
HAU'OLI MAU LOA
FOUNDATION



PROVIDING A FUTURE OF HOPE

STRATEGIC DIRECTIONS FOR THE CHILDREN OF HAWAI'I

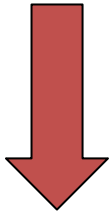
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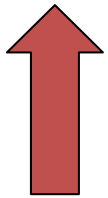
SYMBOLS



Our Children are at risk



Trend data is worsening



Trend data is improving

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HAU'OLI MAU LOA STRATEGIC DIRECTIONS OVERVIEW

INTRODUCTION

It is poignant to note that the Foundation's benefactress in her instructions wanted her legacy to provide hope for a positive future for children and specifically for children here in Hawai'i. In preparing this report the Foundation's Executive Director, Janis Reischmann and I, as consultant, talked with upwards to fifteen key informants around the state. When asked at the beginning of each interview their overarching concern for children in Hawai'i over 75% of them said "Our children have no hope for their future". The purpose in conducting the analysis of data and seeking expert opinion from key informants contained in this report was to clearly indentify the major issues effecting children today in Hawai'i. Thereby gaining a deeper understanding of the ways in which the Foundation could impact the positive growth and development of our children and youth, helping to ensure that they do go forward with a sense of personal competence, security and hope.

Key Informants tied our children's lack of hope primarily to an uncertain economic future and an educational system that left them ill prepared both in skills and self concept.

FORMAT OF THE REPORT

The report is structured by subject areas,

- Demographic Indicators
- Economic Indicators
- Child Health
 - Adolescent Mental Health
- Child Safety
 - Child Maltreatment
 - Juvenile Justice
- Education

For each topic area there is an analysis of the data and key informant's comments and interpretation of the data. The report was structured in this manner because often there are numerous sources of data for the same indicator, so key informants were used to both verify the data source as well as the data content. All data is sourced in the report. But the major sources were, University of Hawai'i Center on the Family Data Center, State of Hawai'i Departments of Health, Education and Human Services reports posted on their websites, U.S. Census and reports from key informants. Additionally, key informants gave us the "story behind the data".

Note: When "Native Hawaiian" is referred in the data that ethnic determination is self report not based on quantum blood.

KEY FINDINGS OF THE REPORT

Overview of the Data

A. Demographics

- i. The proportion of children to the total population is decreasing and where the numbers of children are increasing is on the neighbor islands, particularly in Puna on Hawai'i Island.
- ii. Non quantum Hawaiians/Part Hawaiians (Native Hawaiians) make up 20% of the population and are over represented in all risk indicators. The communities where Native Hawaiians make up more than 30% of the population are, in descending order, Ni'ihau and Hāna on Maui, Moloka'i, Wai'anae on O'ahu, North & South Kohala on Hawai'i Island, Ko'olauloa on O'ahu, South Kona and Hilo on Hawai'i Island.
- iii. Overall our birth rate is declining and Native Hawaiians have the highest birth rate.
- iv. Foreign born people make up 17.5% of our population making language sometimes a barrier. 26% of residents over age 5 report speaking a language other than English at home which has implications for educational outcomes.
- v. Note the ethnic makeup of the islands, page 15. Our Japanese and Chinese populations reside primarily on O'ahu, with our Native Hawaiian populations growing on the Neighbor Islands, especially Hawai'i Island.

B. Family Economic Indicators

In some ways our economic indicators are the most complex to decode and have the greatest impact. Overall, there are fewer children in Hawai'i growing up in poverty than nationally. But these figures do not take into account the high cost of living in Hawai'i, which is getting higher each month with our gas and electricity costs being the highest in the nation and rising. It is recommended in this report to use the Self-Sufficiency standard as the measure of family economics rather than the Federal Poverty Level. There is an explanation of the Self Sufficiency Standard on page 18.

- **Housing Costs**-Hawai'i's housing costs are discussed on page 27, when this is factored in for a family of 4 it can raise our cost of living by as much as 55% compared to the mainland. A family would need to make \$111,000 a year compared to \$72,000 to maintain a comparable lifestyle to that of the mainland.
- **Home Ownership**- A lower percentage of families own their own home in Hawai'i than nationally; page 24 a number of key

informants noted the impact of insecure housing on both child maltreatment and educational outcomes.

- **Residential Moves**-Of concern also is the impact of residential moves on children where, in a number of communities around the state, up to 30% of the classroom population turns over each academic year. Once again there are communities of note, see charts on pages 21-23. Research on resiliency all point to the importance of a long term relationship with a caring adult; frequent moving compromises this possibility as well as the disruption of peer relationships and learning.

Economics still remains the single most determining indicator of child outcomes be it health, safety or education. A number of our communities are more economically challenged than others, charts page 25. These could be important communities in which to target initiatives.

On O'ahu

- Wai'anae
- Wahiawa
- Ko'olauloa

On Hawai'i Island

- Puna
- Ka'u

In Maui County

- Hāna
- Wailuku
- Moloka'i

Families with young children are more economically challenged than those with older children. The Self Sufficiency Standard takes this into account due to the high cost of childcare.

C. Child Health

Overall, the health of Hawai'i's children is better than many in the nation. Access remains a concern in rural communities, especially with ever higher gas prices.

There are positive trends in

- Teenage pregnancy
- Infant mortality
- Utilization of prenatal care
- Newborn screening for hearing, developmental delays and special health care needs
- Adolescent substance abuse; decrease in ice

Areas of concern are

- Adolescent Chlamydia, page 32
- Dental care, page 33
- Childhood obesity, page 33
- Underage drinking
- Car fatalities
- Adolescent mental health
- Suicide rates; chart on page 37

The Social Determinants of Health-The Commission on Social Determinants of Health (CSDH) supports countries and global health partners to address the social factors leading to ill health and inequities. It draws the attention of society to the social determinants of health that are known to be among the worst causes of poor health and inequalities between and within countries. The determinants include unemployment, unsafe workplaces, urban slums, globalization and lack of access to health systems. These are predictors of health status in Hawai'i as well.

D. Child Safety

Accidental injury

- Vehicle injury and death; 700 children a year are involved in serious car accidents and 75 vehicle occupants are killed each year half of them between the ages of 15-29.
- More children are being protected; Child safety restraints; car seat and seatbelt use is up.

Child Maltreatment- although there have been many positive improvements, the sheer number of children involved in the child welfare system is of concern; with 1,087 new confirmed cases of child maltreatment in 2006 and 4,385 children in foster care.

Positive trends

- Due to Department of Human Services restructuring of programs and services more families who are referred are using and engaged in community based voluntary services that provide family strengthening services, thereby keeping the children at home and the family out of court.
- More children, if they are removed, are being reunified with their families. This is attributed to increased visitation & better case management due to lower case loads.
- There is less recidivism.

Areas of concern

- Disproportionality of Native Hawaiian children in the Child Welfare System and in out of home placement. Primary causes for this are,
 - Economic, large numbers of the homeless are Native Hawaiian families with children.
 - Mandated reporter bias; homeless children are often undernourished and lack good hygiene.
- Although our rates have improved, Hawai'i has a higher than national average of children being removed from home.
 - In 2006 there were 4,385 children in foster care in HI; 35% of them under five.
- High rates of child maltreatment on Moloka'i and Hawai'i Island.

Juvenile Arrests and Incarceration-this is an area of great concern.

Areas of concern

- In 2000 Native Hawaiian youth make up 38% of the arrests.
- Female juvenile arrests have risen steeply and are higher than the national average at 33% of Index arrests and 42% of Part II Offense arrests in data reported from 2004.
 - Of those incarcerated; most were runaways and most had been sexually abused, half had attempted suicide; see report page 56.
- There is a lack of community based alternatives to detention.
- There is a lack of appropriate services for female juvenile offenders.
- Youth development issues
 - Lack of conflict resolution and decision making skills
 - Lack of hope

Positive Thoughts see page 54

- Girl's Court
- Annie E. Casey-Juvenile Detention Alternative Initiative

E. Education-the linchpin of it all

Over all the education indicators for the state are very poor

1. Early Education

- a. Ready to Learn-only 8.3% of the kindergarten classrooms were assessed as having 75% of the incoming students having the most basic leaning and behavioral skills.
- b. But the schools were even worse with only 4.9% having classrooms that meet basic teacher requirements and parental involvement.
 - i. For instance, only 21% of the kindergarten teachers have an early learning certificate.
- c. Positive Trends
 - i. Recognition of the importance of universal quality education experience; note the passage of the Keiki First Bill in 2008, creating a statewide early learning system for Hawai'i. Full implementation will probably take 10 years, but its importance has been noted by policy makers.

2. School Age

- a. 84% of our children are in the public school system with an enrollment of 180,000 (this includes Charter School enrollment at 5000 students) and this system is not adequately preparing our students, either educationally or in their social emotional development, for a successful future.
- b. Reading & Math Scores
 - i. 62% of students meet reading proficiency at grade level
 - ii. 60% of 9th graders in Wai'anae are reading at a 4th grade level
 - iii. 43% of students meet math proficiency at grade level
- c. According to key informants the schools are not instilling a love of learning only a proficiency at test taking.

3. Post Secondary

- a. 87% of graduating seniors report that they intend to attend college; 6 years later only 12.8% have graduated. Giving Hawai'i a 6th from the bottom ranking in the nation. Page 51

There are many and complex reasons for why students do not complete college within the six year window. Some of the suggested reasons are,

1. cost of higher education
2. cost of living requiring students to work
3. lack of class availability and a seamless transition from community colleges to university.
4. not being prepared
 - a. remedial work can lead to despair

Positive trends

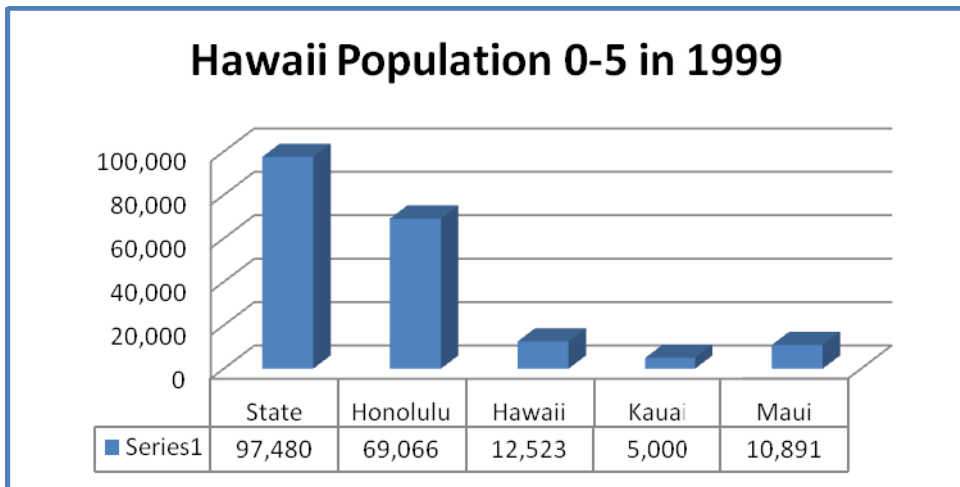
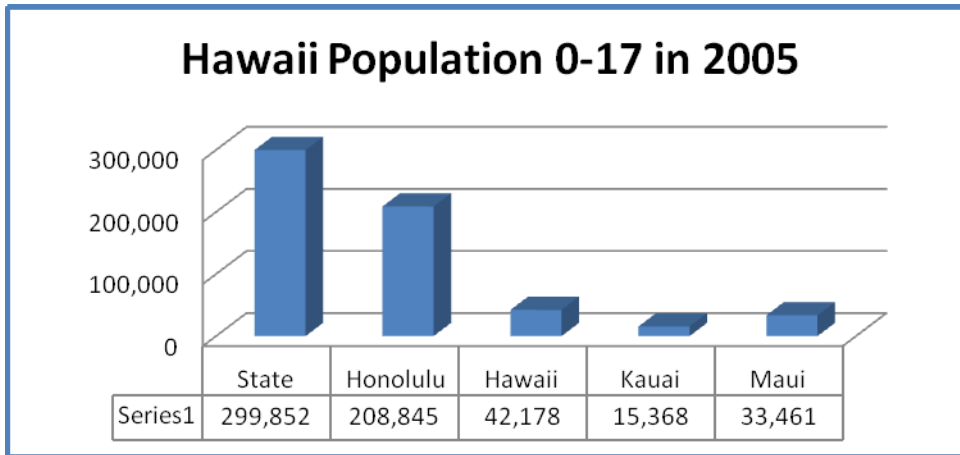
Charter Schools

1. Native Hawaiian children are doing significantly better in the Charter School environment
2. There are important educational components that are working in Hawai'i and that we can learn from and support. The common characteristics of those settings are that they are,
 - place based where children are able to be in natural settings at least part of the time
 - relationship based
 - project based learning curriculums, and have
 - curricula that is relevant to Hawai'i and our culture.

HOW MANY CHILDREN ARE THERE IN HAWAI'I AND WHERE DO THEY LIVE?

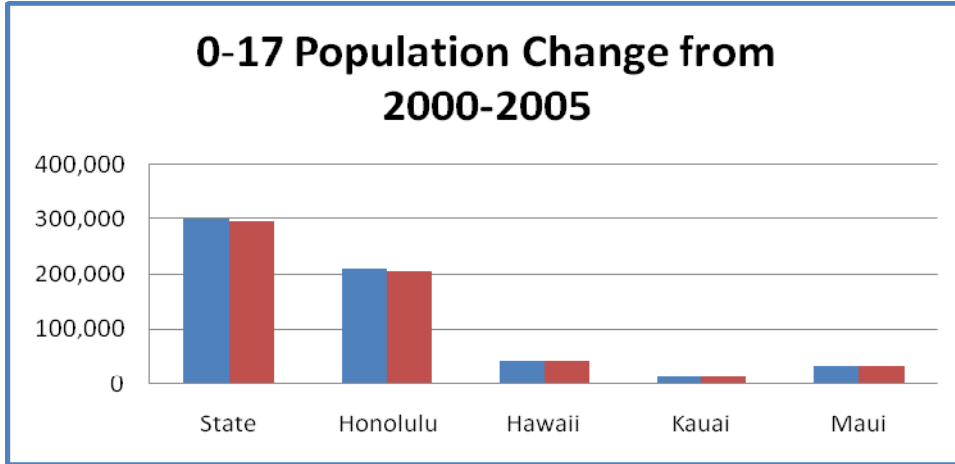
There are approximately 300,000 children and youth under the age of 18 in Hawai'i living in 167,712 families; distributed geographically by County as follows:

- 70% in Honolulu
- 5% in Kaua'i
- 14% in Hawai'i
- 11% in Maui



Data Sources & Technical Notes: UH Center on the Family
 U.S. Bureau of the Census, Population Estimates for Counties by Age and Sex.

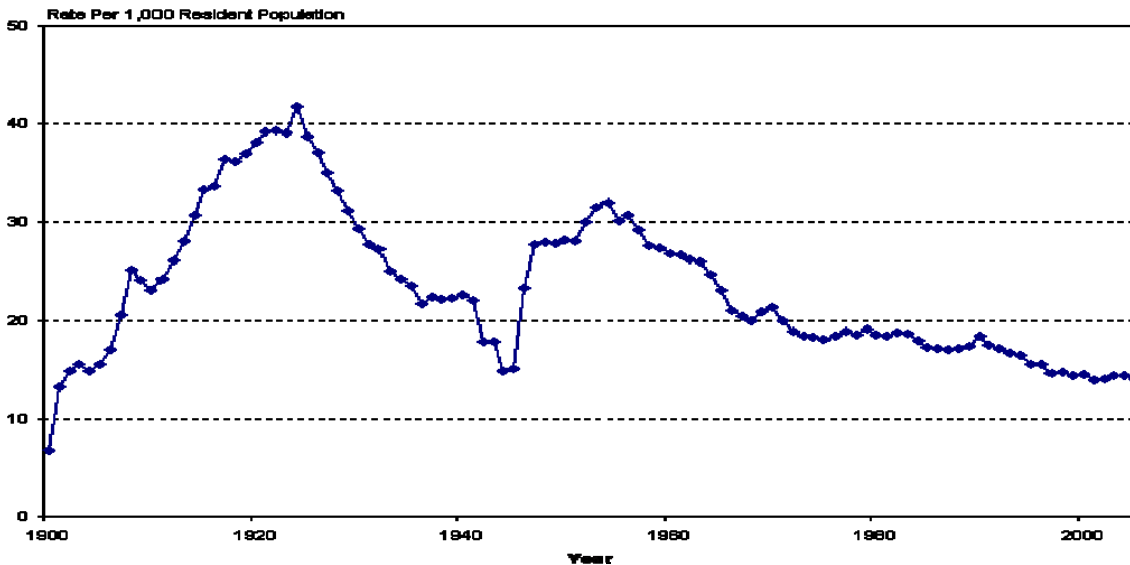
There has been very little geographic population change in the last five years. What growth has occurred has been on the Neighbor Islands with Puna being the fastest growing community in the state.



0-17	<u>State</u>	<u>Honolulu</u>	<u>Hawai'i</u>	<u>Kaua'i</u>	<u>Maui</u>
2005	299,852	208,845	42,178	15,368	33,461
2000	295,575	205,391	41,498	15,645	33,041

BIRTH RATE IN HAWAII – 1900 TO 2006

In 2005, according to the National Vital Statistics Report there were 17,925 live births in Hawai'i, 12,311 or 68% of those were to Asian or Pacific Islanders and 5,044 or 28% to Caucasians. Highest birth rates are for women 20-29, but the greatest increase has been to women 35-39. Among ethnic groups Hawaiians/Part Hawaiian and Filipinos have the highest birth rate.



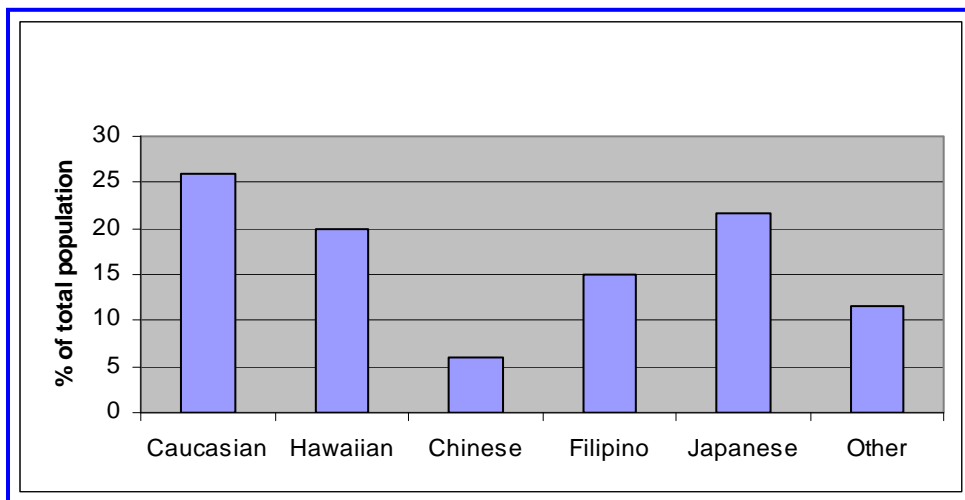
Data Source: Department of Health, Office of Health Status Monitoring

Population Base Data Interpretation:

There is a declining birth rate and growing aging population; in the fifties youth aged 0-19 represented 43% of Hawaii's population, by contrast in 2003 Hawaii's youth population dropped to 27% of the total (slightly higher than the national average). Honolulu County has the highest birth rate due to the large military population who are of child rearing age.

Population growth is slow and most of it is occurring on the Neighbor Islands.

ETHNICITY OF HAWAI'I



Caucasian 26%

Filipino 15%

Japanese 21.6%

Other 11.6%

Hawaiian 19.9%

Chinese 5.9%

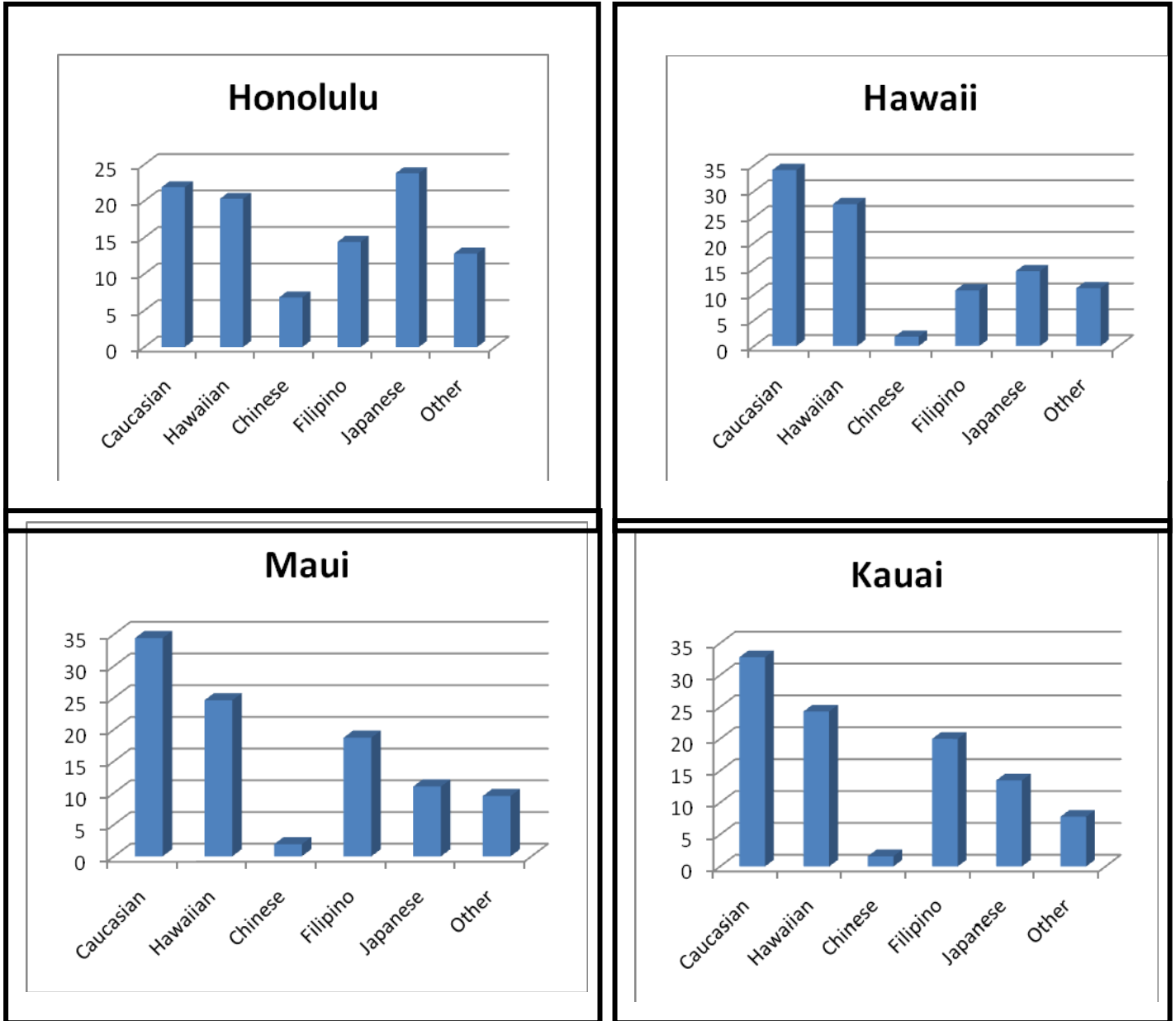
Data Sources & Technical Notes: Hawai'i Health Survey, Department of Health, 2004

Foreign born persons comprise 17.5% of the state's population, making language sometimes a barrier. 26.6% of residents over age 5 reported speaking a language other than English at home, with 12.7% reporting speaking English less than very well.

