

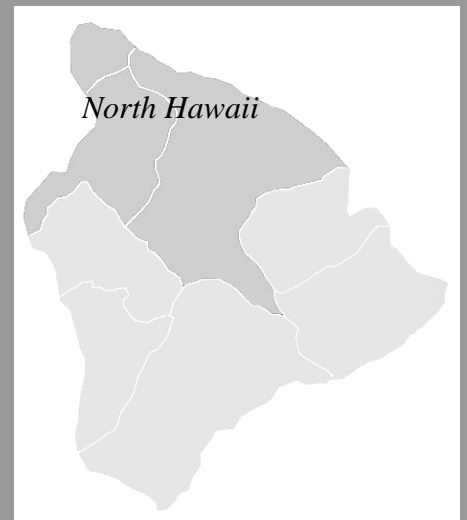


# *North Hawaii Our Healthy Community*

- ❖ Great Sense of Community
- ❖ Great Place to Work
- ❖ Great Place to Raise a Strong Family
- ❖ Great Place to Play
- ❖ Great Place to Heal
- ❖ Great Place to Live

“Community  
Partnerships  
for  
Accelerating  
Improvement”

Kahilu Theatre & Town Hall  
**Waimea, Hawaii**  
**Wednesday, April 25, 2001**



# NORTH HAWAII OUR HEALTHY COMMUNITY

## LEGEND:

- ↑ Improving trend
- ↓ Declining trend
- No significant movement
- No data available
- ★ Exceptional performance
- ☐ Needs attention

### GREAT SENSE OF COMMUNITY

#### Shapes its Future

- ↑ Has common vision
- % local business partners with community

#### Knows Itself

- ★ Conducts annual community health profile

#### Practices Ongoing Dialogue

- ★ Develops community coalitions to improve targeted indicators

#### Connects People & Resources

- ★ Develops resource guides

#### Embraces Diversity

- ★ Develops broad community & stakeholder based coalitions

#### Generates Leadership

- ↑ Facilitates leadership / facilitator training

### GREAT PLACE TO PLAY

- ☐ % Of youth involved in after school activities

### GREAT PLACE TO HEAL

#### Adequate Access to Health Care Needs

- ↓ % Of population uninsured / under insured
- Ratio of population to primary care physicians
- Ratio of population to dental providers
- Ratio of population to mental health providers

#### Screening Services

- ↑ Pap smears
- ↑ Mammograms
- ☐ Colon cancer tests

#### General Well-being

- ★ % Population very good to excellent health

#### Utilization

Admissions per 10,000 "Primary Care Sensitive Conditions"

- ↓ Asthma
- ↑ Congestive heart failure
- Psychiatric

#### Death Rates

- ☐ Motor vehicle accident
- ☐ Suicide
- ☐ Ischemic heart disease
- ☐ Stroke
- Lung cancer
- Breast cancer
- ↑ HIV

#### Behavioral Risk Factors

- % Population body mass index > 30
- ☐ % Population sedentary
- ☐ % Population who smoke
- ☐ % Population meeting nutrition recommendations

#### Satisfaction

- With healthcare system
- With patient-centered care

### GREAT PLACE TO WORK

#### Thriving Diverse Sustainable Economy

- ☐ % Households with a "livable income"

#### Qualified Work Force

- ☐ % Applicants to jobs deemed "qualified"

#### Satisfied Work Force

- 

### GREAT PLACE TO RAISE A STRONG FAMILY

#### Public Safety

- ☐ Juvenile substance abuse related arrests
- ☐ % Students using alcohol or illegal drugs
- ☐ Child abuse rates

#### Education

- ☐ % Of population with high school degree
- ☐ % Of students with severely below average SAT scores
- % Of youth 15-19 years old not in school and not in work
- ☐ % Of children screened for learning differences by age 8

#### Maternal Child Health

- ☐ Teen pregnancy rates
- ☐ % Low birth weight babies
- Infant mortality
- Mortality rate ages 1-17
- ↑ % Adequate prenatal care

### GREAT PLACE TO LIVE

#### A Healthy Sustainable Natural Environment

- Water quality
- Air quality
- Shoreline access
- ☐ Adequate public transportation

# North Hawaii Community Outcomes Forum

## Report Introduction

September 7, 2001

Dear Friends and Colleagues,

Mahalo to all the active participants in the effort to make North Hawaii a great place to live with a great sense of community. Your commitment and work together has already made a difference in our community.

Though it is difficult to capture all of the activities and progress, we hope this years report reflects the sense of collaboration and enthusiasm we have seen. Our goal is to continue to support community health improvement efforts. We hope the data and discussions in this report will help accelerate improvement and support informed community decision-making.

For further information, suggestions, or data you may contact the Outcomes office at 808-887-1945.

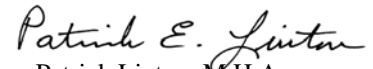
Mahalo,



Sharon Vitousek, M.D.  
North Hawaii Outcomes  
Project Leader



Betsy Cole, Ed.D.  
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Five Mountains Hawaii  
1997 – September 2001



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*shaping  
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**Nā Kuahiwi 'Elima**  
Five Mountains Hawai'i



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## ***Acknowledgements***

Mahalo to all the participating organizations and individuals of the April 25, 2001, *Community Partnerships for Accelerating Improvement*, community forum. Your active participation and enthusiasm is energizing. Mahalo to the panel discussion members: Bob Bonar, Ariadne Luya, Nani Svendsen, Romel Dela Cruz and Kathy Damon, who shared their progress and recommendations to achieve the community vision and improve the community priority indicators.

Mahalo to the facilitators for encouraging active participation: Betsy Cole, Lois-ellin Datta, Donna Brown, Pat Linton and David Tarnas.

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Mahalo to SMS Research for working with us and Department of Health to facilitate data extraction. Mahalo to Lois-ellin Datta for calculating the "Robin Hood Index" as well as extensive review, analysis and advice. Mahalo to our warm and friendly staff, Jeannette Martin, and Diann Hartman, for all their support. Mahalo to Susan Hunt, for surveying www.howsyourhealth.com data. Mahalo to Dr. John Wasson of Dartmouth Medical School for facilitating North Hawaii access to [www.howsyourhealth.com](http://www.howsyourhealth.com). Mahalo to Onie Ward for her artistic contribution to the power point presentation and continued patience with numerous changes. Mahalo to Donna Brown for her invaluable work in clarifying "who are we" by overlapping maps of North Hawaii census, zip, school and judicial districts. A special mahalo to our Project Coordinator, Makani Stevens, for far too many extra hours focusing on the details and always with a spirit of aloha. And finally, mahalo to Earl Bakken for inspiring and facilitating this work!

Aloha,

*Sharon Vitousek*

Sharon Vitousek, M.D.  
North Hawaii Outcomes Project Leader

*Betsy Cole*

Betsy Cole, Ed.D.  
Executive Director, Five Mountains Hawaii

### ***Disclaimer***

While text, citations and data for the indicators were, to the best of the authors' knowledge, current as the North Hawaii...Our Healthy Community was drafted, there may well have been subsequent development, including recent legislative actions that could alter the information provided herein. This report does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. Nor does this report constitute legal advice. Please notify us if you suspect any possible data errors.

# **Executive Summary**

## **North Hawaii Outcomes Project**

### **2001**

#### **Goals**

The goal of the North Hawaii Outcomes Project (Outcomes Project) is to support existing efforts to improve the health and quality of life in North Hawaii by developing a useful health measurement system to both *track* and *facilitate* improvement. The Outcomes Project is a collaborative, community-based effort sponsored by Five Mountains Hawaii and the Earl and Doris Bakken Foundation, in cooperation with North Hawaii Community Hospital, Tutu's House, and Health Maps, which all have overlapping missions to improve the health in North Hawaii. The Outcomes Project also collaborates with local, county, state, and national organizations, which have overlapping missions.

#### **Assumptions**

One of the key underlying assumptions of the Outcomes Project is a broad definition or "expanded view of health." There is increasing documentation of the "multiple determinants" or influences on individual and population health, well beyond just biology and genes. There is also strong evidence of the influence on health from: education level, social support and cohesion, economic level, environment, mental and spiritual attitudes, and, of course, lifestyle choices or behaviors, and access to quality healthcare, especially primary healthcare. Since most of these influences cut across multiple areas of the community, improving the health of North Hawaii will clearly require community-wide effort and collaboration.

The Outcomes Projects' shared health measurement system or "Community Health Profile" is designed to serve as a tool to help raise awareness, help focus collaborating organizations and individuals on their common goals, mobilize resources and evaluate progress. (See IOM Community Health Improvement cycle on page 11)

#### **"It can be done."**

There is clear evidence from similar community projects across the country that identifying common goals (outcomes) and measuring common targets (indicators) does help motivate and focus community organizations and mobilize resources. Similar efforts have demonstrated effectiveness in other communities. The "Vermont Community Profile Project," the "Maine Development Foundation," and the "Sustainable Seattle" projects are three of the strongest examples demonstrating that a collaborative focus on measuring and tracking priority community indicators does facilitate improvement. (Maine has moved from a 1993 healthiest state ranking of 43 to the 6<sup>th</sup> healthiest state in 2000 and Vermont has moved from 15<sup>th</sup> in 1993 to second in 2000. (See references)

## **What outcomes does North Hawaii want to achieve?**

The ultimate “common vision” for North Hawaii was distilled from 12 community focus groups facilitated by Five Mountains throughout North Hawaii in 1999 and 2000. The *vision* is simple: *North Hawaii is a great place to live, with a great sense of community, and a great place to work and play, raise a strong family, and heal.*

The desired *outcomes* to achieve this vision for the people of North Hawaii are: *healthy people making healthy choices:*

- Newborns, infants, and toddlers will thrive.
- Children will be safe, healthy, and ready to succeed in school.
- Youth will make healthy choices and become resilient and successful adults.
- Adults will have meaningful work with family-sustaining incomes. Businesses will have an adequate workforce.
- Families will live in safe and supportive communities.
- Elders will be respected and integrated into community life.

## **What indicators should the community focus on to accelerate progress toward its vision and desired outcomes?**

To answer this question, a group of 50 people broadly representing the North Hawaii community participated in the first Community Forum in March 2000. The participants reviewed the focus group findings, the community vision, and the North Hawaii Community Health Profile\* compiled by the Outcomes Project. Their selected priorities were consistent with the focus group priorities. These are:

1. Improve educational attainment
2. Increase youth activities
3. Increase the qualified workforce
4. Decrease substance abuse among youth and adults
5. Decrease teen pregnancy
6. Decrease child abuse and domestic violence

Follow-up discussions revealed an underlying common assumption of the clear need to improve economic opportunities in North Hawaii to address the problems of under and over-employment (multiple jobs) which are felt to be a significant underlying source of poor health in North Hawaii.

## **Facilitating Improvement--Engaging the Community to Improve its Priority Indicators**

Following community identification of the priority indicators, the Outcomes Project has distributed nearly 300 copies of a community report “North Hawaii Our Health Community – 2000.” That report includes, the focus group findings, vision, desired outcomes, the Community Health Profile, priority indicators, and the Community Forum discussion of root causes and preliminary strategies for improvement.

The Outcomes Project and Five Mountains Hawaii recognize that many community organizations are already working on improvements in each of the six priority indicators. The

role of the Outcomes Project and Five Mountains in the *improvement* portion is primarily supporting effective use of health outcomes data as well as stimulating and incubating new partnerships by supporting and facilitating further effective collaboration to improve the priority indicators. To promote effective collaboration and community leadership, Five Mountains Hawaii has sponsored leadership/facilitator training including use of the Community Health Improvement Process (a community adaptation of the classic quality improvement cycle) from the Institute of Medicine. (See timeline under Progress Reports)

In 2000, four new community task forces were formed with a focus on increasing youth activities, reducing substance abuse, reducing teen pregnancy and breaking the cycle of domestic violence. Also in 2000, Five Mountains Hawaii worked with existing efforts to increase the qualified workforce in North Hawaii through supporting further collaboration between Hawaii

Community College, Hawaii County Workforce Development, and the Chamber of Commerce. (See “Strategies to Accelerate Improvement” summary sheets under Progress Reports)

In 2001, Five Mountains Hawaii sponsored its second annual Community Forum, which was attended by approximately 150 people representing more than 50 organizations. The second forum focused on reporting progress from the community task forces, and identifying strategies to further accelerate improvement. Four additional collaborations were initiated:

1. Supporting school community partnerships to improve educational attainment
2. Community economic development
3. Improving quality of life for seniors
4. Collaborative regional health planning

Discussions from all of these groups are included under the heading Community Forum 2001.

## **Mobilizing resources**

With assistance from Five Mountains Hawaii and use of North Hawaii Outcomes Project data, significant new dollars have been granted to several North Hawaii organizations to support improvement in the priority indicators. A local foundation has adopted the community selected priority indicators as part of *their* criteria for community grant making. The state Department of Health and the newly formed Hawaii Outcomes Institute have reviewed the North Hawaii Outcomes Project community health profile, selected it as a model for the rest of the state, and will produce a similar profile for other communities in the state in December 2001. Continued collaboration with the Hawaii Outcomes Institute will reduce the cost of data collection and dissemination in North Hawaii and assure availability of ongoing reliable and comparative data. Over the next year, the outcomes project will focus on improving measurement of health-related quality of life and feedback to the community, as well as sustainability and increasing partnerships.

\*The community health profile data was based on core indicators recommended by the Institute of Medicine and obtained from multiple sources including: the state Department of Health vital statistics and Hawaii Health Survey, Department of Education, Department of Health and Human Services, US Census, Police Department, Hawaii Health Information Corporation, and the Hawaii Community College survey of local businesses, and our local health assessment website, [www.howsyourhealth.com](http://www.howsyourhealth.com). The

community health profile showed North Hawaii specific trend data over several years and compared North Hawaii to the rest of the Big Island, the rest of the state, and where available, to national Healthy People 2010 goals.

# AGREED TERMINOLOGY

The definitions below, well described by John Marsh, Director Hawaii Indicators Project, 1/12/00, accurately describe the definitions used in the North Hawaii Community - Outcomes Project.

**Vision** – What we want to create

**Outcome** – A result, a visible effect

**Community** – A specific locality, including its inhabitants

**Community Vision** – What we want to create for our locality

**Community Outcome** – A result for a specific locality.

**Indicator** – A measure that helps quantify the achievement of an outcome

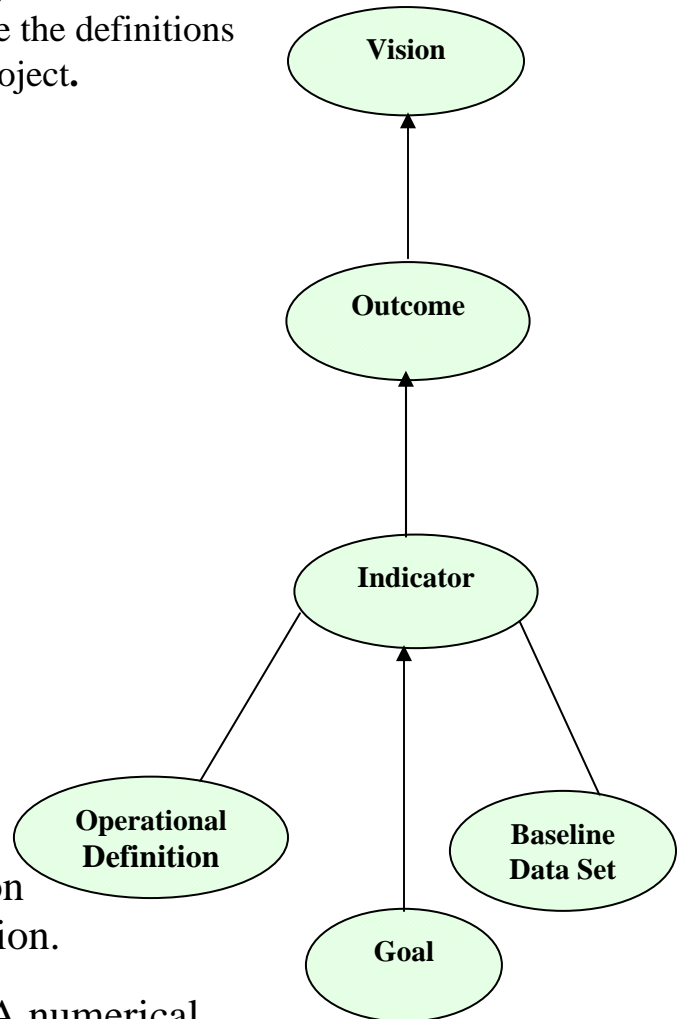
**Operational Definition** – A workable definition agreed by customers and suppliers of information.

**Target** (Milestone or Goal or Benchmark\*) – A numerical objective setting the desired level of achievement for an indicator by a certain date.

**Baseline** – An initial data point, or collection of data points, against which all future data points will be compared in order to determine a trend.

- Note: In business a benchmark is comparative data with best in sector, class, world, etc.

**Relationships** – A vision may comprise many outcomes. Each outcome may comprise many indicators. Each indicator should have one operational definition and one baseline data set. Each indicator may have goals.



# NORTH HAWAII TERMINOLOGY

## VISION

What we want to create

- ✓ Great Sense of Community
- ✓ Great Place to Work
- ✓ Great Place to Raise a Strong Family
- ✓ Great Place to Play
- ✓ Great Place to Heal
- ✓ Great Place to Live

## OUTCOME

A result, a visible effect

- ✓ Newborns, infants, and toddlers thrive.
- ✓ Children are safe, healthy and ready to succeed in school.
- ✓ Youth make healthy choices and become successful adults.
- ✓ Adults have meaningful work, family-sustaining incomes.
- ✓ Families live in safe and supportive communities
- ✓ Elders are respected and integrated into community life.

## INDICATOR

A measure that helps quantify the achievement of an outcome

See Indicator Summary sheet on page one

## PRIORITY INDICATORS

- ✓ % Of population with high school degree
- ✓ % Of youth involved in afterschool activities
- ✓ % Applicants to jobs deemed “qualified”
- ✓ % Students using alcohol or illegal drugs,
- ✓ Juvenile substance abuse related arrests
- ✓ Child abuse rates
- ✓ Teen pregnancy rates

# Healthy Community Principles

These healthy community principles, well summarized by Healthy People in Healthy Communities, also reflect the guiding principles of the North Hawaii Outcomes Project

Communities across the nation are using a variety of change models and planning processes to work together to achieve their vision of improved health. Regardless of the approaches taken to meet their challenges, the following principles are guiding the most successful initiatives.

## A broad definition of “health”

Health is not the absence of disease. Health is defined broadly to include the full range of quality of life issues. It recognizes that most of what creates health is lifestyle – and behavior-related. Other major factors are genetic endowment and the socio-economic, cultural and physical environment. Health is a by-product of a wide array of choices and factors – not the simple result of a medical care intervention.

## A broad definition of “community”

By using as broad a definition as possible of what makes up a community, individuals and partnerships can address their shared issues in the most fruitful way possible. Communities can be based on faith, perspective, land and profession, as well as being determined by geographic lines.

## Shared vision from community values

A community’s vision is the story of its desired future. To be powerful and inspiring, a community’s vision should reflect the core values of its divers members. A vision is not just a statement on the wall – it is a living expression of shared accountability to priorities.

## Address quality of life for everyone

Healthy communities strive to ensure that the basic emotional, physical and spiritual needs of everyone in the community are attended to.

## Diverse citizen participation and widespread community ownership

In healthy communities, all people take active and ongoing responsibility for themselves, their families, their property and their community. A leader’s work is to find common ground among participants so that everyone is empowered to take direct action for health and influence community directions.

## Focus on “systems change”

This is about changing the way people live and work together. It is about how community services are delivered, how information is shared, how local government operates, and how business is conducted. It’s about resource allocation and decision-making, not just “nice” projects.

