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‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

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By

Lee Buenconsejo-Lum, Interim Dean
and

Deborah Goebert, DrPH, Professor, Department of Psychiatry and Principal
Investigator, The Hawaii's Caring Communities Initiative for Youth Suicide Prevention
John A. Burns School of Medicine

And

Michael Bruno, Provost
University of Hawai'i at Mānoa

HB 622 HD2 – RELATING TO SUICIDE PREVENTION

Chair Yamashita, Vice Chair Kitagawa, and Members of the Committee:

Thank you for the opportunity to provide testimony in SUPPORT of HB 622 HD2 which makes permanent the prevent suicide Hawai'i task force within the Department of Health (DOH). The bill also requires the task force to focus on reducing the suicide rate among Native Hawaiians and Pacific Islanders in the state.

The Prevent Suicide Hawai'i Task Force (PSHTF) is a state, public, and private partnership of individuals, organizations, and community groups working in the area of suicide prevention. PSHTF members collaborate to provide leadership, set goals and objectives, develop strategies, coordinate activities, and monitor the progress of suicide prevention efforts in Hawai'i. It was established in 2006 and in 2017 to reduce suicide by 25% by 2025. JABSOM has participated in task force activities since its inception and currently has a faculty member serving as co-chair.

Members of the PSHTF published an article looking at hope (primary prevention), help (crisis intervention and treatment, and healing (support after a suicide death) from a cultural perspective to capture local efforts in suicide prevention. (Attached.) We agree more needs to be done.

Native Hawaiian and Pacific Islander groups in Hawai'i are at increased risk of suicide deaths, behaviors and thoughts, especially among youth. According to data from the Department of Health, EMS & Injury Prevention Branch, 10-year suicide death rates by primary ethnicity are 516.8 per 100,000 for Native Hawaiians and 374.4 for Micronesians compared to 241.0 for Caucasians, 139.6 for Japanese, and 101.8 for Filipinos between 2010-2019.

The 2019 Youth Risk Behavior Survey for Hawai'i showed that 15.9% of Native Hawaiian high school students and 15.2% of other Pacific Islander students made a plan for suicide in the past 12 months, compared to 14.5% of Filipino students, 11.9% of Caucasian students, and 8.5% of Japanese students. Suicide has lasting and profound impacts on families and communities.

This measure would be beneficial in make progress into hope, help, and healing steps that could be taken in order to reduce the number of suicide deaths, as well as seeking solutions to prevent suicide by studying models, practices and policies. We support continued development and evaluation of culturally adapted programs and policies with the necessary funds to conduct the work.

Thank you for the opportunity to provide testimony on this bill.

Hope, Help, and Healing: Culturally Embedded Approaches to Suicide Prevention, Intervention and Postvention Services With Native Hawaiian Youth

Deborah Goebert

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and University of Hawai'i at Mānoa

Naleen N. Andrade

University of Hawai'i at Mānoa

Barry S. Carlton and Shaylin Chock

University of Hawai'i at Mānoa

M. Diane Eckert

University of Hawai'i at Mānoa

Kaohuonapua Kaninau-Santos

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Lili'uokalani Trust, Wai'anae, Hawai'i

Caitlin Kelly

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and the University of Hawai'i at Mānoa

Antonia Alvarez

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Mental Health America of Hawai'i, Honolulu, Hawai'i

JoAnne Balberde-Kamalii

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Hilo, Hawai'i

Jane J. Chung-Do

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and University of Hawai'i at Mānoa

Kealoha Hooper

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Kaunakakai, Hawai'i

Gina Kaulukukui

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Lihue, Hawai'i

Mara J. Pike

Mental Health America of Hawai'i, Honolulu, Hawai'i

Davis Rehuher and Jeanelle Sugimoto-Matsuda

Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and University of Hawai'i at Mānoa

