

**REPORT TO THE THIRTIETH HAWAII STATE  
LEGISLATURE 2022 SESSION**

**Executive Office on Aging Annual Report for SFY 2021**

**IN ACCORDANCE WITH THE PROVISIONS CHAPTER 349-5(b)(2), HAWAII  
REVISED STATUTES, REQUIRING THE EXECUTIVE OFFICE ON AGING TO  
PROVIDE AN ANNUAL REPORT ON ELDER PROGRAMS FOR THE GOVERNOR  
AND THE LEGISLATURE**



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

**Prepared by  
Department of Health  
Executive Office on Aging  
State of Hawaii**

**December 2021**

## **EXECUTIVE SUMMARY**

The Executive Office on Aging (EOA) is submitting this annual evaluation report on elder programs in accordance with Section 349-5(b)(2), Hawaii Revised Statutes (HRS). The report covers the EOA's activities and initiatives in State Fiscal Year (SFY) 2021.

In the face of an unprecedented pandemic, our Aging Network continues to build resilience for a secure future. Our area agencies on aging, community partners, stakeholders and staff rose to the occasion to protect the health and safety of our kupuna.

Our network adapted to sustain vital supports and resources for elders and individuals with disabilities by prioritizing food insecurity, combating social isolation, creating access points for those who could not utilize technology, and exploring other long-term feasible solutions. Our mission and values have stood as a beacon of light to lead the way during COVID-19.

In SFY 2021, the EOA received \$13,373,300 from State funds and \$15,601,236 from federal funds for a total of \$28,974,536 in appropriations. The EOA contracted with the Area Agencies on Aging to procure, manage, and coordinate the delivery of long-term supports and services in their respective counties. State funds were used to support the Kupuna Care (KC) and Kupuna Caregivers (KCGP) Programs which offer the following services: adult day care, attendant care, case management, chore, homemaker, personal care, assisted transportation, Kupuna Care transportation, and home-delivered meals. Federal funds were used to support family caregiver support services, access services, home and community-based services, and nutrition services. Long-term services and supports reached 8,836 older adults statewide.

In addition, EOA manages the following direct service programs: The Long-Term Care Ombudsman Program (LTCOP) and the LTCOP Volunteer Program, the Hawaii State Health Insurance Assistance Program (SHIP), and the Senior Medicare Patrol (SMP), and programs that support participant direction, such as Participant-Directed and Veterans-Directed Care Programs. EOA continued to undertake, or initiate, special initiatives, such as Hawaii Healthy Aging Partnership (HHAP), No Wrong Door initiative (NWD), Hawaii Alzheimer's Disease Supportive Services program (HADSSP) and the Building our Largest Dementia (BOLD) Infrastructure for Alzheimer's project.

**TABLE OF CONTENTS**

Page

Executive Summary..... i

Part I. Background Information..... 1

    A. Statutory Basis, Mission, and Goals ..... 1

    B. Hawaii State Plan on Aging, 2019–2023 ..... 1

Part II. State and Federal Funding ..... 2

Part III. Long-term Services and Supports ..... 2

    A. Aging and Disability Resource Center ..... 2

    B. Kupuna Care Program..... 3

    C. Title III Older Americans Act Services and Legal Services ..... 5

    D. Service Utilization Statewide..... 7

Part IV. Other Programs and Special Initiatives..... 8

    A. Other Federal Grant Programs ..... 8

        1. Title VII, Older Americans Act: Long-Term Care Ombudsman Program.... 8

        2. Long-Term Care Ombudsman Volunteer Program ..... 10

        3. Hawaii State Health Insurance Assistance Program..... 11

        4. Hawaii Medicare Improvements for Patients and Providers Act ..... 13

        5. Senior Medicare Patrol Program ..... 14

    B. Special Initiatives..... 15

        1. Hawaii Healthy Aging Partnership..... 15

        2. Community Living Program ..... 17

        3. Veterans-Directed Care Program ..... 17

        4. No Wrong Door Initiative ..... 17

        5. Hawaii Alzheimer’s Disease Supportive Services Program Grant ..... 18

        6. Building Our Largest Dementia Infrastructure for Alzheimer Disease ... 19

        7. EOA Disability Initiatives..... 20

        8. Hawaii’s Kupuna COVID-19 Vaccination Summary ..... 21

Exhibit 1: Hawaii’s Kupuna COVID-19 Vaccination Effort Report

## **Part I. Background Information**

### **A. Statutory Basis, Mission, and Goals**

In March 2020, legislation to reauthorize the Older Americans Act (OAA) was passed by Congress, as amended through P.L. 116-131. The OAA of 2020 reauthorizes programs for FY2020 through FY2024 and promotes the development and implementation of a comprehensive and coordinated state system of long-term services and supports (LTSS) in home or community-based settings to enable older adults and persons with disabilities to live in their homes and communities.

The U.S. Administration on Community Living (ACL) of the U.S. Department of Health and Human Services (DHHS) is charged with implementing the statutory requirements of the OAA. To implement the OAA, the ACL works with the State Unit on Aging (SUA) of each state. The OAA requires states to designate a SUA to carry out the OAA mission and one or more Area Agencies on Aging to address the needs of older adults and persons with disabilities at the local or regional level. Chapter 349, Hawaii Revised Statutes (HRS) created the Executive Office on Aging (EOA) to function as the SUA in the State of Hawaii and carry out the responsibilities of a SUA as described in the OAA. Chapter 349, HRS, also created the Policy Advisory Board on Elder Affairs (PABEA) to advise the EOA Director.

### **B. Hawaii State Plan on Aging**

The Hawaii State Plan on Aging describes how the EOA will use federal and state funds to meet the needs of Hawaii's older adults and persons with disabilities by developing and fostering a coordinated and accessible system of long-term services and support through strategic community-based partnerships and alliances.

EOA is currently implementing our approved State Plan on Aging covering the period from October 1, 2019 to September 30, 2023. The State Plan on Aging was approved by the ACL, and implementation began on October 1, 2019. A copy of the State Plan on Aging is located at [www.hawaiiadrc.org](http://www.hawaiiadrc.org) under reports and publications.

The **2019 - 2023 State Plan on Aging** establishes the following five goals:

**Goal 1:** Maximize opportunities for older adults to age well, remain active, and enjoy quality lives while engaging in their communities.

**Goal 2:** Forge partnerships and alliances that will give impetus to meeting Hawaii's greatest challenges of the aging population.

**Goal 3:** Strengthen the statewide Aging and Disability Resource Center (ADRC) system for persons with disabilities, older adults, and their families.

**Goal 4:** Enable older adults and persons with disabilities to live in their communities through the availability of and access to high-quality, long-term services and supports (LTSS), including supports for their families and caregivers.

**Goal 5:** Optimize the health, safety, and independence of Hawaii’s older adults and persons with disabilities.

## **Part II. State and Federal Funding**

In SFY 2021, the total operating budget for the EOA was \$28,974,536. Table 1 shows a breakdown of the source of funding between State (46%) and Federal (54%) monies.

**Table 1. EOA’s State and Federal Funding for SFY 2021**

<b>SOURCE</b>	<b>SFY 2021</b>	<b>PERCENT</b>
State	\$13,373,300	46%
Federal	\$15,601,236 <sup>1</sup>	54%
Total	\$28,974,536	100%

## **Part III. Long-Term Services and Support**

### **A. Aging and Disability Resource Center**

Chapter 349-31 of the Hawaii Revised Statutes assigns the EOA the authority to allow each AAA the ability to provide information and access to aging and disability services and supports in their respective counties. Through its Aging and Disability Resource Center (ADRC), the EOA helps older adults, persons with disabilities, and family caregivers find options for long-term supports and services available in the State of Hawaii. During SFY 2021, the total number of contacts received by the ADRCs were 63,305 as compared to 49,224 in SFY 2020. This increase can likely be attributed to the COVID-19 pandemic and older adults and family members calling the ADRCs requesting information on a variety of topics that relates to the impact of COVID-19.

During the “height” of the pandemic in SFY 2021 participant assessments decreased significantly. The number of assessments conducted statewide in FY 2021 was 2,967 as

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<sup>1</sup> Federal funding includes COVID Stimulus funding through Families First and the Cares Acts

compared to 4,128 in SFY 2020. This decrease may be attributed to case managers being unable to meet with older adults and family members face to face to conduct the in-home assessments.

The uncertainty of the COVID-19 pandemic continues to make planning difficult; however, as more people get vaccinated, including county employees of the ADRCs, the EOA expects that in-home assessments will increase in SFY 2022 and will result in the increase of service authorization and utilization through the Kupuna Care and Title III programs.

During SFY 2021, the EOA was actively working to update the ADRC website and the ADRC websites of each county. In SFY 2022, the State, and all county ADRC websites will be updated with a new look and easier navigation for users. Additionally, the EOA has made significant strides during SFY 2021 in its effort to leverage federal dollars through the Medicaid Administrative Claiming process. It is anticipated that by the end of SFY 2022, the EOA and ADRCs will begin to receive reimbursement for Medicaid related activities performed.

**Table 2. Outcomes of Consumer Contacts with the ADRC (SFY 2021)**

Outcomes	SFY 2020	SFY 2021
Number of Contacts Received by the ADRC*	49,224	63,305
Number of Participant Assessments Conducted by the ADRC	4,128	2,967

\*Contacts include phone calls, emails, and walk-ins.

## **B. 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 Kupuna Care Program began in 1999 and is available statewide.

To be eligible for the KC program, older adults must be 60 years of age or older, citizens of the United States or a qualified alien, not covered by any comparable government or private home and community-based care program, and not living in an institution. The older adult must have a cognitive impairment, such as Alzheimer’s Disease or other disability. In addition, the older adult is unable to independently perform two or more Activities of Daily Living (ADL) such as eating, dressing, bathing, toileting, transferring in and out of bed or chair, and walking; or performing Instrumental Activities of Daily Living (“IADL”) such as preparing meals, shopping, managing medication, managing money, using the telephone, doing housework, and using available transportation without assistance.

COVID-19 continues to impact the level of services provided through the KC program, with the exception to Home Delivered Meals. In Table 3 below, the data highlighted in orange shows the decrease in persons served and units of services delivered.

**Table 3. Services Provided for SFY2021 from July 1, 2020 thru June 30, 2021**

KC Service Summary	Persons Served SFY2020	Persons Served SFY2021	Persons Served % Diff.	Units of Service SFY2020	Units of Service SFY2021	Units of Service % Diff.
Personal Care	689	486	-29.46%	45,589	38,552	-15.44%
Homemaker	755	533	-29.40%	23,285	21,200	-8.95%
Chore	63	52	-17.46%	1,274	524	-58.87%
Home Delivered Meals	3,903	4,961	27.11%	476,458	865,154	81.58%
Adult Day Care	344	236	-31.40%	170,386	135,979	-20.19%
Case Management	3,799	3,885	2.26%	28,672	24,649	-14.03%
Assisted Transportation	159	93	-41.51%	4,959	3,168	-36.12%
Transportation				112,557	68,141	-39.46%

\*Includes services provided through the Kupuna Caregivers Program

Although many older adults were vaccinated by the end of March 2021, public gatherings were still limited, which prevented older adults from attending adult day care programs. In addition, older adults and their family members remained hesitant in allowing workers into their homes due to COVID-19, resulting in a decrease in usage for all in-home services (i.e., personal care, chore, and homemaker). Workforce issues were exasperated during the pandemic and the ability of providers to keep workers was impacted. Workforce issues needs to be addressed over the next few years if we wish to increase services and supports in the community. However, Kupuna care services that increased during the pandemic in SFY2021 were home delivered meals because congregate eating sites were not available due to the COVID-19 pandemic.

The EOA remains hopeful that as more people in Hawaii get vaccinated against COVID-19 and with caregivers returning to their workplaces, Kupuna Care service utilization will increase in SFY 2022.

### C. Title III Older Americans Act Services and Legal Services

In addition to Kupuna Care, older adults and caregivers have access to other services and supports through the Older Americans Act (OAA) 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. Below are the types of services that OAA funds support.

- 1) ***Title III-B: Supportive Services.*** Title III-B supportive services provide comprehensive and coordinated in-home and community-based long-term care services for older adults, age 60 or older. These services assist older adults by promoting socialization, continued health and independence, addressing functional limitations, and protecting elder rights. Title III-B services include, but are not limited to, information and referral assistance, adult day care, personal care, homemaker, chore, case management, legal assistance, and mental health services. Title III-B also funds multi-purpose senior centers that coordinate services for older adults such as congregate meals, community education, health screening, exercise and health promotion programs, and transportation. Collectively, these services enable older individuals to maintain their highest level of function, participation, independence, and dignity in the community.
  - i) **Legal Services:** The purpose of legal services is to assist older adults in securing their rights, benefits, and entitlements. Legal assistance is one of the priority services under the Older Americans Act, and the EOA is mandated to provide Title III-B funds to the Area Agencies on Aging to offer legal services to older adults statewide. Legal Assistance Services of Hawaii (LASH) provides legal services to older adults statewide. Each AAA contracts separately with LASH, and LASH's county branch office provides the legal services directly. In SFY2021 1,656 older adults (unduplicated) received 8,056 hours of legal assistance services statewide.

The pandemic did not decrease or slow down the number of requests for legal assistance. Some of the legal issues that the attorneys assisted older adults with included: housing, nutrition, social security, durable powers of attorney, advance health directives, defense of guardianships/protective services, name changes, temporary restraining orders for domestic violence, and other legal matters.

Despite the changing State and county COVID-19 mandates on public gatherings, LASH services also provided community outreach and education which included:

- Presenting two webinars on Kauai regarding long term care planning tools and fraud prevention and conducted outreach to Lihue Salvation Army, Hanapepe Salvation Army, and Kealahou.



- Providing monthly outreach visits in Hawaii County to homeless shelters in East and West Hawaii and conducted training on temporary restraining orders.
- In Honolulu County LASH provided a presentation of its services to the Department of Health's Bilingual Health Aid Program, U.S. Renal Care Support groups, the Long-Term Care Ombudsman program and its volunteers, Key Project, Meals on Wheels, EAH Housing, Lanakila Multi-purpose Senior Center, and other senior groups meeting remotely. LASH also increased its efforts to promote their services using social media. These outreach efforts have resulted in an upsurge in the number of inquiries via social media and their Senior Legal Hotline.

During the pandemic LASH received an increase in calls for housing and rent relief. LASH expanded its eviction response plan, continuously informed the public on the changing eviction moratorium policy, and planned to meet the overwhelming need for housing assistance with legal services.

The Legal Services Developer has also been working with local, state, and federal agencies on elder abuse prevention. These efforts included: coordinating and facilitating quarterly elder justice team meetings and partnering with other state and federal agencies and private and non-profit agencies to plan, coordinate, and host a virtual half day conference on June 14, 2021 for World Elder Abuse Awareness Day. Over 120+ participants attended the event. These activities provided an opportunity for participants to network, collaborate on future projects, and share information and updates on county trends and upcoming events in elder abuse.

- ***Title III-C: Nutrition Services.*** Congregate nutrition services and home-delivered nutrition services provide meals and related nutrition services to older individuals in a variety of settings including congregate facilities such as senior centers; or by home-delivery to older individuals who are homebound due to illness, disability, or geographic isolation. Services are targeted to those in greatest social and economic need with particular attention to low-income individuals, minority individuals, those in rural communities, those with limited English proficiency and those at risk of institutional care. Nutrition Services Programs help older individuals to remain independent and in their communities. In 2021, 890,415 home delivered meals were provided - an increase of 92% from 470,000. In addition, 6,824 emergency meals and food baskets were distributed to support those affected by the COVID pandemic.
- ***Title III-D: Disease Prevention and Health Promotion Services.*** Title III-D provides education and implementation activities that support healthy lifestyles and promote healthy behaviors. Health education reduces the need for more costly medical interventions. Priority is given to serving elders living in medically underserved areas of

the State or who are of greatest economic need. 105 elders participated in virtual classes in alignment with COVID precautions in SFY2021.