## Build capacity using local assets and resources

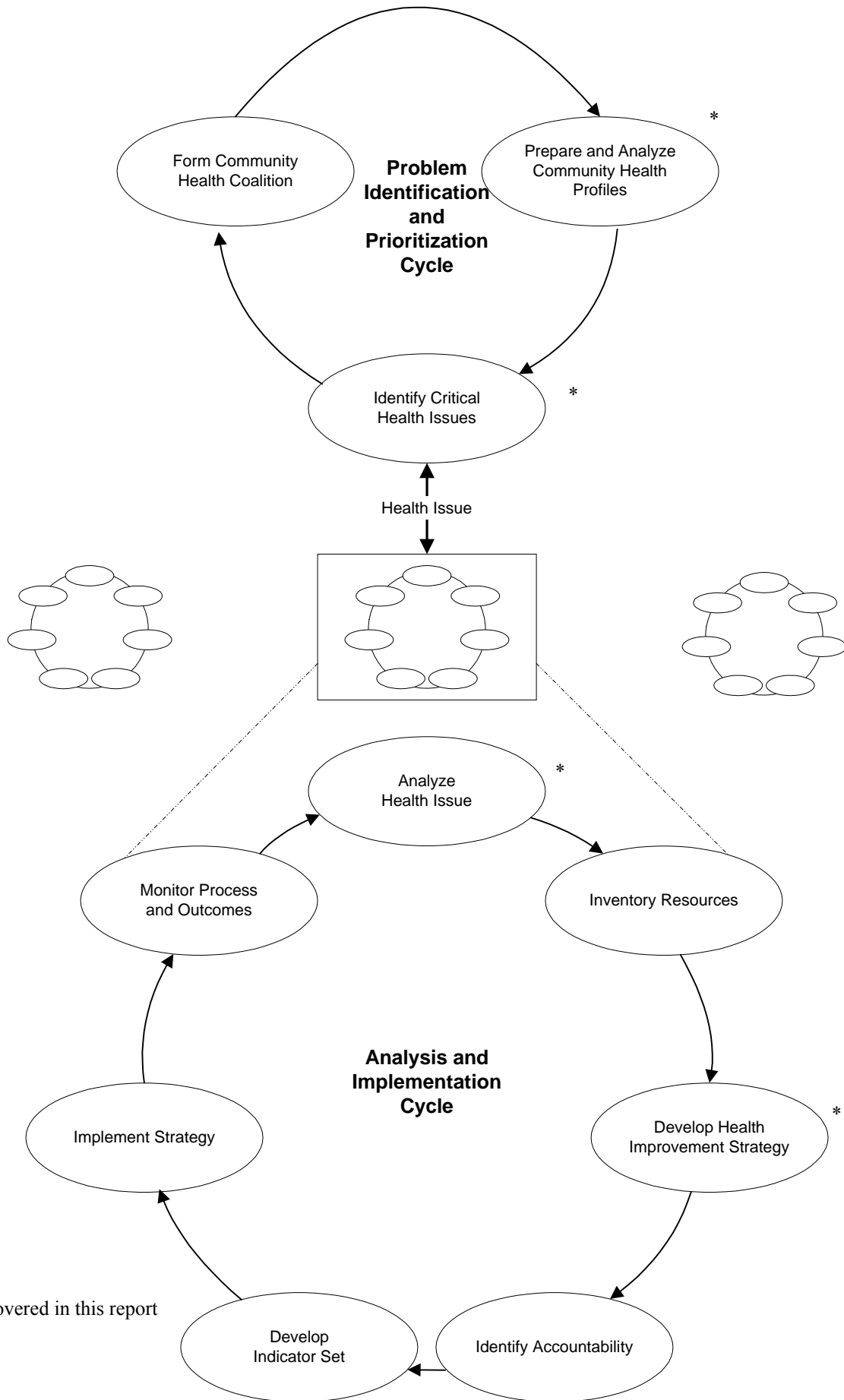
This means starting from existing community strengths and successes and then investing in the enhancement of a community’s “civic infrastructure.” By developing an infrastructure that encourages health, fewer resources will need to be spent on “back end” services that attempt to fix the problems resulting from a weak infrastructure.

## Benchmark and measure progress and outcomes

Healthy communities use performance measures and community indicators to help expand the flow of information and accountability to all citizens, as well as to reveal whether residents are heading toward or away from their stated goals. Timely, accurate information is vital to sustaining long-term community improvement.

*Source: Healthy People in Healthy Communities: Ayre, Clough, Norris*

# Community Health Improvement Process (CHIP)



\* reflects elements covered in this report

## **PROPOSED INDICATORS FOR A COMMUNITY HEALTH PROFILE**

To promote community use of health profiles, the [IOM] committee is proposing a basic set of 25 indicators (see Table 5-1). They provide descriptive information on a community's demographic and socioeconomic characteristics and highlight important aspects of health status and various health determinants, including behavior, factors in the social and physical environments, and health care. Some the indicators include multiple measures within a broader category (e.g., causes of death and incidence of infectious diseases). [For further details see appendix 5A in *Improving the Health of the Community: A Role for Performance Monitoring*].

### **Proposed Indicators for a Community Health Profile**

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#### ***Sociodemographic Characteristics***

1. Distribution of the population by age and race/ethnicity
2. Number and proportion of persons in groups such as migrants, homeless, or the non-English speaking, for whom access to community services and resources may be a concern.
3. Number and proportion of persons aged 25 and older with less than a high school education.
4. Ratio of the number of students graduating from high school to the number of students who entered 9<sup>th</sup> grade three years previously.
5. Median household income.
6. Proportion of children less than 15 years of age living in families at or below the poverty level.
7. Unemployment rate.
8. Number and proportion of single-parent families.
9. Number and proportion of persons without health insurance.

#### ***Health Status***

10. Infant mortality rate by race/ethnicity.
11. Numbers of deaths or age-adjusted death rates for motor vehicle crashes, work-related injuries, suicide, homicide, lung cancer, breast cancer, cardiovascular diseases, and all causes, by age, race, and gender as appropriate.
12. Reported incidence of AIDS, measles, tuberculosis, and primary and secondary syphilis, by age, race and gender as appropriate.
13. Births to adolescents (ages 10-17) as a proportion of total live births.
14. Number and rate of confirmed abuse and neglect cases among children.

### ***Health Risk Factors***

15. Proportion of 2-year-old children who have received all age-appropriate vaccines, as recommended by the Advisory Committee on Immunization Practices.
16. Proportion of adults aged 65 and older who have ever been immunized in the past 12 months for influenza.
17. Proportion of the population who smoke, by age, race and gender as appropriate.
18. Proportion of the population aged 18 and older who are obese.
19. Number and type of U.S. Environmental Protection Agency air quality standards no met.
20. Proportion of assessed rivers, lakes and estuaries, that support beneficial USES (e.g., fishing and swimming approved)

### ***Health Care Resource Consumption***

21. Per capita health care spending for Medicare beneficiaries (the Medicare adjusted average per capita cost [AAPCC])

### ***Functional Status***

22. Proportion of adults reporting that their general health is good to excellent.
23. During the past 30 days, average number of days for which adults report that their physical or mental health was not good.

### ***Quality of Life***

24. Proportion of adults satisfied with the health care system in the community.
25. Proportion of person satisfied with the quality of life in the community.

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## **Selection of Community Health Profile Indicators**

The committee's selection of indicators reflects consideration of several factors. Measures were sought that would be relevant across a broad range of communities. Recognizing the diversity among communities in health needs, priorities, and resources, the committee selected a limited number of indicators that could be expected to be widely applicable. The list draws extensively from the "consensus set" of indicators for assessing community health status (CDC, 1991) that was developed in response to *Healthy People 2000* Objective 22.1. This objective calls for developing a set of health status indicators appropriate for use by federal, state, and local health agencies and implementing them in at least 40 states by the year 2000 (USDHHS, 1991). The committee gave these indicators a high priority because they and *Healthy People 2000* have had an important influence on community health assessment activities since 1991. The committee agreed, however, that the consensus indicates per se were not sufficient to constitute an adequate community health profile.

# FIVE MOUNTAINS HAWAII

## NORTH HAWAII OUTCOMES PROJECT TIMELINE

### YEAR 1999

- 12 Focus Groups convened throughout North Hawaii to discuss “What is a healthy community?”
- Models of community health and quality of life measurement reviewed

### YEAR 2000

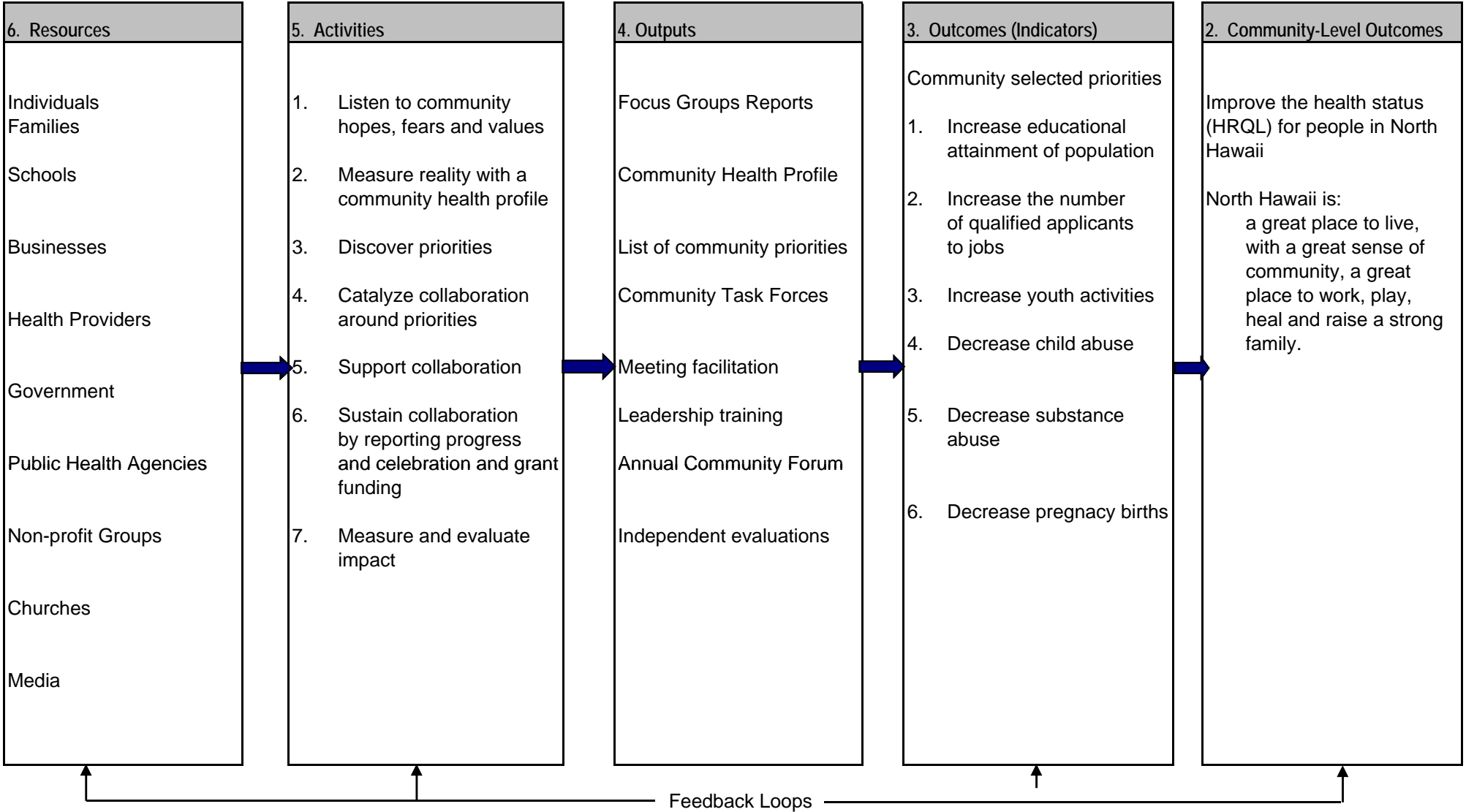
- Community Health Profile compiled using Institute of Medicine model
- Community Forum held March 9, 2000. Community members identified community priority indicators
- Task Force Groups formed to address priorities
- Community meetings held
- Leadership training held
- Facilitation by Five Mountains Hawaii
- Community health data supplied to support community grant applications
- “Our Healthy Community” Report 2000 completed and distributed in community

### YEAR 2001

- Second Community Health Profile compiled
- Second Community Forum held April 25, 2001 - community members identified additional priorities and strategies to accelerate improvement.
- Hawaii Outcomes Institute selects North Hawaii Outcomes Project as state model
- Ongoing community task force work
- Ongoing community meetings
- Focus on improvement of data, display, Community Health Profile and feedback
- Community health data supplied to support community grant applications
- “Our Healthy Community” Report 2001 completed and distributed in community
- Focus on sustainability

Progress on POSSIBLE PROJECTS suggested in 2000	Not Started	Started	Substantial Progress	Done
Inventory existing resources to improve priority indicators & develop phone book "Who do I call when...? which catalogues existing resources			See Ke Kukui	
Task force to solve critical <b>transportation</b> needs - County		✓		
Task force to increase opportunities for <b>diversified youth activities</b>			✓	
Task force to reduce <b>substance abuse</b>				✓
Task force to reduce <b>child abuse</b>				✓
Develop strategies for expanding quality, affordable childcare and parent education			✓	
Support and promote existing <b>mentoring</b> efforts			✓	
Create a " <b>Student Success Center</b> " to improve early detection & effective management of learning differences.				
Support community collaborative effort to <b>reduce teen births</b>			✓	
Follow-up with <b>employers</b> to <b>identify</b> current and projected <b>needs</b> and job requirements - ?		✓		
Collaborate to develop and implement <b>distance learning capacity</b> - HCC		✓		
Develop <b>scholarship fund</b> for local students and adults in collaboration with business and philanthropy		✓		
<b>Community capacity building</b> , Further facilitator/leadership/planning training - HCSC		✓		
Expand community funding base and facilitate collaboration for funding		✓		
Develop <b>volunteer databank</b> - Tutu's House			✓	
Web-based communication link to facilitate communication on community outcomes project				
Four year university in North or West Hawaii		✓		
Community venture capital business to facilitate small business startup	✓			
Follow-up employer survey "qualified " applicants & involvement in community/schools-Hawaii Community College		✓		
Employee satisfaction survey - Hawaii Community College	✓			
Identify and publicize model employer substance abuse program			✓	
Regional <b>smoking cessation</b> program		✓		
Healthy take out food business	✓			
Regional diabetes education and support program - NHCH			✓	
Establish a local shelter for domestic abuse - NHWCS		✓		
Media campaign to recognize local student and school success stories	✓			
New mother support groups - Tutu's House		✓		
Walking Program - Tutu's House		✓		
Cholesterol / Lipid screening management program	✓			
Community Education to raise awareness of priority indicators			✓	
Affordable SAT prep courses			✓	

# People of North Hawaii



<b>1. Theory</b>	Supporting and facilitating an environment in the community, at home, school and work, which promotes individual and organizational skill building, competence and *resilience, will increase the chances that individuals and organizations make healthy choices.
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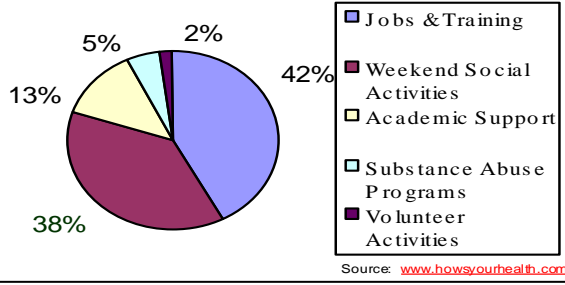
\* resilience = "disease resistant personality" = sense of commitment, control and challenge

## FIVE MOUNTAINS HAWAII PROGRAM LOGIC MODEL

# Strategies to Accelerate Improvement

## ***INCREASE YOUTH ACTIVITIES***

**Desired outcome:** Youth will make healthy choices and become resilient successful adults.

<b>INDICATOR</b>	<b>Primary indicators:</b>
<p style="text-align: center;"><b>Youth Activities – North Hawaii</b> What type of activities?</p>  <p style="font-size: small; text-align: center;">Source: <a href="http://www.howsyourhealth.com">www.howsyourhealth.com</a></p>	<p><b>Related indicators:</b></p> <p>Juvenile arrests for substance abuse, teen births, educational attainment from <a href="http://www.howsyourhealth.com">www.howsyourhealth.com</a> North Hawaii survey:</p> <ul style="list-style-type: none"> <li>% Youth with trusting adult to confide in (82%)</li> <li>% Youth with risky behaviors (17%)</li> <li>% Youth feeling sad or blue most or all of the time (33%)</li> <li>% Youth with college aspirations (no data yet)</li> </ul>

### **STORY behind the baseline**

No central public high school in North Hawaii. Many youth attend school out of their community.  
 Significant decline in past 10-20 years of school-based activities.  
 No public transportation system.  
 Relatively high proportion of youth & elderly in North Hawaii creates high "dependency burden" on workforce.  
 High cost of living leads many parents to work multiple jobs.  
 Large disparity in family income and education levels within North Hawaii.  
 Recent increased awareness and collaboration, but still need more integrated planning for youth development & activities.

### **PARTNERS with a role to play**

**Local:** FSSWH, Parks and Recreation, YMCA, Schools, Imiola Church - GOTS, St. James Church, Tutu's House, Friends of the Future, YWCA Hamakua Youth Center, North Kohala Intergenerational Center, Salvation Army Waikoloa 21st Century Learning Center, Kohala Community Athletic Association, Hawaii Youth Leadership Faith Community

**County:**  
 Department of Parks and Recreation  
 Community Policing

**State:** Office of Youth Services, Department of Education, Department of Health: Community Adolescent Program- (808) 733-8339, Hawaii Youth Risk Behavior Survey, Statewide Highlights, 1999 - Department of Health

**National:**  
 Americas Promise, Just Think Foundation, Healthy Communities Healthy Youth

### **WHAT WORKS (Promising Practices)**

- ✓ Involve youth in program designs;
- ✓ Programs designed to be accessible, affordable and appealing ("cool") to youth;
- ✓ Start activities at an early age;
- ✓ Develop youth entrepreneurial skills and opportunities;
- ✓ Training and support for adult leaders to form a coalition; and
- ✓ Collaborative projects.

### **STRATEGY, ACTION PLAN AND BUDGET**

1. Continue to support local collaborative task force - (FMH to convene);
2. Increase financial resources;
3. Improve access to existing programs, transportation and publicity;
4. Investigate Business and Hawaii Community College partnerships for entrepreneurial development;
5. Continue to develop "Youth Center;" and
6. Healthy Hawaii Initiative Grant.

# Strategies to Accelerate Improvement *INCREASE QUALIFIED WORKFORCE*

Desired outcome: Youth make healthy choices and become successful adults. Adults have meaningful work and sustaining incomes.

<p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">INDICATOR</p> <div style="text-align: center; margin-top: 20px;"> <p><b>Qualified Workforce 1999</b></p> <p>“Are you satisfied with overall skill of applicants?”</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><u>Yes</u></td> <td style="padding: 5px;"><u>No</u></td> <td style="padding: 5px;"><u>Other</u></td> </tr> <tr> <td style="padding: 5px;">33%</td> <td style="padding: 5px;">47%</td> <td style="padding: 5px;">21%</td> </tr> </table> <p style="font-size: 0.8em; margin-top: 10px;">Source: Hawaii Community College Big Island Employer Survey 1999</p> </div>	<u>Yes</u>	<u>No</u>	<u>Other</u>	33%	47%	21%	<p><b>Primary indicators:</b> % Applicants to jobs deemed "qualified"</p> <p><b>Related indicators:</b> Satisfied workforce ( no data yet) % Households with a "livable income" % reporting "money problems" (How's Your Health, North Hawaii - 16%)</p> <hr/> <p><b>STORY behind the baseline</b> Only 33% of Big Island employers surveyed by Hawaii Community College in 1999 reported being "satisfied with the qualification levels of job applicants." Local economy transitioning from agriculture and ranch to tourism, healthcare and technological. Local potential work force lagging in required education and training. Many small business unable to afford "training" and employee development. Much recent progress in education and training opportunities.</p>
<u>Yes</u>	<u>No</u>	<u>Other</u>					
33%	47%	21%					

## **PARTNERS with a role to play**

**Local:**

Chamber of Commerce, Schools, Parker School Adult Education, Waikoloa Community Learning Center, The Kohala Center, Tutu's House, Employers

**County:**

Workforce Development, i.e. **Big Island Workplace Connection** - Workforce Development Division with office locations in Kona, Hilo, Honokaa and part-time in Waimea

**State:**

Hawaii Community College and its University of Hawaii Center, West Hawaii, Hawaii Area Health Education Center (AHEC)

**National:**

## **WHAT WORKS**

- ✓ Inventory of existing education and training opportunities;
- ✓ Expand capacity to do distance learning;
- ✓ Expand computer training;
- ✓ Improve communication and collaboration between schools and employers, match training to needs, and
- ✓ Increase opportunities for youth and adults to continue education, development/construction of the University of Hawaii facility in West Hawaii.

