



Hawai`i County Underage Drinking Prevention Initiative

County of Hawaii Underage Drinking Prevention Plan 2009-2011



Revised April 5, 2010

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Executive Summary

1. Description of County of Hawaii ("COH")

The County of Hawaii ("COH") or the "Big Island," is the southernmost island in the Hawaiian chain. It is the youngest and also the largest with slightly over 4,000 square miles. This is roughly twice the landmass of the rest of the State combined.

The Big Island is an island of great geographical diversity. Hilo on the east side of the island receives an average of 130 inches of rain per year while Kona in the west (roughly 75 miles away) receives only 25 inches annually. This is largely due to the volcanoes of Mauna Kea and Mauna Loa which form a mountain barrier separating the eastern and western halves of the Island.

According to the 2000 census, Hawaii County is home to 148,677 residents or about 12% of the State's population. Population distribution among the nine judicial districts within the County is as follows:

Judicial District	Population	% of Total County Population
South Hilo	47,386	32.9%
Puna	31,335	21.1%
Ka`u	5,827	3.9%
South Kona	8,589	5.7%
North Kona	28,543	19.2%
South Kohala	13,131	8.8%
North Kohala	6,038	4.1%
Hamakua	6,108	4.1%
North Hilo	1,720	1.2%

The seat of government is located in Hilo, which is on the eastern side of the island, while the majority of tourism-related activity takes place in Kona and South Kohala, on the western side of the island. East and South Hawaii in general have lower land prices than in North and West Hawaii, with income figures from the four geographic areas reflecting land prices.

Approximately 15% of homes in Hawaii County do not receive water from County or private sources but rather rely on water catchment systems and private wells. Most of these homes are in remote and/or non-conforming subdivisions, few of which have paved roads and, in some cases, commercial electrical power. Given these housing patterns, the availability of social and emergency services is sporadic.

2. The Burden and Consequences of Underage Drinking in County of Hawaii

COH's contribution to the statewide burden created by underage drinking is clearly significant and amongst the highest of all four counties in the State of Hawaii. (Yet, at the same time, COH has the infrastructure to accept a large percentage of available funds in order to address the problem properly.) At 24%, the COH's Substance Abuse Risk Factor is highest among the counties according to the 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study.

- **Underage Drinking is Widespread.** 49.8% of 12th-grade students, 36% of 10th-grade students, 18% of 8th-grade students, and 6.2% of 6th-grade students used alcohol in the past 30 days. (County of Hawaii: Epidemiological Profile of Alcohol Related Behaviors among Youth ["COH Epi Profile"], May 2009. Page 10, Figure 3.) Over 70% of current 6-12th grade users drink regularly. (COH Epi Profile, May 2009. Page 12, Figure 6.)
- **Underage Drinkers Start Young.** Males and females start drinking at about 12 years of age. (COH Epi Profile, May 2009. Page 11, Figure 5.)
- **Alcohol is Readily Available to Underage Youth.** Over 22% of current users in Hawaii County ("COH") had the ability to purchase alcohol even though they are underage, with approximately 28% of underage male users able to purchase alcohol. (County of Hawaii: Epidemiological Profile of Alcohol Related Behaviors among Youth, May 2009. Page 14, Figure 10.) There were a higher proportion of students being offered alcohol by parents, siblings, other relatives, friends, and other people in COH compared to the overall percentages in Hawaii. In particular, approximately 46% of all 6th-12th graders obtain alcohol from their friends; another 30% obtain liquor from relatives other than parents and siblings; and approximately 20% obtain alcohol from each of the following categories: parents, siblings, and other people. (COH Epi Profile, May 2009. Page 15, Figure 11.)
- **Family Attitudes & Behavior Are Not Always Helpful.** The social access to alcohol is in part fostered by the widespread exposure to alcohol from parents (in particular), other relatives, and friends. (COH Epi Profile, May 2009. Page 17, Figure 12.) It is also fostered by parental attitudes of underage drinking. Among all 6th-12th graders, approximately 25% of have parents with attitudes that are favorable to alcohol, tobacco, and drug ("ATOD") use. (COH Epi Profile, May 2009. Page 18, Figure 13.) 14% of youth feel that drinking alcohol is OK as long as they drink at someone's house. (Youth Alcohol Survey. Page 2, Question 10.)
- **Social Norms are Conducive to Underage Drinking.** There is a clear connection between underage drinking and family, peer, and community social norms. COH reports figures at or above the State average among 6th-12th graders for nearly every risk factor in the Family Domain, Peer-Individual, and Community Domains. (The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study Adolescent Prevention and Treatment Needs Assessment - Hawaii District.)
- **Perceived Risk is Low.** Only 22% of youth believe there is just a slight or moderate risk of people harming themselves physically or in other ways when

they have five or more alcoholic drinks once or twice a week. (Youth Alcohol Survey. Page 2, Questions 7.)

The consequences of the pervasive underage drinking problem in Hawaii County are clear:

- **Early Use.** The mean age of first use of alcohol among youth ages 12-17 is approximately 12 years old. (COH Epi Profile, May 2009. Page 11, Figure 5.)
- **Frequency of Use.** 50% of all 12th graders used alcohol within the past 30 days. (COH Epi Profile, May 2009. Page 10, Figure 3.) In 2008, 18.7% of COH's adult population reported being affected by binge drinking. (County of Hawaii Data Book Section 2: Vital Statistics and Health.)
- **Dependence.** Nearly 30% of all current youth users report abuse/dependency of alcohol. (COH Epi Profile, May 2009. Page 13, Figure 8.)
- **Unlawful & Antisocial Behavior.** An average of 124 arrests of minors was made per year from 2005-2007 for alcohol related offenses. (COH Epi Profile, May 2009. Pages 24-25, Tables 3-5.) Over 20% of all current youth users are able to purchase alcohol illegally. (COH Epi Profile, May 2009. Page 14, Figure 10.) 3% of youth were drunk or high at school within the past 30 days. (Youth Alcohol Survey. Page 2, Question 5.)
- **Drunk Driving.** Alcohol-related fatalities in the COH are the highest in the State of Hawaii according to FARS data. There were 15 underage DUI-related arrests in 2005, 12 in 2006, 17 in 2007, 14 in 2008, and 15 in 2009 (as of 11/04/2009). (COH Epi Profile, May 2009. Pages 24-25, Tables 3-5.) In 2008, 2.9% of COH's adult population reported being affected by drinking and driving. (County of Hawaii Data Book Section 2: Vital Statistics and Health.)
- **Alcohol Treatment Required.** There were over 50 youth aged 14-17 and 30 youth aged 12-13 enrolled in alcohol treatment in 2006. (COH Epi Profile, May 2009. Page 26, Figure 23.)

3. The HI-SPF Project

The Hawaii Strategic Prevention Framework State Incentive Grant ("HI-SPF") is a project funded through a cooperative agreement with the Center for Substance Abuse Prevention ("CSAP") of the Substance Abuse and Mental Health Administration ("SAMHSA"). The National SPF initiative is a five-year cooperative agreement with CSAP, that awards states up to \$2.35 million per year for five years with the goal of: 1) Preventing the onset and reducing the progression of substance abuse, including childhood and underage drinking; 2) Reducing substance abuse related problems; and 3) Building prevention capacity and infrastructure at the State, tribal, territorial, and community levels.

In late 2006, Hawaii was among the third cohort of states to receive a SPF-SIG grant from CSAP. To achieve SPF-SIG goals the HI-SPF is working with counties (sub-recipients) to deliver and sustain effective substance abuse prevention. The counties will

collaborate and/or work with programs (new and/or established) to accomplish the goals of the HI-SPF by following the 5-Step SPF-SIG process of:

- Assessment
- Capacity
- Planning
- Implementation
- Evaluation

(The County of Hawaii's Underage Drinking Prevention Plan is organized according to the 5-Step SPF-SIG process.)

The Hawaii Department of Health's Alcohol & Drug Abuse Division ("ADAD") received the project from the Hawaii Governor's Office and embarked on the effort to implement the SPF. In 2007, the State Epidemiological Workgroup was formed and subsequently updated the Hawaii Epidemiological Profile for Substance Abuse Prevention (revised March, 2008) to address some of the data gaps identified in the Spring 2006 edition and to meet the data requirements of the SPF-SIG. Also during 2007, the State Advisory Council ("SAC") was established to assist with the implementation of the SPF-SIG. The SAC is comprised of representatives from the Governor's Office and other state departments and agencies including, among others, the Department of Education, the coalition for a Drug-Free Hawaii, the Hawaii National Guard, and each of Hawaii's four island counties.

Since its short inception, SAC members within each county have been instrumental with building commitment and capacity for SPF-SIG at the county and state levels. One accomplishment for the SAC is the development of the State of Hawaii Underage Drinking Prevention Plan ("HI-SPF"). Based on the data collected in the assessment phase, the SAC determined that the HI-SPF project goal is the reduction and prevention of underage alcohol consumption for youth 12 -17 years.

4. The Relationship between COH and the State HI-SPF Project

The HI-SPF Plan outlines a collaborative approach in which data driven county level plans that utilize evidence-based practices and programs will be developed and implemented to further assist with achieving the goal. County Advisory Councils ("CAC") in each of Hawaii's four island counties, Kauai County, Honolulu County, Maui County, and Hawaii County were created to develop and implement the county level plans. Each CAC is comprised of key community stakeholders representing various organizations and departments within the applicable county in addition to a designated Chairperson.

COH was awarded \$313,950 from Phase 1 of SPF-SIG for the Assessment, Capacity Building, and Planning steps of the SPF-SIG process. Phase 2 funds, which support the Implementation and Evaluation steps of the SPF-SIG process, will be awarded on a

competitive basis among Hawaii's four counties. The period of performance for the Phase 2 grant is scheduled to run through September 2011.

5. Why COH is Involved in this Project

COH is involved with HI-SPF not solely because of the burden and consequences of underage drinking, but because of the important role it will play in the lives of Hawaii's current and future generations.

Mayor Billy Kenoi is a major proponent of HI-SPF and has been so since prior to his election. He clearly states that the prevention framework (which here targets underage drinking but will expand to include other problem areas in the future) and the need to protect and advance all children is a number-one priority of his administration. This need is magnified given the economic downturn, which amplifies various types of suffering throughout the community. Mayor Kenoi states that the necessary pieces are in place to implement a highly successful strategic prevention framework; those pieces include the SPF-SIG grant opportunity (which facilitates the creation of causes and conditions for a long-term sustainable framework), a strong volunteer network, improvements and adjustments to the transportation system, partnerships with schools and service providers, and a pervasive spirit of Aloha. Mayor Kenoi feels that: Healthy Family = Healthy Community = Healthy Island.

6. Description of How the COH Underage Drinking Plan Relates to the State Underage Drinking Plan

COH's Underage Drinking Prevention Plan is directly aligned with the State Underage Drinking Prevention Plan in numerous ways.

- The focus is the reduction and prevention of underage alcohol consumption for youth 12-17 years old.
- COH's SPF-SIG goals are directly connected to the HI-SPF indicators and desired indicator outcomes in Table 15 of the State Underage Drinking Prevention Plan.
- The 5-step SPF-SIG process provides the foundation for the project.
- All decision-making is data driven.
- Cultural competency is integrated throughout all phases.
- The selection of evidence-based programs (based upon sound planning) and their subsequent adaptation and implementation provide the primary vehicle with which to affect positive change.
- A strong focus on environmental strategies and sustainability beyond the grant's period of performance is critical.

7. Description of the Lead Organization

COH's lead organization for the SPF-SIG project is the Office of the Mayor. Hawaii County's Office of the Mayor provides direction, leadership, and operational supervision for all Executive Branch departments and agencies and works in conjunction with the County Council to develop and implement policies described under Articles IV and V of the County Charter.

COH's original lead organization for the project was the Office of the Prosecuting Attorney. However, Mayor Kenoi feels so strongly about the importance of SPF-SIG that stewardship of the grant was transferred to the Office of the Mayor in October 2009. The initiative is now under his direct purview.

8. Description of COH's County Advisory Council ("CAC")

The SPF-SIG Hawaii County Advisory Council was developed through a collaborative effort between the Office of the Mayor, Office of the Prosecuting Attorney, and the Neighborhood Place of Kona. Efforts were made to include representation from both East and West Hawaii, and also representation from agencies that have an understanding of the issues surrounding underage alcohol consumption in Hawaii County. As a result, Hawaii County's CAC consists of approximately 15 individuals from the following diverse areas of the community:

- COH Government Agencies
 - Office of the Mayor
 - Department of Liquor Control
 - Police Department
 - Office of the Prosecuting Attorney
 - Department of Research and Development
- Service Providers
 - Big Island Substance Abuse Council
 - Family Support Services of West Hawai'i
 - Child & Family Service
 - Neighborhood Place of Kona
 - Queen Liliuokalani Children Center
 - The Salvation Army
- Hawai'i National Guard Counterdrug Support Program

The CAC will be maintained by the SPF-SIG Hawai'i County chairperson through the conclusion of the project. Activities will include the convening of meetings and the timely dissemination of minutes and other information forwarded from the Department of Health – Alcohol and Drug Abuse Division. The CAC will be sustained in a similar fashion once SPF-SIG funding has expired.

The CAC's mission is:

The Hawai'i County SPF-SIG Advisory Council strives to achieve a safer and healthier community by decreasing underage drinking through partnerships and collaboration.

Its guiding principle is:

We believe in community safety, prevention, and identification of resources.

9. Statement of CAC's Vision

A safe and healthy community through collaboration

10. The Selected of Evidence-based Strategies

COH will address underage drinking by implementing several evidence-based strategies that are part and parcel of the selected evidence-based programs (which are discussed in Section 11 of this Executive Summary). The particular strategies were selected because they target both the supply of and demand for alcohol, which is deemed essential to the success of the initiative.

- Demand reduction strategies (which create change at the level of the individual and/or environmental level) include:
 - Information Dissemination (educate the public through multiple channels, including via media campaign and events)
 - Prevention Education (which will be facilitated by improving access to programs through transportation options, more facilities, and longer facility hours)
 - Alternative and Skills-based Activities
 - Community Collaboration
- Supply reduction strategies (which induce change at the level of the environment) include:
 - Reduce Access via Retail Outlets (e.g., compliance checks and seller training)
 - Policy Change (e.g., consistent alcohol-prohibited hours across all parks and public places)

Strategies were selected through Planning Team collaboration by analyzing data from the Assessment phase, using knowledge gleaned from training, conducting discussions with service providers and subject matter experts, and performing additional research to determine appropriateness and potential effectiveness.

11. The Selected Evidence-based Programs

COH plans to implement multiple EBP's in order to provide flexibility to service providers while ensuring a broad range of evidence-based strategies that enable COH to effectively target all of the initiative's goals and objectives.

Communities Mobilizing for Change on Alcohol ("CMCA")

- CMCA is an environmental approach to underage drinking prevention. It is a comprehensive and effective approach to prevention because its strategies and activities focus on the reduction of both supply of and demand for alcohol, which covers all three goals and corresponding objectives of this initiative.
- CMCA was chosen during the ADAD's September 28, 2009 EBP training session held at the Japanese Cultural Center in Honolulu. Confirmation of its usability was made using SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) at <http://nrepp.samhsa.gov/>.

Positive Action

- Positive Action is an integrated and comprehensive program that is designed to improve problem behaviors such as substance use on the individual level via programs taught in-school and/or after-school. All materials are based on the same unifying broad concept (one feels good about oneself when taking positive actions) with six explanatory subconcepts (positive actions for the physical, intellectual, social, and emotional areas) that elaborate on the overall theme. The program is helpful in addressing issues related to peer social norms and family social norms.
- Positive Action was first identified during discussions with Big Island service providers, one of which proposed to implement the program as its primary focus. Follow-up research using NREPP confirmed its eligibility.

Too Good for Drugs & Violence

- Too Good for Drugs & Violence is a school-based and after-school prevention program to reduce alcohol, tobacco, and drug use by teaching students how to be socially competent and autonomous problem solvers. The program is designed to benefit at-risk youth by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. It is particularly helpful in addressing issues related to peer social norms and family social norms, which is a significant challenge on the Big Island according to the Assessment contained herein.
- Too Good for Drugs & Violence was first identified during discussions with Big Island service providers, one of which is currently implementing the program successfully. Follow-up research using NREPP confirmed its applicability.

Other EBP's may include *Project Venture* and *AlcoholEdu*.

12. Why the Services are Needed

The services funded by SPF-SIG are desperately needed because the assessment data shows that underage drinking is a problem with consequences that affect the health and well-being of Big Island youth and adults. The problem creates short-, intermediate-, and long-term social and public health costs that are absorbed by all of society.

13. The Target Geographical Areas

The underage drinking problem and its related consequences are simply too widespread to focus on a single area alone. Therefore, programs are planned in all nine districts across Hawaii County: North Hilo, South Hilo, Puna, Ka`u, South Kona, North Kona, South Kohala, North Kohala, and Hamakua.

In addition to reasons related to need, COH possesses the experience, capability, human resources, service provider coverage, and commitment to implement successful programs throughout the Big Island. There are abundant opportunities for COH to allocate funding to activities and organizations that will produce successful results. Therefore, COH has the capacity to receive as much funding as ADAD is able to provide.

