Strategic Business Plan for the

CENTER ON AGING RESEARCH & EDUCATION
Formerly
Center on Aging

UNIVERSITY OF HAWAIʻI AT MĀNOA

PACIFIC BUSINESS CENTER PROGRAM
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I. Executive Summary

A. Strategic Business Plan Purpose

This report is a strategic business plan for the development and expansion of the Center on Aging (Center) at the University of Hawai‘i at Manoa, and its potential transformation into the multidisciplinary Center on Aging Research & Education (CARE). In 2003 UH Chancellor Peter Englert, the Center's director Kathryn Braun and DeWolfe Miller, then chairman of the Department of Public Health Sciences and Epidemiology, initiated the reorganization of the Center on Aging and its possible separation from the Office of Public Health Studies. The Center was charged with developing a strategic business plan to assist the University in determining the optimum strategy for this unit. This strategic business plan is intended to provide the current status, accomplishments and recommended future plans for the Center.

B. Center on Aging Purpose - Need Fulfillment

The Administration on Aging of the U.S. Department of Health and Human Services reports that persons 65 years or older numbered 35.6 million in 2002, representing 12.3% of the U.S. population. It is estimated, that by 2030 this age group will constitute 20% of the U.S. population. Hawai‘i’s older adult population amounted to 160,294 and constituted 13.4% of the population in 2002. The Executive Office on Aging estimates that, by 2020, 21% of Hawai‘i’s population will be over the age of 65, compared to only 16% in the US.

Population aging has many important socio-economic and health consequences, including the increase in the old-age dependency ratio, a growing need for the health-care financing and delivery systems, informal caregiving, and additional burden on pension systems. Social and economic challenges posed by the longevity revolution are believed to be magnified in Hawai‘i, where the life expectancy is higher than in any other state, the population is much more diverse than on the Mainland, and where the senior segment's growth rate is faster than the nation as a whole.

The unique characteristics of the aging population in Hawai‘i require additional efforts to create the adequate statewide infrastructure and public policy initiatives to ensure the well-being of the aging population.

C. Center on Aging Mission and Background

The mission of the Center is to increase the University’s capacity to carry out research, instructional and community service programs in the area of aging, and to make its gerontological resources available to the community, the state, and the Pacific-Asia region.

The Center is currently housed in the Office of Public Health Studies (OPHS) at the John A. Burns School of Medicine. The Center was established in July 1988 as a free-standing unit of the UH Manoa. Initially, the staff of the Center was comprised of a full-time director, a full-time associate specialist, a quarter-time associate researcher, and a full-time secretary. In 1993, concurrently with the retirement of its first director, Dr. Anthony Lenzer, the Center was transferred to the School of Public Health. The current Director of the Center, Dr. Kathryn Braun, is a Department of Public Health Sciences and Epidemiology faculty with primary teaching responsibilities in the social and behavioral health program. Since her appointment as the Center’s Director in 1995, the Center's budget has been significantly reduced, and now g-funds support only a full-time secretary and Dr. Braun’s administrative stipend.
D. Current Status of the Center on Aging

The Center on Aging staff are involved in a number of research and training projects, focusing mainly on successful aging, Asian and Pacific Islander aging, caregiving and end-of-life care. The complexity of the issues addressed requires a multidisciplinary approach to research and collaboration with the faculty across the campus. In addition to research, the Center on Aging is committed to promotion of the knowledge on aging among students, professionals, paraprofessionals and the public. This function of the Center is realized through a variety of gerontology courses and the certificate programs for undergraduate and graduate students offered by the Center staff, guest lectures for other schools and departments, training and education of professionals and paraprofessionals in aging, and assistance to federal and other agencies in grant writing, policy development, need assessment and training.

Despite a number of strengths and potential opportunities, the Center faces significant limitations, such as inadequate funding, uncertainty about its future location and lack of formalized cooperation among various aging programs and gerontologists on campus.

The annual base budget of the Center has been flat since 1994 and amounts to approximately $36,000. These general funds cover the salary of the only full time employee of the Center, the Secretary, and a monthly administrative stipend for Dr. Braun of $250. The remaining staff is paid through extramural and offset g-funds received by Kathryn Braun from various sources. Extramural funds are also used to support the research conducted by the UH affiliate faculty members, participating in the aging-focused projects.

E. Accomplishments of the Center on Aging

In the Fall of 1993 Center staff and affiliates launched a nationally acclaimed PBS television series and gerontology telecourse “Growing Old in a New Age,” designed for college classrooms and adult learners. Other accomplishments of the Center include numerous contracts and grants awarded, more than 100 publications, successful cooperation with faculty from multiple UH departments, and good working relationships with nearly a hundred community, national and international organizations and agencies concerned with aging.

The Center has long served local communities providing education and training services, spurring the advancement in the field of aging and utilizing knowledge about aging on a local and national level. Owing to its commitment of community service and high quality research and training programs, the Center has earned a reputation for excellence in technical assistance provided to the State of Hawai’i Executive Office on Aging, county offices on aging, and numerous community-based agencies and acclaim for training of local professionals, paraprofessionals, caregivers, and other community members on issues related to successful aging and caring for elders.

UH gerontologists across campus have been successful in securing grants for the Center through private foundations (Hartford, Reynolds, Robert Wood Johnson Foundation, Soros, HMSA Foundation and Hawaii Community Foundation) and some governmental agencies (e.g., the US Administration on Aging, the state and county offices on aging). The total funding brought in by Center staff since 1995 amounts to about $2.68 million.

F. Center on Aging Opportunities Unrealized

Due to staffing and funding issues, three main areas of unrealized Center potential include:

- Lost grant opportunities in research and training;
G. Recommendations for the Center on Aging

Focus

The Center could provide the focal point to organize a critical mass of Asian and Pacific Islander and aging scholars to create multidisciplinary teams of scientists whose empirical research focus upon this understudied and underserved group of Asian and Pacific Islander elders. The Center should develop the basic research infrastructure necessary to prepare UHM for the next round of center grant solicitations for research on minority elderly populations from the Resource Centers for Minority Aging Research or Royal Applied Gerontology Centers from the Institute on Aging at the National Institutes of Health.

The expanded Center should change its name to the Center on Aging Research and Education (CARE) to emphasize its multidisciplinary focus. Its mission will be to increase the University's capacity to carry out the highest quality research, instructional, and community service programs in the area of aging, and to make its gerontological resources available to the community, the state, and the Asia-Pacific region.

The expanded Center on Aging Research & Education should split into a research division and an education/training division to better serve its mission and objectives.

In the opinions of various community leaders and UH researchers, the expansion of the Center can further enhance its position as a key supporter of the economic development of Hawai‘i by helping to better prepare Hawai‘i and the Pacific Basin for the challenges related to an aging society. An expanded Center would be a direct response to the UHM strategic plans in education and training, knowledge creation, and knowledge dissemination, providing professional consultation on aging and longevity in the Asia-Pacific region.

Location

The full benefits of the expanded Center can only be achieved through appropriate positioning of the Center within the UH system. Based on the discussion with the Center staff and UH gerontologists involved in the Center’s activities, the optimal place for housing the Center on Aging is thought to be the School of Social Work. The main benefits of such placement would be:
The Dean of Social Work is ardently committed to aging research, education and service with its multidisciplinary mandate.

The School of Social Work offers a solid academic foundation for gerontology-related research:

- It has two full-time and one part-time professor who are experts in gerontology specializing in Asian and Pacific Islander aging issues.
- Social Work and its faculty have a successful track record of multidisciplinary gerontological research, education and service collaborations across UHM.
- The School hosts the only UH program that offers a graduate degree specializing in gerontology.
- The School has established strong relationships with various grant makers in aging and support organizations.

The School has committed to provide the necessary administrative and infrastructural support to the expanded Center on Aging.

The School has made multiple requests to acquire and renovate Henke Hall building 3 to house personnel from the Center on Aging.

H. Funding Requirements

Securing an adequate base of general funds is the key issue in the further development and expansion of the Center. Based on the Center’s goals and objectives, the estimated annual operating cost amounts to $500,000 and comprises primarily of the salaries of the director, research staff (faculty positions dedicated to academic programs and aging research) and administrative help. The projected expenditures are based on the assumption that there are no significant changes in the staffing level.

The requested general funds will serve as a base to leverage extramural funds. The main sources of extramural funds in the field of aging include federal funds, technical assistance contracts from local and international governments, private and community foundations and corporate grant makers.

I. Conclusions

Inadequate general funding has been the main constraint of the development of the Center. Based on the review and analysis of the Center, it is clear that without reorganization and increased base budget this well-needed unit of the University of Hawai‘i will languish.

University of Hawaii commitment is necessary to secure basic infrastructure and administrative support, as well as permanently supported full-time research positions that will in turn improve the competitive position of the Center when applying for larger grants in aging. The funding recommendation will allow the COA to fulfill its mission to increase the University's capacity to carry out the highest quality research, instructional, and community service programs in the area of aging, and to make its gerontological resources available to the community, the state, and the Asia-Pacific region.
II. Overview of the Center on Aging 1988-2004

A. Mission, vision and objectives
The Center on Aging (COA) is a research center established at the University of Hawai‘i at Mānoa (UHM) to advance and help utilize knowledge in the field of aging. The specific goals of the Center are:
- to stimulate and conduct gerontological and aging research by the development and funding of research proposals and contracts and by the publication of scholarly articles reporting the results of research.
- to promote initiatives and projects that contribute to improving the health and quality of life of an increasingly diverse population of older adults and disseminate the knowledge on aging to scientists, practitioners, and the public.
- to contribute to the training of skilled research personnel and practitioners by offering the certificate programs for undergraduate and graduate students and by supporting their involvement in research activities.
- to promote collaboration between the University and other organizations and policy makers concerned with aging to utilize academic resources at the community, state, and Asia-Pacific region level.

B. Program History
The Center on Aging was established by the University of Hawai‘i Board of Regents in July 1988 as a free-standing unit, reporting to the Office of the Senior Vice President and Executive Vice Chancellor. Initially, the staff of the Center comprised of a full-time director, a full-time associate specialist, a quarter-time associate researcher, and a full-time secretary (3.25 FTE = full-time equivalent).1 The following timeline presents the consecutive directors of the COA and the summary of main events in the history of the Center.

1989-1993. The Center’s first director was Dr. Anthony Lenzer, a Professor of Public Health. Under his leadership, the center created a program of gerontological education at the University of Hawai‘i at Mānoa and initiated and supported development of various research projects on aging, becoming a model for interdisciplinary field of study at Mānoa. Dr. Lenzer’s appointment ended in December 1993, when he returned to a tenured position as Professor of Public Health and subsequently retired. Concurrently with Dr. Lenzer’s retirement, the Center was transferred to the School of Public Health.

1994-1995. The Center’s second director was Dr. Lawrence Koseki, a School of Public Health faculty with primary teaching responsibility in the area of gerontology. He was appointed Acting Director in February 1994 and transferred to the Center in July 1994. Dr. Koseki’s appointment was changed from 9 months to 11 months, with 50% of his time allocated to the Center on Aging. Owing to the budget cuts, the university funding for the Center in this period was reduced to a full-time secretary, part-time student help and less than 30% of Dr. Koseki’s time. Dr. Koseki remained the Director of the COA until his death in September 1995.

1995-present. The current Director of the Center, Dr. Kathryn Braun, is a Department of Public Health Sciences and Epidemiology faculty with primary teaching responsibilities in the social and behavioral health (formerly called health education) program. She agreed to accept the position of the Director in October 1995. Dr. Braun has collaborated with the Center on Aging since its inception. Prior to joining the UHM faculty in 1993, while employed at the Queen’s Medical Center, Dr. Braun served as the Center’s quarter-time researcher in 1988 and was on contract from 1989 to 1993 as writer.

1 Based on the “Self-Study for Program Review” (1997, February 3) (n.b.). prepared by the Center on Aging.
of the Student and Faculty Guides for the telecourse “Growing Old in a New Age”. At the same time, Center funds were further reduced, supporting only the full-time secretary. Thus, since 1993, there have been no funds for the Center director’s position; rather the director has been “on loan” from Public Health for the past 11 years.

In 1999, as a result of financial problems, lagging research, decreasing enrollments and lack of support from former UH President Kenneth Mortimer, the School of Public Health lost its accreditation and was closed. The faculty was moved to the School of Medicine and became the Department of Public Health Sciences and Epidemiology. The Center has remained part of the Office of Public Health Studies.

C. Staff and Affiliated Faculty

At present, the staff of the University of Hawai’i Center on Aging is comprised of one full-time employee (the secretary) and seven continuing staff members, paid for through the extramural and offset g-funds received by Kathryn Braun from various sources.

Kathryn L. Braun, DrPH, is Professor of Public Health and Social Work and serves as Director of the Center on Aging. Her research focuses on Asian and Pacific Island aging, interventions to reduce disparities, and improving end-of-life care. Her publications explore ethnic differences in life expectancy and mortality, cultural variations in disease perceptions, and the developing and testing of culturally appropriate interventions to improve health. Through a contract with Papa Ola Lokahi, she also serves as Research Director of ‘Imi Hale—Native Hawaiian Cancer Awareness, Research, and Training Network. She is co-author of the faculty and study guides associated with the telecourse, “Growing Old in a New Age”, and co-editor of the books, Cultural Issues in End-of-Life Decision Making and Teaching Students Geriatric Research. She is a fellow of the Gerontological Society of America and Association for Gerontology in Higher Education, and received a Board of Regent's Award for Excellence in Teaching from the University of Hawai’i in 1998.

Michael Cheang, DrPH, an Assistant Professor/Assistant Director at the Center on Aging, and a lecturer in the Family and Consumer Sciences Department, oversees the certificates in gerontology programs. He teaches classes in needs assessment and program planning, and runs the field study course and the graduate seminar in gerontology. He has also taught the COA’s telecourse, “Growing Old in a New Age”. He is co-author of a curriculum for paraprofessionals in eldercare, offering trainings throughout the state. Dr. Cheang has collaborated with the Osher Lifelong Learning Institute to conduct The Illuminated Life® workshop, and has done projects with the Hawai’i Intergenerational Network. His recent research project involves a needs assessment of older gays and lesbians in Honolulu.

Shannon Kapuaolaokalaniakia (Kapuaola) Gellert is a Research Associate working on research projects with ‘Imi Hale—Native Hawaiian Cancer Awareness and Training Network. Three of her projects focus on developing and testing culturally appropriate educational brochures and interventions to improve health behaviors and cancer screening in Native Hawaiians. Another is investigating ethnic differences in muco-ciliary function. She is a graduate of the University of Hawai’i at Hilo with a BS in Biology and a minor in Chemistry. During her undergraduate studies, she participated in the Minority Biomedical Research Support Program, through which she conducted research with Dr. W. Mautz on the effects of pollution on the pulmonary system of amphibians. The findings from this research have been published.

3 Retrieved from University of Hawai’i Center on Aging Staff, available at http://www.hawaii.edu/aging/staffr.htm
Harumi Karel, MPH, PhD, is an Associate Specialist with the Center on Aging. She is currently involved in the end-of-life care program, funded by the Administration on Aging. She was engaged in a number of projects, including the analysis of data related to Hawai‘i’s baby boomers, satisfaction of caregivers and clients of the Kupuna Care Program (statewide in-home services), a statewide caregiver needs assessment, and also involved in the evaluation of the Kupuna Care Program. She handles international requests for training, seminars, and exchange program. A native of Japan, Harumi has lived and worked in Japan, Laos, and Papua New Guinea, as well as Hawai‘i.

Ana Zir, MPH, RN, is a Junior Specialist at the Center. She is the program coordinator for a number of the Center's end-of-life training and education projects and teaches a course on death and dying. She is the co-author of two training curricula on end-of-life care and author of a curriculum for chronic disease management among Native Hawaiians. She enjoys helping students, professionals, and family members to better understand end-of-life issues in order to enhance the quality of the living and dying experience.

Wes Lum, MPH is a Junior Specialist at the Center on Aging at the University of Hawai‘i and is working with the Executive Office on Aging to develop a comprehensive system of support and services for Hawai‘i’s family caregivers. Prior to joining the Center, Wes worked in the Government Affairs Department for the Chamber of Commerce of Hawai‘i and was a legislative analyst for the House Majority Staff Office where he primarily conducted research and drafted legislation for the House Committees on Health and Human Services & Housing.

Carol Matsumiya is the secretary of the Center on Aging, overseeing a variety of administrative functions. She prepares the Center’s newsletter.

In addition to the continuing staff, the Center on Aging collaborates with the following non-compensated affiliates:

Abraham Arkoff, PhD is emeritus professor of psychology at the University of Hawai‘i at Mānoa where he continues to teach in its Osher Lifelong Learning Institute. He is a board certified (ABPP), licensed (Hawai‘i) clinical psychologist. At one time, Abe taught the oldest and the youngest students on campus—those in the Elderhostel program which he brought to the campus and coordinated and those in the Freshman Seminar Program that he created and directed. Abe has won the Regent’s Medal for Excellence in Teaching, and he has been the University of Hawai‘i’s nominee for the national CASE Professor-of-the-Year Award. He created The Illuminated Life® workshop program that was winner of the 2004 American Society on Aging-MetLife “Mind Alert” award for innovative older adult learning. For ten years he was a volunteer working with terminally-ill patients and their families. Abe is particularly interested in self-fulfillment and personal growth and his books in this area include Adjustment and Mental Health, Explorations in Human Behavior, Psychology and Personal Growth, Explorations in Personal Growth, The Illuminated Life, The Illuminated Life: Your Lifebook, and The Illuminated Life: Your Third Age Lifebook.

Pamela Arnsberger, PH.D. MSW LCSW is a Professor and chair of the health concentration at the School of Social Work. She is also an adjunct Professor at the University of California San Francisco. She has published over 30 peer reviewed articles in the areas of health and aging. Some of her recent work has focused on comparative issues in aging in China and the U.S. and breast cancer and older women. Recent articles on these topics appear in The Gerontologist and the Journal of Cross Cultural Gerontology, both prominent journals is the field of aging. Dr Arnsberger also has a long track record of extramural funding in the field of aging. She has been the principal investigator or co-principal investigator on grants from the National Institute on Aging, the Health Care Financing Administration, the Health Resources and Services Administration and the Substance Abuse and Mental Health Services Administration over the past fifteen years.
Patricia Lanoie Blanchette, MD, MPH, is a tenured Professor and Chair of the Department of Geriatric Medicine at the John A. Burns School of Medicine at the University of Hawai‘i at Mānoa. She is director the Pacific Islands Geriatric Education Center and the John A. Hartford Foundation Center of Excellence in Geriatric Medicine. After completing an M.D. and MPH in Gerontolgy at the University of Hawai‘i, she completed an internship and residency in Internal Medicine at Dartmouth Medical School and a two-year fellowship in Geriatric Medicine at Harvard Medical School. She is board certified in internal medicine and geriatric medicine. She returned to Hawai‘i in 1984 as its first fellowship-trained geriatrician. Since that time she established the Geriatric Medicine Fellowship Program that has trained over 90 geriatricians for this critical shortage specialty. She has a 20-year history of significant extramural funding in geriatric education and aging research at the University of Hawai‘i. She has won numerous awards and honors, including an Excellence in Teaching Award, Distinguished Alumnus of Leeward Community College and the University of Hawai‘i, Best Doctors in America and the Soroptimist’s Women of Distinction Award. She has over 55 publications in gerontology, geriatric medicine and aging research.

Colette V. Browne, DrPH, MSW, MEd, is a Professor and Chair of the gerontology concentration in the School of Social Work at the University of Hawai‘i at Mānoa. Dr. Browne is the author of Women, Feminism and Aging, published by Springer Publishing Company in New York, and, together with Roberta Onzuka Anderson, co-author and editor of Our Aging Parents: A Guide to Eldercare, published by the University of Hawai‘i Press. Dr. Browne’s work reflects her interests in ethnogerontology, feminist thought, social gerontology, and gerontology curricula development. She has been appointed to the State’s Policy Advisory Board for Elderly Affairs by three governors. She is the 1995 recipient of the Board of Regent’s Excellence in Teaching Award, and was appointed by President Clinton to serve as one of the nation’s 100 delegates to the National Symposium on Retirement held in Washington D.C. in 1998. The National Association of Social Workers-Hawai‘i Chapter, honored her as “Social Worker of the Year in Gerontology” and “Social Worker of the Year in Professional Education” in 2000.

Joan P. Dubanoski, MPH, PhD, is Project Director of an NIMH - funded longitudinal study on culture, personality, and health. From 1988 through 1994, she was Associate Specialist of the UH Center on Aging, where, in addition to teaching, research, and community service activities, she served as senior producer/co-writer of the telecourse/PBS series Growing Old in a New Age. The telecourse received one local and six national awards for excellence. She also worked with Abe Arkoff to adapt The Illuminated Life® for the World Wide Web. She continues to work with faculty and community experts in gerontology, and is committed to providing information and education on aging through emerging technology.

Rebecca J. Goodman, MS, is Director of the Osher Lifelong Learning Institute in the Colleges of Arts and Sciences at the University of Hawai‘i at Mānoa. From 1991-1994, she was Project Coordinator/Associate Producer of the UH COA Education's award-winning telecourse/PBS series “Growing Old in a New Age”. Working with a team of community elders and retired professors in 1996, she developed the Academy for Lifelong Learning, an elder-learning program serving more than 1,000 older adults in Honolulu. In 2003, the lifelong learning program obtained grant support from The Bernard Osher Foundation of San Francisco and became the Osher Lifelong Learning Institute (OLLI). In 2004, OLLI-UHM and its featured workshop, The Illuminated Life®, developed by UHM Professor Emeritus Abe Arkoff, were selected by the American Society on Aging and the MetLife Foundation to receive the MindAlert Award for innovative older adult learning program.

Cullen T. Hayashida, PhD, is a graduate affiliate faculty with the Department of Sociology at the University of Hawai‘i. He is the current President of Assisted Living Options Hawai‘i, a non-profit professional association and a member on the Hawai‘i State Board of Medical Examiners. He has been involved with long-term care service development since 1979 and today is the Director of Elderly Care Development, Hawai‘i Health Systems Corporation-Oahu Region. Since 1979, he was involved with the
development of over 20 new long-term care projects that were aimed at finding more cost-effective solutions to long-term care service delivery. Areas of study have included research and development work in assisted living, affordable supportive senior housing, residential care homes, adult day care services, county-based long-term care indicators, comparative systems of long-term care with particular attention to Japanese society, quality of nursing home care.

**Satoru Izutsu, PhD, OTR** is the Senior Associate Dean for Administration and Emeritus Professor of Public Health and Psychiatry at the John A. Burns School of Medicine University of Hawai'i. He has been at the University of Hawai'i since 1976. He received his BA from the University of Hawai'i, a Professional Certificate in Occupational Therapy and Master Degree in special education from Columbia University, and his doctorate in psychology (education) from Case-Western Reserve University. He is a Hawai'i licensed Psychologist, Occupational Therapist, and Nursing Home Administrator. At the School of Medicine, he chairs the Admissions Committee, directs the Office of International Health/Medicine, Principal Investigator of the Okinawa Postgraduate Medical Education Program, and member of the Executive, Curriculum, Budget, Space, Student Standing and Promotion, and Evaluation, Review and Remediation Committees. In addition, he is the Interim Director of Kuakini Geriatric Care, Inc., a member of the Kuakini Ethics Committee, and Board member, Kuakini. He has served as Board Member of the State Policy Advisory Board for Elderly Affairs, Lanakila Rehabilitation Center, Palolo Chinese Home, and the American Occupational Therapy Association. Currently, he is a member of the advisory councils, Physical and Occupational Therapy Assistants Program at Kapiolani Community College, and serves on the Editorial Board of the Hawai'i Medical Journal. He is a retired Colonel from the U.S. Army Reserves (Army Medical Specialist Corps) with thirty years of service.

**Anthony Lenzer, PhD.** is Professor Emeritus of Public Health, and former director of the Center on Aging. At the University, he also served as Executive Producer, writer, and interviewer for the Center's award-winning PBS series, “Growing Old in a New Age”. Although retired, Dr. Lenzer continues to be involved in the field of aging. He periodically teaches a graduate gerontology course at UH; lectures to lay and professional audiences; and is an active volunteer with AARP Hawai‘i, Kokua Council, and the Hawai‘i Pacific Gerontological Society.

**Nancy D. Lewis, PhD,** is Director of the Research Program at the East-West Center. Prior to that she served as Associate Dean of the College of Social Sciences and Professor in the Department of Geography. She has affiliate appointments in a number of departments including the Center for Pacific Island Studies. She specializes in medical geography and her research focuses on gender, aging, human ecology, the geography of health and disease, health and development in the Pacific Island context, expanded definitions of women's health or “safe womanhood” and recently on climate and health. She is currently working on gender, globalization and health. Nancy is active in several international organizations boards, serving as Secretary General for the Pacific Science Association 1999-2007 and as board member of the International Geographical Union Commission on Health and Development 1996-2000.

**Jon K. Matsuoka, Ph.D.,** is the Interim Dean and Professor at the School of Social Work, University of Hawai‘i at M‘noa. He has served on the faculty for 20 years and his scholarship has focused on Native Hawaiian and Pacific Islander mental health and well-being especially as it relates to cultural preservation and environmental issues. He has established a scholarly record in this area and was recently invited to be the Carl A. Scott Memorial Lecturer on multiculturalism at the Council on Social Work Education. During the last four years he has served in the capacity of Interim Dean and enhanced the level of extramural funding for training and research, donations, community participation, and interdisciplinary activities within the School.
Strategic Business Plan for *Center on Aging*

Sharon Y. Miyashiro, Ph.D., J.D., is Principal Investigator of the Hawai‘i Energy Policy Project; Interim Associate Director of the Public Policy Center, College of Social Sciences; and Special Projects Coordinator, Department of Urban and Regional Planning, University of Hawai‘i at Mānoa. Her work currently focuses on bringing diverse stakeholders from the community together with University partners to address problems and issues of significance to the community. Projects include the Hawai‘i Energy Policy Project to develop an implementation plan for Hawai‘i’s preferred energy future in 2030; Long-term Care Policy Summit to develop an implementation plan for providing affordable services and a comprehensive service delivery system for long-term care; facilitation of the Summit and implementation planning for the Hawai‘i Drug Control Strategy; and community development efforts in the Sheridan/Kaheka/Ala Moana neighborhoods. Past positions include: Assistant Vice President for Academic Affairs, University of Hawai‘i at Mānoa; Administrative Director of the Courts for the State of Hawai‘i Judiciary when it initiated its strategic planning efforts; Director of the State Human Resources Development Department where she led the efforts to reform the State’s civil service system; and Deputy Director of the Department of Labor and Industrial Relations. Her interests and experience are in public policy and public administration; aging and long-term care; facilitation and mediation as they support community development; and public sector organizational development.

Charon Pierson, RN, MS, GNP, PhD, is an Assistant Professor in the Department of Geriatrics at the John A. Burns School of Medicine, University of Hawai‘i. She has been in clinical practice as a gerontological nurse practitioner since 1984 and has been in academics since 1978. As part of her doctoral work in medical sociology, she researched and published on issues related to end-of-life decision making. Her other academic interests include ethnmethodology and conversation analysis within the context of multidisciplinary collaborative hospital rounds and access to services for elderly in Hawai‘i. She is active in many professional nursing organizations and is the Editor-in-Chief of the Journal of the American Academy of Nurse Practitioners and the founding editor of Nurse Practitioner Forum. She was a John A. Hartford Post-Doctoral Scholar at the University of California at San Francisco from 2001-2003.

James H. Pietsch, JD, is Director of the University of Hawai‘i’s Elder Law Program, Professor of Law at the William S. Richardson School of Law and Adjunct Professor of Geriatric Medicine at the John A. Burns School of Medicine. He received his BA from Georgetown University and his JD from the Catholic University of America. He is a member of the Iowa State Bar, the Hawai‘i State Bar and Bar of the Supreme Court of the United States. Within the community, he has served on several committees focusing on aging, ethics and health care, including the Governor's Blue Ribbon Committee on Living and Dying With Dignity, and the Governor's Elder Abuse Committee. He is also a member of several Hospital Ethics Committees on Oahu. In 1990, he was the recipient of the fifth annual Paul Lichterman Memorial Award for contributions to the advancement of law and aging. In 2003 he was the Hung Wo and Elizabeth Lau Ching Foundation Award for Community Service Recipient at the University of Hawai‘i.

S.I. Shapiro, PhD, is a Professor of Psychology at the University and an affiliate member of the Center on Aging. Together with hospice personnel, he has been teaching a series of courses on death and dying with an emphasis on lessons from the dying. He also teaches a variety of courses in consciousness and the arts, the psychology of knowledge and wisdom, classical Asian psychologies of the mind, and transpersonal studies. He was Executive Editor of the *International Journal of Transpersonal Studies* and the found and co-editor of its subseries, *Voices of Russian Transpersonalism*. He has one hundred publications, including three books.

Emese Somogyi-Zalud, MD, is Associate Professor at the Department of Geriatric Medicine, John A. Burns School of Medicine. She holds certifications in internal, geriatric, and palliative medicine. Her primary focus is palliative and end of life care. Her scope of activities includes education, patient care,
research, and community service. She is involved with several initiatives aimed at improving the care of those with serious and terminal illness in Hawai'i.

**Eldon L. Wegner, PhD,** is Professor of Sociology and Chair of the Department of Sociology at the University of Hawai'i. He received his Ph.D. in Sociology from the University Wisconsin, Madison and joined the faculty at the University of Hawai'i at Mānoa in 1967. He received an Award for Excellence in Teaching from the College of Social Sciences in 1991 and was the recipient of the 2000 Na Lima Kokua Ma Waena O Makua Award for Outstanding Research/Training from the Hawai'i Pacific Gerontological Society. His areas of research and teaching are medical sociology, social psychology, and social gerontology, with a special focus on issues of long-term care for the elderly. His recent projects include cross-national studies of public and private roles in care for the elderly, including implementation of national long-term care insurance in Germany and Japan. He is Co-PI on a project to develop benchmarks as indicators of the long-term care service adequacy for the counties of Hawai'i. In addition, he is currently an investigator with the Center for the Prevention of Youth Violence among Asian and Pacific Islander Youth, and is a faculty mentor with the Native Hawaiian Mental Health Research Development Program (NHMHRRDP) of the Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa, which focuses on cultural risk factors for mental and behavioral problems and developing models of culturally appropriate interventions. He is Chair of the Research Committee on Comparative Social Gerontology (Section on Aging and the Life Course), a member of the American Sociological Association, a member of the Policy Advisory Board for Elderly Affairs, State of Hawai'i, and on the Steering Committee of the Taskforce for Aging Issues of Gay and Lesbian Persons of The Center in Honolulu.

**Barbara W.K. Yee, PhD,** is Professor and Chair of the Department of Family and Consumer Sciences, College of Tropical Agriculture and Human Resources at the University of Hawai'i at Mānoa. Since the fall of Saigon in 1975, she has been interested in how middle aged and elderly Southeast Asian refugees adapt to the loss of homeland and culture. Her current research examines how acculturation influences health beliefs and lifestyle practices across three generations of Vietnamese adults living in the US. Dr. Yee is a fellow of the American Psychological Association and Gerontological Society of America. She currently serves on the Expert Panel of Minority Women's Health, PHS, and on the steering committee for the Bright Futures for Women's Health and Wellness, HRSA, DHHS. Dr. Yee was awarded the Okura Community Leadership Award from the Asian American Psychological Association, from the Okura Mental Health Leadership Foundation, for outstanding community leadership that benefits the Asian American community.

**Valerie Yontz, PhD, RN, MPH,** currently an instructor/lecturer for the Center on Aging, teaching PH 640 – Health and Aging. Dr. Yontz earned her Doctor of Philosophy in Sociology of Aging from the University of Hawai'i in 1995. Since 1999 Dr. Yontz has been Elderly Program Coordinator/Quality Assurance Officer/Director of Public Housing for Kokua Kalihi Valley (KKV) Comprehensive Family Services in Honolulu. Dr. Yontz was Regional Health Education Officer with International Organization for Migration (IOM) in Kuala Lumpur, Malaysia and in Bangkok, Thailand.

Resumes of the staff and collaborating faculty members can be found in Appendix A.

**D. Organizational structure**

Currently, the Center on Aging is a subdivision of the Office of Public Health Studies, which in turn operates as a unit of the School of Medicine. The Director of the Center, Kathryn Braun, has a 9-month appointment with the Department of Public Health Sciences and Epidemiology. Dr. Braun is a g-funded and tenured faculty with the Department of Public Health Sciences and Epidemiology on loan to the COA. Dr. Braun is responsible for the overall management and direction of the Center.
In the absence of an Associate Dean for the Office of Public Health Studies, the Center Director reports to Chair of the Department of Public Health Sciences and Epidemiology, another subdivision of the Office of Public Health Studies. In addition, the Director is advised by the Center’s Executive Committee that is comprised of gerontologists across campus (listed under Affiliate Faculty above). The Center’s Scholarship and Awards Committee is comprised of retired faculty and community representatives.

The only full-time employee of the Center, paid for with the base budget, is Carol Matsumiya, a secretary. The remaining continuing staff is funded through the offset funds collected by Kathryn Braun. Extramural funds are also used to support the research conducted by the UH affiliate faculty members, participating in the aging-focused projects.

The organizational structure of the School of Medicine, as well as the structure of the Center on Aging, has been presented in the following charts.
Organization Chart of the John A. Burns School of Medicine

Organization Chart of the Center on Aging

Kathryn L. Braun, DrPH  
Professor/Director of COA  
9-month appointment

The Executive Committee  

The COA's Scholarship and Awards Committee

Michael Cheang, DrPH  
Assistant Professor  
Assistant Director  
9-month appointment

Carol Matsumiya, BA  
Secretary

Harumi Karel, PhD  
Associate Specialist  
11-month appointment

Shannon K. Gellert, BS  
Research Associate  
11-month appointment

Ana Zir, MPH, RN  
Junior Specialist  
11-month appointment

Wesley Lum, MPH  
Junior Specialist  
11-month appointment

Affiliate Faculty

Source: The Center on Aging Staff.
III. Program Functions and Beneficiaries

Based on its mission, goals, and objectives, the Center on Aging fulfills three major overlapping functions: research, education and other services, benefiting the University and organizations and policy makers concerned with aging and the public.

COA Functions

Source: The Center on Aging Staff.

A. Research

The Center on Aging staff are involved in a number of research and training projects, some of which are conducted in collaboration with other gerontologists across the campus. The main areas of interest include:

- Successful aging
- Asian and Pacific Islander aging
- Caregiving
- End-of-life care

The research projects cover a wide variety of social, psychological, environmental, and cultural issues affecting the well-being of aging populations. Research of the Center is exploring cultural variations in caregiving, help seeking, perceptions of chronic disease (e.g., cancer, dementia, and diabetes) and death and dying practices; testing interventions to reduce health disparities; examining volunteer behavior in seniors; tracking client and caregiver satisfaction with homecare services; coordinating specialized training and workshops in gerontology for local and international organizations; developing and testing educational materials related to elder abuse and neglect, end-of-life decision making; and health promotion.
The complexity of the issues addressed requires a multidisciplinary approach to research on aging. Therefore, research projects are conducted in conjunction with faculty from multiple UH departments, including family resources, law, medicine, nursing, social work, and sociology, as well as community agencies, including Child and Family Services, the Executive Office on Aging, the Hawaiian Islands Hospice Organization, and Papa Ola Lokahi. A full list of community partners is provided on pages 31-33.

Examples of Center research projects include:

1. **Successful Aging**
   - **Senior Volunteers as Assets Project**

   Middle-aged and older adults can be regarded as societal assets because they often provide valuable but unpaid assistance to families, associations, and agencies. The Center conducted a statewide survey, funded by Hawai‘i Community Foundation, to explore volunteer experiences, plans to increase time spent in volunteering, and motivations for volunteering among middle-aged and older adults in Hawai‘i.

   Findings indicate that Hawai‘i senior volunteers are more likely than non-volunteers to: 1) perceive themselves in good or excellent health, 2) have more years of education and more income; 3) be “younger” seniors (in the 50-75 year old range); and 4) to have been involved in volunteer work when they were children.