## **STRATEGY, ACTION PLAN AND BUDGET**

1. Ongoing collaboration, Kona Chamber of Commerce, Workforce Development, Hawaii Community College;
2. Hospitality Training Institute created in 2000 - Hawaii Community College;
3. Business and Technology Training Institute - Hawaii Community College opens October 2001, btti@hawaii.edu;
4. Continue adult education - Waikoloa Community Learning Center;
5. Create similar community learning opportunities in these communities; Waimea, Kohala and Honokaa community learning centers;
6. Workforce Development has created convenient one-stop employment and training centers at several locations now named **Big Island Workplace Connection** - Workforce Development Division, and
7. Funding from the Federal Rural Development Grant directed by the Hawaii Community College will provide partial tuition assistance (80%) for unemployed/furloughed to take BTTI non-credit classes due to recent tragedy of September 11, 2001.

# Strategies to Accelerate Improvement

## **REDUCE YOUTH SUBSTANCE ABUSE**

Desired outcome: North Hawaii is a great place to live. Youth will make healthy choices and become resilient and successful adults.

<h3 style="color: blue; margin: 0;">INDICATOR</h3> <p style="text-align: center; margin: 5px 0;">Juvenile Substance Abuse Arrests</p> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>North Kohala</span> <span>Hamakua</span> </div> <p style="font-size: x-small; text-align: center;">Source: Police Records</p>	<p><b>Primary indicators:</b></p> <ul style="list-style-type: none"> <li>% Student self-reported alcohol and illegal drug use</li> <li>Juvenile substance abuse related arrests</li> </ul> <p><b>Related indicators:</b></p> <ul style="list-style-type: none"> <li>Adult substance abuse related arrests</li> <li>Teens involved traffic accidents in Hawaii County</li> <li>Number of single car night time MVA in Hawaii County</li> <li>% Arrested people testing positive for illegal drugs</li> <li>% Of work related injuries tested for drugs</li> <li>% Of youth involved in afterschool activities</li> </ul>
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<h3 style="color: blue; margin: 0;">STORY behind the baseline</h3> <p style="font-size: x-small;">Youth self reported rates for alcohol &amp; illegal drug use are higher in West Hawaii(which includes North Hawaii) than state and nation and increasing.</p> <p>Juvenile substance abuse arrests in North Kohala more than doubled in past ten years.</p> <p>No central public high school. Wide consensus of inadequate opportunities for youth activities and youth jobs.</p> <p>High community rates of substance abuse associated with poor economy nationwide.</p> <p>No public transportation.</p> <p>Local economy challenged by recent sugar plantation closures, high cost of living, influx of ultra wealthy, recent decrease in tourism.</p> <p>Visitor industry and restaurant industry (cash payments) increase risk of easy access to illegal drugs.</p> <p>Behavioral health resources lag far behind increasing problem.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">SUBSTANCE USE REPORTED BY STUDENTS* Grade 12</th> <th style="text-align: center;">West Hawaii</th> <th style="text-align: center;">State</th> </tr> </thead> <tbody> <tr> <td>Smoking cigarette in past month</td> <td style="text-align: center;">27.7</td> <td style="text-align: center;">22.6</td> </tr> <tr> <td>Drinking any alcohol in past month</td> <td style="text-align: center;">58.6</td> <td style="text-align: center;">43.3</td> </tr> <tr> <td>Using marijuana in past month</td> <td style="text-align: center;">29.9</td> <td style="text-align: center;">22.6</td> </tr> <tr> <td>Needing treatment for alcohol, tobacco, or drug abuse or dependence</td> <td style="text-align: center;">41.0</td> <td style="text-align: center;">26.9</td> </tr> </tbody> </table> <p style="font-size: x-small;">*Data are reported in percentages Source: Center on the Family - West Hawaii Community Profile</p>	SUBSTANCE USE REPORTED BY STUDENTS* Grade 12	West Hawaii	State	Smoking cigarette in past month	27.7	22.6	Drinking any alcohol in past month	58.6	43.3	Using marijuana in past month	29.9	22.6	Needing treatment for alcohol, tobacco, or drug abuse or dependence	41.0	26.9
SUBSTANCE USE REPORTED BY STUDENTS* Grade 12	West Hawaii	State														
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Needing treatment for alcohol, tobacco, or drug abuse or dependence	41.0	26.9														

### PARTNERS with a role to play

**Local:** North Kohala Substance Abuse Task Force - "Team Kohala" ( community lead), Five Mountains Hawaii(FMH), North Kohala Intergenerational Center, Vision Quest (program for high risk youth)  
Employers, Family Support Services of West Hawaii (FSSWH)  
Kohala Hospital, Hamakua Health Center, North Hawaii Community Hospital, Complementary Care Providers

**County:** Prosecutor's Office, Mayor's Office, Big Island Substance Abuse Council (BISAC)

**State:** Schools, Alcohol and Drug Abuse Division, State Incentive Grant(Youth Substance Abuse Program) Program) Phone: 692-7530 or 7531, Crime Prevention and Justice Assistance Division Phone: (808) 586-1444  
Hawaii District Health Office, 974-6013, Hawaii Youth Risk Behavior Survey, Statewide Highlights, 1999 (DOH)

**National:** Center for Substance Abuse Prevention, American Council for Drug Education, Community Anti-Drug Coalitions of America(703-706-0565), Substance Abuse Resource Guide, Office of National Drug Control Policy

### WHAT WORKS

**Primary Prevention:**

- ✓ Youth Development Resilience training (Kauai Study); School supporting strong families (RWJ).

**Early Intervention:**

- ✓ Island wide Community education and empowerment approach like Neighborhood Watch and "Take Back the Streets;"
- ✓ Collaboration with Employers and Employee Assistance Programs (EAPs) and model drug-free work programs;
- ✓ Recognize key intervention points ( cigarettes and alcohol) and intervention early and effectively, and
- ✓ School policies which reflect early intervention opportunity for first offense and recognize the "teachable moment."

**Breaking the cycle and reducing youth access to alcohol & illegal drugs:**

- ✓ Recognize and treat "dual diagnosis," especially depression.

### STRATEGY, ACTION PLAN AND BUDGET

1. Continue to support stake holder collaboration;
2. Youth Development: Increase activities, breakdown transportation barriers;
3. Resource development: Hawaii State Improvement Grant for prevention;
4. Consider Robert Wood Johnson grant to demonstrate duplication of results from schools collaborating with families;
5. Community meetings throughout island, Kona and Waimea;
6. Collaborate with Kona Kohala Resort Association on addressing issue & disseminating Model EAP programs;
7. Collaborate with schools & parents to learn options for more effective policies, and
8. Collaborate with Prosecutor's Office to implement Drug Court.

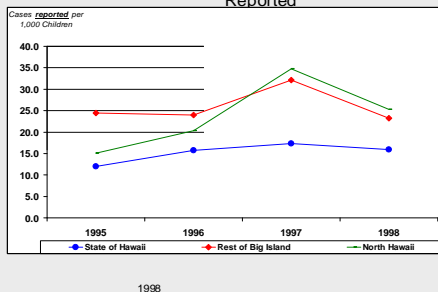
# Strategies to Accelerate Improvement

## *REDUCE FAMILY VIOLENCE*

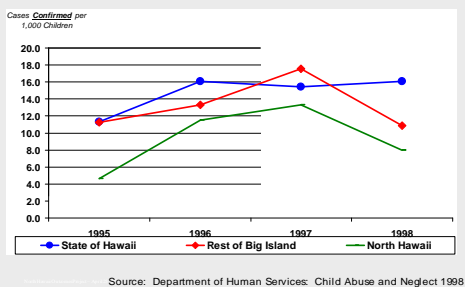
**Desired Outcome:** Great place to raise a strong family, healthy people making healthy choices, children safe healthy and ready to succeed in school.

### INDICATOR

#### Child Abuse and Neglect Reported



#### Child Abuse and Neglect Confirmed



#### Primary indicator:

Child abuse reported and child abuse confirmed

#### Related indicators:

Hawaii County Police - abuse of family or household member statistics  
Arrests involving alcohol or drugs  
% of people arrested testing positive for alcohol or drugs

#### Useful Indicators:

% of female North Hawaii ER patients screened for domestic violence

### STORY behind the baseline

High rates of reported & confirmed child abuse in North Hawaii reflect past history of family violence, economic challenges, low educational attainment, cultural beliefs and high rates of substance abuse.

The roots of child abuse are most often in frustration, uncontrolled anger cultural traditions and lack of awareness of options.

The roots of spouse/partner abuse are often in power and control.

The roots of elder abuse are often in frustration and lack of support system.

### PARTNERS with a role to play

**Local:** North Hawaii Women & Children's Services-(NHWCS) (Lead), Tutu's House North Hawaii Community Hospital(NHCH) Family Support Services of West Hawaii(FSSWH), Hoomalu North Hawaii Domestic Violence Prevention Project

**County:** Prosecuting Attorney's Office - Domestic Violence Interagency Team (DIVIAT)  
Police - Alec Graves,Hawaii Rural Coordinated Response Team-Carol Gruskin, Hawaii Youth Services Network(?)

**State:** Private - Good Beginnings Alliance  
Public - DOH, Hawaii Outcomes Institute, Na Wahine Team, Hawaii State Commission on the Status of Women, Kamehameha Schools

**National:** Center for Prevention of Domestic Violence and Sexual Assault

### WHAT WORKS

#### Primary prevention:

- ✓ Improve economic and educational opportunities and reduce Substance Abuse, and
- ✓ Education: Increase protective factors - "resilience," training for parents, providers, teachers, and students.

#### Early Identification of High risks Adults & Children:

- ✓ Develop resource guide for health care professionals, and
- ✓ Community education.

**Access:** Healthy start hospital triage and 100% early home visits, 100% medical home, adequate primary care/pediatrician ratio for population;

- ✓ Improve support of those trying to break the cycle--local shelters, job training, and
- ✓ Improve management of families identified.

### STRATEGY, ACTION PLAN AND BUDGET

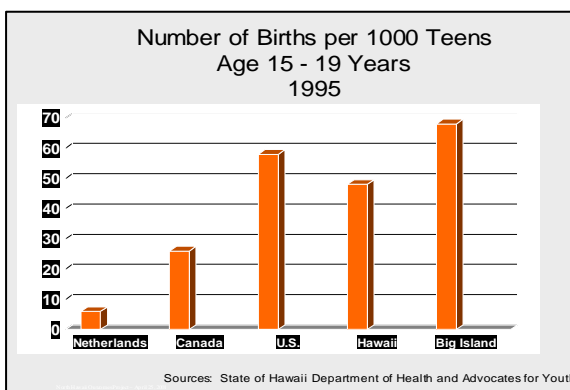
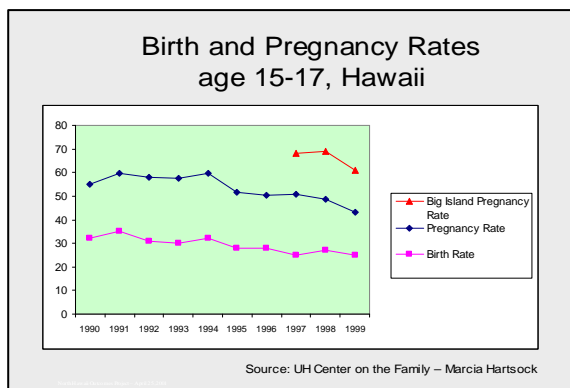
1. Continue monthly meetings of local taskforce groups;
2. Continue to identify partners & resources, county, state, national;
3. Increase volunteers within community, establish volunteer hotline 808-887-6375;
4. Community education through co-sponsored community meetings, ( June 4, Sept 26);
5. Develop provider education and resource guide;
6. Physician education on ER screening "Are you safe at home?;"
7. The Kamehameha Schools brochure for Middle School education on identifying misuse of power in relationships;
8. Create local shelter;
9. Identify local barriers: attitudes, policies, training resources, and
10. Long-term: Increase access to primary care, behavioral health.

# Strategies to Accelerate Improvement

## ***REDUCE TEEN PREGNANCY RATES***

**Desired outcomes:** North Hawaii is a great place to live. Youth will make healthy choices and become resilient and successful adults.

### INDICATOR



#### **Primary indicator:**

Big Island pregnancy rate/1000 females 15-17

Big island birth rate/1000 females 15-17

#### **Related indicators:**

% Of low birth weight babies

Infant mortality rate

% Of women getting first trimester care

% Of youth risky behaviors-cigarette & substance use

% Of youth involved in afterschool activities

#### **Desired Indicators:**

% Of youth with college aspirations

% Screened for sexually transmitted diseases

Rates of sexually transmitted diseases

% 4th grade reading at or above grade level

### STORY behind the baseline

Lack of understanding of conception and contraception among teens.

Teen pregnancy is and has been culturally common in North Hawaii.

Attempt to find unconditional love through risky behavior.

High risk behaviors linked to poor reading skills in elementary grades and linked to perception of limited future options.

Inadequate alternative youth activities leading to higher risk behaviors.

Lack of access to birth control - primary care resources.

Influence of peer pressure and media messages.

### **PARTNERS with a role to play**

**Local:** North Hawaii Women & Children's Services, Compassion Pregnancy Center  
Family Support Services of West Hawaii, North Hawaii Community Hospital, Community Health Clinics and Schools  
Malama A Hoopili Pono (Big Island Consortium)

**State:** Teen Pregnancy Prevention Coalition (Oahu), Malama A Hoopili Pono, Community Adolescent Program, Maternal and Hawaii Child Health Branch - Hawaii Adolescent Wellness Plan-Laulima in Action Phone: (808) 733-8339  
Healthy Mothers Healthy Babies Coalition of Hawaii - Teen Pregnancy Prevention Community Teams  
Phone: (808) 951-5805, Hawaii District Health Office, 974-6013

**National:** Advocate for Youth, National Campaign to Prevent Teen Pregnancy

### **WHAT WORKS**

- ✓ Youth Development through schools, communities and families;
- ✓ Expand peer driven programs to promote informed choice, improved self esteem and belief in ability to create own future;
- ✓ Age appropriate health & sex education school curriculum incorporating "best practices" including role play and peer education;
- ✓ Encourage abstinence and access to free or low-cost birth control;
- ✓ Continue support of pregnant teens AND programs that encourage delay of parenthood, and avoid repeat pregnancy, and
- ✓ Promote effective parent-child communication.

### **STRATEGY, ACTION PLAN AND EVENTUALLY BUDGET**

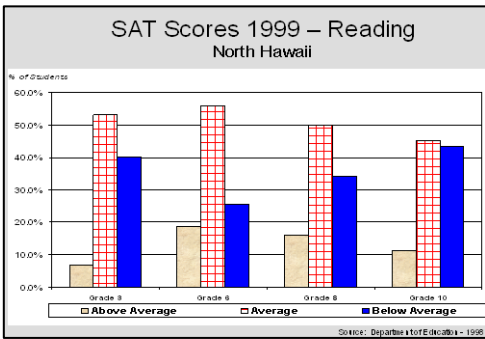
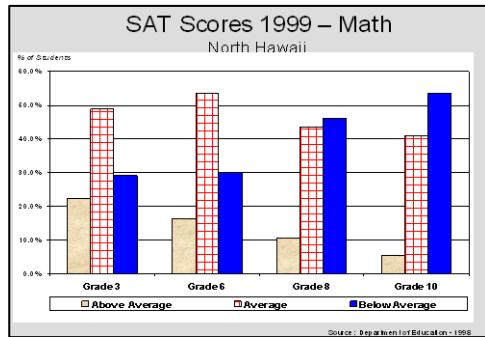
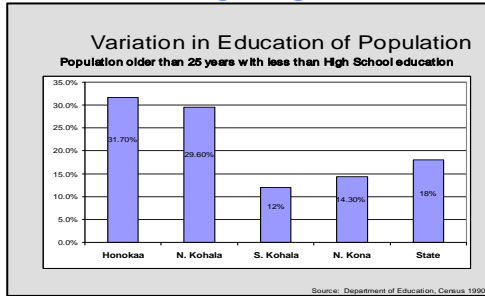
1. Existing task force has joined with Malama a Hoopili Pono and continues to meet monthly at Tutu's House 3rd Friday 1-3 p.m.;
2. Implement and assess Kahua Program curriculum on Life Skills and Sexuality Education at Honokaa High & Intermediate School (Pilot program beginning September 2001) If successful expand to other schools in North Hawaii (funding from NHWCS);
3. Link with local teen theater and Just Think Media Mobile to create alternative messages ( Tutu's House);
4. Link with national campaign: "Let's Talk Month" pilot test October 2001 - (NHWCS);
5. Collaborate to host teen theatre production from Oahu, "It Can Happen to You" (FSSWH);
6. Develop resource list - (NHWCS);
7. Leadership training through STAR program with Columbia University (funded by Ford Foundation), and
8. Encourage health awareness through student use of [www.howsyourhealth.com](http://www.howsyourhealth.com) in health and science classes. Funding by FMH.

# Strategies to Accelerate Improvement

## ***INCREASE EDUCATIONAL ATTAINMENT***

Desired outcomes: Youth make healthy choices and become resilient and successful adults.

### INDICATOR



#### **Primary indicator:**

% population with high school degree

% Students severely below average SAT

#### **Related indicators:**

% Population with 13 years of school

% Students screened for learning difference

% Students with strong aspiration for college

% Student seniors with college plans

% 4th graders reading below grade level triaged into ready support programs

% Youth involved in after school activities

### STORY behind the baseline

No centralized high school in North Hawaii. Many students travel out of North Hawaii to attend North Kona high school.

Public perception that public education not at same standard of excellence as local private schools.

Annual cost of K-12 private schools is > 1/4 average total annual household income.

Public school oversight and budget at state level.

No local capacity to generate tax dollars for education.

Declining public school resources for public physical education, arts and music.

North Hawaii SAT scores in math and reading significantly lower than state scores.

Recent increase in satisfaction with "learning climate" in some public schools.

Recent increase in reading scores in Waikoloa Elementary School.

Several new principals at local public schools.

Recent collaboration between all North Hawaii schools - public and private.

## **PARTNERS with a role to play**

### **Local:**

North Hawaii "Educational Rotary Group," Public schools, Private schools, Youth Activities Task Force, YMCA, FSSWH Tutu's House, Earl's Garage, Parents and Parent Associations

### **County:**

Parks and Recreation

### **State:**

Department of Education, Department of Health, Hawaii International Dyslexia Association, Teachers Association, Hawaii Community College, University of Hawaii - Center on the Family

### **National:**

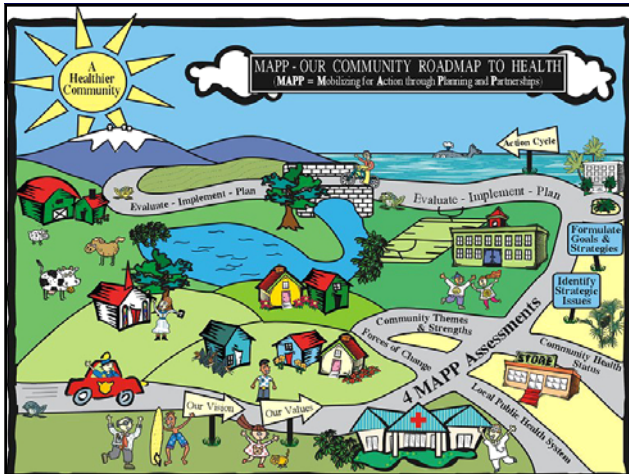
All Kinds of Minds Foundation, Search Institute - Healthy Communities Health Youth

## **WHAT WORKS**

- ✓ Actively support healthy relationships with family, peers and adults;
- ✓ Caring school climates;
- ✓ Actively cultivate parent involvement in schooling;
- ✓ Inspire and promote opportunities for service to others;
- ✓ Early identification and effective management of learning differences;
- ✓ Increase opportunities for youth mentoring, and
- ✓ Increase opportunities of creative activities.

## **STRATEGY, ACTION PLAN AND EVENTUALLY BUDGET**

1. Collaborate to develop community youth center;
2. Free or low cost SAT prep courses;
3. Collaborate to increase mentoring opportunities, and
4. Additional strategies being addressed by Educational Rotary Group.