Deborah Goebert, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa; Antonia Alvarez, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, and Mental Health America of Hawai'i, Honolulu, Hawai'i; Naleen N. Andrade, Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa; JoAnne Balberde-Kamalii, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Hilo, Hawai'i; Barry S. Carlton and Shaylin Chock, Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa; Jane J. Chung-Do, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Office of Public Health Studies, University of Hawai'i at Mānoa; M. Diane Eckert, Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa; Kealoha Hooper, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Kaunakakai, Hawai'i; Kaohuonapua Kaninau-Santos, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Lili'uokalani Trust, Wai'anae, Hawai'i; Gina Kaulukukui, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Lihue, Hawai'i; Caitlin Kelly, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa; Mara J. Pike, Mental Health America of Hawai'i, Honolulu,

Hawai'i; Davis Rehuher and Jeanelle Sugimoto-Matsuda, Hawaii's Caring Communities Initiative for Youth Suicide Prevention, Honolulu, Hawai'i, and Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i at Mānoa.

Mahalo to the youth, families and communities that have been touched by suicide and shared their struggles, insights, time, energy and ideas about suicide prevention. Mahalo to the youth leaders, community partners, and staff of the Hawaii's Caring Communities Initiative for their dedication to suicide prevention and mental wellness and inspiring work. This article was developed, in part, under grant U79SM060394 from the Substance Abuse and Mental Health Services Administration (SAMHSA), Mental Health America of Hawai'i, The Queen's Medical Center, and the University of Hawai'i at Mānoa, SEED Inclusion, Diversity, Equity, Access and Success Initiative. The views, opinions and content of this publication are those of the authors and contributors, and do not necessarily reflect the views, opinions, or policies of our funders, and should not be construed as such.

Correspondence concerning this article should be addressed to Deborah Goebert, Department of Psychiatry, John A. Burns School of Medicine, University of Hawai'i, 1356 Lusitana Street 4th Floor Honolulu, HI 96813. E-mail: goebert@dop.hawaii.edu

Suicide rates have reached their highest documented levels in the United States with the greatest increases among indigenous youth, including Native Hawaiians. Culturally informed, effective prevention and treatment services are needed now more than ever for Native communities to heal and flourish. Multicomponent prevention and service strategies rooted in indigenous values and approaches show the most promise. Native Hawaiian communities are united around a common goal of suicide prevention, intervention and postvention, linking cultural meanings to improve understanding and guide local efforts. This paper highlights important cultural values to consider when developing and implementing suicide prevention, intervention and postvention. Strategies build upon the strengths of Native Hawaiian youth and their respective communities. Native Hawaiian sayings anchor each level and serve to organize a set of culturally informed and culturally embedded programs and approaches along the continuum of prevention, intervention and postvention. Application of indigenization to suicide prevention enhances connections to people and place, inspiring hope among Native Hawaiian youth, their families and their communities.

Keywords: youth suicide, Native Hawaiian, culture, prevention, postvention

Suicide is a serious and preventable public health problem worldwide with indigenous youth having significantly higher rates than nonindigenous youth (Harlow, Bohanna, & Clough, 2014). In the United States, suicide rates have reached their highest documented levels with the greatest increases among indigenous groups (Curtin, Warner, & Hedegaard, 2016). Recent reviews emphasize the need for studies to comprehensively examine the impact of culture (Colucci & Martin, 2007; Harlow et al., 2014). Cultural norms, used in purposeful ways, facilitate a positive sense of belonging to a valued community (Kana'iaupuni, 2005). A review of prevention programs for Native communities concluded that the best programs are culturally relevant and developed with community input (Middlebrook, LeMaster, Beals, Novins, & Manson, 2001). Community involvement makes a significant difference in well-being because it reinforces the contemporary discourse in Native communities that *our culture is our treatment* (Kral et al., 2009). Multicomponent prevention strategies that incorporate indigenous involvement in the development, cultural tailoring, and delivery, show the most promise.

