

**REPORT TO THE TWENTY-FOURTH LEGISLATURE  
STATE OF HAWAII  
2007**

**PURSUANT TO SECTION 349-5(2) HAWAII REVISED STATUTES,  
REQUIRING THE EXECUTIVE OFFICE ON AGING TO PROVIDE AN  
ANNUAL EVALUATION REPORT ON ELDER PROGRAMS FOR THE  
GOVERNOR AND TO THE LEGISLATURE**

**Prepared by:  
STATE OF HAWAII  
DEPARTMENT OF HEALTH  
EXECUTIVE OFFICE ON AGING  
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## EXECUTIVE SUMMARY

The Executive Office on Aging (EOA) continued to address the mandates of the Older Americans Act and the goals laid down in the Hawaii State Plan on Aging (2003-2007) during fiscal year 2006. These goals are:

- Older adults make informed decisions through accurate information.

During FY 2006, the number of individual contacts made by both staff, as well as personnel of the Information & Assistance (I&A) and outreach programs, totaled 51,331. In addition, public education activities were able to reach an estimated number of 441,145 persons. This includes persons reached through radio and television broadcasts statewide. 97% of clients surveyed in the four counties indicated that I&A information received helped them make informed decisions.

The EOA continues to work towards the development of a statewide data system, and, with the UH Center on the Family, has developed a web-based aging data center.

- Older adults are able to live independently in their homes for as long as possible.

Through the various supportive (access, in-home, and community-based) and nutrition services, EOA hopes to help older adults to age in place and to delay their institutionalization. In FY 2006, access services were provided to 44,510 individuals, in-home services to 3,072 persons, and community-based services to 13,376 elder clients. In addition, a total of 339,700 meals were provided at congregate dining sites, and 521,970 hot and frozen home-delivered meals were provided statewide. Approximately 19,149 duplicated individuals were served by the nutrition programs.

Through its Kupuna Care (KC) program, which serves the frail, it was able to serve an estimated 7,217 clients statewide. 94% of KC clients surveyed in three counties (Kauai, Maui and Hawaii) indicated that their needs were met. In addition, data from the four counties showed that 74% of KC clients remained at home for more than three months.

- Family caregivers have supportive programs and services that address their needs to enable them to continue giving care.

Through the National Family Caregiver Support Program services, an estimated 5,467 caregivers were served in FY 2006. 95% of caregivers surveyed in one county (Maui) indicated that caregiver services increased the amount of time for their own daily activities, while 100% reported that support services and programs helped them to give care.

In addition, the Caregivers Resource Initiative Project (CRIP) continued to promote self-advocacy, maintain coalitions (Hawaii Family Caregiver Network and the Hawaii Caregiver Coalition), strengthen communication and community-wide support (*Family Caregiver* newsletter and website), and implement the Brookdale Foundation's Relatives as Parents Program (RAPP) Statewide Initiative.

- Older adults and family members are informed of elder rights and benefits.

This goal was addressed through several programs. One is the legal assistance program, which served 1,360 individuals statewide in FY 2006. Another is *Project Reach*, an Oahu-based elder abuse prevention and response demonstration project. Another is the Long Term Care Ombudsman and Volunteer Ombudsman programs, which identify, investigate, and resolve complaints made by or on behalf of residents of licensed long term care facilities. There is also the Sage PLUS program, whose greatest accomplishment this year was the coordination of efforts to provide accurate and consistent information to members with Medicare, their families and the community in general through the Medicare Part D Coalition. Finally, the SageWatch program, which utilizes volunteer retired professionals to educate the community in the detection and prevention of health care fraud and abuse, with a focus on the Medicare and Medicaid programs.

A survey conducted in two counties (Maui and Hawaii) showed that 100% of older adults requesting information about legal advice, counseling, and representation were linked to legal resources.

- Public and private sectors and the community work together to address existing and emerging issues.

In line with this goal, the Executive Office on Aging continued its work on several initiatives. One is the Healthy Aging Project, a partnership between the aging network and public health programs, government, private sector, and the community whose goal is to improve the health status of Hawaii's elderly through increased physical activity and improved nutrition. Another was the White House Conference on Aging, which involved statewide community deliberations and participation by a number of Hawaii delegates and where they presented several resolutions to the Federal government. To promote better access to information and services, the Aging and Disability Resources Center project was initiated.

The Office provided technical support to the Policy Advisory Board for Elder Affairs' (PABEA) Legislative Committee that engaged in active legislative advocacy and worked for the passage of several legislations and resolutions during the 2006 legislative session.

The Executive Office on Aging received a total of \$ 13,451,917 in appropriations from federal and state funds in FY 2006. Through its various services and programs, it was able to serve an estimated 104,628 elderly clients statewide.

## PREFACE

The Executive Office on Aging takes this opportunity to highlight the results that we as a state achieved during the fiscal year 2006. These activities enabled us to continue meeting our mission of ensuring the dignity and independence of Hawaii's older adults. We served an estimated 104,628 individuals through information; home- and community-based support for older adults, family and individual caregivers; counseling on the latest changes in Medicare; and protection of the rights of residents of long term care facilities. The EOA continued its efforts to educate seniors to protect themselves against financial exploitation and abuse. The EOA supported community advocacy efforts including the 2005 Silver Legislature, delegation to the national White House Conference on Aging, support for Hawaii Caregiver Coalition activities, and presented issues and information in a formal Legislative briefing. The EOA coordinated data and planning meetings and trainings; established the *Hawaii Aging Data Center* website; and applied for and received grants to initiate development of one-stop long-term care access and expand healthcare fraud outreach and education.

We have delegated resources to building aging network capacity for planning and program development and have positioned the State to embrace initiatives that seek to improve access to long term care, integrate services, and increase working partnerships among Federal, State and county governments, businesses and non-profit agencies. The EOA has engaged in advisory and work groups that address Medicaid reform, disaster response and emergency management, crime prevention, mental health resource development, falls prevention, and evidence-based health promotion.

Further, the EOA participated in national discussions regarding the reauthorization of the Older Americans Act that enables federal funding of aging programs. Amendments to the Act will direct States to pilot consumer-directed programs, expand the Aging and Disability Resource Center concept linking information about long term care resources to the community, integrate evidence-based disease prevention in aging programs, and expand family caregiver support.

I would like to take this opportunity to extend a sincere mahalo to the County/Area Agencies on Aging, the local service providers and volunteers in our community who for many years, have contributed in many ways to help our older adults to stay active and healthy, to care for their loved ones, provide necessary home and community supports, and improved the lives of older adults in Hawaii.

E loa ke ola- may life be long and may the Aging Network share in that longevity!



