

DOH Neurotrauma Program



Partner Agency Workgroup

The Kūpuna Collective

A social incubator for aging impact.



VISION

We envision all generations in Hawai‘i thriving in a vibrant, age-empowered society that maximizes health, independence, and engagement of kūpuna.

MISSION

The Kūpuna Collective brings together a collaborative network of partners who elevate critical issues, mobilize community assets, and drive innovative solutions that support and empower kūpuna.

Apr-May 2026



**Financial Assistance
Food Pantry
Senior Services**

**Kupuna Support
Navigator Program**

Enhance the well-being of older adults
Collaborative efforts
Community-engaged
Research as well as educational programs

National Model for Aging
at Home

Mobility Plan

MyMobility Plan

What can you do to stay independent?

Many people make financial plans for retirement, but not everyone plans for other changes that may come with age. This includes changes in your mobility—your ability to get around.

It's not easy to talk about, but as we get older, physical changes can make it harder to get around and do things we want or need to do—like driving, shopping, or doing household chores.

You might not have mobility problems now, but you could in the future. You may even know others who already do—perhaps a parent, relative, friend, or neighbor. While it may not be possible to prevent all of these changes, there are actions you and your loved ones can take today, and as you age, to help keep you safe and independent tomorrow.

There may be a time when you still need to get around, but can no longer drive.

MySelf
A plan to stay independent

MyHome
A plan to stay safe at home

MyNeighborhood
A plan to stay mobile in my community

**Make a plan today.
Stay independent tomorrow.**

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Where do I go now? <small>(Such as doctor, grocery store, or physical activity class)</small>	How do I get there now? <small>(Such as drive, get a ride, or use public transportation)</small>	How will I get there in the future? <small>(Such as bus, rideshare, or ride with a friend)</small>
<i>Meet friends for lunch</i>	<i>Drive myself</i>	<i>Get a ride from a friend</i>

Consider a driver refresher course.
Some insurers give a discount on your car insurance for taking a course:

- AARP (888) 687-2277 or www.aarp.org
- AAA (800) 222-4357 or www.aaa.com

MyMobility Tip

Practice safe behaviors, such as always wearing a seat belt, as a driver or a passenger.

For more information visit: bit.ly/CDC-MyMobilityPlan

Distributed by:

The Agency on Elderly Affairs
808-241-4470
www.kauaiadrc.org

Mini-Cog™ Instructions for Administration & Scoring

ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.^{1,3} For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: _____ Person's Answers: _____

Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

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Clock Drawing

ID: _____ Date: _____

2026 SEED Summit



Office of Jill Tokuda



Office of Brian Schatz



Office of Mazie Hirono



Office of Ed Case

Brain Injury Association of America

THINGS TO CONSIDER WHEN TALKING ABOUT BRAIN INJURY

1

Calling brain injuries 'mild', 'moderate', or 'severe' is overly simplistic and can be misleading.

Traditionally injuries have been classified as mild, moderate, or severe based on early medical tests, but these labels do not predict how a person will recover or what their long-term needs will be. People with similar initial injuries can have very different recovery paths. Many factors influence recovery.

2

Sometimes the effects of a brain injury are not recognized until later.

Some brain injuries are not diagnosed right away, and a person may not realize they are experiencing effects until they face new challenges, or a past injury is brought to their attention. Just because a brain injury was missed at first does not mean it is any less an issue. Brain injuries are missed for many reasons. Regardless of when a history of brain injury is identified, it is important to get the healthcare, rehabilitation, and support a person needs.

3

Outcomes after a brain injury are difficult to predict, especially in the first days to months following the injury.

While the initial severity is one factor, other elements—such as early treatment, rehabilitation, and personal circumstances—play a critical role. Long-term outcomes vary; some people maintain steady progress, while others experience ups and downs. Setting personal goals and making healthy lifestyle choices can help improve recovery.

4

Saying that brain injury is a chronic condition does not mean that people will experience symptoms all the time, or even ever again.

Some people may have long-term effects, while others may not. Symptoms can come and go, change over time, or appear later in life, especially with aging. It is better to be aware of this possibility than to be caught by surprise.

5

Recognizing that brain injury is dynamic, not stable, means people can both improve and decline in their health and daily independence.

How symptoms change is partly influenced by what the person does to stay healthy. Recognizing this can encourage people with brain injuries to actively manage their health. Positive lifestyle choices—such as building meaningful relationships, managing stress, avoiding alcohol and drugs, staying physically active, getting good sleep, and eating a balanced diet—can help support brain health.

6

Having a chronic condition does not mean a person will have a low quality of life.

While managing a long-term condition can be challenging, many people adapt and lead fulfilling lives. Supportive relationships, effective coping strategies, and engaging in meaningful activities can improve well-being. It is important to focus on what enhances quality of life, not just the difficulties a person faces.

7

A person with a brain injury should be seen as a whole person.

Focusing only on specific symptoms or problems can lead to gaps in care. Whether or not all challenges are directly caused by the brain injury, it is important to take a broad approach to overall well-being.

8

Brain injury does not define a person; it is just one part of who they are.

