

House District 26

Senate District 11

THE TWENTY-SIXTH LEGISLATURE
HAWAII STATE LEGISLATURE
APPLICATION FOR GRANTS & SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES

Log No: 59-0

For Legislature's Use Only

Type of Grant or Subsidy Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN):

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN):

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

Kula no na Po'e Hawaii
Dbas:

Street Address: 2150 TANTALUS DRIVE , HONOLULU, HI 96813

Mailing Address: 2150 TANTALUS DRIVE , HONOLULU, HI 96813

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name ADRIENNE DILLARD, MSW, LSW,

Title EXECUTIVE DIRECTOR

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3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION
- FOR PROFIT CORPORATION
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

Kawaihonaakealoha, "respectfully submitted with love" Papakolea Kupuna Service Project permitting residents to safely "age in place" while remaining in their homestead community. This third phase will focus on building the community's capacity to take a leading role in case management to plan and provide access to programs that address health, social services and housing challenges.

4. FEDERAL TAX ID #: [REDACTED]

5. STATE TAX ID #: [REDACTED]

7. AMOUNT OF STATE FUNDS REQUESTED:

FY 2012-2013: \$ 797,400

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$797,400

FEDERAL \$ _____

COUNTY \$ _____

PRIVATE/OTHER \$ _____

ADRIENNE DILLARD, MSW, LSW EXECUTIVE DIRECTOR
NAME & TITLE

JANUARY 31, 2012 _____
DATE SIGNED

Application for Grants and Subsidies

This grant-in-aid request as laid forth in this proposal will be the third phase of the program we call Kawaihonaakealoha, “*respectfully submitted with love*” Papakolea Kupuna Service Project implemented to address the inability of kupuna to age safely in place in Papakolea. The goal of Kawaihonaakealoha is to plan and provide access to programs permitting residents to safely “age in place” while remaining in their homestead community. This third phase will focus on building the community’s capacity to take a leading role in case management, expand the university partnerships to more disciplines; and improve the usefulness of the Gideon Case Management system, which is the data tracking system for the Papakolea Community Center.

I. Background and Summary

Background

Kula no na Po'e Hawai'i (KNNPH) is a 501(c)3 community-based non-profit organization established in 1992 to provide educational activities for residents of all ages in the Hawaiian Homestead communities of Papakōlea, Kewalo, and Kalawahine¹. Over the years, the educational vision has broadened to include a focus on the importance of healthy living. KNNPH has extensive experience in collaborating effectively with university departments to provide services to residents of Papakōlea over the past 17 years.

KNNPH is committed to improving the health of its community members, through culturally appropriate and community acceptable processes. For the past 18 years, KNNPH has been very successful in addressing the health needs of the Papakolea community. One of our programs has been the Na Lomilomi O Papakōlea program. This project provides lomilomi (Hawaiian massage) to community members one evening a week. Kumu Ethel Mau, an experienced practitioner who has educated individuals throughout the island in traditional Hawaiian practices, is principally involved in conducting the lomilomi sessions and providing training to community members. Na Lomilomi O Papakolea has provided services to stroke victims, diabetics, amputees, and others with common and rare medical conditions for over 12 years. This is one example of a self-sustaining project KNNPH has supported for its community members.

In 2007, Kawaihonaakealoha, “*respectfully submitted with love*,” a community-planning project began in our community. Initially, phase one sought to identify and address the health and safety needs of our kupuna (residents 55 years and older) in the communities of Papakolea, Kewalo, and Kalawahine (collectively referred to hereafter as Papakolea), however, in the process of addressing this population, we determined moving forward requires and would provide greater impact by lowering the age of our target population to 45 and older. The goal of Kawaihonaakealoha is to plan and provide access to programs permitting residents to safely “age in place” while remaining in their homestead community.

¹ Papakolea, Kewalo and Kalawahine are neighboring homesteads that are jointly referred to as “Papakolea”.

The Kawaihonaakealoha Kupuna Service Project is now in the 3rd year of funding through the Administration of Native Americans, Office of Hawaiian Affairs and other sources. In this year, there is an increased effort to provide case management services in the areas of health, housing and social services. The project has been successful to date in addressing the most prevalent needs of kupuna, fire safety, access to health services, fall prevention, and minor housing repair to address access issues. However, it is quite apparent that service can be improved to begin the intervention to address health, social service and housing issues at a younger age; increasing involvement of community residents in the case management teams; and improving the usefulness of the Gideon Case Management system, for greater impact on the ability of kupuna “to age safely in place”. We recognize that for optimum service to kupuna, there needs to be further efforts to build the community capacity by increasing the number of community members participating in this project. Therefore, grant is sought to build community capacity and address the lessons learned to date:

1. In Papakolea, case management and primary prevention needs to start earlier than 55. Our initial emphasis was addressing kupuna “aging safely in place”, and there is need to expand this focus (as it may not always be possible for kupuna to remain in community). Pursuing this path will allow exploration on community becoming “ohana” for kupuna to remain connected and safe. Additionally, not only have we received numerous inquiries for program participation from residents that did not meet the age requirement, this past year the community lost a number of residents in the 40’s and early 50’s to chronic disease. This suggests geriatric health issues may emerge in Hawaiians as young as the mid 30s. Phase III of the project should at least begin with providing services for residents at 45.
2. A great number of our kupuna are insured by managed care systems. The traditional medical/disease model of managed care is counter-productive because it saves money when doctors don’t see patients because they are assumed to be “healthy.” A community such as Papakolea, is not classified as Medically Underserved due primarily to its urban location, can provide the necessary navigation to services required by its residents to impact access and acceptability of service provision.
3. Case management services need to be provided for longer periods allowing consistent engagement and support services to keep people on task. This includes employing formal support groups, informal opportunities for health education, and non-health focused activities to build bonds that are tied to common cultural and social values providing gateways to opportunities to address health issues. We have seen community residents being engaged and retained in programs when there is a trusted community person providing outreach and facilitating service delivery.
4. In our efforts to address health disparities in Papakolea, we have learned that people in a community can help each other to stay on track. Furthermore, community members are needed to anchor this project. Initially, we had one Community Health and Wellness Coordinator position to support students in engaging community members. However, we see the need to have a number of Community Wellness Advocates that can work with students to navigate to health and social service delivery.