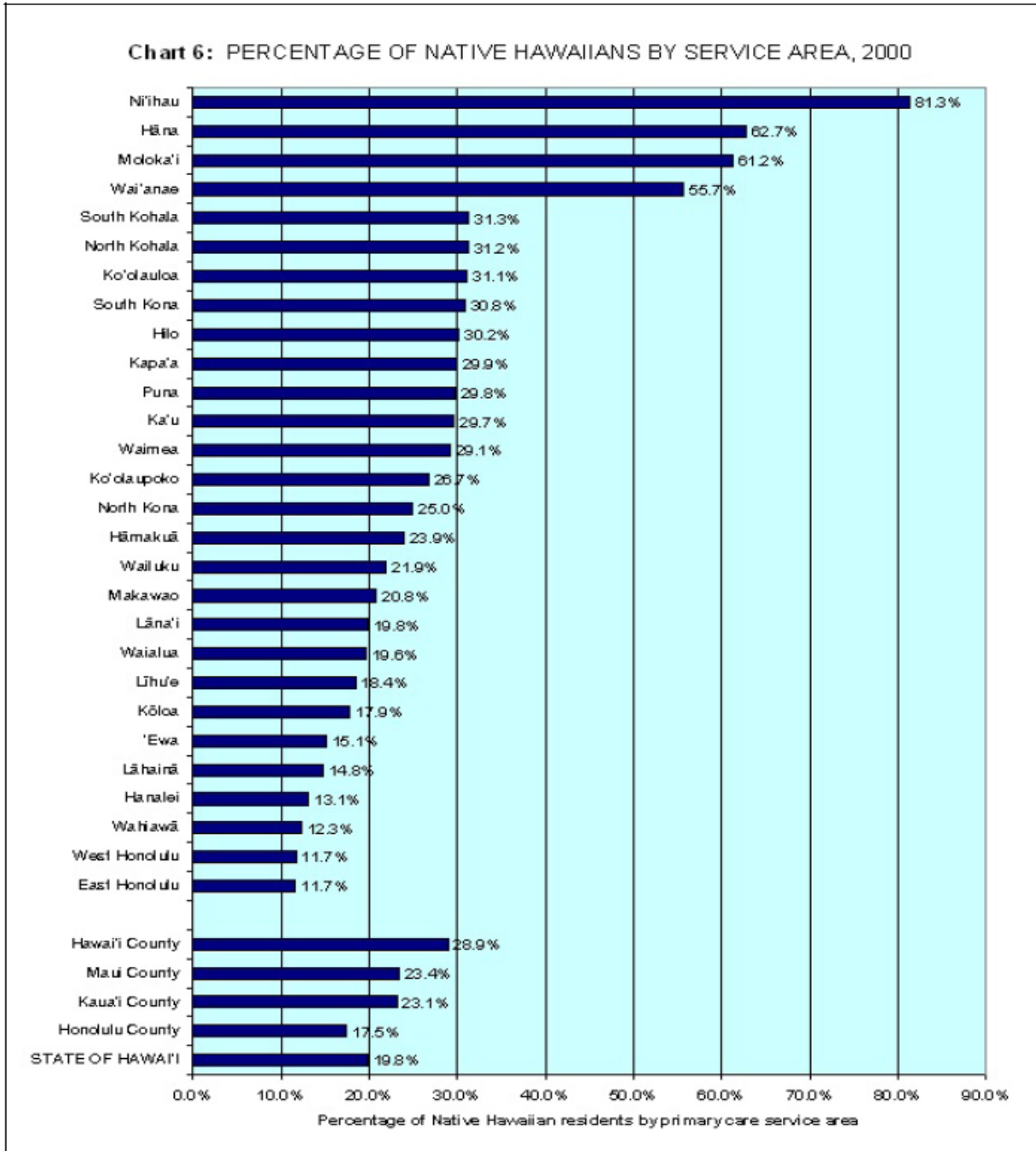
Source: US Census, 2000

Hau'oli Mau Loa-Strategic Directions 2008

% OF ETHNICITY BY COUNTY



Data Sources & Technical Notes: Hawai'i Health Survey, Department of Health, 2004



Source: U.S. Census Bureau, Census 2000.

SECTION 2: ECONOMIC INDICATORS

Like it or not, economic security remains as one of the greatest predictors of child well being outcomes; be it education, health or safety. Ensuring economic security becomes a platform upon which other protective factors and competencies are built. Hawai'i's children fare better than the average child in the Nation with regard to family income, however low income children tend to have multiple factors which challenge their trajectory for success;

- Living in communities challenged by drugs and crime
- Schools that are struggling to meet standards
- Parents without time or energy to nurture their success
- Disproportionately from the host culture or immigrant cultures
 - Native Hawaiian families with children have the lowest mean income (\$55,865 versus the statewide average of \$66,413) and the highest poverty rates (18.3 % versus 11.3% statewide).
 - Poverty among Native Hawaiians is highest in rural areas such as Moloka'i and the eastern side of Hawai'i Island. In the Leeward district of O'ahu, almost one-third, 32.4%, of school-age Native Hawaiian children live in poverty (according to federal poverty guidelines).

KSBE 2005 Native Hawaiian Educational Assessment

According to the Hawai'i Kids Count 2007 report;

- “1 in 8 or 13% of children under the age of 18 is living in poverty in Hawai'i. This is an undercount as it uses a national definition of poverty which has not been adjusted for Hawai'i cost of living.
- 1 in 3 children or 34% under the age of 18 is living in a home in which no parent has full time, year round employment.
- 1 in 4 children (66,397) ages <14 lives in a household that lacks the ready nutritionally adequate and safe foods, this does not include the approximately 1,800 children who are living in homeless shelters.”



Hawai'i ranks 4th in the nation in homelessness, 29% are under age 18. Neighborhood Island rate is even higher, i.e. on Ka'uai 48% of the homeless are <18. Source: National Alliance to End Homelessness.

THE SELF SUFFICIENCY STANDARD

Research conducted by the National Center for Children in Poverty suggests that, on average, families need an income of about twice the federal poverty level to meet their most basic needs. Children living in families with incomes below this level—\$42,400 for a family of four in 2008—are referred to as low income. The United States measures poverty by an outdated standard developed in the 1960s.

A more appropriate measure of family income is The Self-Sufficiency Standard which calculates how much money working adults need to meet their basic needs without subsidies of any kind. Unlike the federal poverty standard, the Self-Sufficiency Standard accounts for the costs of living and working as they vary by family size and composition and by geographic location.

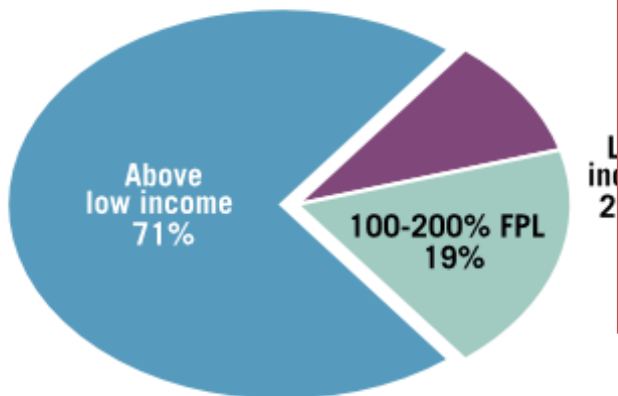
The Standard defines the amount of income necessary to meet basic needs (including paying taxes) in the regular "marketplace" without public subsidies—such as public housing, food stamps, Medicaid or child care—or private/informal subsidies—such as free babysitting by a relative or friend, food provided by churches or local food banks, or shared housing. The Standard, therefore, estimates the level of income necessary for a given family type—whether working now or making the transition to work—to be independent of welfare and/or other public and private subsidies.

The Standard provides important guidance for policymakers and program providers regarding how to target their education, job training, workforce development, and welfare-to-work resources. It helps individuals choose among occupations for work experience and educational training. It also shows policymakers how subsidizing child care, transportation or health care impacts the wages necessary for working families to make ends meet.

- The Standard assumes that all adults (whether married or single) work full-time and includes the costs associated with employment—specifically, transportation and taxes, and for families with young children, child care.
- The Standard takes into account that many costs differ not only by family size and composition (as does the official poverty measure), but also by the age of children. While food and health care costs are slightly lower for younger children, child care costs are much higher—particularly for children not yet in school—and are a substantial budget item not included in the official poverty measure.
- The Standard accounts for regional variations in cost. This feature is particularly important for housing. Housing in the most expensive areas of the country costs four times as much as in the least expensive areas for equivalent size units.
- The Standard includes the net effect of taxes and tax credits. It provides for state sales taxes, as well as payroll (Social Security) taxes, and federal and state income taxes. Two credits available to working adults, the Child Care Tax Credit (CCTC) and the Earned Income Tax Credit (EITC) are "credited" against the income needed to meet basic needs—thus reducing the income needed to become economically self-sufficient.
- The Standard accounts for the fact that, over time, various costs increase at different rates. For example, food costs, on which the official poverty thresholds are based, have not increased as fast as housing costs. This failure to account for differential inflation rates among other non-food basic needs is one reason that the official poverty thresholds are no longer an adequate measure of the money required to meet real needs.

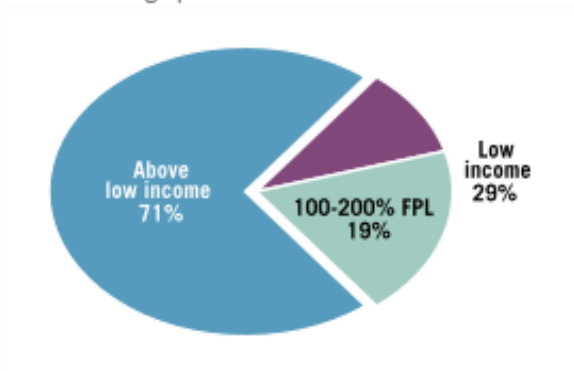
<http://www.sixstrategies.org/sixstrategies/selfsufficiencystandard.cfm>

Children in Hawaii, by Income Level, 2006



In Hawaii 29% (84,722) of children live in low-income families (National: 39%), **Young Children fare even worse:** 31% (29,805) of young children in Hawaii live in low-income families (National: 43%), defined as income below 200% of the federal poverty level.

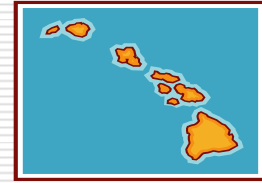
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Hawaii Demographic Profiles



All Children in Hawai'i, by Income Level, 2006

Native Hawaiian

Native Hawaiian Children in Communities of Note

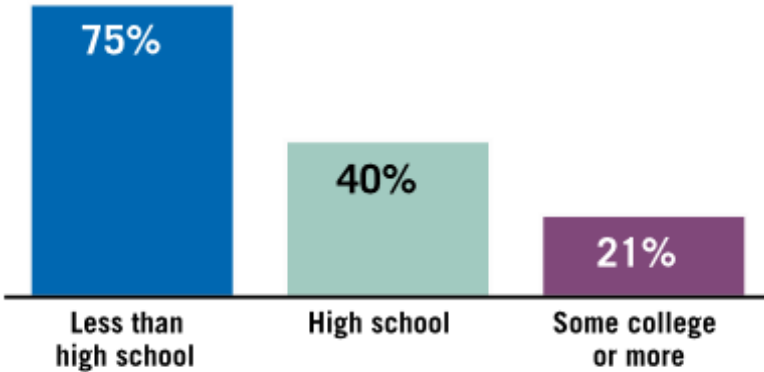


INDICATOR	NI'ITHAU	PAHOA	KEA'AU	HANA	MOLOKA'I	KA'U	WAIANAЕ	KOO LAU LOA
Per capita income	\$6,361	\$10,476	\$11,849	\$12,559	\$12,988	\$13,375	\$15,653	\$16,741
% Hawaiian children in reduced lunch program (elem)	95%	86%	75%	75%	76%	76%	80%	68%
% Hawaiian children receiving WIC	65%	54%	90%	50%	84%	84%	83%	52%
% Female householder with children, no husband present	10%	33%	31%	17%	23%	23%	31%	17%

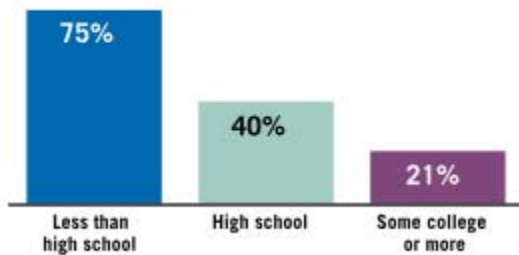
Source: Ho'owaiwai

Parental Education

Children in Low-Income Families in Hawaii, by Parents' Education, 2006



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Hawaii Demographic Profiles



Children in Low-Income Families in Hawai'i, by Parents' Education, 2006

■ 75% (11,220) of children in Hawai'i, compared to 82% nationally, whose parents do not have a high school degree, live in low-income families.

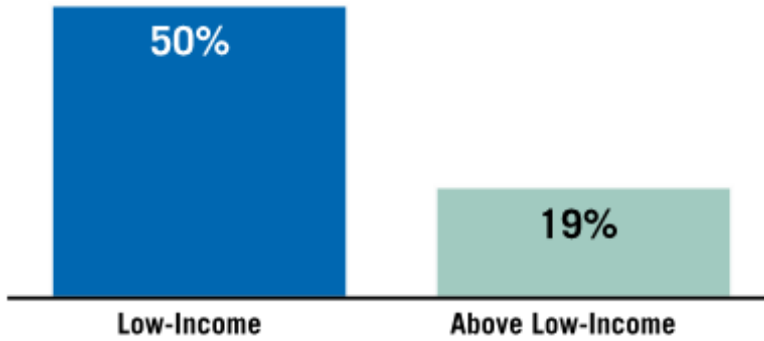
■ 40% (29,768) of children whose parents have a high school degree, but no college education live in low-income families.

■ 21% (43,734) of children whose parents have some college or more live in low-income families

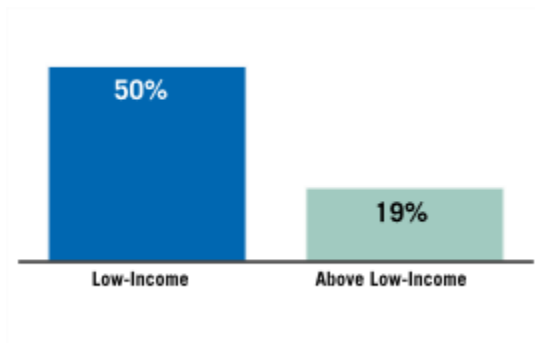
Data Source: National Center for Children in Poverty

Parental Marital Status

Children in Single-Parent Families in Hawaii, by Income Level, 2006



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Hawaii Demographic Profiles



50% (42,512) of children in low-income families of children in Hawai'i, compared to 52% nationally live with a single parent. Native Hawaiian families have the highest incidence of single parent families (15.8% versus 8.1% in the general population).

■ 19% (39,248) of children in above low-income families live with a single parent.

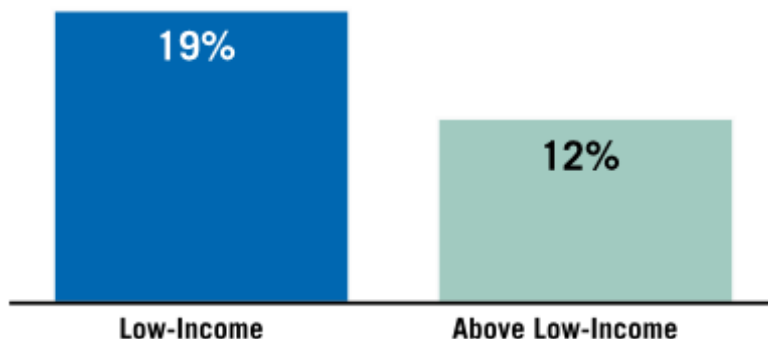
Data Source: National Center for Children in Poverty



Residential Move: Of interest also is family stability; frequent moving is a risk factor for children that increases risk for school failure and the ability to build long term relationships with other adult

role models. Many of these families are chasing the elusive rental market, or have other disruptive

Children Who Have Recently Moved in Hawaii, by Income Level, 2006



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Hawaii Demographic Profiles

family dynamics.

- 19% (15,909) of children in Hawai'i's low-income families moved last year, compared to 20% nationally.
- 12% (25,639) of children in Hawai'i's families that are above low-income moved last year, compared to 10% nationally.

Data Source: National Center for Children in Poverty, 2006

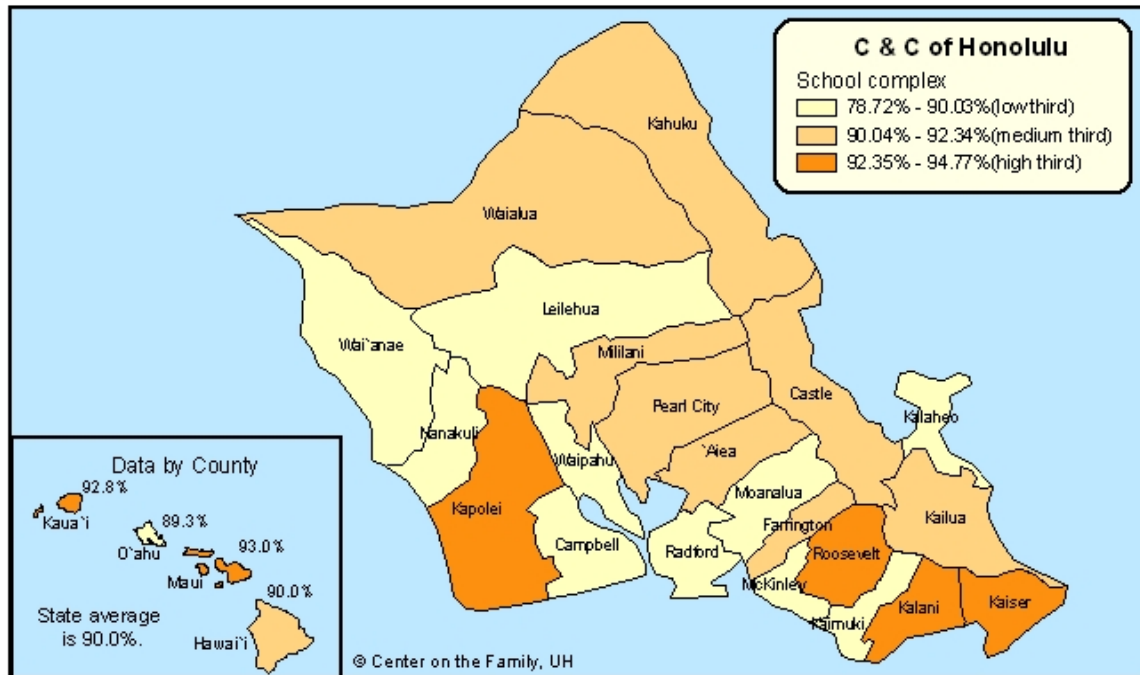
Residential stability : Percentage of children finishing school year in same school started

Year	Location					
	<u>National</u>	<u>State</u>	<u>C & C Honolulu</u>	<u>Hawai'i</u>	<u>Kaua'i</u>	<u>Maui</u>
2006	N/A	90.7%	90.1%	90.4%	94.3%	92.8%
2005	N/A	91.4%	91.0%	91.8%	94.5%	92.4%
2004	N/A	89.2%	88.0%	91.5%	93.9%	91.6%
2003	N/A	91.1%	91.1%	91.9%	94.3%	88.5%
2002	N/A	93.1%	92.5%	93.0%	96.1%	95.3%
2001	N/A	90.0%	89.3%	90.0%	92.8%	93.0%
2000	N/A	89.5%	87.5%	92.6%	93.5%	95.2%

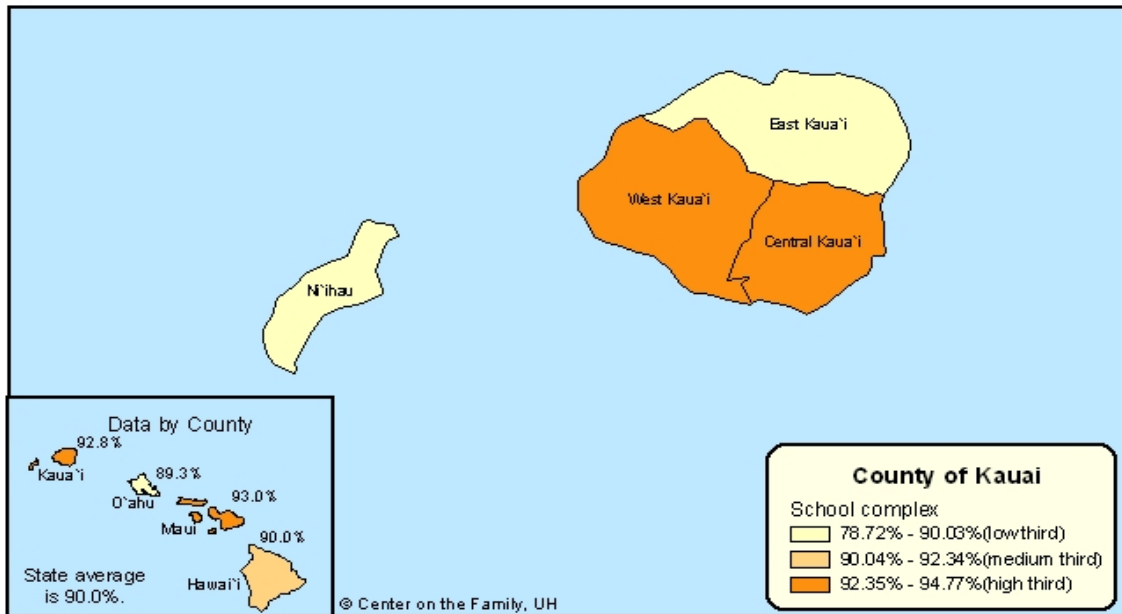
Data Sources & Technical Notes:

Hawai'i State Department of Education Office of Evaluation and Planning, School Status and Improvement Reports. Data reflect the percent of students completing the school year in the same school.