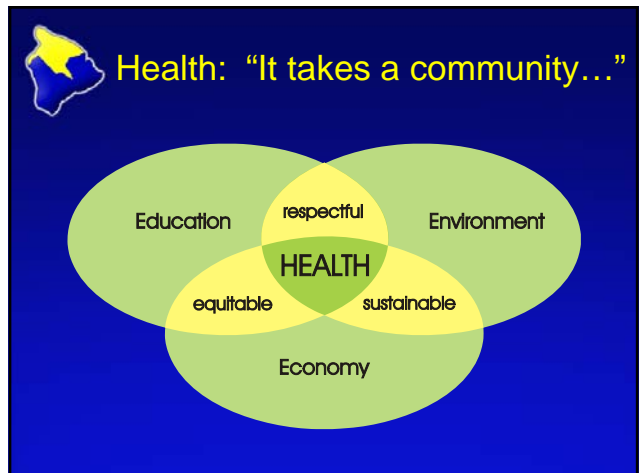


### Multiple Influences on Health

- *Environment*
  - Social & Economic
  - Education
  - Physical
- *Health Behaviors*
- *Protective factors*
  - Resilience
- *Access to Healthcare*
- *Genes*

### How Healthy Are We? What would help?

North Hawaii Outcomes Project      Five Mountains Hawaii





## Why does community health matter?



Community Partnerships for Accelerating Improvement – April 25, 2001



## A vision for our healthy community...

### *North Hawaii is*

- A great place to live
- Great sense of community
- Great place to work
- Great place to play
- Great place to raise a strong family
- Great place to heal



## Health has a two way "ripple effect"



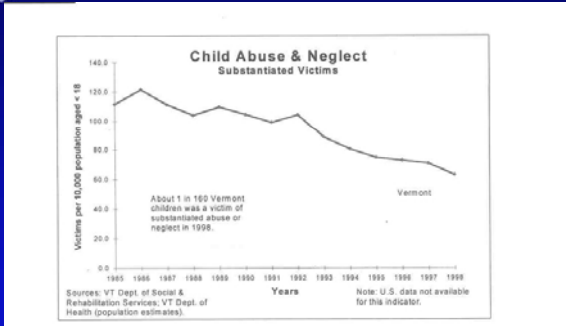
## A vision for individuals:

### *Healthy people making healthy choices*

- Newborns, infants, and toddlers thrive.
- Children are safe, healthy and ready to succeed in school.
- Youth make healthy choices and become successful adults.
- Adults have meaningful work, family-sustaining incomes.
- Families live in safe and supportive communities.
- Elders are respected and integrated into community life.



## "It can be done" Decline of Child Abuse in Vermont



Source: VT Dept. of Social & Rehabilitation Services; VT Dept. of Health (population estimates).



## Outcomes Improvement "It can be done"

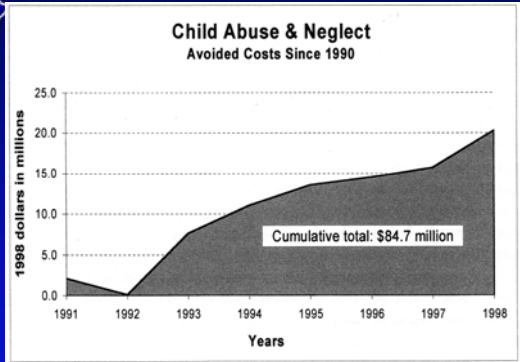
Annie E. Casey Foundation  
State rankings for teen birth rates

1997		
Rank	State	Rate
1 (best)	Vermont	12
2	New Hampshire	14
2	North Dakota	14
4	Maine	15
5	Minnesota	18
19	Hawaii	25

Source: www.aecd.org



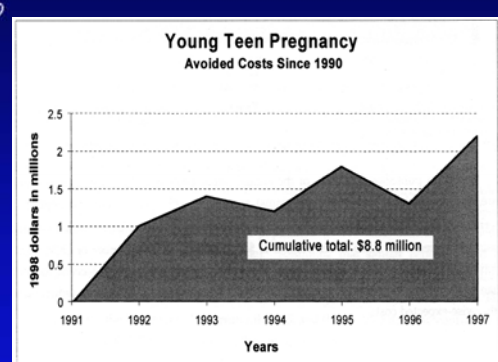
## The Business Case for Prevention



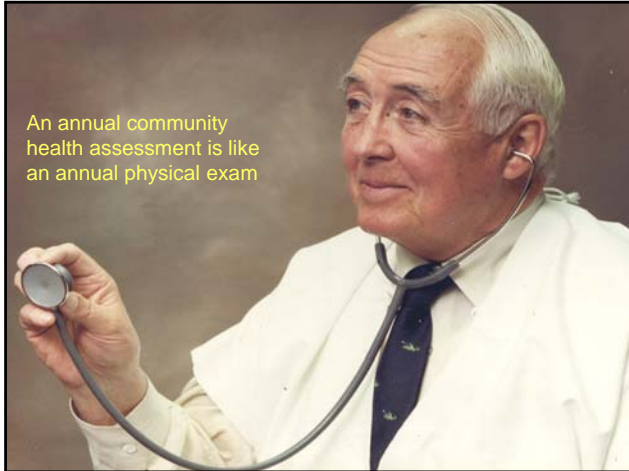
Source: Hogan, Cornelius, "Toward an Economics of Prevention: Illustrations from Vermont's Experience" The Finance Project, December 2000.



## The Business case for Improvement



Source: Hogan, Cornelius, "Toward an Economics of Prevention: Illustrations from Vermont's Experience" The Finance Project, December 2000.




## Who Are We?

### Demographics


- Geographically
- Age
- Education
- Income
- Culture/Ethnicity
- Vulnerable Populations
- Hopes & Fears



## How Healthy Are We?

### Population

- Demographics  
Hopes and Fears
- Priorities
- Health status
- Risk Factors
- Protective Factors



## North Hawaii

Census:

217

218

219

220

Zip:

96719

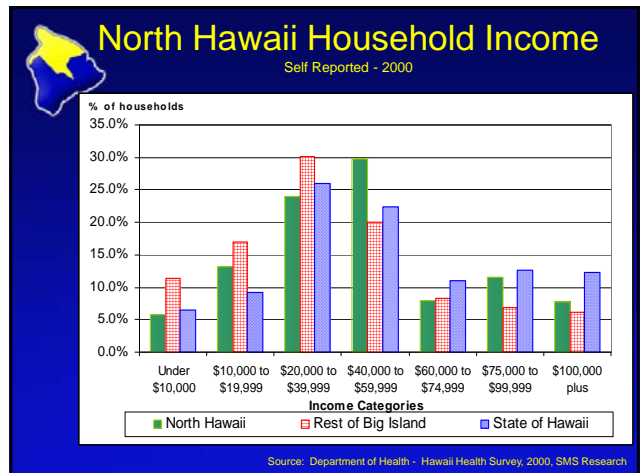
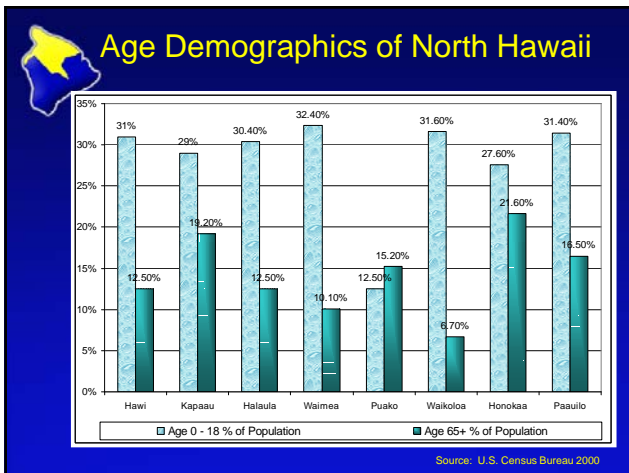
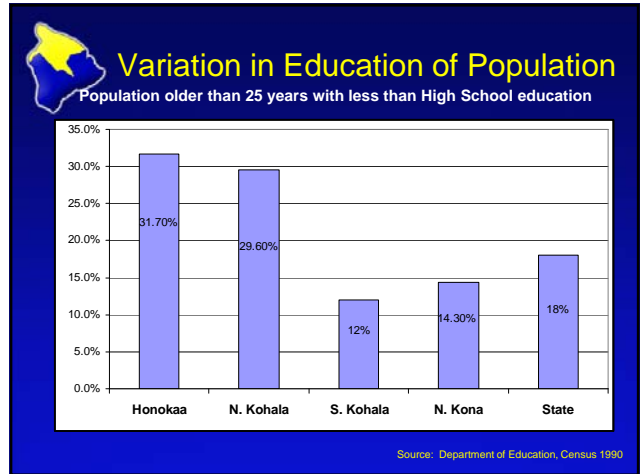
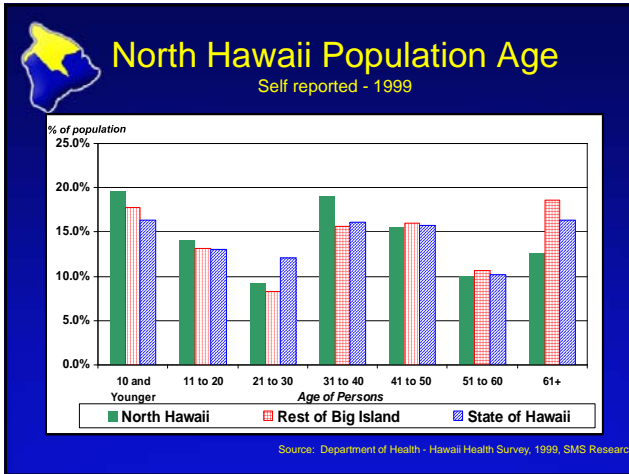
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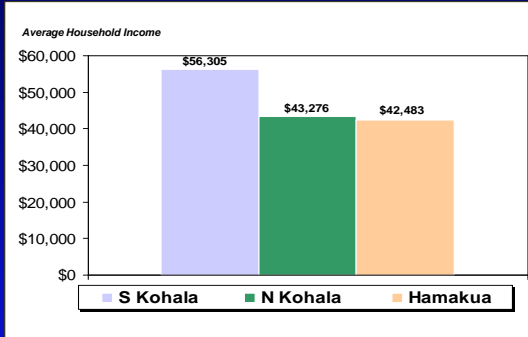
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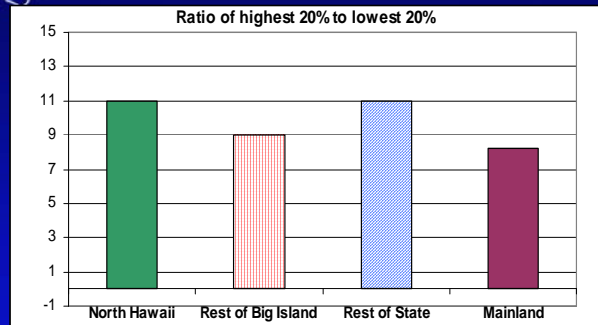
## Income Variation in North Hawaii – 2000



Source: Department of Health – Hawaii Health Survey, 2000, SMS Research



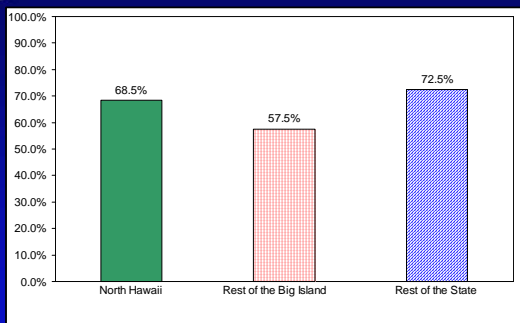
## Family Income Disparity\*



\*High Income Disparity is associated with poor health statistics, unless there is a higher ratio of primary care Source: Calculated from Hawaii Health Survey 1999, SMS Research



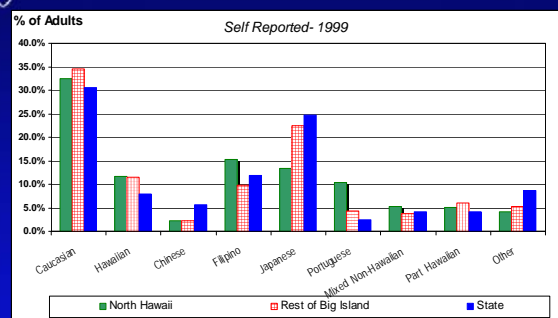
## Households with a “livable income” >185% of Poverty-1999



Source: Hawaii Health Survey 1999, SMS Research



## Culture/Ethnicity North Hawaii Ethnic Diversity



Source: Department of Health - Hawaii Health Survey 1999, SMS Research



## Vulnerable Populations

### Hawaii County, Hawaii

People with no high school diploma<sup>1</sup>  
 (among adults age 25 and older): .....20,310  
Unemployed individuals (1998):.....6,660  
 People who are severely work disabled<sup>1</sup>.....4,350  
 Those suffering from major depression<sup>1</sup>.....4,020  
Recent drug users<sup>1</sup> (within past month)..... 8,220

Source: U.S. Department of Health and Human Services – Hawaii County Hawaii July 2000



## Our Hopes...

### *North Hawaii is*

A great place to live  
 Great sense of community  
 Great place to work  
 Great place to play  
 Great place to raise a strong family  
 Great place to heal



## Our Fears...

- Finding the balance between growing the economy and preserving the culture
- Preserving public safety and reducing substance abuse
- Financing
- Access to healthcare



## Our Hopes...

### *Healthy people making healthy choices*

- Newborns, infants, and toddlers thrive.
- Children are safe, healthy and ready to succeed in school.
- Youth make healthy choices and become successful adults.
- Adults have meaningful work, family-sustaining incomes.
- Families live in safe and supportive communities.
- Elders are respected and integrated into community life.



## Community Selected Priority Indicators

### Increase

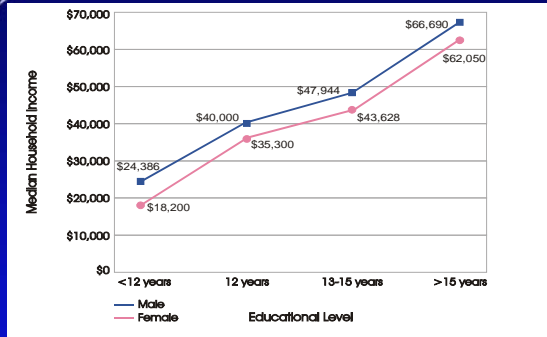
- Educational Attainment
- Youth Activities
- Qualified Workforce

### Decrease

- Substance Abuse
- Child Abuse
- Teen Pregnancy



## Relationship Between Education and Income United States –1995



As education goes up, income goes up

Source: US Census

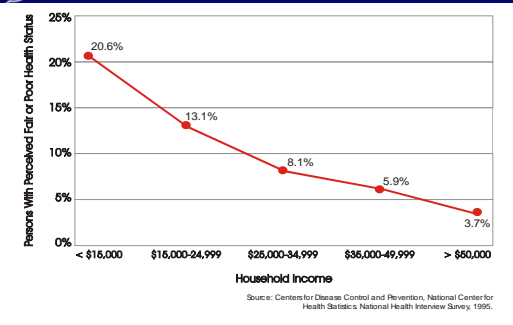


## Community Priorities: Reality

Educational Attainment	→	Low
Qualified Workforce	→	Low
Youth Activities	→	"We need more"
Illegal Substance Use	→	High
Juvenile Arrests	→	Increasing
Teen Pregnancy	→	High
Teen Births	→	High
Child Abuse	→	High

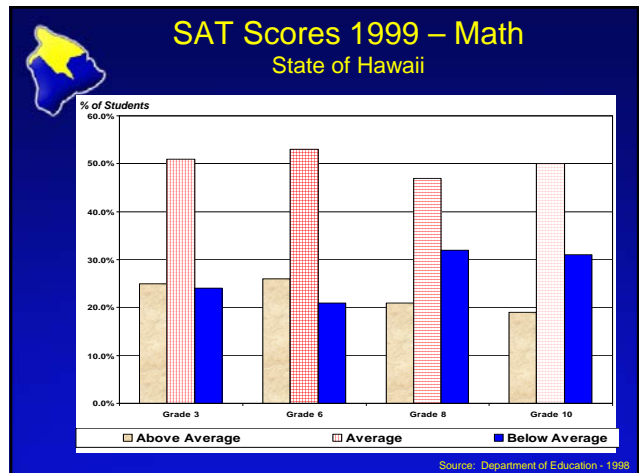
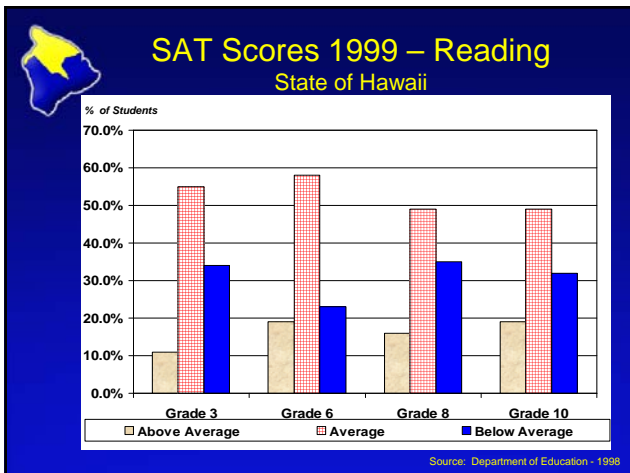
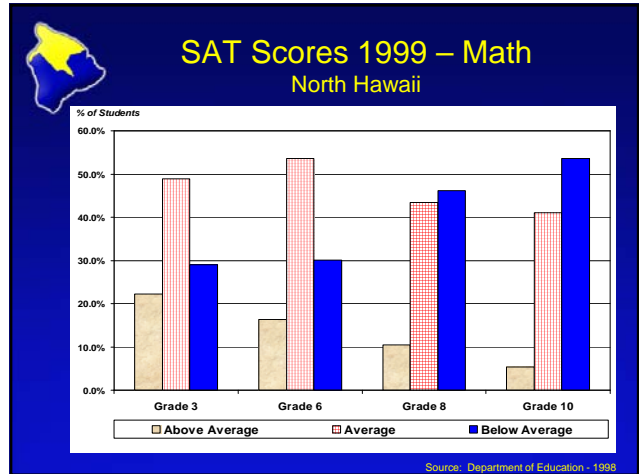
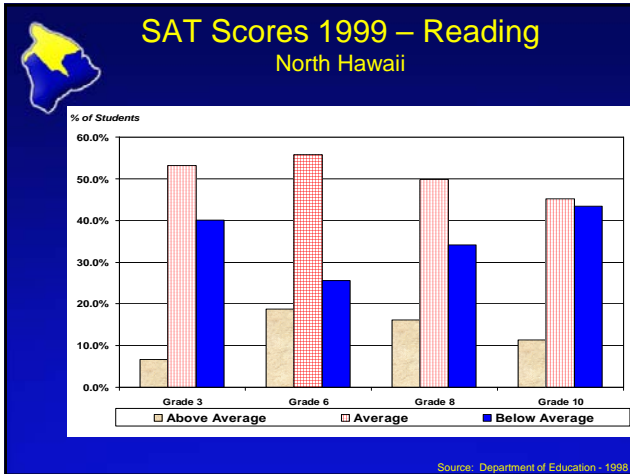


## Relationship Between Income & Health Status United States- 1995



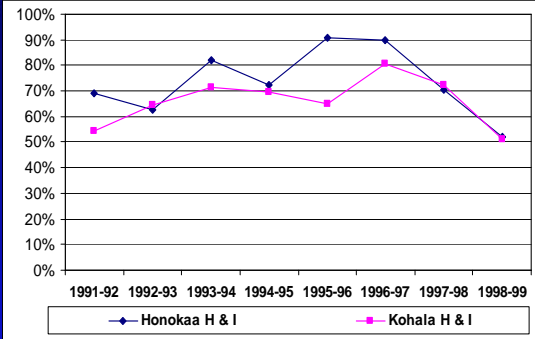
As income goes up, poor health status goes down

Source: Centers for Disease Control and Prevention, National Center for Health Statistics National Health Interview Survey, 1995.





## Summary Senior Exit Plans



Source: Department of Education [www.arch.k12.hi.us](http://www.arch.k12.hi.us)



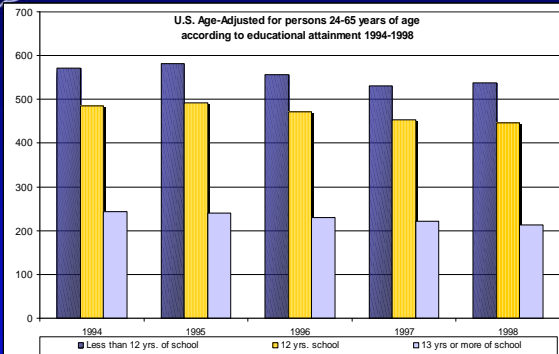
## Kauai Longitudinal Study

“...effective reading skills by grade four were one of the most potent predictors of successful adult adaptation among the high risk children in our study.”