14. The Target Population to be Served

The target population includes all demographics and ethnic groups spread throughout the Big Island. Ethnic groups include Chinese, Filipino, Japanese, Hawaiian, White, Multi-Racial, and Other. As a result, the cultural adaptation of evidence-based programs, close collaboration with community leaders, and youth input to inform the wide range of planned strategies are critical to the success of the initiative.

15. How the Target Population was Selected

The population was selected based on the strong need for prevention programs across the Big Island.

16. Goals and Outcomes to be Achieved

Goals:

- Goal 1. Increase the number of youth reporting they perceive “great risk” in binge drinking from 39.4% to 42.6% by 2011 through creating an environment in which the demand for alcohol is decreased in favor of more healthy and positive endeavors.

- Goal 2. Decrease 30-day underage alcohol use from 20.2% to 18.2% by 2011 through increasing island-wide infrastructure that provides opportunities for positive youth recreation and activities.
- Goal 3. Increase the age of initial alcohol use by 4% (from 12 to 12.5 years old) by 2011 through reducing youth access to alcohol.

Short-term outcomes include:

- Aspiration to strive for goals beyond short-term and temporary gratification from alcohol.
- Event sponsors with greater awareness of the underage drinking problem.
- Fewer favorable and neutral opinions about alcohol consumption.
- Greater awareness among lawmakers and the general public about the extent and effects of underage drinking.
- Increased awareness of the underage drinking problem.
- Increased motivation by facility managers to support the initiative.
- Media exposure.
- More effective alcohol sellers with greater awareness of the law and penalties.
- Motivation to focus on and pursue cultural activities and other acquired skills.
- Parents pay greater attention to what their kids do outside of the home and the state they are in upon returning home.
- Public awareness of COH's serious intention to address underage drinking and other societal ills.

Intermediate-term outcomes include:

- An increased number of family-oriented events.
- Expanded availability of after-school and similar programs.
- Fewer adults willing to purchase alcohol on behalf of minors that congregate outside retail outlets.
- Fewer public locations where alcohol consumption is permissible.
- Public Service Announcements and other messages involving underage drinking.
- Improved decision making – the ability to say “no” and shift focus to more productive activities.
- Increased communication about alcohol use within families.
- Increased mentoring relationships.
- Increased participation in EBP's and other community programs.
- Less underage drinking at community events.
- Lower availability of alcohol through retail outlets.
- Parents consistently encourage their children to engage in more productive activities.
- Reduced antisocial behavior.

Long-term outcomes include:

- Reduced effects of alcohol consumption (e.g., lower rates of DUI and fetal alcohol syndrome) and the associated social costs.
- Improved underage drinking statistics.
- Less drinking in parks and public places.
- Improved parenting skills as educated youth grow up and start their own families.
- Lower rates of alcohol dependence and alcoholism.
- Happier and healthier youth and adults.

17. Conclusion

Based upon the infrastructure already in place to maximize the use of SPF-SIG funds, the stakeholders and teams that are unified in the goal of reducing underage alcohol use, the commitment of Mayor Kenoi and COH's government agencies (e.g., Liquor Control, Hawaii Police Department, and the Prosecuting Attorney's Office), Hawaii County is perfectly positioned to affect positive change. COH views itself as a model community and will participate in sharing lessons learned to bring positive change in other communities.

County Underage Drinking Prevention Plan

County Name:

County of Hawaii

Completion Date:

November 16, 2009

Section 1: Assessment

Contribution to State Burden

In the table which follows, you are asked to describe what it is in your county that specifically contributes to underage alcohol drinking and the related consequences. The areas in which you will be looking for linkages between contributing factors and consumption and consequences are as follows:

- **Enforcement** includes the enforcement of the rules, laws and policies surrounding alcohol and underage drinking and its consequences, as well as the public perception of the levels of enforcement and how likely people are to believe they will get caught if they violate the rules, laws and policies.
- **Retail access/availability** refers to the accessibility of alcohol from retail sources (i.e., where money is exchanged). Example: the ability of underage youth to obtain alcohol from stores as well as the ease of purchasing alcohol for adults.
- **Social access/availability** refers to the access youth have to alcohol through social networks. In this case, money is rarely exchanged. For example, parents who throw house parties provide social access to alcohol for youth.
- **Promotion** attempts to increase the attractiveness of drinking. It can include advertising that promotes excessive, illegal and/or unsafe use as well as sponsorship of events that promote excessive, illegal and/or unsafe use.
- **Perceived risk** - if individuals do not feel underage drinking poses a great risk, they tend to underestimate the potential consequences. For example, if individuals believe that they won't get in a crash while driving under the influence, they may be more likely to engage in that behavior.
- **Social norms** are informal standards or values regarding the acceptability or unacceptability of certain behaviors including substance use.

- *Family norms* include parental attitudes towards alcohol and underage drinking (e.g. “kids will be kids”), parental monitoring and involvement, parental/sibling use of alcohol.
- *Community norms* include attitudes of adults in the community towards alcohol and underage drinking (e.g. belief that most people drink/use drugs or that social events must include substances).
- *Peer norms* include attitudes of peers towards alcohol and underage drinking (e.g. peer use of alcohol and perceived social benefits of underage drinking (the “coolness” factor).

In your county, is there a connection between the following intervening variables and the consumption of alcohol or the consequences of underage drinking?

Enforcement

If yes, what is the connection (contributing factors) and how do you know this? Please indicate the data source for such.

Multiple statistics clearly demonstrate that the difficulty in enforcing rules, laws, and policies is a contributing factor to underage drinking and the related consequences. For example, over 22% of current users in Hawaii County (“COH”) had the ability to purchase alcohol in 2003 even though they are underage, with approximately 28% of underage male users able to purchase alcohol. (County of Hawaii: Epidemiological Profile of Alcohol Related Behaviors among Youth, May 2009. Page 14, Figure 10.) These are clearly not insignificant figures.

Compliance checks (i.e., retail store sting operations) conducted in 2008 showed that 18.3% of retail outlets sold alcohol to minors (ADAD / Cancer Research Center / COH Department of Liquor Control), which clearly demonstrates that additional efforts to enforce and promote the enforcement of underage drinking laws at the retail level can be made.

Combining 2007 population data, which shows a total of 14,182 youth ages 12-17 in COH (12-17 Census Count Based on 2007 Census Estimate.pdf emailed by Wendy Nihoa on Oct 15, 2009), with the fact that approximately 20% of youth in this age group report use of alcohol within 30-days (COH Epi Profile, May 2009. Page 10, Figure 2), the number of current users is approximately 2,836. Meanwhile, the average number of alcohol-related youth arrests between 2005 and 2009 was 81 per year. (COH Epi Profile, May 2009. Pages 24-25, Tables 3-5.) Therefore, less than 3% of youth users face a direct impact

from underage drinking enforcement – hardly a significant deterrent (particularly when compared to the fact that nearly 80% of youth ages 12-17 claim that their “parents think it’s very wrong to drink” - COH Epi Profile, May 2009. Page 18, Figure 13).

Retail access

The accessibility of alcohol from retail sources is a contributing factor to underage drinking and the related consequences. Over 22% of current users in Hawaii County (“COH”) had the ability to purchase alcohol in 2003 even though they are underage, with approximately 29% of Grade 12 users able to purchase alcohol. (County of Hawaii: Epidemiological Profile of Alcohol Related Behaviors among Youth, May 2009. Page 14, Figure 10.)

In addition, the following percentages indicate how youth obtain their alcohol directly or indirectly from retail outlets: 5% ask a stranger to buy, 5% obtain through shoplifting/theft, 3% obtain from a store that sells to minors, and 3% use a Fake ID. (Youth Alcohol Survey conducted at the 2009 Youth Action Summit in Hilo and the 2009 DAT Conference in Waikoloa. Page 2, Question 11.)

The relatively small difference between those youths that have the ability to purchase alcohol versus those that actually do using various means points to a relative lack of fear of purchasing alcohol without negative consequences.

Meanwhile, most COH adults clearly do not believe that retail access is a significant issue, since approximately only 2% thought that retail stores is the #1 place that kids go to access alcohol. (North Hawaii Drug Free Coalition’s Youth Substance Use Study – A Survey of Adult Attitudes. Page 5.)

The increase in the ability to purchase alcohol jumps significantly from 6th to 8th grade, supporting a strong focus on prevention programs targeting middle school. (COH Epi Profile, May 2009. Page 14, Figure 10.)

Efforts have been made to reduce the number of retail outlets that sell alcohol to minors. There were three sets of compliance checks conducted in 2002-2003, after which the failure rate dropped from 40.4% to 17.3% failure rate. Steep penalties for clerks that sell alcohol to minors are a major deterrent. However, compliance checks conducted in 2008 showed that 18.3% of retail outlets sold alcohol to minors (ADAD / Cancer Research Center / COH Department of Liquor Control). Therefore, additional efforts to enforce and promote the enforcement of underage drinking laws at the retail level can be made and most certainly should affect the level of consumption and related consequences.

Social access

The accessibility of alcohol from social networks is a significant contributing factor to underage drinking and the related consequences. In general, there were a higher proportion of students being offered alcohol by parents, siblings, other relatives, friends, and other people in COH compared to the overall percentages in Hawaii. In particular, approximately 46% of all 6th-12th graders obtain alcohol from their friends; another 30% obtain liquor from relatives other than parents and siblings; and approximately 20% obtain alcohol from each of the following categories: parents, siblings, and other people. (COH Epi Profile, May 2009. Page 15, Figure 11.)

The social access to alcohol is in part fostered by the widespread exposure to alcohol from parents (in particular), other relatives, and friends. (COH Epi Profile, May 2009. Page 17, Figure 12.) It is also fostered by parental attitudes of underage drinking. Among all 6th-12th graders, approximately 25% of have parents with attitudes that are favorable to ATOD use. (COH Epi Profile, May 2009. Page 18, Figure 13.) 14% of youth feel that drinking alcohol is OK as long as they drink at someone's house. (Youth Alcohol Survey. Page 2, Question 10.) Furthermore, nearly 19% of youth obtain alcohol from other family members, 19% obtain alcohol from other friends, 14% take alcohol from home, and 14% take alcohol from open coolers at parties. (Youth Alcohol Survey. Page 2, Question 11.)

The situation is compounded by the following situation at the 12th grade level: “poor family supervision” at the 50% level, a “lack of parental sanctions” at approximately 35%, “parents favor ATOD use” at nearly 45%, “exposure to family ATOD use” at 55%, “parents favor antisocial behavior” at 30%, and “family history of antisocial behavior” at nearly 60%. All of these statistics are higher than statewide averages. (The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study Adolescent Prevention and Treatment Needs Assessment - Hawaii District. Hawaii District versus Statewide, 12th Grade, Risk Factors.)

Adults do appear to recognize the availability of alcohol to youth via social networks, as over 80% feel that kids access alcohol via family, friends, and other social settings. (North Hawaii Drug Free Coalition’s Youth Substance Use Study – A Survey of Adult Attitudes. Page 5.)

Promotion

While none of the formal studies with respect to COH delineate a direct link between the promotion of alcohol and the prevalence and consequences of underage drinking, there are several examples that support a connection between the two.

During COH’s Underage Drinking Prevention Strategic Planning Session on August 25, 2009, which was attended by approximately 50 stakeholders, “media/marketing” was noted as a threat that impedes success in preventing underage drinking. Kealakehe High School representatives conducted a follow-up SWOT exercise among students at their school on September 9, 2009. The student session led by Student Activities Coordinator Jim Young identified several threats with respect to the promotion of alcohol that affects youth: newspaper ads, music videos, movies, and other advertisements (e.g., where beer is marketed as if it is a power drink). (Hawaii County Underage Drinking Prevention Strategic Planning Report. Page 5.)

COH’s liquor wholesalers sponsored approximately 24 community events in a 12 month period between mid-2008 and mid-2009. (COH Department of Liquor Control – 11/5/09.) In return for contributing money and/or promotional items, liquor wholesalers receive the ability to

promote their products onsite and via other media (e.g., Web, radio, and newspaper). The events are often family affairs and include the following: Annual Panaewa Rodeo, Annual Honokaa Rodeo, Annual Bud Lt Softball Classic, Annual Kamehameha Canoe Club Business Regatta, Annual Big Island Super Show, Annual KWXX Ho`olaule`a, Taste of Life, Taste of Hilo, Chocolate Festival, Kohala Hospital Fundraiser, and Kona Hospital Fundraiser. (COH Department of Liquor Control – 11/5/09.) Winners of the Kamehameha Canoe Club Business Regatta are even awarded cases of beer.

Perceived risk of harm of use

Multiple statistics clearly demonstrate that the perceived risk of underage drinking is a contributing factor to its prevalence and the related consequences. The extent of use, quantity of underage drinkers, and the average age they first use alcohol exemplifies the low perceived risk. Over 70% of current 6-12th grade users drink regularly. (COH Epi Profile, May 2009. Page 12, Figure 6.) 49.8% of 12th-grade students used alcohol in the past 30 days. (COH Epi Profile, May 2009. Page 10, Figure 3.) Males and females start drinking at about 12 years of age. (COH Epi Profile, May 2009. Page 11, Figure 5.) Meanwhile, approximately 25% of all 6th-12th graders face parental attitudes that are favorable toward ATOD use. (COH Epi Profile, May 2009. Page 18, Figure 13.)

Only approximately 49% of all 6th to 12th graders perceive the risk of weekend drinking to be high. (COH Epi Profile, May 2009. Page 21, Figure 19.) 3% of youth were drunk or high at school within the past 30 days. (Youth Alcohol Survey. Page 2, Questions 5.)

28% believe there is only a slight or moderate risk of people harming themselves physically or in other ways when they use alcohol. (Youth Alcohol Survey. Page 2, Questions 6.) Only 22% believe there is just a slight or moderate risk of people harming themselves physically or in other ways when they have five or more alcoholic drinks once or twice a week. (Youth Alcohol Survey. Page 2, Questions 7.) Approximately 35% of 6th graders and 30% of 12th graders believe that the use of alcohol presents a low risk. (The 2003 Hawaii Student Alcohol,

Tobacco, and Other Drug Use Study Adolescent Prevention and Treatment Needs Assessment - Hawaii District. Hawaii District versus Statewide, 8th and 12th Grade, Risk Factors.)

Since many young people clearly do not perceive ATOD use to be risky, they are far more likely to engage in underage drinking and, therefore, experience the negative consequences. The number of individuals at all ages that experience such negative consequences is not insignificant. In 2008, 18.7% of COH's adult population reported being affected by binge drinking and 2.9% of COH's adult population reported being affected by drinking and driving. (County of Hawaii Data Book Section 2: Vital Statistics and Health.) During 2008, there were 1,395 DUI arrests, 1,716 major vehicle accidents, and 17 traffic fatalities in the COH. (COH Data Book Section 4: Law Enforcement.)

Yet only 20% of COH adults always express disapproval of underage ATOD use. (North Hawaii Drug Free Coalition's Youth Substance Use Study – A Survey of Adult Attitudes. Page 5.)

Community social norms

There is a definite connection between community social norms and underage drinking. COH reports figures at or above the State average among 6th-12th graders for nearly every risk factor in the Community Domain, including Community Disorganization (e.g., prevalence of delinquency), Transition & Mobility, Exposure to ATOD Use, Laws & Norms, and Perceived Availability. (The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study Adolescent Prevention and Treatment Needs Assessment - Hawaii District.) Correspondingly, the mean age of first use of alcohol is lower at the COH level compared to the State average. (COH Epi Profile, May 2009. Page 11, Figure 5.) Nearly 20% of 6th-12th graders are exposed to alcohol from "other people's use" (i.e., those outside of family and friends). Meanwhile, the amount of 30-day alcohol use climbs steeply from grades 6-12 and is higher than the State average in each case. (COH Epi Profile, May 2009. Page 10, Figure 3.)

An ordinance to make illegal the consumption of alcohol in all COH

Family social norms

parks was recently rejected, indicating a general entrenchment with respect to alcohol policy amongst the community.

There is a clear connection between family social norms and underage drinking. COH reports figures at or above the State average among 6th-12th graders for nearly every risk factor in the Family Domain, including Poor Family Supervision, Lack Parental Sanctions, Parents Favor ATOD Use, Exposure to Family ATOD Use, Parents Favor Antisocial Behavior, Family History of Antisocial Behavior. (The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study Adolescent Prevention and Treatment Needs Assessment - Hawaii District.)

Many households are clearly liberal towards the use of alcohol. Among 6th-12th grade students, 20% of parents, 20% of siblings, and 30% of other relatives make offers of alcohol to youth. These figures are higher than State of Hawaii averages. (COH Epi Profile, May 2009. Page 15, Figure 11.) Approximately 31% of all 6th-12th graders are in situations with a lack of parental sanctions for ATOD use. (COH Epi Profile, May 2009. Page 18, Figure 13.) Approximately 25% of all 6th-12th graders are in situations where parental attitudes toward ATOD use are actually favorable. (COH Epi Profile, May 2009. Page 18, Figure 13.)

A substantial 35% of youth have not spoken to at least one parent about the dangers of ATOD use over the past 12 months. (Youth Alcohol Survey. Page 2, Question 8.)

