preparation for another public health emergency.*

Strategies

- 2.1 Develop a working relationship with Hawai'i Emergency Management Agency (HiEMA) to ensure statewide planning includes considerations and accommodations for older adults, and emergency preparation guidelines, with translations, are distributed statewide through advertising, AAAs, and Aging Network.
- 2.2 Promote and target outreach efforts statewide that provides access to eligibility and enrollment assistance for Medicare, Medicaid, and low-income subsidy programs, while adhering to safety protocols to protect the health of staff, volunteers, and participants; and follow HIPAA rules and regulations to protect participants' personal information. Expanding digital awareness, literacy, and education in rural or underserved communities.
- 2.3 Facilitate linkages throughout the Aging Network to coordinate referrals for services.

Outcomes:

- 2.1 By June 2024, EOA shall develop and distribute informational materials to help older adults and their caregivers to prepare and plan for an emergency.
- 2.2 By December 2024, work with stakeholders to conduct statewide training for AAAs and partner organizations on emergency planning for older adults.
- 2.3 By June 2025, develop and distribute five products to promote computer skills to target groups including older adults who have limited income, live in rural areas, and have limited English proficiency.

2.4 By July 2026, implement the Train the Trainer model to increase in-person computer and technology classes for older adults in each county.

59.7% of responses to the Aging in Hawai'i survey felt isolated from family and friends during the pandemic

*Objective 3: Increase opportunities in the community for older adults and caregivers to participate and engage in programs and services to reduce social isolation.*

Strategies:

- 3.1 Recruit volunteers statewide to stay active, informed, and socially connected while safely learning about Medicare and tips to prevent, detect, and report Medicare fraud.
- 3.2 Coordinate with the AAAs to recruit and retain volunteers in a variety of opportunities to educate the community about Medicare.
- 3.3 Create opportunities at the local level to promote programs and activities to increase socialization.
- 3.4 Collaborate with other volunteer-based organizations to promote education and awareness of services and volunteer opportunities.
- 3.5 Ensure that older adults who live alone, specifically in rural communities, have opportunities to engage in programs to reduce the stigma of social isolation.

Outcomes:

- 3.1 By December 2023, have a baseline number of statewide volunteer opportunities and # of programs that provide recreation and cultural activities to reduce social isolation.
- 3.2 By September 2026, the number of volunteer opportunities and programs to address social isolation will increase by 15% statewide.
- 3.3 Annually, increase volunteer recruitment by 10%.

### **GOAL 3: HAWAI'I'S UNDERSERVED POPULATIONS HAVE EQUITABLE ACCESS TO PROGRAMS AND SERVICES.**

*Objective 1: Recruit, train, and retain an effective, representative, and culturally sensitive workforce that provides inclusive services to Hawai'i's diverse populations.*

Strategies:

- 1.1 Create multi-lingual resources for Limited English-Proficient (LEP) groups.
- 1.2 Recruit and train a diverse and multi-lingual workforce to conduct presentations and counseling to LEP clients and their families and other underserved groups.
- 1.3 Provide cultural humility training with volunteers, partners, EOA, and AAAs.

1.4 Conduct direct mailings to low income and rurally isolated households statewide.

Outcomes:

- 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.
- 1.2 Increase new visitors to website by 10% every year.
- 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 per year.
- 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 2: Foster diversity, equity, and inclusion in long-term services and supports for underserved and underrepresented populations statewide.*

Strategies:

- 2.1 Ensure that LTSS providers know how to support the underserved and underrepresented individuals such as those with disabilities, those living in rural communities, individuals who are Indigenous and native Americans, Black, Latino, Asians and Pacific Islanders, other individuals of color, religious minorities, lesbian, gay bisexual, transgender, and queer.
- 2.2 Invest in annual DEI training to provide education and awareness to the Aging Network.

Outcomes:

- 2.1 By September 2024, a baseline survey of the AAAs and service providers to determine their understanding level and training needs of the underserved and underrepresented population.
- 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, LGBTQ population.
- 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.
- 2.4 By September 2027, AAAs and Service providers are competent in addressing the needs of individuals with an equity lens.