   Findings also suggest a potential to increase volunteerism among adults between the ages of 50 and 75 if: 1) opportunities for volunteering are meaningful, 2) the hours are convenient, 3) the task is clear and specific, and 4) the work is appreciated and recognized as valuable. Volunteering also benefits older adults by enhancing personal development and mental and physical health.

   - **The Illuminated Life Workshop**

   The Center on Aging collaborates with Dr. Abe Arkoff, Professor Emeritus, Psychology, and the Osher Lifelong Learning Institute to provide The Illuminated Life workshops to older adults in the community. The Illuminated Life workshop is a comprehensive, structured life-review and enhancement program designed to help independent older persons improve their psychological functioning. The workshop’s retrospective-proactive orientation assists participants in gathering insights about their lives in order to consider creative post-retirement roles and to integrate the learning of a lifetime. The workshop, winner of the 2004 Mind Alert Award from the American Society on Aging and the MetLife Foundation, consists of 14 weekly meetings each devoted to a "life question" designed to provoke insights concerning the past and present as well as momentum and direction for the future. Research studies provide evidence of the workshop's effectiveness in improving elder well-being. Current collaborative efforts with gerontologists from the Center are underway to provide intergenerational workshops and reach underserved elders in the community.

   - **Osher Lifelong Learning Institute, Colleges of Arts and Sciences, UHM**

   For the past 5 years, the Center has collaborated with the Osher Lifelong Learning Institute (formerly the Academy for Lifelong Learning) in the UHM College of Arts and Sciences to build stronger community connections and partnerships across the State of Hawai‘i. In consultation with the Center, the Osher Lifelong Learning Institute strengthened and expanded its program beyond the UHM campus to offer five satellite programs of health and wellness workshops to more than 200 elders.
affiliated with selected retirement residences, affordable senior housing sites, senior centers, and churches. In addition, OLLI participants occasionally participate in Center projects, e.g., the pre-testing of educational booklets on end-of-life and bereavement produced through the Enhancing Care for Hawai‘i’s ‘Ohana (ECHO) funded by the US Administration on Aging.

2. Asian and Pacific Islander Aging

Native Hawaiian and Pacific Islander Elders
In collaboration with researchers from Family and Consumer Sciences and the School of Social Work, the Center reviewed literature about Native Hawaiian and Pacific Islander elders. This review and associated policy recommendations were published in a 2004 monograph titled “Closing the Gap” for the Gerontological Society of America.

We found that, in the 2000 census, 874,414 Americans (0.3% of the total population) were of Native Hawaiian or Pacific Islander (NHPI) ancestry. Only 5% of NHPI are age 65+ compared to 12% in the general US population. Literature suggests that disparities in health status and service utilization are linked to the mostly negative effects of a rapid Westernization of lifestyle (resulting from colonization and migration), low socio-economic status, English-language barriers, and unfamiliarity with preventive approaches to health maintenance. Despite acculturation in some life domains, NHPI elders often maintain their leadership roles in family and church, through which they transmit cultural values and traditions. To improve the attractiveness and utilization of health care services, health care providers should incorporate strategies that recognize important NHPI values—spirituality, reciprocity, and helpfulness—and work to increase the affordability of services for NHPI. More research is needed to discover information that can help NHPIs make healthy adjustments to Westernization, increase their service utilization, and reduce disparities between them and other Americans.

‘Imi Hale--Native Hawaiian Cancer Awareness, Research, and Training Network (a community based participatory research project)

‘Imi Hale is a program of Papa Ola Lokahi developed and managed by Native Hawaiians to increase cancer awareness and research capacity among Native Hawaiians. This US subgroup of indigenous people of the Hawaiian Islands has disproportionately high rates of cancer mortality and low rates of participation in health and research careers.

‘Imi Hale spent its first year (2000) of this 5-year grant gathering data from Native Hawaiians about their cancer awareness and research priorities. ‘Imi Hale’s community and scientific advisors, Nā Liko Noelo (budding researchers), and staff develop and carry out projects that address these priority areas. Emphasis is placed on transferring skills and resources to Native Hawaiians through training, technical assistance, and mentorship. A biennial survey assesses the extent to which community-based participatory research principles are being followed.

By the end of the fourth year, statewide and island-specific awareness plans were produced. Staff wrote 13 additional proposals for awareness projects, bringing in $150,000+ more in funds to support development and dissemination of Hawaiian health education materials. Research accomplishments include the enrollment of 78 Native Hawaiian Nā Liko Noelo, 68 of which are involved in 23 extramurally funded research projects (worth $700,000+). More than 30 publications have been generated about ‘Imi Hale and associated research projects since 2000. Program evaluation suggests that 92% of the advisors feel that ‘Imi Hale is promoting scientifically rigorous research that is culturally appropriate and respectful of Native Hawaiian beliefs and 96% feel that ‘Imi Hale is following its own principles of community-based participatory research.
Strategic Business Plan for Center on Aging

JoAnn Tsark, MPH is Program Director. Kathryn Braun and Kapuola Gellert on the Center staff are Research Director and Research Associate, respectively. A grant proposal has been submitted to extend this program through 2010.

3. Caregiving

- Caregiver Resource Initiative Project

Families, not institutions, are the major providers of long-term care, providing 80% of all care at home. It was estimated that in 1997, there were 114,872 caregivers in Hawai’i providing 106.9 million hours of care, at a value of $874.6 million. In 2003, it was estimated that in Hawai’i 20.7% of the adult population, or 198,816 individuals, were family caregivers to a person over 60 years old. Of these caregivers, 30% were caring for their spouse or partner and 21% were caring for a parent. Family caregivers come in all “ages;” 22% of adults age 30-59 are caregivers, 30% of those age 60-69 are caregivers, and 17% of adults age 70 or older are caregivers.

The goal of the Caregivers Resource Initiative (“CRI”) project, funded by the Executive Office on Aging, is to build a statewide system of support and services for family caregivers. The CRI project focuses on: 1) policy development, e.g., developing high-quality, cost-effective, and supportive policies and programs for Hawai’i’s family caregivers; 2) coalition building, e.g., supporting the Hawaii Family Caregiver Network, a coalition of organizations committed to supporting family caregivers; and 3) caregiver communication, e.g., publishing the Family Caregiver Newsletter and maintaining the Caregiver Website: http://www2.state.hi.us/eoa/.

- Statewide Family Caregiver Survey Program

The Executive Office on Aging contracted with the Center to conduct a needs assessment of family caregivers, collecting data on demographics, care provided, and impact of caregiving on caregivers and their families. In addition, we examined utilization of formal care services, perceived service needs, use of advance directives, extent of private long-term care insurance coverage, quality of life of caregivers, and support for new models of consumer-directed care. A total of 896 names were solicited through local media and conference presentations, etc., and the survey was mailed out. 50% met the criteria for the study, i.e., they were currently helping a loved one age 60 or older but they were not receiving payment for care provided. The results of the study can be downloaded from www2.state.hi.us/eoa/.

- Kupuna Care Evaluation Project

The Center assisted the Executive Office on Aging to conduct an internal evaluation of Kupuna Care, its statewide home and community-based service program for older adults. The goal of Kupuna Care is to link eligible elders to home-delivered meals, chore services, assisted transportation, case management, and other assistance to keep them from becoming institutionalized. Additionally, elders receiving Kupuna Care services were surveyed about their satisfaction with care. Findings were shared with the Area Agencies on Aging and, through a series of meetings, recommendations for program improvement and indicators for program success were developed and adopted.

- Elder Abuse Projects—Raising Awareness and Evaluating a Prevention Program

Elder abuse and neglect is among the many challenges we face with the dramatic increases in the number of people living to advanced old age. It is a serious concern not only in institutional settings, but increasingly so in domestic settings because so many elderly who need care are living at home. The Center worked with the Executive Office on Aging on a number of projects to increase awareness about elder abuse, including the development and testing of educational brochures and videos about the issue. We also helped identify and train “sentinels” in the identification of elders at risk of abuse and neglect.
Currently, we are assisting in the evaluation of Project REACH, a program developed to help reduce elders’ risk of abuse and neglect. Funded by the Executive Office on Aging, the mission of REACH (Responsiveness, Encouragement, and Assistance through Counseling and Help) is to prevent abuse and neglect by reducing vulnerability. Services, provided by Child and Family Services and the University of Hawai‘i Elder Law Program, include care coordination, supportive counseling, financial counseling/management, and legal counseling/services. In the first 16 months of the program, 118 were enrolled and 70 were discharged. Pre-neglect clients outnumbered pre-abuse clients 3:1. At discharge, all realized significantly reductions in their “risk” scores. About 55% of clients were helped to remain in their original living situations, and about 45% were relocated, including about 25% who were placed in adult residential care homes. Three-month, post-discharge surveys from clients capable of and willing to respond (about 34%) suggest increased feelings of safety and/or ability to avoid future abuse/neglect.

Paraprofessionals in Aging Program

Paraprofessionals make up the backbone of home care. They provide as much as 80% of personal care for the frail elderly and disabled living at home. The goal of the Paraprofessionals in Aging Program (PAP) funded by the Office on Aging, County of Hawai‘i, was to improve the care provided to older adults by developing and offering an effective gerontology training program for paraprofessional home- and community-based service providers. Training modules include: 1) What is Aging? How Old is Old? 2) Getting Healthy, Staying Healthy, 3) Understanding Disability and Disease, 4) Caregiving Principles and Strategies, 5) Dying, Death, and Bereavement, and 6) Putting It All Together-Assessment and Communication. Evaluation findings suggest that paraprofessionals improved their knowledge of and attitudes toward aging and eldercare and demonstrated mastery of the learning objectives. In addition, participants in post-training focus groups recognized in themselves more realistic views of older adults, increased ability to separate the older adults from his/her disease, and new skills at talking to and caring for older adults clients. After preliminary testing of the curriculum on the Big Island, it was offered on Kaua‘i, Maui, and O‘ahu.

Filipinas as Residential Long-Term Care Providers

The Center supported PI Colette Browne from the Social of Social Work in an exploration of reasons why Filipinas in Hawai‘i have become the primary caregivers of elders in residential care homes and if they thought their children would follow them in this profession. A random sample of 173 (of 500) care home operators (CHOs) was interviewed, of which 100% were Filipina and 96% were first-generation immigrants. On the whole, Filipina CHO’s were middle-aged women with training and experience in elder care who concurred that the job fit their cultural values. About a third also felt that this job was open to immigrants and helped them buy a house. 20% or less felt discriminated against because of this work. Although half the sample felt that women were better caregivers than men, only 38% felt that caregiving was primarily the responsibility of women. Almost 90% planned to continue with this work, but only 12% said it was likely that their children or grandchildren would become CHOs, supporting the notion that choosing this profession had less to do with cultural values and gender expectations than with economic opportunities available to the current cohort of CHOs. These findings have implications for the state’s ability to care for its elders after this generation of CHOs retires.

4. End of Life Projects

Kokua Mau

Many Americans die in pain, without hospice, and without regard to advance directives. To begin to change this, the Center joined with the Executive Office on Aging, the Hawaiian Islands Hospice Organization, and St. Francis Healthcare System to found Kokua Mau, a community-state partnership
to improve end-of-life care (EOL) in Hawai‘i. Funding for coalition activities was received from the Robert Wood Johnson Foundation, the Soros Foundation (Project on Death in America), Hawai‘i Community Foundation, and the Hawai‘i Medical Services Association (HMSA) Foundation. In the first 3 years of the project: coalition membership grew to 350 members; EOL care curricula were developed and offered to various target audiences; 17,000 individuals attended educational events; 4 major policy changes were facilitated; decreases were seen in proportions of residents supporting physician-assisted suicide; and increases were seen in advance directive completion rates and hospice utilization. Most importantly, after the grant period, coalition members went on to develop and implement new programs to improve care to the dying.

- **The Complete Life**

A goal of *Kokua Mau* was to increase access of Hawai‘i’s people to culturally relevant spiritual resources at the end of life. Thus, the Center developed the Complete Life, a two-part 18-hour curriculum designed specifically for training members of faith communities to extend their outreach to dying and bereaved members. Other groups, including caregivers and professionals and paraprofessionals working in gerontology, also took the course. Sessions provided spiritual, cultural, physical and practical information on Care of the Dying (developed with funding from the HMSA Foundation) and Care of the Bereaved (developed with funding from the Soros Foundation’s Project on Death in America). Sessions were primarily experiential, rather than lecture-based. More than 500 individuals took the training between 2000 and 2003.

- **Appropriate (End-of-Life) Care of Residents in Nursing Homes (ACORN)**

Through the ACORN project, funded by the HMSA Foundation, the Center offers in-service training in end-of-life care to clinical staff (professional and paraprofessional) at long-term care facilities. This curriculum builds on The Complete Life project. The project also worked with health professionals to develop organizational guidelines for end-of-life care that incorporate proper assessment of pain and use of cultural/spiritual protocols when caring for dying residents. These guidelines have been endorsed by *Kokua Mau* for adoption by acute, long-term care, and home care agencies throughout the state. A grant proposal has been submitted to adapt the Complete Life for training home care operators and senior housing managers.

- **Enhancing Care for Hawai‘i’s Ohana (ECHO)**

This project, funded by the US Administration on Aging, is exploring the impact of group-targeted messages and individually tailored support on end-of-life planning by family caregivers. Five booklets have been developed and tested with 600 caregivers and elder care providers in Hawai‘i:

- Advance Care Planning: Making Choices Known
- Planning Ahead: Funeral and Memorial Services
- Preparing to Say Good-bye: Care for the Dying
- When a Loved One Dies. What to Do When Death Occurs
- Help for the Bereaved: The Healing Journey

Because research shows that print messages alone have limited success in changing end-of-life planning behaviors, caregivers also are offered a choice of individually tailored supplemental support—group training, telephone counseling, or assistance from service providers. The booklets have been well-received. Evaluation findings suggest that the booklets help increase end-of-life knowledge and advance directive completion. A grant proposal has been submitted to fund the translation of these booklets into 7 languages—Chinese, Ilocano, Korean, Samoan, Spanish, Tagalog, and Vietnamese.
B. Education

The Center’s goal of educating and training skilled research personnel and practitioners is realized through offering gerontology courses and the certificate programs for undergraduate and graduate students, and through various initiatives supporting their involvement in research.

1. Options for Studying Gerontology

According to the 2003-2004 Catalog of the University of Hawai‘i at Mānoa, students interested in studying gerontology at the Mānoa campus have several options:

- Undergraduates may design their own gerontology major through Interdisciplinary Studies (formerly known as Liberal Studies), earning a BA in Interdisciplinary Studies with an emphasis on aging.
- Undergraduates may earn a 15-credit Undergraduate Certificate in Aging.
- Graduate students and post-baccalaureate community members may earn a 15-credit Advanced Certificate in Gerontology.
- Graduate students in the School of Social Work may chose to concentrate in gerontology.
- Physicians may apply to the Geriatric Medicine Fellowship program in the Department of Geriatric Medicine, John A. Burns School of Medicine.

2. Gerontology courses

The Center on Aging staff offer the following aging-related courses:

- PH 636 - Policies, Programs and Services for the Elderly
- PH 637 - Death and Dying
- PH 639 - Social and Cultural Aspects of Aging
- PH 640 - Health and Aging
- PH 789G/IS 611 - Seminar in Gerontology
- PH 791/IS 610 - Fieldwork in Gerontology

In the past, the Center also offered PH 683 - Care of the Long Term Care Patient (Fall 1994, Fall 1995, Summer 1996, Summer 1997, dropped from the UH Catalog in 2001) and PH 797G (Nursing Home Administration). Under a grant from the Administration on Aging (1994-1996), the Center supported the development and teaching of the following courses in gerontology on campus:

- NURS 695 – Successful Aging: A Physiologic Perspective
- PH 733 – Nutrition of the Elderly
- PH 792G – Minority Aging

Besides the scheduled aging-related courses, the Center on Aging staff has taught PH 649 (Needs Assessment and Program Planning) and PH 765 (Program Evaluation) for the Social-Behavioral Health Sciences program. The staff also provide guest lectures for other schools and departments, including the School of Social Work, the School of Law, the Department of Geriatric Medicine, the Department of Sociology, Family and Consumer Sciences, Food Science and Human Nutrition, and the Leisure Science and Kinesiology Department.

In addition to the above, numerous departments, schools, and colleges at UHM offer gerontology courses, e.g., the Schools of Law, Medicine, Nursing, and Social Work; the Departments of Geriatric

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5 PH – Public Health
Medicine, Family and Consumer Sciences; and the Public Policy Center of the College of Social Sciences. The complete list of gerontology courses available for undergraduate and graduate students at the UHM is provided in Appendix B.

The total number of participants in gerontology and related courses between 1990 and 2003 is presented below. This graph indicates a relatively stable number of student enrollments between 1997 and 2004.

3. Growing Old in a New Age

Responding to the increasing interest in aging and related issues, in the Fall 1993 Center staff and affiliates Anthony Lenzer, Joan Dubanoski, Rebecca Goodman, Kathryn Braun, Ellen Roberts, and Jay Curlee launched a nationally acclaimed PBS television series and gerontology telecourse “Growing Old in a New Age,” designed for college classrooms and adult learners. Produced under a grant from the Annenberg/CPB Project of Washington, DC, the telecourse includes 13-hour video series, a suggested telecourse text by Nancy R. Hooyman and H. Asuman Kiyak, and the Faculty and Study Guides by Kathryn Braun and Michael Cheang. Initially licensed for 9 years, “Growing Old in a New Age” has been reissued for another 9 years. Access to the course is through PBS Adult Learning Service.

Throughout the 1990s, “Growing Old in a New Age” was offered as a classroom (IS 310/ PH 410 Growing Old in a New Age) and a distance education course. The Center stopped offering it in 2001 due to lack of resources; however telecourse materials still are used in campus classes and community workshops.

The following table presents the past enrollments into the course.
Past UH enrollments in the “Growing Old in a New Age” course

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</table>

*Source: The Center on Aging Staff.*

As producer of the series, the Center receives a small royalty from the licensing of the telecourse. These funds are used to support activities that utilize telecourse materials, updating the guides and website, and supporting activities that promote the telecourse and its companion materials.  

In 1994, “Growing Old in a New Age” won national recognition from the Retirement Research Foundation. Prize monies were donated to the UH Foundation to establish the Growing Old in a New Age Award to stimulate and encourage scholarly work in aging and honor individuals who have demonstrated excellence in scholarly work with relevance to the wider field of aging. On agreement of the donors, remaining funds were transferred in 2003 to the Center’s consolidated Scholarship and Award Fund for students in gerontology. The Center administers this fund, and award decisions are made by a community-based advisory committee.

4. Certificate Programs

**Undergraduate Certificate in Aging (UCA)**

The UCA requires 15 credits of approved gerontology courses in 3 different departments, and credits can be double-counted toward the undergraduate degree. The program is designed to prepare undergraduate students for entry-level jobs or graduate work in the field of aging. Students take courses from at least three different departments (e.g., family resources, nursing, psychology, public health, social work, and sociology). Upon acceptance into the program, students create and maintain a portfolio to document their work, skills acquired, and other accomplishments. As a part of their curriculum, students participate in various aging-related community projects in collaboration with local organizations and agencies concerned with the aging issues, such as long-term care facilities, senior housing facilities and senior centers.

The Undergraduate Certificate in Aging is co-signed by the Dean of the School of Medicine.

Since 1996, 20 students earned the Undergraduate Certificate in Aging, and the UCA has 3 applicants for the Fall 2004 semester.

**Advanced Certificate in Gerontology (ACG)**

The ACG may be earned by taking 15 credits of course work in gerontology, at least 9 of which are at or above the 600 level. Courses must be in three different fields (e.g. public health, law, social work, sociology, etc.) and must include an interdisciplinary seminar in aging and a field study experience with...

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6 Specifically, the COA is entitled to 12.5% of the sales of the videotapes, 20% of the enrollment fees and 8% from sales of the Study Guides.
The ACG program offers community professionals and graduate students a learning environment that integrates academia with hands-on experience, as well as an opportunity to network with gerontologists in the community. Applicants must have a bachelor's degree and be accepted by the University of Hawai‘i’s graduate division. Upon acceptance into the program, students create and maintain a portfolio to document their work, skills acquired, and other accomplishments. As a part of their curriculum, students participate in various aging-related community projects in collaboration with local organizations and agencies concerned with the aging issues, such as long-term care facilities, senior housing facilities and senior centers.

The Advanced Certificate in Gerontology is co-signed by the Deans of the Medical School and the Graduate Division. Since 1996, 53 students earned the Advanced Certificate in Aging, and the program has 6 new applicants for the Fall 2004 semester. Despite continuing interest in the Certificate Programs on the part of students, Center on Aging was forced to suspend accepting applications for the Spring Semester due to a lack of funding for instructors.

5. Semi-Annual Newsletter

Center staff produces a newsletter every Fall and Spring semester. The newsletter features updates on Center projects, students, and faculty.

6. Center on Aging Scholarship and Award Fund

The Center on Aging offers scholarships and awards to students pursuing gerontology studies through the Certificate in Gerontology programs and/or other departments and schools on campus. The eligibility requirements include:

- A University of Hawai‘i at Mānoa graduate or undergraduate student
- Enrolled full-time or part-time
- Enrolled in a certificate program, pursuing a major or minor in aging/gerontology, or in a gerontology class

The amount of the award varies between $200 and $2,000, and may be used by the student to cover tuition, fees, living expenses, or costs associated with conducting research. The fund is maintained by the University of Hawai‘i Foundation, and community donations are solicited through the twice-annual COA newsletter.

The following are the previous award winners:
### The Center on Aging Scholarship and Award Recipients, 1998-2003

<table>
<thead>
<tr>
<th>Name</th>
<th>Award</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2003 Awards</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christine Doty</td>
<td>General support</td>
<td>$1,000</td>
</tr>
<tr>
<td>Jennifer Khong</td>
<td>General support</td>
<td>$1,000</td>
</tr>
<tr>
<td>Claire Nakasue</td>
<td>General support</td>
<td>$1,000</td>
</tr>
<tr>
<td>Amy Parks</td>
<td>General support</td>
<td>$1,000</td>
</tr>
<tr>
<td>Seiko Sato</td>
<td>General support</td>
<td>$2,100</td>
</tr>
<tr>
<td>Dawn Urabe</td>
<td>General support</td>
<td>$1,000</td>
</tr>
<tr>
<td>Rieko Honda</td>
<td>General support</td>
<td>$1,100</td>
</tr>
<tr>
<td>Kenneth K. Ortiz</td>
<td>General support</td>
<td>$1,100</td>
</tr>
<tr>
<td>Catherine Lim</td>
<td>General support</td>
<td>$500</td>
</tr>
<tr>
<td>Kyoko Heberle</td>
<td>General support</td>
<td>$250</td>
</tr>
<tr>
<td>Asha Pandi</td>
<td>General support</td>
<td>$250</td>
</tr>
<tr>
<td>Debra Golden</td>
<td>General support</td>
<td>$250</td>
</tr>
<tr>
<td>Jessica N. Busch</td>
<td>General support</td>
<td>$200</td>
</tr>
<tr>
<td>Samantha Tsoi</td>
<td>General support</td>
<td>$250</td>
</tr>
<tr>
<td><strong>2002 Awards</strong></td>
<td>Topic</td>
<td>Amount</td>
</tr>
<tr>
<td>Social Work students</td>
<td>Filipino Care Home Study</td>
<td>$2,008</td>
</tr>
<tr>
<td><strong>2001 Awards</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linda McLaughlin</td>
<td>Factors that contribute to stress among Japanese-American and Caucasian American Family Caregivers of Frail Elders</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>2000 Awards</strong></td>
<td>Topic</td>
<td>Amount</td>
</tr>
<tr>
<td>Ann Marie Ryan</td>
<td>Exercise in Later Life: A Screening Tool for Admission into Senior Exercise Classes</td>
<td>$680</td>
</tr>
<tr>
<td>Jennifer Matsui</td>
<td>Elderly Filipino Women who Act as Caregivers</td>
<td>$685</td>
</tr>
<tr>
<td><strong>1999 Awards</strong></td>
<td>Topic</td>
<td>Amount</td>
</tr>
<tr>
<td>Megaan Clark</td>
<td>Individual Differences in Human Neuromotor Information Processing and Proposed Screening Tests</td>
<td>$450</td>
</tr>
<tr>
<td>Chui Wai (Sarah) Yuan</td>
<td>A Study on the Determinants of Medicaid Long-term Care Placements</td>
<td>$500</td>
</tr>
<tr>
<td><strong>1998 Awards</strong></td>
<td>Topic</td>
<td>Amount</td>
</tr>
<tr>
<td>Michael Cheang</td>
<td>Older Adults in a Fast Food Restaurant: An Ethnographic and a Grounded Theory Study</td>
<td>$260</td>
</tr>
<tr>
<td>Florence Long</td>
<td>Producing a Brochure on Anticipating Grief and Bereavement for Families of Dying Patients at Kapiolani Medical Center at Pali Momi</td>
<td>$270</td>
</tr>
<tr>
<td>Rachel Herlicy</td>
<td>The Effect of Memory Stimulation on Functional Language in Persons with Alzheimer's Disease: Three Case Studies</td>
<td>$270</td>
</tr>
<tr>
<td>Kristi Nishimura</td>
<td>Screening for Fitness to Operate Vehicles</td>
<td>$200</td>
</tr>
</tbody>
</table>

Source: The Center on Aging Staff.

### 7. Sigma Phi Omega

Sigma Phi Omega (SPO), the national academic honor and professional society in gerontology, was established in 1980 to “recognize the excellence of those who study gerontology/aging and the outstanding service of professionals who work with or on behalf of older persons.” SPO seeks to promote professionalism, friendship and services to older persons. SPO is organized as a network of

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7 received the award twice.
local chapters, serving as links within their communities to promote interaction between gerontology educators, students, alumni, and local professionals.

The Hawaii chapter of SPO-Gamma Omicron Chapter, was established in 1998 and has inducted more than 58 members since its inception. The Center on Aging participates in and sponsors chapter activities.

8. Continuing Education for Professionals and Paraprofessionals

The following projects conducted by the Center staff were focused on training and education of professionals in aging:

- Educating Physicians in End-of-Life Care (EPEC)
- Culture and end-of-life decision making
- Na Liko No'elo, a mentoring program for Native Hawaiians interested in research
- International programs:
  - Study tours to other countries
  - Seminars and field visits for foreign professionals visiting Hawai'i

The following projects were focused on training and education of paraprofessionals in aging:

- Appropriate Care of Residents in Nursing Homes (ACORN)
- The Complete Life (care of the dying and care of the bereaved)
- Enhancing Care for Hawai'i's ‘Ohana (ECHO)
- Paraprofessionals in Aging Program (PAP)

C. Other Services

Center on Aging assists federal and other agencies in grant writing, policy development, need assessment and training programs for the public. Historically, the Center has offered grant writing assistance to the following organizations:

- Executive Office on Aging
- Hale Makua LTC Facility
- Papa Ola Lokahi
- ‘Imi Hale
- Pacific Diabetes Today
- Hawai'i Intergenerational Network
- Various UH departments.

Public training is an area which constantly develops. The staff offers workshops and presentations on the aging process, care of the dying and care of the bereaved, coping with caregiver stress, end-of-life decision making, funeral planning, etc. The detailed list of the topics covered is provided in Appendix D.
D. Program Accomplishments

Despite the significant under-funding, the Center prides itself on a number of accomplishments, including:

- A number of grants and contracts awarded

Since its inception in 1988, the Center on Aging has earned a national and international recognition and has attracted significant extramural funds to support its activities. The total funding since 1995 amounts to $2,679,450, and includes:

- Federal Funds $947,363
- State Contracts $917,798
- Private Funds $607,356
- Revolving Funds $200,686
- UH Awards $6,247

- Development and administration of the certificates in aging.

- An extensive research and training program in end-of-life care, supported by grants and contracts from the US Administration on Aging, the Project on Death in America, the HMSA Foundation, Hawai‘i Community Foundation, and Hawai‘i’s Executive Office on Aging.

- More than 100 publications, including 2 books, 14 book chapters, 55 peer-reviewed articles, 24 technical reports, 5 educational videos, 2nd, 3rd, 4th and 5th editions of “Growing Old in a New Age” Study and Faculty Guides, and a number of educational materials for students, professionals, paraprofessional and the public. The complete list of the publications is included in Appendix.

- Popular aging-related courses, including the nationally recognized telecourse “Growing Old in a New Age,” which received these awards:
  - Hawai‘i Pacific Gerontological Society Nalima Kokua Award for Communication/Arts for production of “Growing Old in a New Age” telecourse and PBS thirteen-hour series, 1994
  - Retirement Research Foundation National Media Special Achievement Owl Award for production of “Growing Old in a New Age” telecourse and PBS thirteen-hour series, 1994
  - National Educational Film and Video Festival Silver Apple to Center on Aging for production of “Learning, Memory and Speed of Behavior” video, 1994
  - National Educational Film and Video Festival Bronze Apple to Center on Aging for production of “How the Body Ages” video, 1994
  - Mature Market Resource Center Gold Medal to Center on Aging for production of “Dying, Death and Bereavement” video, 1993
  - Mature Market Resource Center Silver Medal to Center on Aging for production of “Social Roles and Relationships in Old Age” video, 1993
  - Retirement Research Foundation National Media Owl Award to Center on Aging for production of “Illness and Disability” video, 1993

- Collaboration with Papa Ola Lokahi on a 5-year National Cancer Institute grant to develop Native Hawaiian researchers and to examine and reduce cancer health disparities.

- Good working relationships with more than 80 local agencies and 20 national and international organizations.
A reputation for excellence in technical assistance (e.g., with needs assessment, program planning, curriculum development, and program evaluation) provided to the Executive Office on Aging, county offices on aging, and numerous community-based agencies.

Acclaim for training of local professionals, paraprofessionals, caregivers, and other community members on issues related to successful aging and caring for elders.

Educational programs for visitors from Japan, China, Hong Kong, and other countries in the Asia-Pacific region.

Various accomplishments of the COA have been acknowledged through letters of support, enclosed in the Appendix.

**E. Program Stakeholders**

The interdisciplinary emphasis of the Center on Aging seeks representation from faculty and students, federal and state agencies, employers and project partners who benefit from the integration of education and outreach, articulated in the university's mission and vision.

A partial list of the Hawai‘i-based community groups with which the staff have worked in the past years:

- **Other UH Departments and Programs**
  1. College of Social Sciences, Department of Sociology
  2. College of Arts & Sciences, Osher Lifelong Learning Institute
  3. University of Hawai‘i at Mānoa Outreach College
  4. University of Hawai‘i Elder Law Clinic
  5. School of Social Work
  6. JABSOM, Department of Geriatric Medicine
  7. JABSOM, Family Practice
  8. JABSOM, Department of Native Hawaiian Health
  9. CTAHR, Department of Family and Consumer Sciences
  10. School of Nursing
  11. College of Education, Department of Kinesiology and Leisure Science
  12. Kapiolani Community College
  13. Office of International Education

- **Government Agencies**
  14. Elderly Affairs Division
  15. Kauai County Office on Aging
  16. Maui County Office on Aging
  17. Hawai‘i County Office on Aging
  18. Executive Office on Aging
  19. Department of Health
  20. Department of Business, Economic Development, and Tourism
  21. Oahu WorkLinks, Workforce Development Division
  22. Department of Labor, Workforce Development Division
  23. Long Term Care Ombudsman

- **Hawaiian Organizations**

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24. Alu Like Inc., Kumu Kahi Elderly Services Division
25. Papa Ola Lokahi
26. Ke Ola Mamo
27. Na Pu'uwai
28. Hui Malama Ola Na ‘Oiwi
29. Ho'ola Lahui Hawai‘i
30. Hui No Ke Ola Pono

- **Health Care Facilities and Providers**
  31. Hawai‘i Medical Services Association (HMSA)
  32. Kaiser-Permanente-Hawai‘i
  33. Kapiolani Women’s and Children's Medical Center
  34. Maui Memorial
  35. Kona Hospital
  36. Kuakini Geriatric Care
  37. Maluhia Long Term Care Facility
  38. Leahi Hospital
  39. Kula Hospital
  40. Hale Makua Nursing Facility at Kahului
  41. VA Center for Aging
  42. The Lunalilo Home
  43. Pearl City Nursing Home
  44. Arcadia Retirement Residence
  45. Pohai Nani Good Samaritan Retirement Community
  46. St. Francis Hospice
  47. Hospice Hawai‘i
  48. Hospice of Maui
  49. Kaua‘i Hospice
  50. Hale Makua Nursing Facility at Wailuku

- **Home and Community Service Agencies**
  51. Hawai‘i Meals on Wheels
  52. Lanakila Meals on Wheels
  53. Lanakila Multipurpose Senior Center
  54. Waikiki Community Center
  55. Kuakini Adult Day Care
  56. Franciscan Adult Day Care
  57. Honolulu Gerontology Program
  58. Kulana Hale Senior Affordable Housing Community
  59. Alzheimer's Association
  60. Kapahulu Senior Center
  61. Makua Ali‘i Senior Center
  62. Mo'ili'ili Senior Program
  63. AARP-Honolulu
  64. Retired and Senior Volunteer Program (RSVP)
  65. Project DANA
  66. Eldercare Resources, Inc.
  67. Beverly Manor Convalescent Center
  68. Maunalani Nursing & Rehabilitation Center
  69. Hale Kako‘o Respite Center
70. Kokua Kalihi Valley Elderly Services Program
71. Waianae Comprehensive Health Center
72. Senior Community Service Employment Program
73. PACE Hawaii
74. Catholic Charities
75. Memorial Society
76. The Gay and Lesbian Center, Honolulu
77. Elder Care Hawai'i
78. Adult Protective Service, Department of Human Services
79. Foster Grandparents program

- Faith-Based Organizations
  80. Honpa Hongwanji Hawai'i Betsuin

F. Critical Evaluation of Current Status

Strengths
The Center on Aging develops innovative ideas, educational and research opportunities, and community partnerships that contribute to improving the health and quality of life of an increasingly diverse population of older adults in Hawai'i and disseminates the knowledge on aging to scientists, practitioners, and the public. The key strengths of the COA include:

- Leader in research in:
  - Asian and Pacific Islander aging
  - Improving long-term care and end-of-life care service delivery in Hawai'i
  - Developing and testing curricula and health promotion materials for Hawai'i’s diverse cultures

- Impressive track record of publications of more than 100 publications, including 2 books, 14 book chapters, 55 peer-reviewed articles, 24 technical reports, 5 educational videos, Study and Faculty Guides, and a number of educational materials for students, professionals, paraprofessionals and the public (For details see Appendix C.).

- Multiple grants and contracts awarded (See Table “Grants and Awards of the Center on Aging” in the Appendix F.)

- Established Certificate Programs for graduate and undergraduate students

- Outstanding record of teaching, offering courses that are well rated by students, including the nationally recognized telecourse “Growing Old in a New Age”

- Established scholarship/award and program funds at the UH Foundation (For details see subchapter “Center On Aging Scholarship and Award Fund”)

- Good relationships with gerontologists in the University and community

- Successful cooperation with faculty from multiple UH departments, including family and consumer sciences, law, medicine, nursing, public health, psychology, social sciences, social work, and sociology (the School of Law, the School of Medicine, the School of Nursing and Dental Hygiene, the School of Social Work, and the College of Social Sciences)
Good working relationships with community, national and international organizations (e.g. the Hawaiian Islands Hospice Organization, the St. Francis International Center for Healthcare Ethics, and Papa Ola Lokahi) and state agencies concerned with aging (e.g., the Executive Office on Aging) (for details see “Program Stakeholders”)

A reputation for excellence in technical assistance and acclaim for the training of local professionals, paraprofessionals, caregivers, and other community members on issues related to successful aging and caring for elders.

Affiliation with national and international gerontology professional societies.

**Major Challenges and Constraints**

Despite a number of strengths, the Center on Aging faces significant limitations, mainly due to insufficient general funds:

- Inadequate funding (an annual budget of only $36,700)
  - Lack of funding for Center Director, with reliance on Public Health for the temporary loan of a faculty to fill this slot
  - Lack of funds to create academic faculty positions dedicated to academic programs and aging research
  - Lack of funding for on-going development of grant applications and proposals for demonstrating and testing innovations in elder care, research collaboration and training endeavors.

- Uncertainty about the future location of the Center on Aging

- Lack of formalized cooperation among various aging programs on campus, and isolation of the UH gerontologists within their departments

- Lack of infrastructure to engage in larger projects proposed by governments, educational and private entities in Asia and the Pacific.