- ***Title III-E: National Family Caregiver Support Program (NFCSP).*** The NFCSP offers a range of services to support family caregivers. Services to caregivers with a care recipient include the following: information to caregivers about available services, assistance to caregivers in gaining access to the services, individual counseling, organization of support groups, and caregiver training, respite care, and supplemental services, on a limited basis.

#### **D. Service Utilization Statewide**

This section covers the utilization of state and federally funded services in SFY 2021. Table 4 shows the number of unduplicated persons served, service units delivered, and the unit measure.

**Table 4. Utilization of Services in SFY 2021**

<b>SERVICES*</b>	<b>PERSONS SERVED (Unduplicated Count)</b>	<b>UNITS OF SERVICE</b>	<b>MEASURE</b>
Case Management	3,885	24,649	Hours
Assisted Transportation	93	3,168	One-way trips
Transportation	Not Available	68,141	One-way trips
Attendant Care	115	7,397	Hours
Personal Care	486	38,552	Hours
Homemaker	533	21,200	Hours
Adult Day Care	236	135,979	Hours
Chore	52	524	Hours
Home Delivered Meals	4,961	865,154	Meals
Congregate Meals	2,424	242,036	Meals
Legal Services	1,656	8,056	Hours
Caregiver Services			
Respite Care	179	28,152	Hours
Counseling/Support Groups/Training	365	5,072	Sessions

\*These services are funded with State and/or Federal funds.

## **Part IV: Other Programs and Special Initiatives**

In addition to long-term services and supports provided in home and in community-based settings, EOA offered several programs and undertook several special initiatives that enhanced the health, independence, safety, and well-being of older adults in Hawaii, and improved their access to these services. This section describes those programs and special initiatives and their performance in SFY 2021.

### **A. Other Federal Grant Programs**

#### ***1. Title VII, Older Americans Act: Long-Term Care Ombudsman Program (LTCOP)***

Both federally and state mandated, the LTCOP serves as an advocate for residents of nursing homes, adult residential care homes (ARCH), expanded ARCHs, community care foster family homes (CCFFH) and assisted living facilities. The number of facilities state-wide is approximately 1,729 with 12,876 beds. In SFY2021, the LTCOP staff included: 2 full-time Ombudsmen, 1 full-time contracted Ombudsman, and 3 part-time contracted Ombudsmen.

To protect individuals residing in long-term term care facilities from COVID-19, the Centers for Medicare & Medicaid Services (CMS) restricted visitors and nonessential personnel from entering long-term care facilities starting in March 2020. Phased reopening guidance, based on factors related to community transmission, staffing, and access to adequate testing, continued to limit in-person advocacy until December 2020. The Long-Term Care Ombudsman Program developed re-entry protocols and guidelines to minimize transmission risk of COVID-19 when Ombudsmen resumed in-person visits.

The use of remote technology provided an additional mechanism to provide consultation to residents, their family, facility staff, administrators, and the general public. The part-time contracted Ombudsmen for East Hawaii Island and Maui County also maintained regular telephone communication with all facilities in their communities, consulting on issues related to resident care, visitation by family members, and related COVID-19 issues. The part-time contracted ombudsmen on the neighbor islands became central partners in facilitating access to PPEs, transportation to testing, and COVID vaccinations and rapidly disseminating COVID-19 related information and updates to the smaller, Community-Based Foster Family Homes and Type I Adult Residential Care Homes.

On Hawaii Island, the contracted Ombudsman assisted the facilitation of FIT testing from the National Guard for N95 masks for the larger facilities and obtained and delivered thousands of surgical masks and rapid testing kits for Covid-19 to small ARCH and Foster homes. The East Hawaii Ombudsman also provided the smaller homes with free PPE resources. A partnership with local pharmacies also sent pharmacists to the smaller homes to vaccinate

residents and caregivers, eliminating the need to schedule appointments, find substitute caregivers, and arrange for transportation.

On Maui, the contracted Ombudsman focused on relaying current and accurate information about the COVID-19 vaccine to smaller community-based facilities. The Ombudsman provided these facilities with COVID-19 contact information since many of the care providers reported not receiving formal information on how to schedule appointments for their residents.

A full-time Ombudsman was contracted in February 2021 to provide ombudsman services on Oahu. To raise awareness of the program's services, the contracted Oahu Ombudsman along with the State Long Term Care Ombudsman (SLTCO) provided presentations at several care home association meetings and responded to media requests.

In April, **Dignity Senior Living at Oceanside Hawaii residents asked for help from the Long-Term Care Ombudsman Program** after learning that their facility would be closing within 9 days due to the revocation of its license by the Department of Health. The SLTCO and the Oahu Ombudsman met with residents, provided information and resources, and shared residents' concern about the lack of communication and support provided to them during the process. Although the move-out date was extended, residents and their family members expressed sadness and frustration about the short notice given.

Ombudsmen continued to investigate and open cases on behalf of residents. Many complaints from family members focused on their wish to visit their loved ones in the facility at the resident's bedside, rather than following the CDC's recommended outdoor visits which often placed them on the opposite side of a wide table with a plastic barrier between them. Other complaints included the loss of personal items that occurred when visitations into facilities were halted in 2020. Unfortunately, many of these complaints could not be verified.

**Ombudsman halts eviction and diverts bankruptcy:** A successful case that a neighbor island contracted Ombudsman helped to resolve, resulted in the payment of almost \$40,000 to a care provider who had been taking care of a resident on Medicaid, but without receiving compensation from the State for over a year. Upon learning that the operator would have to file an eviction notice for two long-term care residents to avoid going into bankruptcy, the SLTCO contacted the Med-QUEST agency who promptly responded with the payment in full.

The COVID-19 pandemic has highlighted more than ever before, the need to have dedicated paid ombudsmen statewide. Until the COVID-19 vaccine became widely available in Spring 2021, Oahu-based staff were unable to conduct facility visits to communities that did not have a contractor or volunteers (e.g., Kauai). Telephone calls provided information and resources while ZOOM or other web technology provided virtual, visual meetings, but this did not meet the Federal requirement of conducting at least one in-person visit to every long-

term care facility each quarter. To minimize the risk of transmitting COVID-19 between visits, limits were also set on the number of resident and facilities visited. This severely limited the number of residents who could be visited per day and increased mileage costs for the program. The purchase of PPE to conduct in person visits will be an ongoing expense moving into the next fiscal year.

Providing resources and support to facility staff and administrators during the pandemic has strengthened the relationship between the Ombudsmen and the smaller community-based facilities. Moving forward, the program will continue to expand and strengthen its partnerships with other organizations within the long-term care system.

To increase awareness about the program, outreach materials were redesigned. Additionally, the program obtained a statewide toll-free telephone number and email address for easier access. The program will launch a website in the fall of 2021 that will include information, resources, and frequently asked questions.

## ***2. Long-Term Care Ombudsman Volunteer Program***

As a volunteer-based program, LTCOP trains and certifies volunteer ombudsmen to focus on residents' quality of life and quality of care by advocating that their rights be honored and protected. In SFY2021, there were 21 volunteers who provided 716 volunteer hours, valued at \$20,435. Due to the COVID-19 pandemic, visits to long-term care facilities decreased significantly. Nationally, many long-term care ombudsmen programs report a drastic decline in volunteer retention during this past year. A study from September 2021, found a steady loss of 35% of Certified Volunteer Ombudsmen during the 14-year period between 2005 – 2019; however, as a result of the COVID-19 pandemic, some LTCO Volunteer Programs reported resignations upwards of 50%.

During SFY 2021, eight new volunteers joined the Hawaii Long-Term Care Ombudsman volunteer program with six resigning. Three volunteers requested to pause their volunteer service to continue their education in the fields of elder law, public health administration, and long-term care facility administration. Four volunteers declined the resumption of in-person visits due to the ongoing pandemic. As a result, the overall number of activities completed by certified ombudsman volunteers decreased during this past year. See Table 5 on page 11 for LTCO Volunteer Program accomplishments.

**Table 5. Accomplishments for LTCO Volunteer Program**

Activity	SFY2020	SFY 2021
# of Volunteers	23	25
Volunteer Service Hours	914	716
# of Facility Visits	527	36
# of Cases Opened	83	12
# of Cases Closed	80	8
# of Consultations with family or resident	400	115
Training and Technical Assistance Hours	293	364
# of Resident/Family Council Meetings	26	0
# of Community Outreach Events	42	14
# of Facility Surveys	5	0
Legislative Advocacy Hours	28	12

**3. Hawaii State Health Insurance Assistance Program (SHIP)**

Hawaii SHIP is a federally funded volunteer-based program helping Hawaii’s older adults, their families and caregivers, and soon-to-be retirees to make informed, cost-effective decisions about their health plan coverage based on their individual needs and ability to pay. Over 100 locally trained and certified Medicare counselors statewide are available to provide one-on-one information, assistance, and referral services at no cost. Hawaii SHIP services are unbiased with no affiliation to any insurance organization. See Table 6 on page 12 for SHIP accomplishments.

**Table 6. Accomplishments for Hawaii SHIP**

Activity	SFY2020	SFY2021
Beneficiaries Counseled	2,524 Persons	2,849 Persons
Medicare Beneficiaries under 65	218 Persons	231 Persons
LEP, Low-Income, Rural Beneficiaries	1,440 Persons	1,460 Persons
Enrollment Assistance	1,632 Persons	1,812 Persons
Help Line and Website Inquiries	2,347 Contacts	2,480 Contacts
Persons Reached through Outreach	23,129 Persons	6,942 Persons
Digital, Social, and Print Media Reach	13,929,764	13,723,723 Persons

To ensure the health and safety of staff, volunteers, and beneficiaries during the COVID-19 pandemic, in-person counseling and community events were cancelled. Virtual trainings were provided to volunteers and AAA staff to increase our services to individuals with low incomes in need of financial assistance. Virtual presentations were provided to the community through SHIP’s partners to educate Medicare beneficiaries and caregivers on enrollment and eligibility, benefits, coverage, and costs, and tips for talking to their doctors. The Project Grad 65 initiative was launched during this fiscal year. Project Grad 65 is a co-presentation by Hawaii SHIP and the Honolulu office of the Social Security Administration. It is designed to educate individuals turning 65 and “graduating” into Medicare. Topics cover Social Security benefits, Medicare eligibility and late enrollment penalties, and much more.

Hawaii SHIP transitioned seamlessly through the COVID-19 pandemic by introducing Zoom trainings in 2019 prior to the mandatory State government lockdown in March 2020. SHIP established regular communications with their volunteers, most of whom were kupuna, to prevent social isolation. Trainings provided once a month prior to the pandemic accelerated to 2-4 times a month to keep everyone engaged and informed. Monthly “Talk Story” sessions were conducted to build rapport, camaraderie, and support amongst volunteers and staff as we learned about each other on a more personal level to increase retention of volunteers and to encourage referrals.

#### ***4. Hawaii Medicare Improvements for Patients and Providers Act (MIPPA)***

The purpose of the federally mandated MIPPA program is to enhance state efforts to provide information and assistance to Medicare beneficiaries who may qualify for a Low-Income Subsidy (LIS) program, Medicare Savings Program (MSP), or other public assistance to help offset medical and prescription drug costs. The MIPPA program, in alignment with the Hawaii State Health Insurance Assistance Program (SHIP), focuses on expanded outreach to beneficiaries through statewide and local coalition building involving volunteers, community agencies, non-profit organizations, benefit enrollment centers, and the county Area Agencies on Aging and the Aging Disability Resource Centers.

**Table 7. Accomplishments for MIPPA**

<b>Activity</b>	<b>SFY2020</b>	<b>SFY 2021</b>
Beneficiaries Counseled	158	237
Persons Reached through Outreach	2117	1217
Beneficiaries under 65	26	32
Rural Beneficiaries	79	108
Native Hawaiian Beneficiaries	20	35
English as a Second Language	11	19
Application Assistance	27	18

To ensure the health and safety of staff, volunteers, and beneficiaries during the COVID-19 pandemic, in-person counseling and community events were canceled, and all activities and services were offered remotely. MIPPA counselors are trained to screen for eligibility and assist older adults who have limited income, are rurally isolated from resources, or have limited-English proficiency requiring interpreter services. During the pandemic, counselors continued to help find cost savings through comparing medical and prescription drug plan options, application completion, enrollment status, and referral to Med-Quest, AAA, or a community resource that provides supports and services for older adults with special needs and challenges.

Although the pandemic has presented obstacles and traditional outreach methods were discontinued, MIPPA continues to adapt and make strides. MIPPA was able to increase the number of individual beneficiaries served and expand statewide services to disabled, rurally isolated, and limited English-speaking populations. MIPPA partnered with the local Social Security Administration, assisting with new initiatives such as identifying potential



beneficiaries that might qualify for Social Security Income/Social Security Disability Income (SSI/SSDI). MIPPA also worked with the Department of Human Services/Med-Quest office to assist dually-eligible beneficiaries (Medicare and Medicaid) to enroll in a Dual Special Needs Plan (D-SNP), which aligns with a national enrollment initiative.

### ***5. Senior Medicare Patrol (SMP)***

SMP Hawaii is a federally funded volunteer-based program that provides information and assistance to Hawaii's older adults to protect their personal identity and information, including their Medicare card number. Medicare loses over \$60 million dollars every year from fraudulent billing and scams. SMP educates beneficiaries to read their medical statements, detect errors, and report suspicious billing activity to SMP or local authorities. Statewide prevention and education messaging help to protect the public by raising awareness of local, national, and international frauds and scams.

In SFY 2021, despite cancellations of in-person events, SMP Hawaii continued to successfully 1) recruit new volunteers, 2) retain over 95% of active volunteers, and 3) increase the overall number of volunteer hours contributed. Activities during SFY 2021 included:

- Spring and Fall Webinar Series featuring national and local speakers from the Federal Trade Bureau, Bank of Hawaii, and the Hawaii Medicaid Fraud Unit.
- Launch a new secured website ([smphawaii.org](http://smphawaii.org)) with easier navigation and helpful updates, tips, and benefits of volunteering.
- Fraud Alert Postcard to promote updated Hawaii Fraud Prevention and Resource Guide, with alerts of recent scams.
- Introduction of newsletter, Kukui Gram Bulletin, to keep older adults informed and aware.

In SFY 2021 SMP Hawaii experienced significant increases in the total number of volunteer hours and total number of individuals helped. See Table 8 on page 15 for SMP accomplishments .

**Table 8. Accomplishments for SMP**

Activity	SFY2020	SFY 2021
Volunteer Service Hours	6,296	6,177
Beneficiaries Counseled	203	551
# of Community Outreach Events	59	62
Persons Reached through Outreach	9,376	4,754

Administration for Community Living awarded SMP Hawaii two additional grants to expand services to low income, limited English-speaking and rurally, isolated older adults. By May 2022 SMP Hawaii plans to translate its SMP brochures to various languages, develop multilingual radio ads, advertise on Big Island radio stations, and distribute mail scam alert postcards to 13,000 households on the Big Island. SMP Hawaii also plans to contract with JABSOM to support the Community Service Workers program with materials and training to students to raise awareness of SMP services, educate on fraud prevention tips and recruit volunteers statewide.