**Goal 4: Hawai‘i’s older adults and people with disabilities will age in place.**

*Objective 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 Kupuna care program.*

Strategies:

- 1.1 Ensure the development of Hawai‘i Administrative Rules for the Kupuna Care (KC) program.
- 1.2 Strengthen the participant directed program as a LTSS option for participants statewide.
- 1.3 Conduct an external evaluation of the KC program to identify gaps in services with statewide recommendations to ensure that LTSS is responsive to the needs of our eligible older adults and their caregivers.
- 1.4 Develop policies and procedures for the AAAs to target publicly funded services and supports to those identified as greatest economic need and greatest social needs while ensuring comprehensive resources are available to older adults who have the financial means to pay for services.

Outcomes:

- 4.1 By September 2025, EOA has Hawai‘i Administrative Rules for the Kupuna Care Program.
- 4.2 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.
- 4.3 By September 2026, private pay options are in place for those who can pay for services.
- 4.4 By September 2027, EOA has evaluated the Kupuna Care Program and implemented identified strategies to grow the program and develop the State Plan on Aging for 2028 – 2032.

*Objective 2: Advocate for the rights of older adults living in licensed and certified long-term care facilities.*

Strategies:

- 2.1 Hire, train, and certify five (5) Long-Term Care Ombudsmen to cover Hawai‘i’s planning and service areas as advocates for facility residents residing on those islands.
- 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 the county.

Outcomes:

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

*Objective 3: Increase volunteer participation in the long-term care ombudsman program statewide.*

Strategy: Develop a plan to increase the volunteers in the LTCOVP to include, but not limited to partnering with the AAAs and their Retired Senior Volunteer Programs (RSVP) to increase the number of trained and certified long-term care ombudsman volunteers participating in the LTCOP in all four (4) counties (City and County of Honolulu, Hawai‘i County, Kaua‘i County and Maui County) in the State of Hawai‘i.

Outcomes:

- 3.1 By September 2024, have a plan and timeline that includes partnerships and action steps to increase the number of volunteers.
- 3.2 By September 2024, MOUs with the AAAs and the LTCOVP outlining roles and responsibilities to support volunteer recruitment.
- 3.3 Annually, 15% increase in coverage and access to trained and certified Long-Term Care Ombudsman Volunteers to all six islands to advocate for ALL of Hawai‘i’s residents in every facility.

**Goal 5: Hawai‘i’s caregivers have a broad array of services and supports to effectively care for their loved ones.**

*Objective 1: Increase access to information, services, and supports to assist caregivers.*

Strategies:

- 1.1 Develop a statewide, comprehensive resource directory to include, but not 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.
- 1.2 Assess caregivers for inclusion in the development of elders’ support plans.
- 1.3 Provide support services for caregivers to include education, counseling, and peer support services.

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

*Objective 2: Collaborate with workforce initiatives to support older adults and family caregivers in need of long-term services and supports in Hawai‘i.*

Strategies

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

- 2.2 Expand administrative and service standards for the non-clinical direct care workforce who provide long-term services and supports.
- 2.3 Engage with partners in the community to support awareness and education of working in the field of gerontology.

Outcomes:

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

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**Section V.**

**Attachment A – State Plan Assurances and Required Activities includes statutory assurances and activities related to the development/implementation of State Plans. It must be reviewed, signed (by the SUA director) and included as part of the State Plan. In addition, documentation of how the state will address each assurance must be maintained at the state and made available for review by ACL, as requested and appropriate.**

**Attachment B – Information Requirements includes specific information requirements related to development/implementation of the State Plan. The state’s detailed responses to these requirements must be listed within the Attachment and submitted as part of the State Plan.**

**Attachment C: Intrastate Funding Formula (IFF): IFF with no changes during this State Plan cycle Each new State Plan submission must include a copy of the state’s current IFF and must include the required information set forth in Attachment C.**

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