Source: Werner, Emmy E., Ph.D. "The Children of Kauai Resiliency and Recovery in Adolescence and Adulthood." *Journal of Adolescent Health*, 1992, 13,262-269



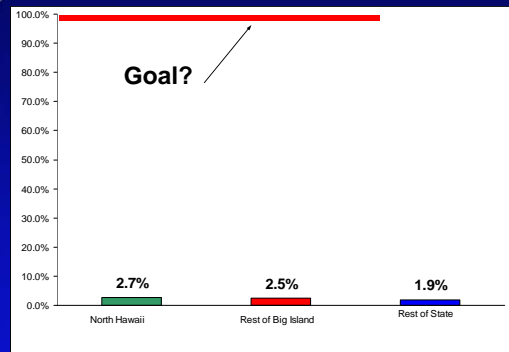
## As education level increases, death rates decrease



Source: [www.cdc.gov](http://www.cdc.gov), United States, 2000



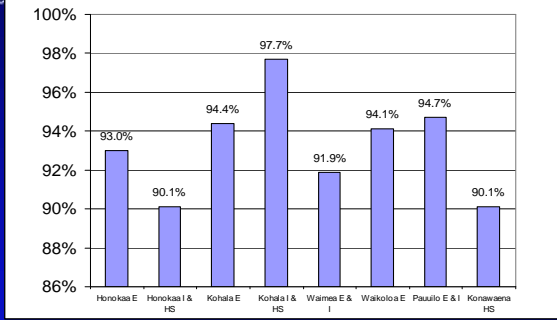
## Children screened for learning "disabilities" by age 8



Sources: Department of Education and Hawaii Health Information Corporation



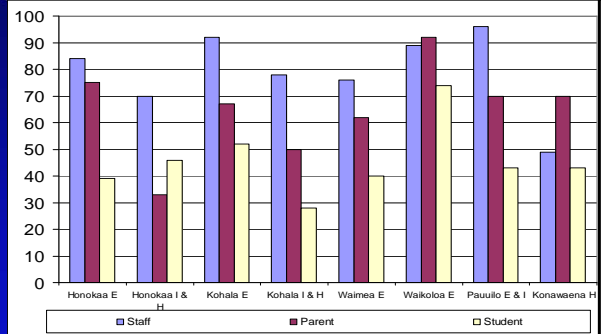
## Average Daily School Attendance 1999 - 2000



Source: Department of Education <http://arch.k12.hi.us>



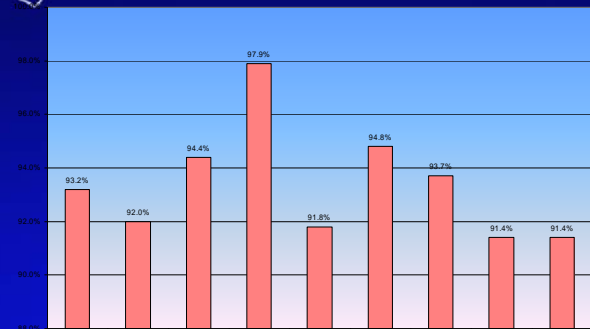
## Satisfaction with "learning climate" Survey of 1997



Source: Department of Education <http://arch.k12.hi.us>



## Average Daily School Attendance 2000 - 2001



Source: Department of Education - School Status & Improvement Report

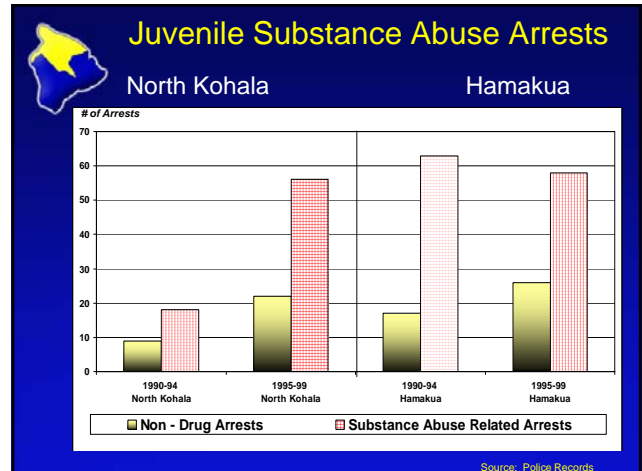
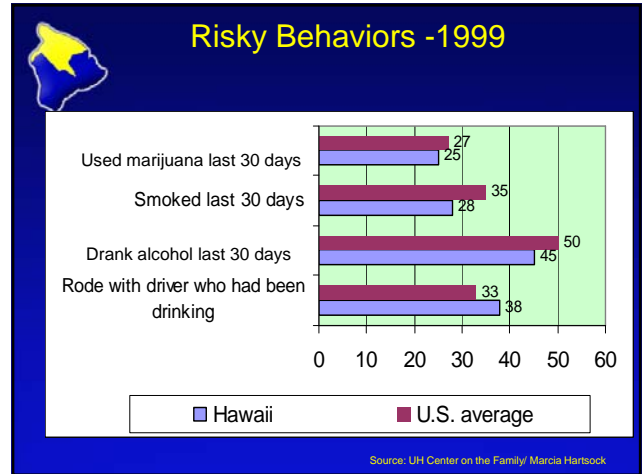
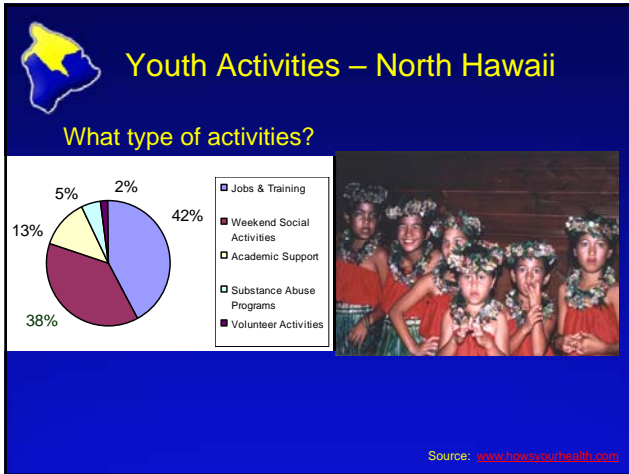


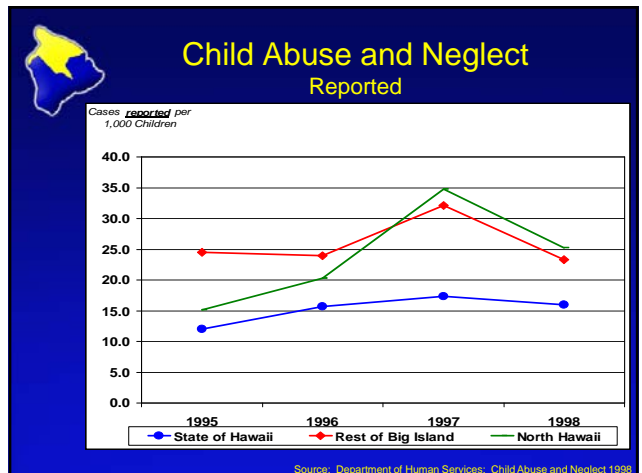
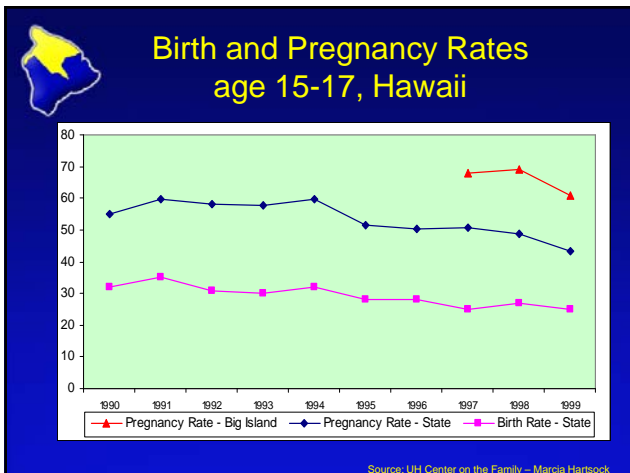
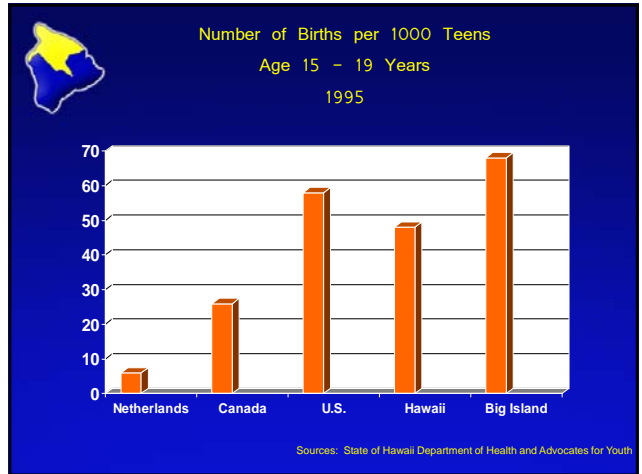
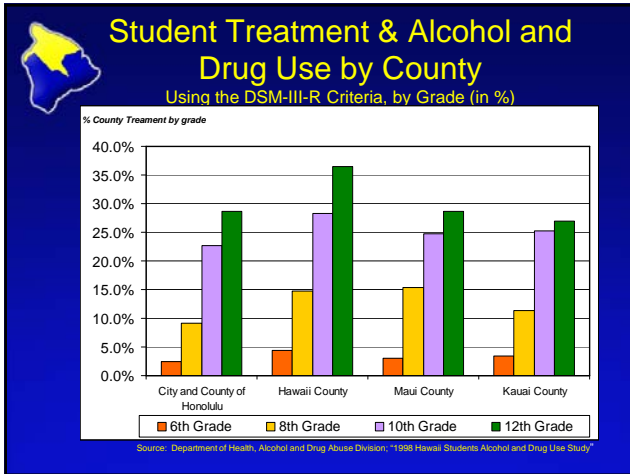
## Qualified Workforce 1999

"Are you satisfied with overall skill of applicants?"

<u>Yes</u>	<u>No</u>	<u>Other</u>
33%	47%	21%

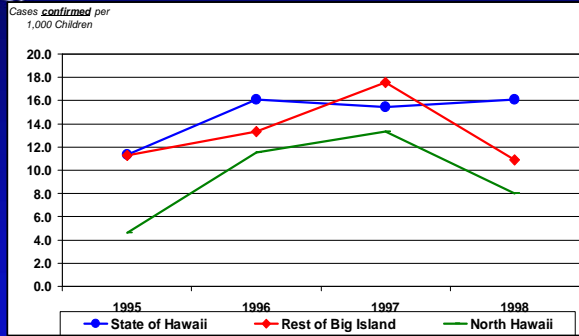
Source: Hawaii Community College Big Island Employer Survey 1999



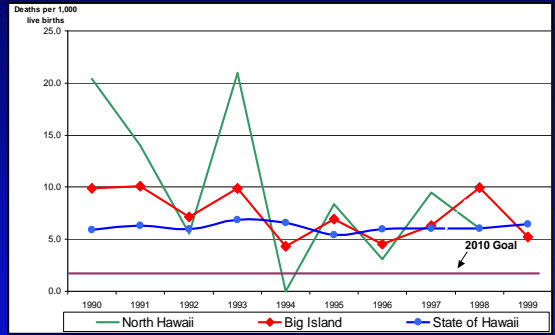




## Child Abuse and Neglect Confirmed



## Maternal and Child Health Infant Mortality

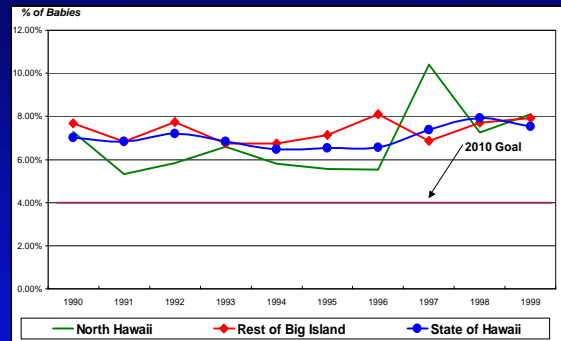


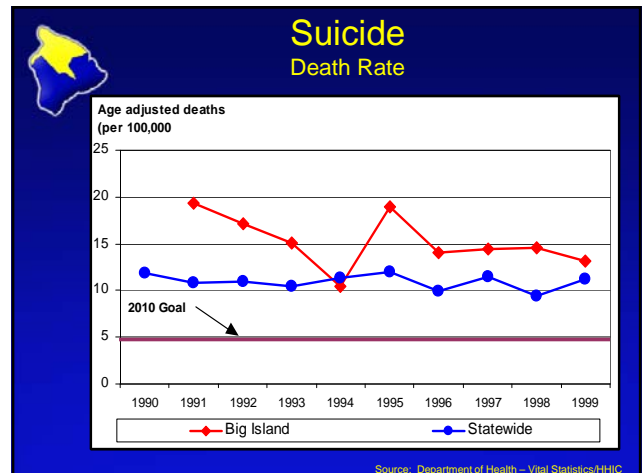
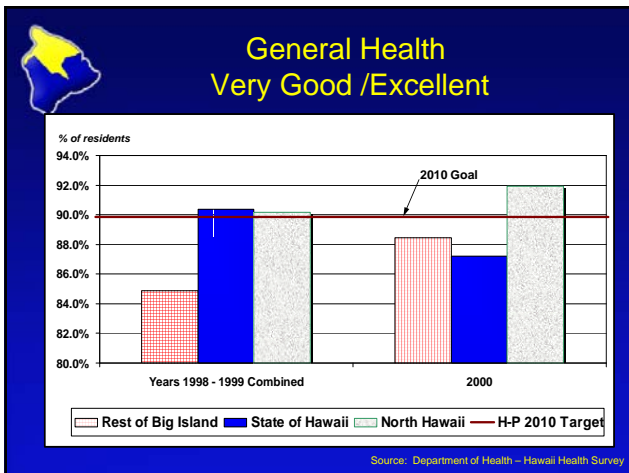
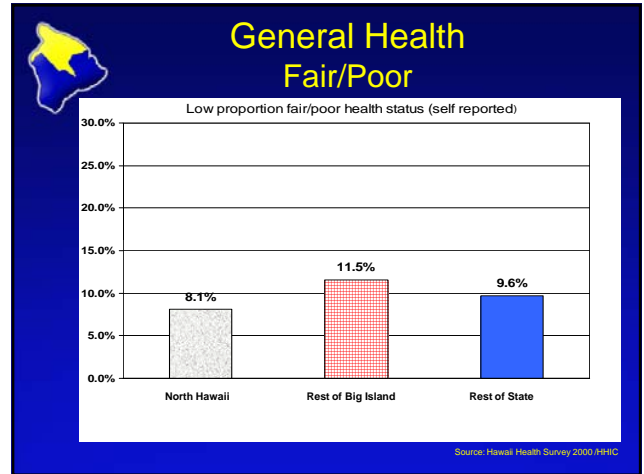
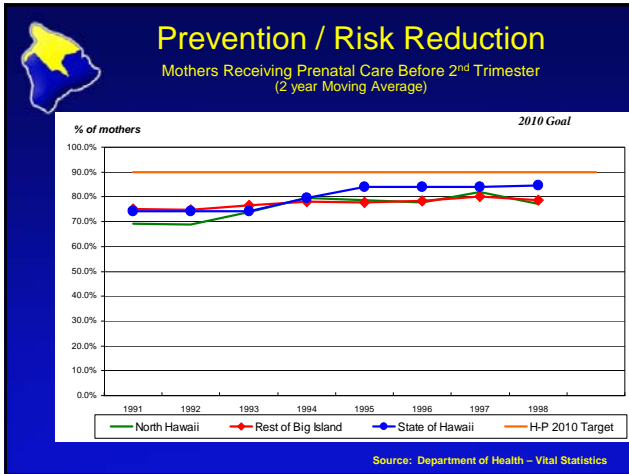
## Health Status: Reality

- Maternal and Child Health
- Social & Mental Health
- Hospitalizations
- Death Rates



## Low Birth-Weight Babies







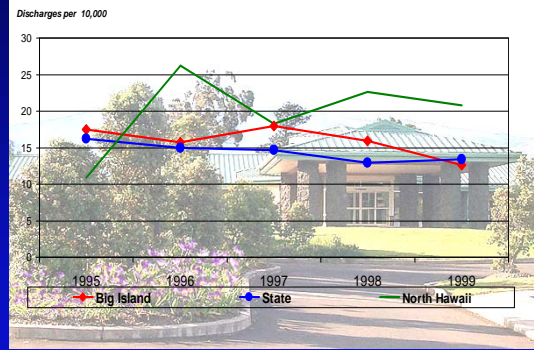
## North Hawaii Youth Mental Health

- 33% Are you anxious, depressed blue most or all of the time?
- 19% Have you seen a counselor or psychologist in the past year?

Source: How's Your Health North Hawaii [www.howtyourhealth.com](http://www.howtyourhealth.com)



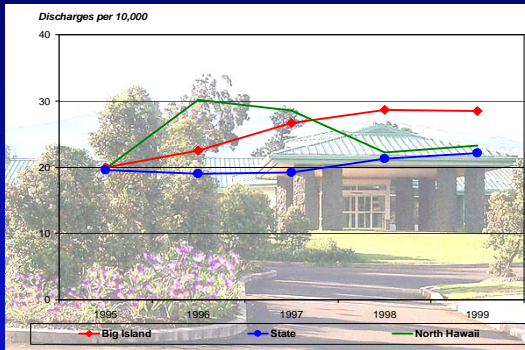
## Hospital Utilization Asthma



Source: Hawaii Health Information Corporation



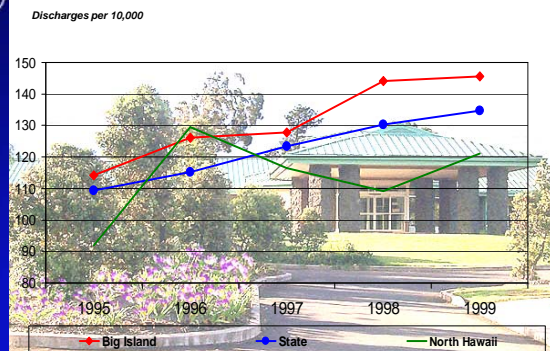
## Hospital Utilization Congestive Heart Failure



Source: Hawaii Health Information Corporation



## Hospital Utilization Diabetes



Source: Hawaii Health Information Corporation



## Health Status Reality

### ➤ High death rates

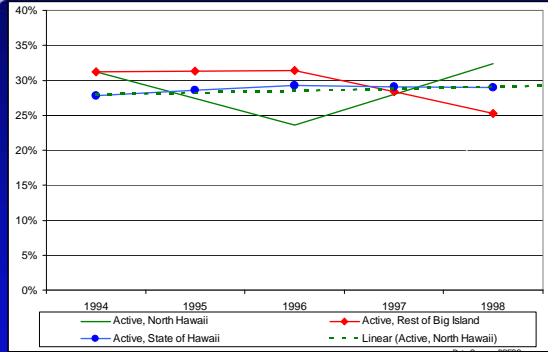
- Motor Vehicle Accident
- Stroke
- Cardiac
- Suicide

### ➤ Federally designated shortage area

- Primary Care
- Dental
- Mental Health Providers



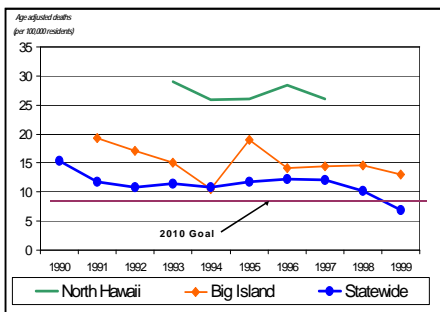
## Adults Exercising Regularly 5 times per week, 30 + minutes



Source: Department of Health - Hawaii Health Survey, SMS Research



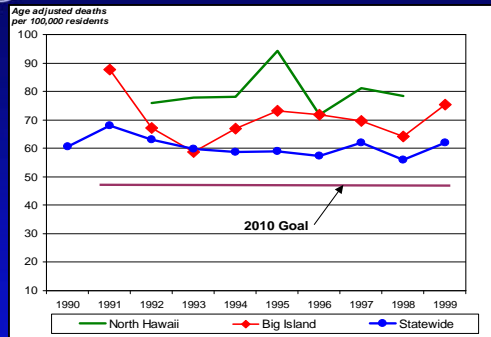
## Motor Vehicle Related Death Rate 3 year moving average