Many of the residents seek services at the community center because they know and trust the people at the center. This trust provides the gateway to access to the services they would not otherwise seek or may have problems accessing. The current team concept employs the skills of each team member to engage the residents by meeting them where they are. This approach has proven to be successful in our limited use and requires further time commitment and additional exploration on the skills that are required ongoing to sustain this process ongoing. This past year, kupuna have been asked to understand the concepts being used have been able to understand the need to deploy of number of individuals to assist them and all embraced this team concept, with each kupuna being a primary member of “their team”. One of greatest lessons has been the time commitment required for each case to be handled to a point of temporary closure.

5. The work on this project has led us to believe that it is possible to reach people who are not going to the doctor through services they do use. Many of the kupuna have been engaged through seeking housing or social service support, which has afforded us the opportunity to assist with health related issues. There continue to barriers to seeking health services that have gone unaddressed. There are issues of finances and transportation to name a few that were encountered. Once these social and financial issues were alleviated, there were improved healthcare seeking behaviors of kupuna.

There continues to be a need to understand the barriers and how the can be eliminated for access of services, from the experience of the of the phase II of this project it appears that the number of people with insurance is high, but the percentage of them going to the doctor is low. Additionally, our assumption that families are aware of basic support systems available was proven incorrect. Therefore, there is a need to continue our work in ensuring that there is a process for continued education on available resources.

6. In many kupuna homes, psychological and behavioral issues exist that need special attention and that requires time. Addressing kupuna issues will include family systems that have been broken in many instances. Based on cases encountered additional work and resources are needed to address systems of care issues that surfaced during Phase II:
7. The Gideon case management system (web-based data system) is not adequate to meet the data collection and report requirements in its current configuration. The system needs updated programming to be more sophisticated and flexible.

1. Goals and Objectives

The goal of the Kawaihonaakealoha Project is to provide services and support to our kupuna that will allow them to “age safely in place” remaining in their homes with their health, social service and housing needs being met. This third phase has community components, identified through the success of the past three years; continuing on the community momentum, our objectives are: – (1) begin our intervention at a younger age of 45; (2) increase the involvement of residents in the case management teams; (3) improve the usefulness of Gideon to provide better data collection, analysis and reporting;

The project will:

- ❖ Provide needed case management services to kupuna.
- ❖ Develop partnerships to support a community defined case management approach to address physical and environmental findings from Phase II
- ❖ Deliver service-learning curriculum allowing students to learn culturally appropriate care from community
- ❖ Identify accessibility and acceptability issues of health care services not favorable to Native Hawaiian communities
- ❖ Increase community capacity to lead case management system by training Community Wellness Advocates

This project will build on the case management program created over the past three years with funding from the Administration of Native Americans in partnership with the University of Hawaii (UH), School of Social Work, UH School of Nursing and Hawaii Pacific University Social Work Department. Kawaihonaakealoha began in 2007 as a community-planning project to identify and address the health and safety needs of residents 55 years and older in the Papakolea communities.

This third phase will focus on building the community's capacity to take a leading role in case management, expand the university partnerships to more disciplines; and improve the usefulness of the Gideon Case Management system, which is the data tracking system for the Papakolea Community Center. This phase is focused on updating systems within community that will allow the community to continue to explore innovative ways to integrate knowledge of Native Hawaiian beliefs with special attention to health and wellness, and community building. There is a continued need to improve disparate health conditions and well being of Native Hawaiians and restore a sense of '*pono*' through collaborative efforts in the community of Papakolea.

3. Public Purpose and Need to be Served

Our state's health mission is to protect and improve the health and environment for all people in Hawai'i. The guiding philosophy is that optimal state of physical, mental, social and environmental well-being, is a right and responsibility of all of Hawaii's people. Our project goals are similar:

- Promote health and well-being
- Prevent disease and injury
- Promote healthy lifestyles and workplaces
- Promote the strength and integrity of families and communities

Native Hawaiians have severe health problems and the shortest life expectancy of any ethnic group in the country. Accessibility and acceptability of health care services have not been favorable to Native Hawaiian communities. We view a definition of health that is a holistic approach including physical, emotional, mental and spiritual health. This program will embrace traditional and western practices with increased accessibility through community access and