8% of youth report that they have parental consent to drink alcohol at a family/household party at someone's home. 14% do not know if they have such consent, indicating a lack of communication with their parents. (Youth Alcohol Survey. Page 2, Questions 8-9.) 14% report that they have parental consent to drink alcohol as long as it is at someone's house. Another 7% do not know if they have such consent. (Youth Alcohol Survey. Page 2, Questions 10.)

Meanwhile, the amount of 30-day alcohol use climbs steeply from grades 6-12 and is higher than the State average in each case. (COH

Epi Profile, May 2009. Page 10, Figure 3.)

Peer social norms

There is a clear connection between peer social norms and underage drinking. COH reports figures at or above the State average among 6th-12th graders for nearly every risk factor in the Peer-Individual Domain, including Early Initiation, Favorable Attitudes Toward ATOD Use, Low Perceived ATOD Use Risk, Antisocial Behaviors, Favorable Attitudes Toward Antisocial Behaviors, Friends' ATOD Use, Interaction with Antisocial Peers, Rewards for Antisocial Involvement, Rebelliousness, and Sensation Seeking. (The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study Adolescent Prevention and Treatment Needs Assessment - Hawaii District.)

Among 6th-12th grade students, approximately 46% have friends that make offers of alcohol. These figures are higher than State of Hawaii averages. (COH Epi Profile, May 2009. Page 15, Figure 11.)

Nearly 30% of all current users report abusing or being dependent on alcohol, which is higher than State of Hawaii averages. (COH Epi Profile, May 2009. Page 13, Figure 8.)

Peers' disapproving attitudes toward weekend drinking decline as grade level increases: there was a drop from 86.3% disapproval among 6th graders to 48.2% among 12th graders. (COH Epi Profile, May 2009. Page 19, Figure 16.)

Meanwhile, the amount of 30-day alcohol use climbs steeply from grades 6-12 and is higher than the State average in each case. (COH Epi Profile, May 2009. Page 10, Figure 3.)

What are the consequences of underage drinking among youth ages 12 -17 years old in your county? (e.g., average age of first use, number of arrests of minors in possession, etc.)

COH's contribution to the statewide burden created by underage drinking is clearly significant and amongst the highest of all four counties. (At 24%, the COH's Substance Abuse Risk Factor is highest among the counties according to the 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study.) Specific consequences of underage drinking include the following factors:

1. Early Use. The mean age of first use of alcohol among youth ages 12-17 is approximately 12 years old. (COH Epi Profile, May 2009. Page 11, Figure 5.)
2. Frequency of Use. 50% of all 12th graders used alcohol within the past 30 days. (COH Epi Profile, May 2009. Page 10, Figure 3.) Habits developed during youth often lead to dependence and lifetime behavior. In 2008, 18.7% of COH's adult population reported being affected by binge drinking. (County of Hawaii Data Book Section 2: Vital Statistics and Health.)
3. Dependence. Nearly 30% of all current youth users report abuse/dependency of alcohol. (COH Epi Profile, May 2009. Page 13, Figure 8.)
4. Unlawful & Antisocial Behavior. An average of 124 arrests of minors was made per year from 2005-2007 for alcohol related offenses. (COH Epi Profile, May 2009. Pages 24-25, Tables 3-5.) Over 20% of all current youth users are able to purchase alcohol illegally. (COH Epi Profile, May 2009. Page 14, Figure 10.) 3% of youth were drunk or high at school within the past 30 days. (Youth Alcohol Survey. Page 2, Question 5.)
5. Drunk Driving. Alcohol-related fatalities in the COH are the highest in the State of Hawaii according to FARS data. There were 4 significant fatal traffic accidents within three years involving multiple Big Island high school students. There were 15 DUI-related arrests in 2005, 12 in 2006, 17 in 2007, 14 in 2008, and 15 in 2009 (as of 11/04/2009). (COH Epi Profile, May 2009. Pages 24-25, Tables 3-5.) During 2008, there were 1,395 DUI arrests, 1,716 major vehicle accidents, and 17 traffic fatalities in the COH. (COH Data Book Section 4: Law Enforcement.) In 2008, 2.9% of COH's adult population reported being affected by drinking and driving. (County of Hawaii Data Book Section 2: Vital Statistics and Health.)
6. Alcohol Treatment Required. There were over 50 youth aged 14-17 and 30 youth aged 12-13 enrolled in alcohol treatment in 2006. (COH Epi Profile, May 2009. Page 26, Figure 23.)
7. According to the "Surgeon General's Call to Action to Prevent and Reduce Underage Drinking – A Guide to Action for Communities," underage drinking is a problem because (1) so many young people drink, (2) when young people drink, they drink a lot at one time, and (3) early drinking can cause later alcohol problems. Alcohol (a) is a major cause of death from injuries among young people, (b) Increases the risk of carrying out, or being a victim, of a physical or sexual assault, (c) can affect the body in many ways, ranging from hangovers to brain damage and even death from alcohol poisoning, (d) can lead to bad grades in school, run-ins with the law, and drug use, (e) affects how well a young person judges risk and makes sound decisions, (f) plays a role in risky sexual activity, and (g) can harm the growing brain.

Magnitude

Area of Assessment	Findings of the Assessment and the Data Source for Such
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Community assets and resources related to the prevention of underage drinking

According to the May 2009 “Infrastructure & Capacity Assessment Guide – Final Analysis,” COH possesses several relative strengths to leverage in order to prevent underage drinking:

1. Cultural Competency (definition: beneficiaries receive understandable and respectful services provided in a manner compatible with their cultural health beliefs, practices, and preferred language)
2. Workforce Skills (definition: knowledge of evidence-based prevention strategies and the ability to collect and evaluate data and share findings)
3. Organization (definition: an active, coordinated prevention system of stakeholders, allocation and control of financial and other resources, and county level data collection)

More specifically, page 26 of the State of Hawaii’s SPF-SIG Underage Drinking Prevention Plan states that COH’s capacity strengths include:

1. The existence of key substance abuse agencies that allocate financial resources;
2. Workforce knowledge of prevention risk and protective factors;
3. Integration of participant demographic data into management information systems; and
4. Workforce knowledge of evidence-based prevention strategies.

COH clearly has community assets and resources that, if effectively mobilized and managed via a single initiative implementation with a clear focus and a proper management/coordination infrastructure, can come together as an effective and sustainable prevention infrastructure that promotes youth development, reduces risk-taking behaviors, builds assets and resilience, and prevents problem behaviors.

However, there are several areas where COH must improve in order to realize the potential of the strategic prevention framework. According to the May 2009 “Infrastructure & Capacity Assessment Guide – Final Analysis,” improvement must be made in the areas of Sustainability, Effectiveness, and Funding.

Improvements must also be made to the aforementioned relative strengths (relative in that they are stronger than the areas of weakness – e.g., Organization) in order to turn them into actual strengths. Without sufficient improvements to these and other areas made possible by SPF-SIG funding, COH lacks the requisite ingredients for comprehensively addressing underage drinking.

Other Assets & Resources

Office of the Mayor: Substance Abuse Round Table, Hawaii Island Meth Initiative Participants.

Hawaii Police Department: HI-PAL (island-wide athletic events, clinics, and programs that include basketball, baseball, flag football, and agility and condition), DARE, Kaunu`u After School Program, drug and anti-drug presentations (various venues), SRO Program (Officers in the schools create relationships with kids, parents, teachers, and communities), regular officer participation in community events (including parades, year-round intramural activities, and student lounges), Keiki ID, safety talks and presentations, appearances on “Living in Paradise”, daily open gyms or fields during “out of school” times (participation of approximately 150 youth), Hawaii Meth Project at schools, and booths at major events (e.g., County Fairs, Wellness Fair, College Fairs, Ho`olaule`as.)

Department of Liquor Control:

- FY 2008-2009 Training: conducted liquor law classes for managers of licensed premises (including laws related to underage drinking).
- FY 2008-2009 Training: collaborated with BIFF (Big Island Interscholastic Federation) to sponsor training sessions based on SAMHSA curriculum for student athletes from 14 high schools. The trained students in turn conducted underage drinking prevention classes for 1,063 middle school students in their respective feeder schools.

Department of Parks & Recreation – Recreation Division’s Teen Activities:

Hilo

Location	Activities	# of times teens served weekly
Waiakea	Daily Judo, Karate, Kung Fu, Kendo, MMA, Aikido,	231

Recreation Center	Tae Kwon Do, Boxing, and Archery	
Wainaku Gym	Drop in free play, Summer Teen Program	43
Carvalho Park/Gym	Youth basketball, free play, youth volleyball, drop in games	171
Andrews Gym	Boys & Girls Volleyball, Baseball, Basketball	165
Waiakea Uka Gym	No data	no data
Panaewa Park	Free play, baseball, Pop Warner football, teen nights	305
Kawananakoa Gym	No data	no data
Hilo Armory	Practices, free play, P&R Sports Leagues, BIFF Sports	710
Skeet Range	No data	no data
Total - Hilo		<u>1,625</u>

Hamakua

Location	Activities	# of times teens served weekly
Papaikou	Basketball, Volleyball, Plyometrics, Weightlifting	111
Kulaimano Center	Billiards	25
Honomu Gym	Weightlifting, Basketball, Bingo night	76
Papaaloa Gym	Basketball	50
Paauilo Gym	Basketball	24
Honokaa Gym	Basketball, volleyball	200
Total - Hamakua		<u>486</u>

N. & S. Kohala

Location	Activities	# of times teens served weekly
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Kamehameha Park & Hisaoka Gym	Basketball league, Volleyball League, Track and Field, HI-Pal, Tennis, Pop Warner Football, AYSO, Karate, Baseball, Softball, Pool, Ping pong, gym free play	360
Waimea	Rugby, volleyball, basketball, Pop Warner Football, AYSO, Baseball, Karate, aikido, table tennis, Zumba, Free play	655
Waikoloa	Volleyball, Basketball league, AYSO, Little League baseball, Ping pong, after school free play	255
Total - N. & S. Kohala		1,270

N. & S. Kona

Location	Activities	# of times teens served weekly
Yano Hall	No data	no data
Hale Halawai	No data	no data
Kailua Park	No data	no data
Total - N. & S. Kona		-

Puna & Ka`u

Location	Activities	# of times teens served weekly
Pahoa Center	10 programs listed; Free play, Hula, aerobics, Teen court, teen nights, Special events, Salvation Army teen program (anti-drugs & pregnancy prevention)	no data
Shipman Gym	Girl's volleyball, Boy's basketball, after school hangouts, Gym Free play basketball, Gym free play volleyball, Soccer, baseball, Outdoor basket ball	1,265
Kurtistown Park	Park play, tennis, basketball, baseball	50
Mt. View/Cooper Center	Games, sports instruction, Crafts, contests, snack prep, track & field, socialization, service activities, fencing	no data

Pahala Center	Volleyball, Arts & Crafts, free play after school	94
Na'alehu Center	No data	no data
Hawaiian Beaches	No data	no data
HOVE	Basketball, Physical training, Community interest activities, boxing, teen club	60
Total - Puna & Ka`u		1,469

Note:

- The Recreation Division's main focus has been programs for children aged 5-12. Teen programs are being researched for further development.
- The above figures reflect the number of times that teens are served in 1 week. Some duplication may be present. For example: if 19 participants are served 2 times a week, the total count is 38.
- Programs are free to youth under 15 years old; otherwise there is a small fee.

Miscellaneous Youth Development Organizations: athletic clubs, Girl Scouts, Boy Scouts, etc.

Gaps in services related to underage drinking

The May 2009 "Infrastructure & Capacity Assessment Guide – Final Analysis" states that there are several areas where COH needs improvement:

1. Sustainability (definition: plans to achieve sustainable outcomes over time [e.g., legislature backing, secured funding from traditional (grants) and non-traditional sources (insurance companies/banks), leveraging funds, etc.]
2. Effectiveness (definition: communication and collaboration between agencies to promote a positive working environment and the ability to meet common goals and objectives)
3. Funding (definition: ability to leverage funds and other resources from multiple sources in order to support priority prevention initiatives and funding streams are coordinated across prevention agencies and organizations to maximize the impact of prevention efforts)

Page 26 of the State of Hawaii's SPF-SIG Underage Drinking Prevention Plan states more specifically that COH would benefit from building capacity at the County level to:

1. Coordinate and leverage funding streams across prevention agencies and organizations to maximize the impact of prevention efforts;

2. Develop a written plan to acquire and allocate resources to sustain key prevention initiatives;
3. Ensure that all age groups are being served with prevention services; and
4. Provide language assistance services and translated material, at no cost to beneficiaries.

In preparation for the completion of the Hawaii County Underage Drinking Prevention Plan, a group of fifty persons from across the Island, including students, retailers, service providers, and government agencies, was convened on August 25, 2009 to provide their input on Strengths, Weaknesses, Opportunities, and Threats (SWOT) with regards to underage drinking in Hawaii County. Upon completion of the SWOT process, each participant was given the opportunity to then vote for three themes that specifically contributed to underage drinking in Hawaii County. This exercise identified the three priority issues to be addressed in the Hawaii County Underage Drinking Prevention Plan:

1. Family Social Norms (Healthy Family = Healthy Community = Healthy Island) – sample underlying issues:
 - a. Family participation
 - b. Condoned by family
 - c. Attitude of youth/adults
 - d. Unsupervised youth/multiple jobs (parents)
 - e. Second refrigerator (in garage)
 - f. Considered rite of passage
 - g. Drinking is culturally acceptable
 - h. Drinking by parents and other adults is prevalent in the home
 - i. Parents supply – safe in home
 - j. Social hosting is acceptable
 - k. Adults drinking/driving modeling
 - l. Parents allow (sometimes encourage) drinking in the home
2. Peer Social Norms – sample underlying issues:
 - a. Boredom
 - b. Peer Pressure
 - c. Fear of utilizing one's full potential = self-sabotage
 - d. Attitude of youth/adults
 - e. Rites of passage
 - f. Near peer
 - g. Self-esteem/self-acceptance
3. Community Assets/Resources – sample underlying issues:

- a. Lack of transportation
- b. Funding cuts for youth and community programs
- c. Funding
- d. Economic circumstances

(Hawaii County Underage Drinking Prevention Strategic Planning Report. Page 7.)

The Geographic Challenge & Transportation

The Infrastructure & Capacity Assessment Guide finds that “Effectiveness” is a weakness on the Big Island. One reason may be that, while there are many programs operating in the populated areas of the Big Island (e.g., Hilo and Kailua-Kona), remote areas (e.g., isolated sub-divisions) have fewer programs and limited transportation capacity.

According to stakeholders participating in the SWOT analysis on August 25, 2009, the following related weaknesses and threats exist: “[Have] to go out of neighborhood for activities (huge subdivisions);” “Transportation island-wide to get outlying kids to ‘centralized’ alcohol-free activities;” “Many youth living in remote areas;” and “Lack of transportation – cabs/buses for kids in sub-divisions.” (Hawaii County Underage Drinking Prevention Strategic Planning Report. Pages 2 and 5.)

Mayor Billy Kenoi has made transportation a central platform of his administration. Bus transportation is currently free. According to Tom Brown, Mass Transit Administrator, COH is adding more routes and buying additional buses (nine more buses this year and Hawaii's first double-decker bus next year). Yearly ridership skyrocketed from 382,000 passenger trips when the free program started in October 2005 to 800,000 passenger trips during the fiscal year that ended June 30, 2009 (http://www.hawaiitribune-herald.com/articles/2009/11/04/local_news/local05.txt). Additional details:

- Quantity of buses: 57 by mid-December 2009
- Ridership: over 80,000 passenger trips per month
- Amount of Seating: 15 to 49 passengers depending on the bus
- Number of Routes: 12 basic routes. Each route has a number of bus runs. For example, one of the 12 routes is called Pahoehilo. For that route, there are 11 bus runs from Pahoehilo to Hilo, and 11 from Hilo to Pahoehilo.
- Hours of Operation: 3:30 AM – 1:00 AM, seven days a week

Enhancements made to the bus transportation system in order to accommodate COH's geographic challenges will enhance the effectiveness of underage drinking prevention programs.

County Laws related to underage drinking The State of Hawaii has enacted strict laws and policies that support the prevention and reduction of underage drinking. For example:

1. It is illegal for anyone under the age of 21 to purchase, possess, or consume alcohol. HRS §281-101.5.
2. It is illegal for a person under the age of 21 to falsify identification or use false identification to buy or attempt to buy alcohol. HRS §281-101.5.
3. It is illegal for adults to provide, sell to, or purchase alcohol for anyone under the age of 21. Offenders may be subject to up to one year in jail. HRS §712-1250.5 & HRS §281-101.5.
4. Under the Use and Lose law, youth that violate underage drinking laws shall have their drivers' licenses suspended for 180 days; for youth violators not licensed to drive, eligibility to obtain a driver's license, provisional license, or instruction permit shall be suspended until the age of 17 or for 180 days. HRS §281-101.5.
5. Under the Zero Tolerance law, it is illegal for any person under the age of 21 to operate any vehicle with a measurable amount of alcohol; violators shall have their driver's license or driving privileges suspended or restricted, among other penalties. HRS §291E-64.
6. Under the Social Host Liability law, parents or other adults that provide alcohol to persons, or who know of alcohol consumption by youth on their property and could have prevented it, can be held financially responsible for all injuries or damages caused by an underage drinker. HRS §663-41.