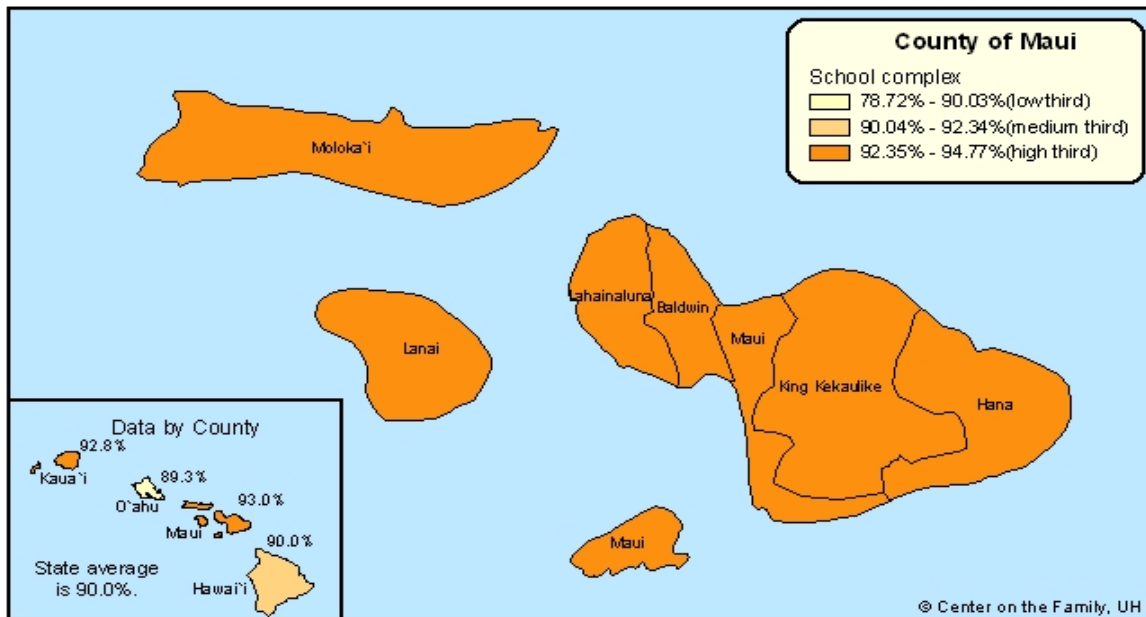
Percentage of Children Finishing School Year in Same School Started (2001)



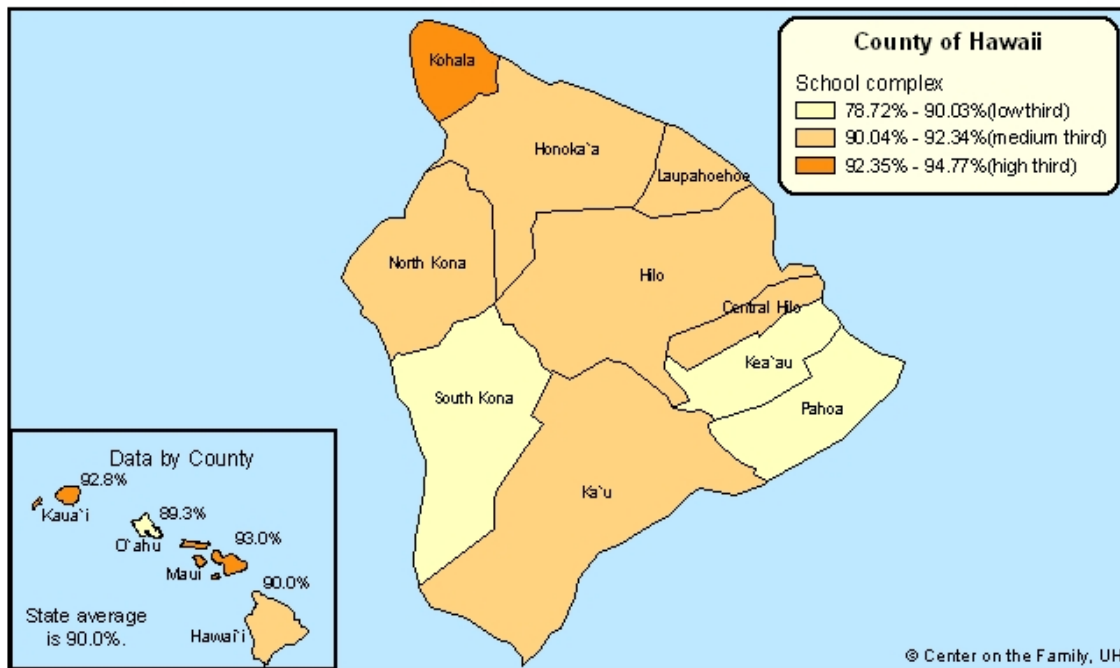
Percentage of Children Finishing School Year in Same School Started (2001)



Percentage of Children Finishing School Year in Same School Started (2001)

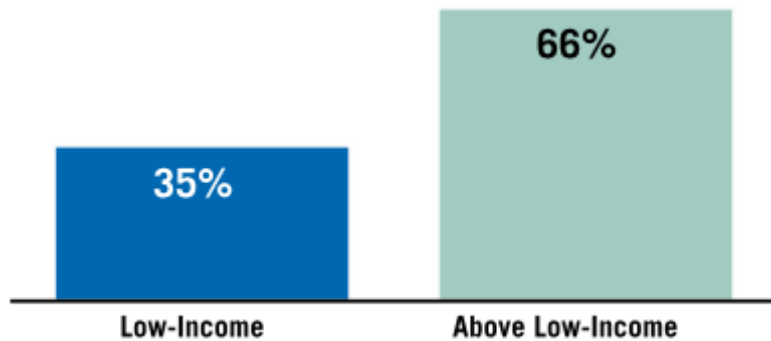


Percentage of Children Finishing School Year in Same School Started (2001)

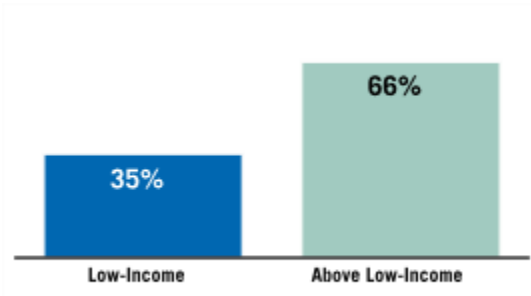


Home Ownership

Children in Owner-Occupied Housing in Hawaii, by Income Level, 2006



© National Center for Children in Poverty (nccp.org)
 Hawaii Demographic Profiles



■ 35% (29,390) of Hawai'i's children in low-income families live in owner-occupied housing, compared to 43% nationally.

- 66% (138,347) of children in above low-income families live in owner-occupied housing, as compared to 83% nationally.

Data Source: National Center for Children in Poverty, 2006

Does Homeownership matter?

Dr. Donald Haurin of Ohio State University in a recent research paper highlighting the research on the benefits of homeownership found in a controlled study (i.e. controlling for other variables such as education, income, wealth etc) that children of homeowners have,

- ❖ math scores that are 9% higher,
- ❖ reading scores that are 7% higher,
- ❖ a reduction in children's behavior problems by 3%, and
- ❖ that the longer one owns- the greater the effect.

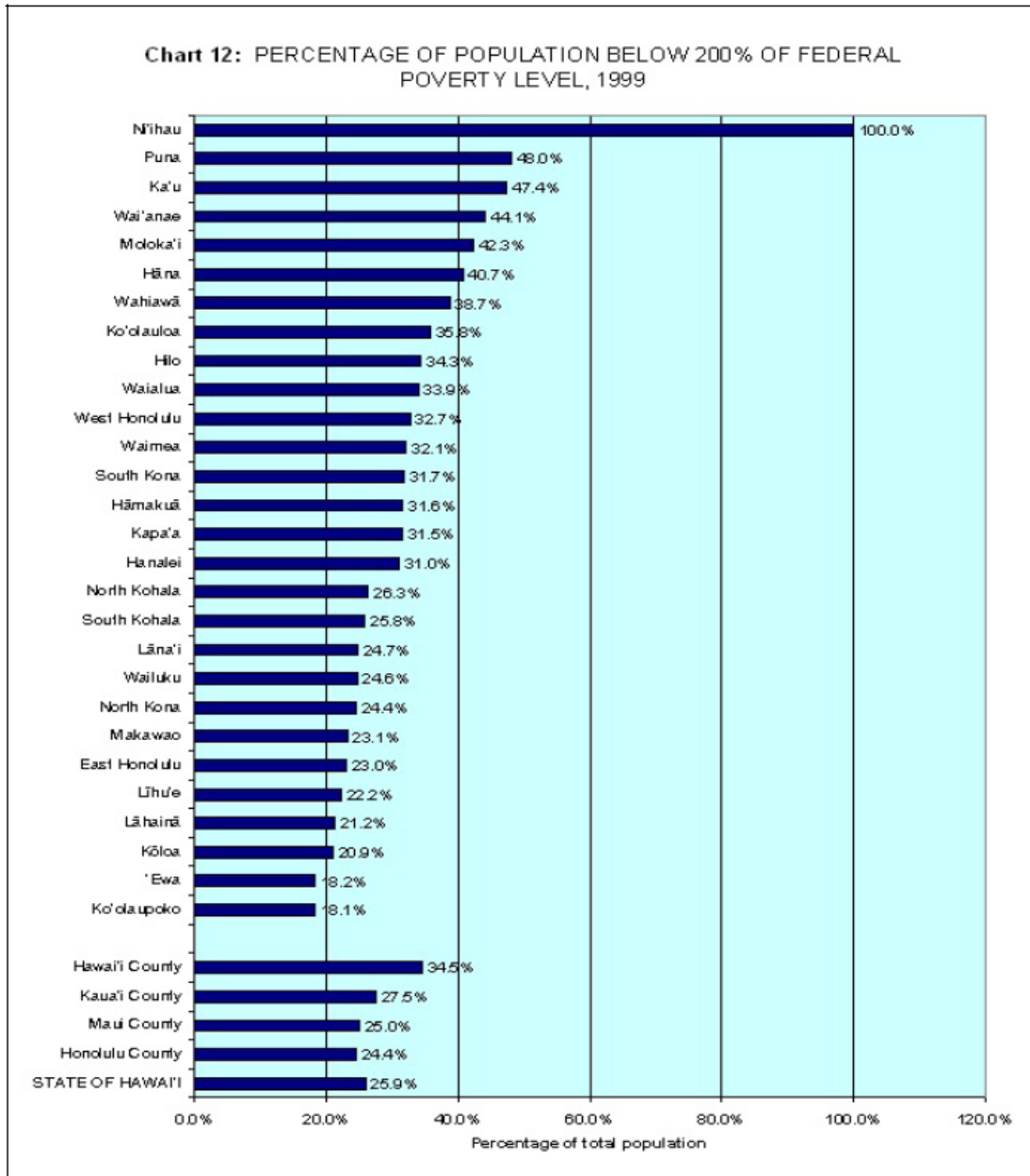
Other academic studies show:

- ❖ children of owners have a lower probability of dropping out of school,
- ❖ a lower probability of having a baby before 18,
- ❖ they achieve a higher level of education 10 years after leaving the parental home, and
- ❖ they are more likely to become homeowners.¹

In summary, families have a chance to experience stability, build equity wealth, and have something tangible to pass on to their children. Children are healthier and safer. They do better in school, have higher self-esteem, and feel more hopeful about their future. Communities are improved, as homeowners tend to be more active in their communities than renters, and pay into the tax base.

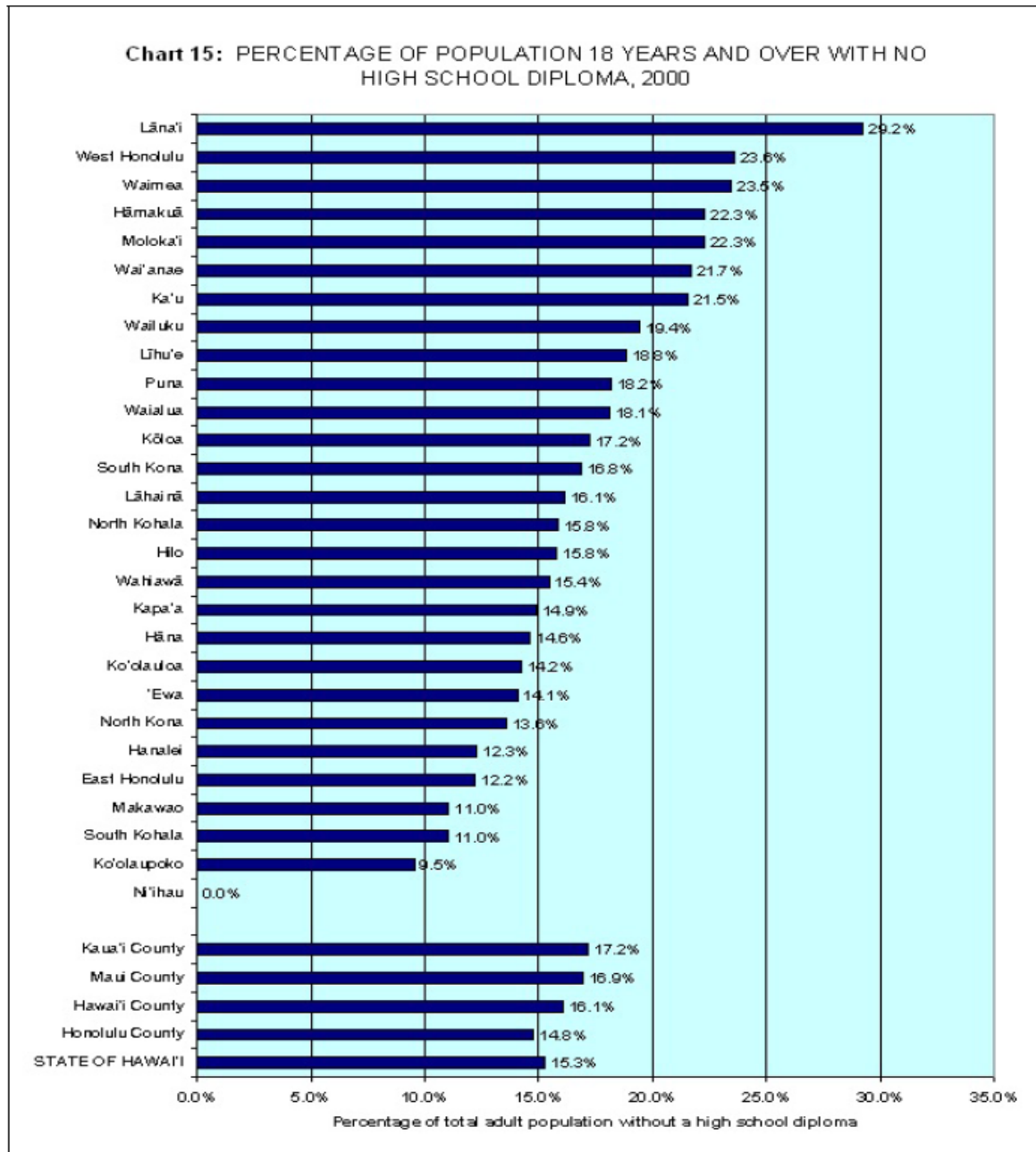
¹ Dr. Donald Haurin, "The Private and Social Benefits of Homeownership", December 2003

COMMUNITIES IN HAWAII CHALLENGED BY INCOME



Source: U.S. Census Bureau, Census 2000.

COMMUNITIES IN HAWAII CHALLENGED BY EDUCATIONAL ATTAINMENT



Source: U.S. Census Bureau, Census 2000.

INTERPRETING THE ECONOMIC DATA FOR FAMILIES

HAWAI'I'S HIGH COST OF LIVING

Sources indicate a cost of living ranging from 30%¹ above the national average to well over 60%² for certain family sizes.

- In 2006, a family of 4 renting accommodations in Honolulu needs to earn \$111,695 or 55% more income to maintain a lifestyle similar to a comparable family earning \$72,000 in the continental United States.²
- Although the 2003 median income of \$71,320 for a family of 4 in Hawai'i was higher than the national figure of \$65,093, this is still below the amount required to maintain the same standard of living for a family of 4 in Hawai'i as elsewhere in America.³

A major component of Hawai'i's high cost of living can be attributed to its high cost of housing and low income.

- In 2005, the State of Hawai'i ranked number 10 out of 47 States surveyed (Alabama, Mississippi and Louisiana were excluded) for having the most expensive housing market based on a 2200 sq. ft. (approx.) single family dwelling with 4-bedrooms, 2.5 baths, family room (or equivalent) and a 2-car garage in a corporate middle-management neighborhood. Hawai'i ranks number 47 (bottom of the list) for the most affordable housing market!⁴
- In 2004, Hawai'i's home ownership rate (proportion of owner households to the total number of occupied households) was only 60.9%, ranking Hawai'i as 48th (one of the lowest) in the nation - indicative of widespread speculative investment.⁷
- In 2005, Hawai'i's total personal income grew by 8% - the biggest increase since 1990 and the third largest increase in the nation.⁸ However, Hawai'i's 2004 Per Capita Personal Income of \$32,606 ranked 20th in the United States, below the national average of \$33,041.⁹

Even with 2 adults working full time, rental housing and home ownership are becoming increasingly unaffordable, if not impossible, for the average family in Hawai'i.

Cost of Food Hawai'i has less than a seven day supply of many foods, especially perishables. Some 90% of our food is still imported.

In recent years, the cost of food in Hawai'i has been offset to some degree with the arrival of major warehouse outlets throughout the Islands (e.g. Costco, Sam's Club, Wal-Mart). However, the Economic Research Institute's 2006 Cost of Living Analyses for Honolulu shows that the cost of consumables weighted to pricing patterns of grocery and drug store chains is as much as 66% more than the U.S. average depending upon family size, earnings level and spending patterns.²

1. Alan Curtis, President of the Milton S. Eisenhower Foundation. Commentary for "Invest Surplus in poverty solutions." Honolulu Advertiser Feb.3/06. A18.
<http://the.honoluluadvertiser.com/current/help/backissues>
2. ERI, Geographic Reference Report 2006, Cost of Living Analyses for Honolulu, Hawai'i vs. U.S. Average Level: Jan.1/06. <http://www.eri.com> (see also State of Hawai'i Data Book 2004, Table 14.11 - <http://www.Hawai'i.gov/dbedt/info/economic/databook/db2004/>)
3. The State of Hawai'i Data Book 2004, Table 13.14 - Median Income of Four-Person Families in the United States and Hawai'i: 1974 to 2003 <http://www.Hawai'i.gov/dbedt/info/economic/databook/db2004/>
4. Coldwell Banker, "The 2005 Coldwell Banker Home Price Comparison Index (HPCI) Press Release" Sept.22/05 http://hpci.coldwellbanker.com/hpci_press.aspx#residential
8. Governor Linda Lingle, 2006 State of the State Address, January 23, 2006
<http://www.Hawai'i.gov/gov/news/conferences>
9. U.S. Dept. of Commerce, Bureau of Economic Analysis, BEARFACTS, State BEARFACTS, Hawai'i
<http://www.bea.gov/ea/regional/bearfacts/statebf.cfm> (Retrieved Feb.2/06)

The National Center for Children in Poverty states- "*State policies that promote the economic security of our nation's families can help offset larger economic and social conditions that make it difficult for families to get by and get ahead.*"

Addressing family economics is particularly challenging and multi pronged. There are policy level issues that need to be addressed in Hawai'i;

- Enacting a State earned income tax credit
- Using the Self Sufficiency Standard as the benchmark for adequate income
- Removal of disincentives to save
 - Asset limits on public assistance support
- Universal access to quality early childhood education
- State support for matched savings accounts i.e., Individual Development Accounts

And there are life skills and a way out of poverty that needs to be built by encouraging;

- Graduation from high school and continuation of post secondary education
- Prevention and spacing of pregnancies
- Affordable childcare
- Affordable housing
- Financial education
 - Debt/asset ratio counseling

Key Informant Interpretation of the Data on Economic Indicators

The economic vulnerability of Hawai'i's families was stressed by many key informants as one of their biggest concerns about the future for children here in Hawai'i. The issue was complex and multifaceted. Not only was the concern expressed that our economy was fragile, cost of living high and there were too many low wage jobs, but that family economics were often the underlying cause of poor outcomes in child health, education and safety. It was noted that many families have very little resiliency; if just one thing happens, an illness, loss of job, landlord eviction or domestic violence they can fall into homelessness.