- Limited scholarship and grant opportunities for gerontology students, which discourages them from pursuing careers in aging.

**Areas of Great Potential**

The three main opportunities faced by the Center on Aging include:

- Federal and private grant opportunities in research and training

- Further development of aging-focused services (specifically, education and training, needs assessment and planning, research and evaluation, policy development, and capacity and infrastructure building) to governments, businesses, and non-profit organizations in Hawai’i and in the Asia-Pacific region

- Increased collaboration in Asia and Pacific Islander Aging research efforts with the US West Coast and Japanese universities (e.g., UCLA, UCSF, UW, Kyushu University, Hokkaido University).
IV. Organizational Development

A. Rationale for expansion

1. Aging population in the US

According to statistics provided by the Administration on Aging of the US Department of Health and Human Services, the older population - persons 65 years or older - numbered 35.6 million in 2002, representing 12.3% of the US population. It is estimated, that by 2030, there will be about 71.5 million older persons – 20% of the population, more than twice their number in 2000. A Profile of Older Americans: 2003, prepared on annual basis by the AoA presents the following highlights of the elderly in the US:

- The older population (65+) numbered 35.6 million in 2002, an increase of 3.3 million or 10.2% since 1992. Since 1900, the percentage of Americans 65+ has tripled (from 4.1% in 1900 to 12.3% in 2002), and the number has increased eleven times (from 3.1 million to 35.6 million). The older population itself is getting older. In 2002, the 65-74 age group (18.3 million) was eight times larger than in 1900, but the 75-84 group (12.7 million) was more than 16 times larger and the 85+ group (4.6 million) was almost 38 times larger.

![Number of Persons 65+, 1900 - 2030 (numbers in millions)](image)

*Source: A Profile of Older Americans: 2003, the Administration on Aging of the US Department of Health and Human Services*

- **Geographic Distribution.** In nine states, the 65+ population increased by 20% or more between 1992 and 2002: Nevada (63.8%); Alaska (53.6%); Arizona (35.2%); New Mexico (28.4%); Colorado (24.3%); **Hawaii (24.0%);** Delaware (24.0%); Utah (23.7%) and South Carolina (20.7%). The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 38% during this decade. The following figures present the share of persons 65+ in the age structure of individual states and the percentage increase of this age group between 1992 and 2002. The table with detailed information on the elderly population in various states is presented in Appendix E.

Population by Age Group for States: April 1, 2002

Percentage Increase in Population 65+ - 1992 to 2002

Source: A Profile of Older Americans: 2003, the Administration on Aging of the US Department of Health and Human Services, based on Census 2002 Population Estimates from the US Bureau of the Census

- Persons reaching age 65 have an average life expectancy of an additional 18.1 years (19.4 years for females and 16.4 years for males).
In 2002, there were 20.8 million older women and 14.8 million older men - a sex ratio of 141 women for every 100 men. The female to male sex ratio increases with age, ranging from 116 for the 65-69 age group to a high of 230 for persons 85 and over.

Marital status. Older men were much more likely to be married than older women—73% of men vs. 41% of women. Almost half of all older women in 2002 were widows (46%).

Living arrangements. About 31% (10.5 million) of noninstitutionalized older persons live alone (7.9 million women, 2.6 million men). Half of older women age 75+ live alone. While a relatively small number (1.56 million) and percentage (4.5%) of the 65+ population lived in nursing homes in 2000, the percentage increases dramatically with age, ranging from 1.1% for persons 65-74 years to 4.7% for persons 75-84 years and 18.2% for persons 85+. In addition, approximately 5% of the elderly lived in self-described senior housing of various types, many of which have supportive services available to their residents.

Future growth. By the year 2030, the older population will more than double to 71.5 million. The 85+ population is projected to increase from 4.6 million in 2002 to 9.6 million in 2030.

Racial and Ethnic Composition. Members of minority groups are projected to represent 26.4% of the older population in 2030, up from 17.24% in 2002. In 2002, 8.1% of the older population were African-Americans, 2.7% were Asian or Pacific Islander, and less than 1% were American Indian or Native Alaskan. Persons of Hispanic origin (who may be of any race) represented 5.5% of the older population. In addition, 0.5% of persons 65+ identified themselves as being of two or more races.

Income. The median income of older persons in 2002 was $19,436 for males and $11,406 for females. Median money income of all households headed by older people (after adjusting for inflation) fell by –1.4% from 2001 to 2002; however, this difference was not statistically significant. The Social Security Administration reported that the major sources of income for older people was:

- Social Security (reported by 91% of older persons),
- Income from assets (reported by 58%),
- Public and private pensions (reported by 40%), and
- Earnings (reported by 22%)

Poverty. About 3.6 million older persons lived below the poverty level in 2002. The poverty rate for older persons was 10.4% in 2002, which is not statistically different from the rate in 2001.

Employment. In 2002, 4.5 million (13.2 %) Americans age 65 and over were in the labor force (working or actively seeking work), including 2.5 million men (17.9%) and 1.9 million women (9.8%). They constituted 3.1% of the US labor force. About 3.6% were unemployed.

Health care. In 2003, 38.6% of noninstitutionalized older persons assessed their heath as excellent or very good (compared to 66.6% for persons aged 18-64). Most older persons have at least one chronic condition and many have multiple conditions. Among the most frequently occurring conditions of elderly in 2000-2001 were: hypertension (49.2%), arthritic symptoms (36.1%), all types of heart disease (31.1%), any cancer (20.0%), sinusitis (15.1%), and diabetes (15.0%). More than half of the older population (54.5%) reported having at least one disability of some type (physical or nonphysical). Some of these disabilities may be relatively minor but others cause people to require assistance to meet important personal needs. Over a third (37.7%) reported at least one severe disability.
In 2002, older consumers averaged $3,586 in out-of-pocket health care expenditures, an increase of 45% since 1992. In contrast, the total population spent considerably less, averaging $2,350 in out-of-pocket costs. Older Americans spent 12.8% of their total expenditures on health, more than twice the proportion spent by all consumers (5.8%).

2. Aging population in Hawai‘i

In 2002 Hawai‘i's older adult population (65 years of age and older) amounted to 160,294 and constituted 13.4% of the population, compared to 124,677 and 11.3% of population in 1990 – an increase of 28.6%. At the same time, the total population of Hawai‘i grew by 9.1%, from 1,108,229 in 1990 to 1,208,537 in 2002.
The age structure of the population of Hawai‘i is presented in the table below and following figure:

### The age structure in Hawai‘i, 2002

<table>
<thead>
<tr>
<th>Age group</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>41,966</td>
<td>40,812</td>
<td>82,778</td>
<td>6.8%</td>
</tr>
<tr>
<td>5 to 14 years</td>
<td>83,815</td>
<td>79,365</td>
<td>163,180</td>
<td>13.5%</td>
</tr>
<tr>
<td>15 to 24 years</td>
<td>78,959</td>
<td>72,473</td>
<td>151,432</td>
<td>12.5%</td>
</tr>
<tr>
<td>25 to 34 years</td>
<td>82,601</td>
<td>82,831</td>
<td>165,432</td>
<td>13.7%</td>
</tr>
<tr>
<td>35 to 44 years</td>
<td>93,456</td>
<td>93,586</td>
<td>187,042</td>
<td>15.5%</td>
</tr>
<tr>
<td>45 to 54 years</td>
<td>88,735</td>
<td>89,801</td>
<td>178,536</td>
<td>14.8%</td>
</tr>
<tr>
<td>55 to 64 years</td>
<td>58,988</td>
<td>60,855</td>
<td>119,843</td>
<td>9.9%</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>36,242</td>
<td>45,497</td>
<td>81,739</td>
<td>6.8%</td>
</tr>
<tr>
<td>75 to 84 years</td>
<td>26,875</td>
<td>33,763</td>
<td>60,638</td>
<td>5.0%</td>
</tr>
<tr>
<td>85 years and over</td>
<td>7,221</td>
<td>10,696</td>
<td>17,917</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>598,858</td>
<td>609,679</td>
<td>1,208,537</td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

*Source: the US Census Bureau, 2002 American Community Survey Summary Tables.*
The age structure in Hawai`i in 2002

- Under 5 years, 6.8%
- 5 to 14 years, 13.5%
- 15 to 24 years, 12.5%
- 25 to 34 years, 13.7%
- 35 to 44 years, 15.5%
- 45 to 54 years, 14.8%
- 55 to 64 years, 9.9%
- 65 to 74 years, 6.8%
- 75 to 84 years, 5.0%
- 85 years and over, 1.5%

*Source the US Census Bureau, 2002 American Community Survey Summary Tables.*

- Hawai`i is one of the nine US states where the population 65+ has grown by more than 20% within the last decade.
- The Executive Office on Aging estimates that, by 2020, 21% of Hawai`i’s population will be over the age of 65, compared to only 16% in the US.¹⁰ According to the projections of the Department of Business, Economic Development & Tourism, the percentage of the population aged 65 and above is expected to rise from 13% to more than 18%.¹¹
- In 2002, the sex ratio of women for every 100 men in the population 65+ reached 128, compared to 141 nationwide.
- In 2000, 12% of Hawai`i residents 65 and older did not speak English well.
- An estimated 8.1% of older adults in Hawai`i live below the poverty level, while the US average amounted to 10.4%.
- 8.6% of seniors in Hawai`i are employed, 3.1% - self employed and 0.7% are unable to work; The US averages for this age group are 8.2%, 4.6% and 3.0%.¹²
- Over three-fourths of Hawai`i’s population of older adults is comprised of minorities, compared to 17% nationwide. When compared with the general population, older adults have a higher proportion of Asians and a lower proportion of mixed race persons and Native Hawaiians/Pacific Islanders.¹³
- According to the Census 2000, 41% of those Hawai`i residents 65 years of age and older have at least one disability of some type (physical or nonphysical). Over half of these individuals have at least two disabilities. A physical disability is the most common condition, affecting 25% of older

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¹¹ “Hawaii’s Aging Population and Some Implications”, prepared by the Department of Business, Economic Development & Tourism. Available at: http://www.hawaii.gov/dbedt/hecon/he3q/aging.html
adults. 22% of seniors have a disability that prevents them from leaving the house alone. Sensory disabilities affect 14% of this age group, cognitive or mental disabilities – 12% and self-care disabilities – 9% of the Hawaiian elderly.\(^\text{14}\)

- An increasing number of those 65 and over have prepared their advanced directive – a written document describing an individual’s wishes for end-of-life care. In 2002 the percentage of older adults in Hawai'i that had an advanced directive amounted to 67%.

- According to the 2002 Hawaii Behavioral Risk Factor Survey, older adults in Hawai'i are healthier than US average but general health and health risk factors deteriorated between 2001 and 2002.\(^\text{15}\)

Specifically:

- 9.8% of seniors 65+ have been told to have asthma (compared to 6.8% in 2001), of which 56.7% (or a total of 5.6% - compared to 4.9% in 2001) still have it; nationwide, 9.8% older adults have been told to have asthma and 7.4% admit having asthma.

- 15.0% of seniors 65+ have been told to have diabetes (compared to 15.3% in 2001); nationwide, 15.5% older adults have been told to have diabetes.

- 7.3% of older adults in Hawai'i smoked cigarettes in 2002 (compared to 8.75 in 2000); nationwide the percentage of smokers within this age group is 10.0.

- 11.7% of Hawai'i seniors can be described as obese and 35.5% as overweight (based on the Body Mass Index) – compared to 11.0% and 31.0% in 2001; nationwide the percentages are higher – 19.4% and 41.0%, respectively.

- 80.5% of the population 65 and over say they participated in any physical activities during the last month (compared to 81.8% in 2001); the US average for this age group is 66.8%.

- 99.0% of the elderly have any kind of health care coverage (compared to 99.6% the year before); nationwide 97.8% of seniors have health care coverage.

- 10.1% of the older adults in Hawai'i describe their general health as excellent, 22.1% - very good, 44.4% - good, 17.9% – fair, 5.3% - poor; the general health of seniors in Hawai'i deteriorated slightly compared to year 2001. In 2001 these percentage were as follows: 14.0% - excellent, 23.7% - very good, 38.9% - good, 18.5% - fair, 4.7%; the US averages are: 11.4% of the elderly - excellent health, 2.0%– very good, 33.6% - good, 19.7% - fair, 8.7% - poor.

- 73.9% of older adults have had a flu shot and 59.5% have had a pneumonia vaccination within the last 12 months (compared to 79% and 63.7% in 2001, respectively).

- An estimated 7.3% of population 65+ is at risk for smoking-related illnesses (9.7% in 2001) and 47.1% for health problems related to being overweight (42% in 2001); in the US, 10.0% of older adults are at risk for smoking-related illnesses and 60.5% - for health problems related to being overweight.

- The 2000 Hawai'i Behavioral Risk Factor Surveillance System found that an estimated 126,598 adults are caregivers (14% of the adult population in the state). According to the estimates of the COA, in 2003 20.7% of the Hawai'i adult population, or 198,816 individuals, were family caregivers to a person over 60 years old.

\(^\text{14}\) Profile of Hawai'i’s Older Adults (2003, May). Executive Office on Aging. Available at http://www2.state.hi.us/eoa/information/stats/profile2003.pdf

3. Demand for research and education on aging

As presented above, due to advances in technology and health care, more and more people are living into old age, leading to a shift in the age distribution of a population toward older ages. Worldwide, over the last half of the 20th century, the average lifespan have increased by 20 years to a current level of 66 years. The average life span is expected to extend another 10 years by 2050. A late 1980s Census Bureau study noted that "rapidly expanding numbers of older people represents a social phenomenon without historical precedent...[that] has various economic implications for individuals, families, public policy-makers." Population aging has many important socio-economic and health consequences, including the increase in the old-age dependency ratio, a growing need for the health-care financing and delivery systems, informal caregiving, and additional burden on pension systems.

This longevity revolution presents a number of challenges for public health (concerns over possible bankruptcy of Medicare and related programs) as well as for economic development (shrinking and aging of labor force, possible bankruptcy of social security systems).

One of the consequences of the “graying” society will be significant growth of aging-related costs. Currently, the health-care cost per capita for persons aged >65 years in the United States and other developed countries is three to five times greater than the cost for persons aged <65 years. Growing numbers of the elderly, together with continued advances in medical technology, are expected to create further upward pressure on health- and long-term-care spending. It is estimated that during 1990—2001, nursing home and home health-care expenditures in the United States doubled, reaching approximately $132 billion; of which 57% was paid by public programs and 25% by patients or their families. The latest data released by the federal government indicates that in 2002, health care spending in the United States reached $1.6 trillion, fueled by rising hospital spending and prescription drugs costs. The $1.6 million figure means that health care spending averaged about $5,440 per person in 2002. The burden of increasing health care expenditures is further magnified by the decreasing relative contributions made by current workers to social support systems. The old-age dependency ratio, defined as the number of working age persons (age 15 - 64 years) per older person (65 years or older) is often used as an indicator of the 'dependency burden' on potential workers. It is estimated, that between 2000 and 2050, the old-age dependency ratio will double in more developed regions and triple in less developed regions. Decline of the number of working taxpayers relative to the number of older persons means inadequate public resources and decreasing number of family caregivers. For instance, the US social security system may face a profound crisis if no radical modifications are enacted. Federal Reserve Board Chairman Alan Greenspan warned in February that “America's aging population will have significant effects on the nation's fiscal situation, (…) making the US Social Security and Medicare programs unsustainable in the long run." Cuts in benefits, tax

increases, massive borrowing, lower cost-of-living adjustments, later retirement ages, or a combination of these elements are now discussed as the possible painful policies, which may become necessary in order to sustain the pay-as-you-go public retirement programs such as Medicare and Social Security.

The potential socioeconomic impact on communities and possible solutions to the aging-related issues is an area of growing research and public debate. Because the quality and effectiveness of the services for the elderly depend on the understanding of the aging process and growing number of providers, programs and policies targeted at the senior population, the demand for aging-related research and trained gerontologists is expected to increase in the years to come. To address the challenges posed by an aging population, public health agencies, policy makers, service providers, community organizations and academic research centers worldwide increasingly combine their efforts to create multidisciplinary alliances and expand their traditional scope from medical problems to health promotion in older adults, prevention of disability, maintenance of capacity in those with frailties and disabilities, and enhancement of quality of life. Few communities are prepared to manage the needs and demands of large numbers of elderly people and a shrinking number of young people to care for them (either directly or through the taxes they pay). Therefore, such alliances are particularly needed within the local communities.

Social and economic challenges posed by the longevity revolution are believed to be magnified in Hawai‘i, where the life expectancy is higher than in any other state, and where the senior segment's growth rate is faster than the nation as a whole.24 The main trends distinguishing Hawai‘i from other US states include:

- **Accelerated aging of the Hawai‘i population.** Hawai‘i is one of the nine US states where the population 65+ has grown by more than 20% within the last decade. The Executive Office on Aging estimates, that by 2020, 21% of Hawai‘i's population will be over the age of 65, compared to only 16% in the US.25 The main causes of the accelerated aging of the Hawai‘i population are: higher than on the US Mainland life expectancy in the state and maturing of the baby-boom generation, born between 1946 and about 1964.

- **Diversity.** The population of Hawai‘i is much more diverse that on the Mainland and comprises 40% Japanese, 14% Filipino, 9% Chinese, 6% Native Hawaiian. Diversification increases along with the inflow of new immigrants from Asia and Pacific countries. Asian and Pacific Islanders are the third largest and fastest growing minority group in the nation. The population consists of over thirty distinct ethnic groups with each representing a culture of its own.

- **Demand for institutionalized care.** Growing population of senior citizens and baby boomers approaching their retirement age encourage developers in the Islands to invest heavily in senior housing projects. On O‘ahu, the number of retirement communities either in development or on the drawing board is nearing double digits.26 The remaining islands have all had senior housing projects open within the past three years. Nationwide, the number of open senior housing projects has been declining steadily from 614 in 1998 to 250 in 2002, according to the American Seniors Housing Association. A recent study revealed that the current Hawai‘i market for senior housing is significantly below projected demand. An estimated 7,056 Honolulu residents ages 75 years or older have incomes sufficient to afford assisted-living care. Currently, there are less than 1,000 beds available for this market.

- **Caregiving.** At an average cost of $69,000 a year, senior housing and institutionalized care are not available for the less affluent elders. In addition to that, cultural influences that support the

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notion that family ought to care for family boost the number of local family caregivers and consequently create the need for resources and information on aging-related issues. According to the estimates of the COA, in 2003 20.7% of the Hawai‘i adult population, or 198,816 individuals, were family caregivers to a person over 60 years old. The 2002 Statewide Survey On Caregiving, prepared by the Center on Aging for the Hawai‘i Executive Office on Aging, indicates that the top five services needed by caregivers are: 1) information, education, and training about caregiving, 2) health maintenance for the caregiver, such as an exercise program, 3) adult day care/respite services, 4) tax assistance (state tax deduction or credits), and 5) personal and family counseling, advice, mediation, and support groups.

These unique characteristics of the aging population in Hawai‘i require additional efforts to create the adequate statewide infrastructure and public policy initiatives to ensure well-being of the aging population. The Hawai‘i State plan on Aging (2004-2007), prepared by the Executive Office on Aging outlines five major areas that need to be addressed in the years to come:

- Information to make informed decisions – the need for easy access to information regarding aging programs and services though education and training.
- Programs and services to live at home – the need for programs and institutions offering assistance and support services for the noninstitutionalized older persons in Hawai‘i.
- Services for caregivers to continue providing care – the need for information, education and training for caregivers, as well as availability of support groups and other supplemental services.
- Information on elder rights and benefits – the need for assistance and education regarding retirement options, prevention of fraud, abuse, neglect and exploitation, and legal assistance.
- Partnerships to address existing and emerging issues – cooperation between public and private sector and the community.

The University of Hawai‘i and the Center on Aging have long served as important components of the “Aging Network,” providing education and training services to the local communities, spurring the advancement in the field of aging and utilizing knowledge about aging on a local and national level. Owing to its commitment to the community services and high quality research and training programs, the COA has earned a reputation for excellence in technical assistance provided to the Executive Office on Aging, county offices on aging, and numerous community-based agencies and acclaim for training of local professionals, paraprofessionals, caregivers, and other community members on issues related to successful aging and caring for elders. The enclosed letters of support provided by representatives of various state agencies, community organizations and educational institutions collaborating with the Center, express the recognition for its research, services and assistance, and acknowledge the need for its further development:

- “The Center has encouraged the development and teaching of courses in [gerontology], and has guided hundreds of interested students to specific appropriate course offerings. [Its] certificate programs (…) have helped students build a body of knowledge in this area, (…) pertinent to the local community and to local ethnicities. (…) The Center staff has generated many valuable research projects over the years, many of which are practice-oriented (…) and developed a number of innovative educational vehicles to meet the needs of professional and paraprofessional development. (…) The University can play an important role in addressing the needs of the elderly citizens of our state, first by facilitating the loan of the needed faculty position (…) and subsequently by providing expanded funding for this critical academic unit” (Douglas G. Kreider, MA, MPH, Program Administrator, Child & Family Service).

“No other program in the State of Hawai‘i accomplishes what the Center on Aging does in preparing students to understand the implications of an expanding elder population. The Center leads the way to help elders and their families weather the challenges of aging and keep them connected to life. (...) In all of its programs, services workshops and research ventures, the Center provides the University valuable community visibility and access.” (Rebecca J. Goodman, Director, UHM Osher Institute).

“The Center has contributed to our understanding of the Baby Boomer population, adult caregivers, end-of-life issues, senior volunteers, paraprofessional workforce development and elder abuse, among others. (...) I have been impressed with the competence and skills [of the Center staff] in working with the larger community” (Cullen T. Hayashida, President, Assisted Living, Options Hawai‘i).

“The Center on Aging has provided our staff with the ability to increase our capacity to serve hundreds of Native Hawaiian elders and their families statewide through its projects, training opportunities and links to other direct resources in the community. Their up-to-date information and cutting edge research has provided us with opportunities to positively impact our constituency in ways that would otherwise not be possible”. (...) Our strategic planning goals and objectives for the future include the Center on Aging as a valuable partner and consultant” (Liana Pang-Tamura, Director, Alu Like, Inc., Kumu Kahi – Elderly Services Department).

“The Center on Aging has been catalyst for training, networking, information sharing, and community involvement on aging issues in Hawai‘i for many years. They have provided valuable research assistance and have been contracted to perform research projects and surveys that have been used by both the State Executive Office on Aging and the four Area Agencies on Aging. (...) The community needs a focal point at the University of Hawai‘i to provide academic guidance and support (...). (Karen K. Miyake, County Executive Office on Aging, Elderly Affairs Division).

As stated in the above testimonials, the expansion of the Center can further enhance its position as a key supporter of the economic development of Hawai‘i, helping to better prepare Hawai‘i and the Pacific Basin for the challenges related to the aging society.

B. Strategic Opportunities in Asian and Pacific Islander Aging Research

The proposed Center on Aging Research and Education (CARE) at the University of Hawai‘i at Mānoa seeks to fill a national and regional gap to close health disparities during late life for the Asian and Pacific region (Braun, Yee, Browne, & Mokuau, 2004; Whitfield, K.E., 2004).29,30 A close examination of the research portfolio across the Institutes of Health, and specifically the National Institute of Aging, shows a glaring scarcity of resources devoted to development of a research infrastructure that addresses the needs of Asian and Pacific Islanders in general, and the elderly in particular. For instance, across the 7 funded Resource Centers on Minority Aging Research (RCMAR)31, there is an absence of a center devoted to developing the research methodology and measurement infrastructure for studying Asian and Pacific Islander aging (Curry & Jackson, 2003).32 Three centers have supported post-doctoral

31 Retrieved from www.rcmar.ucla.edu/centersa.php
students conducting pilot studies of Asian and Pacific Islander elders, but the currently funded centers focus their research agenda upon African American and Latino elders, with one devoted to American Indian and Alaska Native elders. While providing needed resources to support young investigators to study the Asian and Pacific Islander elderly, the current centers fail to significantly advance the research infrastructure and provide research tools that are the foundation to improving health disparities among the Asian and Pacific Islander elderly population. A critical first step to enhancing this research portfolio, is the development of research methodology, measurement, and basic empirical knowledge on the Asian and Pacific Islander elderly. The development of this basic research infrastructure is seen for African Americans, Latino/Hispanics, and American Indian/Alaska Natives at currently funded Resource Centers on Minority Aging Research (RCMAR).\[33\]

The University of Hawai’i at Mānoa is uniquely poised to address this gap in our national Asian and Pacific Islander elderly research portfolio. In order to accomplish this goal, CARE must receive critical base funding to develop our infrastructure Asian and Pacific Islander resources, including organization of its multidisciplinary faculty resources across the campus and provide the venue in which successful multidisciplinary aging research center grants could be launched. For instance, a significant barrier to successfully conducting research among Asian and Pacific Islander elders is the lack of culturally competent and responsive multilingual research tools and their accompanying methodology. As one example, the UHM Asian and Pacific language programs provide world class resources for any empirical research on non-English, Asian and Pacific Islander speaking, or limited English speaking populations. The Center on Aging Research and Education could provide the focal point to organize a critical mass of Asian and Pacific Islander and aging scholars to create multidisciplinary teams of scientists who’s empirical research focus upon this understudied and underserved group of Asian and Pacific Islander elders. CARE will develop the basic research infrastructure necessary to prepare UHM for the next round of center grant solicitations for research on minority elderly populations such as the Resource Centers for Minority Aging Research or Royal Applied Gerontology Centers from the Institute on Aging at the National Institutes of Health.

C. UH alignment

The UHM is the flagship university of the UH system with the strategic position to lead the advancement of research, training and knowledge dissemination on Asian and Pacific Islander aging. According to the University mission:\[34\]

Mānoa is a premier research institution whose scholars are leaders in their disciplines and whose students are prepared for leadership roles in society. Mānoa strives for excellence in teaching, research, and public service. Mānoa is an innovative institution, comfortable with change. Mānoa celebrates its diversity and uniqueness as a Hawaiian place of learning. We build on our strengths including our unparalleled natural environment and tradition of outstanding Asia-Pacific scholarship.

The objectives of the UHM are based on the mission of promotion of leadership, excellence and innovation and focused on seven main competences:

1. *Research* - recruitment and support of outstanding faculty, staff, and students committed to research and graduate education, encouraging research that benefits and involves the local community, investment in modern research facilities, infrastructure, administration, and services, development of effective grant administration and increase in the number of academic publications.

\[33\] Retrieved from [www.rcmar.ucla.edu/centersa.php](http://www.rcmar.ucla.edu/centersa.php)

\[34\] Retrieved from “The University of Hawai’i at Mānoa Strategic Plan 2002-2010”, available at [http://www.uhm.hawaii.edu/vision/](http://www.uhm.hawaii.edu/vision/)

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Pacific Business Center Program
2. **Educational Effectiveness** - a modern, flexible, diverse, and multicultural curriculum supported by excellent teachers, classrooms, and information technology, development of interdisciplinary learning communities, initiation of new learning centers that respond to societal needs such as public policy, environmental sustainability, and other interdisciplinary areas of inquiry.


4. **Place** – creation of a Hawaiian sense of place on campus through improved landscaping, architectural design, signage, and the creation of gathering spaces, recruitment of students from Asia and the Pacific and foster regional alumni relations, building on unparalleled natural resources, cultural diversity, sense of aloha, and excellent reputation, expansion of leadership in international affairs, emphasizing Hawai‘i, Asia, and the Pacific.

5. **Economic Development** - educating a highly skilled, flexible, world-class labor force, enhancing human capital and knowledge infrastructure, technology, and the integration of Hawai‘i into the global economy, strengthening public and private partnerships, promoting research applications.

6. **Culture, Society & The Arts** – support for the arts as major fields of academic and creative scholarship that contribute to quality education and campus enrichment, promotion of artistic and cultural expression as a means of personal, communal, and ethnic expression and identity.

7. **Technology** – serving as an innovator and a conduit for new technologies and their applications in society, promoting the use of technology through support services, professional development opportunities, and funds for computer hardware and software.

These competences highlighted in the UHM Strategic Plan for 2002-2010 call for the expansion of research that involves and benefits local communities, development of interdisciplinary learning communities and academic units to utilize the advantages of synergetic approach to education, promotion of research projects and activities that address important societal needs, strengthening public and private partnerships, promoting research applications and focus on Hawai‘i, Asia, and the Pacific to take advantage of the unique geographical location of the UHM.

An expanded Center on Aging is a direct response to the UHM strategic plans in education and training, knowledge creation, and knowledge dissemination. Specifically, the COA fits into the UHM Plan by:

- Concentrating on important for the local communities problems regarding the aging process and implications of “graying” society for individuals, families, communities and governments.

- Promoting and disseminating advanced knowledge on aging and geriatrics by the publication of scholarly articles reporting the results of research.

- Utilizing its resources to educate and train of skilled research personnel and practitioners by offering the certificate programs in aging and the nationally acclaimed telecourse “Growing Old in a New Age,” that is used both in distance education and as a supplement to in-class coursework in many colleges and universities across the US and abroad.

- Promoting initiatives that contribute to improving the health and quality of life of an increasingly diverse population of older adults in Hawai‘i and the Pacific basin such as public training on aging-related topics and preparation of educational materials to the public.

- Promoting collaboration between the University and other organizations and policy makers concerned with aging to utilize academic resources at the community, state, and Asia-Pacific region level.
An interdisciplinary center on gerontology, with its potential for synergistic collaboration across various disciplines – such as family and consumer sciences, law, medicine, nursing, psychology, public health, social work, and sociology - can effectively tackle the complexities of aging, while enabling the university to achieve the excellence in yet another area of research. The UHM hosts all the disciplines that contribute to the advancements in the area of geriatrics and aging and close collaboration among these disciplines can significantly increase the potential of the multidisciplinary Center on Aging. Research and training programs on aging are already established in the Department of Geriatrics and Public Health at the John A. Burns School of Medicine (JABSOM), the School of Nursing and Dental Hygiene, the School of Social Work, Department of Family and Consumer Sciences at the College of Tropical Agriculture and Human Resources, the Departments of Psychology and Sociology and the Public Policy Center of the College of Social Sciences, and The Osher Lifelong Learning Institute in the Colleges of Arts and Sciences. These programs concentrate on specific aspects of the human aging and occasionally cooperate together in research projects concerning various aspects of aging. The Center collaborates with university programs engaged in aging-related research and training by developing and disseminating educational materials, guest lecturing and co-authoring grants. The availability of faculty appointments at the Center on Aging would allow the scientists to work more closely and efficiently on the complex issues addressed by the Center in its activities.

As a result of enhanced collaboration among faculty affiliates from different departments of the UHM, as well as public and private partnerships with numerous community agencies (e.g., the Executive Office on Aging, the Hawaiian Islands Hospice Organization, the St. Francis International Center for Healthcare Ethics, and Papa Ola Lokahi), the Center will help to better prepare Hawai’i and the Pacific Basin for the challenges related to the aging society. Moreover, thanks to its Hawaiian, Asian and Pacific focus in research and teaching, the Center will enable the UHM to carve out a unique research niche to explore aging among underserved multinational populations such as Asian American, Native Hawaiian and Pacific Islanders. This, in turn will establish UHM as an excellent source of culturally appropriate consultation on aging and longevity in the Asia-Pacific region.

D. Program Organization

The full convergence between the mission and objectives of the University of Hawai’i at Mānoa and activities of the COA can only be achieved through appropriate positioning of the Center within the UH system. As mentioned before, the Center on Aging was established as an independent unit of the University reporting to the Office of the Senior Vice President and Executive Vice Chancellor. In 1993, as a result of system-wide budget cuts, the Center was transferred to the School of Public Health and later – to the Office of Public Health Studies, operating within the School of Medicine.

In 2003 UH Chancellor Peter Englert, the Center’s director Kathryn Braun and DeWolfe Miller, then chairman of the Public Health Department, initiated the reorganization of the Center on Aging and possible separation of the Center from the Office of Public Health Studies. Such a move would allow Public Health to redirect Kathryn Braun’s attention to social behavioral health.

The future location of the Center is still to be determined. The UH gerontologists consider four possible options, all of which offer both advantages and disadvantages.

1. **Transfer of the Center to the School of Social Work**

The interested parties, including the UH gerontologists and the administration believe that the School of Social Work will be a better fit for the multidisciplinary Center on Aging than the School of Public Health, especially in the circumstances of expected reorganization of the later.\(^{36}\)

According to the School Bulletin, the mission of the UH School of Social Work is to:

“…contribute to the advancement of social work practice in its many forms for the purpose of preventing or resolving the most critical social problems. Within this general purpose, the school reaffirms social work’s historic commitment to increase social justice and availability of opportunity for underrepresented and oppressed groups.

The principal responsibility of the school is the generation, transmission, and application of knowledge that will benefit the state of Hawai‘i. In addition, it is the school’s responsibility to contribute to knowledge for use by the profession as a whole. In particular, it is the goal of this School to increase comprehension of the ways in which social policy, social work practice, and research can be improved through understanding of Native Hawaiian, other Pacific Islander and Asian cultures of our communities, state and the Pacific Region.”\(^{37}\)

The School offers three major programs – the Bachelor of Social Work Program, the Master of Social Work Program, and the Doctor of Philosophy in Social Welfare Program.

In the opinions of the UH gerontologists, the School of Social Work would be a good fit philosophically and conceptually, thanks to its interdisciplinary programs in social work. Currently, the School offers its students (both undergraduate and graduate) the possibility to choose gerontology focus, and cooperation between the two units would allow them to supplement and expand their course offerings and research endeavors. The faculty members in the School are known to be extremely supportive of the transfer and promised extensive administrative and infrastructural support for the expanded Center on Aging in case of its transfer to the School of Social Work.

2. **Transfer to re-established Center of Global and Public Health**

Many gerontologists believe that the current Department of Public Health Sciences and Epidemiology OR a reorganized Center of Global and Public Health is also a good fit for the Center. The mission statement of the Department reads:

“The mission of the public health program is to provide a research based education for health professionals and students entering the field; to conduct research relevant to state, national and international health needs; to engage in research activities with agencies dedicated to promoting health and preventing disease, disability and premature mortality; and to provide consultative and direct services to university, local, national and international organizations. The mission is accomplished through excellence in education integrated with and enhanced by rigorous scientific research and creative alliances with the John A. Burns School of Medicine, other units of the University of Hawai‘i, the Hawai‘i State Department of Health, and with the community.”\(^{38}\)

Maintaining the status quo and appropriately supplementing the Department budget would certainly be the easiest option for the reorganization of the Center. The potential problems arising from this alternative include: expected difficulties with establishing the Center as an administratively and financially independent unit within the Office of Public Health Studies (currently, the Center does not have such independence) and the lack of course offerings in public health for undergraduate students, which may require suspension of the Undergraduate Certificate in Aging program.

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\(^{37}\) The School of Social Work Bulletin. Available at http://www.hawaii.edu/sswork/;

\(^{38}\) Retrieved from the web site of the Department of Public Health Sciences and Epidemiology, http://www.hawaii.edu/publichealth/about/about.html
These difficulties may be easier to overcome in case of possible re-establishment of the Center of Global and Public Health, announced by Chancellor Peter Englert during the mid-year meeting of the UH School of Public Health Alumni Association in February 2004.39

3. Merger with the Department of Geriatric Medicine, JABSOM

Another option discussed among the UH gerontologists is a merger with the Department of Geriatric Medicine at the John A. Burns School of Medicine of the University of Hawai‘i. Under the leadership to the department chair, Patricia Lanoie Blanchette, MD, MPH, the Department of Geriatric Medicine has garnered national and international recognition for excellence in geriatric training and research. The program has attracted significant extramural funding in support of its education and research activities, which allowed it to develop excellent infrastructure for research and education. The apparent advantage of the transfer of COA and cooperation with the Department of Geriatric Medicine would be considerable amounts of federal funds available for biomedical and life sciences research. The drawback of this alternative is a narrow, medical concentration of the program (compared to the more social focus of the Center on Aging) and the fact that the department does not have its own undergraduate or graduate course numbers.

4. Establishment of the Center as a separate unit of the University

Some UH gerontologists support the establishment of the Center as an independent unit within the University of Hawai‘i at Mānoa. There are more disadvantages than advantages of this alternative, however, including the need for office space, course numbers, and additional funds to cover its operating expenses.