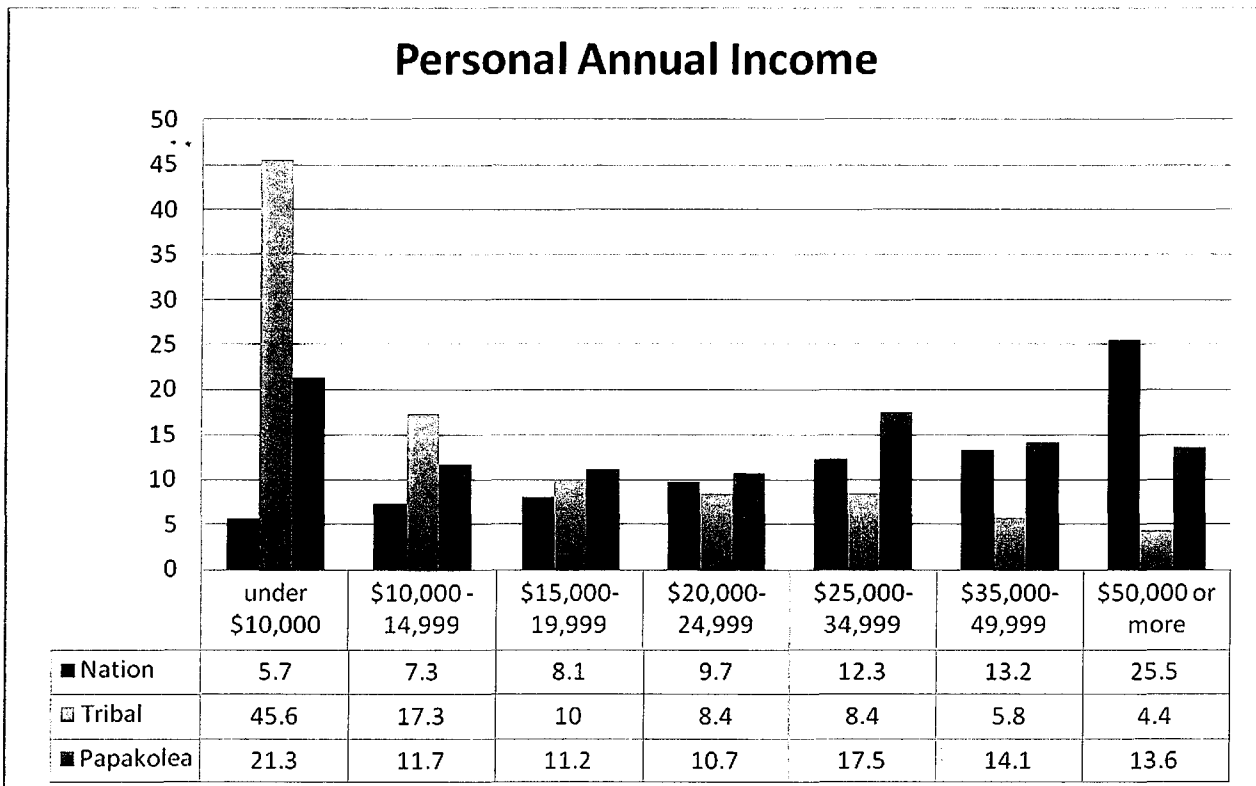
prevention education, and allow community to train physicians on providing care in a culturally sensitive manner.

Papakōlea health statistics are similar to those in other Native Hawaiian communities despite its urban location. Although socio-economic indicators may be significantly better than in other Native Hawaiian communities there has not been a proportionate improvement in healthcare statistics. For various reasons, many Native Hawaiians do not embrace allopathic medicine or may prefer traditional to western medicine, and may view hospitals solely as places for dying.

In July 2007, we began a survey of the kupuna in Papakolea in conjunction with the National Resource Center on Native American Aging (NRCNAA). By joining with NRCNAA, we were able to use a standardized survey instrument and become part of a longitudinal survey of natives across the United States. The survey was distributed to all 422 homes. Data collection took place over a six-month period and included face-to-face interviews with kupuna.

We received 240 surveys from 33% of the homes in our community. Ninety percent of the respondents to the survey were Native Hawaiian and 10% were non-Hawaiian. The majority of respondents were female (65%). Forty-three percent were married or living with a partner and 35% were widowed.

The following tables provide more detailed data about the kupuna target by this project. Some of data includes comparisons to other native peoples and the nation as a whole based on the findings of the NRCNAA national survey of kupuna.



The age of respondents for <u>our community</u>	
55 to 59 years	28.3%
60 to 69 years	35.2%
70 to 79 years	22.7%
80 and over	13.7%

Leading chronic diseases:

The top chronic diseases found among our kupuna were high blood pressure, arthritis, diabetes, depression and osteoporosis. Each of these lead to limitations on peoples' ability to take care of themselves and each are diseases for which treatments that make a difference are available. Nutritional care is particularly important for high blood pressure, diabetes and osteoporosis

Five most common chronic diseases in <u>our community</u> for persons 55 and over	
High blood pressure	56.7%
Arthritis	30.8%
Diabetes	25.8%
Cataracts	16.7%
Asthma	15.0%

Disparities between our community and the nation provide us information on specific diseases for which our people appear to be at greater risk than others in the nation are. This information assists in identifying diseases where others have had greater success with health promotion efforts and where we should be able to make significant improvements in health status for our kupuna. The following table presents these diseases.

Chronic diseases with higher rates than the nation		
	<u>Our community</u>	Nation
Cervical Cancer	4.5%	0.3%
Breast Cancer	4.6%	2.7%
Osteoporosis	7.1%	4.6%
Stroke	7.9%	6.6%
Congestive heart failure	9.2%	7.3%
Asthma	15%	12.1%
Diabetes	25.8%	16.8%

Functional Limitations

Functional limitations serve as the basis for establishing informal or formal need for care. Functional limitations are defined in terms of Activities of Daily Living that include bathing, dressing, getting in or out of bed, walking and using the toilet. One's ability to manage each of

these is essential for self-care. The following table shows our people are significantly less likely to report such needs for assistance.