The lack of stable housing was noted by many key informants as the economic indicator with the biggest impact on children. Hawai'i has the lowest home ownership rate in the country and rental housing has become out of reach for many. This precipitates frequent moves, changes in schools and friends, as the family chases affordable rental housing or moves in with Ohana. It was noted by a key informant that a lack of safe housing was one of the largest contributors to our high rate of children being placed in foster care.

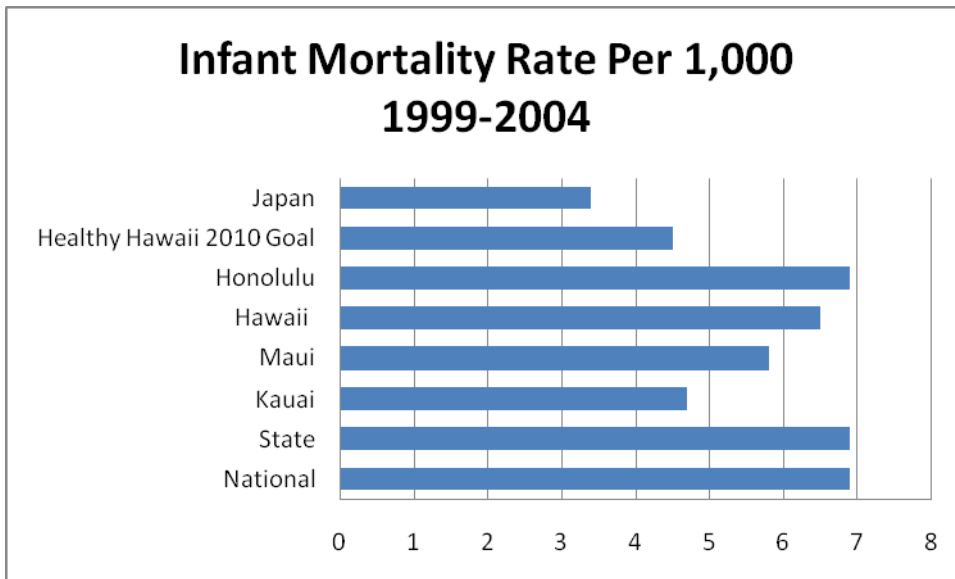
More subtle than not having a stable home to live in, is the impact on children whose parents are overwhelmed by jobs that either require long commutes or shift work that requires them to have more than one place of employment. The impact of this is that parents are not available to their children to help with their education and personal development. There are over 14,000 grandparents who are the primary guardians of their grandchildren. Some parents only see their children on weekends, the rest of the time leave them with extended family while they work.

A number of key informants felt that the perceived lack of an economic future was the root cause of so many children in our state having a sense of despair, noting the high suicide rate and ideation, and their lack of hope for a positive future.

SECTION 3: CHILD HEALTH INDICATORS

MATERNAL AND CHILD HEALTH INDICATORS

Maternal and child health indicators can tell us many things about a community, an ethnic group or an age group. They can be indicators of access to health care, both monetarily and physically, they can give us indications of cultural preferences and beliefs and they can also be indicators of social risk factors such as substance abuse. As data sets they are readily available and accurate because birth data is required to be collected and most women give birth in public facilities.



Data Source: Primary Health Care Needs Assessment 2005

Trend: Hawai'i's infant mortality rate has steadily decreased since 1980, at most points being better than the National rate; however in 2000 and again in 2003 the rate was worse than the National, a disturbing trend. Although higher than the state average, there have been improvements in infant mortality rates for Native Hawaiians from 11.1 in 1980 to 7.0 in 2000 and early prenatal care has increased from 66% in 1980 to 80.3% in 2000.

The communities with the highest infant mortality rates are;

- Ka'u at 16.1
- Hāna at 10.6
- Wai'anae at 12.9
- North Kohala at 11.8

Key Informant Interpretation of the Data on Infant Mortality

A number of key informants reviewed our data and expressed that the small fluctuations over the last few years were not cause for concern; that our performance was consistent and generally well above the national average. There were concerns with regard to access to prenatal care in rural communities but that some of the statistically "poor results" were the results of a "small numbers problem".

Table 5: MATERNAL AND INFANT HEALTH RISK INDICATORS, 1999-2004

Service Area	Infant Mortality Rate (IMR)	Percent Less than Adequate Prenatal Care Utilization	Percent Low Birth Weight (LBW) Births	Percent of Births to Teen Mothers
State	6.9	25.2%	8.0%	2.0%
Honolulu	6.9	21.1%	8.1%	1.7%
East Honolulu	5.4	21.5%	8.0%	1.0%
West Honolulu	7.6	19.0%	8.6%	1.7%
'Ewa	6.8	18.7%	8.6%	1.6%
Wahiawā	7.7	23.6%	7.2%	1.4%
Wai'anae	12.9	26.8%	8.2%	4.3%
Waialua	8.1	22.2%	8.2%	1.6%
Ko'olauloa	6.4	31.4%	5.2%	1.6%
Ko'olaupoko	4.7	22.9%	7.5%	1.6%
Hawai'i	6.5	27.3%	8.2%	3.3%
Hilo	5.6	19.2%	8.1%	3.4%
Puna	6.4	20.7%	9.2%	4.1%
Ka'u	16.1	45.3%	8.0%	4.8%
South Kona	7.4	48.1%	7.4%	3.6%
North Kona	5.9	41.0%	6.1%	2.8%
South Kohala	4.9	23.1%	9.2%	1.6%
North Kohala	11.8	25.2%	8.2%	3.5%
Hāmākua	7.0	22.2%	11.5%	3.7%
Maui	5.8	50.2%	6.8%	2.2%
Hāna	10.6	65.4%	8.5%	3.7%
Makawao	5.0	43.2%	6.5%	1.7%
Wailuku	6.3	48.3%	6.7%	2.3%
Lāhainā	3.6	71.3%	6.5%	1.3%
Lāna'i	4.4	81.0%	8.9%	3.5%
Moloka'i	9.8	25.4%	8.8%	4.6%
Kaua'i	4.7	26.7%	7.3%	2.9%
Hanalei	2.1	27.3%	4.5%	1.3%
Kapa'a	6.1	26.0%	5.5%	3.0%
Līhu'e	4.5	26.4%	8.9%	3.0%
Kōloa	4.2	25.6%	7.6%	2.9%
Waimea	4.7	28.9%	10.4%	3.9%
Ni'ihau	0.0	0.0	0.0	0.0

Data Source: Primary Health Care Data Book 2005



TEENAGE PREGNANCY

The rate of teenage motherhood has declined in every state. **The rate of teen mothers has dropped 14 percent since 2000 in the United States overall. Alaska, Hawai'i, New Hampshire, and New Jersey have seen the biggest drop in their rates of teen mothers since 2000.**

Teenage childbearing can have long-term negative effects on both the adolescent mother and the newborn. The well-documented challenges for teen mothers and their children include the following:

Teen parenthood greatly increases the risk of educational failure for the mom. Nearly one in three girls cited pregnancy as the reason they dropped out of school in 2004. Even after controlling for race, economic status, and other characteristics, having a child before the age of 20 reduces academic attainment by almost 3 years.

Given their lower educational attainment, young mothers often find themselves at a distinct disadvantage in the labor market. When they do work, they have lower family incomes and higher rates of poverty than women who gave birth at a later age.

Children born to young adolescent mothers are at higher risk of being born low birth weight and dying within their first year of life. They are also more likely to miss out on emotional and cognitive stimulation crucial to healthy child development.

Key Informant Interpretation of the Data on Teenage Pregnancy

Key informants indicate that this improvement may be due to the usage of long acting contraceptives such as Depo-Provera.



ADOLESCENT CHLAMYDIA

Chlamydia, a major cause of infertility continues to rise in Hawai'i's adolescent population, with rates surpassing the National average. As Chlamydia is an asymptomatic disease people may transmit it unknowingly. The use of condoms by adolescents would decrease the transmission rate.

Evidence is growing that the common sexually transmitted disease Chlamydia may increase a woman's risk of developing cervical cancer, according to a study published in the Jan. 3 issue of *The Journal of the American Medical Association* (JAMA).

"Our study suggests that Chlamydia may be an important independent risk factor for cervical cancer," says study co-author Jorma Paavonen, MD, a professor of obstetrics and gynecology at the University of Helsinki in Helsinki, Finland.

Key Informant Interpretation of the Data on Adolescent Chlamydia

Some key informants see this as the result of good screening; this opinion is not shared by all. Others believe it is because we do not use and distribute condoms to adolescents. Also that HMSA in the past has not paid for Chlamydia screening.



DENTAL CARE

Hawai'i's children have one of the highest rates of dental caries (cavities) in the nation. On key indicators Hawai'i's children consistently perform worse than their mainland counterparts. For instance, the average number of decayed teeth among 5-9 year olds in Hawai'i is 3.9 while nationally it is 1.9, double the national average. Smaller assessments conducted since 1999 show that there has been little improvement on the three major indicators of: baby bottle tooth decay, dental caries, and untreated dental decay.

1999 statewide Oral Health Assessment Survey of Public School Children in Hawai'i

Key Informant Interpretation of the Data on Childhood Dental Caries:

This problem is the result of

- *Poor nutrition; i.e. sugar drinks*
- *Difficulty in finding dentists who will take Medicaid*
- *Hawai'i's water is not fluoridated*
- *Access to dental care in rural communities*

THE STORY ON CHILDHOOD OBESITY

"In Hawai'i, 13.3 percent of children ages 10 to 17 are overweight, better than the national average of 14.8 percent, says the report, "F as in Fat: How Obesity Policies Are Failing in America, 2007," issued by the Trust for America's Health.

The data contrasts with widespread local reports that Hawai'i's children are twice as fat as the national average -- a contention that sprang from a five-year study of 1,437 school children in one community in Hawai'i.

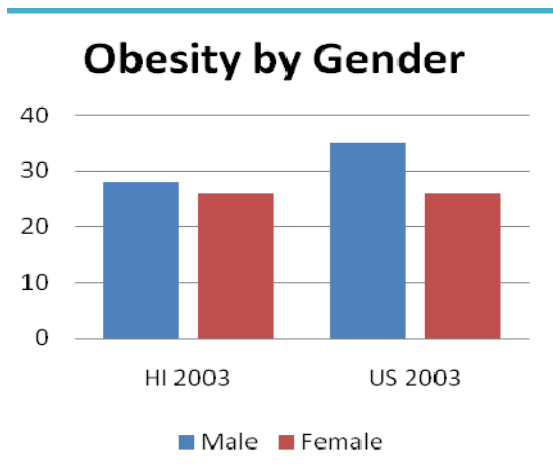
Researchers from the University of Hawai'i-Manoa and Brigham Young University-Laie did not identify the district when they released their data in 2001, but it is a rural, economically depressed area in Maui County and does not necessarily reflect the statewide situation.

"I really don't think our numbers should represent the whole state," Kwok Ho, an investigator in the Hawai'i study who is now retired from UH, told the Star-Bulletin. "That was not a random sample; that was just one study in a particular school district."

But such nuances were lost once the results were circulated. The Hawai'i researchers found that 25.5 percent of Hawaiian and 22.6 percent of non-Hawaiian students that they studied were overweight. That compared with a national average of 10.5 percent for children age 12 to 19 at the time. The study was published in the American Journal of Human Biology in 2003."

Honolulu Star Bulletin, August 27, 2007

52% of the teens in the US are not getting enough exercise and in Hawai'i 51% of our teens do not exercise regularly.



Data Source: Annie E. Casey, Kids Count, 2007

PERCENTAGE OF OVERWEIGHT CHILDREN, AGE 10-17

Here are the states with the highest and lowest rates of overweight children. Hawaii ranks 29th out of 50 states and the District of Columbia.

- 1. District of Columbia 22.8%
 - 2. West Virginia 20.9%
 - 3. Kentucky 20.6%
 - 29. Hawaii 13.3%**
 - 49. Colorado 9.9%
 - 50. Wyoming 8.7%
 - 51. Utah 8.5%
- National average: 14.8%

Overweight is defined as at or above the 95th percentile for Body Mass Index, for a child's age.

Source: "F as in Fat: How Obesity Policies Are Failing in America, 2007," Trust for America's Health. Data is from the 2003-2004 National Survey of Children's Health.



Key Informant Interpretation of the Data on Childhood Obesity:

According to key informant Doctor Josh Green, it is important to note that although Hawai'i ranks in the middle of the pack nationally on childhood obesity that does not mean we do not have a serious problem in Hawai'i. The entire country has a serious problem which becomes apparent if you compare the rates of childhood obesity now to the rates twenty years ago. There are far too many children with hypertension and diabetes.

Other key informants suggest that children need to be kept active, with access to malls and electronic toys playing a major part in the sedentary life of the children. It was also noted that WIC, the federal nutrition program, has been effective at helping to combat childhood obesity.

CHILDHOOD ASTHMA

Based on data from the Behavioral Risk Factor Surveillance System, Hawai'i has approximately 9.7% of children 0-17 who currently have asthma; the national rate according to the CDC is 8.3%. Prevalence in Hawai'i County is 12.2%.



HEALTH INSURANCE

Children in Hawai'i are well above the national average with insurance coverage. In 2005, only 5% of children under 18, were without insurance, compared to 11% nationally. But 5% still translates into 15,000 children without insurance and our poorest children are doing worse than the national average of all children at 19%.

Children 17 and below without health insurance, by Poverty Level (Showing most recent 5 years; Show All Years)							
Poverty Level	2001	2002	2003	2004	2005	US 2005	
Below 100% poverty	12%	14%	14%	13%	13%	19%	
100 to 124% poverty	13%	6%	0%	7%	8%	18%	
125 to 149% poverty	7%	7%	0%	0%	0%	17%	
150 to 174% poverty	13%	13%	6%	6%	0%	16%	
175 to 199% poverty	6%	5%	6%	0%	7%	15%	
100 to 200% poverty	9%	8%	5%	4%	5%	16%	
200 to 249% poverty	9%	6%	7%	9%	6%	13%	
250% poverty or above		5%	6%	5%	4%	3%	6%

Data Source: Annie E. Casey, Kids Count, 2007

KEY INFORMANT INTERPRETATIONS OF CHILD HEALTH DATA

According to key informants, childhood health disparities in Hawai'i are due to restricted access to care, either geographic or economic. This is compounded by a crisis in health care provision due to poor reimbursement rates, an insurance monopoly and a lack of physicians in rural areas. Access to care is an essential ingredient, but we would be naïve to think that access alone will solve the problems. In order to change health outcomes we have to address the Social Determinants of Health, a model developed by the World Health Organization, which looks at the root causes of poor health; education, income, clean and stable housing, nutrition and a sense of powerlessness and lack of control over one's life.

There is a great deal of concern regarding the health status of immigrant communities, especially Pacific Islanders, who have serious health risks. Native Hawaiians are also faced with health challenges and have a cultural tendency to hold off seeking western medical care until disease has reached a crisis stage, often making prevention and early intervention efforts not as effective.

In some way the biggest health challenge we face in Hawai'i is with the industry itself.

- *Provider burnout with doctor patient relationships being steered by reimbursement rates,*
- *Insurance monopolies, and*
- *The big business of medical care; pharmaceuticals, elective surgeries etc.*

Key Informant Thoughts on Protective Factors for Child Health

Promoting Resiliency among Young Children at Risk

- *Maternal competence in care giving*
 - *Enhance maternal education level*
 - *Gainful employment after the child is preschool age*
 - *Stable mental health*
 - *Promotion of reciprocal relationship rather than coercive*
- *Smaller family size*
- *Competence in children*
 - *Cognitive enhancement*
 - *Behavior*
 - *Importance of unstructured play*
 - *Preschool*

Address the Social Determinants of Health

- *Safe and clean housing*
- *Access to nutritious food*
- *Quality educational opportunities*
- *Adequate income*

Others add

- *Good prenatal care*
- *Access to necessary services*
- *Good food and exercise*
- *Nurturing and encouraging parents*

ADOLESCENT MENTAL HEALTH



YOUTH SUICIDE:

Of 39 states reporting, Hawai'i has the highest percent of youth (17%) who report making a suicide plan and the 2nd highest percent of youth who report having attempted suicide (13%) and who say they seriously considered attempting suicide (nearly 20%). Those attempting suicide at the highest rates of all in Hawai'i are 15-19 year-olds. Native Hawaiians are the highest risk group; and girls report much higher rates than boys. Compared with their non-Hawaiian peers, Native Hawaiian adolescents suffer higher rates of depression (34.5 percent versus 27.9 percent) and are more likely to attempt suicide (22.6 percent versus 20.0 percent).

Youth Risk Behavior Surveillance System survey, U.S. Centers for Control and Prevention, 2005

Behavioral Description	Hawaii Middle School	Hawaii High School	U.S. High School
Seriously considered attempting suicide	21.9	18.7	16.9
Made a suicide plan	13.7	17.0	16.5
Attempted suicide one or more times	10.4	11.7	8.5
Attempted suicide & had to be treated by a doctor or nurse	5.8	3.8	2.9

Source: Hawaii High and Middle School Youth Behavioral Risk Surveillance System, 2003.

Hawai'i Maternal and Child Health Needs Assessment, DOH, 2005

Key Informant Concerns Regarding Adolescent Suicide and Despair

Sadly, hopelessness among our youth was mentioned by many, many key informants. In its worse case this gets played out in adolescent suicide ideation or action. Two informants, The Kohala Center and Rosete-Hill articulated a "Catch 22" they see our youth currently facing. Their 'Ohana would like them to stay home in Hawai'i and yet what does home have to offer them in terms of meaningful work that can support a family and allow them to establish their own households. Young people in Hawai'i are living with this sense of burden; that adulthood is going to be a tough period; they don't see choices and options. The informants expressed concern that we are not providing the children of Hawai'i with a sense of what a meaningful life as an adult could look like for them in Hawai'i. A sense of confidence comes from a sense of competence; and we have a crisis of competence on both the student and school system level. We have to expect the best for our youth and from our youth by providing them with the opportunities to excel.

Venus notes that we would be doing better by our youth to empower them with the values of their culture, a sense of self worth and problem solving skills; taking the strength of their Hawaiian heritage with them where ever they might go.

OUR "INVISIBLE CHILDREN"

Seventy-five percent of adults with serious mental illnesses are parents. The negative impact on their children can be tremendous, including trauma, life-long mental health problems, behavioral and learning difficulties, and socialization deficits -- all compounded by the silence, shame and stigma of mental illness. Parents with mental illnesses often are unable to be adequate parents and may neglect or abuse their children:

- Parents with mental illnesses may be withdrawn, have limited ability to nurture, have more negative behavioral interactions, and be more likely to display erratic and unpredictable behaviors than parents without mental illnesses.
- Children of parents with mental illnesses may feel guilty that they were unable to take care of their parents, and/or that they were the cause of the mental illness.
- Children may have inappropriate responsibilities placed on them due to their parents' illness.
- Children may undergo multiple separations from parents due to hospitalization or other results of illness relapses.
- Many of these families lack social supports and are isolated.

Most (70%) parents with mental illnesses lose custody of their children – a tragedy for all concerned, and one which is preventable if sufficient support could be provided at earlier stages. And yet, service systems traditionally view adults with mental illness *apart* from their children, and generally do not recognize or address the needs of the children. Rarely do case managers ask their clients whether they are parents and if so, how their children are being taken care of or what their needs in relation to their children are. The children of parents who have mental illnesses or co-occurring disorders are often "invisible" to mental health service providers, children's advocates, and society at large.

The source for the above information regarding adolescent mental health was provided by Marya Grambs, Executive Director of Mental Health America of Hawai'i.



CHILDREN OF INCARCERATED PARENTS

Another population of children at risk was noted by a number of key informants to be the children of incarcerated parents. These children did not show up in our data search specifically because there is no data kept on them and in fact know one knows how many children there are whose parents are incarcerated. According to key informants our criminal justice system is not "allowed" to ask inmates whether or not they have children and who is caring for them.

National data, from the Family and Corrections network state that,

Incarcerated Mothers

- Approximately 75% of incarcerated women are mothers, and two-thirds have children under age 18.

- Seventy-two percent of women prisoners, with children under age 18, lived with those children before entering prison.
- Six percent of women entering prison are pregnant.
- From 1990 to 2000, the number of mothers in prison grew 87%, while fathers increased by 61%.
- Fifty- four percent of mothers in state prisons said they never had visits from their children.

WHAT HAPPENS TO CHILDREN?

When a parent is arrested . . .