Section 13-9 of the Hawaii County Code ("Minors drinking intoxicating liquor prohibited") also supports the prevention of underage drinking. It states that, "(a) No person shall provide, serve, or offer for drink, any intoxicating liquor in any public place to any minor. The duty to ascertain the age of any person drinking in any public place is the responsibility of such provider, server, or offerer. (b) No minor shall drink or consume any intoxicating liquor in any public place." The penalty is a \$200 fine.

Chapter 14 of the Hawaii County Code stipulates the various permission and prohibition levels of alcohol consumption at the numerous parks and public places across the Island. This is a major issue because, according to the Department of Parks & Recreation, many youth engage in drinking at County beach parks and facilities. Chapter 14, which lists four pages of locations throughout the Big

Island, demonstrates the variable nature of the law. While many parks prohibit alcohol altogether, many other location allow for alcohol consumption at varying times (e.g., between 10 AM and 10 PM or between 6 PM and 10 PM). This variability makes enforcement confusing and challenging for police officers. Implementing a single policy for all parks and public areas will enhance law enforcement and support the reduction of underage drinking.

In summary, the laws do support the prevention of underage drinking. Several laws address contributing factors such as retail access and social access. However, while there are consequences, room for improvement clearly exists.

Readiness to carry out SPF activities

On October 2, 2009, Mayor Kenoi hosted a SPF-SIG kick-off meeting with the new project team (after stewardship of the grant was passed from the COH Office of the Prosecuting Attorney to the Office of the Mayor). During the meeting, Mayor Kenoi clearly stated that the prevention framework (which here targets underage drinking but will expand to include other problem areas) and the need to protect all children is a number one priority of his administration. The need is magnified given the economic downturn, which magnifies various types of suffering throughout the community. Mayor Kenoi stated that the necessary pieces are in place to implement a successful prevention framework, including the SPF-SIG grant opportunity (which facilitates the creation of causes and conditions for a long-term, sustainable framework), a strong volunteer network, improvements and adjustments to the transportation system, and partnerships with schools and service providers.

Healthy Family = Healthy Community = Healthy Island

The May 2009 “Infrastructure & Capacity Assessment Guide – Final Analysis” states that there are several areas where COH needs improvement; this Prevention Plan addresses the issues pertaining to sustainability, effectiveness, and funding. Meanwhile, COH has the organizational capability (i.e., an active, coordinated prevention system of stakeholders), workforce skills (i.e., knowledge of evidence-based prevention strategies and the ability to collect and evaluate data and share findings), and a commitment to cultural competency (in order to provide services in a manner compatible with cultural health beliefs, practices, and preferred language) to carry out SPF activities.

The Service Provider Resource Assessment clearly shows that community assets and resources are in place to carry out SPF activities. In October 2009, COH conducted workshops for and circulated a Request for Information (“RFI”) document to the major service providers in West and East Hawaii. Their commitment to carrying out SPF activities was clear based upon strong responses to the RFI submitted by over a dozen major service providers.

The August 25, 2009 Strategic Planning Session identified several areas that highlight overall readiness to carry out SPF activities and the ability to effectively target the underage drinking problem (just as COH did with the crystal methamphetamine problem):

1. Strengths: Great leadership; “Out-of-box” open minded administration (leaders who think openly about change); Strong community partnerships; A variety of adults who care – doesn’t always have to be family; Strong support systems; Dedicated Professionals; Strong Collaboration/cooperation; Parks and Recreation Department – sports, mentoring, providing facilities for programs
2. Opportunities: Strong bonds within small communities; Some schools have peer-education programs, after school programs, transportation to/from programs, guidance programs, and resource officers; Youth and family education programs – mentoring – therapeutic support; Elders and “Kupuna” who are willing to help if asked

Hawaii County is ready for SPF. At this point, it is a matter of funding in order to coordinate the implementation of a multi-faceted underage drinking prevention initiative across all stakeholders.

Please attach your assessment report. Your assessment report should support the findings you provided above.

County of Hawaii

Underage Drinking Assessment Report

November 16, 2009

COH's contribution to the statewide burden created by underage drinking is clearly significant and amongst the highest of all four counties in the State of Hawaii. At 24%, the COH's Substance Abuse Risk Factor is highest among the counties according to the 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study.

Magnitude of the Problem

COH's assessment of the situation identified clear connections between the following intervening variables and the consumption of alcohol or the consequences of underage drinking: enforcement, retail access, social access, promotion, perceived risk of harm of use, and community, family, and peer social norms. The assessment led to the following general conclusions:

1. Underage Drinking is Widespread
 - 49.8% of 12th-grade students, 36% of 10th-grade students, 18% of 8th-grade students, and 6.2% of 6th-grade students used alcohol in the past 30 days. (COH Epi Profile, May 2009. Page 10, Figure 3.) Over 70% of current 6-12th grade users drink regularly. (COH Epi Profile, May 2009. Page 12, Figure 6.)
2. Underage Drinkers Start Young
 - Males and females start drinking at about 12 years of age. (COH Epi Profile, May 2009. Page 11, Figure 5.)
3. Alcohol is Readily Available to Underage Youth
 - Over 22% of current users in Hawaii County ("COH") had the ability to purchase alcohol even though they are underage, with approximately 28% of underage male users able to purchase alcohol. (County of Hawaii: Epidemiological Profile of Alcohol Related Behaviors among Youth, May 2009. Page 14, Figure 10.)
 - In general, there were a higher proportion of students being offered alcohol by parents, siblings, other relatives, friends, and other people in COH compared to the overall percentages in Hawaii. In particular, approximately 46% of all 6th-12th graders obtain alcohol from their friends; another 30% obtain liquor from relatives other than parents and siblings; and approximately 20% obtain alcohol from each of the following categories: parents, siblings, and other people. (COH Epi Profile, May 2009. Page 15, Figure 11.)
 - The following percentages indicate how youth obtain their alcohol directly or indirectly from retail outlets: 5% ask a stranger to buy, 5% obtain through shoplifting/theft, 3% obtain from a store that sells to minors, and 3% use a Fake ID. (Youth Alcohol Survey conducted at the 2009 Youth Action Summit in Hilo and the 2009 DAT Conference in Waikoloa. Page 2, Question 11.)
 - The situation is compounded by the following situation at the 12th grade level: "poor family supervision" at the 50% level, a "lack of parental sanctions" at approximately 35%, "parents favor ATOD use" at nearly 45%, "exposure to

family ATOD use” at 55%, “parents favor antisocial behavior” at 30%, and “family history of antisocial behavior” at nearly 60%. All of these statistics are higher than statewide averages. (The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study Adolescent Prevention and Treatment Needs Assessment - Hawaii District. Hawaii District versus Statewide, 12th Grade, Risk Factors.)

- The increase in the ability to purchase alcohol jumps significantly from 6th to 8th grade. (COH Epi Profile, May 2009. Page 14, Figure 10.)

4. Family Attitudes & Behavior Are Not Always Helpful

- The social access to alcohol is in part fostered by the widespread exposure to alcohol from parents (in particular), other relatives, and friends. (COH Epi Profile, May 2009. Page 17, Figure 12.) It is also fostered by parental attitudes of underage drinking. Among all 6th-12th graders, approximately 25% of have parents with attitudes that are favorable to ATOD use. (COH Epi Profile, May 2009. Page 18, Figure 13.) 14% of youth feel that drinking alcohol is OK as long as they drink at someone’s house. (Youth Alcohol Survey. Page 2, Question 10.) Meanwhile, students from Kealakehe High School report that there is a “lack of knowledge” with respect to underage drinking and the related risks. (Hawaii County Underage Drinking Prevention Strategic Planning Report. Pages 2 and 5.)

5. Social Norms are Conducive to Underage Drinking

- There is a clear connection between peer social norms and underage drinking. COH reports figures at or above the State average among 6th-12th graders for nearly every risk factor in the Peer-Individual Domain, including Early Initiation, Favorable Attitudes Toward ATOD Use, Low Perceived ATOD Use Risk, Antisocial Behaviors, Favorable Attitudes Toward Antisocial Behaviors, Friends’ ATOD Use, Interaction with Antisocial Peers, Rewards for Antisocial Involvement, Rebelliousness, and Sensation Seeking. (The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study Adolescent Prevention and Treatment Needs Assessment - Hawaii District.)
- There is also a connection between family social norms and underage drinking. COH reports figures at or above the State average among 6th-12th graders for nearly every risk factor in the Family Domain, including Poor Family Supervision, Lack Parental Sanctions, Parents Favor ATOD Use, Exposure to Family ATOD Use, Parents Favor Antisocial Behavior, Family History of Antisocial Behavior. (The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study Adolescent Prevention and Treatment Needs Assessment - Hawaii District.)
- There is a definite connection between community social norms and underage drinking. COH reports figures at or above the State average among 6th-12th graders for nearly every risk factor in the Community Domain, including Community Disorganization (e.g., prevalence of delinquency), Transition & Mobility, Exposure to ATOD Use, Laws & Norms, and Perceived Availability. (The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study Adolescent Prevention and Treatment Needs Assessment - Hawaii District.) Correspondingly, the mean age of first use of alcohol is lower at the COH level compared to the State average. (COH Epi Profile, May 2009. Page 11, Figure 5.) Nearly 20% of 6th-12th graders are exposed to alcohol from “other people’s use” (i.e., those outside of family and friends). Meanwhile, the amount of 30-

day alcohol use climbs steeply from grades 6-12 and is higher than the State average in each case. (COH Epi Profile, May 2009. Page 10, Figure 3.)

6. Perceived Risk is Low

- Only 22% of youth believe there is just a slight or moderate risk of people harming themselves physically or in other ways when they have five or more alcoholic drinks once or twice a week. (Youth Alcohol Survey. Page 2, Questions 7.) Approximately 35% of 6th graders and 30% of 12th graders believe that the use of alcohol presents a low risk. (The 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study Adolescent Prevention and Treatment Needs Assessment - Hawaii District. Hawaii District versus Statewide, 8th and 12th Grade, Risk Factors.)
- There are excellent student-produced videos (e.g., Keaau High School's "Shattered Dreams") that are designed to highlight the risks of underage drinking. Unfortunately, these videos do not see a wide distribution due to issues of parental consent, privacy, and intellectual property.

7. Communication with Parents Appears Weak

- A substantial 35% of youth have not spoken to at least one parent about the dangers of ATOD use over the past 12 months. (Youth Alcohol Survey. Page 2, Question 8.)

8. Limited Alternatives

- According to students from Kealakehe High School, the kids have "nothing to do," hold house parties, and have careless parents. According to participants of the August 25, 2009 Strategic Planning Session, boredom is a factor since kids have too much free time and no supervision. Drinking is even condoned by family members. (Hawaii County Underage Drinking Prevention Strategic Planning Report. Pages 2 and 5.) There seems to be little awareness of alternative activities and programs that engage the youths' bodies, minds, and spirits.

Social Norms

According to the US Department of Justice, social norms and expectations play a powerful role in shaping the alcohol environment at both the community and societal level. The following environmental influences impact young people:

1. Alcohol is cheap and becoming cheaper
2. Americans are bombarded with over \$4 billion of alcohol marketing each year
3. Alcohol is one of the most readily available consumer products
4. New alcohol products cater to youthful tastes and may promote underage drinking

Consequences of Underage Drinking

1. Early Use. The mean age of first use of alcohol among youth ages 12-17 is approximately 12 years old. (COH Epi Profile, May 2009. Page 11, Figure 5.)
2. Frequency of Use. 50% of all 12th graders used alcohol within the past 30 days. (COH Epi Profile, May 2009. Page 10, Figure 3.) Habits developed during youth often lead to dependence and lifetime behavior. In 2008, 18.7% of COH's adult population reported being affected by binge drinking. (County of Hawaii Data Book Section 2: Vital Statistics and Health.)

3. Dependence. Nearly 30% of all current youth users report abuse/dependency of alcohol. (COH Epi Profile, May 2009. Page 13, Figure 8.)
4. Unlawful & Antisocial Behavior. An average of 124 arrests of minors was made per year from 2005-2007 for alcohol related offenses. (COH Epi Profile, May 2009. Pages 24-25, Tables 3-5.) Over 20% of all current youth users are able to purchase alcohol illegally. (COH Epi Profile, May 2009. Page 14, Figure 10.) 3% of youth were drunk or high at school within the past 30 days. (Youth Alcohol Survey. Page 2, Question 5.)
5. Drunk Driving. Alcohol-related fatalities in the COH are the highest in the State of Hawaii according to FARS data. There were four significant fatal traffic accidents within three years involving students from three Big Island high schools. There were 15 underage DUI-related arrests in 2005, 12 in 2006, 17 in 2007, 14 in 2008, and 15 in 2009 (as of 11/04/2009). (COH Epi Profile, May 2009. Pages 24-25, Tables 3-5.) During 2008, there were 1,395 DUI arrests, 1,716 major vehicle accidents, and 17 traffic fatalities in the COH. (COH Data Book Section 4: Law Enforcement.) In 2008, 2.9% of COH's adult population reported being affected by drinking and driving. (County of Hawaii Data Book Section 2: Vital Statistics and Health.)
6. Alcohol Treatment Required. There were over 50 youth aged 14-17 and 30 youth aged 12-13 enrolled in alcohol treatment in 2006. (COH Epi Profile, May 2009. Page 26, Figure 23.)
7. According to the "Surgeon General's Call to Action to Prevent and Reduce Underage Drinking – A Guide to Action for Communities," underage drinking is a problem because (1) so many young people drink, (2) when young people drink, they drink a lot at one time, and (3) early drinking can cause later alcohol problems. Alcohol (a) is a major cause of death from injuries among young people, (b) Increases the risk of carrying out, or being a victim, of a physical or sexual assault, (c) can affect the body in many ways, ranging from hangovers to brain damage and even death from alcohol poisoning, (d) can lead to bad grades in school, run-ins with the law, and drug use, (e) affects how well a young person judges risk and makes sound decisions, (f) plays a role in risky sexual activity, and (g) can harm the growing brain.

Resources

Please refer to the following section of the Underage Drinking Prevention Plan for details: *Assessment > Magnitude based upon Assessment > Community Assets and Resources.*

Readiness

For information about COH's overall level of readiness to implement a comprehensive and holistic prevention framework that addresses underage drinking, please refer to the following section of the Underage Drinking Prevention Plan for additional details: *Assessment > Magnitude based upon Assessment > Readiness to carry out SPF activities.*

An assessment of the coverage provided by the major Big Island service providers was done by reviewing the SPF-SIG Service Provider Resource Assessment matrix contained in the following section of the Underage Drinking Prevention Plan: *Assessment > Magnitude based upon Assessment > Community Assets and Resources.* The following readiness maturity levels were used as a basis for the informal analysis: Pre-contemplation, Contemplation, Commitment, Action, Maintenance / Sustainability. The analysis indicated that service

providers in each district are within the “Commitment” stage and is ready for the “Action” stage. However, “perceived risk of harm of use” statistics show that many individuals are in the “pre-contemplative” stage in that they do not believe drinking creates risk. Therefore, a public information campaign is in order.

Priorities

Priority Issues Identified in the Infrastructure & Capacity Assessment Guide

1. Sustainability
 - Definition: plans to achieve sustainable outcomes over time [e.g., legislature backing, secured funding from traditional (grants) and non-traditional sources (insurance companies/banks), leveraging funds, etc.]; and
 - Develop a written plan to acquire and allocate resources to sustain key prevention initiatives;
2. Effectiveness
 - Definition: communication and collaboration between agencies to promote a positive working environment and the ability to meet common goals and objectives;
 - Ensure that all age groups are being served with prevention services; and
 - Provide language assistance services and translated material, at no cost to beneficiaries.
3. Funding
 - Definition: ability to leverage funds and other resources from multiple sources in order to support priority prevention initiatives and funding streams are coordinated across prevention agencies and organizations to maximize the impact of prevention efforts; and
 - Coordinate and leverage funding streams across prevention agencies and organizations to maximize the impact of prevention efforts;

Priority Issues Identified by the County Epidemiological Profile

1. The increase in the ability to purchase alcohol jumps significantly from 6th to 8th grade, which supports a strong focus on prevention programs targeting middle school. (COH Epi Profile, May 2009. Page 14, Figure 10.)
2. The fact that 6.2% of 6th-grade students used alcohol in the past 30 days, the subsequent jumps in usage from grades 6th to 8th, 8th to 10th, and 10th to 12th, and a mean age of first drunkenness at approximately 13 years old all support the start of prevention programs in the 6th grade. (COH Epi Profile, May 2009. Page 10, Figure 3. Page 12, Figure 7.)
3. 14-17 year olds have more access, more arrests, and more treatment than 12-13 year olds. (COH Epi Profile, May 2009. Page 26, Figure 23. Pages 24-25, Tables 3-5.) Therefore, intervention should be before the youth get to this point. (ADAD Teleconference Call with Hawaii CAC – July 2, 2009.)
4. Ethnic disparities exist for Hawaiians and Caucasians. Figure 2 on page 10 of the COH Epi Profile shows that these two groups account for the highest monthly use of alcohol among youth ages 12-17.