## **B. Special Initiatives**

### ***1. Hawaii Healthy Aging Partnership***

The Hawaii Healthy Aging Partnership (HHAP) is a cooperative endeavor by the Executive Office on Aging (EOA), the Department of Health Chronic Disease Prevention & Health Promotion Division, and the University of Hawaii at Manoa Center on the Family (UH COF) with the purpose to improve the health of Hawaii’s older adults (kupuna) by offering two evidence-based health promotion programs – Enhance®Fitness (EF) and Better Choices Better Health – *Ke Ola Pono* (BCBH).

The Enhanced Fitness Program is an evidenced-based exercise program, designed for older adults. The classes are led by nationally, certified fitness instructors, conducted three times a week and consist of cardio, strength, balance, and flexibility exercises. Participants improve their strength, balance, and mobility, increase the number of days spent exercising, and experience fewer falls.

The Better Choices Better Health (BCBH) is a 6-week chronic disease self-management program. Participants learn skills to help manage their chronic conditions and improve their interactions with their health care providers. During the pandemic, all counties offered the BCBH through phone and synchronized video conferencing formats.

In SFY 2021, EOA budgeted \$73,200 for HHAP in stimulus and Federal CARES ACT to serve the kupuna. With the support of partner organizations from the aging and public health networks, HHAP continued to offer the EF and BCBH programs in the delivery methods that were appropriate and safe for the staff and participants.

**Table 9. Accomplishments for HHAP**

Activity	SFY 2021
Enhance@Fitness Program	105 Participants
BCBH Phone & Online Workshop ( <i>modified version</i> )	61 Participants

Enhanced Fitness Program Accomplishments include:

- University of Hawaii Center on the Family conducted a survey to assess how the pandemic has impacted EF participants. The findings were presented to the Policy Advisory Board for Elder Affairs (PABEA), Kupuna Caucus, and at the National Council on Aging’s Age and Action Conference.
- MCOA developed (9) nine exercise videos and broadcast it on Akaku TV. These videos are also available on the HHAP and ADRC websites.
- In May 2021, Kauai Aging on Elderly Affairs began to offer limited capacity in-person EF classes. In-person classes were limited to 10 participants per class and required temperature checks and face coverings.

Better Choices Better Health Program Accomplishments include:

- EOA contracted with Canary Health to host online, asynchronized BCBH classes for 60 kupuna.
- EOA purchased BCBH program materials to create 200 toolkits to support the BCBH implementation.
- All active leaders and trainers of the BCBH’s Chronic Disease Self-Management program completed Self-Management Resource Center’s (SMRC) refresher training to maintain their certification.

During the pandemic, HAP offered various participation options for seniors, however, some seniors didn’t have access to a computer and/or remote technological knowledge to join classes. Others could only be motivated by the social element of in-person classes. HHAP will explore ways to reduce barriers in utilizing technology or to use delivery methods that kupuna feel comfortable with. HHAP will discuss a longer-range plan when the COVID restriction on gathering is lifted.

Funding for HAP to sustain and expand on program efforts is critical. Limited funding reduced HHAP's capacity to train more instructors to offer classes. Program revenue has been reduced because it is hard to collect voluntary donations through remote classes. Once COVID emergency funds end HHAP will seek opportunities for new funding sources.

## ***2. Community Living Program***

The Community Living Program (CLP) is a participant-directed program with the same eligibility requirements as the Kupuna Care Program. However, the CLP differs from the Kupuna Care Program, in that the care recipients are their own case manager. To be enrolled in CLP, participants must be willing and able to self-direct their own care which means hiring their own care workers, who may be friends of family members, who will provide care. The care recipient is responsible for explaining the job duties needed to provide the care that is needed and must adhere to a monthly budget and complete required paperwork on a timely basis.

In SFY 2021, a total of 37 qualified individuals were enrolled in the CLP statewide, as compared to 34 participants enrolled in SFY 2020. The COVID-19 pandemic did not impact referrals and enrollments into the program.

## ***3. Veteran-Directed Choice Program***

The Veteran-Directed Choice Program (VDC) is a participant-directed program administered by the Veteran's Administration (VA) for eligible veterans of all ages. The VDC participants must have a functional level that makes them eligible for nursing home placement. The VDC allows veterans to 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 SFY 2021, a total of 100 veterans received VDC services as compared to 61 veterans who received VDC services in SFY 2020. The EOA expects to enroll 20-25 new veterans in the VDC program in SFY 2022

## ***4. No Wrong Door (NWD) Initiative***

In 2015, EOA received a three-year grant from the Administration for Community Living (ACL) to develop a "No Wrong Door" (NWD) system to break down the silos between state departments and county agencies and streamline the referral process for individuals who need long term services and supports. In October 2018, EOA received a no cost extension to September 2019 to complete the activities of the grant. The Hawaii NWD implementation grant: (1) expanded the Aging and Disability Resource Center (ADRC) to incorporate a NWD network that enables older persons and persons with a disability to access all publicly

funded LTSS; (2) provided training for NWD Network staff in person-centered counseling to meet federal guidance requirements; and (3) developed a plan to sustain the NWD Network. Although the NWD grant ended in September 2019, EOA continued to sustain the NWD Network with ADRC funding.

The NWD Network agencies used an online referral tool to streamline the referrals they made for individuals who entered their “door” and needed assistance from another door. EOA presented the NWD referral tool to Hawaii’s First Lady who wanted to develop a resource directory for state workers. With her assistance EOA is reaching out to other agencies and state departments, such as DOH, DOE, DPS, DHS, and non-profits to add to the NWD Network and use the referral tool.

The Administration for Community Living (ACL) who provided EOA with the NWD grant, strongly recommended that states apply for Federal Financial Participation (FFP) funding to continue the NWD Network. FFP will enable EOA to receive reimbursement from the Center for Medicare and Medicaid Services (CMS) for staff time at EOA and the County Area Agencies on Aging who assist individuals eligible for Medicaid. EOA drafted documents for Med-QUEST (MQD) to submit to the CMS. The documents were completed and is awaiting DHS to submit them to US DHHS for approval.

##### ***5. Hawaii Alzheimer’s Disease Supportive Services Program Grant***

In 2017, the Executive Office on Aging (EOA) received a three-year Alzheimer’s Disease Supportive Services Program (ADSSP) grant. The goals of this three-year project for Hawaii are to: 1) build and sustain dementia-capability within the No Wrong Door (NWD) Network and; 2) provide better access to services for persons with dementia and their caregivers. Due to the pandemic, EOA was not able to complete Savvy Caregiver training and the Memory Care Roadmap for Family Caregivers by the end of the ADSSP grant period (July 31, 2020). A no cost grant extension to July 31, 2021 was requested and approved.

Additionally, in 2019, EOA received an 18-month grant to expand the activities of the ADSSP. The Alzheimer’s Disease Program Initiative (ADPI) grant was to: 1) extend dementia capability training to Community Health Workers (CHW); 2) enhance dementia care transitions within Queen’s Medical Center and integrate CHWs and homeless providers in the transition and support of homeless individuals with dementia; and 3) expand the availability of a culturally tailored Savvy Caregiver program in Hawaii’s rural communities.

EOA conducted two (2) six-week Savvy Caregiver classes in August/September 2020 and November 2020/January 2021. Because of the pandemic, the classes were conducted remotely. Twelve (12) caregivers attended the August/September class and fourteen (14) caregivers attended the November/January class. Offering the classes on Zoom proved to be easier for caregivers to attend because they did not have to worry about finding someone

else to watch their loved one.

For the ADPI expansion grant, ten (10) new facilitators were recruited to participate in a Savvy Caregiver train-the-trainer course so more Savvy classes could be offered. In July 2021, EOA also conducted a Savvy Advanced class for caregivers who took previous Savvy classes since 2018. Fourteen (14) caregivers attended the Advanced class. The Advanced class was an opportunity to “check in” with the caregivers on the status of their loved one, discuss any challenges they were having, review concepts presented in the first Savvy class, and introduce new discussion topics on grief and loss and late stage choices and care.

In December 2020, the Memory Care Roadmap for Family Caregivers was completed, and 1,500 copies were printed and distributed to the Aging Network. A digital copy is posted on the EOA Alzheimer’s Supportive Services website:

<https://www.hawaiiadrc.org/site/459/hadssp.aspx>. The Roadmap is a guide for families who are caring for their loved one with dementia. The guide provides information, useful tools, and resources for family members who are concerned about their loved one’s memory issues and if their loved one is being discharged from a hospital.

With the ADPI expansion grant EOA was able to provide training to 81 Community Health Workers (CHW) and 69 Community Health Worker (CHW) students from Kapiolani Community College. Additionally, Dr. Ritabelle Fernandes provided dementia training to 67 staff at the Institute for Human Services (IHS).

EOA will continue to provide training to CHWs in the community and CHW students and will also continue to work with QMC physicians and social workers.

## ***6. Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer’s Disease***

In September 2020, EOA and the Center on Aging (COA) received a three-year planning grant from the Centers for Disease Control and Prevention (CDC) to build a strong public health infrastructure to address Alzheimer's Disease and Related Dementias (ADRD). EOA will revise *The Hawaii 2025: State Plan for ADRD* that was developed in 2013 to align with the CDC Healthy Brain Initiative Road Map. Grant funds will be used to:

- Hire an ADRD coordinator to facilitate a strategic planning process to update the 2013 State Plan on Alzheimer’s Disease and Related Dementias and include tools from the CDC “Planning for Action: Initial Steps for Implementing the Healthy Brain Initiative Road Map”;
- Ensure inclusion of a diversity of stakeholders in the planning process and expand the use of public health interventions with prevention activities that promote healthy aging;
- Increase the number of data sources on dementia to inform public health planning priorities and actions;

- Develop a workforce development plan to assess continuing education and training needs in dementia for public health professionals; and
- Develop a messaging plan that is tailored to different Asian American and Pacific Islander communities

In May 2021, EOA held a meeting to "kick off" the CDC BOLD grant activities, which featured Hawaii's First Lady, who offered opening remarks. An Advisory Committee and four working groups were established to work on different sections of the state plan. The working groups include:

- 1) **Program and Policy Change** workgroup will assess and ensure inclusion and expanded use of effective interventions by service providers.
- 2) **Data** workgroup will review findings from three data sources (BRFSS, All Payers Claims Database and EOA's ADRCs in-home assessment data) and discuss its implications for programs and policies.
- 3) **Workforce Development** workgroup will examine the public health field and assess the continuing education and training needs in dementia and brain health.
- 4) **Public Awareness and Education** workgroup will discuss enhancing messaging around the appropriate role of caregivers within Hawaii's diverse communities.

In May 2019, CDC published A Road Map for Indian Country to guide American Indian and Alaska Native communities to understand how dementia and caregiving affected their communities and developed public health strategies. As an indigenous population Native Hawaiians are not mentioned in the CDC Road Map for Indian Country. In June 2021, EOA was approved for additional funds in Year 2 of the CDC BOLD grant project to develop a Road Map for Native Hawaiians.

The 2021 Legislature approved the EOA budget to establish the ADRD coordinator position. EOA will work with the Department of Health's Human Resources office to hire the ADRD coordinator. Until that person is hired, EOA staff will work with the University of Hawaii School of Social Work and Public Health to convene the Advisory Committee and the working groups to gather information and discuss ideas for revising the 2013, *Hawaii 2025: State Plan for ADRD*.

### ***7. EOA Disability Initiatives***

The EOA Disability Specialist (DS) provides information and assistance to elders and persons with disabilities, specifically complex cases referred by the Area Agencies on Aging (AAA) and the EOA clerical staff. In addition, the DS provides training and technical assistance and participates on the Council on Development Disabilities and the Council's Community Supports Committee (CSC) to advocate for the needs of older adults and individuals with disabilities. The AAAs can request training and technical assistance from

the DS to better serve and support older adults and those with disabilities, and their family members.

The table below represents the DS’ support to vulnerable populations in FY2021.

**Table 10. Disability Initiatives Activities**

SFY 2021	Total
Persons served	45
Calls received	28
E-mails received	17

Based on the data, during the onset of COVID-19 the number of persons served by the disability specialist decreased in 2021. It is likely that with the stay at home order in place for most of the fiscal year, family members provided much of the care; thus, limiting the need to access the disability specialist for assistance with community supports and services.

As the Title III representative for the EOA, the DS serves as the appointed member to provide input, advocacy and information as it relates to older adults and individuals with disabilities. In SFY2021, the DS continued his involvement with the ABLE savings program, Medicaid Buy-In program, Medicaid Income Disregard legislation that was approved by the 2021 legislature, and a sub-minimal wage bill signed into law which prohibits employers from paying a person with disability less than the minimum wage.

As a member of the DDC CSC, the DS participated in the Committees’ two main areas of focus: housing and transportation. Activities included: advocating and collaborating to increase the availability of housing for individuals with intellectual and developmental disabilities and affordable public transportation for individuals with disabilities.

The EOA and DS will continue its effort to update the language access plan on an annual basis. The DS will collaborate with the Department of Health’s Office of Language Access to ensure that EOA’s language access plan incorporates the most current information available. Each Aging and Disability Resource Center will be provided training on any updates to the language access plan.

### ***8. Hawaii Kupuna COVID-19 Vaccination Summary***

In early March 2020 the first cases of COVID-19 were recorded in Hawaii. Although people of all ages contracted COVID-19, Hawaii’s kupuna (older adults) were more severely affected and accounted for the most COVID-19 hospitalizations and deaths prior to the



Delta variant. On January 18, 2021, in response to the DOH, Vaccination Implementation Planning Committee Inquiry, leaders from the Hawaii state Executive Office on Aging (EOA), the City and County of Honolulu Elderly Affairs Division (EAD), and AARP Hawaii (formerly the American Association of Retired Persons) volunteered their expertise to support vaccination efforts for older adults. They issued a “Joint Letter of Recommendations for those 75 years and Older” that provided insight on the barriers kupuna may encounter when visiting mass vaccination sites.<sup>2</sup> This joint letter led to the formal establishment of the Kupuna Vaccination Outreach Group (KVOG), which is co-chaired by EOA, the EAD, and AARP and has grown to include a broad membership of non-profit organizations, community-based organizations, and healthcare providers.<sup>3</sup> KVOG met weekly in the beginning of Hawaii’s COVID-19 pandemic to collaborate across sectors on kupuna vaccination efforts, especially on Oahu.

EOA has played a key role in providing public education and awareness of the health needs of kupuna through the DOH Vaccination Implementation Programming Committee (VIPIC). Vaccinations are promoted for kupuna statewide through local media such as television and radio commercials. EOA conducted a media campaign, including the production of two commercials to encourage vaccinations. One commercial was an intergenerational commercial produced with the University of Hawaii at Manoa (UHM) Volleyball Team that aired on local stations encouraging the public to get vaccinated. Another commercial featured an older adult (kupuna) focused on a “My Why”, which featured 16 older adults of various ethnic backgrounds being interviewed to explain their reasons why they were vaccinated. These commercials aired for seven (7) weeks during June and July 2021.

The Hawaii County Office of Aging (HCOA) provided education to kupuna through written materials, newsletters, and public service announcements (PSAs), and calls to their kupuna in their ADRC database. HCOA directed their kupuna to call centers to schedule vaccination appointments and assisted kupuna who had questions or difficulties getting appointments. HCOA also organized transportation for Kupuna who had difficulty getting to clinics on their own. They partnered by providing lists of senior housing projects to their District Health Officer who in turn coordinated senior housing vaccination efforts.