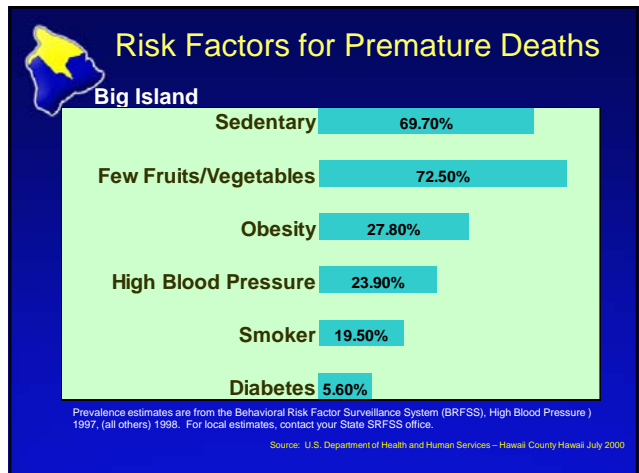
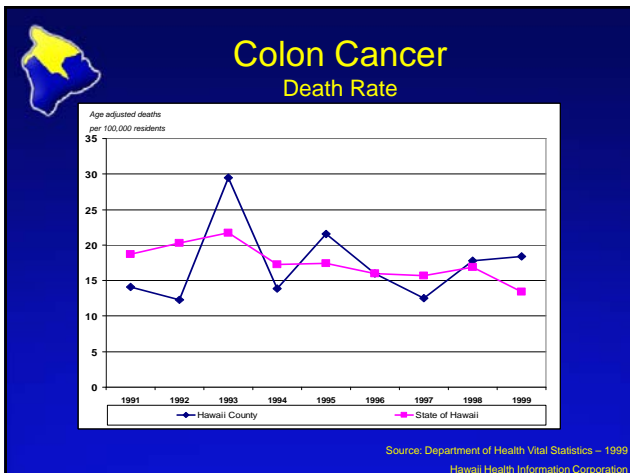
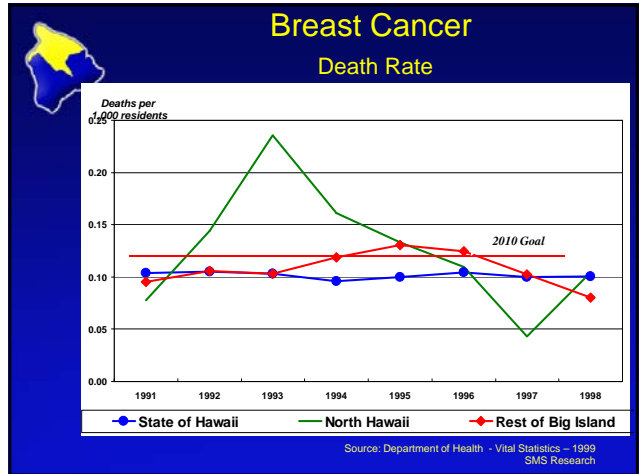
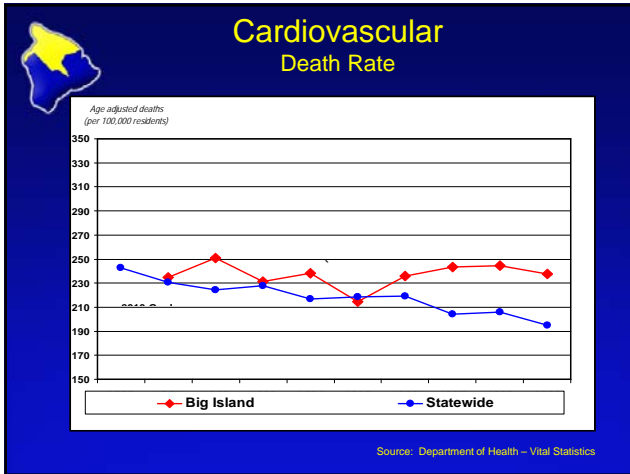
Source: Department of Health - Vital Statistics



## Stroke Death Rate 3 year moving average



Source: Department of Health - Vital Statistics





## North Hawaii Health Concerns

### ADULTS

1. Eating/Exercise 63%
2. Joint Pain 22%
3. Dental/Eyes/Ears 21%

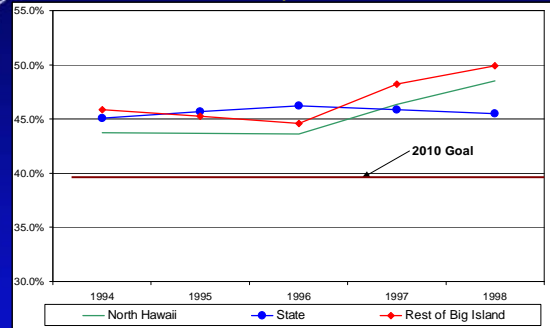
### ADOLESCENTS

1. Eating/Exercise 60%
2. Sexual issues 39%
3. Substance Abuse 32%

Source: www.howsyourhealth.com



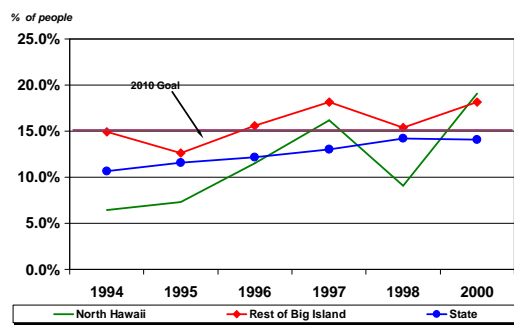
## Sedentary People self-reported



Source: Department of Health - Hawaii Health Survey, SMS Research



## Overweight People Body Mass Index >30 (self reported)

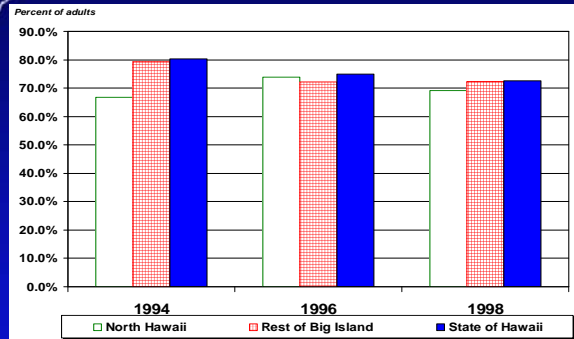


Source: Department of Health - Hawaii Health Survey, SMS Research



## Adults Average Daily Intake

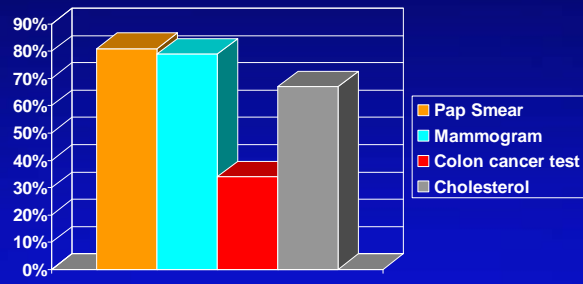
Less than recommended five servings of Fruits and Vegetables



Source: Department of Health - Hawaii Health Survey, SMS Research



## North Hawaii Following Recommendations for Health Screening?



Source: Self reported [www.howstyourhealth.com](http://www.howstyourhealth.com)



## Health Protective factors "Resilience"

Commitment  
Control  
Challenge



## North Hawaii Risk Factor

### Social

- Educational Attainment < Grade 13
- Household Income < "livable wage"
- Over Employment—multiple jobs
- Unemployment
- Under Insured & Un-insured
- Inadequate Access to Primary Care  
-Recommended Screening



## Protective Factors: "Control"

### The Whitehall Study

1960's - 17,530 Men British Civil Service

Mortality rates varied precisely with civil service ranking (All had access to free healthcare)

- 10 year- Mortality rates in low classification  
**3 times greater** than highest classification
- 25 year- Same

Source: Dr. Michael Marmot Director International Center for Health & Society University College of London

 *Rx*


*Commitment*  
*Control*  
*Challenge*


 More of this...  
Volunteering and Mentoring



 What would help individual health?



 What would help improve community health?  
Less of this...





More of this....



For More Information

North Hawaii Outcomes Project Office – 808-887-1945



### Data Sources Secondary & Primary Quantitative

- Hawaii Health Information Corporation
- DOH- Vital Statistics, HHS, BRFS
- DOE, [www.hawaii.gov/education](http://www.hawaii.gov/education)
- Police Records, North Hawaii
- [www.howsyourhealth.com](http://www.howsyourhealth.com), North Hawaii  
Dartmouth School of Medicine
- Healthy People 2010
- UH Center on the Family
- Hawaii Community College – Employer Survey
- Hawaii Youth Risk Behavior Survey
- SMS Research

# DATA SOURCES

For this presentation the following sources of data were used:

## A. HEALTH DATA

### 1. HAWAII STATE DEPARTMENT OF HEALTH, OFFICE OF HEALTH STATUS MONITORING, VITAL STATISTICS SYSTEMS

#### OVERVIEW

The Department of Health routinely gathers information about births, deaths, marriages, and divorces that take place in the state. This information is available to the public upon request and is published annually by the Department and other agencies.

#### COVERAGE

The tables depict data for the years 1990 through 1998. The data are derived from vital record forms such as birth certificates, death certificates, etc. They are, in essence, population statistics and not samples.

The core information tables were cross tabulated by geographic location: specific zip codes for North Hawaii; Rest of the Big Island (Hawaii County less the zip codes for North Hawaii); Hawaii County; and State of Hawaii.

The challenge for data used from this source was that the relatively small size of the population of North Hawaii means that the data may have wide variations from year to year that are not seen in a larger population base such as the Island of Hawaii. Therefore to create a more stable base for comparison purposes, multiple years were collapsed – most often used were the years 1990 to 1994 in one data set and the years 1995 to 1998 in the other data set.

### 2. HAWAII STATE DEPARTMENT OF HEALTH, OFFICE OF HEALTH STATUS MONITORING, HAWAII HEALTH SURVEY

#### OVERVIEW

The Hawaii Health Survey (HHS) was modeled after the National Health Information Survey. The survey is conducted as a means of providing Hawaii Department of Health (DOH) programs and other agencies with statistics for planning and evaluation of health services, programs, and problems. Furthermore, the survey provides demographic information for observing population changes during the intercensal decade. The HHS is the primary source of statewide data on demographics and selected health characteristics: gender, age, income, race, education, household size, household income, poverty status, insurance status, health status and morbidity.

## **COVERAGE**

In 1999, a total of 4,351 adult respondents (from the same number of households) were surveyed. In 1999, the Island of Hawaii was over sampled to provide for a total sample size of 1,575 (annually a County other than Oahu is allocated a greater sample size to provide additional insight into that population). Annual State and county estimates of population, with distributions by age and gender, from the Department of Business, Economic Development and Tourism (home of the State Data Center) are used to weight the survey data.

In 1998, a total of 4,382 adult respondents (from the same number of households) were surveyed. The actual sample size for the Island of Hawaii was 768 adult respondents. Years prior to 1998 were not used because the sample size for North Hawaii was considered insufficient for adequate analysis.

The survey was first conducted in 1968. Since 1996, it has been a telephone survey, conducted for the Department by SMS Research & Marketing Services, Inc., a private firm.

### **NOTES ON DATA DEFINITION**

**AGE:** Respondents are age 18 or over. For all household members, respondents are asked the person's age at last birthday. If, when the data are compiled, a person's age is missing, it is imputed using a "hot deck" method: a response from another person with similar demographic and economic characteristics is included.

**CHRONIC CONDITIONS:** Respondents are asked whether a physician or medical professional has told anyone in the household that they have arthritis, asthma, diabetes or hypertension.

### **3. HAWAII STATE DEPARTMENT OF HEALTH, OFFICE OF HEALTH STATUS MONITORING, BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)**

## **OVERVIEW**

The Hawaii State Department of Health (DOH) has participated in the BRFSS since 1986. In 1996, the Office of Health Status Monitoring (OHSM) became responsible for the BRFSS in Hawaii. The BRFSS is a telephone survey that covers a wide range of health topics.

The data presented here come from five years (1994-1998) of telephone interviews conducted with randomly chosen adults. Single year data were weighted by the Center for Disease Control and Prevention (CDC).

## **COVERAGE**

The tables requested included: obesity, nutrition, sedentary lifestyle, regular & sustained exercise, smoking, physical health, mental health and activity limitations.

Sample size varies. Approximately 2150 adults statewide were interviewed annually. Some questions are asked each year and other are asked every two years, such as nutrition, sedentary lifestyle, and exercise.

Estimates based on sample sizes less than 50 may be unreliable and are to be used with caution. The sample size for North Hawaii was often below 50 and often multiple years were combined for greater reliability.

### **B. EDUCATION DATA**

#### **1. STATE OF HAWAII, DEPARTMENT OF EDUCATION, OFFICE OF THE SUPERINTENDANT, PLANNING & EVALUATION BRANCH, EVALUATION SECTION, SAT SCORES.**

Annually SAT tests are conducted with students in the third, sixth, eighth and tenth grades. The results of the tests are combined by school and available to the public via the Department of Education website.

For purposes of this study, the last two years of available scores for schools within the North Hawaii zip codes were combined.

#### **2. STATE OF HAWAII, DEPARTMENT OF EDUCATION, OFFICE OF THE SUPERINTENDANT, COMPREHENSIVE ASSESSMENT & ACCOUNTABILITY SYSTEM, SCHOOL STATUS & IMPROVEMENT REPORT, SENIOR EXIT PLANS.**

Annually students in the twelfth grade are surveyed to understand their intention upon graduation to continue their education. Results of this survey are available to the public by request or on the Department of Education website.

For purposes of this study the results of this survey from 1992 were included through 1999 for the two schools in the North Hawaii area – Honokaa High School and Kohala High School.

### **C. CRIME DATA**

#### **1. COUNTY OF HAWAII, HILO DISTRICT POLICE STATION, RECORDS DIVISION COUNTY OF HAWAII, NORTH KOHALA DISTRICT POLICE STATION**

Data collected on arrests were shared upon request by these two Police Stations for the North Kohala, South Kohala and Hamakua areas. The years shared were from 1990 to 1999. Due to the relatively small population of these areas, multiple years were combined in the analysis.

2. **HAWAII STATE DEPARTMENT OF HUMAN SERVICES (DHS), CHILD ABUSE & NEGLECT IN HAWAII, 1998 REPORT**
3. **HAWAII STATE DEPARTMENT OF THE ATTORNEY GENERAL, CRIME IN HAWAII, 1998 REPORT**

These two sources provided arrest trends for the State of Hawaii and the Island of Hawaii. This information is available to the public upon request. Data were taken for the years 1990 to 1998.

## **MAHALO**

**A big mahalo to all the people who assisted with this phase of the project. Their assistance and support is greatly appreciated:**

Dr. Alvin Onaka and the staff at the Office of Health Status Monitoring, Department of Health, State of Hawaii.

Dr. Paul LeMehieu and the staff at the Office of the Superintendent, Department of Education, State of Hawaii.

Dr. Susan Forbes and the staff at the Hawaii Health Information Corporation.

The Records Division at the Hilo Police Station, County of Hawaii

The Records Division at the North Kohala Police Station, County of Hawaii.

The Department of Human Services, State of Hawaii.

The Department of the Attorney General, State of Hawaii.

James E. Dannemiller and the staff at SMS Research & Marketing Services in Honolulu.

# METHODOLOGY

## WITH SMALL NUMBERS ARE THE FINDINGS JUST CHANCE?

Some of the data reported involve large numbers. However, even large numbers can vary from year to year because of reasons we sometimes understand but often don't fully understand. Are these meaningful changes or chance?

### *JUST CHANCE?*

Some of the data reported involve small numbers. Sometimes, everyone has been counted but the totals are just small: examples are infant mortality in Hamakua or another small area. Sometimes, the numbers are small because a sample was taken that was big enough to be reliable for the State, but was never designed to be reliable for smaller areas, such as South Kohala or North Hawaii. Here a fairly small shift if shown, as a percentage can look really large, but isn't likely to be reliable. Are differences and changes meaningful or chance?

What to do if we want to learn what is happening? Several approaches can be used:

- Do not report data or make comparisons if the numbers of instances are fewer than 30. (Some would say fewer than 20).

- Report the data but show the confidence interval, which indicates a range of random variation: the likely variability due to chance if a different sample had been drawn, for example. \*

Be cautious and require a 99% likelihood that what is observed not due to chance or be moderate and use a 95% likelihood or for exploratory purposes, use a 90% likelihood.

- For Ns of less than 20 used a standardized ratio, comparing actually observed numbers to numbers expected based on a comparison such as the state information. \*\*

- Look at trends, not individual data points. Compute the likelihood the trend (up, down, curvilinear, whatever) is reliable.

- Use a moving average, averaging two or more years of data for example 1990 + 1991; 1991 + 1992, 1993+1994. Show trends for the moving average and use a statistical test of the likelihood the trend of the magnitude observed is due to chance..

- Block the first and last half of the decade or a whole decade to get more reliable figures\*\*\*

- Compare whatever you use with data from other sources. In a concept taken from navigation, you get a fix on the most likely position by triangulating data from three different and independent sources. Each may have its own limitations but if they reach the same conclusion, the finding is likely to be reliable

-- Focus on explaining or understanding the data. If you have a convincing explanation and can systematically rule out competing hypotheses or interpretations, the finding probably is reliable. It is even more so if there is evidence from other sites and sources that would apply here in North Hawaii.

-- Compare trends between your small unit, a larger unit that doesn't include your small unit (so the data are independent) and a different unit that should be similar. If the trends are the same, they probably are reliable.

We have used various combinations of these approaches.

An example is the change in percent of deaths in North Hawaii due to AIDS. This is a very small number to begin with--although of course each death is an incalculably a large tragedy. This percent has decreased since 1996. It has also decreased for the Rest of the Big Island, for the Rest of the State not counting Hawaii County, and for the State as a whole. And it is similar to decreases found elsewhere and attributed to the AIDS drug cocktail. We would be happier if we had age adjusted death rates rather than percent of deaths attributed to various causes, but feel confident that deaths due to AIDS are decreasing in North Hawaii.

This may reflect the better medication, it may reflect out migration, it could change with a blip upward if only a few people die next year from AIDS, because of the small numbers. Further, in the future, trends could change if people get more reckless due to belief in this drug cocktail so that new HIV infections surge upwards. If a drug-resistant strain mutates fast, the trend could change too---but we believe the trend between 1990 and 1999 is a decreasing percentage of deaths due to AIDS in North Hawaii, and this is not chance fluctuation.

## *COMPARISONS*

Our focus is North Hawaii. Wherever possible, we have obtained data for five groups.

1. North Hawaii
2. Rest of the Big Island
3. Big Island
4. Rest of State
5. State

We wanted where possible to compare North Hawaii to the Rest of the Big Island in order to detect differences---should any exist---between conditions in this area and conditions elsewhere on the Big Island. Comparing North Hawaii with the County as a whole would under-estimate differences if any since North Hawaii data are part of County data.

Further, where possible, we tried to get data for the last decade, to look at trends and to permit more stable estimates (through moving averages or blocking) than might be possible looking at the current year alone.

\* This approach is used and well presented in the State of Hawaii Primary Care Needs Assessment Data book in the context of determining whether Hawaii Census tract areas differ from each other, from their County and from the State.


The Data book uses the 95% confidence upper and lower limits. . Computation of the upper and lower limits are  $[p \pm (1.96 * \sqrt{pq/n})]$  where p is the rate for the specific area, n the denominator in getting the rate and q is 1-p].

\*\* The standardized ratio is observed number of events/ expected number of events. To generate the expected number of events, Expected = (Area denominator \* State rate). Multiply the ratio of o/e by 100. Standardized ratios greater than 200 suggest differences as large as those observed are significant. (One could also use the County rate to get the Expected, if the comparisons are within the county.)

\*\*\* The Data book blocks for a six year period.

*Note:* Please refer to methodology section included under Background Information tab in your North Hawaii Community Forum binder.

In addition, please note that the death rates are not yet age adjusted, while the healthy people 2010 goals are adjusted. These calculations are underway by SMS Research and the Department of Health and will be forwarded to you as soon as possible.



April 25, 2001

Dear Friends and Colleagues,

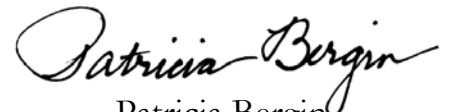
We are happy to welcome you to the second annual Healthy Community Forum. We thank you for your work to improve the health and quality of life of the people of North Hawaii and appreciate the participation of so many individuals and organizations in our wonderful community.

This year we especially support and encourage your continued focus on the youth, the future of our community.