5. The impact of family social norms makes it clear that it is culturally appropriate to include family when addressing the problem. (ADAD Teleconference Call with Hawaii CAC – July 2, 2009.)
6. Gender differences are not that noteworthy to preclude the need for gender-based programs. (ADAD Teleconference Call with Hawaii CAC – July 2, 2009.)
7. There is no specific information identified in COH's Epi Profile that help identify target communities / locations upon which the Strategic Prevention Framework should initially focus. Underage drinking is considered an island-wide problem and COH seeks to operate the initiative in all 9 districts.

Priority Issues Identified by Strategic Planning Session

In preparation for the completion of the Hawaii County Underage Drinking Prevention Plan, a group of fifty persons from across the Island, including students, retailers, service providers, and government agencies, was convened on August 25, 2009 to provide their input on Strengths, Weaknesses, Opportunities, and Threats (SWOT) with regards to underage drinking in Hawaii County. Upon completion of the SWOT process, each participant was given the opportunity to then vote for three themes that specifically contributed to underage drinking in Hawaii County. This exercise identified the three priority issues to be addressed in the Hawaii County Underage Drinking Prevention Plan:

1. Family Social Norms (Healthy Family = Healthy Community = Healthy Island) – sample underlying issues:
 - a. Family participation
 - b. Condoned by family
 - c. Attitude of youth/adults
 - d. Unsupervised youth/multiple jobs (parents)
 - e. Second refrigerator (in garage)
 - f. Considered rite of passage
 - g. Drinking is culturally acceptable
 - h. Drinking by parents and other adults is prevalent in the home
 - i. Parents supply – safe in home
 - j. Social hosting is acceptable
 - k. Adults drinking/driving modeling
 - l. Parents allow (sometimes encourage) drinking in the home
2. Peer Social Norms – sample underlying issues:
 - a. Boredom
 - b. Peer Pressure
 - c. Fear of utilizing one's full potential = self-sabotage
 - d. Attitude of youth/adults
 - e. Rites of passage
 - f. Near peer
 - g. Self-esteem/self-acceptance
3. Community Assets/Resources – sample underlying issues:
 - a. Lack of transportation
 - b. Funding cuts for youth and community programs
 - c. Funding
 - d. Economic circumstances

Risk and Protective Factors in Peer-Individual, Family, School, and Community Domains

Domain	Risk Factors	Protective Factors
Peer-Individual	<ul style="list-style-type: none"> • Early initiation of problem behaviors • Favorable attitudes toward ATOD use • Low perceived ATOD-use risk • Antisocial behaviors • Favorable attitudes toward antisocial behaviors • Friends' ATOD use • Interaction with antisocial peers • Rewards for antisocial involvement • Rebelliousness • Sensation seeking 	<ul style="list-style-type: none"> • Peer disapproval of ATOD use • Belief in the moral order • Education aspirations
Family	<ul style="list-style-type: none"> • Poor family supervision • Lack of parental sanctions for antisocial behaviors • Parental attitudes favorable toward ATOD use • Exposure to family ATOD use • Parental attitudes favorable toward antisocial behavior • Family (sibling) history of antisocial behaviors 	<ul style="list-style-type: none"> • Family attachment • Family opportunities for positive involvement • Family rewards for positive involvement
School	<ul style="list-style-type: none"> • Low school commitment • Poor academic performance 	<ul style="list-style-type: none"> • School opportunities for positive involvement • School rewards for positive involvement
Community	<ul style="list-style-type: none"> • Community disorganization • Transition and mobility • Exposure to community ATOD use • Laws and norms favorable to ATOD use • Perceived availability of drugs and handguns • Ability to purchase alcohol or tobacco 	<ul style="list-style-type: none"> • Community opportunities for positive involvement • Community rewards for positive involvement

(COH Epi Profile, May 2009. Page 15, Table 1.)

Baseline Data

The primary baseline data against which progress and outcomes of the Strategic Prevention Framework will be measured are derived from the Table 15 in the State of Hawaii's SPF-SIG Underage Drinking Prevention Plan. The data is summarized as follows:

Consumption Pattern	Indicator	Data Source	Baseline Data	Federal (NOMs) or State (SPF-SIG) Priority?	Data concluded to State or County level?
Current alcohol use	(1) 30-day alcohol use, ages 12-17	(1.a.) Hawaii Student Alcohol, Tobacco, and Other Drug Use Study (ATOD 2003)	(1.a.a) 20.2% of 6th to 12th grade students report alcohol use in past 30 days Secondary data: (1.a.b) 3.9% of 6th graders report alcohol use in past 30 days (1.a.c) 17.4% of 8th graders report alcohol use in past 30 days (1.a.d) 27.1% of 10th graders report alcohol use in past 30 days (1.a.e) 36.6% of 12th graders report alcohol use in past 30 days	Federal, State	State, County
Current alcohol use	(2) 30-day binge drinking, ages 12-17	(2) National Survey on Drug Use and Health (NSDUH 2004-2005)	(2) 9.3% of 12-17 year olds reported binge drinking at least once in the past 30 days	State, Federal	State
Early initial use of alcohol	(1) Mean age at first use of alcohol by intermediate	(1) ATOD 2003	(1) Average age at initial alcohol use is 12.2 years	Federal, State	State, County

	and high school students				
Antisocial behavior	(1) Percent of high school students reporting they drank on school property in the past 30 days	(1) Youth Risk Behavior Survey (YRBS 2005)	(1) 8.8% of high school students report having used alcohol on school property in the past 30 days	State	State
Antisocial behavior	(2) Percent of current alcohol users grades 6-12 reporting they have been drunk or high at school	(2) ATOD 2003	(2) 39% of 6th-12th graders who are current alcohol users (have used alcohol in past 30 days) report having been drunk or high on alcohol at school.	State	State, County
Low perception of risk of using alcohol	(1) Percent of students 12-17 reporting that people risk harming themselves physically or in other ways when they use alcohol	(1) NSDUH 2004-2005, ATOD 2003, YRBS 2005	(1) TBD	Federal, State	State, County
Low perception of risk of using alcohol	(2) Percent of students 12-17 reporting they perceive "great risk" of drinking 5 or more drinks once or twice a week	(2) NSDUH 2004-2005	(2) 39.38% ages 12-17 perceive "great risk" of drinking 5 or more drinks once or twice a week.	State	State, County
Social connectedness	(1) Percent of students reporting that they have talked with at least one parent about the dangers of ATOD within the past 12 months	(1) Youth Community Survey (2005), Youth Programs Survey (2007)	(1) TBD	Federal	State

Conclusion of Assessment Report

COH's assessment has shown that underage drinking is a significant and multi-faceted problem. COH wholeheartedly embraces the conclusion on page 27 of the State of Hawaii's SPF-SIG Underage Drinking Prevention Plan, "that reducing consumption by increasing the age of initial use of alcohol and reducing the current use of alcohol, should lead to a reduction in negative consequences, such as antisocial behaviors related to alcohol use." Therefore, COH is committed to implementing the Strategic Prevention Framework for the benefit of current and future generations.

Section 2: Capacity Building

Capacity Building Priorities (Based on the Findings identified in your Assessment Report, please indicate your Capacity Building Priorities and how they were selected).

Based upon the gaps and priorities discussed in the Assessment section and Assessment Report above, COH identified the following Capacity Building Priorities that, when properly addressed, will improve COH's capacity to effectively implement SPF-SIG.

1. Effectiveness
 - a. Enhance communication and collaboration between agencies to increase the ability to meet common goals and objectives.
2. Organization
 - a. While the Infrastructure & Capacity Assessment Guide indicates that Organization is a relative strength for COH, certainly capacity will be enhanced by improving "communication, coordination, and resource leveraging among prevention agencies to maximize the impact of prevention efforts and reduce duplication of services." (State of Hawaii SPF-SIG Underage Drinking Prevention Plan. October 2008. Page 30.)
3. Funding
 - a. Coordinate and leverage funding streams across prevention agencies and organizations to maximize the impact of prevention efforts.
4. Cultural Competence
 - a. Provide language assistance services and translated material, at no cost to beneficiaries.
5. Workforce Skills
 - a. While the Infrastructure & Capacity Assessment Guide indicates that Workforce Skills is an area of relative strength for COH, capacity will definitely be enhanced by increasing "workforce knowledge and skills to use a combination of strategies (policy, enforcement, media, etc.) to influence the environment, as well as to change the behavior of individuals." (State of Hawaii SPF-SIG Underage Drinking Prevention Plan. October 2008. Page 30.)
6. Reach
 - a. Ensure that all age groups are being served with prevention services. (Start prevention programs at the 6th-grade level.)
 - b. Include family participation in prevention programs.
 - c. Reach as many youth as possible across the Island regardless of geographic challenges.
7. Sustainability
 - a. Ensure that the benefits provided by the prevention framework extend beyond the grant's period of performance.

Note: The three priority issues identified during the August 25, 2009 Strategic Planning Session (i.e., Family Social Norms, Peer Social Norms, and Community Assets/Resources) will be addressed in the Implementation section of the COH Prevention Plan.

Action Plan (Insert and describe your capacity building plan).

1. Effectiveness & Organization Activities
 - a. Establish a fully-functional program management organization (“PMO”) with the requisite staff, tools, and operating paradigms (e.g., project and knowledge management best practices) to maximize cross-organization collaboration and the effectiveness of prevention programs across COH. This also involves mapping the strengths and weaknesses.
2. Funding Activities
 - a. Develop and implement a plan to coordinate and leverage funding streams across prevention agencies and organizations.
3. Cultural Competence Activities
 - a. Facilitate the tailoring of selected evidence-based programs (“EBP’s”) to meet unique community and cultural needs. (This is particularly critical with respect to the Hawaiian ethnic group, which is among the top two groups with respect to the highest monthly use of alcohol.)
4. Workforce Skills Activities
 - a. Expand liquor law classes for managers of licensed premises to enhance enforcement.
 - b. Recognizing that the amount of drinking at beach parks is extensive (according to anecdotal evidence provided by the COH Department of Parks & Recreation), implement mechanisms (e.g., training or signage) that help police officers enforce the law until drinking-in-public laws can be streamlined to remove the variability of permitted vs. prohibited timeframes at COH parks and public places. (For example: a single-page color-coded table of information.)
5. Reach Activities
 - a. Increase the awareness of existing transportation services. Define the most effective and efficient means to leverage the expanding bus transportation system to help program participants benefit from geographic challenges.
 - b. Promote the expansion of safe-haven facilities within all appropriate venues. Encourage facilities and related prevention activities available during a wide range of hours (e.g., Furlough Friday’s) in order to address geographic challenges and parent work schedules.
 - c. Help grassroots organizations participate in the prevention framework by (1) making training and technical assistance available to them and (2) encouraging them to partner with larger nonprofits that provide complementary services. There is an extensive amount of outstanding grassroots organizations (most of which have a strong cultural underpinning) that can be mobilized to fight underage drinking. However, most are small and not equipped to directly deal with the technicalities of Evidenced-Based Programs, apply for funding, and fulfill rigorous fiscal accountability requirements.

6. Other Activities

- a. Convene leaders and stakeholders to collaboratively address gaps, share resources and knowledge for the common good, leverage funding, and prevent duplication of services.
- b. Ensure that service providers receive robust training and technical assistance for adapting and delivering EBP's (i.e., evidence-based programs) based upon the target age group, family needs, and cultural competence issues.
- c. Expand train-the-trainer programs wherever possible (e.g., the Department of Liquor Control's collaboration with BIIF where student athletes are prepared to conduct underage drinking prevention classes for other students).
- d. Conduct miscellaneous training courses. For example:
 - i. Pathways into Teenage Alcohol Use. Target Audience: Parents, Department of Education, Service Providers.
 - ii. Underage Drinking Laws in Hawaii and What the Penalties Are. Target Audience: Third Circuit Family Court Judges and Probation Officers, Hawaii Police Department, Department of Education, UH Hilo, Service Providers, Parents.
 - iii. Effects of Alcohol on the Teenage Brain. Target Audience: Parents, Teenagers.
 - iv. Fetal Alcohol Syndrome. Target Audience: Teenagers.
- e. Implement miscellaneous technical assistance services. For example:
 - i. National Outcomes Measures. Target Groups: Hawaii County Advisory Council, SPF-SIG Coordinator.
 - ii. Program Evaluation Methods. Target Groups: Hawaii County Advisory Council, SPF-SIG Coordinator.
- f. Leverage the very successful resources and community networks established for the Meth Initiative.

Sustainability (Describe your plan for continuing efforts beyond the SPF-SIG grant).

COH will achieve sustainability to continue efforts beyond the SPF-SIG grant via a comprehensive approach that includes four primary components.

1. Sustainability via a Long-Term Strategic Prevention Framework

- a. Mayor Kenoi designated the Strategic Prevention Framework as a number-one priority of his administration. As a result, human and financial resources are being allocated in order to establish the framework as a long-term mechanism that fosters the healthy growth and development of youth in COH for generations to come.
- b. COH will create unstoppable momentum based upon solid project management coupled with rapid and tangible progress, which will carry collaborations and activities beyond the grant's period of performance and motivate service providers to integrate programs into their permanent repertoire.
- c. COH will focus on cooperation, collaboration, and teamwork in pursuing long-term solutions and relationships.
- d. COH will incorporate the discussion of sustainability and current and future human, social, and material resource needs into all stages of its work.

- e. COH will identify and recruit potential partners and stakeholder groups within and outside the community that might connect with the SPF-SIG mission and provide support for the strategies.
- f. The CAC is fully expected to continue operating beyond the period of performance. The CAC will focus on generating enough capacity during the period of performance grant that efforts to address underage drinking will be sustained.
- g. COH will involve appropriate government and service provider agencies so that underage drinking prevention strategies can be adopted into their programs.

2. Sustainability via Infrastructure Support

- a. COH will maintain a program management infrastructure within the Office of the Mayor to continue oversight of the SPF over the long-term. The infrastructure is rooted in solid knowledge management practices and principles (including well defined systems and processes) to maximize operational effectiveness.
- b. COH will establish a public and culturally appropriate knowledgebase (i.e., Web site) with all best practices and lessons learned for use during and beyond the grant's period of performance.
- c. COH will maintain long-term partnerships with service providers and support their efforts to win additional grant funding whenever possible.
- d. COH will provide training and technical assistance to stakeholders and service providers and help them sustain the activities and outcomes achieved over time.
- e. COH will seek to adopt a single and consistent data collection mechanism that can be used by all stakeholders during and beyond grant's period of performance.
- f. COH will support ongoing efforts by the Department of Liquor Control and the Police Department with all policy and program issues involving enforcement and retail access.
- g. Mayor Billy Kenoi has made transportation a central platform of his administration. Bus transportation is currently free. According to Tom Brown, Mass Transit Administrator, COH is adding more routes and buying additional buses (nine more buses this year and Hawaii's first double-decker bus next year). (http://www.hawaiitribune-herald.com/articles/2009/11/04/local_news/local05.txt)

3. Sustainability via Community Commitment

- a. Service providers will have the ability to leverage the to-be-developed COH knowledgebase to implement strategies regardless of funding availability.
- b. COH will seek to use volunteers and interns wherever possible to minimize expenses while providing growth opportunities for the volunteers/interns. (COH will explore a partnership with the University of Hawaii with respect to an intern program.)
- c. COH will establish a database of mentors and volunteers that can assist with the prevention programs beyond the period of performance, thus making ongoing mentoring a reality.

4. Sustainability via Additional Funding

- a. COH will push beverage companies (e.g., Anheuser Busch) to donate funds for addressing underage drinking (in addition to efforts related to DUI and drinking while pregnant).
- b. COH will support efforts to increase State alcohol taxes that help pay for prevention programs.
- c. COH will solicit support from federal, state, and private resources (e.g., traditional grants and non-traditional sources such as insurance companies).

Regardless of the method for sustainability, it is clear that continued support of SPF will only be possible through (a) effective evaluation of program results in order to demonstrate progress and (b) ultra-effective use of awarded money through superb stewardship (e.g., the timely filing of accurate reports), management, and cross-organizational collaboration.

Section 3: Planning

Vision of the CAC

“A safe and healthy community through collaboration”

Mission of the CAC

“The Hawaii County SPF-SIG Advisory Council strives to achieve a safer and healthier community by decreasing underage drinking through partnerships and collaboration.”

Description of Processes Used to Interpret Information and Make Decisions

1. Ensure the Planning Team consists of balanced group of individuals.
 - While the process is essentially open to all those who wish to be involved, COH ensures that the core Planning Team consists of a solid group of individuals who:
 - i. Possess diverse areas of expertise;
 - ii. Have a track record of being active citizens and community participants; and
 - iii. Come from various sectors of the community.
 - While the majority of the current team is employed by government agencies, they possess a strong background in strategic planning, community outreach, cultural competence, and ATOD prevention (e.g., COH’s Meth Initiative).
2. Ensure broad range of input in order to advise the information interpretation and decision-making processes.
 - Obtain high-level input from the Mayor whenever possible.
 - Share plans and ideas with the Mayor’s Executive Assistants whenever possible.
 - Engage the community. For example, COH conducted an Underage Drinking Prevention Strategic Planning Session on August 25, 2009, which was attended approximately 50 stakeholders. The focus of the meeting was the performance of a SWOT analysis.
 - Obtain input from outside subject matter experts whenever possible (e.g., Dr. Kimo Alameda).
 - Communicate directly with service providers to arouse enthusiasm and obtain their input and commitment. For example, COH conducted two open meetings with East Hawaii and West Hawaii service providers. (The East Hawaii event was attended by four Planning Team Members and representatives from over a dozen service providers. The West Hawaii event was attended by three Planning Team Members and representatives from approximately seven service providers.)