The Maui County Office on Aging (MCOA) ADRC volunteered to be the gatekeeper for all 60+ vaccinations. MCOA reached out to kupuna registered in their ADRC and also served as the call-in center for all kupuna in the county to answer any questions and register kupuna for their vaccinations. MCOA staff also provided reminder calls to kupuna for their vaccination appointments, and called kupuna after their appointments to see if they were

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<sup>2</sup> Braun KL, Ibrao M. “Hawaii’s Kupuna COVID-19 Vaccination Effort”. Honolulu, HI: University of Hawaii at Manoa, Thompson School of Social Work & Public Health.

<sup>3</sup> Ibid.

okay. Transportation and escort services were arranged for those who could not get to vaccination sites. MCOA also coordinated with pharmacies to provide in-home vaccinations, especially to those home bound or with a disability. MCOA worked with the District Health Office, the National Guard, and the Red Cross to host vaccination events at low-income senior housings. MCOA used ArcGIS to identify areas of unmet needs and areas where a vaccination clinic is needed. MCOA also conducted outreach and communication through faith-based organizations, ethnic clubs, and via press releases.

The Kauai Agency on Elderly Affairs (KAEA) became the COVID information and vaccination call center for everyone 60+ in Kauai County. During the vaccination efforts, KAEA office staff helped schedule all Kupuna that called, including younger people who were caring for or calling on behalf of their older family members. Vaccines were given primarily at the Kauai Veterans Memorial Hospital, Mahealona, and Wilcox, which involved different sign-up systems. For older adults with email addresses, appointment information would be e-mailed to them. But for people without e-mail addresses, KAEA staff either created them or used their own, and then arranged to mail or have kupuna pick up their appointment information. Hospitals would contact KAEA about kupuna who missed their appointments, and KAEA would have to follow up with these clients. Most kupuna were able to get to vaccination sites by themselves, with family or caregivers, or on the County Transportation Agency Paratransit. Names of homebound kupuna were collected from KAEA for public health nurses from the Kauai District Office to provide in-home vaccinations.

The Elderly Affairs Division (EAD) was the lead agency for Kupuna vaccination efforts on Oahu, which has an estimated 230,662 older adults living in Oahu. This population has many older adults with low English proficiency, elders living alone, elders in public housing, and elders in Adult Residential Care Homes (ARCHs) and Community Care Foster Family Homes (CCFFHs). EAD contracted with the Hawaii Public Health Institute in March 2021 to staff the Kupuna Vaccination Outreach Group (KVOG) to maximize cross-agency collaboration for kupuna vaccinations. KVOG members included representatives from healthcare, eldercare, immigrant services, translation and language access services, communication, community-based organizations, and other fields. KVOG actions and activities had a statewide impact while increasing coverage and efficiencies on Oahu.

Within the City and County of Honolulu, vaccine prioritization was first given to hospitals and nursing homes. KVOG supported the Department of Human Services Med-QUEST Division, which provided vaccination of residents and staff of ARCHs, CCFHS, and Developmentally Disabilities (DD) Domiciliary and Foster Homes, most of which were on Oahu. Mass vaccination sites were established through health care facilities, Federally Qualified Health Centers (FQHC), Blaisdell Center, Pier 2, Leeward Community College,

and other sites throughout Oahu. For older adults that had difficulties in accessing or using online vaccine appointment systems, a call center for Kupuna was established to offer assistance in 200 languages and provided support and access to Kupuna seven days a week. Kupuna were then referred to St. Francis Homecare which was contracted to conduct and provide assistance for Kupuna to register for their vaccine appointment, call Kupuna to remind them of their appointments, arrange transportation and follow-up with wellness calls. For Kupuna who were homebound, St. Francis worked with providers to schedule in-home vaccinations. EAD also subcontracted to organize vaccinations at low-income senior housing facilities with the assistance of interpreters and translated materials from the Hawaii State Office on Language Access and Pacific Gateway.

In June 2021, EOA contracted with the University of Hawaii in Manoa (UHM), Thompson School of Social Work & Public Health to conduct a statewide evaluation of Hawaii's kupuna vaccination efforts and its impacts from January 1, 2021 through July 31, 2021.

The evaluation report is included as Exhibit 1. In addition, the report is available electronically at the [hawaiiadrc.org](http://hawaiiadrc.org) under Reports and Publications.

## Hawai'i's Kūpuna COVID-19 Vaccination Effort Executive Summary<sup>1</sup>

**Background.** COVID-19 cases were first recorded in Hawai'i in early March 2020. Although people of all ages contracted COVID-19, kūpuna (older adults) were the most severely affected and accounted for the most COVID-19 hospitalizations and deaths. The Hawai'i State Department of Health (DOH) created a phased vaccine release plan that prioritized vaccines for kūpuna and established a Vaccine Kūpuna Outreach Working Group, which met monthly. DOH also supported the creation of the Kūpuna Vaccination Outreach Group (KVOG), co-chaired by the Executive Office on Aging (EOA), the City and County of Honolulu Elderly Affairs Division (EAD), and AARP (formerly the American Association of Retired Persons), to meet weekly to collaborate across sectors on kūpuna vaccination efforts, especially on O'ahu. The Neighbor Island District Health Offices worked with their respective county governments to coordinate vaccination efforts, supported by the islands' Aging and Disability Resource Centers (ADRCs). In June 2021, the University of Hawai'i (UH) at Mānoa Thompson School of Social Work & Public Health was contracted by the EOA to evaluate kūpuna vaccination efforts statewide. This study describes efforts and impacts from January 1 through July 31, 2021.

**Data Sources.** The evaluation team conducted a survey of KVOG members and interviewed 32 individuals involved in kūpuna vaccination efforts from state and county government agencies, healthcare organizations, and non-profit organizations. Data on the percentage of kūpuna that initiated and completed the vaccination series by age group and island were obtained from the Hawai'i State DOH COVID-19 Dashboard.

**Findings.** Overall, kūpuna vaccination efforts across the state were successful. By July 30, 2021, 94% of adults age 65+ were vaccinated, although prevalence varied by county—from 88% on Maui to 98% on Kaua'i.

### Key barriers to vaccinating kūpuna included:

- Cumbersome online systems for scheduling vaccination appointments
- Difficulties posed to many kūpuna by mass vaccination sites, such as transportation
- Rapid need for health education materials and consent forms in multiple languages

### Key success strategies included:

- Coalitions and advocacy efforts
- County- and language-specific calls centers for information and vaccination scheduling
- Translation and interpreter services
- Community mobile and pop-up clinics in locations where kūpuna congregate
- Mechanisms for in-home vaccinations
- Funding for community-based coalitions and groups

**Recommendations.** Based on the findings, these three recommendations should help leaders and planners prepare for future education and vaccination efforts targeting kūpuna in the state:

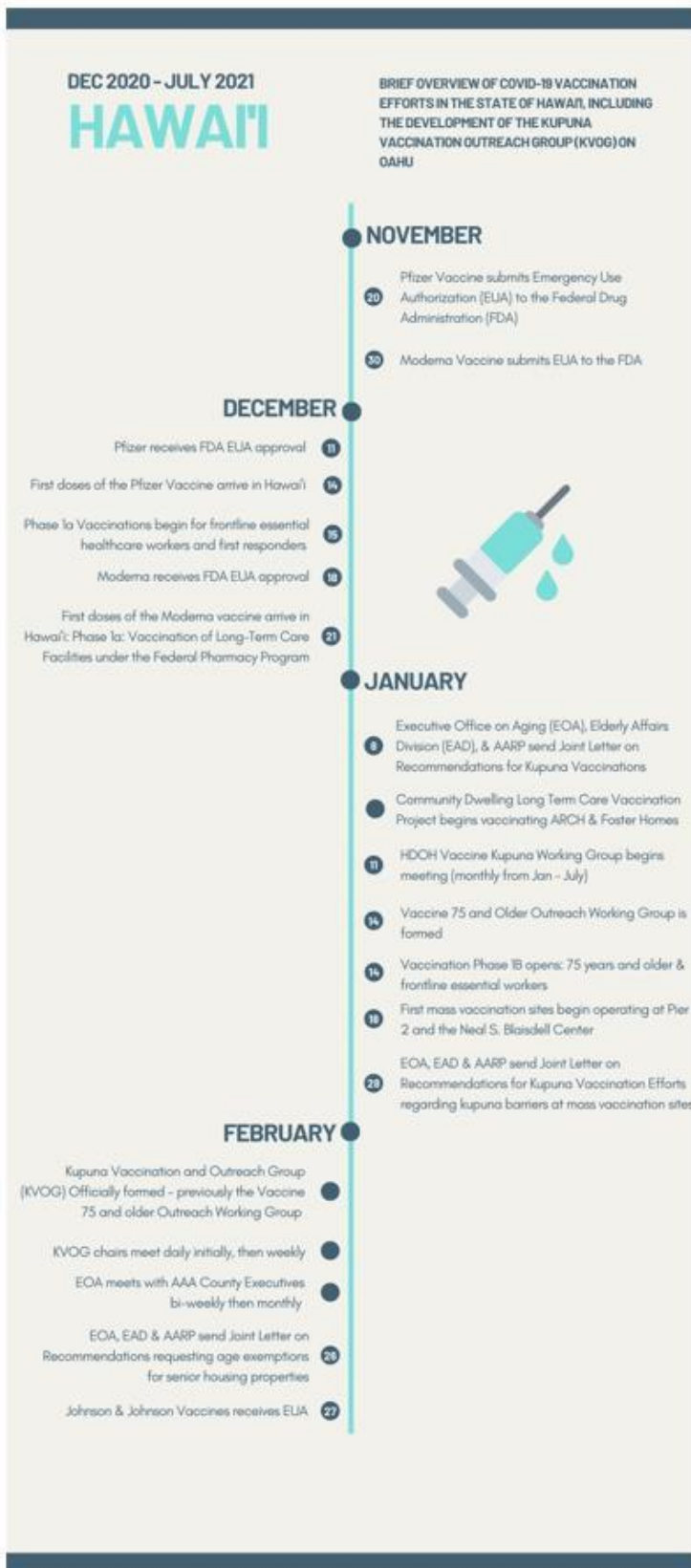
- Engage all relevant state and county agencies in pandemic response efforts.
- Increase early support for community-based vaccination sites, along with mass vaccination sites.
- Incorporate and fund community coalitions and organizations in state response efforts.

The engagement of community groups and support for coalitions are also good suggestions in the face of other emergencies requiring quick access to kūpuna.

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<sup>1</sup> Suggested citation: Braun KL, Ibrao M. Hawai'i's Kūpuna COVID-19 Vaccination Effort. Honolulu, HI: University of Hawai'i at Mānoa, Thompson School of Social Work & Public Health.

Timeline of COVID-19 Vaccination Efforts



## Background

### The Purpose and Organization of this Report

Overall, kūpuna vaccination efforts across the state were successful. Vaccinations of older adults started in December 2020 and by July 30, 2021, 94% of adults age 65+ were vaccinated. The aim was to look statewide to identify barriers to vaccinating kūpuna and successful strategies used to educate and vaccinate older adults, the group most vulnerable to hospitalization and death from COVID-19. This study is bounded in time, describing efforts and impacts through July 30, 2021. It is hoped that identifying and documenting barriers and successful strategies can help leaders and planners facing future emergencies that require quick access to kūpuna.

This report is organized in sections:

- Background
  - The purpose and organization of this report
  - Acknowledgements
- Data Sources
  - Survey of members of the Kūpuna Vaccination Outreach Group (KVOG)
  - Key informant interviews with KVOG members on O’ahu and with leaders of kūpuna vaccination efforts on the Neighbor Islands
  - Hawai’i State Department of Health (DOH) COVID-19 dashboard
  - Timeline
- Findings
  - COVID-19 and the aging population in the State of Hawai’i
  - Hawai’i State COVID-19 response
  - Focus on kūpuna
  - Executive Office on Aging (EOA) response
  - Vaccination response by County
  - Vaccination completion prevalence, July 30, 2021
  - Barriers to vaccinating kūpuna
  - Successful strategies to overcome barriers
- Discussion
  - Recommendations to guide interagency collaboration in future pandemics
  - Limitations of the study
  - Concluding remarks

### Acknowledgements

This report was compiled under a contract between the Hawai’i State EOA and the University of Hawai’i at Mānoa Thompson School of Social Work & Public Health to look specifically at Hawai’i vaccination efforts for kūpuna. The authors thank the individuals that generously participated in the survey and interviews. We apologize that lack of space precluded the sharing of more detailed stories from our informants. We stand in awe of the many contributions made by numerous individuals, agencies, and coalitions across the state to address COVID-19 and vaccinate kūpuna and other vulnerable populations. Throughout our work, your aloha for our kūpuna was clearly evident.

**Data Sources**

Evaluators used three major sources of data for this report—survey data, interview data, and data on vaccination completion prevalence for residents age 65 and older. The samples, measures, and analysis strategies for each source are outlined here.

**Survey of KVOG Members**

A survey was designed in collaboration with KVOG leadership to determine members’ perception of the effectiveness and value of KVOG (Appendix B). The survey was designed using Qualtrics software and distributed to 61 KVOG members via email; 38 complete responses were received. The data were analyzed using Microsoft Excel and shared with KVOG members at the July 21, 2021 meeting. Survey findings were provided to Hawai’i Public Health Institute (HIPHI) for inclusion in its after-action report.

**Key Informant Interviews with KVOG Members and Leaders of Neighbor Island Vaccination Efforts**

The team also interviewed 32 individuals involved in kūpuna vaccination efforts. On O’ahu, interviews were conducted with 21 KVOG members representing four state agencies, the City and County of Honolulu’s EAD, 3 healthcare provider organizations, and 7 community-based organizations and groups (Table 1).

On Neighbor Island, interviews were conducted with 11 leaders, including representatives of the 3 District Health Offices, 3 Area Agencies on Aging Executives, ALU LIKE, Inc. (Maui) and Community First Hawai’i

Table 1. Key Informants from O’ahu	
Hawai’i State Department of Health (DOH)	<ul style="list-style-type: none"> <li>Jon Shear, Ready Zone HQ, CEO - Consultant with HDOH</li> <li>Chris “CJ” Johnson, Physical Activity Program Specialist, Chronic Disease Prevention Department</li> <li>Gloria Fernandez, Public Health Nurse, COVID-19 Coordinator</li> </ul>
Hawai’i State Department of Human Services (DHS)	<ul style="list-style-type: none"> <li>Curtis Toma, MD, Medicaid Unit (Med-QUEST)</li> </ul>
Hawai’i State Executive Office on Aging (EOA)	<ul style="list-style-type: none"> <li>Caroline Cadirao, Director</li> </ul>
Hawai’i State Office of Language Access	<ul style="list-style-type: none"> <li>Aphirak “AP” Bamrungruan, Executive Director</li> </ul>
City and County of Honolulu Elderly Affairs Division (EAD)	<ul style="list-style-type: none"> <li>Derrick Ariyoshi, County Executive on Aging</li> </ul>
AARP	<ul style="list-style-type: none"> <li>Kealii Lopez, State Director</li> <li>Audrey Suga-Nakagawa, Associate State Director for Advocacy</li> <li>Craig Gima, Associate State Director for Communications</li> </ul>
Hawai’i Public Health Institute (HIPHI)	<ul style="list-style-type: none"> <li>Lindsey Ilagan, Kūpuna Program Manager</li> </ul>
Pacific Gateway Center	<ul style="list-style-type: none"> <li>Terrina Wong, Deputy Director of Social and Immigration Services</li> </ul>
Healthcare Association of Hawai’i	<ul style="list-style-type: none"> <li>Stacy Wong, Senior Communication Manager</li> </ul>
Kaiser Permanente	<ul style="list-style-type: none"> <li>Mae Lynne Swaboda, Clinical Administration Manager for Prevention and Health Education</li> </ul>
Papa Ola Lōkahi	<ul style="list-style-type: none"> <li>Kim Kuulei Birnie, Papa Ola Lōkahi and Communications</li> </ul>

Table 2. Neighbor Island Key Informants	
County	
County of Kaua’i	Janet Berreman, Kaua’i District Health Officer Kealoha Takahashi, County Executive on Aging, Kaua’i Agency on Elderly Affairs (KAEA) Emily Medeiros, Program Specialist, Kaua’i Agency on Elderly Affairs
County of Hawai’i	Eric Honda, Hawai’i District Health Officer Horace Farr, County Executive on Aging, Hawai’i County Office of Aging (HCOA) Randy Kurohara, Executive Director, Community First Hawai’i
County of Maui	Lorrin Pang, Maui District Health Officer Kalani Holokai, Secretary, Maui District Health Office Deborah Stone-Walls, County Executive on Aging, Maui County Office on Aging (MCOA) Bridget Velasco, Health Educator, Maui District Health Office Ka’ili Christophersen, ALU LIKE, Inc

on the Big Island (Table 2).