PAT A. SASAKI  
Executive Director

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# THE EXECUTIVE OFFICE ON AGING

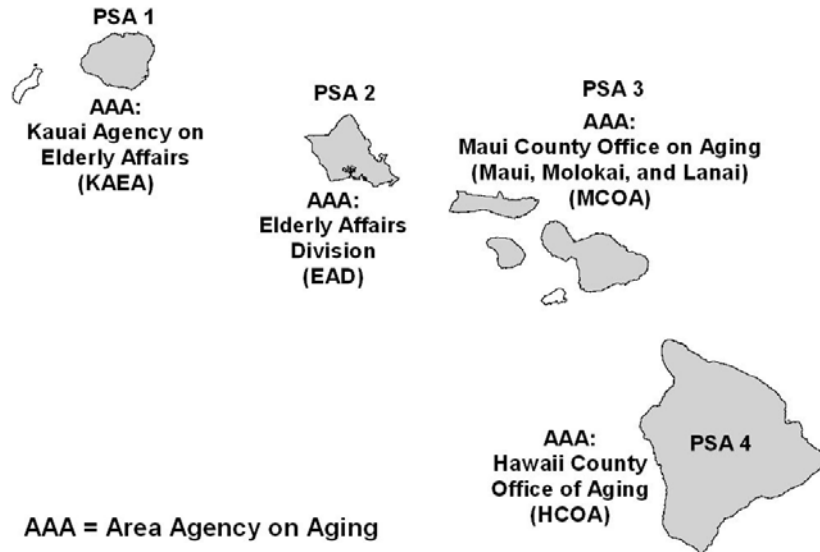
## Statutory Basis, Mission and Goals

The Older Americans Act (OAA) established the Administration on Aging of the U.S. Department of Health and Human Services to administer OAA programs at the federal level.

In each state there is a designated State Unit on Aging. In Hawaii, the State Unit is the Executive Office on Aging (EOA), an attached agency to the State Department of Health. EOA provides leadership relative to all aging issues on behalf of the 224,000+ individuals 60 and over in Hawaii. It is responsible for coordinating and providing a focus for statewide efforts on behalf of Hawaii's older adults. EOA's mission is to promote the dignity and independence of older adults and to help our society prepare for the rapid expansion of Hawaii's aging population.

The 1972 amendments to the OAA allowed states the option of creating substate entities, or Area Agencies on Aging (AAAs), to oversee services in communities. Under the OAA, the EOA divided the State into four Planning and Services Areas (PSAs). PSAs correspond to county boundaries in the State, except in PSA 3 where Kalawao County is included with the County of Maui.

## Planning and Service Areas (PSAs)



The Administration of Aging annually determines the level of federal funding allotted to Hawaii. The EOA then distributes those funds to the four AAAs according to a formula approved by the Administration on Aging.

Administration: Budget and Staffing

Budget:

Support for EOA programs and services are provided by funds allocated from federal, state, and private sources. For FY 2006, the EOA was allocated a total of approximately \$13.5 million in budget appropriations: \$7.1 million from the Federal government and almost \$6.4 million from the state. A comparative breakdown of EOA funding for FY 2005 and FY 2006 is shown below:

**EOA FUNDING ALLOCATIONS**

Source	FY 2005	%	FY 2006	%
State	\$ *6,220,687	45.96%	\$ ** 6,301,597	46.30%
Federal	\$ 7,119,320	53.99%	\$ 7,141,320	53.63%
Private	\$ 6,000	0.05%	\$ 9,000	0.07%
<b>TOTAL</b>	<b>\$ 13,346,007</b>	<b>100.0%</b>	<b>\$ 13,451,917</b>	<b>100.0%</b>

Source: BJ and BT Totals

- \* Includes Grants-in-Aid (GIA) money awarded to community centers but not reported last year.
- \*\* Includes GIA money given to Waikiki Community Center, Catholic Charities, and Moiliili Community Center.

The following table shows state and federal funding distributed to Area Agencies on Aging in FY 2006:

**EXECUTIVE OFFICE ON AGING  
STATE AND FEDERAL FUNDS ALLOCATED TO THE AREA AGENCIES ON AGING  
STATE FISCAL YEAR 2005**

AREA AGENCY	STATE FUNDS	FEDERAL FUNDS	TOTAL
Kauai Agency on Elderly Affairs	\$ 593,740	\$ 545,715	\$ 1,139,455
Honolulu Elderly Affairs Division	\$ *3,367,347	\$ 3,140,866	\$ 6,508,213
Maui County Office on Aging	\$ 585,696	\$ 818,491	\$ 1,404,187
Hawaii County Office of Aging	\$ **740,608	\$ ***1,152,235	\$ 1,892,843
<b>TOTAL</b>	<b>\$ 5,287,391</b>	<b>\$ ***5,657,307</b>	<b>\$ 10,944,698</b>

Sources: State Funds – Total contractual funds for end of year; Federal Funds – Total for end of year.

- \* Includes Senior Center funds of \$230,000 and Elder Abuse fund of \$123,710.
- \*\* Includes Elder Abuse fund of \$50,378; Federal Funds include ADRC grant of \$144,200.
- \*\*\* Includes NSIP funds of \$532,702.

## Staffing:

For state fiscal year 2006, the Executive Office on Aging had a total of 23 full-time positions of which 21 were filled. Of the 21 positions, 16 are program and fiscal staff while five are clerical staff.

## The Policy Advisory Board for Elder Affairs (PABEA)

Appointed by the Governor to advise the Executive Office on Aging, the volunteer Policy Advisory Board for Elder Affairs (PABEA) contributed expertise and time, participated in sub-committees, and accomplished the following during the year:

- Advocated and supported legislations and resolutions that passed the State legislature and were signed by the Governor. See below for details.
- Participated in several trainings on the EOA strategic planning process and for the preparation of the State Plan.
- Raised funds and organized the annual recognition of Hawaii's outstanding older adults, with a luncheon program on May 25, 2006. This year's honorees were: Judge Alfred Laureta and Mrs. Evelyn Laureta of Kauai, Mr. Peter Juhn and Mrs. Ruby Silva of Oahu, Mr. Richard Toba and Mrs. Patricia Inouye-Endsley of Maui, and Mr. David Gomes and Mrs. Sumayo Nakamura of Hawaii.