Based on the discussion with the COA staff and UH gerontologists involved in the Center’s activities, the optimal place for housing the Center on Aging is thought to be the School of Social Work. The main benefits of such placement would be:

- The Dean of Social Work is ardently committed to aging research, education and service with its multidisciplinary mandate
- The School of Social Work offers a solid academic foundation for gerontology-related research:
  - It has two full-time and one part-time professors who are experts in gerontology specializing in Asian and Pacific Islander aging issues
  - Social Work and its faculty have a successful track record of multidisciplinary gerontological research, education and service collaborations across UHM
  - The School hosts the only UH program that offers a graduate degree specializing in gerontology
- The School has established strong relationships with various grant makers in aging and support organizations:
  - There is strong community support for gerontological curriculum and associated activities at SSW from agencies such as the Veteran Administration, the Executive Office on Aging, and Project Dana
  - The School has already entered into discussions with international foundations whose priorities are in gerontology (e.g., UNIVER Foundation) to discuss opportunities related to research in Asia/Pacific, endowed faculty positions, and training programs
  - The school has submitted research grants to the National Institute on Mental Health proposing to conduct research on Asian/Pacific elderly in Hawai‘i

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The SSW researchers are currently exploring federal money opportunities in aging research and training; particularly Medicaid who provide 2 to 1 matching funds.

The School is putting together a strategic development plan that focuses our efforts on acquiring donations from those who have a vested interest in aging issues.

The School has committed to provide the necessary administrative and infrastructural support to the expanded Center on Aging:
- It has made multiple requests to acquire Henke Hall building 3 in order to provide space for additional personnel from the Center on Aging.

In addition to a new location of the Center on Aging, the key issue will be securing adequate general funds to ensure further development and expansion of this well-needed unit of the University. Gerontologists across the campus agree that insufficient g-funds have been the major limiting factor for the Center over the past several years. To take advantage of numerous grant opportunities, Hawai‘i’s flagship university must support a broad interdisciplinary forum for aging research and education with g-funds and positions.

**E. Specific objectives of the expanded Center on Aging**

The expanded Center on Aging will change its name to the Center on Aging Research and Education to emphasize its multidisciplinary focus. Its mission will be to increase the University's capacity to carry out the highest quality research, instructional, and community service programs in the area of aging, and to make its gerontological resources available to the community, the state, and the Asia-Pacific region. The Center will accomplish this by conducting, stimulating, and coordinating gerontological activities on the Mānoa campus, and by promoting collaboration between the University and other organizations concerned with aging. The goals of the Center are to:

- Conduct and promote interdisciplinary aging research in Hawai‘i and throughout the Asia-Pacific region.
- Promote excellence in gerontological education in Hawai‘i and throughout the Asia-Pacific region for individuals studying gerontology.
- Engage in education, training, workforce development, and service partnerships with government, corporations, and non-profit entities in Hawai‘i and throughout the Asia-Pacific region.

The above goals can be further divided into the following function-related objectives:

- **Research**
  - Engage in basic and applied research efforts through its own staff or in collaboration with faculty from other academic units and non-University research organizations in Hawai‘i, the continental US, and the Asia-Pacific region.
  - Host multidisciplinary seminar series for discussion and generation of research ideas and activities.
  - Create and manage a publication series featuring reports of faculty and student research findings.
  - Collect trend data on older adults for use in policy making and program planning by governmental and non-governmental agencies in Hawai‘i.
  - Link community agencies and organizations with qualified faculty, staff, and students who could assist them with research and evaluation efforts.
  - Offer consultation on proposal development, research design, and research funding opportunities to UH faculty and students interested in doing their own aging studies.
  - Raise and award funds for student research projects.
Education and Training
- Administer two certificate programs in Gerontology—an undergraduate Certificate in Aging (UCA) and an Advanced (graduate) Certificate in Gerontology (ACG). The UCA is available to undergraduate students in all fields of study. The ACG is available to classified graduate students in all fields of study as well as to post-baccalaureate community professionals working in the field of aging or intending to pursue careers in aging.
- Serve as clearing house across campus for aging-related courses and course materials.
- Raise and award funds for student scholarships, and help students identify other scholarship opportunities.
- Link students to local, national, and international internships.
- Offer consultation to community colleges and other state agencies in their efforts to build a stronger eldercare workforce.

Service
- Enhance gerontology program exchange across the Asia-Pacific region.
- Assist governments and non-governmental agencies in Hawai‘i and the Pacific to plan for aging populations.
- Provide community and continuing education by giving talks and by participating in conferences and other educational events.
- Engage in appropriate direct community services that relate to and enhance COA’s research, education, and training functions.

F. Expansion plan

Assuming that the Center receives adequate funding for continuing staff and operations, the expanded Center on Aging Research & Education will split into two divisions: 1) a research division and 2) an education/training division. Staffing will include:
- A director with a track-record of federally funded research grants.
- An Associate Researcher to head the Research Division who also has a track-record of federally funded research grants. This person will coordinate interdisciplinary research meetings and stimulate the development of interdisciplinary proposals, as well as carry out his/her own program of extramurally funded research.
- An Associate Professor to head the Education/Training Division and oversee the 2 certificate programs, as well as carry out his/her own program of extramurally funded research.
- Two specialist-track positions
  - For the Research Division, the specialist will identify opportunities for research related grants and contracts and will assist Center on Aging Research & Education staff and gerontologists across campus with proposal development and writing.
  - For the Education/Training Division, the specialist will identify opportunities for training-related grants and contracts and will assist Center on Aging Research & Education staff and gerontologists across campus with grant writing, curriculum development, and evaluation.
- A joint faculty appointment, to be awarded at 50-100% time/semester to faculty who need protected time to write research grants related to aging.
- A secretary.
- A fiscal officer
An academic-community advisory board that will advise on the Center on Aging Research & Education activities, alert the Center to research/training opportunities, and assist with raising funds for the Center on Aging Research & Education student scholarship fund.

The following chart presents the planned organizational structure of the expanded Center on Aging Research & Education.

G. Funding requirements

Based on the Center's goals and objectives, the estimated annual operating cost amounts to $500,000. These funds are needed to serve as a base to leverage extramural funds.

<table>
<thead>
<tr>
<th>Position</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>$120,000</td>
</tr>
<tr>
<td>Associate Professor (9 month)</td>
<td>63,000</td>
</tr>
<tr>
<td>Associate Researcher (11 month)</td>
<td>77,000</td>
</tr>
<tr>
<td>2 Research Specialists (11 month)</td>
<td>110,000</td>
</tr>
<tr>
<td>Joint faculty appointment(s)</td>
<td>70,000</td>
</tr>
<tr>
<td>Secretary</td>
<td>40,000</td>
</tr>
<tr>
<td>Operating funds</td>
<td>30,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$500,000</strong></td>
</tr>
</tbody>
</table>

H. Grant and Cost Reimbursement Potential

The main sources of extramural funds in the field of aging include:
Federal funds
- Technical assistance contracts from local and international governments
- Private and community foundations
- Corporate grantmakers

1. Federal and state grantmakers in aging

The largest federal grantmakers in aging are National Institute on Aging, National Institutes of Health, The Administration on Aging and the Health Resources and Services Administration.

- **National Institute on Aging** – one of the 27 institutes and centers of the National Institutes of Health, leads a broad scientific effort to understand the nature of aging and to extend the healthy, active years of life. In 1974, Congress granted authority to form the National Institute on Aging to provide leadership in aging research, training, health information dissemination, and other programs relevant to aging and older people. The NIA’s mission is to improve the health and well-being of older Americans through research, and specifically to:
  - Support and conduct high quality research on:
    - aging processes
    - age-related diseases
    - special problems and needs of the aged
  - Train and develop highly skilled research scientists from all population groups
  - Develop and maintain state-of-the-art resources to accelerate research progress
  - Disseminate information and communicate with the public and interested groups on health and research advances and on new directions for research.

NIA sponsors research on aging through extramural and intramural programs. The extramural program funds research and training at universities, hospitals, medical centers, and other public and private organizations nationwide. The intramural program conducts basic and clinical research in Baltimore, MD, and on the NIH campus in Bethesda, MD. The **2003 annual budget of NIA totaled $896 million, including $597 million for research project grants.**

- **National Institutes of Health** - The mission of the NIH is to expand fundamental knowledge about the nature and behavior of living systems and to improve and develop new strategies for the diagnosis, treatment, and prevention of disease and communicates the results of research with the goal of improving health. The 27 institutes and centers, which comprise the NIH (including NIA), support research and researchers working in universities, medical centers, hospitals, and research institutions in every state and territory in the Nation and in many countries around the world. The NIH also conducts research in its own laboratories. The **2003 President's budget request for NIH was $27,244 million, including $14,304 million for research project grants.** The supported research initiatives for 2003 focused on the following areas: bioterrorism, cancer, diabetes, minority health and health disparities, Parkinson’s disease.

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The Administration on Aging (AoA) - created by the Older Americans Act (OAA) in 1965, is the only federal agency devoted exclusively to the concerns and potential of older Americans. Help for the elderly under the OAA is provided through programs administered by AoA, together with its 10 Regional Offices and 57 State and Territorial Units on Aging, approximately 670 Area Agencies on Aging, and Indian Tribes. AoA's primary goals, as envisioned by the Act, are to:

- support a national network of State and Area Agencies on Aging and Indian Tribes in their efforts to reach out to older persons residing in communities across the nation;
- develop and oversee a comprehensive and coordinated system of supportive services and opportunities to meet the social and human service needs of the elderly;
- serve as an advocate on behalf of older people.

AoA allocates funds to the State Agencies on Aging to administer and support a wide range of community-based supportive and nutrition services and other activities, including services in the home, services and opportunities in the community, access services, and services to individuals in long-term care institutions. Each State Agency on Aging is allocated funds based on the number of older persons in each state. The SAAs in turn contract with public or private groups to provide the needed services to the elderly.

The Health Resources and Services Administration – an Agency of the US Department of Health and Human Services, is the principal Federal Agency charged with increasing access to basic health care for those who are medically underserved. Since HRSA's establishment, the Agency's budget has increased to a funding level of nearly $7 billion, resources that benefit millions of Americans through HRSA programs. HRSA's portfolio includes a range of programs or initiatives designed to increase access to care, improve quality, and safeguard the health and well-being of the Nation's most vulnerable populations. HRSA supports over 800 community health centers; funds services for people living with HIV/AIDS through the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act; assists states and health care organizations in improving services to mothers and children; oversees the national system that allocates organs, tissue, and bone marrow for transplant; and works with academic health centers and other training programs to enhance the supply, diversity, and distribution of the Nation's health care workforce. HRSA awards grants and cooperative agreements that expand and improve

- Primary health care for medically underserved people
- Health and related services for people with HIV/AIDS
- Maternal and child health
- Health professions training and education
- Rural health
- Telemedicine
- Organ donation

In 2004, HRSA expects to award approximately $6 billion through more than 100 programs, each with its own application availability and deadline, eligibility and award criteria.

Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry

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43 Retrieved from [http://www.hrsa.gov/default.htm](http://www.hrsa.gov/default.htm)
- **Centers for Disease Control and Prevention** - one of the operating components of the Department of Health and Human Services (HHS). CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental and occupational health threats for more than 50 years. CDC is the lead federal agency for protecting the health and safety of people, at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships with public and private entities. CDC is comprised of 12 Centers, Institutes, and Offices (CIOs), focusing on various areas of expertise. One of the CDC’s products is the Behavioral Risk Factor Surveillance System - the world’s largest telephone survey, which tracks health risks in the United States.

- **Agency for Toxic Substances and Disease Registry (ATSDR)** - one of the operating components of the Department of Health and Human Services (HHS). ATSDR was established in 1980 by the Comprehensive Environmental Response, Compensation, and Liability Act, also known as Superfund. ATSDR works to prevent exposures to hazardous wastes and to environmental releases of hazardous substances. Working with states and other federal agencies, ATSDR seeks to prevent exposure and adverse health effects associated with exposure to hazardous substances from waste sites. The agency conducts public health assessments, health studies, surveillance activities, and health education training in communities around waste sites or exposed to environmental releases. ATSDR also develops toxicological profiles of hazardous chemicals found at these sites. The agency has 10 regional offices, an office in Washington, D.C.

Although CDC and ATSDR are separate agencies, both strive to protect and improve the health of the American public. The Director of CDC also serves as the Administrator of ATSDR. Both offer a variety of grants and contracts through the CDC’s Procurement and Grants Office (PGO). In general, assistance is provided to nonprofit organizations and institutions, including faith-based and community-based entities, state and local governments, their agencies, Indian Tribes or tribal organizations, and occasionally to individuals. For-profit organizations are eligible to receive awards under financial assistance programs unless specifically excluded by legislation. In 2004 the Centers for Disease Control and Prevention (CDC) received a total funding level of $7.1 billion. The Agency For Toxic Substances And Disease Registry received $73 million, mainly to continue its critical health assessment work at hazardous waste sites around the nation.

### 2. Private and Community Foundations and Corporate Grantmakers

According to the report prepared by the Foundation Center - a comprehensive directory offering links to private foundations, corporate-giving programs and other sources of nonprofit funding, the largest grantmaker in the field of health policy programs, including aging, in 2002 was the Robert Wood Johnson Foundation. The amount of grants in aging awarded by this foundation in 2002 exceeded $45.6 million dollars. Next on the list was the Donald W. Reynolds Foundation with $28.1 million in

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45 Available at [http://www.cdc.gov/brfss/](http://www.cdc.gov/brfss/)
grants in the field on aging awarded within the same period. The 15 largest private grantmakers based on the 2002 data, are included in the following table.

**Top 15 US Private and Community Foundations and Corporate Grantmakers Awarding Grants for the Aging in 2002**

<table>
<thead>
<tr>
<th>Foundation Name</th>
<th>Dollar Amount</th>
<th>No. of Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Robert Wood Johnson Foundation</td>
<td>$45,696,355</td>
<td>221</td>
</tr>
<tr>
<td>2. Donald W. Reynolds Foundation</td>
<td>28,105,327</td>
<td>8</td>
</tr>
<tr>
<td>3. The Harry and Jeanette Weinberg Foundation, Inc.</td>
<td>11,805,500</td>
<td>47</td>
</tr>
<tr>
<td>4. The Ellison Medical Foundation</td>
<td>6,917,092</td>
<td>38</td>
</tr>
<tr>
<td>5. The California Endowment</td>
<td>6,501,481</td>
<td>41</td>
</tr>
<tr>
<td>6. The Atlantic Foundation of New York</td>
<td>6,269,670</td>
<td>9</td>
</tr>
<tr>
<td>7. Archstone Foundation</td>
<td>5,429,680</td>
<td>71</td>
</tr>
<tr>
<td>8. The John A. Hartford Foundation, Inc.</td>
<td>5,391,295</td>
<td>14</td>
</tr>
<tr>
<td>9. Kellogg Company 2-Year Employees Fund, Inc.</td>
<td>5,077,834</td>
<td>3</td>
</tr>
<tr>
<td>10. The Starr Foundation</td>
<td>4,365,000</td>
<td>24</td>
</tr>
<tr>
<td>11. The Retirement Research Foundation</td>
<td>3,516,598</td>
<td>64</td>
</tr>
<tr>
<td>12. The William K. Warren Foundation</td>
<td>3,412,000</td>
<td>2</td>
</tr>
<tr>
<td>13. Mary E. Bivins Foundation</td>
<td>3,297,750</td>
<td>3</td>
</tr>
<tr>
<td>14. The Commonwealth Fund</td>
<td>3,225,054</td>
<td>22</td>
</tr>
<tr>
<td>15. Zemurray Foundation</td>
<td>3,044,358</td>
<td>1</td>
</tr>
</tbody>
</table>

*Source: The Foundation Center, FC Stats: The Foundation Center's Statistical Information Service (www.fdncenter.org/fc-stats)*

The complete list of top 50 US Private and Community Foundations and Corporate Grantmakers Awarding Grants for the Aging in 2002 is contained in Appendix F.

Overall, grantmaking to reduce public and private health care costs, improve quality, and initiate reform constituted 23% of health policy grants and contracts in 2002. Giving to improve access to care for the uninsured and to eliminate disparities in health care climbed from less than 6% of policy grant dollars in the 1995 sample to over 19% in the latest sample. Other areas experiencing gains in their shares of support included health policy research and training, mental health and substance abuse, reproductive health, end-of-life care/right-to-die issues, and HIV/AIDS.

The following table presents the largest recipients of the private and community grants in the field of aging in 2002.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Recipient</th>
<th>Profile</th>
<th>Amount</th>
<th>No. of Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>University of Arkansas for Medical Sciences</td>
<td>The Donald W. Reynolds Center on Aging, UAMS College of Medicine</td>
<td>$18,250,000&lt;sup&gt;48&lt;/sup&gt;</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Wake Forest University</td>
<td>The J. Paul Stricht Center on Aging and Rehabilitation, WFU School of Medicine and Baptist Medical Center</td>
<td>9,583,408&lt;sup&gt;49&lt;/sup&gt;</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>Washington County Elder Care</td>
<td>Multi-service senior health facility</td>
<td>7,559,700&lt;sup&gt;50&lt;/sup&gt;</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Alzheimer’s Disease and Related Disorders Association</td>
<td>A service of the National Institute on Aging (NIA).</td>
<td>6,374,225</td>
<td>96</td>
</tr>
<tr>
<td>5.</td>
<td>International Longevity Center USA</td>
<td>A not-for-profit, nonpartisan research, policy, and education organization</td>
<td>5,369,169&lt;sup&gt;51&lt;/sup&gt;</td>
<td>6</td>
</tr>
<tr>
<td>6.</td>
<td>North Pointe Woods</td>
<td>A senior living community</td>
<td>5,055,334&lt;sup&gt;52&lt;/sup&gt;</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Families USA Foundation</td>
<td>A national nonprofit, non-partisan organization dedicated to the achievement of high-quality, affordable health care for all Americans</td>
<td>4,021,464&lt;sup&gt;53&lt;/sup&gt;</td>
<td>11</td>
</tr>
<tr>
<td>8.</td>
<td>Montereau</td>
<td>A continuing-care retirement community</td>
<td>3,400,000</td>
<td>1</td>
</tr>
<tr>
<td>10.</td>
<td>Consumers in Action for Personal Assistance</td>
<td>A consumer driven organization of persons with disabilities of any age, working towards the improvement of the personal assistance services</td>
<td>3,044,358&lt;sup&gt;54&lt;/sup&gt;</td>
<td>1</td>
</tr>
<tr>
<td>11.</td>
<td>Bivins Village</td>
<td>An assisted living center for low-income elderly</td>
<td>2,900,000&lt;sup&gt;55&lt;/sup&gt;</td>
<td>1</td>
</tr>
<tr>
<td>12.</td>
<td>Loaves and Fishes Centers: The Meals-On-Wheels People</td>
<td>A nonprofit, nonsectarian organization that provides hot, nutritious meals to seniors 60 years and older.</td>
<td>2,692,032</td>
<td>7</td>
</tr>
<tr>
<td>13.</td>
<td>American Federation for Aging Research (AFAR)</td>
<td>A non-profit organization, funding aging research and geriatric medicine</td>
<td>2,394,210</td>
<td>14</td>
</tr>
<tr>
<td>14.</td>
<td>Association of Directors of Geriatric Academic Programs</td>
<td>Established on the basis of the American Geriatrics Society -provides support to education and research programs in geriatric medicine and to directors of academic geriatric programs</td>
<td>2,240,627&lt;sup&gt;56&lt;/sup&gt;</td>
<td>2</td>
</tr>
<tr>
<td>15.</td>
<td>Woldenberg Village</td>
<td>A full-service Retirement Community</td>
<td>2,000,000&lt;sup&gt;57&lt;/sup&gt;</td>
<td>1</td>
</tr>
</tbody>
</table>

*Source: The Foundation Center, FC Stats: The Foundation Center’s Statistical Information Service (www.fdncenter.org/cls~stats)*

<sup>48</sup> Donation of the Donald W. Reynolds Foundation.
<sup>49</sup> Including a gift of $3.7 million for the Roena Mac Kulyynych Dementia Research Center, donated by Petro Kulyynych, a co-founder of Lowe’s Companies, Inc. and donations form the Fullerton Foundation.
<sup>50</sup> A capital grant donated by the by Donald W. Reynolds Foundation
<sup>51</sup> Includes an endowment of $1 million from the estate of Werner and Elaine Dannheisser; grant from the AARP Andrus Foundation, a grant from the Center for Global Partnership, Japan Foundation; an educational grant from Pfizer Inc and The Atlantic Philanthropies, and a grant from the John S. and James L. Knight Foundation.
<sup>52</sup> Donations through the United Way campaign
<sup>54</sup> Received from the Planning for Elders - a Non-Profit Public Benefit Corporation incorporated in California and facilitating various activities to improve the quality of life for elders, people with disabilities and their caregivers.
<sup>55</sup> Donation from The Mary E. Bivins Foundation
<sup>56</sup> Grants from the John A. Hartford Foundation, Inc and the Donald W. Reynolds Foundation.
<sup>57</sup> The Jewish Endowment Foundation (JEF)
Among the 50 largest grantees in aging in 2002, 10 represented academic institutions, as shown below.


<table>
<thead>
<tr>
<th>Rank</th>
<th>Recipient</th>
<th>Profile</th>
<th>State</th>
<th>Amount</th>
<th>No. of Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>University of Arkansas for Medical Sciences</td>
<td>The Donald W. Reynolds Center on Aging, UAMS College of Medicine</td>
<td>AR</td>
<td>$18,250,00058</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Wake Forest University</td>
<td>The J. Paul Sticht Center on Aging and Rehabilitation, WFU School of Medicine and Baptist Medical Center</td>
<td>NC</td>
<td>9,583,40859</td>
<td>3</td>
</tr>
<tr>
<td>18.</td>
<td>Hackensack University Medical Center</td>
<td>Teaching and research hospital affiliated with the University of Medicine and Dentistry of New Jersey; the largest provider of inpatient and outpatient services in the state of New Jersey.</td>
<td>NJ</td>
<td>1,900,00060</td>
<td>1</td>
</tr>
<tr>
<td>30.</td>
<td>University of California</td>
<td>Academic institution</td>
<td>CA</td>
<td>1,319,07061</td>
<td>7</td>
</tr>
<tr>
<td>32.</td>
<td>Texas A &amp; M University System</td>
<td>Academic institution</td>
<td>TX</td>
<td>1,263,295</td>
<td>2</td>
</tr>
<tr>
<td>33.</td>
<td>University of Southern Maine</td>
<td>Academic institution</td>
<td>ME</td>
<td>1,238,624</td>
<td>1</td>
</tr>
<tr>
<td>34.</td>
<td>University of Montana</td>
<td>Academic institution</td>
<td>MT</td>
<td>1,176,120</td>
<td>3</td>
</tr>
<tr>
<td>36.</td>
<td>University of Southern California</td>
<td>Academic institution</td>
<td>CA</td>
<td>1,127,535</td>
<td>3</td>
</tr>
<tr>
<td>44.</td>
<td>Johns Hopkins University</td>
<td>Academic institution</td>
<td>MD</td>
<td>997,082</td>
<td>3</td>
</tr>
<tr>
<td>47.</td>
<td>University of Maryland</td>
<td>Academic institution</td>
<td>MD</td>
<td>942,085</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: The Foundation Center, FC Stats: The Foundation Center's Statistical Information Service (www.fdncenter.org/fc~stats)

The complete list of top 50 Recipients of Private and Community Foundations and Corporate Grantmakers’ Grants for the Aging in 2002 is contained in Appendix F.

Various university programs on aging cite the following private institutions as the largest and most generous contributors in the field:

- **The Robert Wood Johnson Foundation** - established in 1972, The Robert Wood Johnson Foundation, based in Princeton, NJ is the largest philanthropy devoted exclusively to health and health care in the United States.62 Programs funded by the Foundation concentrate on the following areas of interest: Active Living, Obesity and Nutrition, Building Human Capital, Health Insurance Coverage, Quality Health Care, Tobacco Use, Alcohol and Drug Addiction Prevention and Treatment, End-of-Life Care, Nursing; Transforming Care at the Bedside, Public Health Leadership

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58 Donation of the Donald W. Reynolds Foundation; $15 Million of the total amount will be part of the endowment for the Department of Geriatrics.

59 Including a gift of $3.7 million for the Roena Mae Kulynych Dementia Research Center, donated by Petro Kulynych, of North Wilkesboro, a co-founder of Lowe's Companies, Inc. and donations form the Fullerton Foundation.

60 The Robert Wood Johnson Foundation - Improving care in the areas of congestive heart failure, atrial fibrillation, stroke, acute myocardial infarction, geriatric care, and patient safety

61 Larry L. Hillblom Foundation, the John A. Hartford Foundation, the Robert Wood Johnson Foundation, the Donald W. Reynolds Foundation.

and Capacity, Reducing Racial and Ethnic Disparities in Health Care, Vulnerable Populations. During 2003, the Foundation made **927 grants and contracts, totaling $316.5 million** in support of programs and projects to improve health and health care in the United States.

- **Donald W. Reynolds Foundation** - a national philanthropic organization founded in 1954. Headquartered in Las Vegas, the Donald W. Reynolds Foundation is one of the 50 largest private foundations in the United States. The Foundation makes grants and contributions to qualified organizations to promote charitable, scientific, literary and educational work. The Foundation's programs include: the Capital Grants Program, the Aging and Quality of Life Initiative, the Clinical Cardiovascular Research Program, the Community Services Center Program, and Donald W. Reynolds Special Initiatives. **Grants payable in 2003 amounted to $110.6 million. Grant awards vary between $0.29 million to $24 million.**

- **Archstone Foundation** - an independent private foundation, with **assets of over $100 million**, whose mission is to contribute towards the preparation of society in meeting the needs of an aging population. Archstone Foundation directs its grantmaking activities toward the preparation of society in meeting the needs of an aging population. The majority of the foundation's resources are allocated to programs that address elder abuse prevention, fall prevention among the elderly, end-of-life issues, and emerging needs within the field of aging. Proposals are accepted throughout the year, with quarterly funding decisions made by the Board of Directors. The amounts awarded vary considerably based on the size and complexity of the project.

- **John A. Hartford Foundation** - Founded in 1929, The John A. Hartford Foundation is a committed champion of health care, training, research and service system innovations that will ensure the well-being and vitality of older adults. The Foundation, established to provide the greatest good for the greatest number of people, currently has more than **$630 million in assets, over $20 million of which is used annually to fund its grants program.** Its overall goal is to increase the nation's capacity to provide effective, affordable care to its rapidly increasing older population. Through its grantmaking, the John A. Hartford Foundation seeks specifically to:

  - enhance and expand the training of doctors, nurses, social workers and other health professionals who care for older adults, and
  - promote innovations in the integration and delivery of services for all older Americans.

  Nearly all of the Foundation's grants are directed to its Aging and Health Program, which addresses two major areas: Academic Geriatrics and Training, and Integrating and Improving Services for Elders.

- **W.K. Kellogg Foundation** - a nonprofit organization whose mission is to apply knowledge to solve the problems of people. Its founder W.K. Kellogg, the cereal industry pioneer, established the Foundation in 1930. Programming activities center around the common vision of a world in which each person has a sense of worth; accepts responsibility for self, family, community, and societal well-being; and has the capacity to be productive, and to help create nurturing families, responsive institutions, and healthy communities. Grants are made in the four areas of: Health, Food Systems and Rural Development, Youth and Education, and Philanthropy and Volunteerism. All programming in these four interest areas is tailored to meet the needs of each geographic region. During the past fiscal year, September 1, 2002, through August 31, 2003, the Foundation made grant expenditures of **$201,442,078** to 941 of its 2,706 active projects. During that same period, the Foundation made **$230,838,680** in new commitments to 701 projects. To be eligible for a grant, the

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63 Retrieved from [http://www.dwreynolds.org/index.htm](http://www.dwreynolds.org/index.htm)
organization or institution, as well as the purpose of the proposed project, must qualify under regulations of the United States Internal Revenue Service as a 501(c)(3) organization.\(^\text{67}\)

- **Aetna Foundation** - an independent philanthropic arm of Aetna Inc. Founded in 1972, the Foundation seeks to help build healthy communities by funding initiatives that improve the quality of life where Aetna employees and customers work and live.\(^\text{58}\) Since 1980, the Aetna Foundation has contributed more than $260 million in grants, scholarships and social investments. The Foundation's giving is focused on reducing racial and ethnic disparities in health care.

- **American Federation for Aging Research** – the leading private organization in the US that supports basic aging research. Since 1981, AFAR has helped scientists begin and further careers in aging research and geriatric medicine. The mission of AFAR is to promote healthier aging through biomedical research.\(^\text{69}\) AFAR administers eight grant programs a year, providing medical students and junior scientists with over $7 million in research funding. Some of the grant award programs for 2004 include:
  
  - **AFAR Research Grants** - AFAR provides up to $60,000 for a one- to two-year award to junior faculty (M.D.'s and Ph.D.'s) to do research that will serve as the basis for longer term research efforts. AFAR-supported investigators study a broad range of biomedical and clinical topics including the causes of cellular senescence, the role of estrogen in the development of osteoporosis, the genetic factors associated with Alzheimer's disease, the effects of nutrition and exercise on the aging process, and much more. Since 1981, over 600 AFAR Research Grants have been awarded.
  
  - **The AFAR/Pfizer Innovations in Aging Research Award Program** - This new program provides support for promising junior faculty scientists who wish to start highly innovative projects focused on the basic biology of aging and its relationship to human disease. Up to six awards of $200,000 will be made in 2004.
  
  - **Paul Beeson Career Development Awards in Aging** - The National Institute on Aging (NIA), The John A. Hartford Foundation, Atlantic Philanthropies, and the Starr Foundation are collaborating on this initiative to sustain and promote the research careers of clinically trained individuals who are pursuing research careers in aging.\(^\text{70}\)
  
  - **The Cart Fund, Inc.** - encourages exploratory and developmental Alzheimer's Disease research projects by providing support for the early and conceptual plans of those projects that may not yet be supported by extensive preliminary data, but have the potential to substantially advance biomedical research. One award of up to $250,000 will be awarded in 2004.
  
  - **The Glenn/AFAR Research Grant Program for Postdoctoral Fellows** - Up to four grants of $50,000 each will be available for postdoctoral fellows (MDs and PhDs) who will have had at least 2 and not more than 5 years of prior postdoctoral training at the time of the award. Applications for the postdoctoral fellow grant competition will be evaluated separately from the junior faculty competition. The deadline for receipt of application is December 12, 2003.

- **The Commonwealth Fund** - The Fund supports independent research on health and social issues and makes grants to improve health care practice and policy.\(^\text{71}\) The Fund is dedicated to helping

\(^{67}\) Organizations described in IRC Section 501(c)(3), other than testing for public safety organizations, are eligible to receive tax-deductible contributions in accordance with IRC Section 170. The exempt purposes set forth in IRC Section 501(c)(3) are charitable, religious, educational, scientific, literary, testing for public safety, fostering national or international amateur sports competition, and the prevention of cruelty to children or animals. For more information see “Charitable Organizations” at [http://www.irs.gov/charities/charitable/article/0,,id=96099,00.html](http://www.irs.gov/charities/charitable/article/0,,id=96099,00.html)


\(^{69}\) Retrieved from [http://www.afar.org/index.html](http://www.afar.org/index.html)

\(^{70}\) The RFA can be accessed at [http://grants1.nih.gov/grants/guide/rfa-files/RFA-AG-04-004.html](http://grants1.nih.gov/grants/guide/rfa-files/RFA-AG-04-004.html) All scientific/research inquiries should be directed to Robin A. Barr, D.Phil., Office of Extramural Activities, (301) 496-9322, BarrR@nia.nih.gov

\(^{71}\) Retrieved from [http://www.cmwf.org/](http://www.cmwf.org/)
people become more informed about their health care and improving care for vulnerable populations such as children, the elderly, low-income families, minority Americans, and the uninsured. In connection with its grantmaking, the Fund issues more than 50 reports each year on aging-related topics. The fund assets amount to $498.3 million (as of June 30, 2003). **An annual grant budget amounts to approximately $25 million.** The grant awards vary between $16,000 and $500,000. The Commonwealth Fund's three program areas are:

- Improving Insurance Coverage and Access to Care
- Improving the Quality of Health Care Services
- International Health Care Policy and Practice

**Retirement Research Foundation** - Established by the late John D. MacArthur and endowed in 1978, the Foundation invests approximately $9 million each year to support efforts that:

- Enable older adults to live at home or in residential settings that facilitate independent living
- Improve the quality of care at nursing homes
- Leverage the wisdom and experience of older adults and promote community involvement
- Increase understanding of the aging process and age-associated diseases

In 2001, grants ranged in size from $500 to $342,813 (including both single- and multi-year grants). The average grant was $68,000.

**AARP Foundation** – AARP (formerly known as the American Association of Retired Persons) founded in 1958, is a nonprofit membership organization dedicated to addressing the needs and interests of persons 50 and older. Through information and education, advocacy and service, AARP seeks to enhance the quality of life for all by promoting independence, dignity and purpose. The AARP Foundation is the Association’s affiliated charity. Foundation programs provide security, protection and empowerment for older persons in need. Among the programs the Foundation administers are: Tax-Aide, Senior Community Service Employment Program, Money Management Program, ElderWatch Project. Caregiver Center on Aging Research & Education, Litigation Research Project, etc. Foundation programs and litigation work are funded by grants, tax deductible contributions and AARP.

**American Health Assistance Foundation** - a registered 501(c)(3) nonprofit charitable organization that has dedicated over 30 years to funding research on age-related and degenerative diseases, educating the public about these diseases, and providing emergency financial assistance to Alzheimer's disease patients and their caregivers. Since its inception in 1973, AHAF has provided more than $47 million in research funds for age-related and degenerative disease research, and $1.5 million to help cover emergency expenses related to patient's care and treatment. Currently AHAF supports a total of 54 research efforts at several universities, hospital and medical centers across the country. The organization responds to inquiries by mail, telephone, and electronic mail.

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V. Financial Plan

A. Current resources

Initially established as a free-standing unit under the Office of the Senior Vice President and Executive Vice Chancellor, the Center on Aging received an annual budget (based on general funds received from the University) of $200,000+. At that time the staff of the Center comprised of a full-time director, associate junior specialist, a quarter-time associate researcher and a full-time secretary – a total of 3.25 FTE. With the transfer to the School of Public Health in 1994, the base funds were reduced to $36,000, which covers the salary of the Secretary and monthly administrative stipend for Dr. Braun. The Director of the Center, Kathryn Braun, has a 9-month appointment with the Department of Public Health Sciences and Epidemiology, which “donates” her time to the Center. In addition to her duties as a Director of the Center, Dr. Braun continues her full-time teaching load in the Department of Public Health Sciences and Epidemiology and an active applied research agenda.

The Office of Public Health provides administrative help and office space to the Center. The School of Public Health supported a 0.5 FTE gerontology instructor with general funds from Fall 1995 through Spring 1999. The remaining continuing staff – a total of 4.00 FTE - is funded partially through the offset funds collected by Kathryn Braun and extramural funds. Extramural funds are also used to support the research conducted by the UH affiliate faculty members, participating in the aging-focused projects.

The Center’s operating expenses are covered from extramural funds and donations collected through a fund with the University of Hawai‘i Foundation. Royalties from the telecourse “Growing Old in a New Age” (approximately $10,000 p.a., comprising of 12.5% of the sales of the videotapes, 20% of the enrollment fees and 8% from sales of the Study Guides) are used for telecourse related travel, lectures, and updates to the guides and website maintenance.

1. Base Budget

As mentioned above, the annual base budget of the Center on Aging (COA G-funds) has been flat since 1994 and amounts to approximately $36,000. These general funds cover the salary of the only full time employee of the Center, the Secretary (approximately $32,000 p.a.), and monthly administrative stipend for Dr. Braun of $250.76

2. Offset funds

The offset funds come from the OP HS G-fund allocation for Kathryn Braun as a Department of Public Health Sciences and Epidemiology faculty, and constitute the portion of her salary paid for with extramural funds. The allocation of the funds is based on the agreement with the Department Chair to help support the COA. On average, offset funds amount to nearly 80% of Kathryn’s salary – or approximately $60,000. These funds have been used to hire gerontology instructors and partially, to fund the remaining continuing staff of the COA.