The interview questionnaires varied slightly across sectors for greater specificity. Generally, each questionnaire asked about the County or organization's experience with COVID-19, the impact of COVID-19 on kūpuna and other vulnerable groups, vaccination barriers, success stories, and data sources (see appendix C-E for sample interview questions). Data were analyzed to create summaries of vaccination efforts in each County and to distill key barriers and successful strategies in vaccinating kūpuna.

Using a qualitative research method known as "member checking," portions of the report were sent to interviewees as the report was developed to clarify and extend the findings. We thank the individuals who helped with this process.

### **Hawai'i State Department of Health Vaccination Dashboard**

Data on percentage of kūpuna that initiated and completed the vaccination series by age group and County were obtained on July 30, 2021 from the DOH COVID-19 Dashboard [Disease Outbreak Control Division | COVID-19 | Hawaii COVID-19 Data](#).

### **Timeline**

A timeline was created to visually display the timing of major milestones in the kūpuna vaccination process.



## Findings

### COVID-19 and the Aging Population in the State of Hawai'i

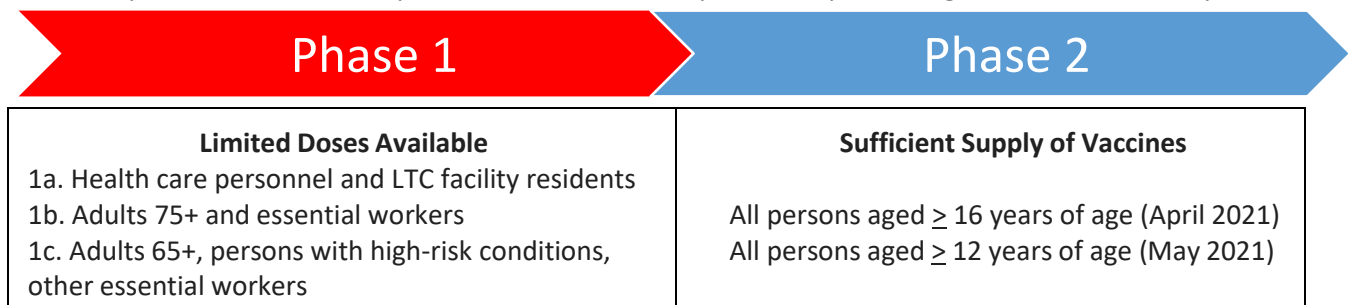
COVID-19 cases were first recorded in Hawai'i in early March 2020. Throughout 2020 people of all ages contracted COVID-19; however kūpuna (older adults) were the most severely affected and accounted for most of the COVID-19 hospitalizations and deaths. In this report, kūpuna are defined by those 65 years and older, although it is important to note that complex chronic diseases among certain ethnic groups have led the Older Americans Act to define kūpuna as those 60 years and older, while the Federally Qualified Health Centers (FQHCs) define kūpuna as those 55 years and older.

Kūpuna residents of the State of Hawai'i are spread across 7 habitable islands, organized into 4 county jurisdictions. These include: 1) Hawai'i County, encompassing the island of Hawai'i; 2) Maui County, encompassing the islands of Maui, Moloka'i, Lana'i, and Kaho'olawe; 3) Kaua'i County encompassing the islands of Kaua'i and Ni'ihau; and 4) the City and County of Honolulu encompassing the island of O'ahu.

The kūpuna population of the State of Hawai'i has grown faster than the national average. In 2018, 24.7% of the state's population was over the age of 60 in comparison to the national average of 23%. The proportion of older adults varies by County; in 2018, 28.9% (n=58,081) of Hawai'i County, 25.3% (n=42,351) of Maui County, 27.4% (n=19,793) of Kaua'i County, and 23.52% (n=230,662) of Honolulu County were over the age of 60. Residents of Hawai'i also live three years longer than the national average, with a life expectancy of 81.5 years. Hawai'i is racially diverse, and kūpuna speak many different languages; 16.2% of older adults in Hawai'i do not speak English well, compared to the national average of 8.8%. Kūpuna are less likely to live alone compared to elders in other states, as multi-generational families are common in the state. The demographics of the kūpuna population are diverse and created a unique challenge in the distribution of vaccines <https://health.hawaii.gov/eoa/files/2013/07/Hawaii-State-Plan-On-Aging.pdf>.

### Hawai'i State COVID-19 Response

As part of a U.S. national effort, all states were tasked by the federal government with creating a COVID-19 Vaccination Plan by October 16, 2020 [https://hawaiiicovid19.com/wp-content/uploads/2020/11/Hawaii-COVID-19-Vaccination-Plan\\_Initial-Draft\\_101620.pdf](https://hawaiiicovid19.com/wp-content/uploads/2020/11/Hawaii-COVID-19-Vaccination-Plan_Initial-Draft_101620.pdf), followed by an Executive Summary published in January 2021 [https://hawaiiicovid19.com/wp-content/uploads/2021/01/Executive-Summary\\_Final1\\_010721.pdf](https://hawaiiicovid19.com/wp-content/uploads/2021/01/Executive-Summary_Final1_010721.pdf) Jon Shear, CEO of Ready Zone HQ, was contracted by the State of Hawai'i in September 2020 to run the Vaccination Response Team. The state's COVID-19 Vaccination Plan called for a phased vaccine release based on recommendations from the U.S. Centers for Disease Control and Prevention (CDC). Because the initial supply of vaccines would be limited, vaccinations for Phase 1A were slated for first responders, healthcare workers, and kūpuna in Long Term Care (LTC) facilities (defined as licensed nursing homes and those in congregate settings). Care Homes and Foster Home residents were also included in Phase 1a thanks to advocacy on the part of KVOG leadership. When the state was assured of an adequate supply of vaccines, Phase 2 opened vaccinations to persons 16 and older in April and to persons age 12 and older in May 2021.



To assist with the statewide distribution of vaccinations, Hawai'i State DOH established multiple working groups that met weekly and then monthly. These groups worked diligently to identify vulnerable populations in the state and coordinate with significant state and private organizations to prepare for the arrival of COVID vaccines in mid-December.

The Pfizer vaccine arrived in Hawai'i on December 14, 2020 and was distributed to hospitals with the appropriate storage infrastructure. The Moderna vaccine, which can be stored at a warmer temperature, arrived in Hawai'i on December 21, 2020, and was administered to LTC residents via the Federal Pharmacy Program that same week. Hawai'i's nursing home vaccination rates are among the highest in the nation; as of August 15, 2021, 90% of residents and 89% of staff were vaccinated ([COVID-19 Nursing Home Data - Centers for Medicare & Medicaid Services Data \(cms.gov\)](#)).

On January 14, 2021, Phase 1B opened vaccinations to those 75 years and older and essential frontline workers, with some of the first mass vaccination sites opening on the 18<sup>th</sup> of January. In March, Phase 1C began, opening vaccinations to those 65 years and older, those 16 years of age and older with a high-risk medical condition, and essential workers that were not recommended for vaccination in Phase 1B. Phase 2 for those 16 years and older began in April. The timeline for the introduction of phases varied slightly by County, primarily based on availability of the vaccine supply.

### **Focus on Kūpuna**

Because older adults age 75+ were among the first groups to receive the vaccine, the Hawai'i DOH established a Vaccine 75+ Outreach Working Group, which was headed by Jon Shear and met monthly. With the introduction of mass vaccination sites on January 18, 2021, leaders of the Hawai'i State Executive Office on Aging (EOA), the City and County of Honolulu Elderly Affairs Division (EAD), and AARP issued a "Joint Letter of Recommendations for Those 75 Years and Older" that provided insight on the complex barriers kūpuna may encounter when visiting mass vaccination sites. The joint letter led to the formal establishment of the *Kūpuna Vaccination Outreach Group* (KVOG) led by the EOA, EAD, and AARP in February 2021. KVOG grew to include a broad membership from non-profits organizations, community-based organizations, and healthcare providers, and the group met weekly to discuss vaccination efforts for kūpuna and collaborate across sectors.

### **Executive Office on Aging Response**

EOA played a key role in providing awareness of the needs of kūpuna through the DOH Vaccination Implementation Programming Committee (VIPC) and in the distribution and promotion of vaccinations for kūpuna statewide. As the State Unit on Aging, EOA:

- 1) Elevated issues important to kūpuna vaccinations and advocated for kūpuna needs
- 2) Distributed federal American Rescue Program funds to support vaccination efforts
- 3) Authorized use of federal and state funds to support access to vaccinations.

As noted previously, EOA's Director Caroline Cadirao partnered with EAD's County Executive Derrick Ariyoshi and AARP's Director Keali'i Lopez to issue a "Joint Letter of Recommendations for Those 75 Years and Older," to the Department of Health that led to the formal establishment of the KVOG in February 2021. This leadership team joined with Dr. Curtis Toma at the Hawai'i State Department of Human Services to advocate for earlier-than-scheduled administration of vaccines to residents and staff in Hawai'i Adult Residential Care Homes (ARCHs), Community Care Foster Family Homes (CCFFHs), and Developmental Disability Domiciliary Homes (DDDHS). The team also advocated for vaccination-timing exemptions for participants and staff of Day Care Centers and Senior Centers and residents and staff in senior housing projects.

Additionally, through the collaborations established within KVOG, EOA was able to financially assist with vaccination efforts and outreach on the island of O‘ahu. EOA also conducted its own media campaign with the use of American Rescue Program funds, including the production of two commercials to encourage vaccinations. One was an intergenerational commercial produced with the UH volleyball team that aired on all the local stations. The second was a kūpuna focused “My Why” Campaign, which was produced by KHON2 News. For the latter, 16 older adults of various ethnic backgrounds were interviewed to explain why they were vaccinated. These commercials were aired for 7 weeks during June and July 2021.

The EOA also met weekly with the four Area Agencies on Aging (AAAs) to discuss kūpuna vaccination efforts in each County. On O‘ahu, KVOG played a major role in coordinating kūpuna vaccination efforts, while the Neighbor Island AAAs worked closely with their County and DOH District Health Office leadership and dedicated the resources of their Aging and Disability Resources Centers (ADRCs) to educate and facilitate vaccination of kūpuna in their counties.

### **Vaccination Response by County**

**County of Hawai‘i.** Hawai‘i County government, primarily through its Civil Defense Agency, and Eric Honda, the District Health Officer for Hawai‘i County, led vaccination efforts and were quick to onboard as many vaccine providers as possible. The Civil Defense Agency was the liaison and coordinator for all county resources and arranged the use of County facilities for vaccine distribution. In Phase 1a, the island’s three hospitals (Hilo Medical Center, Kona Community Hospital, and the Queen’s North Hawai‘i Community Hospital) had the capacity to store the Pfizer Vaccine and vaccinated the medical community, while the District Health Office received and stored the Moderna vaccine and vaccinated the first responders. Mass vaccination clinics were then established in Hilo at the Afook-Chinen Civic Auditorium and Edith Kānaka‘ole Multi-Purpose Stadium; and in Kona at the Kona Aquatic Complex. Concurrently, the District Health Office started to communicate with community partners to broaden vaccination capacity. Key community vaccination partners including the three FQHCs on the island (the Bay Clinic, the Hāmākua-Kohala Health Centers, and the West Hawai‘i Community Health Center) and the local pharmacies, including KTA Super Stores Pharmacies, which took responsibility to vaccinate residents of ARCHs, CCFFHs, DD Domiciliary and Foster Homes, and the homebound. The District Health Office set up clinics at all low-income senior housing projects. The Hawai‘i National Guard also played a significant role, providing manpower, traffic control, and medics for vaccine administration. As vaccination demand decreased, focus shifted from mass vaccination sites to community pop-up clinics in targeted communities.

Under the leadership of Horace Farr, County Executive on Aging, the Hawai‘i County Office of Aging (HCOA) spent a lot of energy providing education to kūpuna through written materials, newsletters, and public service announcements (PSAs), as well as calls to clients in their ADRC database. HCOA directed kūpuna to call centers that could help them schedule vaccination appointments and assisted kūpuna who had difficulties getting appointments. HCOA also organized transportation for those kūpuna who couldn’t get to clinics independently. They provided lists of senior housing projects to the District Health Office, which organized vaccinations there.

Throughout the vaccination effort, a community-based organization, Community First Hawai‘i, hosted weekly meetings so all the providers could strategize together to target their efforts and reduce overlap. This group linked closely with the state and county sources of information to keep abreast of vaccine supply and availability for Hawai‘i County and track vaccination venues and events, which they forwarded to the Civil Defense for posting on their website. Community First also developed and disseminated public service announcements to promote vaccination.

**County of Maui.** The District Health Office on Maui County took the lead on vaccination efforts. District Health Officer, Dr. Lorrin Pang, hosted weekly meetings to coordinate vaccination efforts. The District Health Office sponsored the first mass testing and vaccination site organized at the UH Maui College (UHMC) campus. Health providers sent staff, volunteers, and observers to help. The District Health Office also collaborated with Maui Memorial Hospital, Kaiser Permanente, the Maui Medical Group, the Community Clinic of Maui, Malama I Ke Ola, Minit Medical, Hui No Ke Ola Pono, and others to advance vaccination efforts. Doctors on Call, Mobile Doctors, Minit Medical, and the National Guard helped significantly in community testing efforts and were key partners during the mass vaccination clinics as well. As demand for the vaccine began to decrease, medical partners sponsored mobile vaccination clinics across the island at restaurants, bars, schools, low-income housing, hotels, churches, the prison, and other venues.