Activities of Daily Living: Our Community and the Nation		
	Our Community	Nation
Bathing	8.8%	36.8%
Dressing	7.1%	15.8%
Eating	6.3%	8.1%
Getting in or out of bed	9.2%	22.1%
Walking	20%	33.7%
Using the Toilet	5%	22.8%

Similarly, IADLs or Instrumental Activities of Daily Living serve as indicators of a need for assistance with task required for living safely in one's home, This includes meal preparation, shopping, money management, telephone use, heavy and light housework and getting outside of the home. With the exception of meal preparation, our community's kupuna reported fewer IADL limitations than the nation. This may be due to the relatively young age of our kupuna compared to the nation.

Instrumental Activities of Daily Living: Our Community and the Nation		
	Our Community	Nation
Meal preparation	12.1%	19.7%
Shopping	11.7%	34.8%
Money management	8.8%	17.9%
Use of telephone	5.8%	9.6%
Heavy housework	18.3%	51.6%
Light housework	10%	17.0%
Getting outside	7.1%	44.2%

The measure of need for long term care contains four levels of limitation; little or none, moderate, moderately severe and severe – each reflecting differing levels of need and eligibility for care. Although our kupuna are relatively independent, they are also relatively young. The following table contains the percentages at each level for our community and the nation.

Levels of Functional Limitation: A Measure of Need for Long Term Care		
	Our Community	Nation
Little or none	75%	44.9%
Moderate	11.3%	21.5%
Moderately Severe	5%	9.2%
Severe	8%	24.5%

Poverty level figures provide another indication of need in Papakōlea. About 20% of the residents have income below the poverty level according to the Census. In contrast, the figure

for the county as a whole is 10%. About 41% of the families have an annual family income below \$50,000. Given the large family size, it is clear that free programs and services are important for this neighborhood.

These figures are highlighted because they demonstrate that Papakōlea residents must stretch their money to cover the basic essentials and things such as recreation, health care, educational activities, and economic development tend to suffer. Having free and low-cost programs offered in their community significantly improves the quality of life and opportunities for advancement for these residents. While Papakolea is located in the heart of the Honolulu urban area, it is still not easy for many residents (especially those with low incomes or limited disposable income) to take advantage of programs and services outside their neighborhood.

Because of this project, kupuna and their families will have improved access to resource information and services and community would have accomplished our goal of leading a community defined case management approach to address physical and environmental needs. By delivering a service-learning curriculum allowing students to learn culturally appropriate care from community to provide needed case management services to kupuna. Updating our data collection system will support our services that will allow us to deploy Community Wellness Advocates, we expect:

- ❖ Improved health outcomes for kupuna in Papakolea;
- ❖ A community led case management approach to address health, social services and environmental needs;
- ❖ Increased number of university students receiving service-learning curriculum that allows students to learn culturally appropriate care from community; and
- ❖ Community based partnerships for addressing health disparities issues for the Native Hawaiian population.

4. Target Population

Residents 45 years and older in the communities of Papakolea, Kewalo, and Kalawahine

5. Geographic Area Served the Request

Papakolea, covering an area of approximately 136 acres, is located on the island of Oahu at the heart of its urban core, in the city of Honolulu. The boundaries of our community are Kaululaau Street to the north; Hiilani Street to the west; Kalawahine Place to the east; and Anianiku and Auwaiolimu to the south.

We are a unique Native Hawaiian homestead settlement that was established in 1934 under the Hawaiian Homes Commission Act, 1921², before Hawai'i became a state. As the only urban Hawaiian Homestead in the State, Papakolea is densely populated with a significant

² In 1921, the federal government of the United States set aside as **Hawaiian Homelands** approximately 200,000 acres (809 km²) in the Territory of Hawaii as a land trust for homesteading by Native Hawaiians. The law mandating this, passed by the U.S. Congress on July 9, 1921, was called the **Hawaiian Homes Commission Act (HHCA)** and, with amendments, is still in effect today.

aging population. Papakolea has the highest proportion of Native Hawaiians with some of the lowest incomes.

Located at the foothills of a major mountain range, the majority of our homes are built against the hillside and many homes are built on wooden stilts. In this community, it is common for homes to have to access stairways of 30-50 steps. The land is continually shifting because of earth tremors and heavy rains.

The Papakōlea Park/Community Center is located at 2150 Tantalus Drive in Papakolea. The community center is open to anyone and the programs are open to all. The primary users of the community center come from the surrounding neighborhoods of Papakōlea, Tantalus, Kewalo, Kalawahine, Pauoa, Downtown Honolulu, and Makiki.

II. Service Summary and Outcomes

1. Scope of Work, Tasks, and Responsibility

Scope of Work –

- a) Expand case management community outreach to include age 45 and up to increase enrollment in case management program.
- b) Recruit, hire and train community members for Community Wellness Advocate positions.
- c) Update Gideon data system to provide better data collection, analysis and reporting capacity.