One in five children of incarcerated mothers witnessed their mother's arrest. Those who don't witness the arrest will reconstruct it in their minds. Either way, it's traumatizing. And we have few policies or protocols in place to ensure that children's needs are met. Law enforcement officers pay little attention to the needs of the arrestee's children, and arrested mothers get little assistance in making temporary arrangements for their children or planning for their children's long-term care.

When a parent is incarcerated . . .

Children's lives are disrupted . . . Incarcerated mothers were often the sole caregivers for their children. When they become incarcerated, their children's living arrangements become disrupted and uncertain. Approximately half of children whose mothers are incarcerated live with grandparents, one-quarter live with their fathers, and the remaining one-quarter are placed in out-of-home care or live with other relatives or friends in informal placements. These children are often separated from their siblings and may experience erratic shifts in caregivers.

Children lose contact with their parents . . . For children, the most devastating aspect of parental incarceration is the lack of contact they have with their parents. Half of children with incarcerated mothers never visit their mothers in prison. The other half visit infrequently.

Prison visits are difficult . . . One of the major barriers to visitation is geographical proximity. Many prisons, particularly women's prisons, are located in more rural areas and are difficult to access by public transportation. For the most part, children are dependent upon their caregivers to transport them to visits -- and many caregivers may be unable or simply reluctant to facilitate visits. Many can't afford the cost of transportation or the time off from work -- and other simply don't believe that prison is an appropriate environment for a child. Finally, grandparent or other relative caregivers may deny visits as a way of expressing anger at the imprisoned parent.

The publication "Fragile Families, Parental Incarceration and Child Wellbeing", April 2008, published a study looking at outcomes for urban children whose fathers were incarcerated. These findings reported that those children were significantly (44%) more likely to display aggressive behavior, though they do not differ from their peers in terms of physical health, anxious/depressive behavior, withdrawal behavior or cognitive development.

CHILDREN OF INCARCERATED PARENTS IN HAWAII

Quoting from House Bill 529 from the 2007 Legislative session; *“The legislature finds that during the 1990s, the number of incarcerated parents in the United States grew by approximately fifty-nine per cent. The legislature further finds that currently there is no means of determining the exact number of incarcerated individuals with minor children in Hawai‘i as no procedure is in place for collecting such data. However, it is estimated that there are approximately 3,163 parents of 6,665 children in Hawai‘i’s prison system.*

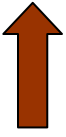
An increased focus needs to be placed on the children of incarcerated individuals to maintain a parent-child bond. Studies indicate that the children of incarcerated individuals suffer from a multitude of negative consequences, including possible displacement from their home and separation from their primary or secondary caregiver. As a result, these children experience strong emotional reactions to the incarceration and disruption in their home life, leading to a significant increase, up to six times more likely, of becoming involved in the criminal justice system themselves.

State policies contribute to the breakdown of the family by failing to facilitate the continued relationship between incarcerated individuals and their children when the relationship is in the best interests of the child. Denial of visitation is a means of punishment or discipline of the incarcerated individuals, but those who truly suffer are the children. The strengthening of family relationships has a positive effect on recidivism as studies have shown it lessens the possibility of future incarceration after an inmate’s release from a correctional facility. Studies have also shown that therapeutic involvement with families during incarceration builds better and stronger relationships between the incarcerated parent’s children and the incarcerated parent once the parent is released.”

Successful models have been developed and implemented in the State: the Strengthening Keiki of Incarcerated Parents (SKIP) Project aims to strengthen families, decrease abuse and neglect of children of incarcerated parents, and decrease the occurrence of repeat incarceration. The SKIP program works with incarcerated fathers at Wahiawa correctional facility, and has been a model for projects in correctional facilities for both male and female inmates such as No Na Kamalii and `Ohana Strengthening at the Maui community correctional center and Makua Keiki at the Kaua`i community correctional center. A partnership is currently underway to replicate the program in the Hawai‘i community correctional center, as well. All of the related SKIP programs have formed a coalition known as the SKIP Partnership.

In addition to an educational playgroup, the program also enrolls the incarcerated parents in parenting programs, such as Nurturing Fathers and Supporting Parents as First Teachers, to help them reflect and heal from their neglectful and abusive childhoods, begin to learn how to nurture themselves and others, and to develop good parenting skills. The combination of education, play and learn groups, and support groups is aimed to increase an incarcerated parent's ability to provide a safe and nurturing environment for young children

ADOLESCENT SUBSTANCE ABUSE



According to the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration any illicit drug use, ages 12-17 has declined for each of the last three years;

2003-13.97%

2004-12.27%

2005-10.82%

ICE ABUSE IN HAWAII

According to a 2006 DEA report, crystal methamphetamine (ice) is the drug of choice in Hawai'i and is considered by far the most significant drug threat. Per capita, Hawai'i has the highest population of ice users in the nation. Ice abuse and associated violent crimes, such as **domestic abuse**, **child neglect**, hostage situations, and homicides continue to increase throughout the entire island state. Child and Family Services has reported that 80% of the families referred to their parenting education/home visiting program by the Child Welfare Services are substance involved.

Key informants are of the opinion that ice use is on the decline and that younger children are not trying the drug, having seen the devastation it has caused older siblings and community members. But that underage drinking is on the rise.

FIGURE 1
Trends in Lifetime Prevalence of Any Illicit Drug, Alcohol, and Cigarette Use
for Hawaii Sixth, Eighth, Tenth, and Twelfth Graders, 1987-2003

Figure 1a: **Sixth Grade** Lifetime Prevalence

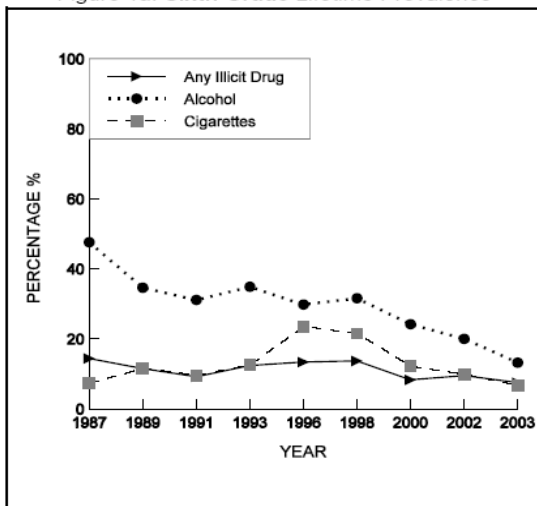


Figure 1b: **Eighth Grade** Lifetime Prevalence

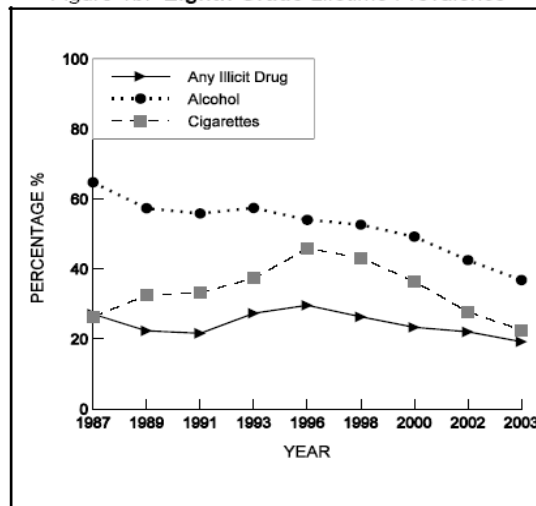


Figure 1c: **Tenth Grade** Lifetime Prevalence

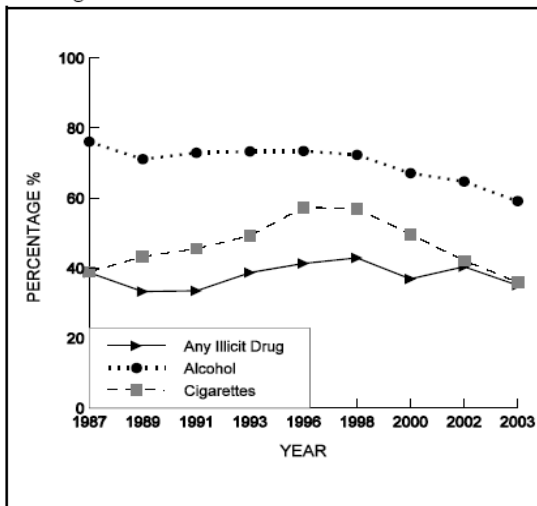
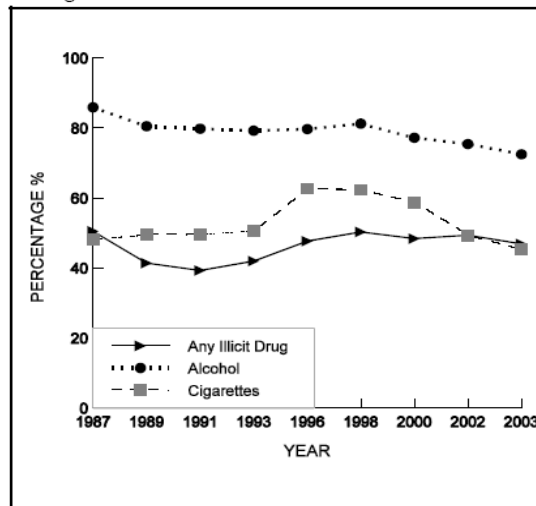
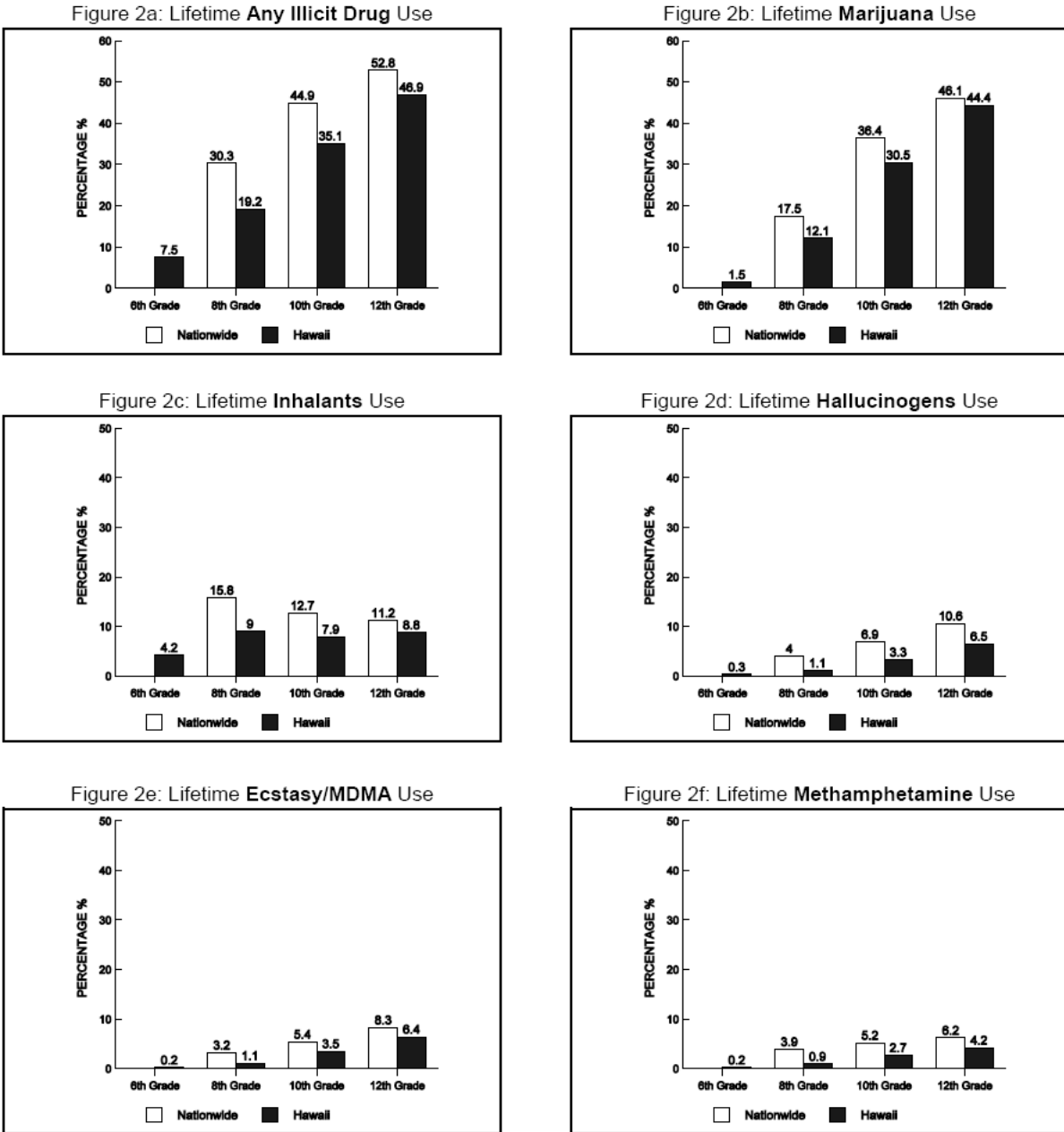


Figure 1d: **Twelfth Grade** Lifetime Prevalence



FINDINGS: Lifetime prevalence of any illicit drug use (e.g., use of an illicit drug at least once in a person’s lifetime) steadily increased in 1993 and 1996, continued to increase in 1998 in the upper grades, and finally decreased across all four grade levels in 2000. Lifetime prevalence of any illicit drug use continued on a downward trajectory for grade 8 in 2002; for all other grades, lifetime prevalence of any illicit drug use rose slightly in 2002, but then decreased again across all grade levels in 2003. Lifetime prevalence of any alcohol use remained relatively unchanged from 1989 to 1998 for students in the upper grades. A substantial decrease occurred in 2000 across all grades and continued to decline over the past few years. Cigarette use among adolescents was at an all-time high in 1996. An encouraging decline in lifetime prevalence of cigarette use started in 1998 and has continued through 2003. Lifetime cigarette prevalence reports in 2003 have reached record lows.

FIGURE 2
Lifetime Prevalence of Illicit Drug Use (Nationwide vs. Hawaii), by Grade, 2003
 (Entries are percentages %)



FINDINGS: Less than half of the students in Hawaii have tried an illicit drug, and the percentages in Hawaii who reported trying at least one illicit drug are lower than those reported nationwide. Marijuana is the most prevalent drug for students in grades 8, 10, and 12; inhalants are the most prevalent drug for students in grade 6. Among Hawaii's 8th, 10th, and 12th graders, inhalants are the second most prevalent drug; ecstasy and hallucinogens are the second most prevalent *illicit* drug. Hawaii's lifetime prevalence reports for illicit drugs are lower than nationwide reports.

SECTION 4: CHILD SAFETY INDICATORS

Table 5-4. Leading Causes of Injury Death among 0-19 year-olds, by Age Group, Hawaii	
Percent of injury deaths within age groups, by major categories.	
Age Group	Hawaii 1991-2000 (# of deaths)
0 to 4 years	Suffocation (24%) Homicides (23%) Drowning (19%) Motor vehicle –pedestrian (15%) Motor vehicle-occupant (8%)
5 to 9 years	Motor vehicle-pedestrian (26%) Drowning (16%) Other injuries (16%) Motor vehicle-occupant (14%) Motor vehicle-bicycle (12%) Homicides (7%)
10 to 14 years	Motor vehicle-occupant (23%) Drowning (23%) Suicide (16%) Motor vehicle-pedestrian (8%) Other transport (8%) Other injuries (8%)
15 to 19 years	Motor vehicle-occupant (40%) Suicide (24%) Homicide (11%) Drowning (7%) Other transport (6%)
Source: Keiki Injury Prevention Coalition, Protecting Our Children: Strategies for Injury Prevention, 2002, p. 5.	

Hawai'i Maternal and Child Health Needs Assessment, DOH, 2005

ACCIDENTAL CHILDHOOD INJURY

Overwhelmingly the leading cause of injury for children was motor vehicle crashes. The most common types of injury among infants were from choking, motor vehicle crashes and falls. Children 5-14 are vulnerable to pedestrian injuries and for teens second to motor vehicle crashes were assaults.



VECHILE INJURY AND DEATH

Each year, more than **700 children**, between the ages of four through seven, are involved in major car crashes in Hawai'i. Statistics show that children unrestrained by seat belts are at least 50% more at risk for injury than children in a child safety seat or booster seat. The proper use of child passenger restraints, such as a booster seat, is the most important factor in preventing death and injury in a car crash.



According to DOH crash report data, drivers who are 15-18 years of age are at least 4 times more likely to be involved in a crash. An average of 75 motor vehicle occupants are killed each year in Hawai'i, almost half (44%) of the victims were in the 15-29 year range and the highest rates were computed for 15-19 year olds (89deaths per 100,000 residents)

Hawai'i Injury Prevention Plan 2005-2010, Department of Health



Seat belt use among has increased consistently as has the use of child safety restraints.

DOWNINGS/NEAR DROWNINGS

Almost half (44%) of the swimming pool drowning and near-drowning that require an ambulance on O'ahu are among children under 5 years of age.

Hawai'i Injury Prevention Plan 2005-2010, Department of Health

CHILD MALTREATMENT

According to the report Preventing Child Maltreatment in Maui County, a Report of Best Program Practices, written in 2008 by Phyllis Robinson, this is the current status of child maltreatment in Hawai'i.

“According to national statistics found in the Children’s Bureau 2005 report on child maltreatment, based on a rate of 48.3 per 1,000 children, an estimated 3.6 million children received an investigation by Child Protection Services (CPS), also known throughout this document as Child Welfare Services (CWS) agencies during FY 2005. Based on a victim rate of 12.1 per 1,000 children, an estimated **899,000** children were found to be victims in the 50 states, including the District of Columbia, and Puerto Rico and many more are at risk.

Forty-seven percent of child victims were boys, and 53% percent of the victims were girls. The youngest children had the highest rate of victimization. The rate of child victimization for the age group of birth to 3 years was 16.5 per 1,000 children of the same age group. The victimization rate for children in the age group of 4-7 years was 13.5 per 1,000 children in the same age group. Overall, the rate of victimization was inversely related to the age group of the child. This is true for Hawai'i as well.

How many children were reported as victims of maltreatment in Hawai'i?

The statistics on prevalence of maltreatment can never fully explain the multiple dimensions of child maltreatment. They reveal little about the interactions among individuals and families, communities and society that lead to such

The most recently available statistics show **2,172** reported cases of child abuse and neglect made to Hawai'i Child Protective Services in 2006 and **1,087** of these were confirmed.

What do we know about the children in the State of Hawai'i as a whole?

- Nearly 18.5% of *all victims* of child abuse and neglect were children aged 1 or under.
- *Over* 45% of all victims were children aged 5 and under.
- Slightly more than 50% were female.
- 37.9% of the children were Hawaiian or Part Hawaiian.

How were these children maltreated?

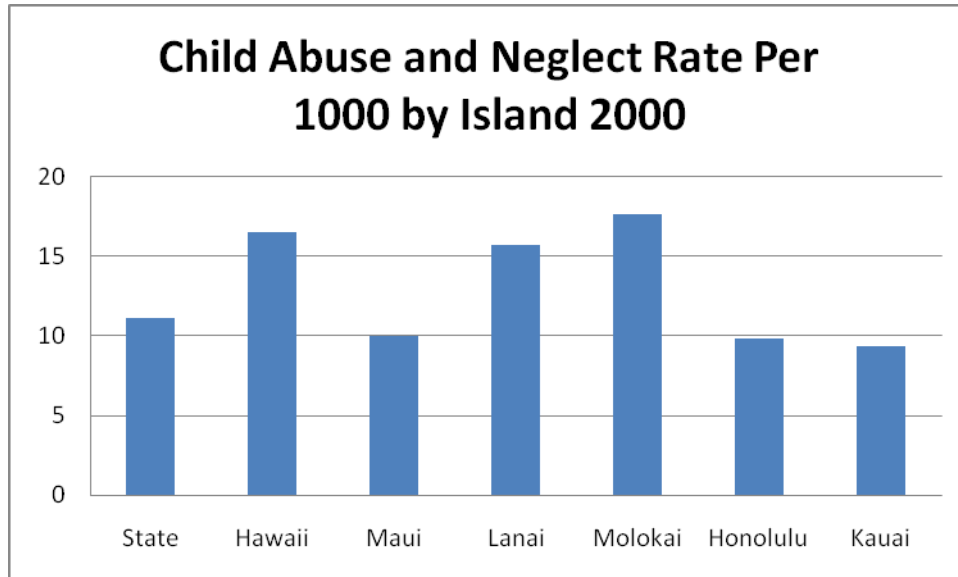
In 2006, the distribution of confirmed cases in the State of Hawai'i by major types of harm is as follows:

- Threatened Harm 48%
- Physical abuse 29%
- Neglect 32%
- Sexual abuse 35%
- Medical Neglect 36%
- Psychological Abuse 37%

Who were the perpetrators of child abuse and neglect?

Over 88.3%, the highest percentage of perpetrators, were biological parents.

- 57% of perpetrators were female.
- 66% were between the ages of 20 -39.”



Trend Data: The Department of Human Services underwent dramatic restructuring of its child welfare services programs in 2005, which resulting in a dramatic drop in confirmed reports. It is hard to tell if there is actually a real drop in abuse and neglect or if this is simply a change in statistical definitions.