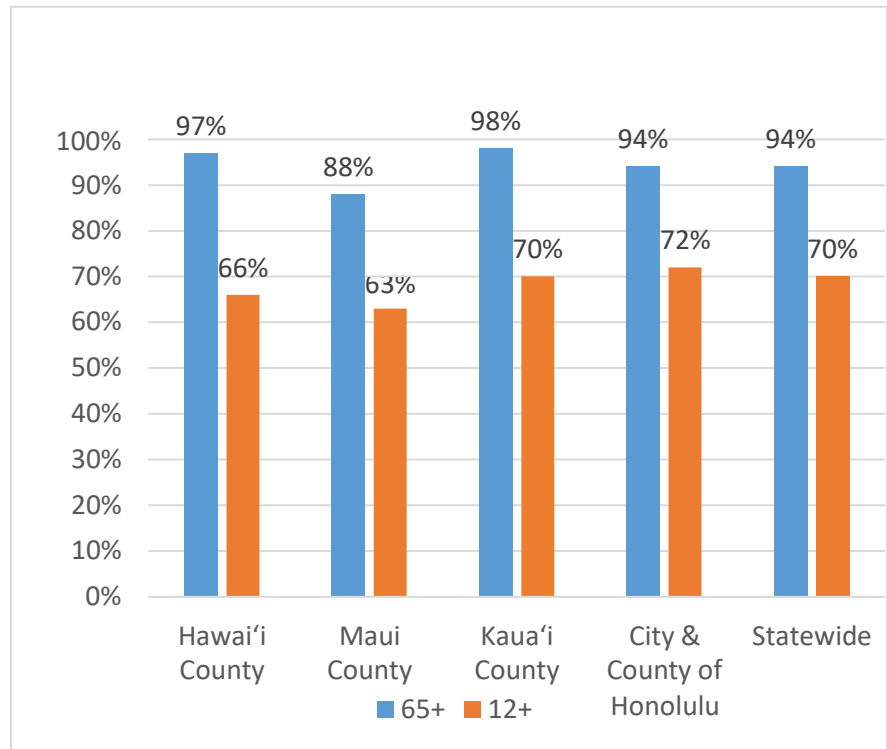
Under the leadership of Maui County Executive on Aging, Deborah Stone-Walls, the Maui County Office on Aging (MCOA) ADRC volunteered to be the gatekeeper for all 60+ vaccinations. In addition to reaching out to kūpuna registered in their ADRC, they also served as the call-in center for all kūpuna in the county to ask questions and register for vaccinations. Staff also provided reminder calls to kūpuna for their vaccination appointments and called kūpuna after their appointments to see if all was well. Transportation and escort services were arranged for those who could not otherwise get to vaccination sites. MCOA coordinated directly with pharmacies to provide in-home vaccinations, especially for those who were homebound, although anyone with a disability was able to request one. MCOA worked with the District Health Office, the National Guard, and the Red Cross to host vaccination events at low-income senior housing. MCOA also used ArcGIS to identify areas of unmet need and areas where a vaccination clinic would be beneficial and conducted outreach and communication through faith-based organizations, ethnic clubs, and press releases.

**County of Kaua'i.** Overall efforts were led by Mayor's office and Dr. Janet Berreman, the District Health Officer for Kaua'i. In part because Kaua'i experienced a flood emergency in 2018, Kaua'i had established a high-functioning Emergency Operations Center (EOC) with strong relationships across departments. County government provided centrally located space and security for community testing and vaccination clinics. The County and the District Health Office were responsible for the vaccination of essential workers and the public based on the tiered system established by the State DOH. Hospital partners managed the logistical issues of storing the Pfizer vaccine, and Hawai'i Pacific Health (HPH) Wilcox and the Hawai'i Health Systems Coalition (HHSC) hospitals administered vaccines for healthcare employees affiliated with their organizations. Kaiser Permanente vaccinated both members and non-members and participated in community pop-up clinics.

Under the leadership of Kealoha Takahashi, Kaua'i County Executive on Aging, the Kaua'i Agency on Elderly Affairs (KAEA) raised the visibility about the full range of available resources for kūpuna related to COVID-19. As the one-stop shop, Kauai's ADRC collaborated with the District Health Office to assist kūpuna with online vaccination registration through phone triage. A KAEA representative also participated on the Kaua'i EOC.

As in other Counties, nursing home residents were vaccinated through the Federal Pharmacy Program. The District Health Office and the Kaua'i Developmental Disabilities programs worked to vaccinate residents of ARCHs, CCFFHs, and DD Domiciliary and Foster Homes. The District Health Office established a mechanism whereby those who were homebound could receive in-home vaccinations. Ho'ola Lāhui, the Native Hawaiian Health Care System and FQHC for Kaua'i and Ni'ihau, worked to vaccinate its clientele and other high-need groups through established and pop-up clinics at restaurants, places of worship, low-income housing facilities, worksites, and at locations identified as convenient for Ni'ihau residents. Another group, Malama Pono, worked with Ho'ola Lāhui on pop-ups and outreach, especially with the homeless. The Mayor broadcast a daily video message from the start of the pandemic, regularly featuring key partners, including representatives of the hospitals and the District Health Office. The County released a daily press bulletin as well. District Health Office staff recorded radio PSAs in multiple languages that were broadcasted on several stations.

**City and County of Honolulu.** EAD was the lead agency for kūpuna vaccination efforts on O‘ahu, which is home to 230,662 older adults. This population includes large numbers of elders with low-English proficiency, elders living alone, elders in public housing, and elders in ARCHs and CCFHs. In addition to co-chairing KVOG, the EAD contracted with the Hawai‘i Public Health Institute (HIPHI) in March 2021 to staff KVOG to maximize cross-agency collaboration for kūpuna vaccinations. KVOG members included representatives from healthcare, eldercare, immigrant services, translation and language-access services, communications, community-based organizations, and other fields. KVOG actions and activities had statewide impact, while also increasing vaccination coverage and efficiencies on O‘ahu.



- *Figure 1. Vaccination prevalence on July 30, 2021, for residents age 65+ and 12+, by county and state*

Within the City and County of Honolulu, vaccine prioritization was first given to hospitals and nursing homes. KVOG supported the Department of Human Services Med-QUEST Division, which led efforts for the early vaccination of residents and staff of ARCHs, CCFHs, and DD Domiciliary and Foster Homes, the bulk of which are on O‘ahu. Mass vaccination sites were established through health care facilities and FQHCs, at the Blaisdell Center, Pier 2, Leeward Community College (LCC), and other sites. The DOH Public Health Nurses staffed the LCC site, administering over 50,000 doses over 3.5 months. However, kūpuna had difficulties accessing the online appointment system, leading EAD to subcontract with St. Francis and Aloha United Way (AUW)-211 to assist. AUW-211 was contracted to provide O‘ahu with a stand-up call center for kūpuna, offering assistance in 200 languages and support and access 7 days a week. Kūpuna were then referred to St. Francis Homecare who were contracted to conduct kūpuna vaccine appointment registration, call kūpuna to remind them of their appointments, provide transportation, and follow up with wellness calls. For kūpuna who were homebound, St. Francis worked with providers to schedule in-home vaccinations. EAD also subcontracted with HIPHI to organize vaccinations at low-income senior housing facilities which began in March 2021, and these efforts were greatly assisted by the provision of interpreters and translated materials from the Hawai‘i State Office on Language Access and Pacific Gateway.

In early May as vaccine supply became more abundant, community-based organizations began sponsoring vaccination events with vaccine hesitant and underserved groups. Targeted outreach, education, and vaccination events were facilitated through the Community Outreach and Public Health Education (COPHE) group at the Hawai‘i State Department of Health, which provided subcontracts to Papa Ola Lōkahi to reach Native Hawaiians and Pacific Islanders, Fil Com Cares to reach Filipinos, and Project Vision to reach homeless and other isolated groups. In-language outreach to specific ethnic groups included radio-thons in the Filipino community, COVID-related programming on Korean television and through Papa Ola Lōkahi, the mobile Project Vision van, and vaccination pop-up clinics at places of worship and community gathering places.

## **Vaccination Completion Prevalence, July 30, 2021**

Overall, kūpuna vaccination efforts across the state were successful. By July 30, 2021, 94% of adults age 65+ were vaccinated, although rates varied by county--from 88% on Maui to 98% on Kaua'i (Figure 1). Statewide vaccination rates were higher in the age 65-74 age group, at 96%, compared to the 75+ group, at 91%. These rates compared to a vaccination rate of 80% of residents age 65+ in the United States and only 70% of residents age 12+ in Hawai'i (see Appendix F). At the time of this study, vaccines were not available for children under age 12.

### **Barriers to Vaccinating Kūpuna**

Three key barriers to vaccinating kūpuna were identified through interviews with key informants across the state. These included: 1) cumbersome systems for vaccination scheduling; 2) difficulties posed by reliance on mass vaccination sites for kūpuna; and 3) the rapid need for health education materials and consent forms in multiple languages and for interpreters.

**Cumbersome Systems for Vaccination Scheduling.** The need to go online to schedule an appointment for vaccination was a barrier for many kūpuna and other vulnerable populations. These included kūpuna without computers or smartphones, kūpuna without email addresses, kūpuna with computers but insufficient internet connectivity, kūpuna unfamiliar with using their computers and smartphones for scheduling, and kūpuna with limited English proficiency. These barriers are not unique to the kūpuna population of Hawai'i, as national studies have found that half of the older adults surveyed did not have internet access at home and needed assistance with using technological devices. Kūpuna who were not tech-savvy could often get assistance from these family members to access and schedule appointments. But others could not.

**Difficulties Posed with Mass Vaccination Sites.** Initially, all four counties relied on mass vaccination sites to distribute vaccines. This is the most efficient way to distribute vaccines when there is a limited supply, to keep vaccines stored under proper conditions, and to assure standardized registration, vaccination, and observation protocols. Mass vaccination sites worked well for computer-savvy, physically able, and independently mobile older adults, and for older adults whose family members could help them navigate the online vaccination scheduling system and physically transport them to mass sites. However, many older adults could not schedule appointments (as noted above) and/or could not get to mass vaccination sites due to frailty, cognitive impairment, and lack of transportation/escort. They also expressed fear that mass vaccination sites might be crowded or might not have toilets or places to sit if there was a long wait.

**The Rapid Need for Materials in Multiple Languages and for Interpreters.** Hawai'i is a multicultural state, with many pockets of older adults with limited English proficiency. Health education materials from the CDC were initially provided in English and Spanish, requiring rapid translation. Consent forms also were in English. In some cases, translated materials were not enough, and kūpuna needed to hear about the vaccine from someone who spoke their own language.

### **Success Strategies**

Key informants identified six strategies that were very successful in increasing the number of kūpuna vaccinated against COVID-19. These included: 1) coalitions and advocacy efforts; 2) County- and language-specific call centers for information and vaccination scheduling; 3) translation and interpreter services; 4) community mobile and pop-up clinic in locations where kūpuna congregate; 5) mechanisms for in-home vaccination; and 6) funding for community-based coalitions and groups.

**Coalitions and Advocacy Efforts.** Managing response to a pandemic requires multiple partners working together, and a number of well-functioning coalitions were developed at state, county, and organizational levels. These coalitions harnessed the energies of leaders, planners, providers, communicators, community-based groups, and others to come together to address COVID-19 overall and for specific groups. Coalitions and individual agencies also advocated on behalf of older adults. Several examples of coalitions important to the kūpuna vaccination effort are highlighted here:

- **KVOG.** As noted above, KVOG evolved from Jon Shear’s Vaccine 75+ Outreach Working Group. Initially EOA, EAD, and AARP volunteered to lead kūpuna related efforts for vaccinations and formed the 75+ Vaccination Outreach Group. As the vaccine roll out progressed to include all older adults, the group evolved to become the Kūpuna Vaccination Outreach Group (KVOG). Established in February 2021, KVOG representatives were from more than 60 governmental agencies, non-profit organizations, community-based organizations, hospitals, pharmacies, FQHCs, umbrella organizations, communications professionals, and other coalitions. The leadership group met daily, and the larger group met weekly from February through June 2021 to discuss vaccination efforts for kūpuna and to collaborate across sectors. KVOG was modeled after the successful Kūpuna Food Security Coalition, which organized and coordinated massive feeding and food distribution activities serving up to 8,000 kūpuna each week ([KFSC-After-Action-Report-Abbreviated-DRAFT.pdf \(hiphi.org\)](#)) and included many of the same members.

**KVOG Key Accomplishments.** Details of KVOG’s membership and achievements are featured in the KVOG After Action Report produced by HIPHI, with key accomplishments listed here:

- Advocacy for funding and personal protective equipment (PPE) prioritization for ARCHs and CCFHs, followed by the development of infection control and vaccination protocol for these residential facilities.
- Advocacy, in partnership with the Department of Human Services Med-QUEST Division, for earlier-than-scheduled vaccinations for residents and staff of ARCHs, CCFHs, and DD Domiciliary and Foster Homes.
- Funding of St. Francis and AUW-211 to assist kūpuna with getting vaccinated by serving as the O’ahu call center, scheduling appointments, providing reminder and follow-up calls, providing transportation, and arranging in-home vaccination for the homebound.
- Funding of HIPHI to organize and coordinate vaccinations in senior public housing using translated materials and interpreters from the Office of Language Access and Pacific Gateway to educate non-English speaking kūpuna about getting their vaccinations.
- Assistance with coordinating community pop-up and mobile clinics to ethnic minority communities, church groups, and underserved areas and populations.
- Celebrating and promoting the success of each partner and each collaboration in educating and vaccinating kūpuna.

**KVOG Survey Findings.** Members of KVOG were surveyed in May 2021. Survey questions were designed to determine member attitudes on the function, inclusivity, and overall merit of the KVOG working groups. Study findings found:

- Members participated in multiple roles simultaneously in the vaccination roll out process. For example, members helped
  - Identify individuals and groups in need of assistance getting vaccinated
  - Conduct education, outreach, and/or information and referral
  - Coordinate vaccination events and efforts
  - Administer vaccinations
  - Assist with vaccine promotion and communication
  - Leverage partnerships to meet KVOG’s goal

- Provide funding and/or administrative services for vaccination efforts and partnerships
    - Provide data on individuals reached and events hosted
    - Provide expertise in the field of aging
  - KVOG was rated high by participating members. On a Likert-Scale of 1-5, members rated:
    - Their satisfaction with KVOG as a 4.5 out of 5.
    - The effectiveness of KVOG as a 4.5 out of 5.
    - KVOG’s ability to increase vaccination outreach as a 4.7 out of 5.
    - KVOG’s ability to increase vaccination outreach as a 4.7 out of 5.
- **Native Hawaiian & Pacific Islander Hawai’i COVID-19 Response, Recovery & Resilience Team (NHPI 3R).** Established in May 2020 by Papa Ola Lōkahi, NHPI 3R worked in alignment with the national NHPI Response Team, “to improve the collection and reporting of accurate data, identify and lend support to initiatives across the Hawaiian Islands working to address COVID-19 among Native Hawaiians and Pacific Islanders, and unify to establish a presence in the decision-making processes and policies that impact our communities” [HOME \(nhpicovidhawaii.net\)](https://nhpicovidhawaii.net). This group brought together 60 organizations to create and disseminate COVID-19 PSAs and educational materials in 11 Pacific Islander languages. The group also hosted multiple webinars, PSAs, and “ask a kauka (doctor)” sessions to promote accurate information on the vaccine. Their website includes links to educational, food, health, housing, and financial assistance programs on all islands.
  - **Community Outreach and Public Health Education (COPHE).** This group was sponsored by Hawai’i DOH and included community groups subcontracted by Hawai’i DOH to provide education and organize vaccination events in communities that had limited access to vaccine information in their languages and/or were hesitant to be vaccinated due to distrust of, lack of ability to pay for, or negative experiences with the US healthcare system. Funding for these activities came from the Cares Act and FEMA. Subcontractors included Papa Ola Lōkahi, which sponsored NHPI 3R, We Are Oceania, Project Vision, and FilCom Cares. COPHE was also helpful in linking these subcontractors to KVOG to broaden KVOG’s understanding of issues in ethnic communities. One of the goals of this group’s subcontractors has been to consider the social determinants of health when prioritizing vaccine availability in future pandemics. For example, if middle-aged Pacific Islanders are dying at greater rates than 65+ individuals in other races, it may be important to lower the vaccine eligibility for at-risk groups. Perhaps vaccines should first be made available to the oldest 10% of each zip code or each ethnic group.
  - **Community First Hawai’i.** This community-based organization brought together groups engaged in vaccination efforts in Hawai’i County. Members included representatives from Hawai’i County Parks and Recreation, HCOA, AARP, vaccine providers, the District Health Office, and communication groups, including Olomana Loomis. Speakers from O’ahu were invited to share a broader picture, e.g., of vaccine supply, and Representative Kai Kahele would provide a federal update. The group met weekly to provide a space where people could share challenges, successes, and decide collectively how to move forward and make best use of resources. When it was seen that kūpuna faced barriers from the online registration system, the group focused on educating families to support kūpuna in getting vaccinated. When supply started to exceed demand, Big Island hospitals wound down mass clinics, and the coalition facilitated community outreach and vaccination efforts. The group maintained a spreadsheet for the providers to list all their community clinics, the location, the vaccine they were providing, and if the event was a public or private event (e.g., for an employer). The coalition worked with Big Island Civil Defense to create a public vaccination calendar that could promote public vaccination events. In this way, the coalition was effective in helping healthcare providers on the Big Island share information and work collaboratively to vaccinate the population.