2. Timeline for Results

Tasks	DESCRIPTION	DUE DATE	RESPONSIBLE
Recruit, Hire Community Wellness Advocates	Outreach to community members for position	Month 1	Executive Director
Develop Training Materials	Partner with UH School of Social Work to Develop training materials	Month 1-2	Executive Director
Conduct Training	Training Community Wellness Advocates	Month 3-4	ED, Health & Wellness Coordinator
Outreach to kupuna	Outreach to kupuna for program participation	Ongoing	Community Health & Wellness Coordinator
Conduct Case Management	Intake and provide services to target population	Ongoing	Community Wellness Advocates
Track Data	Enter all data into Gideon case management system	Ongoing	Data Entry Clerk
Coordinate all logistics for meetings, trainings, etc	Coordinate and schedules all requests for trainings and meetings	On-going	Administrative Assistant
Accounts Payable & Receivables	Process all invoices and bill payments	On-going	Book-keeper

Complete all reports	Ensure all reporting requirements met	On-going	Grants Administrator
Seek additional funding	Complete grant proposals for additional fundings	On-going	Executive Director
System Update Project Documentation	Requirement, Specification, & Design Documentation	Completed	Consultant
Candidate Prototype	Initial input and output prototype based upon specification and design documentation	Month 1	Consultant
Final Prototype	Final version of prototype for input and output.	Month 1	Consultant
System Phase 1	Phase 1 of system to update Member Operations modules	Month 2	Consultant and team
System Phase 2	Phase 2 of system to update Program Operations modules	Month 2	Consultant and team
System Phase 3	Phase 3 of system to update Tracking Operations modules	Month 3	Consultant and team
System Phase 4	Phase 4 of system to update remaining operations	Month 3	Consultant and team
System Alpha Version	Completed version of system ready for In-House Testing	Month 4 – 6	Consultant and team
System Beta Version	Completed Version of system ready for User Testing	Month 4 - 6	Consultant and team
User Testing	User Testing	Month 4 -12	Team
System Version 2.0	Completed Version of system ready for production setting	Month 4	Consultant and team
Product Manual	Final version of product manual matching Version 2.0	Month 4	Consultant and team
Training Phase 1	Data entry training of Papakolea staff and volunteers	Month 6 – 12	Project Coordinator and IT Analyst
Training Phase 2	Training organization leaders – reports	Month 6 -8	Project Coordinator and IT Analyst
Procedure Documentation	Implementation for various community organization	Month 8 -12	Project Coordinator and IT Analyst

3. Quality Assurance and Evaluation

Contracted professionals from the University of Hawaii, Department of Psychiatry, will lead the evaluation of the program. The department staff has enjoyed a long-standing relationship with community, by developing and presenting community-based academic partnerships, improving primary and post-secondary education at the local and national levels.

Primarily, our evaluation will speak to the how the kupuna are impacted by case management services, number of partnerships formed, and how resources were leveraged through other funding agencies and partnerships. In addition, for each objective, the evaluation technique is clearly stated, measurable, and can be replicated (to determine the generalizability of the outcome under different circumstances). In all cases, the evaluation of the objective will be thorough, accurate, feasible, timely, and appropriate given the circumstances of the kupuna, students, and community members.

Formative evaluations will occur throughout the program, and summative evaluations will occur annually.

Qualitative and quantitative instruments will be identified/developed and implemented, the majority in conjunction with the Community Advisory Committee. In order to analyze the data appropriately, personally identifiable information will be obtained. However, these identifiers will be kept strictly confidential by storing them in a locked cabinet, and coded identifiers will be used to increase participation rates and response candidness. Only aggregate results will be reported and disseminated.

The main analysis of the data will entail utilizing a mixed analysis of variance (ANOVA) design, with one nested factor of location and two repeated measures factors of time (pre vs. post).

Two important questions will be answered by this design:

- Did the Case Management Team cultural competencies significantly change between the pre- and post-tests?
- Did the Case Management Team's cultural competence change between the pre- and post-tests, as a function of either the curriculum training and/or as a function of the application of case management to the kupuna (i.e., subtest)?
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- Were there significant differences in elder satisfaction on related issues when additional support was made available emphasizing the importance of community case management when compared over time (pre versus post)?
- Community Wellness Advocates – Community members trained to lead case management teams.
- Student qualitative evaluation: At the end of the Year 3, the results of conducted focus group will report on findings from students on the advantages and disadvantages of learning cultural competency from the community.

KNNPH will also follow the Performance Improvement Methodology of Plan, Do, Check and Act (PDCA). This has worked well in organizations with interdisciplinary staff, and will allow employees at all levels to identify opportunities for improvement, select appropriate interdisciplinary team members, assemble current knowledge, document a plan, identify areas for improvement and monitor progress.

4. Measures of Effectiveness

Impact Indicators	Relationship to Project Goal	Tracking System, Target Number
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<p>1. Number of kupuna participating in programs or utilizing services</p>	<p>This project requires that services and programs provided are utilized by kupuna in the community.</p>	<p># of kupuna participating/utilizing health related services/programs (25)</p> <p># of kupuna participating/utilizing environmental safety related services/programs (25)</p> <p># of kupuna participating/utilizing social services/programs (25)</p> <p># of kupuna utilizing case management teams (50)</p>
<p>2. Number of Academic Partnerships formed</p>	<p>This project requires partnerships especially in, but not limited to, the areas of health, environmental safety, and social services in order to meet the needs of the kupuna in the community.</p>	<p># new partnerships (at least 3 partners)</p> <p># expanded partnerships (at least 3 expanded relationships)</p>
<p>3. Number of Community Health and Wellness Advocates Trained</p>	<p>This project requires community residents with healthcare backgrounds to be trained as Community Wellness Advocates</p>	<p># community members recruited (6)</p> <p># community members enrolled in training program (6_)</p> <p># community members who attend and completed the training(4_)</p>
<p>4. Gideon Case Management System updated</p>	<p>Requires system be modified to capture case management information .</p>	<p># of system modifications</p> <p># of</p> <p># reports completed</p>

		# kupuna cases in system (50)
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III. Financial

1. Budget attached – the budget amount requested is \$797,400
2. Quarterly Funding requests.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
\$300,000.	\$165,800	\$265,800.	\$65,800

3. All other funding sources to be requested.
 - a. Office of Hawaiian Affairs
 - b. Department of Hawaiian Home Lands
 - c. Native Hawaiian Education Act
 - d. Hawaii Community Foundation
 - e. Department of Health and Human Services Administration for Native Americans
 - f. Office on Aging
4. Not applicable - no federal state and federal tax credits have been provided within the prior three years. This is not a capital project, no tax credits applicable.