Judging people based on their limitations can overlook their strengths and abilities. The way we talk about brain injury should be respectful, empowering, and recognize that every recovery is unique.

9

People with brain injuries can and should be involved in decisions about their care, regardless of their level of functioning.

They may need support to communicate their needs and preferences, but their voice should always be included in decisions about their health and future.

10

Support from family, friends, neighbors, and co-workers can have a big impact on how a person adjusts to life after brain injury.

Connecting with others who have experienced brain injury can provide additional understanding and encouragement.

11

Sometimes the effects of a brain injury are not easily seen by others.

This can lead to misunderstandings about the kind of help a person needs. In other cases, visible impairments may lead to stigma or unfair treatment. It is important to avoid making assumptions and to get to know each person as an individual.

12

Making assumptions about the outcome of an injury—whether overly optimistic or overly pessimistic—can have harmful effects.

Assuming someone will fully recover just because their injury seemed less severe may cause them to miss out on needed support. Dismissing a person's struggles can make them feel unheard. On the other hand, assuming that a more severe injury means no hope for improvement can limit opportunities and take away a person's motivation to recover.

[Download the Report – PDF Format](#)

Conference exhibitors

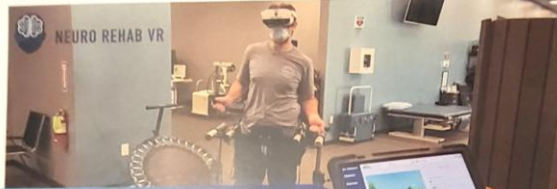


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- Cycling
- Mountain Biking
- Recall Shooting
- Swimming
- Wheelchair Tennis
- Race Teams: Alpine and Cross Country Skiing, Cycling

TETRASKI, TETRA WATERCRAFT TRAINING

FIT CLINIC

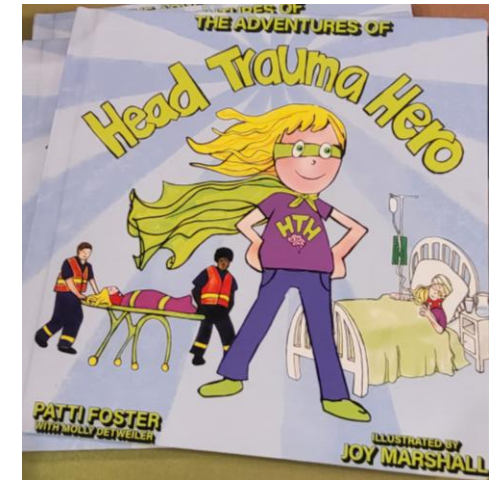
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Recognition of brain injury as a chronic condition



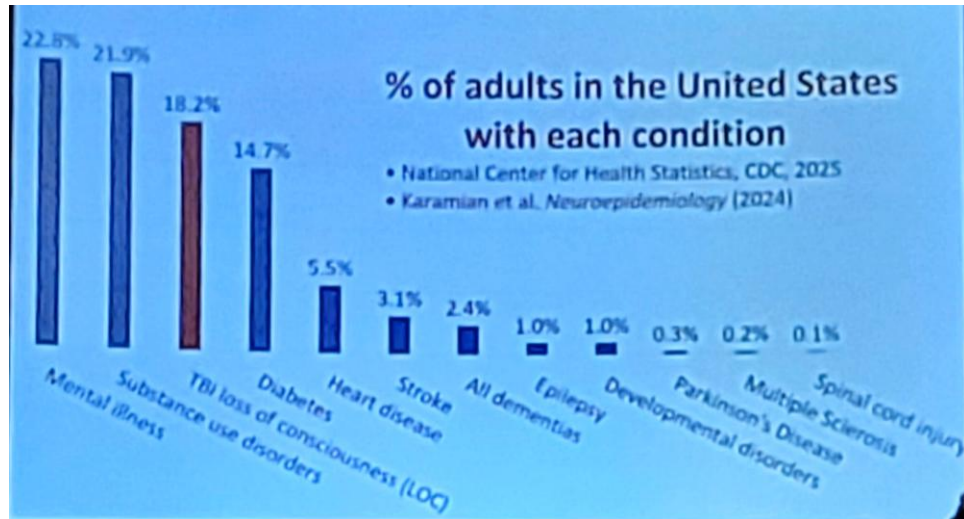
BRAIN INJURY AS A CHRONIC CONDITION

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The Ohio State University

WHAT DO WE MEAN BY A "CHRONIC HEALTH CONDITION" OR "CHRONIC DISEASE"?

	Require consistent attention	
WHO	Non-communicable	NIH
CDC	At least 3 months At least 1 year	HRSA
CMS	Complex	National Center for Health Statistics
AMA	Slow progression Not curable	Wikipedia



- ### PRAGMATIC REASONS TO RECOGNIZE BRAIN INJURY AS A CHRONIC CONDITION
1. More research and public health resources should be focused on the lifelong effects of brain injuries.
 2. Health insurance plans should cover brain injury like they do other chronic health conditions.
 3. All healthcare professionals need to understand that a brain injury can be a chronic condition.