- **AARP.** While AARP was a co-leader of KVOG, this organization also played a key role in advocating for and educating older adults throughout the pandemic. For example, AARP hosted monthly telephone-town-hall meetings, which were conducted by phone, like a radio talk show, and targeted kūpuna who did not have internet/computer access to attend webinars. Tele-town-hall speakers included Lt. Governor Josh Green, Senator Brian Schatz, and Dr. Sarah Kemble (State Epidemiologist). The content was also live streamed on Facebook and recorded. AARP organized letters to the editors, published articles, got on local news stations, and paid for educational materials that were mailed to AARP members without email addresses, as well as for programming on Korean and Filipino TV (see below). AARP advocated for PPE prioritization for ARCHs, helped to develop infection control guidelines for these residential facilities, and supported the Department of Human Services Med-QUEST Division's request for earlier-than-scheduled vaccinations for residents and staff of ARCHs, CCFHs, and DD Domiciliary and Foster Homes. AARP also advocated that pharmacies receive increased compensation when providing in-home vaccinations, as this was costlier to pharmacies than participating at mass and congregate vaccination sites.

**County- and Language-specific Call Centers for Information and Scheduling.** The Hawai'i State DOH and each county established mechanisms for kūpuna to telephone for assistance with vaccination scheduling. Some had the capacity to field questions in a number of languages, and others targeted specific language groups, like Korean, Ilocano, and Tagalog speakers. For example:

- **Kaua'i Agency for Elderly Affairs (KAEA).** KAEA became the COVID information and vaccination call center for everyone age 60+ in Kaua'i County. This call center followed an earlier call center open in 2020 for all kūpuna age 70+ to register them for free, fresh produce being distributed by the County Economic Development Office and the local food banks. At that time, KAEA received up to 400 phone calls a day, including calls from kūpuna on other islands who were referred to local agencies for help. During the vaccination efforts, KAEA Office staff tried to help schedule everyone that called, including younger people who were caring for or calling on behalf of older family members. Vaccines were given primarily at the Kaua'i Veterans Memorial Hospital, Mahealona, and Wilcox, but this involved different sign-up systems. For older adults with email addresses, appointment information would be emailed to them. But for people without email addresses, staff either created them or used their own, and then arranged to mail or have kūpuna pick up their appointment information. Hospitals would contact KAEA about kūpuna who missed their appointments, and KAEA would have to follow up with these clients. Mostly, kupuna were able to get to vaccination sites by themselves, with family or caregivers, or on the County Transportation Agency Paratransit. Names of homebound kūpuna were collected from KAEA, and Public Health Nurses from Kaua'i District Health Office provided in-home vaccinations.
- **Aloha United Way 211.** St. Francis Healthcare System teamed up with Aloha United Way's (AUW) 211 Call Center to help kūpuna. Starting March 29, 2021, kūpuna were directed to call 211 for help. The Call Center was open 7 days a week and initially had Japanese, Korean, and Chinese speakers on staff. Later the Call Center transitioned to the use of a translation service that assisted with 200+ languages. Neighbor island callers would be referred to call centers in their counties. For O'ahu-based kūpuna, the AUW-211 staff would collect necessary information from kūpuna, including demographics, location, and the kind of help they needed—from education, to scheduling, to transportation to the appointment. These intake forms were sent to St. Francis, and the St. Francis workers registered the kūpuna for appointments. When the worker received confirmation, he/she would mail it, or hand deliver it to the kūpuna. St. Francis staff called kūpuna to remind them of their vaccination appointment, provided transportation if needed, and followed up with wellness calls a couple of days after they got their vaccines. For kūpuna who were homebound, St. Francis worked with providers to schedule an in-home shot. By the end of June 2021, AUW-211 had fielded about 5,000 kūpuna calls,

and St. Francis had scheduled close to 1,000 vaccination appointments and arranged 200 in-home vaccinations for kūpuna.

- **Korean Call Center.** AARP worked with the United Korean Society to field telephone phone calls generated among viewers of Korean-Language television station KBFD. This television station developed a 5-week series about COVID-19 that included COVID education, stories, and an “ask a nurse” feature. The United Korean Society saw a 25% increase in calls from the publicity through KBFD. Most of the callers were kūpuna who spoke only Korean, and the United Korean Society helped them register for vaccinations. Additionally, the United Korean Society sponsored their own vaccination event in May 2021, and publicity through KBFD increased registration for the event from 100 to 500.

**Translation and Interpreter Services.** The inclusion of translation and interpretation services was vitally important for Hawai‘i’s richly diverse population. Highlighted below are two contracted translation and interpretation services that were active participants in KVOG. However, it should be noted that the FQHC and many other community-based organizations employed bilingual staff that assisted in the kūpuna vaccination efforts.

- **Office of Language Access (OLA)** organized interpreter services for a number of vaccination events and initiatives. Interpreters were provided through existing contracts in the OLA network, community volunteers, and the Hawai‘i Language Bank. Interpreters conducted outreach and education as well as interpretation for vaccine administrators. In low-income, senior housing facilities, interpreters went door-to-door to personally invite non-English-speaking residents to attend the vaccination drive in the senior housing complex. The presence and expressed concern of these interpreters were critical elements to engaging non-English-speaking kūpuna, especially those that did not understand the vaccination drive and/or were hesitant to participate.
- **Pacific Gateway Center (PGC)** hosts the Hawai‘i Language Bank, which has a registry of about 100 linguists that cover more than 30 languages. The Hawai‘i Language Bank has been providing translation services in Hawai‘i for years and has been contracted with the Community Outreach and Public Health Education (COPHE) program of the Department of Health to provide rapid translation services. PGC has developed strong community ties with the immigrant population in Hawai‘i. These firmly established relationships have allowed PGC to act as a trusted advocate for COVID vaccinations. By working with community gatekeepers, PGC was able to help with vaccine pop-up clinics at multiple community churches and centers.

**Community Mobile and Pop-up Clinics in Locations where Kūpuna Congregate.** Great success was achieved by taking vaccination services to kūpuna in nursing homes, ARCHs, CCFFHs, DD Domiciliary and Foster Homes, low-income senior housing facilities, and adult day care and day health centers. Part of this success was an allowance by DOH to vaccinate staff and family members in younger age groups who cared for these kūpuna. Examples are provided for each of these spaces.

- **Nursing Homes.** Through the US Federal Pharmacy Program, select pharmacies received a limited COVID-19 vaccine supply directly from the federal government. In Hawai‘i, Longs (CVS) and Walmart were contracted to use initial supplies to visit nursing homes and vaccinate the estimated 4,300 nursing home residents across the state.
- **Community-based Long-Term Care Homes.** Representatives from the Department of Human Services Med-QUEST Division were key advocates for taking the vaccine to kūpuna living in ARCHs and CCFFHs. These homes provide room, board, and personal care to people with long-term care needs, many of whom are as or more disabled than individuals in nursing homes. Most of these homes are small,

housing 1-5 individuals, and an estimated 90% of these clients are age 65+. DHS worked with DOH to secure a list of the 1,900+ licensed ARCHs and CCFFHs in the state, altogether serving an estimated 10,000 vulnerable individuals. On O‘ahu, 1,771 homes were divided into geographic regions, and regions were assigned to pharmacies willing to travel to these homes to vaccinate residents and staff, including Times Pharmacy, Pharmacare, 5-Minute Pharmacy, Foodland Pharmacy, Queen’s Physicians Office Building Pharmacy, and ElixRx. By mid-February, 87% of O‘ahu homes had been visited for administration of first shots. Also, by mid-February, KTA Super Stores Pharmacy had visited 90% of 168 homes on the Big Island to administer the vaccine. At the same time, the Kaua‘i District Health Office reached over 90% of their 28 homes, and Maui about 50%.

- **Senior Housing.** On O‘ahu, vaccination of low-income, senior housing residents was organized by HIPHI through a contract from EAD. HIPHI staff identified about 71 properties on O‘ahu, housing about 8,400 kūpuna. The team reached out to property managers and case managers (if available for the property) to gauge vaccination need and interest. Managers from 39 properties identified residents that needed and wanted vaccinations. For 29 of the 39 properties (74%), onsite vaccination clinics were organized and staffed by pharmacy providers, volunteers, and personnel from HIPHI, EAD, Catholic Charities, St. Francis, the Office of Language Access, Pacific Gateway, and other groups. For the other 10 (26%), residents were assisted to a near-by, off-site vaccination site, with Catholic Charities and St. Francis assisting with transportation and escort. Through these efforts, 4,216 kūpuna on 39 properties were assisted to vaccination, 1,180 through onsite clinics and 3,036 at off-site clinics. Similar efforts to vaccinate residents in low-income senior housing units were conducted on the Neighbor Islands.
- **Public Housing.** Public Health Nurses administered vaccines in public housing sites that were not exclusive to kūpuna, but many residents were kūpuna, nonetheless. The Public Health Nurses worked with the Hawai‘i Public Housing Authority to vaccinate at public housing sites in Wahiawa, Kalihi, Halawa, and other low-income properties. They helped arrange interpreters, distributed translated and large-print materials, and provided vaccine education to the hesitant. They reached an estimated 2,000 individuals, many of whom were kūpuna.
- **Adult Day/Senior Centers.** Adult Day Centers and Senior Centers are venues at which kūpuna congregate. When the vaccine became available, the leadership of Adult Day Centers of Hawai‘i contacted the 25 adult day care centers on O‘ahu to determine the number of clients and staff interested in receiving vaccinations. Because these sites were closed, many clients had family members who took them to mass vaccination sites, but 111 clients and 47 staff still needed to be vaccinated. Adult Day Centers of Hawai‘i collaborated with Kaiser Permanente to arrange vaccination for these clients and staff. Vaccination clinics also were organized at senior centers and reached over 400 kūpuna.
- **FilCom Cares.** This community group was organized in 2020 to educate Filipinos about COVID and to offer COVID-19 testing. Members of the group worked with the Hawai‘i DOH to translate COVID information into conversational Tagalog and Ilokano. Materials were disseminated through FilCom Center’s Facebook page, community partners, and directed people to an “in-language” call center. When the vaccine became available, organizers learned that many Filipino kūpuna were hesitant to seek vaccination through FQHCs or physicians’ offices for fear of being asked about their health issues that they were avoiding. Instead, they worked with FQHCs, pharmacies, and other providers to host vaccination clinics at Catholic churches and the FilCom Center in Waipahu, vaccinating more than 2,000 adults by mid-July 2021. The group also hosted a weekly radio program in KNDI and several

radio-thons to promote vaccine information and vaccination events. The group was funded in part through the State DOH COPHE group.

**Mechanisms for In-home Vaccinations for Kūpuna.** The in-home vaccination strategy can be broken into Phase 1 when vaccinations were limited to priority groups and Phase 2 when vaccinations were made widely available.

- **Vaccine Distribution Phase 1.** In the early stages of mobile vaccine efforts in Hawai‘i, all counties developed mechanisms to provide on-site COVID-19 vaccination to kūpuna and other eligible populations that were defined as “homebound.” The definition of homebound evolved over time. Originally, these efforts focused on vaccinating people who were unable to leave their homes without the help of another person or medical equipment or would develop worse health or illness because of leaving their homes. To receive services, these individuals or their caregivers would be referred to DOH by a service provider or would call DOH and request services directly. These individuals then provided their information to DOH. A mobile vaccine provider, either a DOH outreach lead or staff from Project Vision, would be dispatched to vaccinate the individual at their home or place of residence. There were approximately 100 requests for these services through the month of March 2021, the majority of which were located on O‘ahu (referrals from neighbor islands remained in the single digits). At the same time, many mobile providers who were out in the community (e.g., supporting pop-up clinics) received referrals directly, many times by word-of-mouth or through informal referral processes. These providers worked in parallel with DOH and oftentimes were able to use extra doses from pop-up vaccine clinics to vaccinate close-by homebound individuals, increasing usage of opened vaccine vials, saving provider time, and quickly vaccinating those in need.
- **Vaccine Distribution Phase 2.** As supplies and provider capacity increased over time, an informal planning team was convened in mid-June 2021 as a subgroup of KVOG, including DOH call center staff, Healthcare Association of Hawai‘i (HAH), Aloha United Way, St. Francis Healthcare Systems of Hawai‘i, Pharmicare, Times Pharmacy, Project Vision, and KVOG leadership. This group was convened by HIPHI through support from the Kaiser Foundation Health Plan, Inc. The goals of the subgroup were to strategize ways to increase awareness of mobile services available, provide coordination across some of the mobile providers to meet increased demand, and foster collaboration to increase vaccination rates while minimizing disparities. Language used within the planning team shifted from “homebound” to “in-home” or “on-site” vaccination. This reflected the expanded definition of homebound to include all vaccine-eligible people 12 and older who would otherwise remain unvaccinated unless services were received at their home or place of residence, recognizing that people benefitting from these services were not necessarily homebound by a more traditional definition. The subgroup, under the leadership of HAH’s communication team, created an awareness campaign tailored to older adults, those with low digital literacy or access, and populations with low vaccine rates. As part of the campaign, a grant awarded by the Kaiser Permanente National Community Benefit Fund at the East Bay Community Foundation, administered by HIPHI, supported print ads in the sole statewide newspaper, the Honolulu Star-Advertiser. The DOH call center worked with vaccine providers, in alignment with Aloha United Way 211, to oversee back-end coordination of referrals and mobile efforts. As a result, 164 people called in and were scheduled for in-home vaccination and 51 people received at least one dose through July 2021, with numbers continuing to trend upwards.

**Funding for Community-based Coalitions and Groups.** A variety of funding methods were used to support the essential work of community-based organizations to conduct outreach, education, and provide vaccines to their communities. These funds made it possible to conduct targeted outreach to vulnerable populations with great success. Community-based organizations also increased the state’s capacity for vaccine distribution.

- **Federal and State Sources of Funding.** In support of kūpuna vaccination efforts, the EOA and the AAAs identified funding resources to broaden access to and delivery of vaccinations to older adults and dispersant populations. EOA through the EAD leveraged existing state and federal funds to support the contracts for the AUW-211 call center, transportation services for kūpuna to vaccination sites, and outreach to vulnerable populations with great success. Through partnership with community-based organizations, they increased the state's capacity for vaccine distribution.

In March 2021, Congress passed the American Rescue Plan Act of 2021 that provided \$1.434 billion in mandatory funding for Older Americans Act (OAA) nutrition services, supportive services for COVID-19 vaccination efforts, activities to prevent and mitigate social isolation related to COVID-19, family caregiver services, disease prevention, grants for tribal organizations, and the long-term care ombudsman program. Activities funded under this initiative included addressing vaccine hesitancy, providing information and assistance, disseminating credible information about the vaccine, providing resources, addressing inequity in COVID vaccination access among older adults, caregivers, network staff and volunteers, providing transportation stipends and vouchers, and supporting efforts to assist with vaccine booster shots.