IV. Experience and Capability

A. Necessary Skills and Experience

Kula no na Po’e Hawaii (KNNPH) and Papakōlea Community Development (PCDC) will partner to lead this project. Each has extensive experience in collaborating effectively with university departments to provide services to residents of Papakōlea over the past 18 years.

KNNPH has had a five-year partnership with the University Of Hawaii Department Of Pediatrics teaching community development and cultural competency. KNNPH will take the lead in the development of the community and cultural curriculum and provide oversight throughout the project period. Each brings unique perspectives of effective community development strategies over the last 15 years. Their combined understanding, experience, and extensive knowledge in the healthcare arena within Papakōlea are crucial to project success.

KNNPH provides educational activities for members of the Hawaiian Homestead communities of Papakōlea, Kewalo, and Kalawahine Streamside. A group of concerned community women wanting to improve the educational skills of children in the community and

strengthen relationships between parents and the school system formed KNNPH in 1992. Papakōlea has the highest proportion of Native Hawaiians in urban Honolulu and some of the lowest incomes in Hawaii. Over the years, the educational vision of KNNPH has broadened to offer opportunities and activities that focus not only on education of the community, but also on the importance of healthy living. Selected examples of these programs include wellness clinics, education and social programs for youth on nutrition and exercise, traditional Hawaiian healing classes, literacy fairs, and family strengthening workshops.

KNNPH is committed to improving the health of its community members, through culturally appropriate and community acceptable processes. For the past 15 years, KNNPH has been very successful in addressing the health needs of the Papakolea community. One of our programs has been the Na Lomilomi O Papakōlea program. This project provides lomilomi (Hawaiian massage) to community members one evening a week. Kumu Ethel Mau, an experienced practitioner who has educated individuals throughout the island in traditional Hawaiian practices, is principally involved in conducting the lomilomi sessions and providing training to community members. Na Lomilomi O Papakolea has provided services to stroke victims, diabetics, amputees, and others with common and rare medical conditions for over 15 years. This is one example of a self-sustaining project KNNPH has supported for its community members.

Other examples of successful collaboration programs for community health include Ku'Ike Project (Rise Up for Literacy), a partnership between Abraham Lincoln Elementary School and the John A. Burns School of Medicine, Nou Ke Ola (Life is Yours), a partnership between the University of Hawai'i Department of Pediatrics, and Ask Kauka, a partnership between Ke Ola Mamo and Queen Emma Clinics. KNNPH has been the fiscal sponsor to the F.I.G.H.T Club (Friends Invested In Getting Healthy Together). KNNPH is also an established community partner of the Department of Native Hawaiian Health in the PILI 'Ohana Lifestyle Program, which is a community-based weight-loss intervention project delivered by community peer educators. The most recent health project occurred through a Hawai'i Export Center Ulu Network Grant, which partnered KNNPH with the Queen Emma Clinics. This program's objectives were to provide awareness, prevention, and control of diabetes in youth. These are just a few of the many successful collaborations this organization has had in improving the health of its community members.

The community organizations will enhance partnerships with post-secondary institutions for delivery of a culturally competent community focused service-learning curriculum for a multi-disciplinary case management team (i.e., social worker, nursing, dietary, traditional practitioner, community case management coordinator). Currently, students from multiple disciplines at the University of Hawaii and Hawaii Pacific University have internships in Papakōlea.

KNNPH is governed by a nine member board with a broad range of experience in education, business, community development, corporate operations, non-profit management, and finance while the board provides policy direction and oversight; the staff manages the programs on a daily basis.

Under the direction of KNNPH's Board of Directors, Kawahonaakealoha Kupuna Service Project is guided by the program's Community Advisory Council. They include key program partners and work to support the Executive Directors in implementing the program. They are:

****Community Advisory Council**

The following individuals served as partners on the *Kawahonaakealoha Kupuna Service Project*, providing guidance to the program in the form of an advisory council.

Charlene Akina - *Papakolea community*
Kuhio Asam, MD - *Lunalilo Homes*
Jamie Boyd, PhD - *Windward Community College*
Ipo Enos - *Papakolea community*
Hanakia Tui – *Papakolea community*
Orson Enos – *Papakolea Community Development Corporation*
Mike Fukuda, MSW, LSW - *UH Department of Psychiatry*
J. Keawe‘aimoku Kaholokula, PhD - *JABSOM Department of Native Hawaiian Health*
Martina Kamaka, MD - *JABSOM Department of Native Hawaiian Health*
Palama Lee, PhD – *Queen Liliuokalani Children's Center*
Ethel Mau– *Na Lomilomi o Papakolea*
Noreen Mokuau, DSW– *Ha Kupuna, Native Hawaiian Center on Aging*
Diane Paloma– *The Queens Medical Center*
Alexa Tim– *Honsodor Lumber*
Karen Umemoto, PhD– *UH Department of Urban Regional Planning*
Francis Apoliona - *Department of Hawaiian Home Lands*
Kamomi Anduha-Wong, *Hawaii Pacific University*

Community Partners

The following individuals and organizations provided guidance and expertise in the development of the service-learning program and curriculum.