## Legislative Advocacy

A number of initiatives were introduced proposing changes to Hawaii's current laws affecting our Kupuna or older adults. As a result of the Hawaii Silver Legislature, convened at the State Capitol on November 18, 2004, what was conceived as a training ground for senior advocates developed into fully conceptualized bills and resolutions proposed during the 2006 Legislative Session. Many of the Silver Legislature's measures and the following proposals received advocacy support from the Policy Advisory Board on Elder Affairs' Legislative Committee. The following are measures that passed the 2006 Legislature and were signed by the Governor, as well as resolutions that passed both the State House and the Senate:

- Licensing, Certification and Support for Residential Care Homes and Facilities

Relating to Care Homes (Act 270). Expands capacity for certain types of care homes, provided the caregiver has completed a state approved training program and other training required. Assures the availability of care homes to Medicaid recipients by requiring a certain number of beds for Medicaid patients in certain types of care homes.

Relating to Care Homes (Act 265). Clarifies definitions and increased the maximum level of payment for types I and II ARCHs. Appropriates funds.



Relating to Home and Community Based Services (Act 236). Provides permanent authority to license home and community based case management and community care for foster homes.

Criminal History Record Checks (Governor's bill – Act 220). The measure ensures the safety of elderly and disabled residents by authorizing criminal history background checks on persons providing care or having access to facility residents.

- Long Range Planning

Requesting the Executive Office on Aging to Convene A Focus Group with Other Stakeholders to Assess Yearly Service Delivery Needs and Long-Term Strategic Planning for Kupuna Care (SCR 115). This measure enables the stakeholders to address the needs of the growth in the elderly population and their service delivery needs in the coming years.

Urging the Development of a Long-term Care Infrastructure Plan for Hawaii to Ensure Public Safety while Supporting Aging in Place (SCR 144, SR 89). This resolution intends to address the reality that the infrastructure for long term care in Hawaii is not growing as fast as the needs of our elderly communities. It requests a plan including any proposed legislation at least 20 days prior to the Regular Session of 2008.

- Prescription Drugs

Hawaii Pharmacy Assistance Program (Act 264). The measure extends the income eligibility requirements for the Dept. of Human Services' State Pharmacy Assistance Program by increasing the income eligibility requirement to 150% of the Federal Poverty Level.

- Social Security

Relating to Privatization of Social Security (SCR 6, SD1). Introduced by the Silver Legislature. The measure urges both the executive and the legislative branches of government to avoid privatizing social security.

- Support for Family Caregivers

Relating to Caregiving (Act 262). Appropriates funds to provide for the coordination and development of family caregiver support services and to expand the kupuna care services program. The Kupuna Care Program, funded by the Executive Office on Aging, provides such services as adult day care, assisted transportation, attendant care, home delivered meals, homemaker and personal care to non-Medicaid clients.

Relating to Caregiving (Act 285). The purpose of the Joint Legislative Committee on Family Caregiving is to develop a comprehensive public policy program to strengthen

support for family caregivers who provide unpaid, informal assistance to persons sixty and older with physical or mental impairments.

Relating to Kupuna Recognition Day (Act 122). Establishes Kupuna Recognition Day. This measure recognizes the fourth Saturday of July as Kupuna Recognition Day and the important role that older adults play in the culture, traditions and history of Hawaii.

Requesting the Governor to Convene a Work-Family Task Force to Review Hawaii's Work-Family Laws and Policies, and Requesting the Legislative Reference Bureau to study other States' Laws and Practices that Promote Good Work-Family Policy (SCR 13).

Recognizing March as Caregivers' Month in Hawaii (SCR 204 and HCR 41). Recognizes the efforts of all caregivers who devote themselves by caring for elders and disabled persons by designating the month of March as Caregiver's Month.

Relating to the State Budget (HB 1900). This measure will provide long term care education and training, by establishing a resource program initiative through appropriations in the sum of \$206,000 at Kapiolani Community College, improving training for family caregivers and paraprofessional workers, as well as to promote active aging.

## THE STATE PLAN ON AGING (2008-2011)

In order to be eligible for grants from the allotments from Title III and VII of the Older Americans Act, as amended, the Executive Office on Aging is required to submit to the U.S. Assistant Secretary for Aging a State plan by July 2007, that meets the criteria as regulations prescribe. EOA must comply with the provisions of the OAA and require each AAA to develop and submit an area plan to the State agency for approval and in accordance with a uniform format developed by EOA.

In late fall of 2005, EOA began processes to facilitate the development of the area and state plans. EOA called together planners and program specialists from the Area Agencies on Aging to initiate regular EOA/AAA Planners Meetings. To support the development of the area plans, and with support from University of Hawaii faculty from Department of Urban and Regional Planning and School of Medicine's Center on Aging and staff from the Hawaii Department of Business Economic Development and Tourism, EOA offered retooling and technical assistance sessions from January – June 2006 on:

- Leadership development—Collaborative leadership
- Needs assessment
- Planning and evaluation
- Collaboration/partnership development
- Transportation
- Aging Disability Resource Centers
- Data (telling the story on data)

The AAA began grassroots planning activities in the summer of 2006 and engaged communities in identifying critical issues and concerns of older adults and their caregivers as well as barriers and solutions. These activities as well as secondary data review enabled the EOA and AAA to identify the major issues and agree on the following:

- Theme for the area and state plans:  
*Designing Livable Communities for an Aging Society.*
- Goals:
  - Older adults and their caregivers have access to information and an integrated array of health and social supports
  - Older adults are active, healthy, and socially engaged
  - Families are supported in caring for their loved ones
  - Older adults are ensured of their rights and benefits and protected from abuse, neglect, and exploitation
  - Older adults have in-home and community based long term care options
  - Hawaii's communities have the necessary economic, workforce, and physical capacity for an aging society.

A conference on Designing Livable Communities for an Aging Society, co-sponsored by the EOA and the AAAs, will be held on November 15, 2006. To be invited to the conference will be a broad stakeholder audience including transportation, housing, land use planners; developers; architects; representatives from state and county departments in public safety; health; and human services. Sandy Markwood from the National Association of Area Agencies on Aging will present information on model cities and programs and offer insights on how best to proceed in designing livable communities for an aging society.

## PROGRAMS AND SPECIAL PROJECTS

In accordance with the mandates of the Older Americans Act, as amended, the Executive Office on Aging is the entity in state government responsible for the administration of a statewide system of social services and programs affecting seniors in Hawaii. It coordinates a comprehensive range of social, health, and long-term care services designed to enhance the independence and self-reliance of persons who are no longer able to care for themselves.

### I. INFORMATION AND OUTREACH SERVICES

- I&A, Outreach and Public Education

Information and assistance services, including outreach and public education, are provided under Title III-B of the Older Americans Act. Information and assistance services provide individuals with current information on opportunities and services available to them within their communities, while outreach services identify potential clients (or their caregivers) and encourage their use of existing services and benefits. Public education provides the public with broad-based information dissemination to increase awareness and knowledge about elderly programs, services and issues.