Child Abuse and Neglect				
	2002	2003	2004	2005
Children Subject of a Report Referred for Investigation or Assessment (Duplicated)	7,318	8,230	7,186	5,426
<hr/>				
	2002	2003	2004	2005
Rate of Substantiation (Per 1,000 Children in the State Population)	12.7	13.6	12.1	9.2
Child Abuse and Neglect Fatalities				
	2002	2003	2004	2005
Children Who Died As a Result of Abuse/Neglect	7	6	6	2

Child Welfare League of America

CHILD ABUSE AND NEGLECT IN HAWAII, 2002-2006

Duplicated Count of Children by County District

DISTRICT	REPORTED					CONFIRMED				
	2002	2003	2004	2005	2006	2002	2003	2004	2005	2006
HAWAII COUNTY	1,504	1,924	1,653	1,069	914	763	1,006	780	598	422
N. Hilo	6	8	20	9	4	2	4	7	0	0
S. Hilo	417	564	473	197	157	185	252	160	121	86
Puna	460	594	525	247	181	153	242	216	129	79
Kau	65	40	51	36	26	44	21	30	20	21
S. Kona	101	112	42	28	25	74	79	23	17	8
N. Kona	192	154	134	90	45	152	111	89	53	23
S. Kohala	101	95	78	59	42	72	61	54	36	15
N. Kohala	50	43	34	14	16	33	29	23	8	4
Hamakua	54	52	55	9	14	13	9	12	4	3
Unspecified	58	262	241	380	404	35	198	166	210	183
OAHU	4,632	4,628	3,880	3,189	2,429	2,454	2,375	2,168	1,686	1,242
Honolulu	1346	1084	959	815	634	719	549	530	415	302
Ewa	1091	975	719	759	665	565	510	391	410	336
Wahiawa	293	276	151	270	193	156	128	83	140	103
Waianae	710	660	801	705	466	409	399	472	440	283
Waialua	72	56	39	40	43	48	22	21	18	22
Koolauloa	96	72	34	55	44	44	37	20	31	21
Koolaupoko	484	498	384	363	246	247	213	211	153	108
Unspecified	540	1007	793	182	138	266	517	440	79	67
KAUAI COUNTY	584	434	357	267	226	240	157	124	93	87
Lihue	158	95	68	54	47	61	38	20	18	17
Koloa	83	79	58	50	30	28	21	14	17	6
Waimea	97	55	53	32	30	38	6	17	11	2
Hanalei	56	48	33	9	19	24	23	11	2	8
Kawaihau	178	150	128	68	62	78	66	53	26	34
Unspecified	12	7	17	54	38	11	3	9	19	20
MAUI COUNTY	598	849	933	682	405	287	330	324	268	177
Lahaina	48	55	109	68	26	16	22	35	26	11
Wailuku	292	423	447	338	174	150	151	174	140	79
Makawao	164	204	194	134	70	64	65	60	51	36
Hana	2	14	20	2		1	8	2	0	0
Molokai	51	89	40	21	11	40	56	14	9	4
Lanai	4	17	14	5	1	4	17	6	2	1
Unspecified	37	47	109	114	123	12	11	33	40	46
STATE TOTAL	7,318	7,835	6,823	5,207	3,974	3,744	3,868	3,396	2,645	1,928

Department of Human Services, Child Abuse and Neglect Report, 2006

INTERPRETING CHILD ABUSE AND NEGLECT DATA

“The statistics on prevalence of maltreatment can never fully explain the multiple dimensions of child maltreatment. They reveal little about the interactions among individuals and families, communities and society that lead to such incidents. This complexity confounds our search for the simple answer to why child maltreatment occurs.

Although there is no single identifiable cause of child maltreatment, the scientific literature has suggested that when considering prevention, a community should examine the interdependent nature of risk factors contributing to child maltreatment alongside the confluence of protective factors that might mitigate these risks. Successful prevention efforts aim to reduce risks, such as domestic violence, substance abuse, mental illness and poverty while boosting known protective factors, such as social connections, knowledge of effective parenting, and access to support in times of need. In order to meet the full range of at-risk families, communities have the greatest success when they approach the prevention of child maltreatment on four major levels:

- **Primary (or universal) prevention** is directed at the general population - all families
- **Secondary prevention** that targets families with risk factors for abuse and neglect
- **Tertiary prevention** is designed to reduce the impact of existing problems (i.e., the reoccurrence of abusive behaviors)
- **Quaternary Prevention** consists of services for parents who want to regain custody of their children

When prevention efforts engage on all of these levels, focus on family strengths and yet also provide assistance in times of greatest challenge, it is predicted that over time prevention plans can work. The evidence shows that communities that take on child maltreatment prevention as an ethical imperative must also have the coordinated help of their state system and its policymakers and funders to succeed.

Overall, the evidence shows that communities that engage in coordinated efforts in preventing child maltreatment are most successful when they consider the ecology of the prevention picture – the hologram of life circumstances for children and families, their cultural and spiritual belief system, their informal support systems as well as possibilities available in the inter-related system of community agencies that interact to enhance family functioning. Effective program practices are not isolated interventions, but a patchwork quilt with family strength and success at its center. ²

POVERTY AND CHILD MALTREATMENT

“Although it is true that child maltreatment occurs among all socioeconomic groups (a view prevalent in the early 1970s), however, every national survey of CAN has indicated that the vast majority of reports involve families from the lowest socioeconomic levels. The claim that these statistics are artifacts of class-based discrimination is simply not correct. The data shows that most child maltreatment occurs among lower-income families have been consistent, and no contradictory evidence has been produced. Further, they indicate that the highest incidences of CM, as well as the severest child injuries are found among the “poorest of the poor.” (Pelton, 1978) argues that the “myth of classlessness” persists because many professionals prefer to view child maltreatment as an individual, psychological problem, rather than as connected to the larger social environment. In addition, some

² Preventing Child Maltreatment in Maui County, a Report of Best Program Practices, Phyllis Robinson, 2008, page 9

well-meaning professionals fear that recognizing the relationship between poverty and CM will become another means of unjustly stigmatizing the poor. Pelton contends, however, that ignoring this connection does a disservice to poor families by directing attention and resources away from the societal problem of widespread poverty.

The need to address poverty as a means of preventing CM, while not adding to deficit-directed, stigmatizing programming is the cutting edge challenge of CMP taken up by the aforementioned movement of “family strengthening. The results of a qualitative study funded by the Annie E. Casey Foundation indicates that a promising path to improving the lives of disadvantaged families is through more holistic, comprehensive approaches to family support. These approaches combine traditional family support activities with the development of human and economic capital. The effectiveness of comprehensive programs is based on the premise that adult and child well-being is interconnected with the physical, economic, and social aspects of their lives. Recommendations are provided for improving existing family support programs through the implementation of holistic strategies (Sherif-Trask, 2006). This approach is based on combining the ecological developmental framework proposed in Bronfenbrenner’s Theory of Social Ecology in which child abuse and neglect is thought to evolve when risk factors related to the child, caregivers, family system, and environment challenge the capacity of caregivers and broader systems to meet the basic needs of children with the acknowledgement of building on the existing strengths of families.”³

HAWAI’I’S FOSTER CARE CHILDREN

The Hawai’i Family Support Institute collected the following data on the status of children in the foster care system in Hawai’i.

“Solid data on demographics of children in foster and kinship care in Hawai’i appear to be limited. The most current data found are for 2006. In 2006, there were 4,385 children in foster care in Hawai’i, compared with 4,860 children in 2005. Of the 2,034 children that exited foster care in 2006;

- 58% or 1,174 children were reunited with their families,
- 22% or 438 were adopted
- 10% or 201 were in the care of a legal guardian.
- 10% or 221 children were left to a “permanent arrangement” or emancipated.
- Approximately 60% of placements are in kinship-care.

AGES AND NUMBERS OF CHILDREN IN FOSTER CARE PLACEMENT FOR 2006:

0-5	1,535	35%
6-11	1,184	27%
12-18	1,666	38%

A study “Identifying the Transition Needs of Foster Youth, O’ahu and East Hawai’i” was conducted by Rhonda Nichols (a former foster youth) in December 2001. The study involved thirty-nine youth ages 17 to 24, and twenty-one administrators of youth services and housing programs. Needs of youth identified in this study included housing, transportation, sibling visitation, transitional services, and higher education. Greatest fears of youth interviewed included:

³ Preventing Child Maltreatment in Maui County, a Report of Best Program Practices, Phyllis Robinson, 2008, page 124

- 50% not being able to find housing
- 35% not having a support network
- 24% finances

At the end of 2006 there were 1,689 foster homes in Hawai'i per DHS data. Informants suggest that about 60% of out-of-home placements are in kinship-care. According to the Director of Hawai'i Foster Parents Association (HFPA), there may not be data specific to the geographic location of foster homes or the ages of children in specific geographic locations. The HFPA Director and DHS staff made the following estimates for O'ahu:

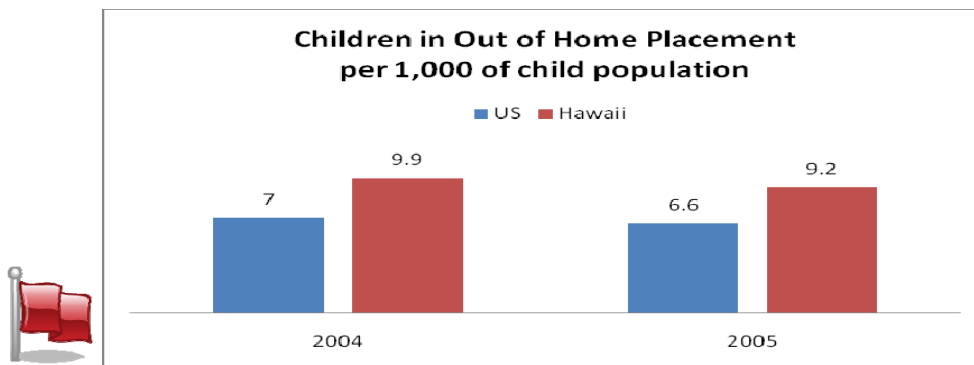
- 240 foster homes are in the area from Kalihi to Waimanalo (150 foster homes are in the Honolulu area, which extends to East Honolulu- Hawai'i Kai area).
- 354 "youth" placed in Leeward area.
- 183 "youth" in Central O'ahu.
- Approximately 60% of out-of-home placements are on the Wai'anae Coast.



The study entitled **"Hawai'i Placement Decisions: Selected Findings for Children Birth to 18,"** conducted by DHS and the Casey Family Foundation, presented in December 2007 found the following:

- There was disproportionate placement for Native Hawaiian children. More placements were made with kin-care families.
- Risk factors precipitating placement included substance abuse, poor parenting skills, mental health of caregiver, domestic violence, lack of recognition of problems and lack of motivation to change.
- There were low rates of engagement in services, and low assessment of likelihood for resolution of issues which influenced placement for **all** age groups of children.
- Issues for youngest children were attachment disorders and inability to self regulate. Issues for older children were mental health problems, aggressive and delinquent behaviors, sexually reactive/aggressive, other emotional- behavioral problems.

Trend Data: Child Welfare League of America, 2008



Key Informants Interpretation of the Child Safety Data

In the last five years there have been significant changes in the manner in which both prevention and treatment of child maltreatment services have been designed and funded. The Departments of Human Services (DHS) and Health have collaborated to increase prevention/early intervention for families at highest risk through the Enhanced Healthy Start program for families with newborns. In addition, the Department of Human Services has restructured its contracted services to implement the Differential Response System. The impact of this change has been to put more resources into front ending the child welfare system increasing access to voluntary services for families at the community level. This seems to have had two primary results,

- 1. There are fewer cases that are referred for investigation being confirmed. Families are accepting and engaging in community based family strengthening services voluntarily and as a result staying out of the official Child Welfare Services (CWS) case load. Fewer children are being removed from their homes.*
- 2. For the families that are confirmed, the case loads of the CWS workers are lower enabling them to “do better social work” with those families on their case loads, increased contact and attention to the service plan and increased visitation for children in out of home care. This fosters better attachment and a better chance of successful reunification and lower rates of recidivism.*

The Department of Human Services, with the help of the Casey Family Programs has also made a commitment to understand and address the causes of the over representation / or disproportionality of Native Hawaiian children in the child welfare system.

All key informants mentioned the leading cause of child maltreatment being its link to insufficient income and insecure housing.

Key Informant Thoughts on Protective Factors for Child Safety

Our key informants noted clear overlaps with protective factors for child health;

- Healthy attachment*
- Accessible health care*
- Quality early education*
- Stable housing*

Possible solutions

- Give families stable housing and wrap around support.*
- Create family villages were they can access job training, secure housing, knowledge of child development and mobile health services. Many families don't know how to navigate the health services systems, mobile clinics that do developmental screening would help.*

The Center for the Study of Social Policy, see appendix A, has protective factors mentioned and indorsed by many key informants.



GRANDPARENTS RAISING GRANDCHILDREN

In 2004 there were 14,225 grandparents in Hawai'i who had primary responsibility for their grandchildren.

VIOLENCE

Fatalities: 2000-2004, 9 children were killed by their parents and 5 were killed by other family members.

Non Fatal Injuries: The highest rates of non fatal injuries requiring hospitalization were computed for youth ages 15-24 (57.3 per 10,000), 86% were male. Unarmed beatings were the most common (53%) mechanism of assault. Neighborhoods with the highest numbers and rates of assault were Waikiki (283 per year), Ala Moana (264), Kalihi (264), Wai'anae (177) and Downtown (161).

Trend: About 25% of high school students reported being in at least one physical fight in the previous year compared to 33% of all U.S. high school students, with the proportion going down from 33% in 1995 to 26% in 2001. Hawai'i Injury Prevention Plan 2005-2010, Department of Health

JUVENILE ARRESTS AND INCARCERATION

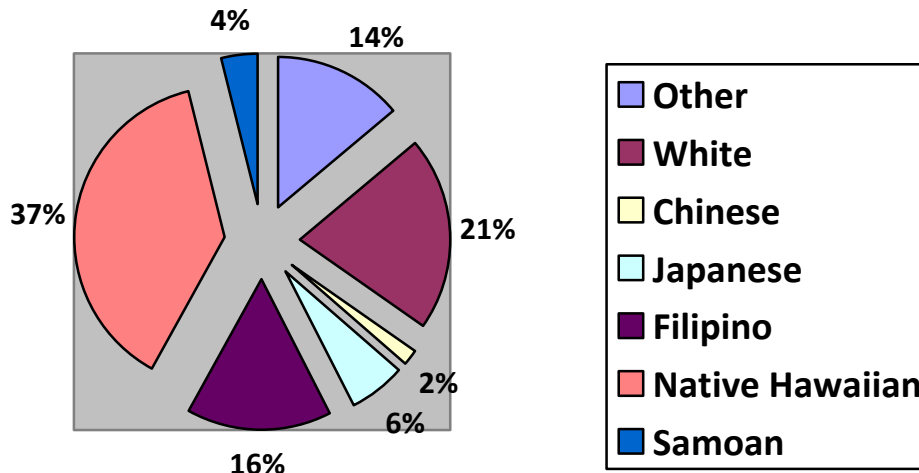
In Hawai'i, juvenile delinquency has generally followed national trends, with a steady and dramatic decline in overall juvenile arrests over the last decade. From 1995 to 2004, Hawai'i boys' arrests for Index Offenses plummeted 52%, while Hawai'i girls' Index Offense arrests fell 55%. During this same time period, Part II Offense arrests for Hawai'i boys decreased 60%, and fell 63% for their female counterparts. Additionally, runaway arrests for both boys and girls fell by 33% (Crime Prevention and Justice Assistance Division 2005).

Despite this overall decline in the last decade, the proportion of girls' arrests in Hawai'i is higher than it is nationally. In Hawai'i, girls account for 33% of Index Offense arrests and 42% of Part II Offense arrests, both of which are up slightly from their respective proportion in 1995. While the majority of girls' arrests are for status offenses (e.g., running away, truancy, beyond parental control), girls also accounted for 31% of juvenile arrests for "other assaults" and 39% of juvenile arrests for drug possession in 2004 (Crime Prevention and Justice Assistance Division 2005).

Nationally, the proportion of female juvenile arrestees has doubled since 1975. Female involvement in the United States juvenile justice system has emerged as a significant trend over the past three decades (Budnick and Shield-Fletcher 1998). In 1975, girls accounted for 15% of all juvenile arrests. In 1990, they represented 19% and by 2004, they comprised nearly 30% (Steffensmeier 1993; FBI 2005).

Key Informants note that although females enter the juvenile justice system through status offenses, they are placed on probation; they often break the terms of their probation and then become adjudicated. This is perceived by many as a failure of the system to not provide them with community based alternatives, such as safe homes. Once they become adjudicated they are 4 times more likely to become a convicted criminal as an adult.

Ethnicity of Juveniles Arrested for Part II (non felony) Offenses, Year 2000



Note: 43.8% of the N.H arrests were in the runaway category
Attorney General: Crime Prevention & Justice Assistance Division, Research and Statistics Branch

Runaway and homeless youth; a large percentage of our runaways in Hawai'i have been in foster care with 56% of the runaways having been in the custody of social services and 56% having attempted suicide.

Source: Urban Peak Female Juvenile Arrests

The Hawai'i Girls Court has reduced recidivism by 47.08%, which included a 60.00% reduction in the number of runaways, and a 62.60% reduction in arrests. Notably, the girls, during and after their participation in Girls Court, spent 73.24% fewer days on runaway.

Significant efforts have been made toward using less restrictive non-secure shelter facilities rather than secure detention. The Girls Court participant girls have been admitted to the Judiciary's secure Detention Home facility 16.00% less than during the comparison period and has spent 27.78% fewer days in secure confinement.

The Juvenile Detention Alternative Initiative, a project of the A.E. Casey Foundation, has promising potential for Hawai'i to assess both policy and service delivery issues regarding the over representation of Hawaiian youth in the Juvenile Justice system. Helping communities find more appropriate solutions to unnecessary or inappropriate detention at great expense and with long lasting consequences for both public safety and youth development.

By Christine Donnelly
Star-Bulletin
Thursday, August 24, 2000

The percentage of girls arrested in Hawai'i has reached record proportions -- accounting for a bigger share of juvenile arrests than in the rest of the United States -- and the state lacks enough female-focused rehabilitation programs to combat the problem, according to a new study.

Although the largest number of arrests is for "status offenses" such as running away from home, those offenses -- while considered less urgent to the rest of society -- put the girls on hostile streets and at greater risk of committing more serious crimes such as theft, drug dealing and prostitution, said the report's author. Moreover, once they run away, often to escape physical or sexual abuse at home, the girls are more likely to be further victimized, including being sexually exploited.

According to the study, in 1998 girls accounted for one of every three juvenile arrests in Hawai'i, compared to one out of four nationally. And the Hawai'i percentages have risen since then. The latest Hawai'i Attorney General's semi-annual crime summary found that although the state's overall crime rate fell in the first six months of 1999 -- among both adults and juveniles -- the percentage of females arrested rose.

Females comprised 41 percent of all juvenile arrests and 22 percent of all adult arrests, reaching record high proportions dating back at least to the start of automated crime data entry in 1987, according to the summary. Among juvenile arrests, common female offenses were running away from home (65 percent female), larceny-theft (38 percent female) and curfew and loitering violations (37 percent female).

For her report, Chesney-Lind focused on youths held at the Hawai'i Youth Correctional Facility in late 1999. She found that the girls' pathways into delinquency differed markedly from boys', as did their reactions to life on the street, in treatment centers and in secure facilities such as HYCF.

For example, nearly all the incarcerated girls had run away from troubled home lives, while running away was not a factor for most of the boys. Also, female runaways who had been sexually abused were significantly more likely to commit crimes such as substance abuse, petty theft and prostitution. More than half the incarcerated girls had attempted suicide or talked about it, twice the rate of the male inmates. Another factor not faced by the boys: motherhood. About a fifth of the girls in HYCF already had children.

The report recommends that the state create more "gender-specific" rehabilitation programs, with more training for the adults charged with helping the errant youths. It said such programs are needed at every stage of the rehabilitation process, not just in the most severe cases.

INTERPRETING JUVENILE JUSTICE STATISTICS

Executive Summary

This report provides a statistical profile of female juvenile offenders in Hawaii. It utilizes two main datasets: (1) CY 2004 Juvenile Justice Information System data; and (2) Family Court case file information on juvenile offenders who were either on probation or incarcerated at the Hawaii Youth Correctional Facility (HYCF). The report first examines general trends in juvenile arrests and adjudications, focusing on gender and racial/ethnic differences in each category. It then analyzes gender differences in the social, psychological, family, drug use, and academic backgrounds in the case file sample. Finally, the report examines intra-gender differences between HYCF girls and non-HYCF girls.

What gender differences exist in juvenile arrests and adjudications?

The study data reveal that runaway and truancy were numerically and proportionally the top two charges for both boys and girls during CY 2004. However, the number of runaway arrests for girls was 47% higher than for boys, while boys had 56% more arrests for truancy. Additionally, three of the top five arrest charges for girls included status offenses: runaway, truancy, and beyond parental control. Three of the top five arrests for boys included law violations, two of which were person offenses: assault 3, theft 4, and harassment. The strongest predictor of adjudication was offense severity. However, two other predictors were also statistically significant when controlling for offense severity; juveniles who reside in Maui County and girls in general were less likely to be adjudicated.

What gender differences exist in the social, academic, drug use, mental health, and family backgrounds of juvenile offenders?

Girls' case files, versus those for boys, reveal more reports of witnessing domestic violence and experiencing physical abuse, sexual abuse, and neglect. Boys and girls differ slightly in the mental health areas. Nearly 30% of the girls, compared to 10% of the boys, have at least one prior suicide attempt recorded in their case file. Additionally, close to half of the girls' files report current or past suicidal ideation, while less than one-quarter of the boys' files contain such reports. Girls were five times more likely than boys to report self-injurious behavior (such as cutting), while boys' case files were more likely to contain reports of physical aggression. The boys' files were significantly more likely than the girls' files to document an Attention Deficit/Hyperactive Disorder (ADHD) diagnosis (23% v. 7%), while girls' files were significantly more likely to reveal a diagnosis of depression/Post-Traumatic Stress Disorder (PTSD) (28% v. 14%).