3. Conduct regular and consistent Planning Team Meetings that lead to the incremental development of solid plans. Basic steps include:
- Use data as a basis for planning.
 - Research best practices from other ATOD initiatives (e.g., tobacco, meth, and underage drinking endeavors in other states).
 - Identify priorities.
 - Build consensus out of diverse opinions.
 - Determine infrastructure development needs.
 - Determine evidence-based policies, programs, and practices to be implemented.
 - Take sustainability into account throughout the process.
 - Define timelines for implementation.
 - Identify, coordinate, and allocate resources.
 - Identify deliverables, milestones, and outcomes by which to measure performance.

Prioritization of Goals and Objectives (What are the priorities and why?)

The following represents COH's prioritized goals and objectives with respect to the underage drinking prevention project. The priorities were derived from the August 25, 2009 Strategic Planning Seminar, which identified three priority areas: Family Social Norms, Peer Social Norms, and Community Assets/Resources. Goal 1 addresses Family Social Norms and Peer Social Norms. Goal 2 addresses Community Assets/Resources.

All target indicators listed in the three goals below were selected so as to meet the "desired outcomes" listed in Table 15 of the State of Hawaii's SPF-SIG Underage Drinking Prevention Plan.

Goal 1. Increase the number of youth reporting they perceive "great risk" in binge drinking from 39.4% to 42.6% by 2011 through creating an environment in which the demand for alcohol is decreased in favor of more healthy and positive endeavors.

- Objective 1a. Help service providers adapt and implement evidence-based prevention programs for the 12-17 age group throughout the Island.
- Objective 1b. Establish public information awareness, media, and counter-marketing campaigns to change public attitudes and perceptions.
 - Include a youth-led counter marketing campaign component focused on reaching youth and adults. *(Including extensive youth input here and in other plans will dramatically increase the impact of the program.)*
 - Media communication channels: Internet, TV, radio
 - Teach young people about the dangers of underage alcohol use.
 - Get the word out about policies and laws to prevent underage drinking.
 - Help youth realize that, like "doing drugs" or smoking, underage drinking is unhealthy and can drastically impact their lives.
 - Target families.
- Objective 1c. Build a cross-sector coalition of community organizations that fosters community-wide change in how underage alcohol use is perceived.

Goal 2. Decrease 30-day underage alcohol use from 20.2% to 18.2% by 2011 through increasing island-wide infrastructure that provides opportunities for positive youth recreation and activities.

- Objective 2a. Leverage the expanding transportation infrastructure to help kids attend programs.
- Objective 2b. Mobilize all community sectors (e.g., government, business, faith-based organizations, unions, service groups, education, and non-profits) to increase the number of facilities (e.g., schools, parks, playgrounds, libraries, and churches) and related hours of operation where youth can participate in evidence-based prevention programs as well as gather, grow, explore their options, succeed, and feel good about themselves without alcohol.
- Objective 2c. Establish a formal network of volunteers and mentors that can participate in evidence-based programs and post-program mentoring activities.

Goal 3. Increase the age of initial alcohol use by 4% (from 12 to 12.5 years old) by 2011 through reducing youth access to alcohol.

- Objective 3a. Reduce underage retail access to alcohol.
- Objective 3b. Influence policy change. For example:
 - Restrict public drinking in locations where young people are likely to be present by streamlining the County Code across all parks and public place
 - Increase alcohol tax to pay for prevention programs
 - Establish keg registration laws to deter the purchase of kegs of beer for underage consumption
 - Add restrictions on alcohol advertising to make drinking less appealing to young people
- Objective 3c. Work with sponsors of community events to help them send the message that underage drinking is not allowed.

Describe plans to implement culturally appropriate policies, programs and practices.

Cultural competence is a set of values, behaviors, attitudes, and practices that enable people to work effectively across cultures. It refers to the ability to honor and respect the beliefs, language, interpersonal styles, and behaviors of those receiving services as well as those providing services.

According to the May 2009 “Infrastructure & Capacity Assessment Guide – Final Analysis,” COH is already relatively strong in the area of cultural competency. (Several service providers were very successful employing cultural methods in fighting the COH’s meth problem.) However, since the best intentions and ideas fail unless they are culturally appropriate, COH is deeply committed to being outstanding with respect to implementing culturally appropriate policies, programs, and practices.

This commitment starts at the top of the COH organizational hierarchy, where Mayor Kenoi, who was born and raised on the Big Island, is intimately familiar with issues pertaining to local culture. Kalani Kahalioumi, the SPF-SIG Program Coordinator for COH, has strong ties throughout the community, extensive personal experience engaging in cultural activities, and professional experience adapting and implementing cultural programs. In addition, the composition of the COH Planning Team, a majority of who were born and raised on the Big Island, demonstrates a diversity and familiarity with local cultural issues. The team believes that the use of culture in programs will help many students be grounded, so as not to engage in antisocial behaviors.

The following approaches will be used:

1. Provide language assistance services and translated material, at no cost to beneficiaries.
2. Establish a CAC committee on Cultural Competence to more deeply investigate the issue.

3. Involve community representatives in all aspects of the initiative, from assessment and planning through implementation and evaluation.
4. Include extensive youth input in order to increase the impact of the program.
5. As a condition of the County SPF-SIG Request for Proposals, require applicant agencies to agree to adopt the CAC's definition of cultural competency and implement related principles in their proposal.
6. Integrate or tailor evidence-based programs to fit the needs of culturally-diverse Hawaii County.
7. Provide evidence that innovative Hawaiian prevention programs and practices are effective.
8. Collect Department of Education demographic data to determine the cultural make up of the student body.
9. Provide technical assistance and training to grassroots cultural organizations that have demonstrated success in prior endeavors yet can use help to apply for funding, adapt evidence-based programs ("EBP's"), and integrate the adapted EBP's into their pre-existing successful programs.
10. Ensure all communication materials (e.g., brochures and Web site) truly reflect the community.
11. Ensure communication materials are distributed in a way that reflects local paradigms.
12. Continuously review, assess, and select strategies for implementation that reflect local situations.

PROBLEM STATEMENT IDENTIFICATION

DIRECTIONS: Complete one of these tables for each problem statement. There should be no more than two problem statements related to underage drinking prevention and no more than two problem statements related to infrastructure building.

Problem Statement: There are systemic community, family, and peer issues throughout the community that increase the early and frequent demand for alcohol consumption by youth ages 12-17.

Goal (*Should be related to HI-SPF Goals and Indicators): Increase the number of youth reporting they perceive “great risk” in binge drinking from 39.4% to 42.6% by creating an environment in which the demand for alcohol is decreased in favor of more healthy and positive endeavors.

* HI-SPF Goals and Indicators are found in Hawaii State Underage Drinking Plan, Table 15.

Objective (from intervening variables)	Resources that county has and can be used to address this	Evidence-based Strategies (to address contributing factors)	Benchmarks (How will you know you have achieved your objectives? When do you expect to achieve them?)
Objective 1: Help service providers adapt and implement evidence-based prevention programs for the 12-17 age group throughout the Island	Youth input and participation; ADAD; After-school programs; Epi Team; External/contracted training organizations; Cultural activities (hula, etc.); Existing best practices (e.g., Cultural approaches to meth); Evidence-based Programs; Government agencies; Kupuna; Ohana; SAMHSA; Service providers	Alcohol-free recreational opportunities; Speakers bureau; Developmentally appropriate information about alcohol; Development of personal, social, and resistance skills; Supervision by positive adult role models; Youth leadership; Intensive programs; Incorporation of skills building	The objective is achieved upon initiation of the first round of adapted evidence-based programs. Expected achievement timeframe: Calendar Quarter 3 of 2010.
Objective 2: Establish public information awareness, media, and counter-marketing campaigns to change	Youth input and participation; ADAD; Advertising & PR firms; External/contracted training organizations; Existing best practices (e.g.; Cultural	Set up media coverage about problems that result from youth drinking; Reduce or eliminate alcohol ads and promotion at public events where youth are	The objective is achieved when data shows an increase in the number of youth reporting they perceive “great risk” in binge drinking from 39.4% to 42.6%.

<p>public attitudes and perceptions</p>	<p>approaches to meth); Evidence-based Programs; Government agencies; Kupuna; Law enforcement; Local media; SAMHSA; Service providers; Volunteers</p>	<p>present; Create social pressure against providing alcohol to youth; Media advocacy; Speakers bureau; Call attention to ads that appeal to youth; Counter-ads and counter promotions; Parent education; Youth education; Developmentally appropriate information about alcohol; Development of personal, social, and resistance skills</p>	<p>(Attitude surveys, which can be conducted before and after viewing materials, will be explored for benchmark possibilities.)</p> <p>Expected achievement timeframe: Calendar Quarter 3 of 2011.</p>
<p>Objective 3: Objective: Engage groups to change community thinking about underage alcohol use Resources to address Objective</p>	<p>Youth input and participation; ADAD; After-school programs; Community organizations (churches, athletics, etc.); External/contracted training organizations; Existing best practices (e.g.; Cultural approaches to meth); Cultural activities (hula, etc.); Evidence-based Programs; Government agencies; Kupuna; Law enforcement; Local media; Ohana; PTSA's; SAMHSA; Schools; Service providers; Volunteers; Youth groups</p>	<p>Educate community groups on actions they can take; Parent education; Active family and community involvement; Citizen action to reduce commercial and social availability of alcohol; Strategies from Communities Mobilizing for Change on Alcohol ("CMCA") publications: What Civic Groups Can Do, What Faith Organizations Can Do, What Schools Can Do, etc.</p>	<p>The objective is achieved when an active coalition is formed with participation from groups in all 9 districts of the Big Island.</p> <p>Expected achievement timeframe: Calendar Quarter 4 of 2010.</p>

PROBLEM STATEMENT IDENTIFICATION

DIRECTIONS: Complete one of these tables for each problem statement. There should be no more than two problem statements related to underage drinking prevention and no more than two problem statements related to infrastructure building.

Problem Statement: Without adequate supervision, widespread facilities to participate in positive activities, and transportation to available facilities, many youth have too much free time and lack the opportunity to fully engage their minds and bodies in healthy and productive activities.

Goal (*Should be related to HI-SPF Goals and Indicators): Decrease 30-day underage alcohol use from 20.2% to 18.2% by 2011 by increasing island-wide infrastructure that provides opportunities for positive youth recreation and activities.

* HI-SPF Goals and Indicators are found in Hawaii State Underage Drinking Plan, Table 15.

Objective (from intervening variables)	Resources that county has and can be used to address this	Evidence-based Strategies (to address contributing factors)	Benchmarks (How will you know you have achieved your objectives? When do you expect to achieve them?)
Objective 1: Leverage the expanding transportation infrastructure to help kids attend programs	Government agencies; Parks and recreational facilities; Public transportation	Implementation of this objective will support the other evidence-based strategies, EBP's, objectives, and goals stated herein	The objective is achieved when data shows a decrease in 30-day underage alcohol use from 20.2% to 18.2%. Expected achievement timeframe: Calendar Quarter 3 of 2011.
Objective 2: Mobilize all community sectors to increase the number of facilities and related hours of operation where youth can participate in evidence-based prevention programs	Youth input and participation; Advertising & PR firms; After-school programs; Community organizations (churches, athletics, etc.); External/contracted training organizations; Existing best practices (e.g.; Cultural	Alcohol-free recreational opportunities; Alcohol-free public spaces; Strategies from Communities Mobilizing for Change on Alcohol ("CMCA") publications: What Civic Groups Can Do, What faith Organizations Can Do, What	The objective is achieved when data shows a decrease in 30-day underage alcohol use from 20.2% to 18.2%. Expected achievement timeframe: Calendar Quarter 3 of 2011.

	<p>approaches to meth); Cultural activities (hula, etc.); Evidence-based Programs; Government agencies; Kupuna; Law enforcement; Local media; Parks and recreational facilities; PTSA's; Public transportation; Schools; Service providers; Volunteers; Youth groups</p>	<p>Schools Can Do, etc.</p>	
<p>Objective 3: Establish a formal network of volunteers and mentors that can participate in evidence-based programs and post-program mentoring activities</p>	<p>Youth input and participation; Advertising & PR firms; After-school programs; Community organizations (churches, athletics, etc.); Existing best practices (e.g.; Cultural approaches to meth); Cultural activities (hula, etc.); Evidence-based Programs; Government agencies; Kupuna; Law enforcement; Local media; Ohana; PTSA's; Schools; Service providers; Volunteers; Youth groups</p>	<p>Speakers bureau; Developmentally appropriate information about alcohol; Development of personal, social, and resistance skills; Supervision by positive adult role models; Youth leadership; Intensive programs; Incorporation of skills building</p>	<p>The objective is achieved when the network spans all 9 districts and is captured in a database that is regularly used by service providers for ongoing mentoring purposes.</p> <p>Expected achievement timeframe: Calendar Quarter 1 of 2011.</p>

PROBLEM STATEMENT IDENTIFICATION

DIRECTIONS: Complete one of these tables for each problem statement. There should be no more than two problem statements related to underage drinking prevention and no more than two problem statements related to infrastructure building.

Problem Statement: The pervasive availability of alcoholic beverages creates causes and conditions for illegal and antisocial behaviors (e.g., DUI) and their related social costs (e.g., loss of life, accidents, arrests, and treatment services) that the entire community must absorb.

Goal (*Should be related to HI-SPF Goals and Indicators): Increase the age of initial alcohol use by 4% (from 12 to 12.5 years old) by 2011 by reducing youth access to alcohol.

* HI-SPF Goals and Indicators are found in Hawaii State Underage Drinking Plan, Table 15.

Objective (from intervening variables)	Resources that county has and can be used to address this	Evidence-based Strategies (to address contributing factors)	Benchmarks (How will you know you have achieved your objectives? When do you expect to achieve them?)
Objective 1: Reduce underage retail access to alcohol	Youth input and participation; ADAD; Epi Team; External/contracted training organizations; Existing best practices; Evidence-based Programs; Government agencies; Law enforcement; Local media; Retail outlets; SAMHSA	Strategies that are specific to the CMCA EBP. For example: Responsible Beverage Service (“RBS”) training; Alcohol compliance checks / administrative penalties; Responsible beverage server training; Warning signs posted at alcohol establishments; Instruct bars & retail stores to call police when youth try to buy alcohol; Restrict types/numbers/placement of advertisements; Require outlets to have written policies and plans to prevent underage purchase	The objective is achieved when data shows an increase in the age of initial alcohol use by 4% (from 12 to 12.5 years old). Expected achievement timeframe: Calendar Quarter 3 of 2011.

<p>Objective 2: Influence policy change</p>	<p>Youth input and participation; ADAD; Advertising & PR firms; Community organizations (churches, athletics, etc.); Epi Team; Existing best practices; Epi Team; Evidence-based Programs; Government agencies; Kupuna; Law enforcement; Local media; Ohana; Retail outlets</p>	<p>Social host laws; Keg registration laws; Restricting alcohol sales at public events; Increasing taxes on sales of alcohol; Open house assembly ordinance; Alcohol restrictions in certain areas; Eliminate alcohol ads and promotion at public events where youth are present; Zone alcohol free public areas; Restrict types/numbers/placement of advertisements</p>	<p>The objective is achieved when data shows an increase in the age of initial alcohol use by 4% (from 12 to 12.5 years old).</p> <p>Expected achievement timeframe: Calendar Quarter 3 of 2011.</p>
<p>Objective 3: Work with sponsors of community events to help them send the message that underage drinking is not allowed</p>	<p>Youth input and participation; ADAD; Advertising & PR firms; Community organizations (churches, athletics, etc.); Existing best practices; Evidence-based Programs; Government agencies; Kupuna; Law enforcement; Local media; Parks and recreational facilities</p>	<p>Restricting alcohol sales at public events; Special event licenses; Warning signs posted at alcohol establishments; Eliminate alcohol ads and promotion at public events where youth are present; Restrict types/numbers/placement of advertisements</p>	<p>The objective is achieved when data shows an increase in the age of initial alcohol use by 4% (from 12 to 12.5 years old).</p> <p>Expected achievement timeframe: Calendar Quarter 3 of 2011.</p>

LOGIC MODELS

DIRECTIONS: Please use the prior pages (labeled as Problem Statement Identification) to develop a logic model for each Problem Statement identified.