During FY 2006, the number of individual contacts made by both staff and I&A and outreach personnel totaled 51,331. Public education activities were able to reach an estimated number of 441,145 persons. This includes estimates of the number of persons reached through radio and television broadcasts statewide.

- Statewide Data System Development

Following the development and production of the “Federal and State Reporting Requirements Handbook,” several statewide meetings were held not only to build on what was accomplished during the previous year but also to get feedback on the use of the various reporting forms and tools that were developed. Topics discussed during these meetings included an evaluation of the State Reporting Tool (SRT); a review of Area Agencies’ experiences with the new reporting forms; a phase-in plan for client registration; and definition/elements of “greatest social need.”

- Center on the Family

The UH Center on the Family and the Executive Office on Aging launched a web-based data center on Hawaii’s aging during FY 2006. It is the first of its kind in the nation and is accessible to the public via [www.uhfamily.hawaii.edu/datacenter/aging/](http://www.uhfamily.hawaii.edu/datacenter/aging/)

The data center contains the most comprehensive collection of data and publications relating to Hawaii’s elderly. Web users can search among, retrieve, and download more than 180 indicators on demographics, health, economic security, family, and other characteristics of the senior population. The database includes data from the year 2000

through the most recent year available, at the U.S. national, Hawaii state, and/or county levels. In addition, Web users can access a publications database that contains bibliographies or abstracts of more than 600 publications, including printable full-text files of about a third of them, on long-term care, housing, caregiving, and other subjects with a Hawaii focus.

The collection of statistics and references in the Data Center on Hawaii's Aging is an ongoing process, and the Web site is updated periodically with the most current available information.

The Center on the Family has commenced an ongoing public relations campaign to widely inform the community and potential users about the Data Center on Hawaii's Aging. The major campaign activities during FY 2006 included: (1) the delivery of a Web-launching announcement via the postal service and e-mail that reached about 500 governmental agencies; public and university libraries; and organizations and individuals in the fields of gerontological practices, research, and teaching; (2) the distribution of announcement cards via the aging network; (3) a press announcement via University of Hawaii's Office of Public Relations that appeared in the mass media, including News@UH, the *Malamalama* magazine, and the *Honolulu Star-Bulletin*; and (4) exhibits at two conferences that targeted gerontological researchers, program administrators, and nurse practitioners.

In addition to the web-based data center, the Center on the Family has initiated the development work for a series of publications on Hawaii's Older Adults. A review of the literature, relevant national and state data sources, appropriate indicators, and other tasks have been completed. The first publication in the series, *Hawaii Older Adults: Demographic Profile*, will be published and disseminated in December 2006.

## II. SUPPORTIVE AND NUTRITION SERVICES

Titles III-B and III-C of the Older Americans Act authorize supportive and nutrition services, respectively. Priority is given to older individuals who have the greatest social or economic need or are low-income minority.

- Supportive Services

Supportive services include access, in-home, and community-based services. Access services are services designed to provide older Americans with the means to receive needed services available in the community. These services include information and assistance (provides individuals with current information on opportunities and services available to them within their communities), outreach (identifies individuals who may require needed services), case management (assesses and determines the types and amounts of services needed), and transportation (provides a means for an older individual to get to the location where services are provided). During FY 2006, Title III-B provided access services to an estimated 44,510 persons statewide.

In-home services such as attendant care, homemaker, personal care, and adult day care, assist seniors who wish to remain in their homes and communities. An estimated total of 3,072 older adults received in-home services during the fiscal year.

Community-based services are designed for seniors with the ability to travel to the point of service and participate in senior activities. These services encourage seniors to remain active members of the community. During FY 2006, Title III-B provided community-based services to an estimated 13,376 recipients.

- Nutrition Services

Title III-C of the Older Americans Act authorizes nutrition services to participants attending congregate meal sites and home delivered meals to homebound individuals. Meals provided for both congregate and home delivered meals shall meet the 1/3 Recommended Dietary Allowances (RDA) and other requirements as specified by the EOA Nutrition Standards, as amended in May 2000.

Title III-C is divided into two subparts: congregate dining (C-1) and home-delivered meals (C-2). During FY 2006, a total of 339,528 meals were provided at congregate dining sites. During the same year, a total of 521,970 hot and frozen home-delivered meals were provided statewide. A total of 19,149 duplicated individuals were served by the nutrition programs (including nutrition counseling and nutrition education).

- Kupuna Care

Kupuna Care is a statewide long-term care program that is designed to meet the needs of older adults who cannot live at home without adequate support from family and/or formal services. Kupuna Care provides in-home and community-based services which include adult day care services, assisted transportation, attendant care, case management, chore services, homemaker services, home-delivered meals, and personal care.

Kupuna Care targets older adults having difficulty in performing two or more functions of daily living (ADLs and/or IADLs). To qualify, an individual must be a U.S. citizen or legal alien; 60 years of age or older; not covered by any comparable government or private home- and community-based care services; and not residing in an institution.

Preliminary figures for FY 2006 showed an estimated 7,217 clients statewide received Kupuna Care services.

### III. FAMILY CAREGIVERS

- National Family Caregiver Support Program

Section 373 of the Older Americans Act established Title III-E and authorized the National Family Caregiver Support Program to develop a statewide system to integrate the five statutory services under this title.

These five statutory services include: information, assistance, counseling, respite care and supplemental care. During FY 2006, an estimated 5,467 family caregivers were served statewide.

- Caregivers Resource Initiative Project

The Executive Office on Aging (EOA) executed a contract with the UH Center on Aging Research and Education to be the state-level project coordinator for the Caregiver's Resource Initiative (CRI) project. The project was started as a result of the new demands placed on the states by the federal government to develop support systems, services, and products for informal (unpaid) family caregivers.

The CRI project was developed to support and enhance family caregiver support efforts at the local level by partnering and collaborating with various stakeholders in the community to develop family caregiver resources and support statewide.

The CRI project continues to facilitate the growth of the Hawaii Caregiver Coalition and its committees. The CRI project provided staff support for the Coalition and committee meetings, organized and conducted strategic planning sessions for Coalition members, and developed a Family Caregiver Resource Kit for businesses and the Public Policy Principles for Change series.

Given the success of the Hawaii Caregiver Coalition's advocacy efforts, the CRI project gave presentations and conducted workshops on this issue at the American Society on Aging/National Council on Aging conference in Anaheim, CA, and the Active Aging in Asia Pacific: Showcasing Best Practices conference in Honolulu. The CRI project was also invited to give a presentation at the Tools for Life conference in Honolulu on Hawaii's eldercare workforce and about family care giving policies in aging/family policy classes at UH Manoa.