75 full-time equivalent
76 According to the “Classification and Compensation A9.235 Administrative Stipends For Department Chairs, Special Program Directors And Chairs Of Academic Subdivisions”, prepared by the Office of Human Resources and the Office of the Senior Vice President and Executive Vice Chancellor, March 2001, “administrative stipends exceeding $250 but less than $376 per month may be paid to chairs, directors, or other administrators of departments or programs upon approval of the appropriate chief executive campus officer or designee. (...). Stipends shall be paid to faculty personnel only during the period of assignment of administrative duties and responsibilities which are in addition to those normally expected of all faculty members. Retrieved from: http://www.hawaii.edu/svpa/apm/pers/a9235.pdf
3. Extramural funds

UH gerontologists have been successful in securing grants through private foundations nationally (Hartford, Reynolds, Robert Wood Johnson Foundation, Soros) and locally (HMSA Foundation and Hawaii Community Foundation). The Center on Aging staff have also been successful at securing awards from some governmental agencies nationally (e.g., the US Administration on Aging) and locally (e.g., the state and county offices on aging). The Center works closely with Native Hawaiian organizations (e.g., Alu Like is a partner on a workforce development proposal to Robert Wood Johnson, and Papa Ola Lokahi has engaged Center on Aging staff in a 5-year collaboration in cancer awareness and research training with Native Hawaiians), which brings numerous aging-related contracts.

The following table summarizes grants and contracts received by the Center on Aging within the last 8 years.

### Grants and contracts received by the Center on Aging, 1995-2004

<table>
<thead>
<tr>
<th>Project</th>
<th>Account</th>
<th>Project Period</th>
<th>Funding</th>
<th>Grant utilization rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver’s Resource Initiative</td>
<td>(4-36035)</td>
<td>06/01/01-06/30/05</td>
<td>$264,000</td>
<td>68.79%*</td>
</tr>
<tr>
<td>ACORN - Appropriate Care of Residents of Nursing Homes</td>
<td>(4-36213)</td>
<td>01/01/02-12/31/04</td>
<td>$130,687</td>
<td>76.83%*</td>
</tr>
<tr>
<td>ECHO-End-of-Life Care for Hawaii Ohana Year 1</td>
<td>(6-58303)</td>
<td>09/30/01-09/29/02</td>
<td>$89,447</td>
<td>97.59%</td>
</tr>
<tr>
<td>ECHO-End-of-Life Care for Hawaii Ohana Year 2</td>
<td>(6-59304)</td>
<td>09/30/02-09/29/03</td>
<td>$146,600</td>
<td>100.00%</td>
</tr>
<tr>
<td>ECHO-End-of-Life Care for Hawaii Ohana Year 3</td>
<td>(6-51994)</td>
<td>09/30/03-09/29/04</td>
<td>$148,691</td>
<td>62.01%*</td>
</tr>
<tr>
<td>Imi Hale Research Administration</td>
<td>(6-56589)</td>
<td>08/15/00-03/31/05</td>
<td>$452,256</td>
<td>73.21%*</td>
</tr>
<tr>
<td>Elder Abuse Awareness</td>
<td>(4-35797)</td>
<td>12/01/00-05/31/02</td>
<td>$23,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Elder Abuse Response System Development</td>
<td>(4-35833)</td>
<td>02/01/01-05/31/02</td>
<td>$23,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Senior Volunteers as Assets</td>
<td>(4-35730)</td>
<td>01/01/01-12/31/01</td>
<td>$47,120</td>
<td>99.97%</td>
</tr>
<tr>
<td>Kupuna Care Evaluation</td>
<td>(4-36168)</td>
<td>10/01/01-06/30/02</td>
<td>$23,250</td>
<td>99.98%</td>
</tr>
<tr>
<td>Family Caregiver Survey</td>
<td>(4-36253)</td>
<td>12/01/01-02/03/03</td>
<td>$24,961</td>
<td>100.00%</td>
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<tr>
<td>PAP-Paraprofessionals in Aging Program</td>
<td>(4-36252)</td>
<td>02/01/02-12/31/02</td>
<td>$68,155</td>
<td>99.45%</td>
</tr>
<tr>
<td>Care for Bereaved</td>
<td>(4-34597)</td>
<td>11/15/99-05/31/02</td>
<td>$75,000</td>
<td>95.32%</td>
</tr>
<tr>
<td>Care for the Dying</td>
<td>(4-34587), (4-35544)</td>
<td>04/04/00-03/31/02</td>
<td>$59,005</td>
<td>97.65%</td>
</tr>
<tr>
<td>NAPIS Implementation Project</td>
<td>(4-33629)</td>
<td>05/01/96-6/30/1999</td>
<td>$124,000</td>
<td>99.97%</td>
</tr>
<tr>
<td>Executive Office on Aging Data Support</td>
<td>(4-35325)</td>
<td>3/01/99-9/30/1999</td>
<td>$136,426</td>
<td>99.55%</td>
</tr>
<tr>
<td>Governor’s Conference on Health &amp; Wellness Tourism for Japanese Senior Market-Seminar on Gerontology</td>
<td>Summer 2000</td>
<td></td>
<td>$33,801</td>
<td>100.00%</td>
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<tr>
<td>Study Meeting on Health Care Management for an Aging Society</td>
<td>Dec-01</td>
<td></td>
<td>$2,000</td>
<td>100.00%</td>
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<tr>
<td>Self-Determination</td>
<td>(4-36269)</td>
<td>11/01/01-10/31/02</td>
<td>$59,000</td>
<td>73.79%</td>
</tr>
<tr>
<td>Project Description</td>
<td>Code</td>
<td>Start Date</td>
<td>End Date</td>
<td>Amount</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>--------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Kupuna Health year 3; Ho'ola Hou – Promoting Health Among Native Hawaiian Kupuna</td>
<td>4-34724</td>
<td>02/01/97-7/31/1998</td>
<td></td>
<td>$15,695</td>
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<tr>
<td>Kupuna Health year 2</td>
<td>4-33627</td>
<td>01/01/96-12/31/1996</td>
<td></td>
<td>$21,047</td>
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<tr>
<td>Kupuna Health 1994-1995</td>
<td>4-33634</td>
<td>01/02/95-4/30/1996</td>
<td></td>
<td>$35,000</td>
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<tr>
<td>Education in Churches with Minority Groups to Improve End of Life Care</td>
<td>4-35259</td>
<td>01/01/99-04/30/02</td>
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<td>$105,000</td>
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<tr>
<td>HI Client Satisfaction Survey</td>
<td>4-35326</td>
<td>04/01/99-09/30/99</td>
<td></td>
<td>$24,000</td>
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<tr>
<td>HI Client Satisfaction Survey 2000</td>
<td>4-35481</td>
<td>02/01/00-09/30/01</td>
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<td>$49,999</td>
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<tr>
<td>Research Infrastructure Support</td>
<td>4-35118</td>
<td>07/01/98-6/30/1999</td>
<td></td>
<td>$3,000</td>
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<tr>
<td>Health Wise Project</td>
<td>4-33531</td>
<td>05/01/97-4/30/1998</td>
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<td>$10,000</td>
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<td>Healthwise II – Health Promotion Information for Ilocano/Vietnamese Speaking Elder</td>
<td>4-35113</td>
<td>06/01/98-6/30/1999</td>
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<td>$10,000</td>
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<tr>
<td>Cultural Variation to Dying</td>
<td>3-83865</td>
<td>7/1/1994-6/30/1999</td>
<td></td>
<td>$4,496</td>
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<tr>
<td>Developing Television Public Service Announcements on Skin Cancer Prevention</td>
<td>6-55115</td>
<td>01/01/98-4/30/1999</td>
<td></td>
<td>$13,000</td>
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<tr>
<td>Stimulating Church/Temple Based Discussion on a Good Death</td>
<td>6-54141</td>
<td>9/1/1996-9/1/1997</td>
<td></td>
<td>$9,993</td>
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<tr>
<td>Surveying Community Attitudes on End-of-Life Options</td>
<td>4-34638</td>
<td>01/15/97-3/31/1998</td>
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<td>$27,711</td>
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<td>Train the Trainer Kit for the Skin Cancer Prevention and Education Project</td>
<td>6-55428</td>
<td>06/01/98-4/30/1999</td>
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<td>$6,000</td>
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<tr>
<td>Summer Internship Prog Rehabilitation</td>
<td>4-35094</td>
<td>05/12/98-1/31/1999</td>
<td></td>
<td>$14,171</td>
</tr>
<tr>
<td>Summer Internship Prog in Rehabilitation</td>
<td>4-34723</td>
<td>03/01/97-12/31/1997</td>
<td></td>
<td>$20,959</td>
</tr>
<tr>
<td>Center on Aging Grant Year 2</td>
<td>6-52265</td>
<td>01/01/95-3/31/1996</td>
<td></td>
<td>$100,376</td>
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<tr>
<td>Sr. Prescription Drug Information Project</td>
<td>6-53446</td>
<td>09/29/95-12/31/1996</td>
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<td>$9,612</td>
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<tr>
<td>Sr. Prescription Drug Information and Outreach</td>
<td>6-53446</td>
<td>09/29/95-12/31/1996</td>
<td></td>
<td>$9,612</td>
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<tr>
<td>Secondary Data Analysis on the “Baby Boomers”</td>
<td>4-33468</td>
<td>05/31/97-6/30/1997</td>
<td></td>
<td>$20,000</td>
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<td>End of Life Knowledge, Attitudes and Practices Survey</td>
<td>4-35413</td>
<td>11/01/99-2/28/2001</td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>Education in Churches with Minority Groups to Improve End-of-life Care</td>
<td>4-35261</td>
<td>01/01/99-6/30/2000</td>
<td></td>
<td>$42,515</td>
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<tr>
<td>Education to Improve End-of-Life Care</td>
<td>3-90399</td>
<td>07/01/98-12/2/2000</td>
<td></td>
<td>$1,751</td>
</tr>
<tr>
<td>Growing Old in a New Age Royalties</td>
<td>-1151</td>
<td>On-going</td>
<td></td>
<td>$139,038</td>
</tr>
<tr>
<td>Edu-Tourism</td>
<td>-1852</td>
<td>04/01/01-05/31/03</td>
<td></td>
<td>$25,847</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td>$2,679,450</td>
</tr>
</tbody>
</table>

Source: The Center on Aging Staff.

*On-going projects.
The total amount of grants and contracts received by the Center on Aging between 1995 and 2004 amounts to $2,679,450 of which 35.4% came from federal contracts and grants, 34.3% - from the State, 22.7% - from private foundations, 7.5% are revolving funds and 0.2% - UH awards.

<table>
<thead>
<tr>
<th>Type</th>
<th>Extramural funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>UH awards</td>
<td>$6,247</td>
</tr>
<tr>
<td>Revolving</td>
<td>$200,686</td>
</tr>
<tr>
<td>State</td>
<td>$917,798</td>
</tr>
<tr>
<td>Federal</td>
<td>$947,363</td>
</tr>
<tr>
<td>Private</td>
<td>$607,356</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,679,450</strong></td>
</tr>
</tbody>
</table>

Source: The Center on Aging Staff.

The available budget of the COA since FY199777, comprising of general funds, offset funds and extramural resources is presented on the next page.

77 FY-fiscal year, from July 1 to June 30 of each year.
Following a period of continuing growth between FY1998 and FY2002, the available budget decreased significantly in FY2003 and FY2004, mainly due to a lower number of state and privately-founded projects. The main reason for this decline seems to be the lack of funding for development of grant applications and proposals, as well as the lack of funds to create academic faculty positions dedicated to academic programs and aging research.

### B. Funding and Expense projections

The annual expenditures of the Center have been summarized in the following chart.
Annual expenditures and source of funding, FY 1997-2004

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and awards</td>
<td>$113,170</td>
<td>$120,717</td>
<td>$105,222</td>
<td>$185,778</td>
<td>$320,689</td>
<td>$421,620</td>
<td>$460,187</td>
<td>$377,199</td>
</tr>
<tr>
<td>Offset funds (OPHS G-funds)</td>
<td>$47,896</td>
<td>$49,377</td>
<td>$50,904</td>
<td>$52,479</td>
<td>$54,102</td>
<td>$55,775</td>
<td>$57,500</td>
<td>$59,278</td>
</tr>
<tr>
<td>COA G-funds</td>
<td>$36,000</td>
<td>$36,000</td>
<td>$36,000</td>
<td>$36,000</td>
<td>$36,000</td>
<td>$36,000</td>
<td>$36,000</td>
<td>$36,000</td>
</tr>
</tbody>
</table>

Source: The Center on Aging Staff.

The average annual expenditures of the Center between FY 1997 and FY 2004 amounted to $350,000, while the average expenditures in the last four years reached approximately $490,000 per year.

Total expenditures by category, FY 1997-2004

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect Cost</td>
<td>$6,673</td>
<td>$6,770</td>
<td>$6,007</td>
<td>$9,172</td>
<td>$13,841</td>
<td>$21,513</td>
<td>$29,935</td>
<td>$38,918</td>
</tr>
<tr>
<td>Others</td>
<td>$22,660</td>
<td>$22,508</td>
<td>$33,583</td>
<td>$22,930</td>
<td>$100,119</td>
<td>$70,814</td>
<td>$51,958</td>
<td>$41,444</td>
</tr>
<tr>
<td>Casual &amp; Student Help</td>
<td>$30,643</td>
<td>$15,291</td>
<td>$3,874</td>
<td>$41,867</td>
<td>$16,135</td>
<td>$22,093</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Materials &amp; Supplies</td>
<td>$1,155</td>
<td>$1,254</td>
<td>$1,152</td>
<td>$2,782</td>
<td>$1,792</td>
<td>$5,777</td>
<td>$7,761</td>
<td>$1,022</td>
</tr>
<tr>
<td>Overload</td>
<td>$0</td>
<td>$6,491</td>
<td>$6,408</td>
<td>$18,034</td>
<td>$20,313</td>
<td>$19,299</td>
<td>$27,389</td>
<td>$13,851</td>
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<tr>
<td>Fringe Benefits</td>
<td>$14,065</td>
<td>$18,623</td>
<td>$12,449</td>
<td>$21,954</td>
<td>$27,785</td>
<td>$46,498</td>
<td>$81,192</td>
<td>$69,472</td>
</tr>
<tr>
<td>Salaries &amp; Wages</td>
<td>$121,862</td>
<td>$135,157</td>
<td>$128,652</td>
<td>$157,517</td>
<td>$230,806</td>
<td>$327,400</td>
<td>$355,451</td>
<td>$307,772</td>
</tr>
</tbody>
</table>

Source: The Center on Aging Staff.
The main item of the cost structure in the analyzed period has been salaries and wages, which constituted, on average, 62.6% of total expenditures. Fringe benefits amounted to 10.4% of all costs, other costs constituted 13.0% and indirect costs - 4.7% of total costs.78 Excluding other costs and indirect costs, which are mainly project-specific expenses, from the annual expenses of the Center, the annual operating costs of the COA within the analyzed period varied between $152,536 in FY 1999 and $471,794 in FY 2003. The average annual operating costs between FY 1997 and FY 2004 amounted to $290,000, while the average expenditures in the last four years reached approximately $400,000 per year.

<table>
<thead>
<tr>
<th>Source of funding</th>
<th>Project Type</th>
<th>Base</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Federal</td>
<td>Organized research – On-campus</td>
<td>Modified total direct costs*</td>
<td>36.3%</td>
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<tr>
<td>Federal</td>
<td>Organized research – Off-campus</td>
<td>Modified total direct costs*</td>
<td>20.6%</td>
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<tr>
<td>Federal</td>
<td>Sponsored training – On-campus</td>
<td>Modified total direct costs*</td>
<td>27.3%</td>
</tr>
<tr>
<td>Federal</td>
<td>Sponsored training – Off-campus</td>
<td>Modified total direct costs*</td>
<td>20.0%</td>
</tr>
<tr>
<td>Federal</td>
<td>Other activities – On-campus</td>
<td>Modified total direct costs*</td>
<td>27.5%</td>
</tr>
<tr>
<td>Federal</td>
<td>Other activities – Off-campus</td>
<td>Modified total direct costs*</td>
<td>19.0%</td>
</tr>
<tr>
<td>Federal</td>
<td>Direct Projects</td>
<td>Modified total direct costs*</td>
<td>5.2%</td>
</tr>
<tr>
<td>Hawaii State and Local Government agencies</td>
<td>All projects</td>
<td>Modified total direct costs*</td>
<td>3.5%</td>
</tr>
<tr>
<td>State Health Planning &amp; Development</td>
<td>All projects</td>
<td>Direct Salaries, Wages and Fringe Benefits</td>
<td>10.1%</td>
</tr>
<tr>
<td>Environmental Health Administration</td>
<td>All projects</td>
<td>Direct Salaries, Wages and Fringe Benefits</td>
<td>13.0%</td>
</tr>
<tr>
<td>Behavioral Health Services Administration</td>
<td>All projects</td>
<td>Direct Salaries, Wages and Fringe Benefits</td>
<td>20.4%</td>
</tr>
<tr>
<td>Health Resources Administration</td>
<td>All projects</td>
<td>Direct Salaries, Wages and Fringe Benefits</td>
<td>20.5%</td>
</tr>
<tr>
<td>Planning Policy &amp; Program Development</td>
<td>All projects</td>
<td>Direct Salaries, Wages and Fringe Benefits</td>
<td>6.2%</td>
</tr>
<tr>
<td>Executive Office on Aging</td>
<td>All projects</td>
<td>Direct Salaries, Wages and Fringe Benefits</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

78 Indirect cost charges (Facilities and Administrative Cost charges) for various activities of the UH academic units (such as research) apply to all external funding received in the form of contract and grants. Such charges are intended to cover the costs of air conditioning, lighting, janitorial services, departmental administration, accounting, purchasing, phones, clerical support, and maintenance that cannot be easily identified as direct costs in a project budget. F&A cost studies are prepared by UH annually. Based on these cost studies, UH negotiates F&A cost rates with the Federal Government and the State of Hawaii.78 Overhead rates are used to distribute these costs to internal units that support sponsored projects. The indirect cost rates vary depending on the source of funding and type of a project. The following table presents the sample current rates:

*Modified Total Direct Costs (MTDC) consists of all salaries and wages, fringe benefits, materials and supplies, services, travel, and the first $25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Retrieved from: A8.900 Accounting for Research & Training Contracts & Grants, prepared by the UH Contracts and Grants Management Office and available at http://www.svpa.hawaii.edu/svpa/apm/congrant/a8927.pdf and Indirect Cost Rates, prepared by the Office of Research Services, available at http://www.hawaii.edu/ors/indirect.html
The projections of the total expenditures of the Center on Aging are based on the assumption that there are no significant changes in the staffing level. As the significant majority of the COA’s total employment compensation is spent on Faculty and Instructors salaries, the forecasted growth of salaries and wages, as well as fringe benefits is based on the terms of recent agreement between the State of Hawaii and the University of Hawaii Professional Assembly (UHPA) regarding Full-time Faculty Salaries, Non-Tenure Faculty Salaries, and Instructional Salaries.

The terms of the proposal, ratified by the faculty, are as follows: 79

- 1 percent salary increase for the first year, retroactive to July 1, 2003.
- 3 percent salary increase for the second year, effective July 1, 2004
- 2 percent salary increase for the third year, effective July 1, 2005
- 5 percent salary increase for the fourth year, effective July 1, 2006
- 9 percent salary increase for the fifth year, effective July 1, 2007
- 11 percent salary increase for the sixth year, effective July 1, 2008

Overload is assumed to amount to the average expenditures for that item between FY 2001 and FY 2004. Annual costs of casual and student help is forecasted to stabilize at $15,000, while materials and supplies are expected to grow at the rate of 3% per year. Overall, the total expenditures of the COA are expected to reach approximately $514,000 in FY 2005, $522,000 in FY 2006 and $543,000 in FY 2007. The upward trend is expected to continue in the foreseeable future.

Contracts and grants accounted for almost 85% of the COA total available budget and over 91% of the annual expenditures between FY 1997-2004. Projections of contract and grants are highly dependent

on the COA’s staff generating the external funds as well the availability of funding from external sources. For the FY 2005 the Center on Aging has already secured an estimated $305,000 from the ongoing contracts:

- Caregiver’s Resource Initiative
- ACORN - Appropriate Care of Residents of Nursing Homes
- ECHO-End-of-Life Care for Hawaii Ohana Year 3
- Imi Hale Research Administration

Currently, the COA has 3 pending awards:

1. Continuation of the Imi Hale Award, $130,000 per year for 5 years.
2. The Paraprofessional Education in Residential Communities for Seniors (PERCS) grant from the HMSA Foundation; the purpose of this proposal is to provide training in end-of-life care to residential care home operators and senior housing managers in Hawaii; the project is scheduled to start in October 2004 and continue for 2 years; the grant amount -- $154,560.
3. The Minority Advance Planning Project (MAPP) grant from Archstone Foundation; the purpose of this proposal is to translate, test, and disseminate end-of-life planning booklets to key minority groups in Hawaii and California, including Chinese, Filipinos, Hispanics, Korean, Samoan, and Vietnamese; the project is scheduled to start in October 2004 and continue till September 2006, with the required re-submission of the proposal after a year; the grant amount - $280,006

Assuming that the Center on Aging is able to receive the above contracts, the total available budget (including grants and awards, COA general funds and offset funds) will decline from $843,335 in FY 2003, to $627,380 in FY 2005, $446,171 in FY 2006 and $284,467 in FY 2007, which is insufficient to cover all the expenses.
C. Conclusions

Based on the financial analysis of the Center on Aging, it is clear that without reorganization and increased base budget this well-needed unit of the University of Hawai‘i may soon face significant financial difficulties. The UH commitment is necessary to secure the basic infrastructure and administrative support, as well as full-time research positions that will in turn improve the competitive position of the Center when applying for larger grants in aging. Only this will allow the COA to fulfill its mission to increase the University’s capacity to carry out the highest quality research, instructional, and community service programs in the area of aging, and to make its gerontological resources available to the community, the state, and the Asia-Pacific region.
Appendix A. Resumes of Continuing Staff and Affiliates
Curriculum Vitae

1. Kathryn L. Braun, Professor, Center on Aging
2. Michael Cheang – Assistant Professor, Center on Aging
3. Ana Zir – Junior Specialist, Center on Aging
4. Harumi Sasaki Karel – Associate Specialist, Social Work
5. Pamela Arnsberger – Professor, Social Work
6. Barbara W. K. Yee – Professor, Family and Consumer Sciences
7. James H. Pietsch – Professor, Law
8. Charon A. Pierson – Assistant Professor, Nursing
9. Julie E. Johnson – Professor, Nursing
10. Eldon L. Wegner – Professor, Sociology
11. Emese Somogyi-Zalud – Associate Professor, School of Medicine
12. Sharon Y. Miyashiro
13. Satoru Izutsu
14. Valerie Jean Yontz
15. Anthony Lenzer
16. Colette V. Browne
17. Cullen T. Hayashida
18. Joan P. Dubanoski
BIOGRAPHICAL SKETCH

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRAUN, Kathryn L.</td>
<td>Professor &amp; Director, University of Hawaii Center on Aging</td>
</tr>
<tr>
<td></td>
<td>Research Director, Imi Hale—Native Hawaiian Cancer Network</td>
</tr>
</tbody>
</table>

EDUCATION/TRAINING

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE</th>
<th>YEAR</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Michigan, Ann Arbor, MI</td>
<td>B.S.</td>
<td>1975</td>
<td>Geological Sciences</td>
</tr>
<tr>
<td>University of Hawaii, Honolulu, HI</td>
<td>M.P.H.</td>
<td>1980</td>
<td>Public Health Education</td>
</tr>
<tr>
<td>University of Hawaii, Honolulu, HI</td>
<td>Dr.P.H.</td>
<td>1987</td>
<td>Health Services Research</td>
</tr>
</tbody>
</table>

Professional Experience

2000-present Papa Ola Lokahi, Research Director of Imi Hale—Native Hawaiian Cancer Network
1993-present University of Hawaii, Honolulu
00- Professor and Director, Center on Aging, John A. Burns School of Medicine
95- Associate Professor, School of Public Health (with tenure) and Director, Center on Aging
93-95 Assistant Professor, School of Public Health and Research Affiliate, Center on Aging
1982-1992 The Queen's Medical Center, Honolulu
1980 92 Director, Quality Management
82-90 Research and Quality Assurance Specialist, Departments of Social Work and Nursing
1981 Assistant Administrator, Services to the Elderly, Catholic Charities, Honolulu
1980 Health Educator (internship) National Cancer Institute, NIH, Washington, DC
1979 Staff, Long-term Care Task Force, Health and Community Services Council, Honolulu
1978 Editorial Assistant People and Cultures of Hawaii (2nd ed), University of Hawaii, School of Medicine.

Honors and Certifications

- Fellow, Gerontological Society of America
- Fellow, Association for Gerontology in Higher Education
- National Mentor, American Society on Aging
- Certified Health Education Specialist
- Certified Professional in Healthcare Quality
- Kappa Omega, Public Health Honor Society
- University of Hawai`i, Board of Regent's Excellence in Teaching Award (1998)
- Outstanding Research and Teaching Award, Hawaii Pacific Gerontological Society (1996)
- Sigma Phi Omega, National Gerontology Academic Honor and Professional Society

Selected Publications (selected from over 100 publications)


BIOGRAPHICAL SKETCH

Name: Cheang, Michael

Education:

<table>
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<tr>
<th>Institution and Location</th>
<th>Degree</th>
<th>Year Conferred</th>
<th>Field of Study</th>
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<tr>
<td>University of Hawaii at Manoa, Honolulu</td>
<td>DrPH</td>
<td>1998</td>
<td>Public Health</td>
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<td>University of Hawaii at Manoa, Honolulu</td>
<td>MPH</td>
<td>1993</td>
<td>Health Education</td>
</tr>
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<td>University of Hawaii at Manoa, Honolulu</td>
<td>Advanced Certificate</td>
<td>1993</td>
<td>Gerontology</td>
</tr>
<tr>
<td>University of Hawaii at Manoa, Honolulu</td>
<td>BS</td>
<td>1990</td>
<td>Family Resources</td>
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</tbody>
</table>

PROFESSIONAL EXPERIENCE

- Assistant Professor, University of Hawaii, Department of Public Health Studies and Epidemiology, July 2000 – present.
- Lecturer, University of Hawaii at Manoa, Department of Family and Consumer Sciences, January 1994 – present.

PUBLICATIONS & PEER REVIEWED PRESENTATIONS

- Cheang, M. & Braun, K. L. (2001). Senior volunteers as assets: A statewide survey. Honolulu, HI: Center on Aging, John A. Burns School of Medicine, University of Hawai’i at Manoa.

SERVICE & CONSULTATION

- Advisory committee member, Honolulu Committee on Aging, County of Honolulu. 2001 – present.
- Editorial board member, Generations, American Society on Aging, 2000 - 2003
- Facilitator, the Executive Office on Aging, Hawaii Department of Health, and county offices on aging on joint projects on health disparities, October 2003.
- Consultant, County offices on aging on outcomes indicators for Community Voices Projects, 2002.
- Reviewer, Elderly Affairs Division, Honolulu, on grant proposals for services for older adults’ needs, 2002.
- Evaluator, Senior Mentors in the Pre-Schools Project, Hawaii Intergenerational Network, November 2001 – June 2002

RESEARCH & AWARDS

- Chancellor’s Citation for Meritorious Teaching, University of Hawaii, September 2002.

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

- American Society on Aging
- Gerontological Society on Aging
- Hawaii Public Health Association
- Hawaii Pacific Gerontological Society
BIOGRAPHICAL SKETCH

Name: Zir, Ana

Education:

<table>
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<th>Institution and Location</th>
<th>Degree</th>
<th>Year Conferred</th>
<th>Field of Study</th>
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<tr>
<td>University of Hawaii at Manoa, Honolulu</td>
<td>MPH</td>
<td>1990</td>
<td>Public Health</td>
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<tr>
<td>Hawaii Loa College</td>
<td>BA</td>
<td>1988</td>
<td>Nursing</td>
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<tr>
<td>University of Hawaii at Manoa, Honolulu</td>
<td>ADN</td>
<td>1979</td>
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</table>

PROFESSIONAL EXPERIENCE

- Junior Specialist, University of Hawaii, Department of Public Health Studies and Epidemiology, Feb 1995 – present.
- Registered nurse, Castle Medical Center, Kapiolani Women’s and Children’s Medical Center, June, 1979-1983.

SELECTED PUBLICATIONS


SERVICE & CONSULTATION

- President, Funeral Consumers Alliance of Hawaii
- Secretary, Health Ministries Association of Hawaii
- Trainer, Ecumenical clergy and lay ministers, statewide; varying national and community organizations, Honolulu. 2000-present.

RESEARCH


MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

- American Society on Aging
- Gerontological Society of America
- Hospice and Palliative Care Nurses Association
- American Academy of Hospice and Palliative Medicine
- Funeral Consumers Alliance of Hawaii
- Sigma Phi Omega, National Gerontology Academic Honor and Professional Society Health Ministries Association of Hawaii
Harumi Sasaki Karel, MPH, PHD  
Center on Aging, John A. Burns School of Medicine  
University of Hawaii at Manoa  
1960 East-West Rd.  
Honolulu, HI 96822  
Phone: (808)-956-8916, Fax: (808)-956-9582

EDUCATION:

1991    PHD (Sociology), University of Hawaii at Manoa  
1982    MPH (Gerontology), University of Hawaii at Manoa  
1981    BA (Psychology), Chaminade University, Honolulu, Hawaii

PROFESSIONAL WORK EXPERIENCE:

1999 – Present    Associate Specialist, Center on Aging, University of Hawaii at Manoa  
1996 – 1998    Consultant, UNICEF/Laos  
1991 – 1995    Country Director, Project Concern International/Papua New Guinea  
1988 – 1989    Social Worker IV, Catholic Charities, Honolulu, Hawaii

PUBLICATION:


BIOGRAPHICAL SKETCH

NAME  Pamela Arnsberger, Ph.D

POSITION TITLE  Professor

EDUCATION/TRAINING

<table>
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<th>Institution &amp; Location</th>
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<th>Field of Study</th>
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<tr>
<td>University of California Santa Cruz</td>
<td>B.A.</td>
<td>1973</td>
<td>Sociology</td>
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<tr>
<td>University of California Berkeley</td>
<td>M.S.W.</td>
<td>1975</td>
<td>Social Welfare</td>
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<tr>
<td>University of California Berkeley</td>
<td>Ph.D.</td>
<td>1991</td>
<td>Social Welfare</td>
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RECENT GRANTS AND AWARDS

2004-2005  Matsuoka, J., Godinet, M., Mataira, P. & Arnsberger, P. Co-Principal Investigators Evaluation of Na Hoa Ho'ola Native Hawaiian Safe and Drug Free Schools program at Pacific Resources for Education and Learning. Funded by Hawai'i Department of Education. $20,000

2003-2004  Marlin, K. Principal Investigator, Arnsberger, P. Co-Investigator Implementation of Certificate of Advanced Study in Geriatrics. Human Resources and Services Administration Planning Year $175,000

2002-2004  Arnsberger, P. & Fox, P. Co-Principal Investigators Informal Caregiving in the U.S. and Peoples' Republic of China: A cross-cultural comparison. Funded by Pacific Rim Fund $30,000

2002-2003  Arnsberger, P. Principal Investigator Geriatric Enrichment in Social Work Education: Evaluation Year. Funded by the Hartford Foundation $30,000

2001-2002  Arnsberger, P. Principal Investigator Geriatric Enrichment in Social Work Education. Funded by the Hartford Foundation $30,000

Nesbitt, S. Principal Investigator Arnsberger, P. Co-investigator The Impact of Chemotherapy on Memory in Women with Breast Cancer. Funded by Maine Cancer Research Fund $5,000

2000-2002  Arnsberger, P. Principal Investigator, Investigations of AGES Data. University of New England Faculty Minigrant $2,000

1998-2002  Estes, C. Arnsberger, P. Linkins, K. & Arean, P. Co-Principal Investigators Evaluation of Effectiveness of Substance Abuse and Mental Health Services to the Elderly. Funded by Substance Abuse and Mental Health Services Administration $1,300,000

1998-1999  Arnsberger, P. Principal Investigator Older Women's Health Summit. Funded by the Archstone Foundation, Pacific Bell, Upjohn/PHARMA and WISER $19,500

1997-1998  Arnsberger, P. and Fox, P. Co-Principal Investigators Long Term Care in China and the U.S.: A comparison. Funded by the Pacific Rim Fund $21,019

1995-1996  Arnsberger, P. Principal Investigator Breast Cancer Early Detection Program subcontract for Clinical Education and Provider Recruitment. Funded by the California Department of Health Services, $275,000

1994-1998  Arnsberger, P., Principal Investigator Breast Cancer Early Detection Program Regional Partnership Demonstration. Funded by the California Department of Health Services, $670,960


1991-1997  Lindeman, D. Principal Investigator, P. Arnsberger, Co-Principal Investigator Alzheimer's Special Care Unit Longitudinal Outcomes Study. Funded by the National Institute on Aging, $980,000

PUBLICATIONS


BIOGRAPHICAL SKETCH

NAME
Barbara Yee

POSITION TITLE
Professor and Chair

EDUCATION/TRAINING

<table>
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<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
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<tbody>
<tr>
<td>University of Hawaii-Manoa Honolulu</td>
<td>B.A.</td>
<td>1970--1974</td>
<td>Psychology-Honors</td>
</tr>
<tr>
<td>University of Denver Denver</td>
<td>M.A.</td>
<td>1974-1979</td>
<td>Dev. Psychology</td>
</tr>
<tr>
<td>University of Denver Denver</td>
<td>Ph.D.</td>
<td>1979-1982</td>
<td>Dev. Psychology</td>
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</table>

A. Positions and Honors

1986-1992 Assistant Professor, Graduate Studies Department, School of Allied Health Sciences, University of Texas Medical Branch at Galveston, Texas

1992-2002 Associate Professor with tenure, Health Promotion and Gerontology Dept., School of Allied Health Sciences, University of Texas Medical Branch at Galveston, Texas

1999 Joseph C. Valley Gerontological Professional of the Year (ethnogerontology) University of Texas- Houston Center on Aging.

1999 Fellow, Div. 45: Psychological Study of Ethnic Minorities, American Psychological Association

1998 Fellow, Gerontological Society of America


2001-2006 Appointed, Steering Committee, Bright Futures for Women and Wellness., Co-Chair Older Women Subcommittee, Health Resources Services Administration, Bureau of Maternal and Child Health

2002 Visiting Associate Professor, Dept. of Aging & Mental Health, Florida Mental Health Institute University of South Florida

2002-present Professor and Chair, Dept. of Family and Consumer Sciences, University of Hawaii at Manoa

A. Selected peer-reviewed publications (in chronological order).


Book

Selected Government Publications:


C. Research Support

**Demonstration Project Leader**, Demonstration and Information Dissemination Core, D.A. Chiriboga, Core Director; J.S. Goodwin, PI, 1-P60-AG17231, Claude Pepper Older Americans Independence Center, National Institute on Aging, 9/1/00-8/31/04, (resigned 12/01)

1999-present **Cultural competence advisor**, Computer-based Training for Cultural Awareness in Allied Health, R. Marion, PI, Bureau of Health Professions, HRSÂ.

2000-2004 **Principal Investigator** (resigned 7/02) & **Co-investigator** (1986—2000, 7/02 to present), Virtual Center of Ethnogeriatrics, Subcontract, Texas Consortium of Geriatric Education Centers (Contract PI, Robert Roush, Baylor College of Medicine). Funding source: Bureau of the Health Professions.
JAMES H. PIETSC

UNIVERSITY POSITIONS:
Professor of Law William S. Richardson School of Law
Adjunct Professor of Geriatric Medicine, John A. Burns School of Medicine
Director, University of Hawaii Elder Law Program
Faculty Advisor, Law Student Public Service (Pro Bono) Program

The University of Hawaii Elder Law Program
Provided legal services to over 400 low-income elderly. Legal services include advice and assistance in
guardianship and alternatives to guardianship, health care decisions and financing, long-term care, elder abuse,
estate planning and probate for small estates, Medicare, Medicaid and other public benefits, and landlord-tenant
issues. Services are provided at the school of law, in health care institutions and in the community.