Since EOA with the AAA had proactively carried out initiatives that provided access to vaccinations for older adults, they decided to leverage these funds to support media and mass outreach to mitigate vaccine hesitancy. In addition, they supported community grass roots efforts of the KVOG team by: 1) supporting philanthropic and other community grants to support vaccination efforts and 2) supporting the infrastructure for our partnering organizations allowing these organizations to successfully apply for additional funding to enhance ongoing vaccination efforts.

- **Other Sources.** Community coalitions and organizations also received funding from other sources, including the Kaiser Permanente Foundation. These funds have allowed for the continuation of valuable work established under State funding.

### Discussion

Provided in this section are three recommendations, limitations of the report, and concluding remarks.

### Recommendations

- **Engage All Relevant State and County Agencies in Pandemic Response Efforts.** Government-led Emergency Operations Centers should work closely with leaders in the Med-QUEST Division (which supports aged and disabled residents in ARCHs, CCFFHs, and DD Domiciliary and Foster Homes) and leaders of the Hawai'i aging network to identify venues where older adults are living and congregating and supporting them to devise and carry-out vaccination efforts with these kūpuna. The Hawai'i Aging Network includes the EOA, the four AAAs, the AAA-associated ADRCs, and community-based organizations that provide direct services to kūpuna.
- **Increase Early Support for Community-based Vaccination, along with Mass Vaccination Sites.** Although distributing vaccines through mass vaccination sites is a good strategy when faced with limited supply of a vaccine that needs to be stored under extremely cold conditions, many kūpuna were not able to participate due to difficulties with the online scheduling system, frailty, cognitive impairment, fear, and/or lack of transportation/escort. This report includes numerous examples of the success of taking the vaccine to places where kūpuna live and congregate, including nursing homes, ARCHs, CCFFHs, DD Domiciliary and Foster Homes, senior housing projects, day care and senior centers, community clinics, churches, and so forth.

- **Incorporate and Fund Community Coalitions and Organizations in State Response Efforts.** Government-led Emergency Operations Centers and Aging Network personnel should engage and fund community coalitions and organizations can increase the state’s capacity to find and vaccinate elders. Community, non-profit, and private organizations can assist with call centers, education, and outreach to specialized memberships, quickly create translation materials, provide interpretation services, and host community-based vaccination events for hard-to-reach groups. Coalitions can help to facilitate education and cooperation across government, private, non-profit, and community-based organizations in vaccinating the public. Because coalitions include partners that can take on varied and different roles, they can assist with collaboration, reduce redundancies, and create a community of resiliency. Their early inclusion in coalitions, planning efforts, and funding opportunities is critical.

### **Limitations of this Report**

The information in this report is limited by the data collected and its focus on kūpuna. Interviews were completed within a short timeframe, which limited the number of individuals interviewed. The authors know there are many more stories that illustrate the successes and challenges in preventing and controlling COVID-19 and thank all players for their help in vaccinating our kūpuna, adults, and keiki in Hawai‘i.

### **Concluding Remarks**

This report serves to document COVID-19 vaccination efforts with kūpuna. Findings should be useful in the event of another pandemic and for vaccination efforts for seasonal influenza, pneumonia, shingles, and other vaccines targeting older adults.

**Appendix B: Survey of Kūpuna Vaccination Outreach Group Members**

We are asking you to complete this survey because you are a member of the Kūpuna Vaccine Outreach Group (KVOG).

As a reminder, the goal of KVOG remains centered around the health and wellbeing of kūpuna and other underserved populations by actively minimizing disparities and ensuring that each vaccination strategy is equitable for our communities served, regardless of geographic location, language proficiency, physical/mental abilities, and economic status.

To evaluate our group, we ask that you complete this short survey. This quality assurance project has been approved by the University of Hawai'i at Mānoa Institutional Review Board.

Provide the name of the organization you represent \_\_\_\_\_

Select your role(s) in vaccination efforts (check all that apply)

- Identified individuals and groups in need of assistance getting vaccinated
- Conducted education, outreach, and/or information and referral
- Coordinated vaccination events and efforts
- Administered vaccinations
- Assisted with vaccine promotion and communication
- Leveraged partnerships to meet KVOG's goal
- Provided funding and/or administrative services for vaccination efforts and partnerships
- Provided data on individuals reached and events hosted
- Provided expertise in the field of aging
- Other (please specify) \_\_\_\_\_

Question	Response Options					not relevant or don't know
1. Partners had the ability to reach kūpuna in diverse settings, e.g., daycare service, senior housing, churches, etc.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	
2. Partners had the ability to reach kūpuna who needed extra help in accessing vaccine services, e.g., elders with no or limited English, elders with no or limited internet, homebound elders, etc.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	
3. The coalition strove to include partners who represented or could reach isolated, hesitant, or hard-to-reach groups.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	
4. KVOG supported and/or enhanced my organization role in community vaccination and outreach efforts.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	
5. Partners were meaningfully engaged in KVOG.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	
6. KVOG meetings were effective.	5	4	3	2	1	

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
7. KVOG communications were effective.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	
8. KVOG was effective in increasing kūpuna access to vaccination opportunities.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	
9. KVOG was broadly recognized as an authority or major player in ensuring vaccine access for the population served.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	
KVOG provided a sense of community across partners involved in this work.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	
10. I was satisfied with the functioning of KVOG.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	
11. I felt appreciated for my contributions to achieving the goal of KVOG.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	
12. I felt like my participation was valued by the group.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	
My personal and professional network has been enhanced by participating in KVOG.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	
Because of my participation in KVOG, I gained an increased situational awareness of COVID-19 vaccine efforts.	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree	

16. What did you find most valuable about participating in KVOG?

17. How could KVOG have been improved?

18. We are interviewing select members of KVOG on the functioning and impact of KVOG. Would you also like to be interviewed? If yes, please provide your name, email address, and phone number.

19. Any other comments?

***Mahalo!***



**Appendix C: Kūpuna Vaccination Outreach Group Interview Questions**

1. Name your organization and your role within it.
2. When and why did you join KVOG.
3. What role did you play in KVOG? Examples from the survey include:
  - a. Identified individuals and groups in need of assistance getting vaccinated
  - b. Conducted education, outreach, and/or information and referral
  - c. Coordinated vaccination events and efforts
  - d. Administered vaccinations
  - e. Assisted with vaccine promotion and communication
  - f. Leveraged partnerships to meet KVOG's goal
  - g. Provided funding and/or administrative services for vaccination efforts and partnerships
  - h. Provided data on individuals reached and events hosted
  - i. Provided expertise in the field of aging
  - j. Other (please specify) \_\_\_\_\_
3. Tell us about the specific strategies your organization used to increase access to vaccination among kūpuna, people with disabilities, or other underserved groups.
4. We are eager to document success stories. Tell us about specific successes in your county.
  - a. In this example or another, how did you leverage resources across agencies?
5. Tell us about possible data sources that may show the impact of these strategies.
6. Tell us about barriers, and lessons learned
  - a. Were there any critical moments or major shifts in your vaccine efforts that made a difference in how things turned out?
  - b. If we were to find ourselves in a similar situation in the future, what would be the most important thing to know/do?
7. Is there anything else you'd like to share?
  - a. Which populations still need to be reached?
  - b. Which new strategies can be tried?
8. Did you complete the KVOG online survey? If not, may I ask you 15 quick survey questions? (from survey)
9. Please share anything more about your experience with KVOG.
  - a. Good things about it
  - b. Ways to improve

**Appendix D: Kūpuna Vaccination Questions for County Executives**

1. Tell us about the situation of COVID-19 in your county and how kūpuna were affected.
2. Tell us about the specific strategies and activities in your county to increase kūpuna access to vaccination.
3. Describe the resources and structures that supported these strategies and partnerships, including the role of the AAA/ADRC in any of these efforts.
4. Tell us about data and/or data sources that may show the impact of these strategies.
5. We are eager to document success stories. Tell us about specific successes in your county.
6. Tell us about barriers, and lessons learned
  - a. Were there any critical moments or major shifts in your vaccine efforts that made a difference in how things turned out?
  - b. If we were to find ourselves in a similar situation in the future, what would be the most important thing to know/do?
7. Are there other partners in your county we should talk to?
  - a. District Health Officer?
  - b. Others?
8. Tell us about our experience being on the steering committee with EOA.
9. Is there anything else you'd like to share?

**Appendix E: Interview Question for County Partners (other than Honolulu County)**

1. Please give us the bigger picture of vaccination efforts on (your island) and the key partners in vaccination efforts on (your island).
2. Tell us about data and/or data sources that may show the impact of these strategies.
3. Tell us about barriers, and lessons learned. If we were to find ourselves in a similar situation in the future, what would be the most important thing to know/do?
4. Is there anything else you'd like to share?

### Appendix F: COVID Vaccination Rates by Hawaiian County & Overall



# Hawaii COVID-19 Vaccine Summary

LAST UPDATED ON Tuesday, August 3, 2021



Click information notes on this data

All persons age 12 and older are eligible for vaccination

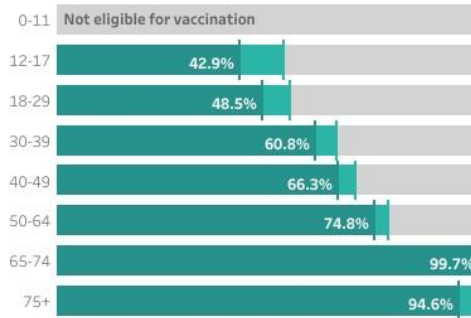
SELECT COUNTY

- All
- Hawaii
- Honolulu
- Kauai**
- Maui

## Kauai

Includes all JURISDICTION + PHARMACY+ FEDERAL AGENCY DOSES

Completed | Initiated

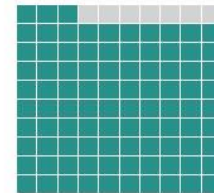


### Percent of Population Completed



Select Population  
65 yrs and older

# 98% COMPLETED



65 yrs and older  
(percent 65+ pop)

### NAVIGATE TO OTHER VIEWS

Click buttons to navigate to other views



- DOSE TRACKING
- COUNTY
- MAP
- AGE**
- RACE



# Hawaii COVID-19 Vaccine Summary

LAST UPDATED ON Tuesday, August 3, 2021



Click information notes on this data

All persons age 12 and older are eligible for vaccination

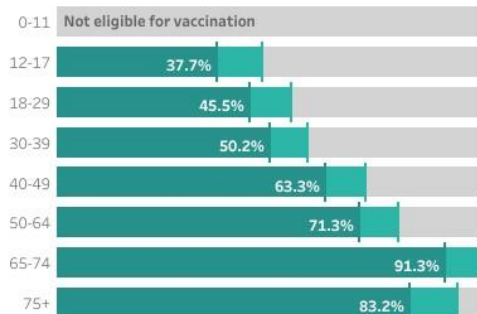
SELECT COUNTY

- All
- Hawaii
- Honolulu
- Kauai
- Maui**

## Maui

Includes all JURISDICTION + PHARMACY+ FEDERAL AGENCY DOSES

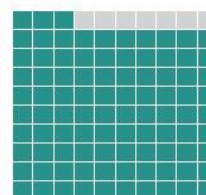
Completed | Initiated



### Percent of Population Completed

Select Population 65 yrs and older

**88%**  
COMPLETED



65 yrs and older  
(percent 65+ pop)

NAVIGATE TO OTHER VIEWS

Click buttons to navigate to other views



DOSE TRACKING

COUNTY

MAP

**AGE**

RACE



# Hawaii COVID-19 Vaccine Summary

LAST UPDATED ON Tuesday, August 3, 2021



Click information notes on this data

All persons age 12 and older are eligible for vaccination

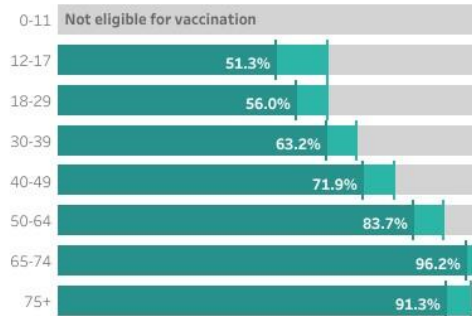
SELECT COUNTY

- All
- Hawaii
- Honolulu**
- Kauai
- Maui

## Honolulu

Includes all JURISDICTION + PHARMACY+ FEDERAL AGENCY DOSES

Completed | Initiated

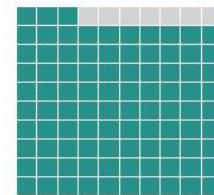


### Percent of Population Completed



Select Population  
65 yrs and older

**94%**  
COMPLETED



65 yrs and older  
(percent 65+ pop)

NAVIGATE TO OTHER VIEWS

Click buttons to navigate to other views



- DOSE TRACKING
- COUNTY
- MAP
- AGE**
- RACE



# Hawaii COVID-19 Vaccine Summary

LAST UPDATED ON Tuesday, August 3, 2021



Click information notes on this data

All persons age 12 and older are eligible for vaccination

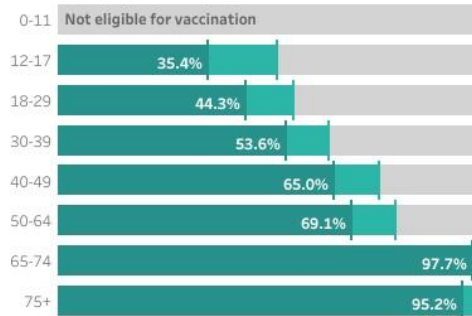
SELECT COUNTY

- All
- Hawaii**
- Honolulu
- Kauai
- Mauj

## Hawaii

Includes all JURISDICTION + PHARMACY+ FEDERAL AGENCY DOSES

Completed | Initiated

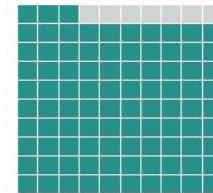


### Percent of Population Completed



Select Population 65 yrs and older

**97%**  
COMPLETED



65 yrs and older  
(percent 65+ pop)

### NAVIGATE TO OTHER VIEWS

Click buttons to navigate to other views



- DOSE TRACKING
- COUNTY
- MAP
- AGE**
- RACE



# Hawaii COVID-19 Vaccine Summary

LAST UPDATED ON Tuesday, August 3, 2021



Click information notes on this data

All persons age 12 and older are eligible for vaccination

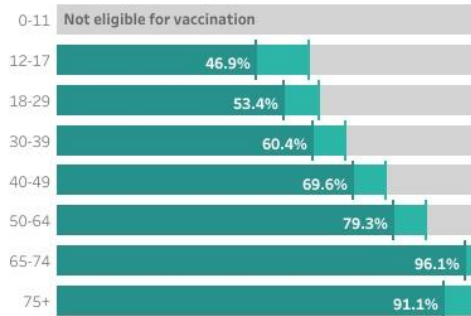
SELECT COUNTY

- All
- Hawaii
- Honolulu
- Kauai
- Mauj

All

Includes all JURISDICTION + PHARMACY+ FEDERAL AGENCY DOSES

Completed | Initiated

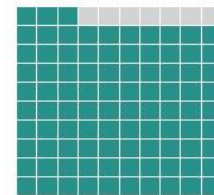


Percent of Population Completed



Select Population 65 yrs and older

94% COMPLETED



65 yrs and older (percent 65+ pop)

NAVIGATE TO OTHER VIEWS

Click buttons to navigate to other views



- DOSE TRACKING
- COUNTY
- MAP
- AGE
- RACE