Very few variables relating to peer group and school dynamics show any significant gender differences. Based on the case file research, male and female juvenile offenders are equally likely to have failed academically and to be chronic truants. In terms of special education needs, 63% of the overall sample is certified as special education, with boys significantly more likely than girls to be so certified (67% v. 59%). There are a few statistically significant gender differences in drug use; boys have more reports of frequent marijuana use (37% v. 21% for girls), while girls are more likely to have ever tried crystal methamphetamine (or "ice," 45% v. 28% for boys). Girls are also more likely to be frequent ice users (23% v. 17% for boys), although this difference is not statistically significant.

Department of the Attorney General, 2006

Key Informants Interpretation of Youth Development and Juvenile Justice

Throughout our key informant interviews we heard one consistent, sad, dominant message, “Our children do not have hope”. When asked, “If you could do anything for our children and youth what would it be?” So many said “give them hope for a positive future.” It is this lack of hope and vision that lead so many of our youth into the juvenile justice system. Focus groups conducted by the Girl Scouts reinforce this message. When girls were asked to envision their future it was clear, as our key informant stated, “their hope is as big or as small as their life is”.

Key Informants from the Kohala Center noted that we are putting our children in a “Catch 22”; “People tell them they have to stay home and yet what does home have to offer them.” Young people in Hawai‘i are living with this sense of burden; that adulthood is going to be tough period; they don’t see choices and options. They expressed concern that we are not providing the children of Hawai‘i with a sense of what a meaningful life as an adult could look like for them in Hawai‘i. A sense of hope comes from a sense of competence; and we have a crisis on both the student and teacher level. We have to expect the best for our youth and from our youth.

Key informants noted the high correlation between girls who had been physically and or sexually assaulted and those who are involved with the juvenile justice system. It was additionally mentioned that many of our youth do not have good problem solving or decision making skills and do not know how to manage aggression. Adolescent girls also have a higher usage of “ice” than males which increases aggression and violence. More appropriate line of treatment would be along the lines of treatment for domestic violence or child abuse victims.

There was concern expressed that children of incarcerated parents were falling through the cracks. It was noted that these children are under no state system’s jurisdiction and in fact the corrections personnel are not allowed to ask if someone even has children.

Our key informants noted that our system for juvenile offenders needs improvement in a number of key areas

- *Overrepresentation of Native Hawaiian and Pacific Island youth in the system*
- *Increased gender specific treatment for juveniles, understanding the pathways to crime and roots of crime are different for each gender*
- *Lack of community based alternatives to incarceration, especially on the Neighbor Islands*
 - *Safe homes*
 - *Group homes*
 - *Teen court*
- *Lack of coordination between police, judiciary and corrections.*

Transitions were often noted as areas of concern for children and youth;

- *The transition from high school to post secondary school*
- *The transition of foster youth at 18*
- *Youth with special needs*
- *Youth transitioning out of juvenile justice facilities*

Key Informant Thoughts on Youth Resiliency-The Kaua'i Longitudinal Study

Children of Kaua'i provides an update on a group of children that have been followed since 1955 and discusses the resilience the researchers found in these children. Some history about the study is needed to understand the whole picture.

In 1955, an interdisciplinary group went to the Island of Kaua'i, at that time a United States territory, to ask every pregnant woman to be a part of a longitudinal study of how events during pregnancy and different child-rearing conditions affected a child's later life. Local community leaders and helping professionals were enlisted to help gain cooperation from the families. Approximately 2,000 children were in the final sample. Most families living in Kaua'i at that time were semi- or unskilled laborers without high school diplomas. During the course of the research, children were divided into two groups: "high risk" and "low risk" children. High risk children had been born into poverty, were the products of more troubled pregnancies, or lived in troubled families. Low risk children were healthier, more affluent, and came from more stable family situations.

Originally the researchers focused on factors that made children vulnerable. They were not surprised to note that two-thirds of the high risk children developed learning or behavioral difficulties by the time they were ten years old. In particular, children with four or more risk factors prior to the age of two years were much more likely to be having problems in school at age ten.

What did surprise the researchers is that while two-thirds of the high risk children developed problems in their teens, one third did not. Instead these high risk children grew into competent adults who were able to sustain employment and relationships.

Even more striking, researchers found that most of the high risk children who had trouble during their high school years with delinquency, early child-bearing, or mental health problems had found a way out of their difficulties by the time they reached their thirties.

To understand this, the research team returned to their data to look for common threads that could explain why some high-risk children "made it" while others did not.

Five general categories of protective factors emerged:

1. Temperament

Individuals who were easygoing babies tended to elicit support from both parents and other adults who could provide mentorship for them. This temperament seemed to persist throughout life, allowing children to continually elicit help from others.

2. Values

Optimism and faith that it was possible to overcome difficult circumstances, as well as the ability to focus on doing the best they could with the skills they had, seemed to carry these high risk youths through difficult times.

3. Care giving styles from parents.

Not surprisingly, **parenting that fostered self-esteem**, a **higher level of maternal education**, and a **home with rules and structure** appeared to be protective.

4. Strong surrogate parents

These adults provided hope for the future (perhaps when parents could not). They included relatives, teachers, church members, and youth leaders.

5. "Second chances"

These opportunities, which occurred at different points in life, provided high risk youth with avenues out of troubled lives. Community colleges and the military were both avenues youth used to make needed life changes. Meeting an unusually supportive friend or an accepting spouse also seemed to make a difference.

These themes support the idea that opportunities for change and growth are present throughout the life-span. These opportunities can come from informal mechanisms like neighbors, friends, and extended family members or from more "socially constructed" places like the military, churches, or schools.

Other links that predicted successful outcomes among the high-risk youth included **successful reading skill by grade four**, taking pleasure in a hobby, **taking on responsibilities such as part-time jobs (household chores)** or caring for younger siblings, and **finally, having a chance to give to others in their communities and families**.

The author notes that the single most important factor, however, was having **"at least one person in their lives who accepted them unconditionally, regardless of temperamental idiosyncrasies, physical attractiveness, or intelligence."**

Other key informants mention protective factors such as

- *"A belief in yourself"*
- *Attachment to family and community*
- *People care about their opinions and there is a way they can give back to their community.*

SECTION 5: EDUCATION

EARLY CHILDHOOD EDUCATION AND CARE

Recent research on early brain development has shown us that by age 5, 85% of a child's intellect, personality and social skills are developed. Current data show that only about 60% of 4 year olds now attend preschool programs prior to entering kindergarten, that only 50% of low income children receive financial aid or subsidized services that allow them to participate in preschool programs. Of the 17,000 4 years olds 42% or 7,700 of these are considered low income. Current preschool capacity statewide can accommodate about 50% of our 4 year olds (not all available spaces can be held for 4 year olds).

The importance of quality early childhood education cannot be stressed enough; some of the impressive results are as follows;

- **44% higher in math**
- **31% higher in vocabulary**
- **85% higher in print awareness**
- **31% gain in cognitive skills**
- **18% gain in language skills**

Oklahoma Universal Pre-K (Low Income)

- **2005: 11% increase in 1 year (1st class with 2 years in program)**

New Jersey Abbott School Districts' 3rd grade Language Arts score (Poverty)

- **29% increase in high school completion**
- **33% lower juvenile arrests**

Illinois Chicago Parent Child

- **Higher high school graduation rate**
- **Decreased crime**

Michigan High Scope (Perry Preschool)

- **Reduced Special education placement & grade retention**
- **K-12 education retain 30%-40% of overall state fiscal benefits**

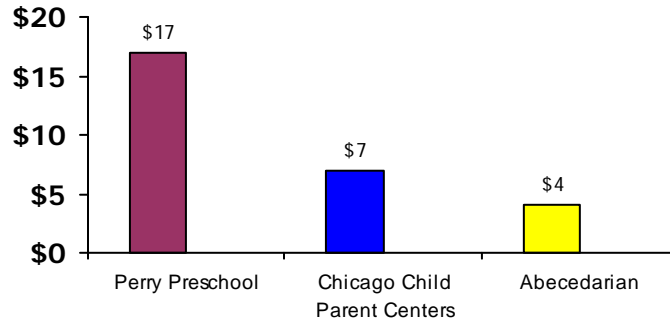
Committee for Economic Development Study

This data set is courtesy of Good Beginnings Alliance

Hau'oli Mau Loa-Strategic Directions 2008

In addition, according to Good Beginnings Alliance, early childhood education is considered a good financial investment.

Cost Savings Per \$1 Invested

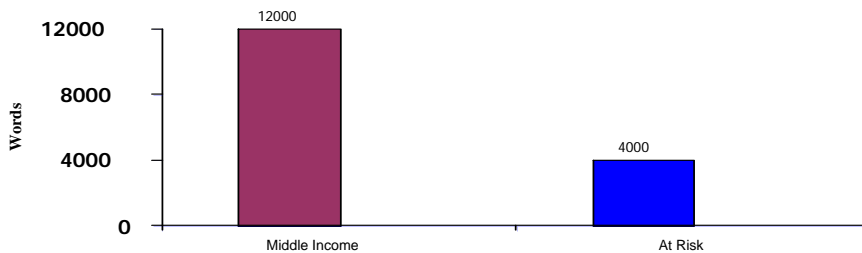


But finding affordable quality early education is not easy;

According to Coreen Lee of PATCH, it is very common for parents to make inquiries with at least 25 child care providers and or programs in an effort to secure care for their child. Child care choices are severely limited due to availability and cost, particularly for infants and toddlers. During referral follow up calls, 66% of families reported that the primary reasons for not being able to find child care is a lack of available openings, especially for infants.

GBA, Keiki Policy Update July 2005

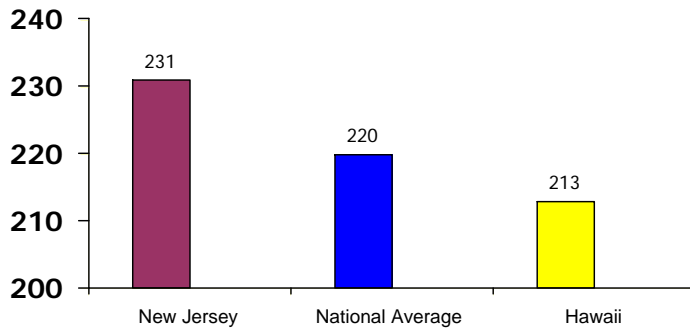
AVERAGE 3RD GRADE VOCABULARY OF AT-RISK CHILDREN IS 1/3 OF THEIR MIDDLE INCOME PEERS



Grades P-3: Learn to Read; Grades 4-12: Read to Learn

Data Source: Good Beginnings Alliance

HAWAII LAGS IN PREPARING ITS STUDENTS TO READ



2005-2007: NAEP READING SCALED SCORE, 2007

Data Source: Good Beginnings Alliance

Key Informant Interpretation of the Reading Data

According to Kathy Kamo, in 2007, 60% of the entering 9th graders at Wai'anae High School were reading at or below the 6th grade level, indicating a critical need to rethink how we teach reading. In many schools, reading instruction is very narrow. Students are taught the skills of reading without understanding the purpose and goals of reading. Reading is more than word recognition and skills measured on a multiple choice test. Reading is experiencing language to understand and create meaning in one's life. A narrow view of reading is a disincentive for student learning.

Note: Please see Appendix D for a complete explanation of the data

SCHOOL READINESS AND SCHOOLS THAT ARE READY

Many of our children are entering kindergarten without the necessary preparation.

Benchmark: Kindergarten Classes Consistently Displaying Key Skills and Characteristics

Dimensions	2004		2005		2006	
	No.	Percent	No.	Percent	No.	Percent
Approaches to Learning	169	35.6%	230	41.4%	245	39.0%
Academic						
Literacy concepts & skills	77	16.2%	154	27.7%	116	18.5%
Math concepts & skills	102	21.5%	246	44.3%	163	26.0%
School Behaviors & Skills	169	35.6%	271	48.8%	251	40.0%
Social-Emotional Behaviors	201	42.3%	273	49.2%	294	46.8%
Physical Well Being	190	40.0%	316	56.9%	309	49.2%
Met benchmarks in all dimensions	27	5.7%	63	11.4%	52	8.3%
Number of Kindergarten classes responding	475		555		628	

Note:
These are classes in which at least three fourths of all entering kindergarten children consistently display the skills and characteristics necessary for success in school life.

And many schools that are not ready to teach

Benchmark: Schools with Well Established Early Childhood Policies and Practices

Dimensions	2004		2005		2006	
	No.	Percent	No.	Percent	No.	Percent
Transition from home/preschool to kindergarten	28	20.7%	37	22.8%	47	28.7%
Communication with families	44	32.6%	46	28.4%	60	36.6%
Parent involvement	25	18.5%	32	19.8%	29	17.7%
School improvement in Early Education	23	17.0%	29	17.9%	43	26.2%
Kindergarten classroom practice	74	54.8%	94	58.0%	102	62.2%
Met benchmarks in all dimensions	2	1.5%	1	0.6%	8	4.9%
Number of schools responding	135		162		164	

Note:
These are schools in which early childhood policies and practices are well established and in place.

Published on January 26, 2007. Updated on February 1, 2007 by:

System Evaluation and Reporting Section, Systems Accountability Office, Office of Superintendent, Hawaii State Department of Education and the Good Beginnings Alliance: Honolulu, HI.

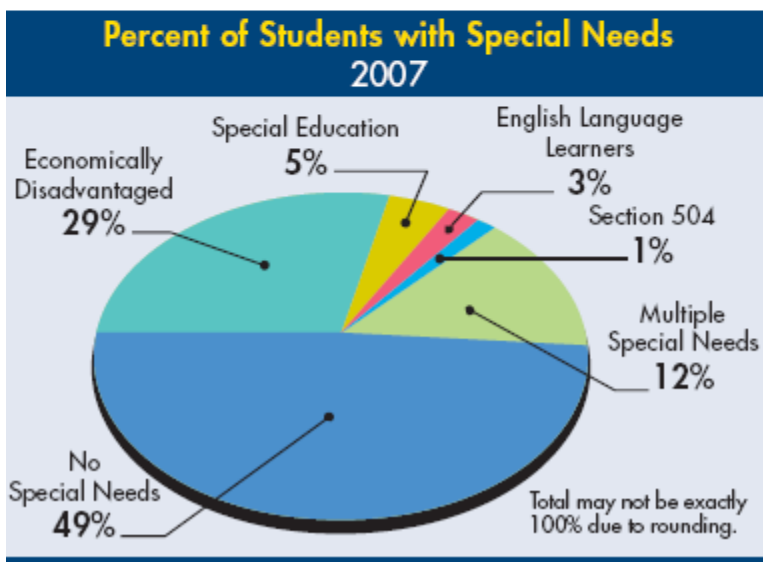
EDUCATION STATISTICS

Official Fall Enrollment			
Grades K to 12, Public and Private Schools			
SY	2004-05	2005-06	2006-07
Public Schools	181,897	181,406	179,234
	83.5%	83.8%	83.5%
Private Schools	35,981	35,136	35,407
	16.5%	16.2%	16.5%
Total	217,878	216,542	214,641

Sources: Fall enrollment count, Hawaii State Department of Education; Hawaii Association of Independent Schools.

Hawaii State School Readiness Assessment			
Statewide	2004-05	2005-06	2006-07
Kindergartners who attended preschool	58%	58%	61%
Kindergarten teachers with Early Childhood Endorsement Certificates	14%	18%	21%

Source: Hawaii State Department of Education, System Evaluation & Reporting Section.

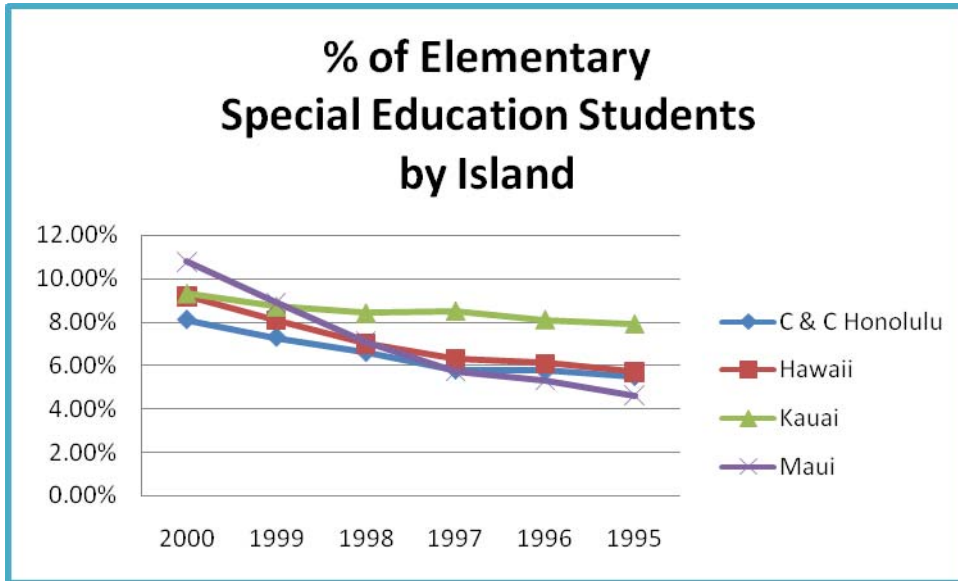


Source: Hawaii State Department of Education.
Composite of selected annual enrollment rosters, unduplicated count.

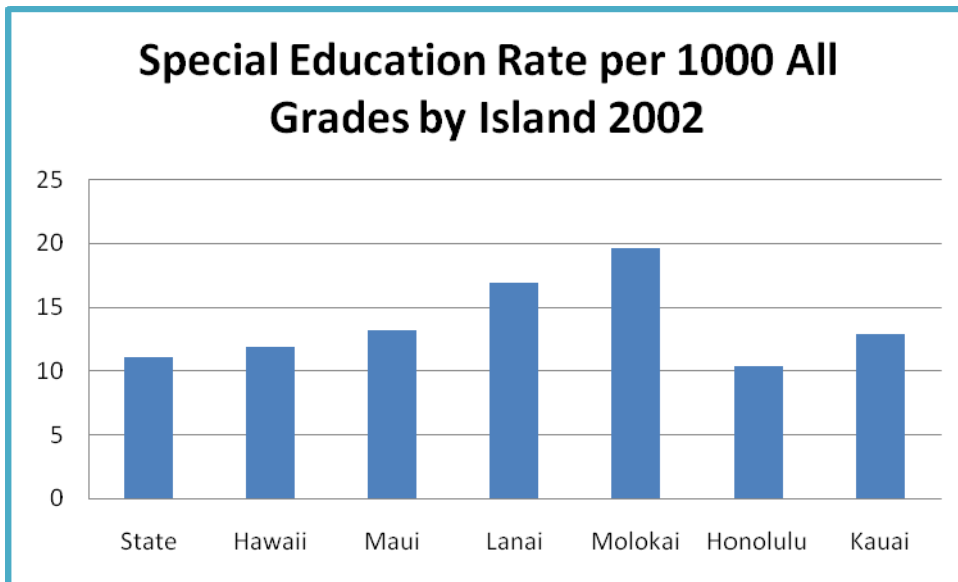
SPECIAL EDUCATION



With a more rapidly escalating rate of special education referrals than that of their peers, almost one in five Native Hawaiian students (18.5 percent) is identified for special education services, compared with roughly one in ten non-Hawaiians (10.9 percent).



Note: it appears that Maui County figures are highest because the rate for Lānaʻi is 16.9% and Molokaʻi is 19.6%.
UH Center on the Family



<http://arch.k12.hi.us/>

Note: Graduation rate is defined as “on time with a regular diploma (not a GED).”

Hawaii NCLB State Report

School Year 2006-07

State Performance of Students At A Glance

	Retention				Graduation	
	Elementary		Intermediate or Middle		High School	
	School Year		School Year		School Year	
	2005-06	2006-07	2005-06	2006-07	2005-06	2006-07
NCLB Targets	3%	3%	6%	6%	75%	75%
All Students	0%	0%	2%	2%	80%	79%
Disadvantaged	1%	1%	3%	3%	74%	77%
Disabled (SPED)	1%	1%	2%	2%	72%	74%
Limited English (ESL)	1%	1%	3%	2%	72%	82%
Asian/Pacific Islander	0%	0%	2%	2%	80%	80%
Black	0%	0%	1%	1%	74%	78%
Hispanic	1%	1%	3%	1%	72%	76%
Native American	1%	1%	0%	0%	79%	64%
White	1%	0%	1%	1%	78%	78%

Note. Retention and Graduation rates are lagged one year (that is, the prior school year's rates are applied to help determine AYP). For Retention, lower is better.

NCLB Assessment Reporting: Two Year Trend by Grade Level

Grade	Reading Percent Proficient		Mathematics Percent Proficient	
	2005-06	2006-07	2005-06	2006-07
3	50%	62%	30%	49%
4	58%	54%	33%	48%
5	44%	60%	24%	40%
6	48%	55%	28%	39%
7	47%	62%	29%	37%
8	39%	60%	25%	26%
10	43%	65%	19%	29%

Notes. The percent proficient is based on all students who were tested.

Only students enrolled for a full academic year are included in NCLB accountability results for proficiency. Therefore, NCLB proficiency results may differ from assessment proficiency results.

Results for SY 2006-07 reflect major changes to both the Hawaii Content and Performance Standards and the Hawaii State Assessment. Thus, results from previous years are not directly comparable.



POST SECONDARY EDUCATION

The Senior Exit Plans Survey (SEPS) is conducted every year at all public schools, including charter schools. It should be noted that this is a survey of **intention**, not fact. The following data is from the 2007 exit survey:

87% of those completing the survey indicated plans to attend post secondary education. Of these 93% said they planned to attend 2 or 4 year college or university. 65% reported they had been accepted (28% had not yet applied). Of those accepted, 74% listed Hawai'i based schools as their destination.