The Law School Public Service (Pro Bono) Program
The Law Student Public Service (better known as "Pro Bono") Program is a mandatory program. Students are
required to perform 60 hours of pro bono services as a graduation requirement. The Pro Bono Program serves
two main purposes. First, it introduces the concept of pro bono service to law students. Second, the program
allows law students to address unmet legal needs in the community. The program is one of the first in the nation.
and has received numerous requests for information and assistance from other law schools.

TEACHING
William S. Richardson School of Law
Elder Law Course
Health Law Course
Bioethics and the Law Course
Second Year Seminar (Legal Writing Course)

John A. Burns School of Medicine
Geriatrics and the Law
Geriatric Psychiatry and the Law Seminar
Geriatric Education Center of the Pacific--Legal Issues for Health Care Providers

UNIVERSITY SERVICE:
Member, University of Hawaii Center on Aging Executive Committee
Member, University of Hawaii Committee on Human Studies
Member, Kapiolani Community College Legal Assistant Program Advisory Board

COMMUNITY SERVICE:
Member, Policy Board, Hawaii Chapter, Alzheimer's Association
Fellow, Saint Francis International Center for Healthcare Ethics
Member, The Queen's, Saint Francis, Kuakini, and Kaiser Medical Centers Ethics Committees
Ombudsman, Hawaii Committee on Employer Support for the Guard and Reserve

2003 PUBLICATIONS
A Practitioners Legal Guide to Making Health Care Decisions in Hawaii, Published by the Department of Geriatric
Medicine with partial funding by HMSA
Co-author with L. Lee, Deciding What If? A Legal Handbook for Hawaii's Caregivers, Families and Older Persons,
Published by the City and County of Honolulu< Elderly Affairs Division.
Co-Author with H. Beh Article in Child and Adolescent Psychiatry Clinics of North America “Legal Implications
Surrounding Adolescent Health Care Decision-Making in Matters of Sex, Reproduction and Gender.”
(Pending)
Clinician’s Guide to Bedside Competency Assessments, Marvin W. Acklin, PhD, James Pietsch, JD, (In
Progress)
2003 SEMINARS, PRESENTATIONS AND LECTURES:
Presenter, “Legal Issues for Caregivers” Caregivers Conference, sponsored by the AARP and City and County of Honolulu Elderly Affairs Division
“You and the Law,” Legal Education Series, Kapiolani Community College, Elder Law, Health Law, Living and Dying with Dignity
“Deciding What If,” Planning for Incapacity and Death, Olelo, the Corporation for Community Television, Original production
“Legal Issues -- Death in Hawaii” Live and Let Die Conference, Queen’s Medical Center.
Elder Law and Health Law topics for health care providers, attorneys, senior citizen groups and residents of long-term care facilities and on radio and television interview programs

AWARD
2003 Hung Wo and Elizabeth Lau Ching Foundation Award for Community Service Recipient
BIOGRAPHICAL SKETCH

NAME: Pierson, Charon A.
TITLE: Assistant Professor in Nursing

EDUCATION:

<table>
<thead>
<tr>
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<th>Year Conferred</th>
<th>Field of Study</th>
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<tr>
<td>University of California, San Francisco, CA</td>
<td>Post-doctoral</td>
<td>2001-2003</td>
<td>Geriatrics, Health Policy</td>
</tr>
<tr>
<td>University of Hawaii, Honolulu, HI</td>
<td>PhD</td>
<td>1999</td>
<td>Sociology</td>
</tr>
<tr>
<td>California State University, Long Beach, CA</td>
<td>M.S.</td>
<td>1982</td>
<td>Nursing-Adult/Geriatric Nurse Practitioner</td>
</tr>
<tr>
<td>Harbor-UCLA Medical Center, Carson, CA</td>
<td>Certificate</td>
<td>1976</td>
<td>OB/GYN Nurse Practitioner</td>
</tr>
<tr>
<td>Central Connecticut State University, New Britain, CT</td>
<td>B.A.</td>
<td>1975</td>
<td>Psychology</td>
</tr>
<tr>
<td>New England Deaconess Hospital, Boston, MA</td>
<td>Diploma</td>
<td>1965</td>
<td>Nursing</td>
</tr>
</tbody>
</table>

PROFESSIONAL EXPERIENCE:

1999-Present  
Journal of the American Academy of Nurse Practitioners  
Editor-in-Chief

1999-Present  
University of Hawaii at Manoa  
Assistant Professor of Nursing

1990-Present  
Kaiser Permanente LongTerm Care TeamGeriatric Nurse Practitioner, call in

1990-1999  
University of Hawaii at Manoa, Graduate Program in Advanced Practice Nursing  
Instructor

1989-1997  
Nurse Practitioner Forum  
Founding Editor, Editor-in-Chief

1986-1988  
Private Practice, Manhattan Beach, CA  
OB/GYN & Adult Nurse Practitioner

1982-1986  
California State Univ., Long Beach, CA  
Assistant Professor of Nursing

1976-1984  
Long Beach Mem. Hosp., Long Beach, CA  
OB/GYN & Adult Nurse Practitioner

1975-1976  
Planned Parenthood Clinics and OB/GYN Nurse Practitioner  
University of CT Hospital Clinic

1970-1975  
Family Planning Clinics, Hartford, CT and New Britain, CT  
Clinic Nurse/Patient Educator

1967-1969  
Santa Tecla Hospital, El Salvador, Central America  
Inservice Ed., Peace Corp Volunteer,

1965-1967  
Surgical ICU and PAR Room, New England Deaconess Hospital, Boston, MA  
Staff Nurse

HONORS:
Hawaii Nurses’ Association Nurse Educator of the Year, 2002
Inducted as a Charter Fellow in the American Academy of Nurse Practitioners, 1998
AANP Nurse Practitioner of the Year for State of Hawaii, 1994-1995
Sigma Theta Tau Media Award for Excellence in Nursing Journalism, 1991

PROFESSIONAL ACTIVITIES:

SELECTED PUBLICATIONS:


**RESEARCH SUPPORT:**

Principal Investigator for pilot study in year '01. *Promoting equal access to long-term care services among diverse ethnic groups in Hawaii.* To describe, through interviews with key health personnel and focus groups of elderly throughout the state, the need for, access to, and utilization of long-term care services among elderly and to develop, based on the qualitative findings, an instrument for a statewide telephone survey of elders to evaluate and monitor health disparities and service gaps related to long-term care in Hawaii. P20 Nursing Partnership Centers for Health Disparities Research, National Institute for Nursing Research NR08360-01, 2002-2003.


Co-Investigator. *Nationwide survey of curriculum content on urinary incontinence in schools of nursing.* To determine how faculty beliefs, experiences & knowledge influence the content on urinary incontinence in baccalaureate and graduate nursing programs across the United States. The Simon Foundation for Continence and Century City Hospital funding, 1990.

Principal Investigator. *The work of collaboration in producing multidisciplinary rounds.* To examine the production of collaboration among health professionals in multidisciplinary hospital rounds from the perspective of ethnomethodology and conversation analysis. Gamma Psi Chapter at-Large of Sigma Theta Tau, International funding doctoral research project, 1997.

**TRAINING GRANT:**

*Development of Clinical Nursing Leaders in Geriatrics.* To train RNs throughout Hawaii who work in long-term care to assume leadership roles in geriatric nursing. Funded by HRSA award #D62HP01857, $200,000 for 09/03-06/06.
Strategic Business Plan for *Center on Aging*  
September 2004

### BIOGRAPHICAL SKETCH

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION TITLE</th>
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</thead>
<tbody>
<tr>
<td>JOHNSON, Julie E.</td>
<td>Professor &amp; Dean, School of Nursing and Dental Hygiene, University of Hawaii at Manoa</td>
</tr>
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</table>

### EDUCATION/TRAINING

<table>
<thead>
<tr>
<th>Institution and Location</th>
<th>Degree</th>
<th>Year</th>
<th>Field of Study</th>
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<tbody>
<tr>
<td>The University of Texas at Austin, Texas</td>
<td>PhD</td>
<td>1984</td>
<td>Adult Health Nursing (gerontology concentration)</td>
</tr>
<tr>
<td>The University of Texas at Austin, Texas</td>
<td>MSN</td>
<td>1975</td>
<td>Nursing (Medical-Surgical, cardiovascular concentration)</td>
</tr>
<tr>
<td>The University of Texas at Austin, Texas</td>
<td>BSN</td>
<td>1972</td>
<td>Nursing</td>
</tr>
</tbody>
</table>

### Professional Experience

#### ADMINISTRATIVE

- **August 2003 – Present**  
  Dean and Professor, School of Nursing and Dental Hygiene, University of Hawaii at Manoa; Honolulu, HI
- **July 1993 – July 2003**  
  Director and Professor, Orvis School of Nursing, University of Nevada, Reno; Reno, NV
- **July 1996 – July 1997**  
  Interim Director, Graham and Jean Sanford Center for Aging, University of Nevada, Reno; Reno, NV
- **July 1991 – May 1993**  
  Associate Dean, College of Nursing, Montana State University; Bozeman, MT
- **Sept. 1991 – May 1993**  
  Director, Office of Research Support, College of Nursing, Montana State University; Bozeman, MT
- **Jan. 1993 – May 1993**  
  Interim Director, Center for Gerontology, Montana State University; Bozeman, MT

#### TEACHING

- **July 2001 – July 2003**  
  Professor, Adult Nursing, Orvis School of Nursing, University of Nevada, Reno; Reno, NV
- **July 1993 – June 2001**  
  Associate Professor, Adult Nursing, Orvis School of Nursing, University of Nevada, Reno; Reno, NV
- **July 1994 – July 2003**  
  Faculty Affiliate, Graham and Jean Sanford Center for Aging, University of Nevada, Reno; Reno, NV
- **July 1991 – May 1993**  
  Associate Professor, Adult Nursing, College of Nursing, Montana State University; Bozeman, MT
- **Aug. 1990 – May 1991**  
  Assistant Professor, Adult Health and Gerontological Nursing, School of Nursing, University of Missouri; Columbia, MO
- **Jan. 1987 – Aug. 1990**  
  Assistant Professor, Adult Health and Gerontological Nursing, School of Nursing, University of Wyoming; Laramie, WY
  Assistant Professor, Medical-Surgical Nursing, The University of Texas at Tyler; Tyler, TX
- **Aug. 1984 – Aug. 1986**  
  Assistant Professor, Adult Health and Gerontological Nursing, School of Nursing, University of Wyoming; Laramie, WY
- **Aug. 1976 – May 1977**  
  Assistant Professor, Medical-Surgical and Critical Care Nursing, School of Nursing, Baylor University; Dallas, TX

### Honors and Certifications

- Recipient, Northern Nevada Nurses of Achievement Award for Excellence in Leadership 2002.
- Recipient, Northern Nevada Nurses of Achievement Facility Award from the Nevada Hospital Association, 2002.
Recipient, Northern Nevada Nurses of Achievement Facility Award from the University of Nevada, Reno Orvis School of Nursing, 2002.
Distinguished Lecturer, Sigma Theta Tau International Honor Society for Nursing, 1999-present
Recipient of Sigma Theta Tau International Honor Society for Nursing’s Region One Mentor Award, 1999
Inducted into Western Academy of Nurses, 1996

Selected Publications

Nursing, 17(2), 72-74.
BIOGRAPHICAL SKETCH

Name: Eldon L. Wegner, Professor and Chair, Department of Sociology, UH-Manoa

Education:

<table>
<thead>
<tr>
<th>Institution and Location</th>
<th>Degree</th>
<th>Year Conferred</th>
<th>Field of Study</th>
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<tbody>
<tr>
<td>University of Wisconsin, Madison</td>
<td>Ph.D.</td>
<td>1967</td>
<td>Sociology</td>
</tr>
<tr>
<td>University of Wisconsin, Madison</td>
<td>MA</td>
<td>1965</td>
<td>Sociology</td>
</tr>
<tr>
<td>University of Redlands, Redlands, California</td>
<td>BA cum laude</td>
<td>1963</td>
<td>Sociology</td>
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</table>

PROFESSIONAL EXPERIENCE:

1998-present Professor and Chair (1999-2005), Dept. of Sociology, University of Hawaii at Manoa
1975-1998 Associate Professor, Department of Sociology, University of Hawaii at Manoa
1970-1975 Assistant Professor, Department of Sociology, University of California, Riverside
1969-1970 Visiting Assistant Professor, Department of Sociology, University of Pennsylvania
1967-1969 Assistant Professor, Department of Sociology, University of Hawaii at Manoa

AWARDS:

1982 Fullbright Senior Research Scholar Fellowship to study “The Coordination of Medical and Social Services in Yugoslavia,” February – June, 1982
1990 Outstanding Teaching Award, College of Social Sciences
2000 Outstanding Research/Training Award, Na Lima Kokua Ma Waena O Maku a Awards, Hawaii Pacific Gerontological Society

MONOGRAPHS:


PUBLICATIONS PEER-REVIEWED PUBLICATIONS (1990-2003 ONLY):


RESEARCH GRANTS AND CONSULTATION:

Co-Principal Investigator with Dr. Laurence Kolonel, Reasons for Variation in Cancer Patient Survival by Race, National Cancer Institute Grant No. 1R01CA21828-01, $118,000,Sept. 1977-Aug. 1979.
Faculty Supervisor, Research Training Program in Institutional Racism, N.I.M.H. Grant No. 1T32MH15511-01, August 1978-June 1981, (Kiyoshi Ikeda, P.I.).


INTERNATIONAL STUDY AND RESEARCH:

Fellow, German Academic Exchange Service (DAAD), Award to Study German in Germany, August-September, 1981.


Fulbright Senior Research Scholar Fellowship to study “The Coordination of Medical and Social Services in Yugoslavia,” February-June, 1982.

Interdisciplinary German Studies Summer Seminar, Philipps University, Marburg, West Germany, July 14-August 10, 1985.

Faculty, University of Hawaii London Semester Abroad, Spring 1989.

Sabbatical research, “Family Care for the Elderly in Hamburg: Factors Affecting Formal and Informal Caregiving.” Institut fur Medizin-Soziologie, University of Hamburg, West Germany, Fall 1989.

Participant, Internationaler Hochschulkurs fur Germanistik, Humboldt University, Berlin, Germany, July 31 – Aug 27, 1996 (sponsored by UH Study Abroad Program).

Visiting Scholar, Interdisciplinary Program for Social Gerontology, University of Kassel, Kassel. Germany, Fall 1996 sabbatical leave.

PROFESSIONAL SERVICE (SINCE 1990 ONLY):

President, Hawaii Sociological Association, 1992-93.

Executive Council, Pacific Sociological Association, 1995-1997


Committee on Teaching, Pacific Sociological Association, 1997-99.

Organizer and discussant of panels of Undergraduate student papers at the 2000, 2001, 2003 annual meetings.

Chair, Research Group on Comparative Gerontology, Section on Aging and the Life Course, American Sociological Association, 1997-current.

2004 Program Committee, Pacific Sociological Association, current.

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS
- American Sociological Association
- Pacific Sociological Association
- Gerontological Society of America
CURRICULUM VITAE
Emese Somogyi-Zalud, MD

CARRIER GOALS
- To promote the development of palliative care capacity in Hawaii including clinical services, professional and public education, and policy.
- To further improve my clinical, teaching and research abilities as academic palliative medicine physician.

WORK HISTORY
- Department of Geriatric Medicine, JABSOM, University of Hawaii, Honolulu, HI, August 2000 to present.
- Kaiser Permanente Geriatric Consultation Clinic, Honolulu, HI, June 2001 to June 2002.
- Department of Health Care Sciences, Division of Geriatric Medicine, George Washington University Medical Center, Washington DC, October 1997 to September 1999.

SKILLS AND EXPERIENCE

Clinical
- Clinical competence in palliative and end of life medicine, geriatric, and internal medicine.

TEACHING
- Teaching experience in palliative/ end of life and geriatric medicine for all levels of training including medical students, residents, fellows, and faculty.
- Interdisciplinary teaching experience for health professionals such as nurses, social workers, etc.
- Experienced with clinical supervision and didactic teaching including formal lecturing, small groups, journal club, case discussions, and board review.
- Development, implementation, and supervision of a palliative / end of life and geriatrics curriculum for residents, fellows, and faculty.
- Development, implementation and supervision of a teaching nursing home curriculum for geriatrics fellows.

RESEARCH
- Worked in clinical research in medical school, followed by research fellowship, in clinical fellowship, and as faculty as well.
- Experienced in clinical research including development of research protocols, gathering data, statistical analysis and writing publications.

ADMINISTRATIVE
- Managing a teaching nursing home service.
- Coordinating a geriatric rotation for medical students and residents.
- Managing a geriatric outpatient practice.
- Interdisciplinary team management.

EDUCATION
1. School of Medicine, University of Zagreb, Croatia, 1992, Masters Degree in Medical Sciences, 1992
2. School of Medicine, University of Zagreb, Croatia, Postgraduate Course in Occupational Medicine, 1987
3. School of Medicine, University of Zagreb, Croatia, MD, 1981/87

TRAINING
1. Fellowship in Geriatric Medicine, The Henry L. Schwartz Department of Geriatrics and Adult Development, Mount Sinai Medical Center, New York, 1995/97
2. Residency in Internal Medicine, Department of Medicine, State University of New York, Health Sciences Center at Brooklyn, New York, 1992/95
3. Research Fellowship, Department for Occupational Health and Department for Epidemiology of Chronic Diseases, Institute for Medical Research and Occupational Health, University of Zagreb, Croatia, 1988/91
4. Internship, Clinical Hospital Center “Rebro” at the School of Medicine, University of Zagreb, Croatia, 1987/88

SPECIAL TRAINING
1. Faculty Fellowship in Medical Education, University of Hawaii, John A. Burns School of Medicine, Office of Medical Education, Honolulu, HI, 2003/2004
2. Stanford Faculty Development Program in End-of-Life Care, Palo Alto, CA, 2001
3. Education for Physicians on End-of-life Care (EPEC), American Medical Association Institute for Ethics, Chicago, IL 1999
4. Medical Executive Training Course, Uniformed Services University of Health Sciences, Bethesda, MD 1998

CERTIFICATION
1. American Board of Hospice and Palliative Medicine, 2003
2. Certificate of Added Qualifications in Geriatric Medicine, 1998
3. The American Board of Internal Medicine, 1995
5. Federal Licensing Exam, 1992

LICENCING
1. State of Hawaii, 2000 to present
2. State of Virginia, 1997 to present
3. Washington, DC, 1997 to present

PROFESSIONAL SOCIETY MEMBERSHIP
1. Hawaii Medical Association, 2004 to present
2. The American Academy of Hospice and Palliative Medicine, 2002 to present
3. The Gerontological Society of America, 1999 to present
4. The American Geriatric Society, 1995 to present
5. The American College of Physicians, 1993 to present

AWARDS
1. Commendation Award, Office of the Under Secretary for Health, Office of Academic Affiliations, Department of Veterans Affairs, Washington DC, 2001
2. Research Award, Department of Geriatrics and Adult Development Mount Sinai Medical Center, New York, 1997
3. Awarded for outstanding scientific work as a medical student by the Dean of the University of Zagreb, Croatia, 1987

LANGUAGES- Speak, read, write and translate English, Hungarian and Croatian

TEACHING APPOINTMENTS
1. Associate Professor, University of Hawaii, John A. Burns School of Medicine, Department of Geriatric Medicine, Honolulu, HI, August 2003 to present.
2. Assistant Professor, University of Hawaii, John A. Burns School of Medicine, Geriatric Medicine Program, Honolulu, HI, August 2000 to July 2003.
4. Clinical Assistant Instructor, State University of New York, Health Sciences Center at Brooklyn, New York, 1992/95
5. Assistant Student Instructor, Institute for Histology and Embryology, School
6. Of Medicine, University of Zagreb, Croatia, 1983/86

GRAND ROUNDS
1. Medical Staff Grand Rounds: Hazards of Hospitalization in the Elderly. Kapiolani Medical Center at Palom Huolu, Honolulu, HI November 27, 2000
3. Geriatrics and Gerontology Grand Rounds: Hazards Encountered During Hospitalization of the Elderly. University of Texas Health Science Center at San Antonio, Texas, April 15, 1999

UNIVERSITY AND MEDICAL SCHOOL SERVICE
1. Interviewer, Medical School Admission Committee, 2003/2004

PROFESSIONAL AND COMMUNITY SERVICE
1. Reviewer, Journal of Palliative Medicine, 2004
3. Member, Pain and symptom management guidelines and policy development group, Honolulu, HI 2003
4. Advisor, Queens Medical Center: planning committee for a CME conference in end of life care, Honolulu, HI 2003
5. Advisor: Kapiolani Medical Center: palliative care consultation service development, Honolulu, HI 2003
6. Advisor: Kuakini Medical Center: healing touch service development, Honolulu, HI 2003
9. Physician leader for Kokua Mau Phase II- A Whole Community Model of Palliative Care Coordination for Hawaii, Honolulu, HI, 2002 to present
10. Advisor, Hospice Hawaii- Palliative Care for Dementia Patients Project, Honolulu, HI, 2002 to present
11. Member, Medical and Scientific Committee, Alzheimer Association, Honolulu, HI, 2002 to present
12. Lecture: End of Life Decision Making, Geriatric Education Center, Honolulu, HI November 21, 2001
13. Lecture: Death and Dying. Aloha Nursing and Rehabilitation Center, Kaneohe, HI, July 26, 2001
15. Lecture: Pain management in the elderly. Training course: Pain Management in Long-Term-Care, St. Francis Medical Center/ St. Francis Hospice, Honolulu, HI, October 21, 2000

GRANTS
1. Center for Prevention and Treatment of Suicide in Hawaii. Advisor, Study for prevention and treatment of suicidal ideation in the elderly, with special consideration on ethnicity and culture. (In preparation)
2. Kokua M Phase II- A Whole Community Model of Palliative Care Coordination for Hawaii (approved 12/18/03)
3. Palliative Care Case Management Pilot Project- HMSA Federal Employees Program (Medical Director and Principal Investigator)
4. Donald W. Reynolds Foundation Comprehensive Programs to Strengthen Physicians’ Training in Geriatrics (Faculty leader on curriculum development for end of life care) 2001 to present
5. The VA Faculty Leaders Project for Improved Care at the End of Life, October 1998 to June 2000

BIBLIOGRAPHY

THESIS
1. The Influence of Nasal Provocation with Histamine on the Level of Non-Specific Bronchial Responsiveness. Master’s Thesis, School of Medicine, University of Zagreb, Croatia, 1992
2. Mycoplasma Infection of the Cervix during Pregnancy. MD Thesis, School of Medicine, University of Zagreb, Croatia, 1987
ORIGIONAL ARTICLES

FEATURED ARTICLES

OTHER PUBLICATIONS

ABSTRACTS


7. Somogyi-Zalud E, Radetic M, Skreb F. Cell Cultures of Normal and Alliterated Human Thyroid Glands. Abstracts of the 22nd Yugoslav Meeting on Nuclear Medicine, Mavrovo, June, 1988


SHARON Y. MIYASHIRO
1022 Prospect Street, #702
Honolulu, Hawai‘i 96822
(808) 545-1348

PERSONAL HISTORY

EDUCATION
1982 - 1984 J.D., Loyola Law School (Los Angeles, California, 1984)
   - Bar Admission: California (1985); Hawaii (1985)
   Ph.D. (Sociology/Gerontology, 1971), University of Southern California, (Los Angeles, California)

EXPERIENCE
2001 - Present Special Projects Coordinator and Specialist, Department of Urban and Regional Planning;
   Interim Associate Director, Social Science Public Policy Center, Principal Investigator, Hawai‘i
   Energy Policy Project; Coordinator, Legislator-in-Residence Program; College of Social
   Sciences, University of Hawaii at Manoa
1996 - 2001 Assistant Vice President for Academic Affairs, Office of the Senior
   Vice President and Executive Vice Chancellor, University of Hawaii at Manoa.
1995 - 1996 Administrative Director of the Courts, Hawaii State Judiciary
1991 - 1995 Director, Department of Human Resources Development, State of Hawaii
1987 - 1991 Deputy Director, Department of Labor and Industrial Relations, State of Hawaii
1985 - 1987 Associate, Law Firm of Cades Schutte Fleming & Wright, Honolulu, Hawaii
1980 - 1982 Program Administrator, Older and Non-English Speaking Service, Department of Labor and
   Industrial Relations, State of Hawaii
1977-1980 Assistant Director and Associate Researcher, Hawaii Gerontology Center, University of
   Hawai‘i.

PROFESSIONAL ORGANIZATIONS, HONORS, LICENSES
Hawai‘i State Bar Association
California State Bar Association
Hawai‘i State Public Administration Award, American Society for Public Administration (1993)
Eugene Rooney Leadership Award, National Association of State Personnel Executives (1994)
Community Service Award, Hawai‘i State Bar Association, Young Lawyers Division (1989)

COMMUNITY & OTHER CIVIC ACTIVITIES
2003- Present Member, Board of Directors, Hawaii‘i Technology Institute, Honolulu, Hawai‘i
2003 Moderator, “By the People” National Issues Convention on America’s Role in the
2002 Member, Core Functions Advisory Commission, State of Hawai‘i Legislature, to review core
   functions of state government
2002 – Present  Volunteer Mediator, Mediation Center of the Pacific, Honolulu, Hawaii

2003 – Present  Co-Chair, Prevention Intervention and Treatment Committee, Hawai‘i Weed & Seed Project of the Executive Office of the U.S. Department of Justice

2001 – Present  Co-Chair, Team Aloha “Good Neighbor Store” serving over 1,000 underprivileged and/or abused children (Christmas project)

1997 - Present  Board of Directors, March of Dimes – Hawai‘i Chapter; Co-Chair, Membership Committee (1998 – 2001); Co-Chair, Communications Committee (2002 – 2003); Co-Chair, Program Committee (2003 – present)
Satoru Izutsu, Ph.D., OTR, FAOTA, FAAMR

**EDUCATION**
- 1963 Ph.D. Psychology  
  Case-Western Reserve University  
  Cleveland, Ohio
- 1955 M.A. Special Education  
  Columbia University  
  New York City
- 1952 Professional Certificate (OT)  
  Columbia University  
  New York City
- 1950 B.A. Psychology  
  University of Hawaii  
  Honolulu, HI

**LICENSES**
- Psychologist  
  Hawaii License #0009
- Nursing Home Administrator  
  Hawaii License #84
- Registered Occupational Therapist  
  License #026898

**MILITARY SERVICE**
Colonel (06), U.S. Army Reserve – Retired 09/88 after 30 years in Active Reserves.


**HONORS AND AWARDS**
- 1999 Professor Emeritus of Public Health and Psychiatry, University of Hawaii Board of Regents appointment.
- 1998 Honorary Fellow, World Federation of Occupational Therapy (highest honor granted by the Federation).
- 1996 Award of Merit, American Occupational Therapy Association (highest association award).
- 1994 Caroline Thompson Lecturer, University of Wisconsin, Madison – School of Occupational Therapy.
- **University of Hawaii Distinguished Alumni Award recipient.**
- 1992 Heritage Trustee of the American Association on Mental Retardation.
- Life Member, American Association on Mental Retardation, May 20th, 1991.
- 1985 The Hawaii Psychological Association Distinguished Service Award: November 22nd, 1985
- **Fellow American Occupational Therapy Association, August 15, 1985.**
- 1983 Freedom Award in Health (Service Award to Mankind) from the Sertoma Club of Honolulu.
- “Outstanding Achievement in Public Health” from the Delta Omega Society (Honorary Public Health Society) National Merit Award, November 15th, 1982.
- 1977 “Man of the Year, 1977”, Big Brothers/Big Sisters of Hawaii.
- 1966 Listed in “Men and Women of Hawaii” - - 1966
- 1965 Rosemary Dybwad Award (American Association on Mental Deficiency).

**PROFESSIONAL EXPERIENCE**
- 2000 – Present
  - **Interim Managing Director** of Long Term Care, Kuakini Medical Center
- 1992 – 1999
  - **Consultant**, Queen Emma Foundation, 615 Piikoi Street, Honolulu, HI
  - April, 1991
Consultant, represented the American Occupational Therapy Association to the ROSES (Romanian Orphans Social Educational Service) project, World Vision International.  
1988– Present

Chair, Admissions Committee. Responsible with the Registrar for the selection of students entering the medical school.

Assistant and Senior Associate Dean, John A. Burns School of Medicine, University of Hawaii. Administratively responsible for international Pacific Basin Medical Officers Training Program, the Okinawa Postgraduate Medical Education Program, and the placement of 4th year medical students in “medicine electives” in Asia


Director, Office of International Health/Medicine  
1990 – 1992

Acting Chair, Division of Speech Pathology and Audiology, School of Medicine.  
1983 – 1991

Vice President, Kuakini Geriatric Care, Inc. Responsible for the total administration of a 250-bed long term care facility related to an acute hospital. Program included Day Care, Day Health, Lifeline and Geriatric and Family Consultation Service. Involved the administration of a total of 66 attending physicians, 147 plus nurses, therapists and other health workers.  
1988 – 1991

Administratively responsible for all research activities conducted in the Kuakini Health System. This included the supervision of the Director of the Office of Research. Funds for research amounted to approximately $1.5 million annually.  
1976 – 1999

Professor of Public Health and Psychiatry (joint appointments in the School of Public Health and John A. Burns School of Medicine, University of Hawaii). Responsible for teaching courses at the School of Public Health and other duties related to an academic appointment such as serving on master and doctoral degree committees.  
1984 – 1987

Co-Director of the Pacific Basin Rehabilitation Research and Training Center, administratively responsible for diverse rehabilitation training and research programs in the Pacific Basin with special emphasis on Micronesia, Guam and American Samoa.

Project Director of Grant, “Hospital Initiatives in Long Term Care”, from the Robert Wood Johnson Foundation.

Principal Investigator of Grant, “Study of Day Care Center”, from the Hawaii State Department of Social Services and Housing.  
1982 – 1984

American Council on Education Fellow (Special Assistant to the President, University of Hawaii), October 1st, 1982 to September, 1984. Retained in the position after the fellowship year.

Significant activity undertaken, represented the Office of the President as staff on the project “Hawaii”: Toward Excellence in Education”, report completed February, 1985.  
1978 – 1982

Project Director – Regional Training Service Agency/Asia, School of Public Health, University of Hawaii, October 1st, 1979 to September 30th, 1982. Administratively responsible for a three-year $4.05 million contract with the Agency for International Development to train 2,600 paramedical, auxiliary and community health personnel in Maternal and Child Health and Family Planning in seven Asian countries (Bangladesh, India, Indonesia, Nepal, Philippines, Sri Lanka and Thailand).  
1976 – 1984

Professor, School of Public Health, University of Hawaii.

Chair, International Health Program, School of Public Health University of Hawaii. Responsible for the administration of a teaching, training and research program. Activities included directing and supervising eight faculty members and four clerical staff; negotiating with funding agencies; teaching international health subjects’ writing grant proposals serving on committees and boards of writing and implementing in-service training projects in Southeast Asia.
Strategic Business Plan for Center on Aging

- Member of the Manoa Chancellor’s Budget Allocation and Planning Committee (total University of Hawaii Budget for the State Biennium Budget, 1983–1985).
- President of the Faculty Senate of the School of Public Health.
- Representative to the faulty union from the Departments of International Health and Public Health Sciences.
- Member of the Advisory Council of the UNFPA Project in Bangladesh (Western Consortium).
- Campus Liaison for the Lampang Project (AID/Washington Office of Health and USAID/Thailand). Supervised activities related to the final phase (evaluation) of the project in Thailand. Outcome: seven-year project which resulted in the publication of 27 modules.

1973 – 1974
- Project Coordinator, Thailand – (on leave from the Regional Medical Program). Wrote an eight-year plan, in conjunction with the Royal Thai Government, to “Develop and Evaluate an Integrated (health) Delivery System (DEIDS)” later known as the Lampang Project ($4 million plus) which was assisted and monitored by the University of Hawaii.

1969 – 1976
- Executive Director, Regional Medical Program of Hawaii (RMP). Responsible for the administration and coordination of the Regional Medical Program in Hawaii, American Samoa, Guam and the Trust Territory of the Pacific Islands, (April 1974 to August 1976). Wrote, administered and evaluated health projects funded by RMP-Hawaii in the Pacific Basin, Guam, American Samoa and the Trust Territory of the Pacific Islands, excluding Hawaii. The job title for this period was Director, Regional Medical Program-Pacific Basin.

1965 – 1969
- Executive Officer (Superintendent) Waimano Training School and Hospital, Pearl City, Oahu. Totally responsible for the 860-bed institution for the mentally retarded with 424 employees.

1961 – 1965
- Director of Training – Waimano Training School and Hospital. Organized and administered the institution’s educational program for residents as well as the in-service training program for employees.

1964 – 1965
- Planner – Comprehensive Mental Retardation Planning for the State of Hawaii. Worked with 150 volunteers in 10 committees to write the State Plan, “Combat Mental Retardation” (On leave from Waimano).

1959 – 1960
- Director, Occupational Therapy Training Program Belgrade, Yugoslavia, for the American Friends Service Committee (Quakers). Organized and assisted in supervising and teaching the first training model for occupational therapy in Yugoslavia. (On leave from Highland View Hospital).

1954 – 1955
- Staff, Occupational Therapy Department, Institute for the Crippled and Disabled, New York City. Administered occupational therapy treatments to children and young adults with Cerebral Palsy and taught adult upper-limb amputees in the use of prosthetic devices.

OTHER PROFESSIONAL EXPERIENCE
Present
- Member, Editorial Board, Hawaii Medical Journal, Hawaii Medical Association, Honolulu, HI

1994 – 1998
Member, University of Hawaii Manoa Wellness Council.
1993
Consultant, Project Iniki Ohana, Lihue, Kauai.
1978 – 1983
Policy Advisory Board for Elderly Affairs (Office of the Governor).
1967 – 1972
Member, Board of Certification for Practicing Psychologist, State of Hawaii.
1966 – 1968
Lecturer – College of Continuing Education, University of Hawaii.
Taught courses in psychology in the College of Continuing Education’s off-campus program at Schofield Barracks.
1961 – 1973
Consultant – during annual leaves.

Consultant in administration and vocational rehabilitation in the Far East for the East-West Center and the Civil Affairs section, U.S. Army, USARPAC. Countries visited: Okinawa, Taiwan, Korea and Japan.

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS
Current:
American Psychological Association
Hawaii Psychological Association
American Occupational Therapy Association (Fellow) Delegate to the World Federation of Occupational Therapy.
Hawaii Occupational Therapy Association
American Association of Mental Retardation (Fellow)

Volunteer positions:
American Public Health Association and past member, International Health Committee.
Hawaii Public Health Association (President, 1976)
Big Brothers/Big Sisters Association of Honolulu, Board Member, 1976 – 1980
Goodwill Industries of Honolulu, Board Member, 1972 – 1978
Health and Community Services Council, Board Member, 1974 – 1976
Moliiili Community Center, Board Member, 1978 – 1980
YMCA (Atherton Branch), Board Member, 1978 – 1980
Association for Retarded Citizens of Hawaii, Board Member, 1984 – 1988
Homeless Aloha, Inc., Board Member, 1989 – 1993
Lanakila Rehabilitation Center, Inc., Board Member, 1989 – 2003
Alzheimer’s Disease and Related Disorders Association, Honolulu Chapter, Board Member, 1994 – 1997
Member (past), National Association of Pacific Asian Families Against Substance Abuse (NAPAFASA)
Mid-Pacific Institute, Honolulu, Hawaii. Member, Board of Counselors, 1996 – 1998
Palolo Chinese Home (care home for the elderly), Member, Board of Directors, Honolulu, Hawaii 1999 – 2003

PUBLICATIONS
3. Izutsu, Satoru, “Program Consultation to Agencies in Developing Countries” Chapter 34, pp. 548-556 in Jaffe, Evelyn G. and Epstein, Cynthia F., Occupational Therapy Consultation; Mosby Year Book, St. Louis, Mo., 1992.


SELECTED SCHOLARLY ACTIVITIES


12. October 2, 1985 Speaker at the South Pacific Meeting on Cancer. Topic: “Special Consideration in the Delivery of Rehabilitation Services in the Pacific”.


14. August 27, 1985: Speaker at the meeting of the Hawaii Economic Club. Topic: Crisis of the Aged...too little for too many”.