Martina Kamaka, MD – *JABSOM Department of Native Hawaiian Health*
Ron Matayoshi, MSW – *UH School of Social Work*
Richard Pratt, PhD – *UH Public Administration Program*

Project Advisors

The following individuals provided support and guidance for the Kawahonaakealoha project.

Naleen Andrade, MD– *Board Chair, Queens Health Systems*
Marjorie Mau, MD–*JABSOM Department of Native Hawaiian Health*
Hardy Spoehr– *Papa Ola Lokahi*

B. Facilities

The Papakōlea Park and Full Service Community Center is located at 2150 Tantalus Drive between Iaukea and Krauss Streets. The Center is open Monday through Friday, 9am to 9pm with some exceptions. The office is staffed Monday through Friday, 8am to 5pm. The Center often holds programs on weekends as well. The outdoor recreation areas are accessible 24 hours a day, seven days a week.

The complex includes a covered basket ball court with permanent bleachers, an open air volleyball court, a grassy play area and handicap compliant play structure, two parking areas, and a two-story hall. The hall includes an office, a large open meeting room with capacity for over two hundred, a computer center with nine computers and related equipment, a large game room, a kitchen, and several storage rooms. The entire complex is handicap accessible and ADA compliant. The Center is on the city bus line.

The facility is equipped with a variety of game and sports equipment, audio-visual equipment, tables, chairs, mats, and similar program related equipment. Papakolea Community Development Corporation maintains full property and liability insurance. KNNPH maintains liability insurance and PCDC is an additional insured on policy.

V. Personnel: Project Organization and Staffing

A. Staffing, Qualifications, Supervision, and Training

The project leaders on this project will be Adrienne Dillard, MSW, LSW, Executive Director of Kula no na Po'e Hawaii and Puni Kekauoha, Executive Director, Papakolea Community Development Corporation who served as co-principal investigators on phase II. Both have extensive experience in collaborating effectively with university departments to provide services to residents of Papakolea over the past 15 years. KNNPH will take the lead in the phase III.

KNNPH EXECUTIVE DIRECTOR, ADRIENNE DILLARD 28 year resident of Hawai'i. She has over 20 years of management experience in Healthcare administration. In October 2004, received the Harry and Jeannette Weinberg Foundation's highest honor for outstanding Achievement in Nonprofit Management through their AIM for Excellence Award Program for the work accomplished with the Ho'ola Pono O Papakolea health initiatives. She was also an AIM recipient in 2010, 2008 and 2002, and received an award from the American Association for Planning for Community Planning in 2001. Adrienne is a board member of Empower Oahu and the Hawai'i Alliance for Community Based Economic Development. She was president 2006-2007 of the HPU Social Work and Humans Services Student Organization and a current member of HPU Social Work Community Advisory Committee. She received a Bachelors of Social Work in December 2008, Masters of Social Work, 2010 from Hawaii Pacific University. She is enrolled in the PhD program in Social Welfare at the University of Hawaii, Manoa.

Ms. B. Puni Kekauoha, Executive Director: Born and raised in Papakolea, Oahu, Puni Kekauoha has been a visionary leader in her community since the early 1990's. Puni a Roosevelt graduate is a single mother of one devoted to service in the Hawaiian Homestead of Papakolea and the community at large. She is currently the Executive Director of the Papakolea Community Development Corporation (PCDC), which manages the Papakolea Community Center and Park. PCDC was formed in 1999 to provide the residents of Papakolea with a full range of comprehensive services, including life-long educational experiences, health and wellness services, social services and entrepreneurial opportunities.

An advocate for change, Ms. Kekauoha is a native Hawaiian, born and raised in Papakolea. Ms. Dillard is a non-Hawaiian who has been working in Papakolea for 18 years. Each brings a unique perspective of effective community development strategies over the last 18 years in Papakolea. Their combined understanding and experience within the Papakolea community is crucial to the success of the program. Both serve in key leadership roles and have extensive knowledge in the healthcare arena.

A key member of the case management team will be the Community Health & Wellness Coordinator, Cappy Shea-Solatorio, a community residents. Acknowledging the importance of sustaining relationships within an indigenous community and the sustainability of the program, we plan to hire a qualified community member to train as Community Wellness Advocates. This CWA's will be a key part of the team to ensure cohesiveness in the case management, as paraprofessional students rotate through the community.

Administrative Support Assistant, will be required for the duration of the program, to assist with the clerical and administrative functions of convening and scheduling meetings for the committees, as well other duties to ensure timeliness. Administrator will ensure all grant-reporting requirements are met in a timely manner. This will be a contracted position.

PRIMARY PARTNER:

The partnership with Papakolea Community Development Corporation will be for assistance with curriculum development, community outreach and facility space.

PAPARKOLEA COMMUNITY DEVELOPMENT CORPORATION (PCDC) is a 501(c)3 community-based non-profit organization. FEIN 91-204211 providing services at the Papakolea Community Center and Park located at 2150 Tantalus Drive, Honolulu, Hawaii 96813. Our contact number is (808) 520-8998, fax (808) 520-8995 and email: pcdc@papakolea.org.

Papakolea Community Development Corporation (PCDC) was formed in 1999 to improve the economic, educational, cultural and spiritual well-being of the community through the development of entrepreneurial opportunities, lifelong educational experiences, health and wellness services and intergenerational social services. PCDC accomplishes this by providing residents of the Hawaiian homestead neighborhoods of Papakolea with a full range of comprehensive services at the Papakolea Community Center and Park. In June 2003, PCDC assumed management control of the Center under a 20-year agreement with the Department of Hawaiian Home Lands.