SEPS 2007 State Summary

FROM PLANS TO REALITY 2004 DATA

	Percentage of 9th graders who graduate from HS on time, go directly to college, return for their second year, and graduate within 150% of program time	For every 100 Ninth Graders	# Graduate from High School	# Enter College	# Are Still Enrolled Their Sophomore Year
Hawai'i	12.8	100	64.9	33.4	21.3

Higher Education Information.org

<http://www.higheredinfo.org/dbrowser/index.php?submeasure=119&year=2004&level=nation&mode=data&state=0>



Unfortunately at 12.8%, Hawai'i ranks 6th from the bottom out of the 50 states in college completion with the national norm being 18.4%. Median earning between a high school diploma and a bachelors degree in Hawai'i is approximately \$15,000 a year.

Key Informants Interpretation of the Data

College Graduation Rates

There are numerous barriers to youth graduating from college within the standard six years used by national data sources. It takes an exceptional young person and family to come through the public school system and be prepared for college. It comes from our plantation history. In order to maintain the workforce we have a history of under educating our youth.

- *The average time it takes to get a BA at UH is currently 5 1/2 years. This is due to the fact that most students are working part time and that numerous required courses are not offered frequently enough, especially on the Neighbor Islands.*
- *Also there was concern expressed by some key informants that UH has been under-resourced to the degree that financial aid is not available to the level necessary with Hawai'i's high cost of living.*
- *Once they get into college they are doing remedial work; they don't even get to start college classes so it is very discouraging. "I am so far behind, why bother". Four year colleges can be overwhelming for many of our students, they would do better entering a junior college. The public schools do not teach self direction.*

CHARTER SCHOOLS



HAWAI'I EDUCATIONAL POLICY CENTER

Informing the Education Community

Charter School Facts

(Prepared by the Charter Schools Administrative Office)

The Schools

- 27 Schools, 500 employees, 5,000 students.
- 60% grades K-6 (3,190), 40% 7-12 (2,107).
- Oahu – 10 schools.
- Hawai'i – 12 schools.
- Maui/Molokai – 2 schools.
- Kauai – 3 schools.

Enrollment

- Growth in enrollment

2001–2002	2002–2003	2003–2004	2004–2005
3,066	3,350	4,502	5,297

- Projected enrollments for 2005-06 is 5,369; for 06-07: 5,753.
- 1,418 students attend schools with a special focus on Hawaiian culture (27%).
- 19 of the 27 schools qualify for Title I funds.

Achievement

- As a group, in 2004 charter schools outperformed regular public school students in the most recent Hawai'i State Assessment and SAT tests.
- In 2004, 40% of charter schools met the SAT honor roll criteria (77% of students in a grade scored at or above the national norm on both reading and math).



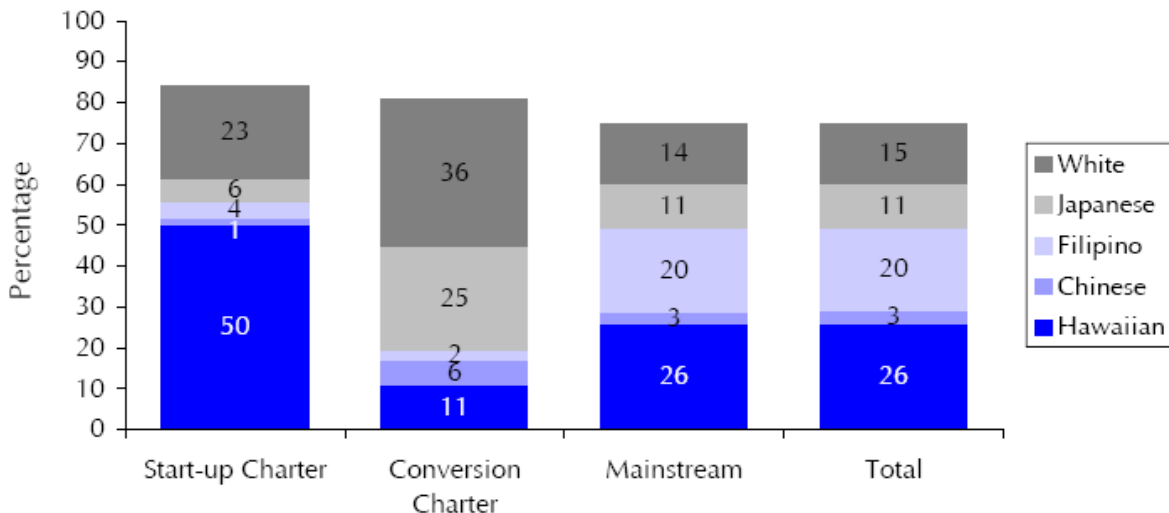
The report published by Kamehameha Schools in 2006 titled “Indigenous Education in Hawai'i, Charter School Outcomes” found that there were significant improvements in both reading and math scores for students of Hawaiian ancestry who attend Ike Hawai'i Charter Schools. In 2006 there were 12 schools throughout the state; 3 on Ka'uai, 5 on O'ahu, 1 on Moloka'i and 5 on Hawai'i Island. Of the 47,937 students of Hawaiian ancestry 1,726 are in immersion schools and 1,930 are in charter schools. Additionally, students in charter schools were more engaged in school with significantly reduced rates of absenteeism.

For complete data and the full report please see:

http://www.hcsao.org/files/2006-KS_charter_school_study.pdf

CHARTER SCHOOL BENEFITS TO HAWAIIAN CHILDREN

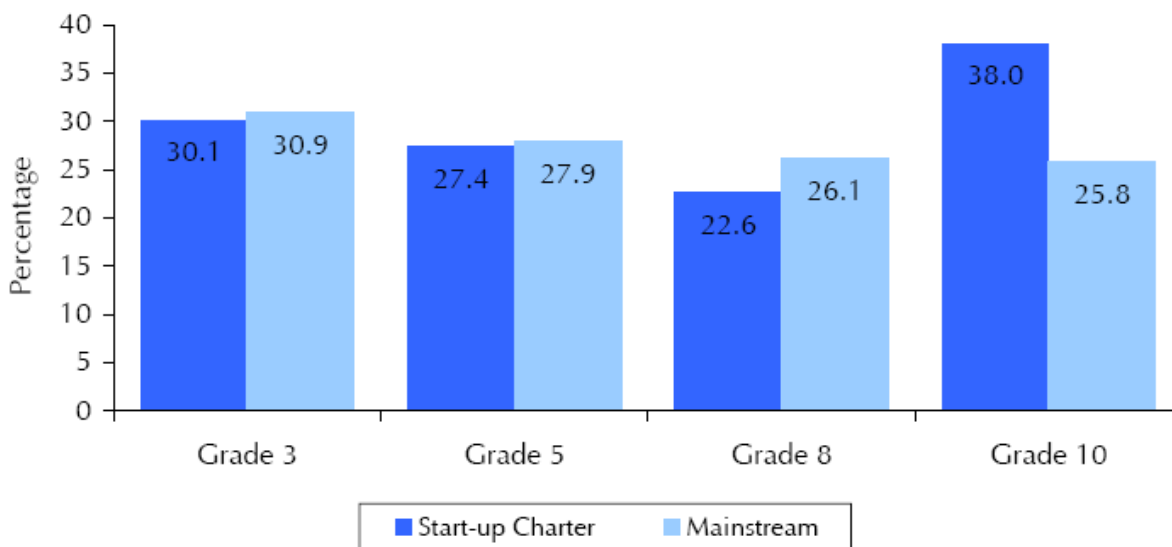
Figure 1: Ethnic composition of student population in public school system
[by school type, school year 2002–03]



Source: State of Hawai'i Department of Education

Reading and math proficiency scores were about comparable among Native Hawaiian charter school students and their mainstream counterparts; however there was a statistically significant difference in 10th grade reading as noted below.

Figure 3: HSA reading proficiency rates among Native Hawaiian students
[by school type, data aggregated across school years 2001–02 and 2002–03]



Source: State of Hawai'i Department of Education

Key Informants Interpretation of Charter School Data

A number of Charter Schools have been designed to reach out specifically to Native Hawaiian students. When we asked Ku Kabakalau, principal Kanu o Ka 'Aina and a pioneer in the Hawaiian focused charter school movement, her opinion of why students of Hawaiian ancestry did better in the charter school environment she said the these schools often have curricula that are values and place-based and have a broader emphasis on relationships and community engagement. In addition, their educational formats appeal to kinesthetic learners; getting children out of doors and moving is central to the curricula.

“When we asked our students why, you know, what do you enjoy about this program, what do you like, they say it's because somebody cares about them.” Ku Kabakalau, principal Kanu o Ka 'Aina.

It was commented that the Native Hawaiian values that are taught in many Charter Schools are universal values and that this is not a racial or ethnic issue. They are giving children strength and a foundation in the land.

There was concern expressed for the future of the Charter School movement here in Hawai'i. There currently is inequity in both funding formulas, 12% cut versus 4%, and lack of funding for facilities maintenance, putting the quality of the Charter School environment at risk. Charter Schools are currently supplemented by parents and community members.

Concern was also expressed that as a result of their success in improving educational outcomes for at risk children the schools will be sabotaged by the DOE, “it is an experiment that the experimenter (DOE) won't let succeed.”

Key Informants Interpretation of the Education Data

Almost all key informants expressed concern regarding the quality of education that our children are receiving in our public schools. A number of key informants suggested that the current public education system in Hawai'i is beyond repair and that they had completely lost hope in it and did not think it was a system worth investing in. Perhaps, some of the most hopeful suggestions regarding public education were that the lessons learned from the Charter School movement would be adopted by the entire system. Key informants thought that the likelihood of this taking place was negligible, although it had been done in California, and would require total decentralization and dismantling of the current system. According to key informants, "The system is driven by politics not caring for the children".

Our education system in Hawai'i has holdovers from our plantation roots. It was mentioned that Island leaders don't think about education, but about job training, the attitude being "We don't have those higher level jobs (i.e. engineering) so why would we educate children for those types of jobs." We educate only to existing job opportunities.

The emphasis on testing for No Child Left Behind was often mentioned as the cause for student's disinterest in learning. They were not being taught the excitement of learning for discovery, but only for testing. Through our education system we need to help children find their identity, who they are at a deep level, the test score criteria has begun to define who they are. It was expressed that in addition to our public schools educationally failing our children they were not good places for them to be to be emotionally. The children stop thriving; the environment is dull and boring. By the time children have gotten to middle school many have emotionally checked out. It was noted that in Wai'anae for instance, the dropout rate at 9th grade can be as high as 25%, they are behind in achievement, bored and discouraged. At 9th grade they see no way that they can graduate with their class.

There were positive comments regarding the growing recognition of the importance of early education; and in particular, quality settings. There have been tremendous investments to improve and develop a comprehensive system of early education and perhaps that we have reached a "Tipping Point" on this issue. Concern was expressed that 90% of children are coming to school unprepared to learn because their families do not have time for reading and other early educational activities due to work commitments. Hope was placed in initiatives such as Keiki First and P-3. It was also stressed that activities that encouraged parent-child interaction in early learning, enabling parents to become their child's first teacher were very important and should be supported.

Regardless of the venue, Charter School or not, key informant Ku Kabakalau believes that children need to be prepared for 21st century island living. That curricula needs to focus on,

- *Island sustainability*
- *The cultures of our islands*
- *Environmental studies*
- *The unique things about Hawai'i*
- *Protecting our fresh water and oceans*

Redefining success in education was mentioned by many. Andrew Aoki suggested that perhaps the goals of our education system here in Hawai'i needed to be,

- *Children growing up with a sense of place and community*
- *Children having an ethic of achievement*
- *Children having strong values and character*

Solutions suggested were to create Learning `Obana,

- *Smaller schools that can be relationship based*
- *Students having the same teachers for multiple years*
- *Working with children in multi age settings where there is an opportunity for peer learning*
- *Get children out of the classroom and into the environment*
- *Give them opportunities to give back to their communities*
- *Children have an opportunity to learn about their heritage*

APPENDIX A: FAMILY STRENGTHENING PROTECTIVE FACTORS

Bottom of Form

ALLIANCE: PROTECTIVE FACTORS IN EVERYDAY LANGUAGE

1. I WILL CONTINUE TO HAVE COURAGE DURING STRESS OR AFTER A CRISIS (RESILIENCY)

- Think about a challenging time in your family. How did your family get through it?
- What does resiliency mean to you? How do you keep it going?

2. PARENTING IS PART NATURAL AND PART LEARNED* (ADEQUATE KNOWLEDGE OF PARENTING CHILD DEVELOPMENT)

- How do you know when you need more information?
- How do I know my child is developing to his/her potential?

3. MY FAMILY CAN ACCESS BASIC NEEDS WHEN THEY NEED IT (ACCESS TO CONCRETE SUPPORT IN TIMES OF NEED, INCLUDING ACCESS TO NECESSARY SERVICES, SUCH AS MENTAL HEALTH)

- How does it impact your child when basic needs are not met?
- How can all families get their needs met, not just families who know how the system works?

4. I HAVE PEOPLE WHO KNOW ME, FRIENDS, AND AT LEAST ONE PERSON WHO SUPPORTS MY PARENTING (AN ARRAY OF SOCIAL CONNECTIONS)

- Who can you count on in your family, neighborhood, or community?
- What in your family history or culture makes it difficult or easy to ask for help?

5. MY CHILD FEELS LOVED, A SENSE OF BELONGING, AND CAN GET ALONG WITH OTHERS (HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT)

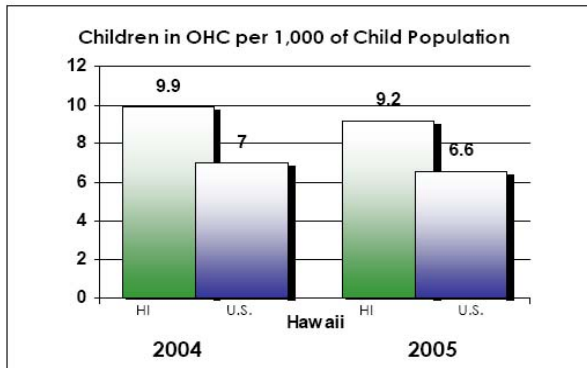
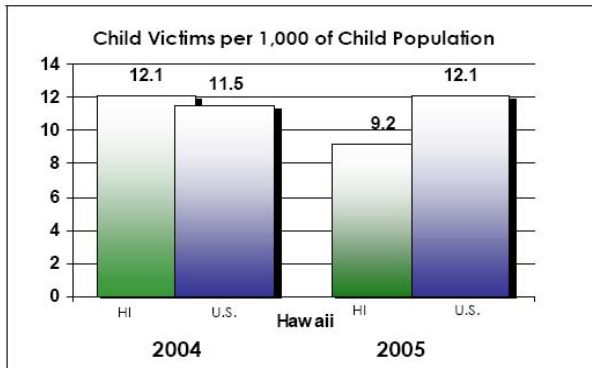
- What does social and emotional health look like for my child?
- How do I know what my child is feeling? How can we learn together to express those feelings in ways others understand?

*Shared by Illinois Strengthening Families Parent Cafe

Appendix B State Child welfare trends



State Data Trends for Hawaii



Population Data

	2002	2003	2004	2005
Child Population (Under 18) for State	294,956	297,142	298,693	299,852
Percent of Children Living in Families Below Poverty	14.4%	15.3%	14.4%	12.7%

Fiscal Data

	2002	2003	2004	2005
Total Child Welfare Expenditures for State Fiscal Year		--		--

Child Abuse and Neglect

	2002	2003	2004	2005
Children Subject of a Report Referred for Investigation or Assessment (Duplicated)	7,318	8,230	7,186	5,426
Rate of Substantiation (Per 1,000 Children in the State Population)	12.7	13.6	12.1	9.2

Child Abuse and Neglect Fatalities

	2002	2003	2004	2005
Children Who Died As a Result of Abuse/Neglect	7	6	6	2

Adoption

	2002	2003	2004	2005
Number of Children Adopted Through Public Agencies	366	318	375	452
Asian/Pacific Islander Children Adopted	188	164	137	--
Hispanic Children Adopted	8	2	16	17
Non-Hispanic Children Adopted	347	311	353	428
Adopted, Ethnicity Unable to Be Determined	10	2	2	6
Missing Data	1	3	0	1
White Children Adopted	32	17	25	37
Black Children Adopted	8	5	5	6
Native American Children Adopted	1	0	2	1
Adopted, Race Unable to Be Determined	14	3	5	5
More Than One Race	122	126	198	247
Missing Data	1	3	3	1

Out of Home Care

	2002	2003	2004	2005
Number of Children in Out-of-Home Care on 9/30	2,762	2,886	2,953	2,766
Median Length of Stay in Months	11.4	12.6	13.4	14.8
Mean Number of Placements	2.5	2.6	2.6	2.7
Number of Children Exiting Out-of-Home Care	2,097	2,116	2,199	2,036

Number of Eligible Children/Youth Who Received Independent Living Services

	2002	2003	2004	2005
Number of Eligible Children/Youth Who Received Independent Living Services	400	439	429	--

Discharge Reason:	2002	2003	2004	2005
Reunification	58.6%	60.8%	60.6%	55.0%
Live with Other Relatives	2.5%	1.8%	1.3%	0.1%
Adoption	18.5%	16.6%	17.2%	21.4%
Emancipation	6.6%	5.7%	6.7%	8.2%
Guardianship	10.7%	10.7%	10.3%	10.7%
Transfer to Another Agency	1.8%	1.9%	1.8%	3.1%
Runaway	0.4%	0.5%	0.6%	0.2%
Death of Child	0.1%	0.2%	0.1%	0.3%
Missing Data	0.9%	1.8%	1.3%	1.0%

Outcomes

	2002	2003	2004	2005
Children Without a Recurrence of Maltreatment Within 6 Months	95.2%	94.0%	--	--
Children with One or More Recurrences of Maltreatment Within 6 Months	4.8%	6.0%	--	--
Children Maltreated While in Foster Care	1.03%	1.29%	--	--
Children Not Maltreated While in Foster Care	98.97%	98.71%	--	--
Children Entering Foster Care for the First Time	79.4%	76.5%	--	--
Children Re-entering Foster Care Within 12 Months of a Prior Episode	9.1%	10.6%	--	--
Children Re-entering Foster Care More than 12 Months After a Prior Episode	10.3%	11.8%	--	--
Children who Entered Foster Care for Whom Re-entry Data are Missing	1.2%	1.0%	--	--

For more information, please visit <http://ndas.cwla.org>

Data current as of: 1/30/2008

APPENDIX C: COMMUNITIES BY ISLAND

Using the Social Determinants of Health Framework the Department of Health has ranked communities by both economic and social risk indicators. Those communities are listed here ranked from highest risk to lowest. It should be noted that this can be misleading in some instances as there are multiple communities within the districts that can eschew the ranking. For instance the moku /district of Ko'olaupoko is ranked the least at risk on O'ahu, however we know that Waimanalo is a challenged sub community within this district.

O'ahu

- Wai'anae
- West Honolulu
- Waialua
- Wahiawa
- Ko'olaupoko
- East Honolulu
- Ewa
- Ko'olaupoko-Waimanalo

Kaua'i

- Waimea
- Lihu'e
- Koloa
- Kapa'a
- Hānaalei

Hawai'i Island

- Puna
- Ka'u
- Hamakua
- Hilo
- South Kona
- North Kohala
- North Kona
- South Kohala

Maui County

- Moloka'i
- Hāna
- Lāna'i
- Wailuku
- Lahaina
- Makawao

APPENDIX D: WAI'ANAE READING SCORE DATA

Kathy Kamo and JoAnn Kumasaka (principal of Wai'anae High School) shared the following data for Wai'anae High School for SY2007-2008 that gives context to the school's "reading scores" and some of the challenges of large comprehensive high schools:

- There were 667 students in Grade 9 at Wai'anae High School, of which 465 were true freshmen (entering from 8th grade). 202 were repeaters (students that were retained in Grade 9 for 1 or more years)
- **Note:** There are some 9th grade repeaters that are retained 3 years in a row and these students usually drop out
- Of the 465 true freshmen, 294 took the Gates test in December 2007 (pre test). None of the repeating (or retained) students took the pre test.
- **Note:** In the years prior to SY2006), Wai'anae High School administered the Gates test to all freshmen (including repeaters). The data that "60% of ninth graders are reading at 4th grade level" was based on test scores of all ninth graders, including the repeaters. The school does not have current Gates reading equivalency scores for all 9th graders that includes the repeaters.
- **Note:** It is unknown why only 171 of the 465 true freshmen did not take the Gates tests. Probably student absenteeism or incomplete tests are the primary reasons.
- Of the 171 true freshmen that did not take the Gates pre test, 130 scored "well below proficiency" in reading while in intermediate school.
- The following are the total reading scores for the 294 true freshmen (of the total 465 true freshman) that took the Gates pre-test in December 2007

Total Reading

Grade	1st - 3rd		4		5		6		Higher than 6		Total N
	N	%	N	%	N	%	N	%	N	%	
9	20	6.8%	37	12.6%	55	18.7%	53	18.0%	129	43.9%	294

- Based on the 294 true freshmen that took the Gates test, 56% of the entering freshman at Wai'anae High School are reading at the 6th grade equivalency or lower
- It is highly likely that the 202 repeaters and the 130 true freshmen that performed "well below proficiency" in reading in intermediate school would test at 6th grade and below equivalency levels in reading.
- If you include the 130 true freshmen in the 6th grade equivalency or below categories then 63% of the true freshmen in SY2007 entered Wai'anae High School reading at 6th grade equivalency and below.
- **Note:** I previously sent you data that showed that there are groups of students that actually regress in reading while at Wai'anae High School. During focus group interviews, many special education and lower performing students stated that they have given up and lost the desire to learn and attend school. This may be one explanation for the data on regression