Training in Rehabilitation in Catastrophic Diseases – Guam Trust Territory
Constant Care Unit (Guam)
Cervical Cancer Detection Program – Palau District, Trust Territory
Health Assistants Training – Phase I & II (Trust Territory)
Improvement of Health Services through Otology in the Trust Territory
Health Information System for Comprehensive Personal Health Services (Guam)
Training for a Nurse & Technician to Man “Limited Care Facility” in the Marshall Islands
Health Information System --(Guam)
Otorhinolaryngology Training Program (American Samoa)
Physical Therapy Training (Trust Territory)
Improvement of Intensive Care Unit (American Samoa)
Speech and Hearing Project (Guam)
Health Information System (Guam)
Health Assistants Training – Yap and Marshalls (Trust Territory)
Renal Dialysis Unit at Guam Memorial Hospital
Training Program in Environmental Health (Trust Territory), Guam, American Samoa
Continuing Education for Health Personnel (Guam)
Dental Hygiene Preventive Program

“The Regional Training Service Agency/Asia”, principal writer for contract proposal funded by the Agency for International Development to develop family planning training programs for paramedical, auxiliary and community health workers in eleven Asian countries. A three-year contract at $4.05 million (1979-1982).

“Public Health Training of Indians and Alaskan Natives,” grant proposal funded by the U.S. Indian Health Services to the School of Public Health, which will enable Indians and Alaskan Natives to attend the UH School of Public Health with traineeships. Funded March, 1979.

SIGNIFICANT ACTIVITIES IN REHABILITATION:

1956 – 1961 **Director**, The Highland Shop, Inc., Highland View Hospital, Cleveland, Ohio. Organized and administered a 5-year research/demonstration “To Investigate the Vocational Potentials of the...
Severely Disabled Aged Individual”. This project, funded by the Social and Rehabilitation Admin. U.S. Dept. of HEW, was conducted in a 400-bed rehabilitation hospital for long-term, chronically disabled.


1961 – 1969  Superintendent and Director of Training, Waimano Training School and Hospital.

1972 – 1978  Board Member, Goodwill Industries of Honolulu.

1979 – 1983  Member of the Policy Advisory Board for Elderly Affairs (Office of the Governor of Hawaii).


1983 – Present  Administrative Liaison with the Rehabilitation Research & Training Center. Coordinated the first cooperative agreement with NIDRR.

1984 – 1991  Vice-President, Kuakini Geriatric Care, Inc., responsible for a multi-faceted program to serve 320 in-patients and outpatients. (Skilled Nursing Facility, Intermediate Care Facility, Care Home, Day Care, Day Health Care, Lifeline, Family Association).


1985 – Present  Nine invited speeches and panel presentations to various professional and eleemosynary groups on subjects related to the elderly.

1986  Principal Investigator of a research grant on “Day Care Programs for the Elderly in Hawaii” funded by the Hawaii State Department of Social Services and Housing.

1989 – 2003  Board Member, Lanakila Sheltered Workshop.

1994 – 1999  Consultant/Coordinator, Senior Care Task Force to design and “assistive living” model for senior care in Hawaii as an activity of the Queen Emma Foundation.
## VALERIE JEAN YONTZ

**EDUCATION:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Degree</th>
<th>Institution</th>
<th>Location</th>
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<tbody>
<tr>
<td>1995</td>
<td>Doctor of Philosophy</td>
<td>Sociology of Aging (Ph.D.), University of Hawaii</td>
<td>Honolulu, Hawaii</td>
</tr>
<tr>
<td>1994</td>
<td>Masters of Public Health</td>
<td>Gerontology (M.P.H.), University of Hawaii</td>
<td>School of Public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health, Honolulu</td>
<td></td>
</tr>
<tr>
<td>1994</td>
<td>Advanced Certificate in</td>
<td>Gerontology, University of Hawaii, Center on</td>
<td>Honolulu, Hawaii</td>
</tr>
<tr>
<td></td>
<td>Master of Arts</td>
<td>Aging, University of Hawaii, Honolulu</td>
<td></td>
</tr>
<tr>
<td>1982</td>
<td>Master of Science</td>
<td>Transcultural Nursing (M.S.N.), University of</td>
<td>Salt Lake City,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Utah</td>
<td>Utah</td>
</tr>
<tr>
<td>1977</td>
<td>Bachelor of Science</td>
<td>Nursing (B.S.N.), Saint Louis University</td>
<td>Missouri</td>
</tr>
<tr>
<td>1976</td>
<td>Master of Science</td>
<td>Biology (M.S.), Saint Louis University</td>
<td>Missouri</td>
</tr>
<tr>
<td>1974</td>
<td>Bachelor of Arts</td>
<td>Biology (B.A.), Illinois Wesleyan University</td>
<td>Bloombington,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Illinois</td>
</tr>
</tbody>
</table>

**LICENSES:**

- Board Certified as Gerontological Nursing by ANCC, Certification Number 0363320-40
- Registered Nurse in Hawaii, License number RN-37649
- Registered Nurse in Illinois, License number 041-208151 (inactive)
- Certified Lifetime Teacher in Missouri (secondary)

**EXPERIENCE:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Position</th>
<th>Organization</th>
<th>Location</th>
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<tbody>
<tr>
<td>2001-Current</td>
<td>Instructor/Lecturer</td>
<td>Center on Aging</td>
<td>University of Hawaii</td>
</tr>
<tr>
<td>1999-Current</td>
<td>Elderly Program Coordinator/Quality Assurance Officer/Director of Public Housing</td>
<td>Kokua Kalihi Valley Comprehensive Family Services</td>
<td>Honolulu, Kalihi Valley</td>
</tr>
<tr>
<td>1995-1999</td>
<td>Site Coordinator of Graduate Student Education</td>
<td>Kokua Kalihi Valley's (KKV) Comprehensive Family Services</td>
<td>Honolulu, Hawaii and site faculty for Public Health students</td>
</tr>
<tr>
<td>1992-1995</td>
<td>Graduate Teaching Assistantship</td>
<td>Department of Sociology at University of Hawaii</td>
<td>Honolulu, Hawaii</td>
</tr>
<tr>
<td>1987-1991</td>
<td>Regional Health Education Officer</td>
<td>International Organization for Migration (IOM)</td>
<td>Kuala Lumpur, Malaysia</td>
</tr>
<tr>
<td>1986-1987</td>
<td>Nutrition Education Coordinator</td>
<td>CARE International</td>
<td>Aranyaprathet, Thailand</td>
</tr>
<tr>
<td>1985-1986</td>
<td>Project Consultant</td>
<td>Food and Agriculture Organization</td>
<td>Bangkok, Thailand</td>
</tr>
<tr>
<td>1983-1985</td>
<td>Inservice Training Coordinator</td>
<td>U.S. Peace Corps</td>
<td>Liberia, West Africa</td>
</tr>
<tr>
<td>1982-1983</td>
<td>Nursing Consultant &amp; Project Coordinator</td>
<td>Tazewell County health department</td>
<td>Illinois</td>
</tr>
<tr>
<td>1980-1982</td>
<td>Public Health Nurse</td>
<td>Salt Lake City's public health department</td>
<td>Utah</td>
</tr>
<tr>
<td>1978-1980</td>
<td>Community (Home) Health Nurse</td>
<td>Androscoggin community health services in rural</td>
<td>Maine</td>
</tr>
<tr>
<td>1976-1978</td>
<td>Pediatric Nurse</td>
<td>Children's hospital</td>
<td>St. Louis Missouri</td>
</tr>
</tbody>
</table>

**PUBLICATIONS & PRESENTATIONS:**


HONORS & ACTIVITIES:

Sigma Phi Omega—National Gerontology Academic Honor and Professional Society-member 2001
School of Public Health Alumni Association member-1997-current member

Lani-Kailua Outdoor Circle member 1997-current member
Hawaii Pacific Gerontology Society-Program Co-Chair-1996-1997
P.E.O. Scholar Award winner-August 1994
Hawaii Pacific Gerontological Society member-1993-current member
Alpha Kappa Delta—Sociological Honor Society-1993-1995
Soroptimist Founder Region Fellowship Award winner-May 1993
Hawaii Public Health Association member--1993-current member
Graduate Student Sociological Association member-1991-1995
Sigma Theta Tau—Nursing Honor Society-1981-current member
National Council for International Health member-1987-92
American Nurses Association member--1978-1982
Transcultural Nursing Society--1980-1982
Hospice of Salt Lake Professional Volunteer--1981-1982
Alpha Lambda Delta--Freshman Honor Society-1972
Outstanding Senior Award at Illinois Wesleyan University--1974
Senior Class President at Illinois Wesleyan University--1974
Anthony Lenzer, Ph.D.
222 Kuukama Street, Kailua, Hawaii 96734-2947
Phone: 808-261-2095, E-mail: Tlenzer@hawaii.rr.com


Employment History

Associate Professor and Professor, School of Public Health, University of Hawai‘i at Manoa, 1969-1994
Interim Director and Director, Center on Aging, University of Hawai‘i at Manoa, 1988-1993
Associate Professor and Professor, Department of Human Resources, College of Tropical Agriculture and Human Resources, University of Hawai‘i at Manoa, 1969-1988
Lecturer, School of Public Health, The University of Michigan, Ann Arbor, Michigan, 1962-1969
Associate Research Sociologist, Medical School, The University of Michigan, Ann Arbor, Michigan, 1960-1962
Executive Secretary, Michigan Legislative Advisory Council on Problems of the Aging, Ann Arbor, Michigan, 1956-1960

Education

Undergraduate studies, Antioch College, Yellow Springs, Ohio, 1947-1952, A.B., Education, 1952
Graduate studies in Sociology, Tulane University, New Orleans, Louisiana, 1952-1954
Further Graduate studies in Sociology, The University of Michigan, Ann Arbor, Michigan, Ph.D., Sociology, 1970

Courses Taught at the University of Hawaii

Undergraduate: Human Development, Adolescence, Middle Age, Old Age, Growing Old in a New Age
Graduate: Health and Human Development, Aspects of Aging, Care of Long Term Patients, Community Services for the Elderly, Death as a Community
Health Issue, Field Study in Gerontology, Interdisciplinary Seminar in Gerontology

Current Professional Interests and Activities

Adult Education. I have been actively involved in adult education (dealing with aging, human development, and death and dying) for many years. I enjoy translating scientific and technical information into terms which ordinary people can understand. Examples of my work in this area include: (a) cruise lectures on the Sagafjord and Vistafjord (1995) and the QE 2 (1997); (b) talks to Korean health care workers visiting Hawaii (1995-2000); (c) talks to Hawai‘i paraprofessionals serving older adults (periodically, since 1970); (d) courses for adults attending AARP College in Kona, Hawai‘i (1996 and 1998); and (e) training for ARRP volunteers in Hawai‘i and on the Mainland (1997-2001). In addition, I served as Executive Producer for a 13 hour PBS/TV series and college telecourse titled, "Growing Old in a New Age." The series was produced by the Center on Aging and funded by the Annenberg/CPB Project, Washington, D.C.

Volunteer Activities

Most of my volunteer work involves aging and older people. I have, for example, been heavily involved with AARP since 1995. I chaired the Curriculum Committee for 3AARP College in 1996 and 1998; served as Hawai‘i State Training Coordinator; and was lead volunteer for Caring Conversations, a workshop on death and dying. I
am also on the Board of the Hawaii Pacific Gerontological Society, and serve as Vice President of Kokua Council.

**Professional Activities**

I keep up with my field of interest through research, writing, teaching and public speaking. Since 1995, I have made four presentations at the Annual Scientific Meetings of the Gerontological Society of America, and have authored or co-authored five book chapters and articles in professional journals. I have also taught several credit courses at the University of Hawaii since retirement, and am currently a member of Hawaii Pacific University’s new Institutional Review Board, the body which reviews faculty and student research proposals.

June 2004
BIOGRAPHICAL SKETCH

NAME

BROWNE, Colette V.

POSITION TITLE

Professor, Chair, Gerontology

EDUCATION/TRAINING

INSTITUTION AND LOCATION  DEGREE  YEAR(s)  FIELD OF STUDY
Monmouth University, New Jersey  B.S.  1968  History/Social Sciences
University of Hawai'i, Honolulu, Hawaii  M.S.W.  1978  Social Work
University of Hawai'i, Honolulu, Hawaii  M.P.H.  1978  Public Health,
University of Hawai'i, Honolulu, Hawaii  Dr.P.H.  1990  Health Services Research

HONORS AND AWARDS

National Association of Social Workers, Hawai'i Chapter, Social Worker of the Year in Gerontology, 2000
National Association of Social Workers, Hawai'i Chapter, Social Worker of the Year in Professional Education, 2000
Sigma Phi Omega, National Academic Honor and Professional Society in Gerontology, Hawai'i Chapter, Vice President, 1998-1999, President, 2000-2001
Soroptomists International, Hawai'i Chapter, Women of Distinction, 2000
University of Hawai'i Board of Regents Award for Teaching Excellence, 1996
Hawai'i Pacific Gerontological Society, Nalima Kokua Research and Education Award, 1994
Administration on Aging, Student Trainee Award, 1976-1978

PROFESSIONAL WORK EXPERIENCES

1999-  Professor, University of Hawai'i School of Social Work. Chair, Master's Program, 2002, Chair, Advanced Curriculum (MSW), 1999-2002, Chair, Gerontology Concentration, 1999-present
2001-  Faculty Affiliate, Women's Program, University of Hawai'i at Manoa
1995-1999  Associate Professor of Social Work, University of Hawai'i,
1990-1 1994  Assistant Professor of Social Work, University of Hawai'i.
1991-1993  Director, Office of Research in Social Work, Queen's Health Care System, Honolulu..
1989-  Affiliate Faculty, University of Hawai'i Center on Aging.
1978-1982  Director, Geriatric Services, Kuakini Medical Center, Honolulu, Hawai'i, Hale Pulama Mau, a 300-person geriatric facility/
1975-1976  Social Worker, Middlesex Hospital, Waltham, Massachusetts. Multidisciplinary case management services to chronically ill hospital patients and their families.
1973-1975  Social Worker and Assistant Director, Ke Ola Hou, Salvation Army Residential and Rehabilitation

PUBLICATIONS 1994-2004 (selected from over 60 publications)


JOURNALS (Referred) (1994-2004)


BIOGRAPHICAL SKETCH

Name: Hayashida, Cullen T.

Education:

<table>
<thead>
<tr>
<th>Institution and Location</th>
<th>Degree</th>
<th>Year Conferred</th>
<th>Field of Study</th>
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<tbody>
<tr>
<td>University of Washington, Seattle</td>
<td>Ph.D.</td>
<td>1976</td>
<td>Sociology</td>
</tr>
<tr>
<td>International Christian University</td>
<td></td>
<td>1972</td>
<td>Japanese</td>
</tr>
<tr>
<td>Waseda University</td>
<td></td>
<td>1971</td>
<td>Japanese</td>
</tr>
<tr>
<td>University of Hawai‘i at Manoa, Honolulu</td>
<td>MA</td>
<td>1969</td>
<td>Sociology</td>
</tr>
<tr>
<td>University of Hawai‘i at Manoa, Honolulu</td>
<td>BA</td>
<td>1967</td>
<td>Sociology</td>
</tr>
</tbody>
</table>

PROFESSIONAL EXPERIENCE:
- Long-term Care Health Care Policy Consultant - Since 1989 (DH S, DOH, Hospitals, Health Plans, Japan, State Legislature, National Programs, etc.).
- Director, Elderly Care Development, Hawaii Health Systems Corporation (Maluhia and Leahi Nursing Homes), 1999 - 2003.
- Graduate Affiliate Faculty, School of Nursing, Sociology, Center on Aging, Kapiolani Community College – in aging and long-term care. Since 1983.
- Assistant Professor of Sociology and Asst Director of the Asian Civilization Program, Case Western Reserve University. 197-1978.
- Assistant Professor of Sociology, Willamette University, Salem, Oregon, 1976-1977.

RESEARCH /AWARDS:
- National Endowment for the Humanities (N EH) . Summer Stipend 1977
- University of Michigan Japan Study Grant, 1977 - 1978
- Association for Asian Studies. Northeast Council Study/Travel Grant, Summer 1978
- Hawaii Pacific Gerontological Society - Na Lima Kokua Award for Exemplary Services in Gerontology

PUBLICATIONS /PEER REVIEWED PRESENTATIONS:
9. C. Hayashida and Asako Shinagawa. The Kaigo Hoken System: The Development of Japan's National Long-
strategic business plan for center on aging


### BIOGRAPHICAL SKETCH

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION TITLE</th>
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<tr>
<td>Joan P. Dubanoski</td>
<td>Co-Investigator, Project Director</td>
</tr>
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</table>

<table>
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<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
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<tbody>
<tr>
<td>De Pauw University</td>
<td>B.A.</td>
<td>1962</td>
<td>Psychology</td>
</tr>
<tr>
<td>University of Minnesota</td>
<td>M.A.</td>
<td>1964</td>
<td>Clinical Psychology</td>
</tr>
<tr>
<td>University of Hawaii</td>
<td>M.P.H.</td>
<td>1983</td>
<td>Gerontology</td>
</tr>
<tr>
<td>University of Hawaii</td>
<td>Ph.D.</td>
<td>1987</td>
<td>Psychology</td>
</tr>
</tbody>
</table>

**Positions and Honors**

1964 – 1966 Psychologist, Minnesota Reception and Diagnostic Center, Circle Pines, Minnesota, Department of Corrections, State of Minnesota

1966 – 1969 Psychologist, Child Psychiatry Service, State Psychopathic Hospital, University of Iowa Hospitals


1985 – 1987 Project Director, Leahi Trust Grant for research in tuberculosis compliance, Communicable Disease Division, Department of Health, State of Hawaii

1987 – 1991 Assistant Specialist, Center on Aging, University of Hawaii

1991 – 1994 Associate Specialist, Center on Aging, University of Hawaii

1995 – 1996 Research Consultant, Department of Psychiatry, John A. Burns School of Medicine, University of Hawaii

1997 – present Project Director, Center on Aging, School of Public Health, University of Hawaii, “Growing Old in a New Age” website project

1998 - 2000 Project Director, University of Hawaii, “Conscientiousness and Health: A Longitudinal Study”

2002 - present Co-investigator and Project Director, Kaiser Center for Health Research, Hawai‘i, "Personality and Health: A Longitudinal Study"

**Selected peer-review publications (in reverse chronological order)**


**RESEARCH SUPPORT**

**ACTIVE**

Principal Investigator: Lewis Goldberg, PhD  
Co-Investigator and Project Director: Joan P. Dubanoski, Ph.D., MPH  

*Personality and Health: A Longitudinal Study*

To test the models and mechanisms by which childhood personality traits predict adult health-related behaviors, health status, and eventually mortality.
Appendix B. Gerontology Courses at the UH Mānoa
## Gerontology Courses at the UH Mānoa

1. Anthropology 335 - Anthropology of Aging (3). Prerequisite: 150, 200, or consent.
2. English 364 I - Age and Aging in Literature (3). Pre: One of 250-257.
3. Family Resources 334 - Middle Age (3). Pre: 230.
5. Food Science and Human Nutrition 370 - Lifespan Nutrition, Module 3: Adult and Elderly Nutrition (1). Pre: 185 and ANSC 244 or FSHN 244 or consent. Spring only.
7. Interdisciplinary Studies 610 - Field Study in Gerontology (v). Repeatable.
8. Interdisciplinary Studies 611 - Interdisciplinary Seminar in Gerontology (3). (Cross listed PH 789) Repeatable.
17. Public Health 636 – Policies, Programs, and Services on Aging (3). Pre: graduate standing or consent.
18. Public Health 637 – Death and Dying (3). Pre: graduate standing or consent.
25. Social Work 715 - Therapeutic Strategies with the Older Adult (3). Pre: Graduate standing.
32. Gerontological practica or field work courses approved by gerontology advisor.
33. Gerontological 499V Directed Reading and Research courses approved by gerontology advisor.
34. Graduate gerontological practicum or field work courses approved by gerontology advisor.
35. Gerontological 699V Directed Reading and Research courses approved by gerontology advisor.
Appendix C. Publications of the Center on Aging Staff
The staff and students at the Center on Aging, Office of Public Health Studies, JABSOM, are involved in a number of research and training projects in four major areas of emphasis: 1) Asian and Pacific Islander aging; 2) Cancer; 3) end-of-life issues; and 4) developing and testing educational materials and strategies. Publications from 1995 include:

**1) Asian and Pacific Islander Aging**


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**Retrieved from** [http://www.hawaii.edu/aging/rpublication.htm](http://www.hawaii.edu/aging/rpublication.htm)


2) Cancer

Fong, M., Braun, K., & Chang, R.M. (in press). Native Hawaiian preferences for informed consent and disclosure of results from research using stored biological specimens. Pacific Health Dialog.


3) End-of-Life Issues


Options at the end of life. (1997). A brochure developed for the Executive Office on Aging and the Ad Hoc Committee on Living and Dying with Dignity.

4) Developing and Testing Educational Materials and Strategies.


Anti-Fraud TV PSAs. (1997). Developed under contract with the Executive Office on Aging.


Appendix D. The functions of the Center on Aging
The functions of the Center on Aging

<table>
<thead>
<tr>
<th>Research</th>
<th>Teaching</th>
<th>Community Service</th>
</tr>
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<tbody>
<tr>
<td><strong>COA Research Foci</strong></td>
<td><strong>Courses Taught</strong></td>
<td>COA assists governmental and non-governmental agencies with needs assessment, grant writing, policy development, and health communications</td>
</tr>
<tr>
<td>• Asian &amp; Pacific Islander aging</td>
<td>PH 636 – Policies, Programs &amp; Services for Elderly</td>
<td><strong>Grant Writing Assistance</strong></td>
</tr>
<tr>
<td>• End-of-life care</td>
<td>PH 637 – Death and Dying</td>
<td>• Executive Office on Aging</td>
</tr>
<tr>
<td>• Family caregiving</td>
<td>PH 639 – Social and Cultural Aspects of Aging</td>
<td>• Hale Makua LTC Facility</td>
</tr>
<tr>
<td>• Intergenerational programs</td>
<td>PH 640 – Health and Aging</td>
<td>• Papa Ola Lokahi</td>
</tr>
<tr>
<td>• Native Hawaiian cancer disparities</td>
<td>PH 649 – Needs Assessment and Program Planning</td>
<td>• ‘Imi Hale</td>
</tr>
<tr>
<td>• Successful aging</td>
<td>PH 765 – Program Evaluation</td>
<td>• Pacific Diabetes Today</td>
</tr>
<tr>
<td><strong>COA Research Skills</strong></td>
<td>PH 789G/IS611 – Seminar in Gerontology</td>
<td>• Hawaii Intergenerational Network</td>
</tr>
<tr>
<td>• Community-based participatory research</td>
<td>PH 791/IS 610 – Field Work in Gerontology</td>
<td>• Other UH departments</td>
</tr>
<tr>
<td>• Developing and testing educational materials</td>
<td>Advanced Certificate in Gerontology</td>
<td><strong>Public Training Topics</strong></td>
</tr>
<tr>
<td>• Needs assessment and focus groups</td>
<td>• 49 graduates since 1996</td>
<td>• Advance Directives</td>
</tr>
<tr>
<td>• Program evaluation</td>
<td>• 4 to graduate May 2004</td>
<td>• The Aging Process</td>
</tr>
<tr>
<td><strong>Publications since 1995</strong></td>
<td>• 5 applicants for Fall 2004</td>
<td>• The Complete Life: Care of the Dying and Care of the Bereaved.</td>
</tr>
<tr>
<td>• 2 books</td>
<td>Undergraduate Certificate in Aging</td>
<td>• Coping with Caregiver Stress</td>
</tr>
<tr>
<td>• 14 book chapters</td>
<td>• 20 graduates since 1996</td>
<td>• Cultural Issues in Caregiving and Help-Seeking</td>
</tr>
<tr>
<td>• 55 peer-reviewed articles</td>
<td>• 3 applicants for Fall 2004</td>
<td>• End-of-Life Decision Making</td>
</tr>
<tr>
<td>• 24 technical reports</td>
<td><strong>MPI in Gerontology</strong></td>
<td>• The Illuminated Life</td>
</tr>
<tr>
<td>• 5 educational videos</td>
<td>• Short-lived offering, with 4 total students</td>
<td>• Funeral Planning</td>
</tr>
<tr>
<td>• 2nd, 3rd, 4th and 5th editions of Growing Old in a New Age Study and Faculty Guides</td>
<td>• 2 have dropped, 1 graduating May 2004, 1 graduating Dec 2004</td>
<td>• Services for the Elderly</td>
</tr>
<tr>
<td><strong>Funding since 1994</strong></td>
<td><strong>COA Scholarship Program</strong></td>
<td>• Successful Aging</td>
</tr>
<tr>
<td>• Federal Funds $739,277</td>
<td>COA offers gerontology students an opportunity to compete for tuition and research stipends each year, with funds donated by the community.</td>
<td><strong>Continuing Education for Paraprofessionals</strong></td>
</tr>
<tr>
<td>• State Contracts $842,607</td>
<td><strong>Sigma Phi Omega</strong></td>
<td>• Appropriate care of residents in nursing homes (ACORN)</td>
</tr>
<tr>
<td>• Private Funds $830,036</td>
<td>COA sponsors the local chapter of SPO, the National Gerontology Honor Society. More than 34 members have been inducted since 1998.</td>
<td>• The complete life (care of the dying and care of the bereaved)</td>
</tr>
<tr>
<td>• Revolving Funds $47,583</td>
<td><strong>Examples of Research Grants thru ‘Imi Hale</strong></td>
<td><strong>Public Training Topics</strong></td>
</tr>
<tr>
<td>• UH Awards $11,000</td>
<td>• Testing culturally appropriate interventions to increase:</td>
<td>• Advance Directives</td>
</tr>
<tr>
<td>Total = $2,235,591</td>
<td>o Fitness in elementary school kids</td>
<td>• The Aging Process</td>
</tr>
<tr>
<td></td>
<td>o Cancer screening rates among men</td>
<td>• The Complete Life: Care of the Dying and Care of the Bereaved.</td>
</tr>
<tr>
<td></td>
<td>o Colorectal screening</td>
<td>• Coping with Caregiver Stress</td>
</tr>
<tr>
<td></td>
<td>o Cancer patient knowledge &amp; tx adherence</td>
<td>• Cultural Issues in Caregiving and Help-Seeking</td>
</tr>
<tr>
<td></td>
<td>o Cancer patient quality of life</td>
<td>• End-of-Life Decision Making</td>
</tr>
<tr>
<td></td>
<td>• Gathering data to design culturally appropriate interventions for smoking cessation</td>
<td>• The Illuminated Life</td>
</tr>
<tr>
<td></td>
<td>• Appropriate care of residents in nursing homes (ACORN)</td>
<td>• Funeral Planning</td>
</tr>
<tr>
<td></td>
<td>• The complete life (care of the dying and care of the bereaved)</td>
<td>• Services for the Elderly</td>
</tr>
</tbody>
</table>

**Pacific Business Center Program**
### Determining preferences for informed consent for research with stored biological samples

#### Examples of State Contracts

- Awareness/training
  - Skin cancer
  - Elder abuse
  - End-of-life care
- Research, systems analysis, & policy recs:
  - Hawai'i's Baby boomers
  - Family caregiving
  - Self-determination in service delivery
  - Data management
- Evaluation
  - Project REACH (elder abuse prevention)
  - Kupuna Care (service delivery)
  - Kokua Mau (end-of-life care)

### Enhancing care for Hawai'i’s ‘ohana (ECHO)

#### Continuing Education for Professionals

- Educating Physicians in end-of-life care (EPEC)
- Cultural and end-of-life decision making
- Na Liko No'elo, a mentoring program for Native Hawaiians interested in research
- International programs
  - Study tours to other countries
  - Seminars and field visits for foreign professionals visiting Hawai'i

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Source: The Center on Aging Staff, materials prepared for the Department of Public Health faculty meeting, April 26, 2004.
Appendix E. Population 65+ by State
## Population 65+ by State, July 2002

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>US Total</td>
<td>35,601,911</td>
<td>12.3%</td>
<td>10.2%</td>
<td>10.2</td>
</tr>
<tr>
<td>Alabama</td>
<td>588,542</td>
<td>13.1%</td>
<td>9.6%</td>
<td>15.2</td>
</tr>
<tr>
<td>Alaska</td>
<td>39,200</td>
<td>6.1%</td>
<td>53.6%</td>
<td>6.3</td>
</tr>
<tr>
<td>Arizona</td>
<td>701,243</td>
<td>12.9%</td>
<td>35.2%</td>
<td>7.5</td>
</tr>
<tr>
<td>Arkansas</td>
<td>376,387</td>
<td>13.9%</td>
<td>5.6%</td>
<td>15.2</td>
</tr>
<tr>
<td>California</td>
<td>3,716,836</td>
<td>10.6%</td>
<td>13.8%</td>
<td>8.4</td>
</tr>
<tr>
<td>Colorado</td>
<td>434,472</td>
<td>9.6%</td>
<td>24.3%</td>
<td>8.2</td>
</tr>
<tr>
<td>Connecticut</td>
<td>472,314</td>
<td>13.6%</td>
<td>3.7%</td>
<td>6.5</td>
</tr>
<tr>
<td>Delaware</td>
<td>105,488</td>
<td>13.1%</td>
<td>24.0%</td>
<td>6.5</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>68,534</td>
<td>13.1%</td>
<td>-11.1%</td>
<td>18.8</td>
</tr>
<tr>
<td>Florida</td>
<td>2,854,838</td>
<td>17.1%</td>
<td>15.2%</td>
<td>10.0</td>
</tr>
<tr>
<td>Georgia</td>
<td>813,652</td>
<td>9.5%</td>
<td>19.3%</td>
<td>12.6</td>
</tr>
<tr>
<td>Hawaii</td>
<td><strong>166,910</strong></td>
<td><strong>13.4%</strong></td>
<td><strong>24.0%</strong></td>
<td><strong>8.1</strong></td>
</tr>
<tr>
<td>Idaho</td>
<td>151,141</td>
<td>11.3%</td>
<td>19.3%</td>
<td>6.6</td>
</tr>
<tr>
<td>Illinois</td>
<td>1,499,249</td>
<td>11.9%</td>
<td>2.2%</td>
<td>8.6</td>
</tr>
<tr>
<td>Indiana</td>
<td>757,451</td>
<td>12.3%</td>
<td>5.8%</td>
<td>8.9</td>
</tr>
<tr>
<td>Iowa</td>
<td>432,785</td>
<td>14.7%</td>
<td>0.4%</td>
<td>8.4</td>
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<tr>
<td>Kansas</td>
<td>355,094</td>
<td>13.1%</td>
<td>1.7%</td>
<td>7.9</td>
</tr>
<tr>
<td>Kentucky</td>
<td>509,476</td>
<td>12.4%</td>
<td>7.0%</td>
<td>12.4</td>
</tr>
<tr>
<td>Louisiana</td>
<td>520,446</td>
<td>11.6%</td>
<td>8.4%</td>
<td>13.2</td>
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<tr>
<td>Maine</td>
<td>186,383</td>
<td>14.4%</td>
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<td>11.2</td>
</tr>
<tr>
<td>Maryland</td>
<td>616,699</td>
<td>11.3%</td>
<td>14.1%</td>
<td>11.1</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>863,695</td>
<td>13.4%</td>
<td>2.9%</td>
<td>10.6</td>
</tr>
<tr>
<td>Michigan</td>
<td>1,231,920</td>
<td>12.3%</td>
<td>6.8%</td>
<td>9.3</td>
</tr>
<tr>
<td>Minnesota</td>
<td>601,741</td>
<td>12.0%</td>
<td>7.4%</td>
<td>9.0</td>
</tr>
<tr>
<td>Mississippi</td>
<td>346,251</td>
<td>12.1%</td>
<td>6.1%</td>
<td>17.9</td>
</tr>
<tr>
<td>Missouri</td>
<td>757,197</td>
<td>13.3%</td>
<td>3.5%</td>
<td>6.8</td>
</tr>
<tr>
<td>Montana</td>
<td>122,806</td>
<td>13.5%</td>
<td>11.8%</td>
<td>9.6</td>
</tr>
<tr>
<td>Nebraska</td>
<td>232,134</td>
<td>13.4%</td>
<td>2.8%</td>
<td>9.2</td>
</tr>
<tr>
<td>Nevada</td>
<td>240,255</td>
<td>11.1%</td>
<td>63.8%</td>
<td>8.0</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>152,577</td>
<td>12.0%</td>
<td>16.9%</td>
<td>6.8</td>
</tr>
<tr>
<td>New Jersey</td>
<td>1,121,197</td>
<td>13.1%</td>
<td>5.9%</td>
<td>8.4</td>
</tr>
<tr>
<td>New Mexico</td>
<td>221,454</td>
<td>11.9%</td>
<td>28.4%</td>
<td>13.8</td>
</tr>
<tr>
<td>New York</td>
<td>2,473,510</td>
<td>12.9%</td>
<td>4.0%</td>
<td>11.8</td>
</tr>
<tr>
<td>North Carolina</td>
<td>998,391</td>
<td>12.0%</td>
<td>17.9%</td>
<td>14.0</td>
</tr>
<tr>
<td>North Dakota</td>
<td>94,076</td>
<td>14.8%</td>
<td>1.6%</td>
<td>11.5</td>
</tr>
<tr>
<td>Ohio</td>
<td>1,513,372</td>
<td>13.3%</td>
<td>4.2%</td>
<td>7.5</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>460,459</td>
<td>13.2%</td>
<td>6.1%</td>
<td>11.6</td>
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<tr>
<td>Oregon</td>
<td>443,968</td>
<td>12.6%</td>
<td>8.5%</td>
<td>6.0</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>1,908,962</td>
<td>15.5%</td>
<td>1.8%</td>
<td>8.4</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>152,266</td>
<td>14.2%</td>
<td>-0.6%</td>
<td>11.4</td>
</tr>
<tr>
<td>South Carolina</td>
<td>503,256</td>
<td>12.3%</td>
<td>20.7%</td>
<td>14.2</td>
</tr>
<tr>
<td>South Dakota</td>
<td>108,322</td>
<td>14.2%</td>
<td>4.4%</td>
<td>10.3</td>
</tr>
<tr>
<td>Tennessee</td>
<td>719,177</td>
<td>12.4%</td>
<td>12.7%</td>
<td>14.6</td>
</tr>
<tr>
<td>Texas</td>
<td>2,152,896</td>
<td>9.9%</td>
<td>19.3%</td>
<td>13.7</td>
</tr>
<tr>
<td>Utah</td>
<td>199,041</td>
<td>8.6%</td>
<td>23.7%</td>
<td>10.1</td>
</tr>
<tr>
<td>Vermont</td>
<td>79,241</td>
<td>12.9%</td>
<td>16.6%</td>
<td>10.5</td>
</tr>
<tr>
<td>Virginia</td>
<td>817,441</td>
<td>11.2%</td>
<td>17.4%</td>
<td>9.8</td>
</tr>
<tr>
<td>Washington</td>
<td>677,532</td>
<td>11.2%</td>
<td>13.0%</td>
<td>7.9</td>
</tr>
<tr>
<td>West Virginia</td>
<td>275,974</td>
<td>15.3%</td>
<td>1.0%</td>
<td>10.6</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>706,418</td>
<td>13.0%</td>
<td>5.9%</td>
<td>8.0</td>
</tr>
<tr>
<td>Wyoming</td>
<td>59,222</td>
<td>11.9%</td>
<td>19.4%</td>
<td>7.9</td>
</tr>
</tbody>
</table>

Appendix F. Top recipients and grantmakers in aging in 2002.
### Top 50 Recipients of Private and Community Foundations and Corporate Grantmakers’ Grants for the Aging in 2002

<table>
<thead>
<tr>
<th>Recipient Organization</th>
<th>Profile</th>
<th>State</th>
<th>Amount</th>
<th>No. of Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. University of Arkansas for Medical Sciences</td>
<td>the Donald W. Reynolds Center on Aging, UAMS College of Medicine</td>
<td>AR</td>
<td>$18,250,000[^81]</td>
<td>1</td>
</tr>
<tr>
<td>2. Wake Forest University</td>
<td>The J. Paul Sticht Center on Aging and Rehabilitation, WFU School of Medicine and Baptist Medical Center</td>
<td>NC</td>
<td>$9,583,408[^82]</td>
<td>3</td>
</tr>
<tr>
<td>3. Washington County Elder Care</td>
<td>Multi-service senior health facility</td>
<td>OK</td>
<td>$7,559,700[^83]</td>
<td>1</td>
</tr>
<tr>
<td>4. Alzheimers Disease and Related Disorders Association</td>
<td>A service of the National Institute on Aging (NIA).</td>
<td>UT</td>
<td>$6,374,225</td>
<td>96</td>
</tr>
<tr>
<td>5. International Longevity Center USA</td>
<td>A not-for-profit, nonpartisan research, policy, and education organization</td>
<td>NY</td>
<td>$5,369,169[^84]</td>
<td>6</td>
</tr>
<tr>
<td>6. North Pointe Woods</td>
<td>A senior living community</td>
<td>MI</td>
<td>$5,055,334[^85]</td>
<td>1</td>
</tr>
<tr>
<td>7. Families USA Foundation</td>
<td>A national nonprofit, non-partisan organization dedicated to the achievement of high-quality, affordable health care for all Americans</td>
<td>DC</td>
<td>$4,021,464[^86]</td>
<td>11</td>
</tr>
<tr>
<td>8. Montereau</td>
<td>A continuing-care retirement community</td>
<td>OK</td>
<td>$3,400,000</td>
<td>1</td>
</tr>
<tr>
<td>10. Consumers in Action for Personal Assistance</td>
<td>A consumer driven organization of persons with disabilities of any age, working towards the improvement of the personal assistance services</td>
<td>CA</td>
<td>$3,044,358[^87]</td>
<td>1</td>
</tr>
<tr>
<td>11. Bivins Village</td>
<td>An assisted living center for low-income elderly</td>
<td>TX</td>
<td>$2,900,000[^88]</td>
<td>1</td>
</tr>
<tr>
<td>12. Loaves and Fishes Centers: The Meals-On-Wheels People</td>
<td>A nonprofit, nonsectarian organization that provides hot, nutritious meals to seniors 60 years and older.</td>
<td>OR</td>
<td>$2,692,032</td>
<td>7</td>
</tr>
<tr>
<td>13. American Federation for Aging Research (AFAR)</td>
<td>A non-profit organization, funding aging research and geriatric medicine</td>
<td>NY</td>
<td>$2,394,210</td>
<td>14</td>
</tr>
<tr>
<td>14. Association of Directors of Geriatric Academic Programs</td>
<td>Established on the basis of the American Geriatrics Society -provides support to education and research programs in</td>
<td>NY</td>
<td>$2,240,627[^89]</td>
<td>2</td>
</tr>
</tbody>
</table>

---

[^81]: Donation of the Donald W. Reynolds Foundation; $15 Million of the total amount will be part of the endowment for the Department of Geriatrics.