A contractual agreement with Ms. Paula Higuchi, MSW, LSW, co-principal investigator of Kawaihonaakealoha's phase I and II will be completed. Ms. Higuchi serves as supervisor for any Master of Social Work students' practicum. Ms. Higuchi has served in this capacity for KNNPH for the last 6 years, supervising students from the University of Hawaii-Manoa and Hawaii Pacific University. This position will need to be in place over the entire project period.

Utilizing existing relationships, KNNPH Consultant, Mike Fukuda, MSW, LSW, a social worker and Associate Chair with the University of Hawaii John A. Burns Department of Psychiatry will provide in-kind services to this project to assist with the supervision of MSW students and research services. Mr. Fukuda has over 15 years of experience in developing case management curriculum, training, data management and marketing services for community agencies. He is credited with developing the community health outreach project for the Queen Emma Clinics, and the development of a community-based introduction to Native Hawaiian health for the Department of Pediatrics. Both programs have been presented at peer-reviewed international, national, and local academic conferences. He has been a consultant on various KNNPH programs over the past 15 years.

A new partnership is forming with University of Hawaii, School of Social Work, Lynette Pagliniwan, Hawaiian Learning Program to assist in developing the curriculum to train the Community Wellness Advocates. This Community Advocate training will be based upon the Native Hawaiian tradition of "ke ola pono" (Office of Hawaiian Affairs [OHA], 2006, p 97), in which concepts of wellness are congruent with views of holistic health which combines the mental, physical as well as spiritual beliefs and will promote cultural practices in which much of the Native Hawaiian population and Hawaii's community at large do not have access to cultural practices such as ho'oponopono and la'au lapa'au. Furthermore, there will be a focused attempt to incorporate more community cultural practitioners into the project.

B. Organization Chart

The organizational chart below shows the lines of supervision and accountability.

Kawaihonaakealoha
PROJECT ORGANIZATIONAL CHART

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2012 to June 30, 2013)

Applicant: Kula no na Po'e Hawaii

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	337,000			
2. Payroll Taxes & Assessments	67,400			
3. Fringe Benefits	75,000			
TOTAL PERSONNEL COST	479,400			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance	2,500			
3. Lease/Rental of Equipment	3,500			
4. Lease/Rental of Space	24,000			
5. Staff Training	10,000			
6. Supplies	20,000			
7. Telecommunication	10,000			
8. Utilities	0			
9. Contracts/Consultants	145,000			
10. Incentives	25,000			
11. Printing and Publications	24,000			
12. Student Stipends	20,000			
13. Transportation	5,000			
14. Meeting costs	7,500			
15. Membership Dues	1,500			
16. Equipment	20,000			
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	318,000			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	797,400			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	797,400	Adrienne Dillard, MSW, LSW		
(b)		Name (Please type or print)		
(c)		8,085,208,998		
(d)		Phone		
		Date 1/31/12		
TOTAL BUDGET	797,400	Adrienne Dillard, MSW, LSW, Executive Director		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Kula no na Po'e Hawaii

Period: July 1, 2012 to June 30, 2013

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Executive Director	0.8	\$80,000.00	80.00%	\$ 64,000.00
Community Health and Wellness Coordinator	1	\$50,000.00	80.00%	\$ 40,000.00
Administrative Assistant	1	\$36,000.00	100.00%	\$ 36,000.00
Community Wellness Advocate	1	\$36,000.00	100.00%	\$ 36,000.00
Community Wellness Advocate	1	\$36,000.00	100.00%	\$ 36,000.00
Community Wellness Advocate	1	\$36,000.00	100.00%	\$ 36,000.00
Community Wellness Advocate	1	\$36,000.00	100.00%	\$ 36,000.00
Data Entry Clerk	1	\$24,000.00	75.00%	\$ 18,000.00
Book-keeper	0.5	\$30,000.00	50.00%	\$ 15,000.00
Grants Administrator	0.25	\$40,000.00	25.00%	\$ 10,000.00
Webmaster	0.25	\$40,000.00	25.00%	\$ 10,000.00
				\$ -
				\$ -
				\$ -
TOTAL:				337,000.00
JUSTIFICATION/COMMENTS: Personnel costs are to ensure the project deliverables are completed as planned, which includes conducting outreach, coordinating contractors and community partners, coordinating logistics, and gathering and compiling data. Additionally, reviewing and assessing work and submittal progress reports and seeking additional funding.				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Kula no na Po'e Hawaii

Period: July 1, 2012 to June 30, 2013

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Ipads	5.00	\$800.00	\$ 4,000.00	4000
Computers	4	\$2,500.00	\$ 10,000.00	10000
Server	1	\$6,000.00	\$ 6,000.00	6000
			\$ -	
			\$ -	
TOTAL:	10		\$ 20,000.00	20,000
JUSTIFICATION/COMMENTS: <i>Equipment required for program participant training</i>				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION CAPITAL PROJECT DETAILS

Applicant: _____

Period: July 1, 2012 to June 30, 2013

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2010-2011	FY: 2011-2012	FY:2012-2013	FY:2012-2013	FY:2013-2014	FY:2014-2015
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS:						

**DECLARATION STATEMENT
APPLICANTS FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAI'I REVISED STATUTES**

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawai'i Revised Statutes:

- (1) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
- (2) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant or subsidy.

In addition, a grant or subsidy may be made to an organization only if the organization:

- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.

Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

For a grant or subsidy used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant or subsidy was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant or subsidy used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Kula no na Po'e Hawaii

(Typed Name of Individual or Organization)

January 31, 2012

(Date)

Adrienne Dillard, MSW, LSW –
(Typed Name)

Executive Director
(Title)