The CRI project continues to implement the Brookdale Foundation's Relatives As Parents Program by coordinating statewide grand family caregiver education and training, support group development, and policy development for grandparents who are raising their grandchildren.

Advocacy and supportive policy development for family caregivers continues to be a priority. The CRI project monitored policy and legislative developments relevant to family caregivers during the 2006 Regular Session, provided technical support to the 2005 Silver Legislature, participated with the Governor's Long Term Living Initiative – Family Caregiver Work Group and EOA's strategic planning process, and provided advocacy orientation and training for family caregivers.

The CRI project also provided technical assistance for the Hawaii Pacific Gerontological Society 2006 Biennial Conference, and provided staff support for the Legislative Committee of the Policy Advisory Board for Elder Affairs and to the Aging and Disability Resource Center/State Advisory Board and its committees.



Looking ahead, the CRI project anticipates involvement in ensuring that family caregiver issues are addressed in EOA's development of streamlined access to long-term care, state/area planning, disaster assistance resources, and mental health resources. Additionally, the CRI project will be focusing on integrating end-of-life care education in family caregiver support.

#### IV. ELDER RIGHTS

The promotion and protection of elder rights is a major goal of the Executive Office on Aging. This is addressed through a program of legal assistance, elder abuse prevention, the Long Term Care Ombudsman and Long Term Care Volunteer Ombudsman programs, the SageWatch and the Sage PLUS programs.

- Legal Assistance

Congress authorizes legal assistance to be provided under the OAA through a statewide system of attorneys. The services offered include advice and representation by qualified attorneys or persons under supervision of an attorney; counseling and other assistance; information and referral; and community education through emphasizing preventative law. Issues such as benefits and entitlements, wills and trusts, advance healthcare directives, and powers of attorney are addressed through either direct service or information. Services are provided with statewide funding to each of the four counties through their legal assistance providers in the county services network.

In FY 2006, legal assistance was provided to a total of 1,360 individuals.

- Elder Abuse Prevention and Response System

Through Title VII, Congress authorizes elder abuse protection activities to be established by the states. This program assures that the state, in consultation with area Agencies on Aging promotes the development of information and data systems to quantify elder abuse, to conduct analysis of existing information, and provide assistance to programs that provide or have the potential to provide services for victims of elder abuse, neglect and exploitation and for family members of the victims. The program is funded under Sec. 721(b) (4) of the Older Americans Act. Overall the Elder Abuse Prevention initiatives addressed the objective to inform older adults and family members of elder rights and benefits.

In FY 06, the Office, under programs sponsored with Sec. 721 funds, collaborated with SageWatch and the county agencies, aiding in the prevention of financial abuse, exploitation and fraud prevention, in senior fraud and abuse presentations to each island community. Partnerships were established with Federal and County law enforcement, State Depts. of Commerce and Consumer Affairs, and Adult Protective Services, Better Business Bureau, and aging network services to promote community awareness and prevention of identity theft, check cashing schemes, and other forms of financial fraud

directed at seniors. Seniors and consumer victims of ID theft and businesses can legitimately shield information from unauthorized or third party use, due to the passage of several pieces of legislation: Act 135, 136, 137 and Act 139.

Funding from the state legislature for statewide elder abuse prevention and response enabled the area agencies on aging to engage resources to collaborate in the production of brochures for ethnic communities, and for the continuation of Oahu-based Project REACH, also known as case management services for abused elders. During the fiscal year contract the program served approximately 80 clients.

- Long Term Care Ombudsman and Volunteer Ombudsman Programs

The Older Americans Act requires each state to have a Long Term Care Ombudsman Program (LTCOP). Hawaii's LTCOP was established in 1977. To help increase the Hawaii LTCOP's visibility and achieve its federal requirement of providing "timely and regular access," a state-supported Long Term Care Ombudsman Volunteer Program (LTCOVP) was established in June 2001.

In FY 2006, Hawaii's LTCO and LTCVO programs continued to address the following responsibilities as laid down in the Hawaii Revised Statutes 349-12:

1. Identify, investigate, and resolve complaints made by or on behalf of residents of licensed long term care facilities. The program opened 41 cases which totaled 98 complaints. Of this, 38 cases were closed, while the rest was carried over to the following reporting cycle.
2. Provide counseling, information and assistance to residents in licensed long term care settings about long term care services. The program's 7 certified Ombudsman representatives completed 655 weekly visits with 655 residents face-to-face in 8 nursing homes on Oahu and Kauai. The program's staff also visited with residents in 8 adult residential care homes. In addition, the State LTC Ombudsman met with the residents of every facility on every neighbor island except Lanai and Molokai.
3. Represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies to help protect residents. The State LTCO is a regular member of the Senate Task Force on Elder Abuse and Neglect and the Kupuna Caucus. The program also worked with the DOH, DHS and the Office of the Public Guardian on various issues affecting residents of care homes and nursing facilities. A major topic of concern is the personal needs allowance. The program's goal is to get it increased from \$30 a month to \$50 a month with rules on what are included in room and board. Also, work was done on a bill that passed requiring mandatory criminal background checks for staff of long term care facilities.

4. Analyze, comment on, and recommend changes in laws and regulations pertaining to the health, safety, welfare, and rights of residents. The LTCO program estimates 30% of its time was spent monitoring or commenting/testifying on laws, regulations, government policies and actions.
5. Establish a sufficient number of trained volunteer representatives necessary to provide services statewide. The program was without a Volunteer Coordinator for over six months and through attrition was left with only seven volunteer representatives. The vacancy of the Volunteer Coordinator was filled in January 2006 and the number of volunteers was increased from seven to 14. Ongoing recruitment and training continue statewide all year round. The program conducted nine classroom trainings, 36 facility on-site trainings, and 12 monthly continuing education trainings.
6. Reduce annual volunteer attrition by encouraging support for other volunteer opportunities such as office clerical, attending and taking notes on various legislative meetings, community outreach, education and presentations, assisting with family and resident councils, peer training, meal and snack support with donations for volunteer training and meetings, and a media, data and IT resource volunteer.
7. Educate and inform consumers, the general public and older adults living in rural areas, including those who experience barriers due to one or more disabilities, regarding issues and concerns related to long term care, and facilitate public comment on laws, regulations, policies, and actions. Program staff were guest presenters 24 times at various venues across the state and spoke with media 11 times about legislative issues and volunteer recruitment, while the State LTCO gave presentations to every area agency on aging except Honolulu. Information on the LTCO program was mailed to many organizations and agencies.
8. Promote the development of citizen organizations to participate in the program. At every community and educational forum, LTCO staff have encouraged seniors to be more involved in issues affecting them and their peers. Staff have attended 22 community and educational forums.
9. Provide technical support, information and resources for the development of resident and family councils to protect the well-being and rights of residents. Ombudsman representatives and staff spoke with 554 residents and participated in 27 resident council and 3 family council meetings. Due to lack of support from facilities or loss of interest from families, there has been a steady decline of family councils. The LTCO staff is currently taking action to support and educate facilities and families of residents about the importance of family councils and get them started up and running again. After laying down the foundation, they will be monitored quarterly for their effectiveness.