Aloha pumehana,



Earl E. Bakken  
*President Board of Directors,  
Five Mountains Hawaii*



Patricia Bergin  
*President Board of Directors,  
North Hawaii Community Hospital*

P.O. Box 437200  
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health  
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**Nā Kuahiwi 'Elima**  
Five Mountains Hawai'i



## Community Partnerships for Accelerating Improvement

North Hawaii Healthy Community Forum

Wednesday, April 25<sup>th</sup>, 2001

8:00 a.m. - 4:00 p.m.

### MORNING SESSION: Kahilu Theatre

- 8:00 - 8:30      **Registration**  
*Pule – Kahu Dean Kauka, Imiola Congregational Church*
- 8:30 - 8:40      **How can we work together to support a healthy community and accelerate improvement?**  
*Earl Bakken – Five Mountain Medical Community, President of the Board*  
*Pat Bergin – North Hawaii Community Hospital, President of the Board*  
*Betsy Cole – Five Mountain Medical Community, Executive Director*
- 8:40 - 9:40      **How did Vermont achieve such remarkable results?**  
*Keynote: Con Hogan, Director of Vermont's Health and Human Services*
- 9:40 - 10:00    **How healthy are we?**  
*Sharon Vitousek, M.D., Five Mountain Medical Community*
- 10:00 - 10:30    **Break**
- 10:30 - 11:10    **Panel: What has been done since last year?**  
*Youth Activities- Bob Bonar*  
*Substance Abuse – Nani Svendsen*  
*Teen Pregnancy – Ariadne Luya*  
*Qualified Job Applicants – Kathy Damon*  
*Seniors / Aging – Romel Dela Cruz*
- 11:10 - 11:30    **How could thoughtful economic development support & sustain improvement?**  
*Robert Agres, Jr., Hawaii Alliance for Community-Based Economic Development*
- 11:30 - 11:45    **What funds are available to support community projects to improve health?**  
*Diane Chadwick, Hawaii Community Foundation*  
*Virginia Pressler, M.D., Healthy Hawaii Initiative*
- 11:45 - 12:00    **Community Kokua Recognition**  
*Harry Kim, Mayor, County of Hawaii*  
*Jane A. Testa, Director, County of Hawaii Department of Research & Development*
- Noon - 1:00      **Lunch** Kahilu Town Hall

### BREAKOUT SESSION: Kahilu Theatre

- 1:00 - 1:30      **Examples of tipping points for community health improvement – Con Hogan**
- 1:30 - 3:00      **How can we work together to accelerate improvement?**  
*Supporting Youth Development – Bob Bonar*  
*Connecting with Work Force Development Initiative – Kathy Damon*  
*Community Economic Development – Robert Agres, Jr., Jane Testa*  
*Improving Quality of Life for Seniors/Aging – Romel Dela Cruz, Herb Yim*  
*Reducing Family Violence – Shay Bintliff, M.D., Lani Bowman*  
*Reducing Substance Abuse – Fred Holschuh, M.D., Nani Svendsen, Diane Chadwick*  
*Reducing Teen Pregnancy – Ariadne Luya, Susan Hunt*  
*Creating School-Community Partnerships – Jon Znamierowski, Linda Copman*  
*N. Hawaii Healthcare Commons: Creating a Collaborative Strategic Conversation Group, Pat Linton*
- 3:00 – 3:15      **Break**
- 3:15 - 4:00      **Next steps**
- 4:00 - 5:00      **Networking reception**

## Community Forum 2001 Participating Organizations

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Big Island Substance Abuse Council</li> <li>• Catholic Charities</li> <li>• Family Support Services of West Hawaii</li> <li>• Four Seasons Hualalai</li> <li>• Friends of the Future</li> <li>• Good Beginnings Alliance</li> <li>• Halaula Neighborhood Watch Org.</li> <li>• Hale Ho'ola Hamakua Health Center</li> <li>• Hamakua Health Center</li> <li>• Hapuna Beach Prince Hotel</li> <li>• Hawaii Alliance for Community-Based Economic Development</li> <li>• Hawaii Community College</li> <li>• Hawaii Community Foundation</li> <li>• Hawaii Community Services Council</li> <li>• Hawaii County Council</li> <li>• Hawaii County Department of Parks and Recreation</li> <li>• Hawaii County Department of Research and Development</li> <li>• Hawaii County Office of Aging</li> <li>• Hawaii County Office of the Mayor</li> <li>• Hawaii County Police</li> <li>• Hawaii County Prosecutors Office</li> <li>• Hawaii Health Information Corporation</li> <li>• Hawaii Health Systems Corporations</li> <li>• Hawaii Island Economic Development Board</li> <li>• Hawaii Island Humane Society</li> <li>• Hawaii Island Rural Health Association</li> <li>• Hawaii Preparatory Academy</li> <li>• Hawaii State Department of Education</li> <li>• Hawaii State Department of Health</li> <li>• Hawaii State Department of Human Services</li> <li>• Hawaii State Department of Labor</li> <li>• Hawaii State PTSA</li> <li>• Hilo Medical Center</li> <li>• Hui Malama Ola Na Oiwī</li> <li>• Imiola Congregational</li> <li>• Kau Hospital</li> </ul> | <ul style="list-style-type: none"> <li>• Ke Ala Lokahi</li> <li>• Ke Anuenue AHEC, Inc.</li> <li>• Kealahake High School</li> <li>• KHSSC</li> <li>• Kohala High School</li> <li>• Kohala Hospital</li> <li>• Kohala Mountain Publishing</li> <li>• Kohala Senior Citizens Club</li> <li>• Kona Community Hospital</li> <li>• McDonald's</li> <li>• Neighborhood Place of Kona</li> <li>• North Hawaii Community Hospital</li> <li>• North Hawaii Counseling Services</li> <li>• North Hawaii Hospice</li> <li>• North Hawaii News</li> <li>• North Hawaii Women &amp; Children's Center</li> <li>• Outrigger Waikoloa Beach</li> <li>• PAVE</li> <li>• Parker Ranch</li> <li>• Parker School</li> <li>• Public Health Nursing</li> <li>• Queen Liliuokalani Children's Center</li> <li>• Rural Community Response Project</li> <li>• SMS Research</li> <li>• TEAM Kohala</li> <li>• Tutu's House</li> <li>• University of Hawaii Center, West Hawaii</li> <li>• Waikoloa Community Church</li> <li>• Waikoloa Community Learning Center</li> <li>• Waikoloa Elementary School</li> <li>• Waikoloa Seniors</li> <li>• Waikoloa Village Outdoor Circle</li> <li>• Waimea Community Association</li> <li>• Waimea Elementary &amp; Intermediate Schools</li> <li>• Waimea Main Street</li> <li>• Waimea Outdoor Circle</li> <li>• Waimea T.E.A.M.</li> <li>• YMCA</li> </ul> |
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**North Hawaii Community Forum**  
**April 25, 2001**  
**YOUTH ACTIVITY DEVELOPMENT**

<b>Vision</b>	<b>To increase Youth Activities</b>
<b>Goals &amp; Expectations for Session</b>	<ul style="list-style-type: none"> <li>• Creative ideas for providing services</li> <li>• Work with people who provide services without having to go through hoops to get it – have not tapped into spiritual agencies</li> <li>• Shared vision as to what youth development might look like</li> <li>• Find mechanism/strategy to reach the shared vision</li> </ul>
<b>Review of Vision</b>	<p>Great sense of community</p> <ul style="list-style-type: none"> <li>• Youth included in planning</li> <li>• Wide variety of activities for youth in addition to school sports</li> <li>• Support for parents</li> </ul>
<b>Generation of Values that will Guide our Work</b>	<ul style="list-style-type: none"> <li>• Joining of forces/pull together human and other resources</li> <li>• Commit and include the youth from the beginning</li> <li>• Spiritual values are an integral part</li> <li>• Recognize what the youth want first</li> </ul>
<b>Review &amp; Addition to Outcomes/Indicators</b>	<p>Indicators:</p> <ul style="list-style-type: none"> <li>• Clarify the long term value of college</li> <li>• Life and job satisfaction</li> </ul> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>• Increase educational attainment</li> <li>• Lead to a more qualified work force</li> <li>• Decrease: substance abuse, teen pregnancy and child abuse</li> </ul>
<b>Ideas &amp; Strategies to Accelerate Improvement</b>	<ul style="list-style-type: none"> <li>• Ask kids what the perceived wants and/or needs are</li> <li>• Start earlier</li> <li>• Hawaii State Student Council – a way of increasing the voice of youth</li> <li>• Strategy that would provide an on-going relationship with those interested in quarterly meetings</li> <li>• Form a coalition</li> <li>• Deal with liability and red tape</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Reconvene to address the strategies for getting more kids to "hang with" youth and youth to "hang with" adults.</li> <li>• John, Bob and Dean are working to plan a meeting to reconvene attendees</li> <li>• Keep in touch</li> </ul>
<b>Who will take the Lead?</b>	<ul style="list-style-type: none"> <li>• West Hawaii Family Support Services, Tutu's House and YMCA</li> </ul>

# North Hawaii Community Forum

**April 25, 2001**

## **WORKFORCE DEVELOPMENT**

Vision	<p><b>Focus on qualified workforce</b>  <i>Caveat:</i> Most individuals in the group were commenting from a professional or organizational perspective. Only one member was speaking as a community member from the area</p>
Goals & Expectations for Session	<ul style="list-style-type: none"> <li>• To identify issues hindering workforce development and offer solutions to overcome these barriers</li> </ul>
Review of Vision	<ul style="list-style-type: none"> <li>• Great place to live, work, play, raise a family with a great sense of community              Issues regarding youth</li> <li>• Good community to live and work (vision statement)              Needed (critically) are community activities for youth in order to make this “vision” statement work for youth/young adults              Part time employment for youth (active mentoring program)              Need for more mentoring (trained mentor programs)              Need for public transportation option for youth/young adults</li> </ul>
Generation of Values that will Guide our Work	<ul style="list-style-type: none"> <li>• Not discussed</li> </ul>
Review & Addition to Outcomes/Indicators	<ul style="list-style-type: none"> <li>• Follow up on the low birth weight babies and educational attainment</li> <li>• Develop programs to increase academic aspiration rates? There is an Academic Aspiration Test by Dr. William Michael from USC. Use it on a pilot basis in select high schools</li> <li>• Is there accurate high school data in what graduates do?</li> <li>• See what affect the in-migration had on different geographic areas and examine the ethnicity, age, and education levels that were different from 1990 to 2000 for each area</li> <li>• Look at in-migration adult population in terms of age, education, and retirement?</li> <li>• How can these individuals joining the community become participants and volunteers in projects such as mentoring, Community partnerships, etc</li> <li>• How can the community both welcome and utilize this pool of talent?</li> <li>• Indicators to examine further             <ul style="list-style-type: none"> <li>Number of people having their own computer or convenient access to computer</li> <li>Usage rate of computers</li> <li>Applied career tracks                 <ul style="list-style-type: none"> <li>Available for on the job development of workers</li> </ul> </li> <li>Upward bound type activities                 <ul style="list-style-type: none"> <li>At the high schools</li> <li>In the communities</li> </ul> </li> <li>Mayor’s community meetings                 <ul style="list-style-type: none"> <li>Those activities to be directed in community meetings by Jane Testa and Sandra Sakaguchi, regarding issues on workforce development</li> </ul> </li> </ul> </li> </ul>

# North Hawaii Community Forum

April 25, 2001

## WORKFORCE DEVELOPMENT

	<p>Identifying partnerships <i>that exist to support the issues above</i></p> <p><b>Indicators</b> for future studies on workforce development issues</p> <p><b>Need for data</b></p> <ul style="list-style-type: none"><li>• Number of multiple job holders – base line What are the numbers? Examine data by gender/age</li><li>• See if there is an increase and/or decrease in those working<ol style="list-style-type: none"><li>1. two jobs part time</li><li>2. jobs with 40 hours or more plus a part time</li><li>3. also look at travel time/transportation issues with the multiple job issues</li></ol></li><li>• Business cost of health coverage Is this cost part of the motivator for businesses? Do businesses use part time/ 19 hours or less hire in order to avoid this cost?  If so, what can be done to assist business in assuming this cost in order to avoid the human “toll” or community toll?</li><li>• Agricultural work Do we really have accurate data on this?  ? How do you measure the <i>cash economy</i> that is currently occurring?</li></ul>
Ideas & Strategies to Accelerate Improvement	<ul style="list-style-type: none"><li>• Easy access to internet Access Place that is convenient, i.e. recreation centers, library Email connection</li><li>• One-Stop Roving Vans (i.e. Tutu’s House van – will have 8 computers) Career information Health information Community communication</li><li>• Educational attainment – improve the indicator Data regarding high school completion rates (mentioned earlier) Comparison of the 1990 census data and eventual 2000 data</li><li>• Education/training on the use of the computer is a critical need This item noted in the Surveys done by Rural Grant/Hawaii Community College in Partnership with KKCC and WDD This item noted in the WIA and their survey of employers</li><li>• Develop programs for youth How to have programs develop soft skills and basic skills for youth/adults Examples: COPC through HUD</li></ul>

# North Hawaii Community Forum

April 25, 2001

## WORKFORCE DEVELOPMENT

HHI grant (physical activity program will add transportation)

GAPS: Transportation (reliable) – for both adults and young adults/children

- After school programs
- Jobs

Tie in with the ability to access other educational opportunities  
(Transportation is a reoccurring problem)

Once a day public transportation Hilo-Waimea  
Kona-Waimea is not sufficient.

(? How can this be further extended and developed as a workable, dependable transportation service for access to jobs/training, etc.)

Strategy:

Involve employers in the solution

Rural grant option – arrange for a van pool from an area and on a pilot basis, “pay” the worker to ride to work

Develop “car repair” service for individuals at no/low cost

- Design model projects to illustrate the “out of box” options to see if they can be made to work
- Determine and publicize information on livable wage/income
  - What is it for the specific geographic areas?
  - Levels of the job...are they there for on the job/in the job movement
  - What is a livable wage? Is it 180% of the poverty level?
- Educational attainment issues
  - Impact of distance learning for high school/college students
  - Look at areas
  - Look at aspect of in-migration
- Community College students – how many who apply test at the unprepared level for English and Math? What happens to them?

### SUMMARY

- T-Transportation (Regular, reliable, affordable transportation)
- T-Technology access and skills in using and measurement of actual use
- T-Training and Education.
- T-Television/Public Access TV – how to better use in relation to all the issues/concerns noted.

Next Steps

- Community partnering
  - Government
  - Education
  - Private
  - Community member
  - Agencies

## North Hawaii Community Forum

April 25, 2001

### WORKFORCE DEVELOPMENT

How to create opportunities for meeting/networking/ sharing information	<ul style="list-style-type: none"><li>• Continue Five Mountain Efforts and publicize</li><li>• What is the best way to “publicize “ use of public access TV; etc.</li><li>• Community meetings scheduled for this year with Jane Testa, R and D, and Sandra Sakaguchi, Provost, of Community College for other communities “island wide” on workforce development</li><li>• Need to develop partnerships and then focus to create/support</li><li>• Focused partnerships targeted to goals that result in positive action</li></ul>
Who will take the Lead?	<ul style="list-style-type: none"><li>• Community College/Workforce Development<ul style="list-style-type: none"><li>Community Development</li><li>Add/create partnerships<ul style="list-style-type: none"><li>Private sector partnership</li><li>Partnerships with local and (state) government/public agencies</li></ul></li></ul></li></ul>

For follow up information contact Kathy Damon at the University of Hawaii – West Hawaii Center or Lori Sasaki with Workforce Development at 327-4797.

**North Hawaii Community Forum**  
**April 25, 2001**  
**FAMILY VIOLENCE**

<b>Vision</b>	<b>To have a safe community by reducing family violence</b>
<b>Goals and Expectations for Session</b>	<ul style="list-style-type: none"> <li>• Identify existing resources</li> <li>• Network with people wanting to work toward the same goal</li> </ul>
<b>Review of Vision</b>	<ul style="list-style-type: none"> <li>• Families live in safe and supportive communities</li> </ul>
<b>Generation of Values that will Guide our Work</b>	<ul style="list-style-type: none"> <li>• Need to understand the different cultural attitudes of violence and develop culturally appropriate solutions for all</li> <li>• Need to strengthen the family – everyone needs an understanding of their roles to help reduce social ills</li> </ul>
<b>Review and Addition to Outcomes / Indicators</b>	<ul style="list-style-type: none"> <li>• Need better data across ethnic and economic lines</li> </ul>
<b>Discussion of Underlying Causes</b>	<ul style="list-style-type: none"> <li>• Spousal/partner abuse – roots are power and control</li> <li>• Child abuse – roots in uncontrolled anger, frustration, ignorance</li> <li>• Abuse to elderly – roots in frustration, lack of support and services</li> <li>• Understand the role economics play in domestic violence</li> <li>• Children are entitled to a relationship that they can depend on</li> <li>• Domestic violence is a learned behavior, abused kids are more likely to commit sexual assaults, they are six times more likely to commit suicide and 1000 times more likely to be involved in domestic violence. If they do not receive treatment they will be more at risk.</li> <li>• In the education system, removing the problem/violent kids from classes is not a solution, they still need to get credit and continue education.</li> <li>• Need to be able to express emotions actively not physically towards each other</li> </ul>
<b>Ideas and Strategies to Accelerate Improvement</b>	<ul style="list-style-type: none"> <li>• Early education – need to teach how to discipline without violence (Violence may be all they know) <ul style="list-style-type: none"> <li><b>Possible Models</b></li> <li>○ In European countries they have information on milk cartons</li> <li>○ Victim witness program in Tucson</li> <li>○ Ride alongs – DART program in Honolulu</li> <li>○ Community Campaign: Violence is a community problem &amp; is unacceptable, communities need to be educated “Hands are not for Hurting” Engrain this is a violence free business, family, etc., the more it’s visible &amp; repeated the more it will sink in with people</li> </ul> </li> <li>• Feng Shui – setting up your household for peaceful interactions (fire and water don’t mix)</li> <li>• Having a place to go to learn new/different skills and ways to handle situations</li> <li>• Trained advocates need to be on the scene as fast as possible</li> <li>• Need to define community; commuting causes a breakdown in the feel of a community. Communities could have events like a hoolaulea to get together</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Groups in N. Hawaii that are actively working on family violence – DIVIAT &amp; West Hawaii Women’s &amp; Children’s Services</li> <li>• Having respite homes where people involved in violent situations can go, devoid of government. Kau’s revolving safe house</li> <li>• Get hospitals more involved – nurse/patient, doctor/patient, especially the NHCH emergency room</li> <li>• Involve/use the media – public awareness is crucial. Put info in restrooms</li> <li>• Family Support Services of West Hawaii provides info &amp; visits to homes with newborns</li> </ul>
<b>Who will take the Lead?</b>	DIVIAT in North Hawaii: Meetings monthly at Hale Ola Pono

# North Hawaii Community Forum

April 25, 2001

## SUBSTANCE ABUSE

<b>Vision</b>	<b>To create a safe, healthy community by reducing substance abuse</b>
<b>Goals &amp; Expectations for Session</b>	<ul style="list-style-type: none"> <li>• Can not be embarrassed about the problem</li> <li>• Raise community awareness</li> </ul>
<b>Review of Vision</b>	<ul style="list-style-type: none"> <li>• It's everybody's problem, it impacts the entire community</li> <li>• Need to organize the community to reduce substance abuse to create safe neighborhoods. When improvement is seen, need to be sure to share with the media</li> <li>• Need to realize health impacts/medical impact – especially with ice which often leads to domestic violence and crime</li> </ul>
<b>Generation of Values that will Guide our Work</b>	<ul style="list-style-type: none"> <li>• Personal responsibility</li> <li>• Courage</li> <li>• Source of love and respect</li> <li>• Giving back – selflessness</li> <li>• Parents need to be inspiration/source of love</li> <li>• Need a place where people/kids can go for love and acceptance</li> </ul>
<b>Review &amp; Addition to Outcomes/Indicators</b>	<ul style="list-style-type: none"> <li>• Need an island wide approach, not to just move the problem</li> <li>• Should focus on holistic community and family based solutions</li> <li>• Need a safe way to seek help for a drug user outside of the criminal justice system</li> <li>• Need accountability for the funds used</li> <li>• Use personal experiences to influence people – in workplace and schools</li> <li>• Parents need to take care of themselves so they have the capacity to care for kids</li> </ul>
<b>Ideas &amp; Strategies to Accelerate Improvement</b>	<p><b><u>Prevention</u></b></p> <ul style="list-style-type: none"> <li>• Multi-generational programs</li> <li>• Must focus on PREVENTION – start young with students and teens</li> <li>• Need to offer alternatives to drugs, activities – groups like Big Brothers, etc.</li> </ul> <p><b><u>Treatment</u></b></p> <ul style="list-style-type: none"> <li>• Communication: drug hotline, adults need to take responsibility for their behavior</li> <li>• Need to have treatment in prison/jail</li> <li>• Follow-up and continuing care/community based aftercare</li> <li>• Recognize key intervention points (abuse of gateway drugs – smoking, drinking) &amp; move for prevention at that point</li> </ul> <p><b><u>Policies</u></b></p> <ul style="list-style-type: none"> <li>• Work policies need to be clear, need to stress the impact in the workplace of drug use. Can involve drug testing</li> </ul> <p><b><u>Education /Community Awareness</u></b></p> <ul style="list-style-type: none"> <li>• Involved the media – show how drugs have ruined people's lives</li> <li>• Encourage more 'Take Back the Streets', Neighborhood Watch &amp; Scared Straight programs</li> </ul>
<b>Next Steps</b>	<ul style="list-style-type: none"> <li>• Big Island treatment center as a goal/rallying point             <ul style="list-style-type: none"> <li>○ Need a coalition committed to getting a treatment center</li> </ul> </li> <li>• Identify potential sources             <ul style="list-style-type: none"> <li>○ Hawaiian Homes – Molokai</li> <li>○ Parker Ranch</li> </ul> </li> <li>• Community organized drug and alcohol free events</li> </ul>

## North Hawaii Community Forum

April 25, 2001

### **SUBSTANCE ABUSE**

	<ul style="list-style-type: none"><li>• Police follow up to complaints</li><li>• Island wide information network re: dealers</li></ul>
<b>Who will take the Lead?</b>	<ul style="list-style-type: none"><li>• BISAC – provides treatment resources</li><li>• Waikoloa Community Church – Saturday night youth activities</li><li>• TEAM Kohala – teen treatment center</li><li>• Develop TEAM Waimea</li><li>• Tutu’s House – open to hosting programs and providing information</li><li>• Neighborhood Watch (MN)</li><li>• Community Focus for HPA Students (RD)</li><li>• Video to loan to schools</li><li>• Speakers Bureau for schools re: abuse &amp; consequences, need to take a lifetime stand &amp; have a connection to being here (FH)</li></ul>

For more information on the development of supportive services in North Hawaii please contact Five Mountains at 887-1280 or [fminfo@fivemtn.org](mailto:fminfo@fivemtn.org).