[^82]: Including a gift of $3.7 million for the Roena Mae Kulynych Dementia Research Center, donated by Petro Kulynych, of North Wilkesboro, a co-founder of Lowe’s Companies, Inc. and donations form the Fullerton Foundation.

[^83]: A capital grant donated by the by Donald W. Reynolds Foundation

[^84]: Includes a three-year grant of $368,550 from the Florence V. Gould Foundation; an endowment of $1 million - a gift from the estate of Werner and Elaine Dannheisser; grant from the AARP Andrus Foundation of Washington D.C.; a grant from the Center for Global Partnership, Japan Foundation; an educational grant from Pfizer Inc and The Atlantic Philanthropies, and a grant from the John S. and James L. Knight Foundation.

[^85]: Donations through the United Way campaign


[^87]: Received from the Planning for Elders - a Non-Profit Public Benefit Corporation incorporated in California and facilitating various activities to improve the quality of life for elders, people with disabilities and their caregivers.

[^88]: Donation from The Mary E. Bivins Foundation

[^89]: Grants from the John A. Hartford Foundation, Inc and the Donald W. Reynolds Foundation.
<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Description</th>
<th>Location</th>
<th>Funding</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td>Woldenberg Village</td>
<td>A full-service Retirement Community</td>
<td>LA</td>
<td>$2,000,000&lt;sup&gt;90&lt;/sup&gt;</td>
<td>1</td>
</tr>
<tr>
<td>16.</td>
<td>Metropolitan Inter-Faith Association</td>
<td>A non-profit organization offering 20 community programs for the poor, including meals for the elderly, housing for the homeless, and employment counseling.</td>
<td>TN</td>
<td>$1,999,386</td>
<td>17</td>
</tr>
<tr>
<td>17.</td>
<td>American Association for the Advancement of Science</td>
<td>the world's largest general scientific society, and publisher of the journal, <em>Science</em></td>
<td>DC</td>
<td>$1,936,000&lt;sup&gt;91&lt;/sup&gt;</td>
<td>1</td>
</tr>
<tr>
<td>18.</td>
<td>Hackensack University Medical Center</td>
<td>a teaching and research hospital affiliated with the University of Medicine and Dentistry of New Jersey; the largest provider of inpatient and outpatient services in the state of New Jersey.</td>
<td>NJ</td>
<td>$1,900,000&lt;sup&gt;92&lt;/sup&gt;</td>
<td>1</td>
</tr>
<tr>
<td>19.</td>
<td>Paraprofessional Healthcare Institute</td>
<td>A national nonprofit health care employment development and advocacy organization with affiliates in five states; mission: to create jobs for low-income individuals and the provision of high quality care to chronically ill elderly.</td>
<td>NY</td>
<td>$1,835,000&lt;sup&gt;93&lt;/sup&gt;</td>
<td>6</td>
</tr>
<tr>
<td>20.</td>
<td>Mid-Bronx Senior Citizens Council</td>
<td>a non-profit organization serving the South Bronx in the areas of health and social services, affordable housing and real estate development, and community building</td>
<td>NY</td>
<td>$1,825,000&lt;sup&gt;94&lt;/sup&gt;</td>
<td>4</td>
</tr>
<tr>
<td>21.</td>
<td>Society of General Internal Medicine</td>
<td>An international organization of physicians and others who combine caring for patients with educating and/or doing research</td>
<td>DC</td>
<td>$1,641,931</td>
<td>1</td>
</tr>
<tr>
<td>22.</td>
<td>United Methodist Retirement Communities</td>
<td>continuing care communities</td>
<td>MI</td>
<td>$1,627,000&lt;sup&gt;95&lt;/sup&gt;</td>
<td>3</td>
</tr>
<tr>
<td>23.</td>
<td>Citymeals-on-Wheels</td>
<td>A non-profit organization providing funding for meals on wheels to the homebound elderly of New York City on weekends, weekdays, holidays, and times of emergency</td>
<td>NY</td>
<td>$1,549,826</td>
<td>25</td>
</tr>
<tr>
<td>24.</td>
<td>Partnership for Caring: Americas Voices for the Dying</td>
<td>A national, nonprofit organization devoted to raising consumer expectations for excellent end-of-life care and increasing demand for such care</td>
<td>DC</td>
<td>$1,539,491</td>
<td>7</td>
</tr>
<tr>
<td>25.</td>
<td>Little Sisters of the Poor</td>
<td>An organization of religious women,</td>
<td>NY</td>
<td>$1,524,572</td>
<td>34.</td>
</tr>
</tbody>
</table>

<sup>90</sup> The Jewish Endowment Foundation (JEF)
<sup>91</sup> A part of the a 5-year, $9.9-million grant from the National Science Foundation (NSF)
<sup>92</sup> The Robert Wood Johnson Foundation - Improving care in the areas of congestive heart failure, atrial fibrillation, stroke, acute myocardial infarction, geriatric care, and patient safety
<sup>93</sup> $600,000 from The Atlantic Philanthropies, The Robert Wood Johnson Foundation, Woodcock Foundation, The Charles Stewart Mott Foundation
<sup>94</sup> Including the Edna McConnell Clark Foundation
<sup>95</sup> The UMRC Heritage Foundation

---

Pacific Business Center Program
<table>
<thead>
<tr>
<th>No.</th>
<th>Organization Name</th>
<th>Description</th>
<th>State</th>
<th>Population</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.</td>
<td>Briarwood-Brookwood</td>
<td>Non-profit community organization, established to provide an enhanced life for adults with disabilities through life-long opportunities for vocational, social, emotional and spiritual growth.</td>
<td>TX</td>
<td>1,500,000(^{96})</td>
<td>2</td>
</tr>
<tr>
<td>27.</td>
<td>North General Hospital</td>
<td>Hospital for adults with disabilities through life-long opportunities for vocational, social, emotional and spiritual growth.</td>
<td>NY</td>
<td>1,388,214</td>
<td>4</td>
</tr>
<tr>
<td>28.</td>
<td>Jewish Home at Rockleigh</td>
<td>A 180 bed long-term skilled nursing facility located in Bergen County New Jersey. The Jewish Home also provides sub-acute care, inpatient and outpatient rehabilitation, Adult Medical Day Care, and on-site medical services.</td>
<td>NJ</td>
<td>1,356,853</td>
<td>4</td>
</tr>
<tr>
<td>29.</td>
<td>Amherst H Wilder Foundation</td>
<td>A nonprofit health and human services organization that has served the greater Saint Paul, Minnesota, area since 1906.</td>
<td>MN</td>
<td>1,353,722</td>
<td>15</td>
</tr>
<tr>
<td>30.</td>
<td>University of California</td>
<td>Academic institution</td>
<td>CA</td>
<td>1,319,070(^{97})</td>
<td>7</td>
</tr>
<tr>
<td>31.</td>
<td>Midland County Council on Aging</td>
<td>An organization providing information to and services for senior citizens in midland, Michigan and surrounding counties.</td>
<td>MI</td>
<td>1,291,577</td>
<td>3</td>
</tr>
<tr>
<td>32.</td>
<td>Texas A &amp; M University System</td>
<td>Academic institution</td>
<td>TX</td>
<td>1,263,295</td>
<td>2</td>
</tr>
<tr>
<td>33.</td>
<td>University of Southern Maine</td>
<td>Academic institution</td>
<td>ME</td>
<td>1,238,624</td>
<td>1</td>
</tr>
<tr>
<td>34.</td>
<td>University of Montana</td>
<td>Academic institution</td>
<td>MT</td>
<td>1,176,120</td>
<td>3</td>
</tr>
<tr>
<td>35.</td>
<td>Visiting Nurse Service of New York</td>
<td>A non-profit home healthcare organization; provides high quality, cost effective health care in the home and community.</td>
<td>NY</td>
<td>1,148,906</td>
<td>7</td>
</tr>
<tr>
<td>36.</td>
<td>University of Southern California</td>
<td>Academic institution</td>
<td>CA</td>
<td>1,127,535</td>
<td>3</td>
</tr>
<tr>
<td>37.</td>
<td>CommonBond Communities</td>
<td>Minnesota largest nonprofit provider of affordable housing and self-sufficiency services for people with low incomes.</td>
<td>MN</td>
<td>1,126,125</td>
<td>9</td>
</tr>
<tr>
<td>38.</td>
<td>Madlyn and Leonard Abramson Center for Jewish Life</td>
<td>A comprehensive provider of health care to seniors; offers a coordinated system of health and social services for the elderly and their families throughout the aging cycle.</td>
<td>PA</td>
<td>1,035,000</td>
<td>3</td>
</tr>
<tr>
<td>39.</td>
<td>Jewish Home and Rehabilitation Center of New Jersey</td>
<td>A non-profit institution dedicated to enhancing the health of the public through research, education and advocacy, with a particular focus on urban populations, especially the disadvantaged.</td>
<td>NJ</td>
<td>1,027,750</td>
<td>1</td>
</tr>
<tr>
<td>40.</td>
<td>New York Academy of Medicine</td>
<td>A non-profit institution dedicated to enhancing the health of the public through research, education and advocacy, with a particular focus on urban populations, especially the disadvantaged.</td>
<td>NY</td>
<td>1,021,600</td>
<td>3</td>
</tr>
</tbody>
</table>

\(^{96}\) The Cullen Foundation  
\(^{97}\) Larry L. Hillblom Foundation, the John A. Hartford Foundation, the Robert Wood Johnson Foundation, the Donald W. Reynolds Foundation.
<table>
<thead>
<tr>
<th></th>
<th>Organization Name</th>
<th>Description</th>
<th>State</th>
<th>Amount</th>
<th>Grant Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>41.</td>
<td>Williamsburg Retirement Community</td>
<td>Assisted Living Care Community</td>
<td>IA</td>
<td>1,015,000</td>
<td>1</td>
</tr>
<tr>
<td>42.</td>
<td>Downey Community Hospital (DCH) Health Services Corp</td>
<td>Hospital</td>
<td>CA</td>
<td>1,000,000</td>
<td>1</td>
</tr>
<tr>
<td>43.</td>
<td>Maria Joseph Manor</td>
<td>A not-for-profit corporation operating skilled nursing and personal care facilities in Danville, PA; funded by the Congregation Of Sisters Of Saints Cyril And Methodius</td>
<td>PA</td>
<td>1,000,000</td>
<td>1</td>
</tr>
<tr>
<td>44.</td>
<td>Johns Hopkins University</td>
<td>Academic institution</td>
<td>MD</td>
<td>997,082</td>
<td>3</td>
</tr>
<tr>
<td>45.</td>
<td>Urban Institute</td>
<td>A nonpartisan economic and social policy research organization.</td>
<td>DC</td>
<td>955,296</td>
<td>3</td>
</tr>
<tr>
<td>46.</td>
<td>Council Bluffs Senior Citizens Center</td>
<td>A non-profit organization offering various activities for senior citizens, covering – among all – the aging-related issues</td>
<td>IA</td>
<td>950,000</td>
<td>1</td>
</tr>
<tr>
<td>47.</td>
<td>University of Maryland</td>
<td>Academic institution</td>
<td>MD</td>
<td>942,085</td>
<td>3</td>
</tr>
<tr>
<td>48.</td>
<td>Saint Barnabas Senior Center of Los Angeles</td>
<td>NA</td>
<td>CA</td>
<td>939,760</td>
<td>6</td>
</tr>
<tr>
<td>49.</td>
<td>Medicare Rights Center</td>
<td>A national, not-for-profit consumer service organization dedicated to ensuring the rights of older adults and people with disabilities to good, affordable health care.</td>
<td>NY</td>
<td>925,202</td>
<td>10</td>
</tr>
<tr>
<td>50.</td>
<td>Saint Ann Center for Intergenerational Care</td>
<td>NA</td>
<td>WI</td>
<td>906,042</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$123,605,991</strong></td>
<td><strong>356</strong></td>
</tr>
</tbody>
</table>

Source: The Foundation Center, FC Stats: The Foundation Center's Statistical Information Service (www.fdncenter.org/ftcstats)

*Based on grants of $10,000 or more awarded by a national sample of 1,005 larger U.S. foundations (including 800 of the 1,000 largest ranked by total giving). For community foundations, only discretionary grants are included. Grants to individuals are not included in the file. Figures represent only grants awarded to groups that could be identified as serving specific populations or grants whose descriptions specified a benefit for a specific population. These figures do not reflect all giving benefiting these groups. Grants may benefit multiple population groups, e.g., a grant for homeless children, and therefore may be counted in more than one population group table. In addition, while the full value of the grant is counted, in practice only a portion of some grants benefit the specified population group(s).
### Top 50 U.S. Private and Community Foundations and Corporate Grantmakers Awarding Grants for the Aging in 2002

<table>
<thead>
<tr>
<th>Foundation Name</th>
<th>State</th>
<th>Dollar Amount</th>
<th>No. of Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Robert Wood Johnson Foundation</td>
<td>NJ</td>
<td>$45,696,355</td>
<td>221</td>
</tr>
<tr>
<td>2. Donald W. Reynolds Foundation</td>
<td>NV</td>
<td>28,105,327</td>
<td>8</td>
</tr>
<tr>
<td>3. The Harry and Jeanette Weinberg Foundation, Inc.</td>
<td>MD</td>
<td>11,805,500</td>
<td>47</td>
</tr>
<tr>
<td>4. The Ellison Medical Foundation</td>
<td>MD</td>
<td>6,917,092</td>
<td>38</td>
</tr>
<tr>
<td>5. The California Endowment</td>
<td>CA</td>
<td>6,501,481</td>
<td>41</td>
</tr>
<tr>
<td>6. The Atlantic Foundation of New York</td>
<td>NY</td>
<td>6,269,670</td>
<td>9</td>
</tr>
<tr>
<td>7. Archstone Foundation</td>
<td>CA</td>
<td>5,429,680</td>
<td>71</td>
</tr>
<tr>
<td>8. The John A. Hartford Foundation, Inc.</td>
<td>NY</td>
<td>5,391,295</td>
<td>14</td>
</tr>
<tr>
<td>9. Kellogg Company 2-Year Employees Fund, Inc.</td>
<td>MI</td>
<td>5,077,834</td>
<td>3</td>
</tr>
<tr>
<td>10. The Starr Foundation</td>
<td>NY</td>
<td>4,365,000</td>
<td>24</td>
</tr>
<tr>
<td>11. The Retirement Research Foundation</td>
<td>IL</td>
<td>3,516,598</td>
<td>64</td>
</tr>
<tr>
<td>12. The William K. Warren Foundation</td>
<td>OK</td>
<td>3,412,000</td>
<td>2</td>
</tr>
<tr>
<td>13. Mary E. Bivins Foundation</td>
<td>TX</td>
<td>3,297,750</td>
<td>3</td>
</tr>
<tr>
<td>14. The Commonwealth Fund</td>
<td>NY</td>
<td>3,225,054</td>
<td>22</td>
</tr>
<tr>
<td>15. Zemurray Foundation</td>
<td>LA</td>
<td>3,044,358</td>
<td>1</td>
</tr>
<tr>
<td>16. The California Wellness Foundation</td>
<td>CA</td>
<td>2,955,000</td>
<td>28</td>
</tr>
<tr>
<td>17. The Duke Endowment</td>
<td>NC</td>
<td>2,941,474</td>
<td>33</td>
</tr>
<tr>
<td>18. W. K. Kellogg Foundation</td>
<td>MI</td>
<td>2,929,625</td>
<td>2</td>
</tr>
<tr>
<td>19. T. L. L. Temple Foundation</td>
<td>TX</td>
<td>2,922,597</td>
<td>6</td>
</tr>
<tr>
<td>20. The Fan Fox and Leslie R. Samuels Foundation, Inc.</td>
<td>NY</td>
<td>2,404,240</td>
<td>59</td>
</tr>
<tr>
<td>21. The Oregon Community Foundation</td>
<td>OR</td>
<td>2,346,032</td>
<td>15</td>
</tr>
<tr>
<td>22. Mann Community Foundation</td>
<td>CA</td>
<td>2,014,500</td>
<td>13</td>
</tr>
<tr>
<td>23. Open Society Institute</td>
<td>NY</td>
<td>1,657,323</td>
<td>14</td>
</tr>
<tr>
<td>24. The New York Community Trust</td>
<td>NY</td>
<td>1,555,000</td>
<td>53</td>
</tr>
<tr>
<td>25. The Harry A. and Margaret D. Towsley Foundation</td>
<td>MI</td>
<td>1,550,000</td>
<td>2</td>
</tr>
<tr>
<td>26. Helen Bader Foundation, Inc.</td>
<td>WI</td>
<td>1,505,790</td>
<td>39</td>
</tr>
<tr>
<td>27. The Edna McConnell Clark Foundation</td>
<td>NY</td>
<td>1,500,000</td>
<td>1</td>
</tr>
<tr>
<td>28. The Brown Foundation, Inc.</td>
<td>TX</td>
<td>1,470,000</td>
<td>4</td>
</tr>
<tr>
<td>29. The San Francisco Foundation</td>
<td>CA</td>
<td>1,441,683</td>
<td>42</td>
</tr>
<tr>
<td>30. Richard &amp; Rhoda Goldman Fund</td>
<td>CA</td>
<td>1,423,000</td>
<td>30</td>
</tr>
<tr>
<td>31. The Ford Foundation</td>
<td>NY</td>
<td>1,420,000</td>
<td>12</td>
</tr>
<tr>
<td>No.</td>
<td>Foundation</td>
<td>State</td>
<td>Grant Amount</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------------------------------</td>
<td>-------</td>
<td>---------------</td>
</tr>
<tr>
<td>32.</td>
<td>The Jay and Rose Phillips Family Foundation</td>
<td>MN</td>
<td>1,370,772</td>
</tr>
<tr>
<td>33.</td>
<td>Virginia G. Piper Charitable Trust</td>
<td>AZ</td>
<td>1,263,180</td>
</tr>
<tr>
<td>34.</td>
<td>Longwood Foundation, Inc.</td>
<td>DE</td>
<td>1,257,200</td>
</tr>
<tr>
<td>35.</td>
<td>The Russell Berrie Foundation</td>
<td>NJ</td>
<td>1,210,053</td>
</tr>
<tr>
<td>36.</td>
<td>Henry L. Guenther Foundation</td>
<td>CA</td>
<td>1,180,000</td>
</tr>
<tr>
<td>37.</td>
<td>The Pittsburgh Foundation</td>
<td>PA</td>
<td>1,159,017</td>
</tr>
<tr>
<td>38.</td>
<td>Nina Mason Pulliam Charitable Trust</td>
<td>IN</td>
<td>1,120,000</td>
</tr>
<tr>
<td>39.</td>
<td>Albert &amp; Bessie Mae Kronkosky Charitable Foundation</td>
<td>TX</td>
<td>1,118,750</td>
</tr>
<tr>
<td>40.</td>
<td>F.M. Kirby Foundation, Inc.</td>
<td>NJ</td>
<td>1,112,500</td>
</tr>
<tr>
<td>41.</td>
<td>The Herbert, and Grace A. Dow Foundation</td>
<td>MI</td>
<td>1,108,577</td>
</tr>
<tr>
<td>42.</td>
<td>Bill &amp; Melinda Gates Foundation</td>
<td>WA</td>
<td>1,100,000</td>
</tr>
<tr>
<td>43.</td>
<td>Iowa West Foundation</td>
<td>IA</td>
<td>1,060,800</td>
</tr>
<tr>
<td>44.</td>
<td>Kate B. Reynolds Charitable Trust</td>
<td>NC</td>
<td>1,058,778</td>
</tr>
<tr>
<td>45.</td>
<td>SBC Foundation</td>
<td>TX</td>
<td>1,049,684</td>
</tr>
<tr>
<td>46.</td>
<td>Kaplen Foundation</td>
<td>NJ</td>
<td>1,047,750</td>
</tr>
<tr>
<td>47.</td>
<td>The Abramson Family Foundation</td>
<td>FL</td>
<td>1,035,000</td>
</tr>
<tr>
<td>48.</td>
<td>Clark Foundation</td>
<td>OR</td>
<td>1,025,000</td>
</tr>
<tr>
<td>49.</td>
<td>Roland &amp; Ruby Holden Foundation</td>
<td>IA</td>
<td>1,015,000</td>
</tr>
<tr>
<td>50.</td>
<td>The Cleveland Foundation</td>
<td>OH</td>
<td>986,503</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>$195,369,822</td>
</tr>
</tbody>
</table>

Source: The Foundation Center, FC Stats: The Foundation Center's Statistical Information Service (www.fdncenter.org/fc-stats)
Appendix F. Grants and Awards of the Center on Aging, 1995-2004
<table>
<thead>
<tr>
<th>Project</th>
<th>Project Period</th>
<th>Funding</th>
<th>Founder</th>
<th>Scope of services</th>
<th>PI &amp; Faculty Collaborators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver's Resource Initiative (4-36035)</td>
<td>06/01/01-06/30/05</td>
<td>$264,000</td>
<td>Executive Office on Aging</td>
<td>To support and enhance caregiver support efforts at statewide level, partner and collaborate with community and governmental organizations to develop statewide caregiver resources, and research federal and state (including other states') efforts to support caregivers.</td>
<td>PI: Kathryn Braun (PH); Faculty collaborators: Gwen Ouye (COA), Wes Lum (COA)</td>
</tr>
<tr>
<td>ACORN - Appropriate Care of Residents of Nursing Homes (4-36213)</td>
<td>01/01/02-12/31/04</td>
<td>$130,687</td>
<td>HMSCA Foundation</td>
<td>To increase knowledge, skills and comfort of professionals and paraprofessionals who provide care for dying patients in long-term care facilities, assist long-term care facilities to develop organizational end-of-life care guidelines specific to their institutions, and test curriculum for replication.</td>
<td>PI: Kathryn Braun (PH); Faculty collaborators: Ana Zir (COA)</td>
</tr>
<tr>
<td>ECHO-End-of-Life Care for Hawaii Ohana Year 1 (6-58303)</td>
<td>09/30/01-09/29/02</td>
<td>$89,447</td>
<td>Administration on Aging</td>
<td>To increase the number of older adults who die in the place of their choice, relatively free of pain, and treated according to their beliefs and values by improving and-of-life knowledge, attitudes, and behaviors through provision of targeted messages and tailored supplemental support to multi-ethnic caregivers.</td>
<td>PI: Kathryn Braun (PH); Faculty collaborators: Harumi Karel (COA), Ana Zir (COA)</td>
</tr>
<tr>
<td>ECHO-End-of-Life Care for Hawaii Ohana Year 2 (6-59304)</td>
<td>09/30/02-09/29/03</td>
<td>$146,600</td>
<td>Administration on Aging</td>
<td>To increase the number of older adults who die in the place of their choice, relatively free of pain, and treated according to their beliefs and values by improving and-of-life knowledge, attitudes, and behaviors through provision of targeted messages and tailored supplemental support to multi-ethnic caregivers.</td>
<td>PI: Kathryn Braun (PH); Faculty collaborators: Harumi Karel (COA), Ana Zir (COA)</td>
</tr>
<tr>
<td>ECHO-End-of-Life Care for Hawaii Ohana Year 3 (6-51994)</td>
<td>09/30/03-09/29/04</td>
<td>$148,691</td>
<td>Administration on Aging</td>
<td>To increase the number of older adults who die in the place of their choice, relatively free of pain, and treated according to their beliefs and values by improving and-of-life knowledge, attitudes, and behaviors through provision of targeted messages and tailored supplemental support to multi-ethnic caregivers.</td>
<td>PI: Kathryn Braun (PH); Faculty collaborators: Harumi Karel (COA), Ana Zir (COA)</td>
</tr>
<tr>
<td>Imi Hale Research Administration (6-56589)</td>
<td>08/15/00-03/31/05</td>
<td>$452,256</td>
<td>National Cancer Institute (via Papa Ola Lokahi)</td>
<td>To serve as research director, participate as member of the Scientific Expert Council, provide oversight for research activities associated with</td>
<td>PI: Clayton Chong (Med); Faculty</td>
</tr>
<tr>
<td>Project Title</td>
<td>Start Date</td>
<td>End Date</td>
<td>Funding</td>
<td>Authoring Department</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>------------------</td>
<td>----------------</td>
<td>-----------</td>
<td>------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Elder Abuse Awareness</td>
<td>12/01/00</td>
<td>05/31/02</td>
<td>$23,000</td>
<td>Executive Office on Aging</td>
<td>To research and recommend elder abuse and neglect response system that includes mechanisms for identification, early intervention, and treatment services for vulnerable elders and their caregivers, and to present elder abuse awareness messages to elicit a) requests for information b) requests for service c) reports about elder abuse cases or concerns.</td>
</tr>
<tr>
<td>Elder Abuse Response System Development</td>
<td>02/01/01</td>
<td>05/31/02</td>
<td>$23,000</td>
<td>Executive Office on Aging</td>
<td>To research and recommend elder abuse and neglect response system that includes mechanisms for identification, early intervention, and treatment services for vulnerable elders and their caregivers, and to present elder abuse awareness messages to elicit a) requests for information b) requests for service c) reports about elder abuse cases or concerns.</td>
</tr>
<tr>
<td>Senior Volunteers as Assets</td>
<td>01/01/01</td>
<td>12/31/01</td>
<td>$47,120</td>
<td>Hawaii Community Foundation</td>
<td>To design and conduct a statewide survey on &quot;Senior Volunteers As Assets&quot; for the purpose of informing Hawaii Community Foundation on its &quot;Senior Volunteers as Assets&quot; initiative.</td>
</tr>
<tr>
<td>Kupuna Care Evaluation</td>
<td>10/01/01</td>
<td>06/30/02</td>
<td>$23,250</td>
<td>Executive Office on Aging</td>
<td>To conduct statewide home care satisfaction survey for clients and their caregivers enrolled in the Kupuna Care Program and assist EOA to evaluate the Kupuna Care Program.</td>
</tr>
<tr>
<td>Family Caregiver Survey</td>
<td>03/01/02</td>
<td>03/31/03</td>
<td>$24,961</td>
<td>Executive Office on Aging</td>
<td>To conduct statewide home care satisfaction survey for clients and their caregivers enrolled in the Kupuna Care Program and assist EOA to</td>
</tr>
<tr>
<td>Project Description</td>
<td>Start Date - End Date</td>
<td>Funding</td>
<td>Responsible Entity</td>
<td>Description</td>
<td>Collaborators</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------</td>
<td>---------</td>
<td>--------------------</td>
<td>-------------</td>
<td>---------------</td>
</tr>
<tr>
<td>PAP-Paraprofessionals in Aging Program</td>
<td>02/01/02-12/31/02</td>
<td>$68,155</td>
<td>Hawaii County Office on Aging</td>
<td>To develop curriculum and train paraprofessionals on the Big Island of Hawaii with background information on aging and caregiving.</td>
<td>PI: Michael Cheang (COA); Faculty Collaborators: Kathryn Braun (PH), Ana Zir (COA)</td>
</tr>
<tr>
<td>Care for Bereaved</td>
<td>11/15/99-05/31/02</td>
<td>$75,000</td>
<td>Project on Death in America - Soros Foundation</td>
<td>To develop curriculum and train paraprofessionals on the Big Island of Hawaii with background information on aging and caregiving.</td>
<td>PI: Kathryn Braun Faculty collaborators: Ana Zir (COA)</td>
</tr>
<tr>
<td>Care for the Dying</td>
<td>04/04/00-03/31/02</td>
<td>$58,905</td>
<td>HMSA Foundation</td>
<td>To provide technical assistance to state and county offices on aging, develop and implement databases for client tracking and resource management, and develop web pages and other educational resources for Hawaii seniors and care providers.</td>
<td>PI: Kathryn Braun Faculty collaborators: Ana Zir (COA)</td>
</tr>
<tr>
<td>NAPIS Implementation Project</td>
<td>05/01/96-06/30/99</td>
<td>$124,000</td>
<td>Executive Office on Aging</td>
<td>To provide technical assistance to state and county offices on aging, develop and implement databases for client tracking and resource management, and develop web pages and other educational resources for Hawaii seniors and care providers.</td>
<td>PI: Kathryn Braun (PH); Faculty Collaborators: Anne Hartnett (COA)</td>
</tr>
<tr>
<td>EOA Data Software Support</td>
<td>3/01/99-09/30/99</td>
<td>$136,426</td>
<td>Executive Office on Aging</td>
<td>To provide technical assistance to state and county offices on aging, develop and implement databases for client tracking and resource management, and develop web pages and other educational resources for Hawaii seniors and care providers.</td>
<td>PI: Kathryn Braun Faculty Collaborators: Anne Hartnett</td>
</tr>
<tr>
<td>Governor's Conference on Health &amp; Wellness Tourism for Japanese Senior Market-Seminar on Gerontology</td>
<td>Summer 2000</td>
<td>$33,801</td>
<td>Senior Renaissance Foundation</td>
<td>To provide lectures on various aspects of aging for Japanese senior volunteers and provide a forum to discuss strategies and promote health tourism in Hawaii that will be rewarding for elderly visitors from Japan.</td>
<td>PI: Harumi Karel (COA), Faculty Collaborators: other COA staff, Mitsuo Aoki (Religion), Abe Arkoff (Psych), Pat Blanchette (Med), Colette Browne (SW), Harvey Gochros (SW),</td>
</tr>
<tr>
<td>Project Description</td>
<td>Start Date</td>
<td>End Date</td>
<td>Funding Agency</td>
<td>Principal Investigator (PI)</td>
<td>Faculty Collaborators</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
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<td>----------</td>
<td>----------------------</td>
<td>-----------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Study Meeting on Health Care Management for an Aging Society</td>
<td>Dec-01</td>
<td>$2,000</td>
<td>Asian Productivity Organization</td>
<td>To assist the Japan Institute of Management Science (JAIMS) in facilitating the Study Meeting on Health Care Management for Aging Society sponsored by the Asia Productivity Organization (APO) and the DBEDT. Participants came from 13 Asian and Pacific countries.</td>
<td>PI: Harumi Karel (PH); Faculty Collaborators: Kathryn Braun (PH), Colette Browne (SW)</td>
</tr>
<tr>
<td>Self-Determination (4-36269)</td>
<td>11/01/01-10/31/02</td>
<td>$59,000</td>
<td>Executive Office on Aging</td>
<td>To assess consumer and provider responses to a cash and counseling model of service provision (paying seniors/families directly to buy services they need)</td>
<td>PI: Kathryn Braun (PH); Faculty Collaborators: Stacy Terashita (COA)</td>
</tr>
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<td>Kupuna Health year 3 Hoʻola Hou – Promoting Health Among Native Hawaiian Kupuna (4-34724)</td>
<td>02/01/97-07/31/98</td>
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<td>01/01/99-04/30/02</td>
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<td>Executive Office on Aging Robert Wood</td>
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| 09/01/96 - 09/01/97| $9,993  | DHHS-AHCPR                                        | Pi: Kathryn Braun  
Student  
Collaborators: Reiko Kayashima |
| 01/15/97 - 03/31/98| $27,711 | Hawaii Community Foundation                      | Pi: Kathryn Braun  
Student  
Collaborators:  
Robin Oliver  
Andrew Hartnett  
Theresa Pang  
Aileen Uchida  
Lei Pascual-Almazon |
| 06/01/98 - 04/30/99| $6,000  | DHHS/DOH                                          | Pi: Kathryn Braun  
Student  
Collaborators: Helen Kwah |
| 05/12/98 - 01/31/99| $14,717 | REHAB Hospital                                    | Pi: Kathryn Braun  
Student  
Collaborators:  
Barudi  
Mosimaneotsue  
Anoumane Camarra |
| 03/01/97 - 12/31/97| $20,959 | REHAB Hospital                                    | Pi: Kathryn Braun  
Student  
Collaborators:  
April Bogart  
Eddie Oh  
Gayle Phillips |
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<td>Sr. Prescription Drug Information and Outreach</td>
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<td>Chamber of Commerce of Honolulu</td>
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<td>Secondary Data Analysis on the “Baby Boomers”</td>
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<td>11/01/99-02/28/01</td>
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<td>with Minority Groups to Improve End-of-life Care (4-35261)</td>
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<td>Education to Improve End-of-Life Care (3-90399)</td>
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<td>Annenberg Fdn, CS Associates, Simon &amp; Schuster Corp, Corp for Public Broadcasting Pearson Royalty</td>
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<td>$2,679,450</td>
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98 balance available: $77,032
Appendix G. Letters of Support
Letters of Support

Letters of support from selected agencies representing government agencies, the Hawaiian community, non-profit agencies, and educational institutions from which we receive funding, collaborate with in research activities, to which we provide technical assistance or training for workforce development, and engage with in lifelong learning and community service.

1. WorkHawaii/Oahu WorkLinks, City and County of Honolulu - Rolanse Crisafulli
2. Workforce Development Division, Department of Labor and Industrial Relations - Elaine Young
3. Department of Business and Economic Development & Tourism - Dennis Ling
4. AARP Hawaii - Mae Mendelson
5. Hawaii Medical Services Association - Cliff Cisco
6. Kauai County Agency on Elderly Affairs - Ludvina K. Takahashi
7. Assisted Living Options Hawaii - Cullen Hayashida
8. Honolulu Gerontology Program - Doug Kreider
9. Alu Like, Kumu Kahi Elderly Services Department - Liana Pang-Tamura
10. Outreach College - Carolyn Okinaga
11. Osher Institute of Lifelong Learning - Rebecca Goodman
12. Executive Office on Aging - Pat Sasaki
13. Elderly Affairs Division, City and County of Honolulu - Karen Miyake
14. Hawaii County Office on Aging - Alan Parker
15. Maui County Office on Aging - John Tomoso