10. Intervene in problem situations on behalf of consumers, residents, and their families involving the long term care delivery system. The program provided 984 consultations, mostly by phone, to facility staff and individual callers.
11. Advocate protecting the health, safety, welfare and rights of the elderly in long term care settings. The program will continue to provide upon request a printed translation of residents' rights in various languages. Program staff has conducted seven nursing home staff in-services on residents' rights and other related topics.

The program looks at expanding the capacity of the LTCOP to include three local regional ombudsmen to make the program more accessible and to better meet the concerns of older adults living on the neighbor islands. Among the challenges faced by the program are: funding and staff shortages, and logistical and financial challenges in volunteer recruitment, and providing information, support and timely visits to older adults in rural areas on the neighbor islands.

- Sage PLUS

The Sage PLUS Program is a federally funded, state-sponsored program that is designed to give unbiased health insurance information counseling and assistance to people with Medicare at no cost to the individual. A unique aspect of the program is its use of peer volunteers from the community who offer information over the telephone, provide person-to-person counseling with clients, and make outreach presentations to community organizations and other interested groups. Sage PLUS volunteers are located on all islands.

The Hawaii SHIP (Sage PLUS) accomplished many of the goals that were set out in the grant period despite the loss (due to resignation) of the assistant position during the busiest quarters of the year (July – October). The three major goals for the year were met: 1.continuing to expand our community coalition, partners, and volunteers to provide information and assistance to increasing numbers of members with Medicare and other interested people; 2.expanding community awareness and understanding of the programs available and targeting the hard to reach population due to language, literacy, location or culture; and 3.continuing to develop, expand and improve a strong and comprehensive training program and the equipment to support the program.

Through the additional funds that were available in FY 05 the Hawaii SHIP was able to increase assistance through counseling and calls on the hotline by 30% as we were able to increase our hotline capacity. The program took over calls on the hotline and most were returned within two working days, even during December and January that averaged 70 calls per day. Additional funds enabled travel costs and increased the number of group presentations and statewide training on Medicare Part D to advocates and community organizations. More than 126 community presentations, approximately 80 professional trainings, and 66 health and community fairs were conducted. This helped to increase the number of individuals who had access to quality information through face- to-face

opportunities with advocates in their own community, at senior and community fairs, and through other outreach events. The community events also provided avenues for volunteer recruitment for the program. Applications were received from 12 new volunteers.

The State of Hawaii's greatest accomplishment this year was the coordination of efforts to provide accurate and consistent information to members with Medicare, their families and the community in general through the Medicare Part D Coalition. The coalition included Federal, State and County Agencies, Hawaii's Medicare Health Plans, Medicare contractors, and private organizations. The SHIP was and continues to be an integral part of the coalition, but the success is due to the entire State working together. The counties' major newspapers all assisted in the effort to provide information to the public, public television and radio, and also ethnic radio shows. Social Security Administration attended every event with Sage PLUS as part of the continuing and strong partnership. Media coverage on all the islands of Maui, Oahu, Kauai, Hawaii, and Molokai included print, television, community access television and radio.

Assisting in comparing the plans available in Hawaii and enrolling members was also a major accomplishment. Again the community stepped forward and offered assistance in enrolling their special populations. This included Kauai's Agency on Elderly Affairs, Hawaii's Aids Service Organizations, ethnic groups and many of the long-term care facilities. If the additional funds had not been available trainings may not have been as accessible or successful. The trainings enabled the Medicare network to provide assistance to their clients, the community, and in the process also forged strong partnerships for the future. Funds available through other sources (N4A) also helped the aging network to be able to provide enrollment assistance to individuals.

- SageWatch

Funded by the US Administration on Aging (AoA), the State of Hawaii Executive Office on Aging's SageWatch program is one of 57 Senior Medicare Patrol (SMP) projects located in every state, the District of Columbia and Puerto Rico. SMP projects utilize volunteer retired professionals, such as doctors, nurses, accountant, investigators, law enforcement personnel, attorneys and teachers, and others to work in their communities, educating and empowering beneficiaries to take an active role in the detection and prevention of health care fraud and abuse, with a focus on the Medicare and Medicaid programs.

The Centers for Medicare and Medicaid Services (CMS) and the Office of Inspector General (OIG), have placed significant emphasis on the identification and reduction of billions of dollars of fraud and errors in the Medicare and Medicaid programs. AoA works in partnership with CMS, OIG, the Department of Justice, Attorney General's office, and other Federal, State, and local partners to assist in this effort by capitalizing on the role that senior volunteers and beneficiaries can play in the fight against fraud.

The SageWatch program focuses on three objectives. The following are the intended outcomes, activities, and results for these objectives:

A) Partnership with aging services network professionals, law enforcement, and others to promote community awareness of health care errors, fraud and abuse. Senior Fraud and Abuse Conferences were held on the islands of Hawaii, Kauai, and Maui. Approximately, 600 community members, professionals, and seniors attended the conferences. The conferences were successful in bringing private, government and community organizations together to develop ideas and a new sense of cooperation in preventing the financial exploitation against the elderly. Topics that were presented at the conferences included identity theft, healthcare fraud, consumer fraud, and financial fraud. Additionally, the conferences have proved to be instrumental for the program in establishing a community presence on the Neighbor Islands.

B) Development and dissemination of consumer education materials about Medicare, Medicaid fraud, errors and abuse through presentations, health fairs, and press events. The program created and aired two public service announcements warning seniors to not give out their personal information. PSAs were aired on all major network television stations. In addition, SageWatch staff and volunteers have been featured on several cable and network programs warning seniors about the dangers of consumer and financial fraud.

- Persons reached through presentations 2,908
- Persons reached through community events 11,825
- Persons reached through trainings 600
- Persons reached through press events 125,000 est.

C) Recruitment, training and retention of culturally diverse senior volunteers to serve as community advocates in the prevention of healthcare fraud, waste and abuse by giving educational presentations and providing counseling to Medicare/Medicaid beneficiaries. SageWatch, in partnership with AARP Hawaii, Better Business Bureau Hawaii, Department of Commerce and Consumer Affairs and other community partners, has initiated a statewide program on various components of financial and consumer fraud schemes. These trained volunteers will go into their communities and educate their peers on how to detect and report incidences of consumer and financial fraud. This program, to be called the Senior Fraud Squad (SFS), will consist of senior volunteers trained by members of law enforcement and consumer advocacy groups and will serve as an outreach and educational conduit to the senior community for our partners in law enforcement.