Hawaii County SPFSIG Logic Model					
Problem: There are systemic community, family, and peer issues throughout the community that increase the early and frequent demand for alcohol consumption by youth ages 12-17.					
Objectives: Increase the number of youth reporting they perceive “great risk” in binge drinking from 39.4% to 42.6% by creating an environment in which the demand for alcohol is decreased in favor of more healthy and positive endeavors.					
Inputs	Activities	Outputs	Outcomes		
			Short Term	Intermediate	Long Term
Evidence-based Programs. External/contracted training organizations. Service providers. Kupuna. Information about alcohol consumption (effects, statistics, etc.). Technical writing and design skills. Youth participation.	Adapt and implement EBP’s. Design and implement public information campaigns. Community outreach sufficient enough to create island-wide social change. Conduct monthly meetings among	EBP’s that are culturally adapted for ongoing use and improvement. Informative and catchy materials designed for multiple communication channels. Message disseminated via multiple channels. A strong coalition	Increased awareness of the underage drinking problem. Media exposure. Fewer favorable and neutral opinions about alcohol consumption. Parents pay greater attention to what their kids do outside of the home and the	Aspiration to strive for goals beyond short-term and temporary gratification from alcohol. Motivation to focus on and pursue cultural activities and other acquired skills. Reduced antisocial behavior. Improved decision	Reduced effects of alcohol consumption (e.g., lower rates of DUI and fetal alcohol syndrome) and the associated social costs. Improved underage drinking statistics. Less drinking in parks and public

<p>Community organizations. Existing best practices. Cultural activities. Government resources. Ohana. Schools.</p> <p>SPF-SIG funding. Epi Team.</p>	<p>community organizations to foster concentrated and incremental progress.</p> <p>Measure effectiveness of initiative.</p>	<p>of like-minded community organizations.</p> <p>Evaluation results.</p>	<p>state they are in upon returning home.</p>	<p>making – the ability to say “no” and shift focus to more productive activities.</p> <p>Public Service Announcements and other messages involving underage drinking.</p> <p>Increased communication about alcohol use within families.</p> <p>Parents consistently encourage their children to engage in more productive activities.</p>	<p>places.</p> <p>Improved parenting skills as educated youth grow up and start their own families.</p> <p>Lower rates of alcohol dependence and alcoholism.</p> <p>Happier and healthier youth and adults.</p>
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LOGIC MODELS

DIRECTIONS: Please use the prior pages (labeled as Problem Statement Identification) to develop a logic model for each Problem Statement identified.

Hawaii County SPFSIG Logic Model					
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Objectives: Decrease 30-day underage alcohol use from 20.2% to 18.2% by 2011 by increasing island-wide infrastructure that provides opportunities for positive youth recreation and activities.					
Inputs	Activities	Outputs	Outcomes		
			Short Term	Intermediate	Long Term
Public transportation system. Government agencies. Parks, recreational facilities, community centers, libraries, churches, and other locations. Youth participation.	Transportation planning to support the Strategic Prevention Framework. Community outreach to promote wider and longer use of facilities. Community outreach to establish a formal volunteer / mentor	Enhanced awareness of transportation opportunities. Additional facilities with more flexible hours to host and operate EBP's. Network and database of volunteers / mentors. Evaluation results.	Public awareness of COH's serious intention to address underage drinking and other societal ills. Increased motivation by facility managers to support the initiative.	Expanded availability of after-school and similar programs. Increased participation in EBP's and other community programs. Increased mentoring relationships.	Reduced effects of alcohol consumption (e.g., lower rates of DUI and fetal alcohol syndrome) and the associated social costs. Improved parenting skills as educated youth grow up and start their own families. Improved

<p>Volunteers. Mentors. Kupuna. Epi Team.</p>	<p>network. Measure effectiveness of initiative.</p>				<p>underage drinking statistics.</p> <p>Lower rates of alcohol dependence and alcoholism.</p> <p>Happier and healthier youth and adults.</p>
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LOGIC MODELS

DIRECTIONS: Please use the prior pages (labeled as Problem Statement Identification) to develop a logic model for each Problem Statement identified.

Hawaii County SPFSIG Logic Model					
Problem: The pervasive availability of alcoholic beverages creates causes and conditions for illegal and antisocial behaviors (e.g., DUI) and their related social costs (e.g., loss of life, accidents, arrests, and treatment services) that the entire community must absorb.					
Objectives: Increase the age of initial alcohol use by 4% (from 12 to 12.5 years old) by 2011 by reducing youth access to alcohol.					
Inputs	Activities	Outputs	Outcomes		
			Short Term	Intermediate	Long Term
SPF-SIG funding. Existing best practices. Evidence-based Programs. Government agencies. Law enforcement. Retail outlets. Training providers. County Council. Community activists. Youth participation.	Training. Compliance checks. Lobbying for laws and ordinances that fight underage drinking. Outreach to sponsors of community events. Measure effectiveness of	Trained alcohol sellers. Revised laws, ordinances, and penalties. Cleaner parks and public places. Evaluation results.	More effective alcohol sellers with greater awareness of the law and penalties. Greater awareness among lawmakers and the general public about the extent and effects of underage drinking. Event sponsors	Lower availability of alcohol through retail outlets. Fewer adults willing to purchase alcohol on behalf of minors that congregate outside retail outlets. Fewer public locations where alcohol consumption is permissible.	Reduced effects of alcohol consumption (e.g., lower rates of DUI and fetal alcohol syndrome) and the associated social costs. Improved parenting skills as educated youth grow up and start their own families. Improved underage drinking

<p>Community organizations. Community events.</p> <p>Epi Team.</p>	<p>initiative.</p>		<p>with greater awareness of the underage drinking problem.</p>	<p>Fewer ads promoting alcohol consumption.</p> <p>Less underage drinking at community events.</p> <p>An increased number of family-oriented events.</p>	<p>statistics.</p> <p>Lower rates of alcohol dependence and alcoholism.</p> <p>Happier and healthier youth and adults.</p>
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Section 4: Implementation

Describe how the funding will be allocated.

COH expects to allocate a significant portion of funds awarded by ADAD to a carefully selected mix of service providers and other organizations. Allocation will be determined by a formula designed to ensure that stringent standards and requirements are met (beyond those stipulated by the procurement process). These requirements reflect the importance of the SPF to Mayor Kenoi's administration as well as best estimates as to what it will take to achieve the targeted outcomes. Requirements include:

1. Overall ability to produce results that contribute to the goals and objectives of the initiative
2. Strong and clear commitment to the project by the organization's leadership and project participants
3. Capacity to implement evidence-based strategies (including environmental strategies) and evidence-based programs
4. Cultural competence
5. Ability to meet project timeline, quality, and evaluation standards
6. Experience and track record on similar projects
7. Geographic location / reach
8. Sufficient human and physical resources

The pool of potential funding recipients includes:

1. Service providers in East and West Hawaii
2. Community organizations (e.g., faith-based organizations, service groups, and other non-profits)
3. Businesses (e.g., firms engaged in public relations, evaluation, etc.)
4. Government agencies (e.g., Department of Liquor Control, Department of Parks and Recreation, Office of the Prosecuting Attorney, Hawaii Police Department, Research & Development, Education, Health)

COH has not yet established minimum and maximum amounts for which service providers can apply. However, one approach is to make relatively large allocations (e.g., amounts greater than \$100,000) available to organizations that have the capacity and infrastructure to deliver rapidly on a wide scale with sufficient quality.

Meanwhile, there is an extensive amount of outstanding grassroots organizations (most of which have a strong cultural underpinning) that can be mobilized to fight underage drinking. These smaller grassroots organizations ordinarily have less access to traditional funding sources yet are often more inclined to integrate cultural activities and practices into their services. Part of COH's Underage Drinking Prevention Initiative includes encouraging such grassroots organizations to partner with larger nonprofits that provide complementary services in order to appropriately deal with the technicalities of Evidenced-Based Programs and fulfill rigorous fiscal accountability

requirements. (Funding small grassroots organizations proved to be very effective with the “Healing Our Island” initiative (www.healingourisland.com) that targeted the Ice problem. It empowered residents to collectively “heal our island” from within their own communities. It also mitigated the transportation challenge due to the large number of such organizations scattered throughout the island. “Mini-grants” were awarded to over 125 organizations throughout the Big Island.)

Those service providers that perform extremely well will be eligible for further funding. COH will move quickly to provide additional support to those programs that perform exceptionally well, as well as share best practices to replicate success.

More than one service provider may be funded to implement a specific program. COH will adopt a system to prevent duplication of services and address factors such as target population and geographic areas served.

A portion of the funds will be held at the level of the Office of the Mayor for expenses related to program management and endeavors that are best managed at the executive level.

Performing the planning process, interacting with stakeholder organizations, and meeting with Mayor Kenoi have made the following very clear to COH’s SPF-SIG Planning Team:

COH has the capacity to receive as much funding as possible from ADAD and other sources. There are abundant opportunities for COH to allocate funding to activities and organizations that will produce successful results.

- **If services are provided by subcontractors, include a description of how subcontractors will be selected.**

Services will be provided by subcontractors. All funding provided to subcontractors will be made according to State and County procurement guidelines to ensure that funds are allocated fairly and legally without discrimination. COH’s standard Request for Proposal (RFP) process, which is in alignment with Hawaii State Procurement Office policies, will be the primary method by which subcontractors are selected. The RFP will include all critical project requirements (e.g., cultural competence, evidence-based programs, and evaluation obligations) and stipulate performance review methods, the right to reallocate funds based upon substandard performance, and issues pertaining to contract extension.

Describe how the project will operate and who will provide the services needed to implement selected programs/strategies.

The project will be overseen by the SPF-SIG Program Management Office (“PMO”) under the auspices of the Office of the Mayor. The PMO is responsible for planning, scheduling, and controlling the project according to the time, cost, and performance requirements established upon grant initiation. The role of the PMO includes the following components:

1. Conceptually organize the project around the stated goals and objectives.
2. Facilitate the establishment of practical and effective plans and schedules at project initiation with checkpoints that allow regular measuring of progress.
3. Minimize scope changes by working with project team members to ensure realistic objectives.
4. Conduct weekly status meetings and produce weekly status reports to ensure accountability and transparency. The weekly status meetings are a backbone of the project management structure that includes participants relevant to the decision-making, problem solving, and task executing processes. It acts as a public forum that naturally enforces participant task accomplishment.
5. Organize the project around the production of at least one major deliverable per month to ensure concentrated and incremental progress towards project completion.
6. Adopt a project management methodology and system that is used consistently.
7. Facilitate the identification and solution of problems early, quickly, and cost-effectively.
8. Cultivate effective communication, cooperation, and trust.
9. Ensure that activities are accomplished with precision, quality and speed. This is particularly important given the short period of performance.
10. Capture and share best practices and lessons learned (including those derived via evaluation) throughout all areas of the project.
11. Ensure that youth input and participation is included throughout the initiative in order to maximize its effectiveness.

The PMO will work with the COH Purchasing Department to select subcontractors appropriate to the primary activities of the initiative using the standard procurement process. Upon selection of vendors, the PMO will coordinate their efforts into a seamless symphony of execution.

Regardless of the tight timeline, appropriate measures will be taken to ensure that the critical stages of the project are not rushed so as to avoid prevent jeopardizing target outcomes. For example, COH will reach out to the community in stages in order to build tangible momentum rather than fleeting excitement:

1. Obtain buy-in from major service providers. (This was already initiated and obtained during the Planning phase.)
2. Introduce the initiative to the community via schools, churches, community associations, businesses, etc. Everyone has a stake in the project since nearly every adult is a parent, grandparent, aunty, or uncle. This step will occur immediately after the SPF-SIG Grant Application is submitted.

3. Introduce the initiative to grassroots providers that can bring innovative cultural activities and approaches to the EBP-adaptation process. These small (and proven) organizations, with which COH already has relationships via “Healing Our Island,” can partner with larger providers to participate in the initiative. They offer fantastic opportunities to maximize effectiveness of the programs over the long-term.

The project will be organized and implemented around the previously defined goals and objectives. Key project activities associated with goals and selected objectives, which will be addressed as part EBP implementation, are as follows:

Goal 1. Create an environment in which the demand for alcohol is decreased in favor of more healthy and positive endeavors.

- Objective 1a. Help service providers adapt and implement evidence-based prevention programs for the 12-17 age group throughout the Island.
 - Encourage service providers to include as many skills learning activities as possible to give young minds positive points of focus (e.g., hula, martial arts, arts, multimedia development, and even athletics, which is proven to promote camaraderie, self-esteem, and a sense of participation in society).
- Objective 1b. Establish public information awareness, media, and counter-marketing campaigns to change public attitudes and perceptions.
 - Change perceptions related to the low risk of alcohol use and improve parent-child communications via a multiple-media public information campaign that moves all groups and individuals (particularly parents) from the Pre-Contemplative stage to the Commitment and Action stages of readiness maturity (thus enhancing the capacity by which programs can be effective). By articulating the risks, laws, and consequences, this activity is intended to fight systemic issues, such as the common image depicted in the media that drink is cool or neutral at worst.
 - Include kids in the design process and outreach projects (including peer-to-peer).
 - Create branding identity: logo, tagline (e.g., You Drink, You Sink; Kick the Can; Lose Alcohol—Get Chance), and rename EBP’s if possible (e.g., from “**Communities Mobilizing for Change on Alcohol**” to “**Hawaii Island Communities that Can**” and/or a Hawaiian language name).
 - Create promotional and communication materials: Web site; written materials; t-shirts, bumper stickers, and store signage; Public Service Announcements; purchased canned advertisements, and a promotional DVD (like Hawaii Health Services Network and products produced by Searider Productions).

- Carefully select and recruit Kupuna and local “celebrities” to act as spokespeople since teens are often more open to listening to them over their parents. For example:
 - BJ Penn
 - Other Athletes: Garrett McNamara (big wave towing surf champion), Kalani Kahalioumi (professional stand-up paddle boarder), Toby Misech
 - Local musicians: Sudden Rush, Damon Williams, Rupert Tripp
 - Kumu Hula
 - Jason Scott Lee, Actor
 - Dr. Kimo Alameda
 - Members of the Polynesian Voyaging Society
 - Other “people of influence” who reside on the Big Island
- Participate in a select amount of the approximately 40 existing annual community. For example: arts events including visual and performance, speaking engagements, exhibits, fairs, and alcohol-free teen events.
- Conduct an underage drinking bi-annual hoike (recognizing that the impact of a 1-time event lasts about 2 weeks and is not as powerful as a carefully designed incremental program). Include project presentations, a keynote address by the Mayor, and success stories.
- Set up information booths at the over 40 major community events that occur on the Big Island each year.

Goal 2. Increase island-wide infrastructure that provides opportunities for positive youth recreation and activities.

- Objective 2b. Mobilize all community sectors to increase the number of facilities and related hours of operation.
 - Example time period: “Furlough Friday.”
 - Leverage the availability of over 20 sites managed by the COH Department of Parks & Recreation with a built-in teen audience that is ripe for conducting prevention programs.
 - Minimum of 1 teen program in each district with activities that include camping, hiking, dances, and cultural activities.
 - Span the key hours of 4–10 PM. Since regular operating hours are Mon-Thu from 12 PM – 8 PM, use volunteers to cover gaps.
 - Typical capacity: up to 100 kids on a program at any given time depending on the location.
 - Activities can include: pool, ping pong, darts, gaming, foosball, weight training, and other local activities.

- Objective 2c. Establish a formal network of volunteers and mentors that can participate in evidence-based programs and post-program mentoring activities.
 - Implement a volunteers database.

Goal 3. Reducing youth access to alcohol.

- Objective 3a. Reduce underage retail access to alcohol.
 - Expand compliance checks (sting operations).
 - Conduct liquor law classes for managers of licensed premises (including laws related to underage drinking).
 - Collaborate with BIFF to sponsor training based on SAMHSA curriculum for high school student athletes, who in turn conduct underage drinking prevention classes to youngsters in their respective feeder middle schools.
- Objective 3b. Influence policy change.
 - Create causes and conditions that facilitate a change in laws / public policy. For example, implement consistent alcohol-prohibited hours across all parks to assist Police Department with enforcement.

The following table defines the range of potential organizations that are positioned to provide services for this initiative.