For more information about youth prevention activities contact Family Support Services of West Hawaii - Kona 326-7778 or LaValle Dias at Waimea 885-0086, extension 20.

**North Hawaii Community Forum**  
**April 25, 2001**  
**TEEN PREGNANCY**

Vision	<b>TEEN PREGNANCY PREVENTION</b>
Goals and Expectations for Session	<ul style="list-style-type: none"> <li>• Discuss solutions for reducing the teen pregnancy rate</li> </ul>
Generation of Values that will Guide our Work	<ul style="list-style-type: none"> <li>• Resource list development--agencies will send in information by May 15, 2001 Ariadne will obtain current resource listings from Cathy Marquette</li> </ul>
Review and Addition to Outcomes/Indicators	<ul style="list-style-type: none"> <li>• Task force may become a sub committee of Malama A Ho'opili Pono in the future</li> <li>• We will link with Teen Pregnancy Prevention Coalition on Oahu, with Arline Harmon as co-chair Ariadne will plan to attend their next meeting in July</li> <li>• We discussed teen viewpoints re: teen pregnancy prevention with the students from Parker School</li> </ul>
Ideas and Strategies to Accelerate Improvement	<ul style="list-style-type: none"> <li>• Partnership with Malama a Hoopili Pono at Hale Ola Pono Health Center offering free pregnancy tests and family planning education</li> <li>• "It Can Happen to You" teen theatre presentation from Oahu to be on Big Island in the fall, in association with Family Services of West Hawaii</li> <li>• Let's Talk Month in October helping parents to talk with kids about sex and relationships</li> <li>• Involving teens in as many planning and implementation processes as possible</li> </ul>
Next Steps	<ul style="list-style-type: none"> <li>• Implementation of the Kahua Program Curriculum on Life Skills and Sexuality Education at Honokaa High School, Pilot programs to begin in September</li> <li>• Next meetings of Teen Pregnancy Prevention task force to take place in June and in August</li> </ul>
Who will take the Lead?	<ul style="list-style-type: none"> <li>• North Hawaii Women's &amp; Children's Services, 885-9318 or <a href="mailto:nhwcs@aol.com">nhwcs@aol.com</a></li> </ul>

**North Hawaii Community Forum**  
**April 25, 2001**  
**COMMUNITY ECONOMIC DEVELOPMENT**

Vision	<b>To increase community economic development</b>
Goals & Expectations for Session	<ul style="list-style-type: none"> <li>• Identify funding sources</li> <li>• Identify partners who share common values</li> <li>• Identify opportunities to turn youth's talents &amp; skills into Economic Development</li> <li>• Identify economic endeavors that help families spend time together</li> <li>• Identify how to keep Economic Development within the community</li> </ul>
Review of Vision	<ul style="list-style-type: none"> <li>• County Strategies:  Community based input  Tourism/Agriculture emphasis; community based efforts to be integrated with and supportive of the economic pillars  Identify &amp; build on existing assets, partnerships &amp; initiatives to support community based economic development planning  Use as guide for future decisions &amp; partnerships &amp; grant proposals  "Self governance" at the community level when possible is the ultimate goal</li> </ul>
Generation of Values that will Guide our Work	Controlled growth Good mentoring Community based Partnering Balancing of vision, desires, history, etc. "Attitude" Education Cultural considerations Resolve higher conflicts Economic sustainability Teaching the whole community to contribute to economic development involvement. Meet in positive ways for positive purposes Define a context in value-oriented terms For all ages Convergence over time & dialogue on a variety of issues Connect to health & health education Diversity of cultures & environments Everybody wins

**North Hawaii Community Forum**  
**April 25, 2001**  
**COMMUNITY ECONOMIC DEVELOPMENT**

<p>Review &amp; Addition to Outcomes/Indicators</p>	<p>Indicator: # of adults receiving training/education that helps economic sustainability.</p> <ul style="list-style-type: none"> <li>• An area that takes three major ahupuaa together &amp; do a sustainable economic development project (local, cultural, regional, multi-dimensional context).</li> </ul> <p>Indicator: Overall health of the community</p> <ul style="list-style-type: none"> <li>• Increasing the voice of the Hawaiian people</li> <li>• Family incomes that allow adults to spend time w/their families</li> <li>• Making life more affordable</li> <li>• Opportunities for profitability in economic development.</li> </ul> <p>Indicator: # of youth able to do economic development successfully</p> <ul style="list-style-type: none"> <li>• Encourage appropriate youth to be paired with mentors</li> <li>• Controlled economic development</li> </ul> <p>Indicator: Income contributed by young persons to the family</p> <ul style="list-style-type: none"> <li>• That economic development begins here &amp; is not just an end point (building community wealth)</li> </ul>
<p>Ideas &amp; Strategies to Accelerate Improvement</p>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Kids able to get experience, get around</li> <li>• Interfacing between plans and decision makers and getting them implemented</li> <li>• Strong, united, community based groups</li> <li>• Connectors among organizations</li> <li>• Need training &amp; support to sustain conversations</li> <li>• Need to address the balance between new energy and existing community dynamics/vision</li> </ul>
<p>Next Steps</p>	<ul style="list-style-type: none"> <li>• Have another discussion that allows more time</li> <li>• Be sure results are summarized &amp; distributed</li> <li>• Support county's community based plan to go into communities</li> <li>• Five Mountains to send a questionnaire asking what the economic development tipping points are.</li> </ul>
<p>Who will take the Lead?</p>	<p>Five Mountains will gather "tipping point" information and convene a follow up economic development meeting.</p>

**North Hawaii Community Forum**  
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**SUCCESSFUL AGING**

Vision	<b>To build a healthy community which includes a ‘Successful Aging’ population (New Group)</b>
Goals & Expectations for Session	<ul style="list-style-type: none"> <li>• Identify issues</li> <li>• Identify rules and regulations that affect the aging population</li> <li>• To learn to encourage successful aging by providing appropriate services and program to meet needs</li> </ul>
Review of Vision	<ul style="list-style-type: none"> <li>• Community developing programs to keep seniors active, productive and healthy</li> <li>• “Successful Aging” should be the vision of all seniors</li> </ul>
Generation of Values that will Guide our Work	<ul style="list-style-type: none"> <li>• Encourage community understanding of the importance of aging with dignity.</li> <li>• Keep seniors integrated into the community to maintain their positive outlook</li> <li>• Explore alternatives to ‘successful aging’</li> <li>• Each community should be responsible for their seniors</li> </ul>
Review & Addition to Outcomes/Indicators	<ul style="list-style-type: none"> <li>• Elderly staying as long as possible in their own home</li> <li>• There is no nationwide strategy for aging</li> </ul>
Ideas & Strategies to Accelerate Improvement	<ul style="list-style-type: none"> <li>• Think out of the box – “Seniors” Clubs should assist any middle age group, age regulations should foster goal of “successful aging’ or be eliminated</li> <li>• Need assistance from agencies to focus on wellness and independent living programs</li> <li>• Transportation</li> <li>• Respite care – Mobile care</li> <li>• Increase productivity of seniors</li> <li>• Adult companion program</li> <li>• Re-growth of the extended family</li> <li>• Funding</li> </ul>
Next Steps	<ul style="list-style-type: none"> <li>• Community voices program</li> <li>• Continue dialogue of group through the Office of Aging</li> </ul>
Who will take the Lead?	<ul style="list-style-type: none"> <li>• Office of Aging, 961-8600</li> </ul>

**North Hawaii Community Forum**  
**April 25, 2001**  
**CREATING SCHOOL PARTNERSHIPS**

Vision	<b>A community of partnerships among schools, working together, to improve teaching and learning</b>
Goals & Expectations for Session	<ul style="list-style-type: none"> <li>• Identify tipping points to improve school-community relations</li> </ul>
Review of Vision	<ul style="list-style-type: none"> <li>• A community of partnerships among schools, working together, to improve teaching and learning - “School-Community Partnerships,” was seen as secondary to creating school-school partnerships across public, private and home schooling sectors</li> </ul>
Generation of Values that will Guide our Work	<ul style="list-style-type: none"> <li>• Putting the Vision into Words <ul style="list-style-type: none"> <li>“Communities that care; schools that learn”</li> <li>“Kids and communities growing together”</li> <li>“Learning together”</li> <li>“Healthy kids, healthy communities”</li> <li>“Working together for a better community”</li> <li>“One voice for every child”</li> <li>“Caring together”</li> <li>“It takes a community to raise a child”</li> <li>“Pacing our way together”</li> <li>“Lets do it together”</li> <li>“Working hand in hand towards success”</li> <li>“Education: it’s as 24/7 experience”</li> <li>“Keiki/community collaboration”</li> </ul> </li> </ul>
Review & Addition to Outcomes/Indicators	<ul style="list-style-type: none"> <li>• Number and intensity of school-school connections (partnerships, collaborations, activities among schools). EXAMPLE: HPA class adopts a Waimea Elementary School class, HPA students tutor and share fun events with HPA students</li> <li>• Development of an effective, meaningful “Rotary Club” of school principals, who would meet quarterly to work together on common issues, develop initiatives to present a “united group” between schools &amp; community groups EXAMPLE: Could develop a quarterly calendar of activities, to reduce overlap of events on same day and increase total community participation in all events.</li> <li>• Number and intensity of connections between schools and businesses, community leaders EXAMPLE: a “web” with a few strands would have many strands, interconnecting. No silos!</li> </ul>
Ideas & Strategies to Accelerate Improvement	<ul style="list-style-type: none"> <li>• Cross-school planning of events, of curriculum, sharing resources EXAMPLE: one school may plan a spectacular 6th grade environmental curriculum; invite other schools to participate in events related to this. Field trips, science fairs might be especially easy to share. Help get kids from different schools to know each other too.</li> <li>• Cross-school coalition for educational planning, information, problem solving</li> </ul>

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	<ul style="list-style-type: none"> <li>• Share problems and resources as openly as possible: someone may have the solution to someone else’s problem in almost any area. Better use of teaching resources in North Hawaii area if don’t reinvent wheel.</li> <li>• Educator dinners to promote communication on issues, and to share creative ideas, build informal networks so can pick up phone, call an educator friend and get help, support, ideas</li> <li>• A calendar of fund-raisers could present once or twice a year to the businesses, resorts, etc. that may feel nibbled to death by ducks. A sort of semi-United Way for schools.</li> <li>• Develop across-school community projects, such as the Waimea watershed project, where different schools might come together in a cooperative, non-competitive activity,</li> <li>• ***** FIVE STAR IDEA, possible tipping point based on group response. Transportation is an incredible barrier for schools, in almost every school. Develop a transportation pool, get funds to purchase &amp; maintain a van or two, share transportation pool across schools. Possible specific activity also for school-business cooperation?</li> <li>• ***** ENRICHMENT TEACHER POOL, possible tipping point. Sharing enrichment teachers---drama, dance, art, music, film--across schools with an annual festival of the arts</li> </ul>
<p>Next Steps</p>	<ul style="list-style-type: none"> <li>• Use e-mail; get an e-mail forum/education forum going where the ideas would be answered fast enough and well enough for principals to use. News of grant opportunities, etc. Would need a good “site master” to keep flow going. This would NOT be a PR web site but a functional list, with email for all principals and heads, public, private and home.</li> <li>• Share ideas quickly re: problems and solutions. Every three months, principals meet, scan the horizon of problems solved, emerging problems, see if they can develop common united front strategy for solving.</li> <li>• Sharing a grant writer across schools, coordinator of school-business relationships across schools. If someone isn’t paid to do this, it won’t happen.</li> <li>• Develop a speaker’s bureau for the public, PTAs, Chamber of Commerce, professional and trade organizations etc. of principals and educators willing to speak on topics related to education. Example of how a great speaker on school successes and needs can get a business organization really fired up to “do something”---also can build appreciation of school successes so public hears the good news as well as needs, problems. Publicize so everyone knows can make ONE call and get a complete list of available speakers and topics.</li> <li>• Facility sharing---gyms, playing fields, libraries, computer facilities.</li> </ul> <p>NOTE 1: Some members wanted to include everyone---parents, students, community members, businesses, teachers, and principals--at almost any planning event or “Rotary” as they are all stakeholders in education. This would require good thought in finding a forum where all the stakeholders across all the schools could be included meaningfully---not as members of the audience, but as participants.</p> <p>Other members felt that such a forum was useful for some purposes, but costly and cumbersome to arrange and was not conducive to developing a cooperative, trusting relationship individual by individual across the different individual schools. From this perspective, the key player is the principal or headmaster; and her/his time has to be VERY well spent in getting specific benefits or returns to be worth the investment.</p> <p>NOTE 2: This group did not dwell or focus on school-community partnerships, or identify specific issues of parent-school relations. This was because most participants took as a GIVEN that with most parents working two or more jobs, travel</p>

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	<p>distances, and family responsibilities it was simply unrealistic to expect better participation between schools and families than already “here.” Some community members and families have the time and the “fire in their bellies” to be highly involved in the school. Most do not. There was some discussion of needing a better indicator or measure of school-family and school-community relationships than the traditional measures, to reflect economic realities.</p> <p>The group focused on partnerships AMONG schools as the starting point with greatest leverage. The focus on school-school partnership is a DECISION, not an oversight.</p> <p>NOTE 3: A vision was proposed toward the end of the meeting of a society where all students formed a common student pool with access freely to all teaching facilities in a community in whatever way most benefits or best fits an individual student’s needs. Actually such a vision is in place here and there: some schools form “partnerships” where student exchanges are encouraged. facilities shared, etc. Magnet schools are another example: where a community deliberately recognizes that students have notably different skills and interests and establishes middle or high schools with particularly strong curricula in this regard. These tend to be a network of smaller schools, distributed across many communities.</p> <p>Pursuing this vision for North Hawaii could be exciting, although it implies great changes in current educational planning, strong financial support for scholarships and differential costs, and above all---transportation, transportation, transportation.</p>
Who will take the Lead?	Pieper challenged Five Mountains to make a commitment to provide the arrangements, organizational support for at least a year to get the Principal’s Rotary (or Hui) started, meeting quarterly. Sharon Vitousek, M.D. made the commitment on the spot. Pieper agreed/volunteered to work with Sharon to get input from principals on their hot-button topics and plan meetings so they would lead to results, action and impact.
How to create opportunities for meeting/networking/ sharing info?	

For more information about the principal’s meeting contact Five Mountains at 887-1280 or [fminfo@fivemtn.org](mailto:fminfo@fivemtn.org).

**North Hawaii Community Forum**  
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**NORTH HAWAII HEALTHCARE COMMONS**

Vision	<b>This breakout session addressed the project concept of creating an informal, ongoing strategic conversation group concerning the future of healthcare delivery in North Hawaii.</b> Such a group of leaders and futuristic thinkers would use such strategic thinking methods as scenario building and shared visioning to explore possible futures of healthcare delivery and financing for North Hawaii as well as how to shape the community health care system of the future.
Goals and Expectations for Session	The goals of this session were to “test the waters” with session attendees to determine if such an approach was advisable, to identify key driving forces and obstacles and to gather suggestions on the best ways to proceed if the group felt the concept worth pursuing.
Review of Vision	<ul style="list-style-type: none"> <li>• Origins of this idea</li> <li>• Fundamental elements and principles of a strategic conversation group and strategic scenario building</li> </ul>
Generation of Values that will Guide our Work	More education and common understanding of this approach would need to be achieved before key players would totally embrace this idea. A number of wise suggestions and references were identified by the group to consider as this project is developed.
Review and Addition to Outcomes/Indicators	The consensus of those attending was that the idea was worth pursuing and could be of benefit to healthcare providers in the region as well as the community as a whole.
Ideas and Strategies to Accelerate Improvement	<ul style="list-style-type: none"> <li>• Find successful examples of this approach, particularly non-corporate examples</li> <li>• Consider bringing in an expert to help educate and advise the project</li> </ul>
Next Steps	<ul style="list-style-type: none"> <li>• Create greater awareness and interest</li> <li>• Educate the key players through small group and 1-on-1 meetings</li> <li>• Prepare good support materials to better explain the concept</li> <li>• Create an accepted common purpose statement and phrase for this project</li> </ul>
Who will take the Lead?	Pat Linton will continue to lead this project and facilitate its development with the help of interested attendees and other key player in North Hawaii who need to become involved. If you are interested in becoming involved, contact Pat at 887-1284 or <a href="mailto:plinton@fivemtn.org">plinton@fivemtn.org</a> .

## Excellence in Community Kokua

Citizens in North Hawaii who are examples of exceptional community kokua and who have gone beyond the call to advance community health, quality of life, and improved opportunities were honored by Five Mountain Medical Community on Wednesday, April 25, 2001, at the second annual North Hawaii Healthy Community Forum at Kahilu Theatre. Although numerous groups deserved recognition, three exemplary community projects received Community Kokua Recognition Awards: the North Hawaii Community Policing Project, TEAM Kohala, and the Waikoloa Community Learning Center.

Honorees for the Community Policing project were officers Jonathan Bartsch from North Kohala, Vance Fujii from Honokaa, and Charlie Lindsey, Michael Hodson, and Tom Wright from Waimea. The community policing officers, who devote much of their personal as well as professional time, were acknowledged for their exceptional service in promoting community collaboration for public safety and advocating an increase of positive opportunities for youth.

North Hawaii residents Linda Copman and Art Souza from the Waikoloa Community Learning Center/Waikoloa Elementary School were also recognized. Waikoloa Community Learning Center, in conjunction with Waikoloa Elementary School, was noted for excellence in promoting educational attainment and community collaboration. The Learning Center offers a wide range of academic, workforce development, and creative arts classes for people of all ages and has become a focal point for building community spirit and pride in Waikoloa.

TEAM Kohala, represented by Lani Bowman, Nani Svendsen, and Dennis Matsuda was applauded for their members' leadership and commitment in spearheading an island-wide effort to prevent substance abuse and to develop community-based treatment options for Hawaii Island residents. A week after the Community Forum was held, TEAM Kohala, an evolving group of community members from North Kohala, was awarded a \$300,000 per year, two-year State grant-in-aid to establish a supportive living project in North Kohala. This grant provides for a residential substance abuse treatment program, designed by the community, and at least five new health sector jobs in North Kohala.

The Community Kokua Recognition Awards are one way to recognize exemplary community collaborations that are making real strides toward improving the health and quality of life in North Hawaii. For more information or to participate, contact the Five Mountain Medical Community office at 808-887-1280 or email to [fminfo@fivemtn.org](mailto:fminfo@fivemtn.org).

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