## V. COMMUNITY PARTNERSHIPS

In line with its goal of getting the public and private sectors and the community work together to address existing and emerging issues, the Executive Office on Aging initiated or took the lead in the following activities:

- Healthy Aging Project

The Hawaii Healthy Aging Project is a partnership of the Aging and Public Health networks and communities whose mission is to improve the health status of older adults through evidence-based interventions on nutrition and physical activity. Created in the fall of 2003, the partners have worked together to:

- Develop its strategic plan *On Creating a Legacy: Healthy Aging Project – A Strategic Plan on Achieving Outcomes (2005-2009)*. The plan was developed in 2004.
- Offer trainings in each county on: 1) conducting needs assessment, 2) an introduction to evidence-based interventions, and 3) designing and evaluating local initiatives. Under the auspices of the Executive Office on Aging and with support from University of Hawaii faculty, training sessions were held across the state in 2004-2005. Aging network and Public Health network members attended these trainings.
- Pilot local health promotion interventions. Under the leadership of the Area Agencies on Aging and District Health Offices, pilot interventions to improve the health of older adults were implemented in each county in 2005:
  - A *walking program at the Pohulani Senior Housing* project sponsored by the Honolulu Elderly Affairs Division and Lanakila Meals on Wheels program.
  - A *12-week sit-down exercise program at two nutrition sites* on the Big Island piloted by the Hawaii County Office of Aging and County Parks and Recreation Nutrition Program.
  - A *tai chi program* sponsored by the Maui County District Health Office, Maui County Office on Aging and Maui County Recreation Department.
  - A *line-dancing and nutrition session* offered by the Kauai Agency for Elderly Affairs, the Kauai District Health Office, and Kauai Employment Opportunity program.
- Select representatives from the Healthy Aging Project to attend the February 2006, *Evidence-Based Disability and Disease Prevention for Elders: Translating Research into Community Based Programs* workshop held in Atlanta, Georgia co-sponsored by the U.S. Department of Health and Human Service Agency for Healthcare Research and Quality, the Administration on Aging, and the Centers for Disease Control and Prevention, National Institute on Aging, and Centers for Medicare and Medicaid Services.

- Develop a funding proposal. In August 2006, the Executive Office on Aging submitted a proposal for funding to the U.S. Administration on Aging's grant application program on "Empowering Older People to Take More Control of Their Health Through Evidence-based Prevention Programs". In late September 2006, the U.S. Administration on Aging awarded the Executive Office on Aging a three-year grant to support the work of the partnership. The award will enable the partners to: 1) continue building Aging Network capacity in evidence based programming, and 2) effectively embed two evidence based programs – the Stanford's *Chronic Disease Self-Management Program* (CDSMP) and the *Enhance Fitness* (EF) Program in our Aging Network. Over the next year, the partners in the grant will replicate with fidelity the CDSMP in Honolulu County; and EF in Hawaii County and Kauai County.

- White House Conference on Aging

The 2005 White House Conference on Aging (WHCOA) was held in Washington, D.C. from December 11 through 14. Twelve delegates from Hawaii attended, as follows: Albert Hamai (Honolulu), Brenda Ho (Big Island), Julie Jow (Honolulu), Roy Katsuda (Maui), Carol Kikkawa-Ward (Honolulu), Karen Miyake (Honolulu), Remedios Rueda (Honolulu), Pat Sasaki (Honolulu), Kealoha Takahashi (Kauai), John Tomoso (Maui), Mark Zeug (Honolulu), and Haunani Apolonia (representing Native Hawaiians).

The following priority issues were submitted by Hawaii's delegation to the WHCOA:

- There is a need to strengthen and expand Medicare to include long term care with a goal to establish a universal health care system.
- There is a need for coordinated social and health services to enable older adults (the well through the frail) to age in place and to promote the maximum opportunity for consumer choice.
- There is an acute shortage of qualified workers to care for older adults and disabled individuals.
- Effective individual adaptation to the conditions of aging.
- There is a need to strengthen and preserve Social Security and not destroy it.

Visit [www.whcoa.gov](http://www.whcoa.gov) for Hawaii's full report and recommendations. A final report that came out of the WHCOA was subsequently submitted to the President and the U.S. Congress.

- Aging and Disability Resources Center (ADRC) Project

In 2005, the Hawaii State Executive Office on Aging (EOA) applied for and was awarded \$800,000 in federal grant from the U.S. Department of Health and Human Services' Administration on Aging (AoA) and Centers of Medicare and Medicaid Services (CMS) to develop an Aging and Disability Resources Center (ADRC) program in Hawaii over the next 3 years. The ADRC Project is part of a national effort to establish a single



entry point to long-term care resources in the community including the Medicaid program. The national and state's vision is to have highly visible Resource Centers where people can turn for assistance and information on the full range of long term care options. This includes in-home, community based services, nursing homes and other programs that are designed to help the elderly and individuals with disabilities. EOA, in partnership with the Hawaii County Office of Aging and the City and County of Honolulu Elderly Affairs Division, is building the ADRC from the core functions of the local Area Agencies on Aging (AAA). The first ADRC site is in Hawaii County, and the second ADRC site or virtual access will be developed in Honolulu.

With additional funding support from the Mayor and Hawaii County Council, the Hawaii County Office of Aging (HCOA) has leased the former Sun Sun Lau Restaurant to be the ADRC site. Building renovations are currently underway and the ADRC site is targeted to open by late 2007. HCOA will co-locate with other aging and disability services providers in a centralized facility – offering a one-stop shop for information and resources. The Honolulu's Elderly Affairs Division is initiating the ADRC development by enhancing its virtual communication which will allow consumers to seek information through the website and telephone system. The long-range goal is to identify and secure a physical site for a one-step center on Oahu that will include other health and social service agencies for the aging and disability communities.

The State ADRC Advisory Board has established work groups comprised of public and private partners, community organizations, and technical experts to address the different components of the ADRC project. One of the goals of the State Advisory Board is to develop a statewide access plan that will build the ADRC infrastructure for future replication throughout the State.

## TARGETING AND PERFORMANCE MEASURES

The Older Americans Act requires that, in providing services to older persons 60 years and older, priority be given to the following groups: minority, those with greatest economic need (defined as low-income, or those whose incomes are below 115% of poverty), those living in rural areas, and those who are frail or disabled (having difficulty performing 1 or more ADLs or IADLs).