Goal	Objective	Potential Implementer(s)
(1) Increase the number of youth reporting they perceive “great risk” in binge drinking from 39.4% to 42.6% by 2011 through creating an environment in which the demand for alcohol is decreased in favor of more healthy and positive endeavors.	(1a) Help service providers adapt and implement evidence-based prevention programs for the 12-17 age group throughout the Island.	- Office of the Mayor - East & West Hawaii service providers (large providers and grassroots organizations) - EBP trainers / consultants - Cultural competence consultants
	(1b) Establish public information awareness, media, and counter-marketing campaigns to change public attitudes and perceptions.	- Marketing & public relations firms - Information technology / Internet consultants - COH agencies with pertinent knowledge: Office of the Mayor, Police Department, Liquor Control, Prosecuting Attorney, Research & Dev’t - Department of Health - Department of Education
	(1c) Build a cross-sector coalition of community organizations that fosters community-wide change in how	- Office of the Mayor - Dept of Research & Dev’t - Department of Health - Department of Education

	underage alcohol use is perceived.	- Marketing & PR firms - Outreach consultants
(2) Decrease 30-day underage alcohol use from 20.2% to 18.2% by 2011 through increasing island-wide infrastructure that provides opportunities for positive youth recreation and activities.	(2a) Leverage the expanding transportation infrastructure to help kids attend programs.	- Office of the Mayor - Mass Transit Agency
	(2b) Mobilize all community sectors to increase the number of facilities and related hours of operation where youth can participate in evidence-based prevention programs as well as gather, grow, explore their options, succeed, and feel good about themselves without alcohol.	- Office of the Mayor - Department of Parks & Recreation - Dept of Research & Dev't - Marketing & PR firms - Outreach consultants
	(2c) Establish a formal network of volunteers and mentors that can participate in evidence-based programs and post-program mentoring activities.	- Office of the Mayor - Dept of Research & Dev't - Marketing & PR firms - Outreach consultants
(3) Increase the age of initial alcohol use by 4% (from 12 to 12.5 years old) by 2011 through reducing youth access to alcohol.	(3a) Reduce underage retail access to alcohol.	- Office of the Mayor - Police Department - Liquor Control - Prosecuting Attorney
	(3b) Influence policy change.	- Office of the Mayor
	(3c) Work with sponsors of community events to help them send the message that underage drinking is not allowed.	- Office of the Mayor - Department of Parks & Recreation - Dept of Research & Dev't - Marketing & PR firms - Outreach consultants

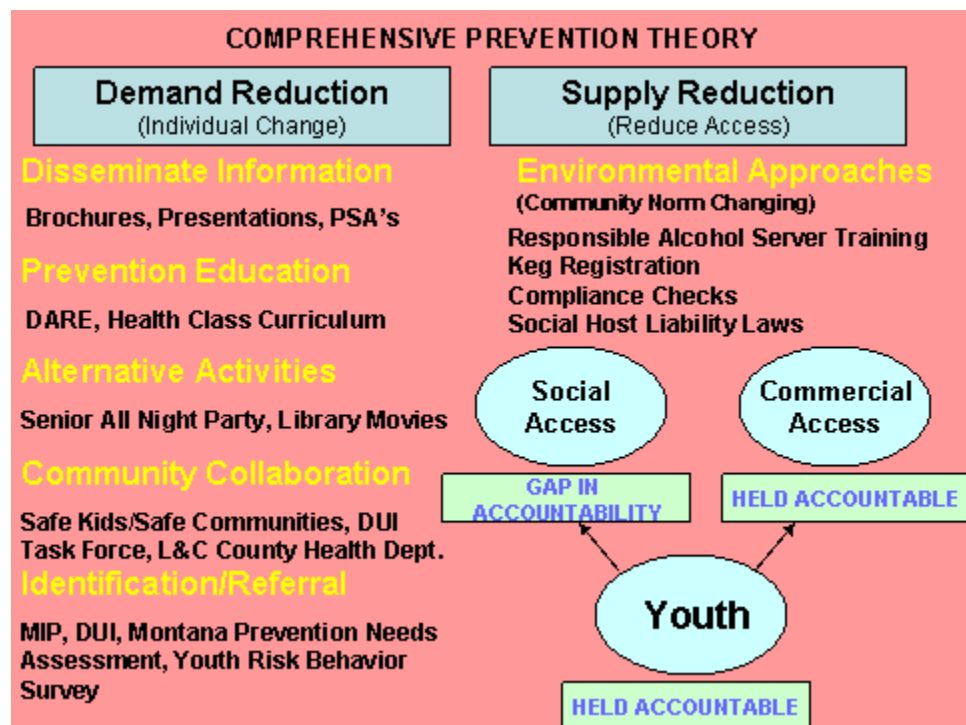
COH seeks to provide programs to as many of the 14,182 youth age 12-17 as possible. (Population data is from the 12-17 *Census Count Based on 2007 Census Estimate.pdf* emailed by Wendy Nihoa on Oct 15, 2009.)

- Describe the specific evidence-based strategies or programs you have chosen to implement. Please note that at least one of the strategies proposed should be an environmental strategy.

COH chooses to implement multiple EBP's in order to provide flexibility to service providers while ensuring a broad range of evidence-based strategies that enable the ability to effectively target all of the initiative's goals and objectives.

1. **Communities Mobilizing for Change on Alcohol ("CMCA")**

- a. **CMCA** is an environmental approach to underage drinking prevention. It is a comprehensive and effective approach to prevention because its strategies and activities focus on the reduction of both supply of and demand for alcohol, which covers all three goals and corresponding objectives of this initiative. The following figure provides an overview of the program.



- b. **CMCA** has strategies and activities that foster change in both individuals (i.e., programmatic) and external **environmental**

factors (e.g., reducing access to alcohol and keeping schools open after hours).

- c. A detailed description of the program is available at http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=116 and http://www.epi.umn.edu/alcohol/cmca/CMCA_2PG_SUMMARY_UPDATED_2005.pdf.
- d. COH's research and discussions with the Youth Leadership Institute (which provides training and technical assistance for **CMCA**) make it evident that this EBP is flexible enough to be culturally adapted to accommodate the range of strategies and activities that are required to target the initiative's goals and objectives.

2. Positive Action

- a. **Positive Action** is an integrated and comprehensive program that is designed to improve problem behaviors such as substance use. It is also designed to improve parent-child bonding, family cohesion, and family conflict. **Positive Action** has materials for schools, homes, and community agencies. All materials are based on the same unifying broad concept (one feels good about oneself when taking positive actions) with six explanatory subconcepts (positive actions for the physical, intellectual, social, and emotional areas) that elaborate on the overall theme.
- b. A detailed description of the program is available at http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=110.

3. Too Good for Drugs & Violence

- a. **Too Good for Drugs & Violence** (by the Mendez Foundation) is a school-based and after-school prevention program to reduce ATOD use by teaching students how to be socially competent and autonomous problem solvers. The program is designed to benefit by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. The program focuses on developing personal and interpersonal skills to resist peer pressures, set goals, improve decision making, bond with others, have respect for self and others, manage emotions, communicate effectively, and interact socially. The program also provides information about the negative consequences of drug and alcohol use and the benefits of a nonviolent, ATOD-free lifestyle.
- b. A detailed description of the program is available at http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=215.

- c. COH fully recognizes that SPF-SIG funds can be used to expand existing evidence-based programs but they cannot be used to supplant or replace already awarded funding.
4. Other potential EBP's:
- a. **Project Venture:**
http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=146
 - b. **AlcoholEdu:**
http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=153

The specific evidenced-based strategies to be employed are part and parcel of the evidence-based programs. Many are also listed in Section 4: Planning > Problem Statements, which were derived from sources that include:

- http://www.epi.umn.edu/alcohol/pubs/pubpdf/11_6_144.PDF
- http://www.epi.umn.edu/alcohol/pubs/pubpdf/11_6_64.PDF
- <http://www.epi.umn.edu/alcohol/sample/ordinanc.shtm>
- http://www.epi.umn.edu/alcohol/cmca/CMCA_2PG_SUMMARY_UPDATE_D_2005.pdf

- **If specific programs have been identified, describe how you selected this evidence-based program.**

CMCA was chosen during the ADAD's September 28, 2009 EBP training session held at the Japanese Cultural Center in Honolulu. Confirmation of its usability was made using SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) at <http://nrepp.samhsa.gov/>.

The **Too Good for Drugs & Violence**, **Positive Action**, **Project Venture**, and **AlcoholEdu** EBP's were identified through research, networking, and community outreach efforts.

- **If specific programs will be identified by service providers, describe how the county will ensure that the programs funded are evidence-based and meet the standards set forth in SAMHSA's *Identifying and Selecting Evidence-based Interventions, Revised January 2009*.**

In order to ensure compliance with grant requirements while working towards the implementation of a long-term strategic prevention framework based upon proven best practices and locally developed

lessons learned, a small group of appropriate EBP's are selected at the COH SPF-SIG Program Management level. Service providers will be able to select from among the identified EBP's or propose an alternative with which they have a strong familiarity. Service providers will enjoy flexibility through the variety of pre-selected EBP's and the ability to adapt them with the assistance of EBP trainers / consultants.

Describe the expected outcomes of the implementation.

The expected indicator outcomes of the implementation are:

1. Increase the number of youth reporting they perceive "great risk" in binge drinking from 39.4% to 42.6% by 2011.
2. Decrease 30-day underage alcohol use from 20.2% to 18.2% by 2011.
3. Increase the age of initial alcohol use by 4% (from 12 to 12.5 years old) by 2011.

Other short-term outcomes include:

1. Aspiration to strive for goals beyond short-term and temporary gratification from alcohol.
2. Event sponsors with greater awareness of the underage drinking problem.
3. Fewer favorable and neutral opinions about alcohol consumption.
4. Greater awareness among lawmakers and the general public about the extent and effects of underage drinking.
5. Increased awareness of the underage drinking problem.
6. Increased motivation by facility managers to support the initiative.
7. Media exposure.
8. More effective alcohol sellers with greater awareness of the law and penalties.
9. Motivation to focus on and pursue cultural activities and other acquired skills.
10. Parents pay greater attention to what their kids do outside of the home and the state they are in upon returning home.
11. Public awareness of COH's serious intention to address underage drinking and other societal ills.

Other intermediate outcomes include:

1. An increased number of family-friendly events.
2. Expanded availability of after-school and similar programs.
3. Fewer adults willing to purchase alcohol on behalf of minors that congregate outside retail outlets.
4. Fewer public locations where alcohol consumption is permissible.

5. Public Service Announcements and other messages involving underage drinking.
6. Improved decision making – the ability to say “no” and shift focus to more productive activities.
7. Increased communication about alcohol use within families.
8. Increased mentoring relationships.
9. Increased participation in EBP’s and other community programs.
10. Less underage drinking at community events.
11. Lower availability of alcohol through retail outlets.
12. Parents consistently encourage their children to engage in more productive activities.
13. Reduced antisocial behavior.

Other long-term outcomes include:

1. Reduced effects of alcohol consumption (e.g., lower rates of DUI and fetal alcohol syndrome) and the associated social costs.
2. Improved underage drinking statistics.
3. Less drinking in parks and public places.
4. Improved parenting skills as educated youth grow up and start their own families.
5. Lower rates of alcohol dependence and alcoholism.
6. Happier and healthier youth and adults.

- **Indicate who will be involved in the implementation process and the roles of each.**

Name	Role(s)
County Advisory Council	Program Oversight, Consultation, Outreach
Mayor Kenoi	Leadership
Charmaine Shigemura	Program Oversight, Strategic Support, Liaison with Mayor Kenoi
Kalani Kahalioumi	Program Coordination, Cultural Competence
To be determined	Knowledge & Process Management Support
To be determined	Data Collection & Management
Frecia Basilio	Technical & Logistical Support, Community Outreach & Engagement
Rita Miller	Technical & Logistical Support
Service Providers & Agencies	EBP Implementation & Evaluation, Facility Provider
Police Department, Liquor Control	Law Enforcement
State Epidemiological Team	Evaluation
To be determined	Clerical & Administrative Support

The COH SPF-SIG Implementation Team will oversee the entire initiative to ensure that it operates effectively and efficiently. In support of this role, certain equipment (e.g., a 30' x 60' tent with folding chairs and tables) will be purchased for shared use by COH and service providers to conduct Evidence-Based Program events and activities at outdoor and no-cost locations throughout the island. This will reinforce overall EBP effectiveness according to cultural competence best practices. The equipment will save the cost involved with renting space.

Provide a timeline for activities related to implementation.

ID	Task Name	2010				Half 2, 2010				Half 1, 2011				Half 2, 2011							
		M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O
1	IMPLEMENTATION PHASE																				
2	Goal 1: Decrease demand for underage alcohol consumption																				
3	Activities supporting Objective 1a - Adapt and implement EBPs																				
4	Activities supporting Objective 1b - Establish public information awareness campaign																				
5	Activities supporting Objective 1c - Build a coalition that fosters change in perceptions																				
6	Goal 2: Increase infrastructure for positive youth recreation and activities																				
7	Activities supporting Objective 2a - Leverage transportation infrastructure to increase program attendance																				
8	Activities supporting Objective 2b - Increase the number of facilities and related hours of operation																				
9	Activities supporting Objective 2c - Establish a formal network of volunteers and mentors																				
10	Goal 3: Reduce youth access to alcohol																				
11	Activities supporting Objective 3a - Reduce underage retail access																				
12	Activities supporting Objective 3b - Influence policy change																				
13	Activities supporting Objective 3c - Work with sponsors of community events																				
14	EVALUATION PHASE																				

Please identify how the strategies or programs chosen are culturally appropriate for your target population.

Through extensive research and inquiry, COH determined that the selected EBP’s, which contain the strategies that will be implemented in this initiative, are completely culturally appropriate.

Even though the **CMCA**, **Positive Action**, **Too Good for Drugs & Violence**, **Project Venture**, and **AlcoholEdu** evidence-based programs were developed on the Mainland, COH’s research determined that their strategies can be smoothly adapted to the unique local culture and circumstances of the Big Island with the assistance of local and EBP-specific experts. Often it is a matter of changing the language in order to improve understanding. In other cases, embedding common local cultural activities into the EBP’s will create the targeted outcomes required to produce success. In particular, the strategies contained within the **CMCA** EBP focus on reducing both the supply of and *demand* for alcohol. This is extremely important on the Big Island, since many youth obtain alcohol from family and friends. Simply reducing supply via retail outlets is not enough to affect positive change. The demand for alcohol must be decreased and the selected EBP’s contain numerous strategies and best practices for doing so.

Everyone involved with this project recognizes that adult and early underage alcohol consumption is embedded in the local culture. The start of underage drinking is often a rite of passage for many youth (both locally and nationally – as evident in movies and books) and not considered inappropriate by numerous parents and family members. Therefore, many strategies that will be implemented are specifically designed to modify family, peer, and community social norms in order to facilitate incremental change that leads to positive and pro-social behavioral change in the near- and long-term.

Section 5: Evaluation

State your commitment to participate in and meet the requirements of ADAD's SPF- SIG Evaluation.

COH wholeheartedly commits to participate in and meet the requirements of the SPF-SIG Evaluation. The level of commitment is demonstrated in several ways.

1. The Strategic Prevention Framework, which is designed to protect our children, is a clearly stated number-one priority of the administration of Mayor Billy Kenoi. This particular Underage Drinking Prevention project is a cornerstone of a long-term endeavor that will benefit Big Island youth for generations to come. The wheels are already turning with respect to the allocation of resources and facilities. Therefore, fulfilling every requirement of the grant – large and small – is of the utmost importance.
2. Over a dozen of the Big Island's largest service providers, in addition to effective grassroots organizations, express a strong interest and commitment to participate in SPF-SIG. In October 2009, COH conducted workshops for and circulated a Request for Information ("RFI") document to the major service providers in West and East Hawaii. All workshop attendees submitted excellent responses that added great value to the planning process. Their budgets commit up to 3% of expenses to evaluation activities. Their project narratives included evaluation topics in their logic models, objectives, and timeline. Providers have quality assurance teams, existing survey tools, experiencing evaluating ADAD-related projects, experience adapting and implementing EBP's (e.g., Project Venture, Across Ages, and Families & Schools Together) and familiarity with the National Outcome Measure (NOMS) tools. COH will ensure that service providers have the training and technical assistance needed to fulfill evaluation requirements.
3. COH is budgeting for a Data Collection & Management Specialist, who will be the point-person for all issues pertaining to COH's compliance with ADAD and EBP evaluation requirements. This includes collaboration with the State Evaluation Team and Epidemiological Team, coordination of data collection with service providers, oversight of survey tool data input, and data analysis and interpretation.

COH's success in fighting the meth problem highlights the importance of comprehensively measuring outcomes. This experience reaffirms COH's commitment to evaluation in order to better inform implementation activities and ensure continuous improvement of plans and operations.

COH seeks to grow a strong working relationship with ADAD and appreciates the opportunity to be on the same page in terms of Evaluation. COH recognizes and fully supports using the same evaluation tool, which will create certain synergies that benefit stakeholders throughout Hawaii.

COH looks forward to assessing the evaluation tool and ensuring its reliability, validity, and usability among the different Big Island populations. We may discover that adding certain questions (e.g., the attitude of retail outlets towards underage drinking or the perception of the quantity of signage) would improve evaluation outcomes while still satisfying the base SAMHSA requirements. A sample size of 30 would enable the extrapolation of data.

On a side note, while media campaigns present evaluation challenges, it is possible to measure their effectiveness by evaluating efforts on a minute basis. For example, a five question survey on attitudes toward underage drinking is taken before and after reviewing a commercial. If x% of youth age 12-17 saw the commercial as something positive, then the results can be extrapolated to a larger population size.

Finally, COH is committed to supporting a holistic approach to evaluation. For example, in addition to collecting data on program participants, the Underage Drinking Prevention Plan itself can be evaluated so that it too can be continuously improved.

Based upon the infrastructure already in place to maximize the use of SPF-SIG funds, the stakeholders and teams that are unified in the goal of reducing underage alcohol use, the commitment of Mayor Kenoi and COH's government agencies (e.g., Liquor Control, Hawaii Police Department, and the Prosecuting Attorney's Office), Hawaii County is perfectly positioned to affect positive change throughout the island. COH views itself as a model community and will participate in sharing lessons learned to bring positive change in other communities.