During FY 2006, of all persons 60 years and older, the number and percent served was 104,628 or 44% (note: Hawaii's estimated 60+ population for FY 2005 is 237,918 (U.S. Census July 1, 2005 estimate). Of all registered clients, including caregivers, the number and percent who are minority was 7,598 or 62% (note: of Hawaii's total 60+ population, 76% are minority). Of all registered clients, excluding caregivers, the number and percent of low-income older adults served was 2,879 or 27% (note: of Hawaii's total 60+ population, 12% are low-income). Of all registered clients, excluding caregivers, the number and percent who are low-income minority was 2,191 or 20% (note: of Hawaii's total 60+ population, 10% are low-income minority). The number and percent living in rural areas, out of all registered clients, including caregivers, was 6,246 or 51% (note: of Hawaii's total 60+ population, 24% live in rural areas). And of all registered clients, excluding caregivers, the number and percent having difficulty performing 1 or more ADLs was 4,632 or 43%, while the number and percent having difficulty performing 1 or more IADLs was 5,343 or 50% (note: of Hawaii's total 60+ population, 38% have one or more disability). Note that these actual figures differ from the estimated figures submitted earlier for the State Variance Report.

The foregoing shows that FY 2006 service utilization figures compare favorably or even exceed the figures for the entire 60+ population.

To measure the effectiveness of services provided, performance assessments were conducted in selected areas in FY 2005 with the following results. Not all counties, however, were able to conduct the assessments.

- 97% or 430 out of 445 clients surveyed in the four counties (Kauai, Honolulu, Maui and Hawaii) indicated that I&A information received helped them in making informed decisions.
- 94% or 340 out of 361 Kupuna Care clients surveyed in three counties (Kauai, Maui and Hawaii) indicated that their needs were met.
- 74% or 5,875 out of 7,905 Kupuna Care clients in the four counties remained at home for 3 months or more.
- 95% or 72 out of 76 caregivers surveyed in one county (Maui) indicated that services increased the amount of time for their own daily activities.
- 100% of 76 caregivers surveyed in one county (Maui) reported that support services and programs helped them to continue giving care.
- 100% of 74 older adults surveyed in two counties (Maui and Hawaii) who requested information about legal advice, counseling and representation were linked to legal resources.

## MONITORING REPORT ON AREA AGENCIES ON AGING (FY 2005)

The Executive Office on Aging continued its annual monitoring of the four Area Agencies on Aging (Kauai Agency on Elderly Affairs, Honolulu Elderly Affairs Division, Maui County Office on Aging, and Hawaii County Office of Aging) during FY 2005. Fiscal monitoring was conducted on all four area agencies, while program monitoring, with a focus on nutrition services, was conducted on two area agencies only: Honolulu Elderly Affairs Division and Hawaii County Office of Aging.

Nutrition services monitoring was conducted in Honolulu over a span of several days between October 25, 2005 and November 8, 2005, while the visits to the Big Island were conducted between November 28, 2005 and December 14, 2005. Insofar as nutrition services is concerned, findings indicated the need for complying with certain requirements of the nutrition service standards, as well as strengthening the monitoring, assessment, and technical assistance functions of the AAAs.

In the fiscal area, the review showed that, generally, the counties were in compliance with the requirements of the Older Americans Act.

## CHALLENGES AND FUTURE PLANS

The State of Hawaii, like the other states across the country, is gearing up for the upcoming worldwide phenomenon of the boomer generation. The magnitude of the challenges posed by this group and the scarcity of resources needed to address these challenges require the State and its agencies, as well as the community at large, to collaborate and to coordinate their efforts. Strategic planning, providing the necessary infrastructure, and assuring quality long term care services are responsibilities that have to be shared by both public and private sectors of society.

The reauthorization of the Older Americans Act included new guidelines that will chart the future of public health and human services programs in the country. In particular, the New Freedom Initiatives emphasize consumer-based decision making, access to information and an array of choices, and the coordination of services to facilitate aging in place. The Executive Office on Aging, in its current State Plan on Aging (2004-2007) and its various programs and projects, has touched on some aspects of these initiatives. The Office will address these new guidelines as it develops the next State Plan on Aging (2007-2011).

The Office continues to face the challenge of “doing more with less.” As the State’s lead agency on elderly issues, and with the continued support of the Policy Advisory Board for Elder Affairs (PABEA) and its volunteers, the Executive Office on Aging will endeavor to find innovative ways to get the human and material resources necessary to continue serving the needs of Hawaii’s kupuna.

APPENDIX  
**HOW TO REACH THE HAWAII AGING NETWORK**

**State Unit on Aging**



“E Loa Ke Ola”  
May Life Be Long

**Executive Office on Aging (EOA) Internet:**  
[www4.hawaii.gov/ea](http://www4.hawaii.gov/ea)

250 South Hotel Street, Suite 406  
Honolulu, Hawaii 96813

**Phone:** (808) 586-0100  
**Fax:** (808) 586-0185  
**Email:** [ea@doh.hawaii.gov](mailto:ea@doh.hawaii.gov)

**Area Agencies on Aging**

The four Hawaii Area Agencies on Aging (AAAs or “triple As”) are located in county government, with the Maui AAA also serving Kalawao County.



Hawaii County  
Office on Aging

**Hawaii County Office of Aging (HCOA)**

101 Aupuni Street, Suite 342  
Hilo, Hawaii 96720

**Phone:** (808) 961-8600  
**Fax:** (808) 961-8603  
**Email:** [hcoa@verizon.net](mailto:hcoa@verizon.net)



Elderly Affairs Division

**Elderly Affairs Division (EAD)**

715 South King Street, Suite 200  
Honolulu, Hawaii 96813

**Phone:** (808) 523-4361  
**Fax:** (808) 527-6895  
**Email:** [kmiyake@honolulu.gov](mailto:kmiyake@honolulu.gov)

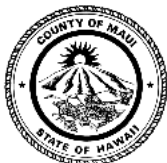


Kauai Agency  
on Elderly Affairs

**Kauai Agency on Elderly Affairs (KAEA)**

4444 Rice Street, Suite 330  
Lihue, Hawaii 96766

**Phone:** (808) 241-4470  
**Fax:** (808) 241-5113  
**Email:** [ktakahashi@kauai.gov](mailto:ktakahashi@kauai.gov)



Maui County Office on Aging

**Maui County Office on Aging (MCOA)**

200 S. High Street, 4th Floor  
Wailuku, Hawaii 96793

**Phone:** (808) 270-7755  
**Fax:** (808) 270-7935  
**Email:** [aging@co.maui.hi.us](mailto:aging@co.maui.hi.us)