Native Hawaiian Suicide

Locally, suicide is the most common cause of fatal injuries among Hawai'i residents, accounting for 26% of all fatal injuries—outpacing car crashes and drowning (Galanis, 2016). Youth suicide death and attempt rates are highest among Native Hawaiians, having a profound impact on their communities (Else, Andrade, & Nahulu, 2007; Galanis, 2016). Native Hawaiian youth and emerging adults (15–24 years of age) were 2.3 times more likely to die by suicide compared to Caucasian youth in Hawai'i (14.0 per 100,000 vs. 6.2, respectively; Galanis, 2016). Furthermore, Native Hawaiian youth were 2 times more likely to have made a suicide attempt in the last year compared to their Caucasian peers (14.1% vs. 7.1% respectively; Hawai'i Health Data Warehouse, 2017).

Recent theories of health behaviors have moved away from reinforcing victim-blaming and stigmatizing attitudes to examining historical trauma response and colonization as a determinant of health for indigenous peoples (Brave Heart, Chase, Elkins, & Altschul, 2011). Policies rooted in colonization severed indigenous groups from their language, families and communities as well as their cultural knowledge, protocols and norms that maintain wellness. For example, U.S. missionaries confiscated Native Hawaiian lands in 1848, followed by U.S. land seizures from 1893 to 1898.

During the same period, restrictions on language, hula and traditional medicine were enacted, stripping Native Hawaiians of natural resources relied upon for subsistence as well as their cultural practices. Therefore, it is not surprising that in pre-European contact Hawai'i, suicide was rare (Pukui, Haertig, Lee, & McDermott, 1972). However, since Hawai'i began collecting suicide statistics in 1908, rates for Native Hawaiians have been increasing and are among the highest in the world for youth (Else et al., 2007; Wong, Sugimoto-Matsuda, Chang, & Hishinuma, 2012).

While efforts are being made to revitalize indigenous cultural practices, youth often find themselves having to navigate their native culture at home and the dominant Western culture at school and work. Native Hawaiian youth with high levels of Hawaiian cultural affiliation and low levels of assimilation to the dominant Western culture were more likely to attempt suicide (Yuen, Nahulu, Hishinuma, & Miyamoto, 2000). Sexual activity, having sex with both males and females, experiencing family conflict, witnessing family violence and poor family support were also risk factors for youth suicide attempts (Else et al., 2007). Local longitudinal research indicated that suicidal ideation, anxiety and parent expectation were the best predictors of suicide attempts for Native Hawaiians and non-Hawaiians with no interaction by ethnic identity (Hishinuma et al., 2017). However, significant differences were found between groups in hope and help-seeking, with Native Hawaiian youth increasing help-seeking and decreasing hope to a greater degree (Goebert, Hamagami, Hishinuma, Chung-Do, & Sugimoto-Matsuda, in press).

Despite exposure to adversity, most Native Hawaiian youth do not develop suicidality (Carlton et al., 2006; Goebert et al., 2000). Protective factors for preventing suicidality include talking with parents, higher levels of family cohesion, family organization and parental bonding (Else et al., 2007). Community members provide a tremendous amount of support, enhancing youth well-being and identification with their community (Chung-Do et al., 2014). A strong sense of community identity can increase feelings of self-efficacy, connectedness and purpose (CDC, n.d.; McCabe, 2007; Whitbeck, Chen, Hoyt, & Adams, 2004). From a Native Hawaiian perspective, strengths-based approaches enhance existing assets and relationships in these families and communities (Yahata & Kaninau, 2009). Communities unite around a common goal of suicide prevention, linking cultural meanings that maintain and strengthen their group, social morals and ethics (Yuen et al., 2000; Yuen, Yahata, & Nahulu, 2006).

Nearly a decade ago, a needs assessment of community concerns was conducted about youth suicide, bullying and violence (Yahata & Kaninau, 2009). Key informants serving Native Hawaiian youth ages 15 to 24 provided insight on the relevancy and accuracy of existing reports for these youth; made recommendations to enhance strengths-based programs; determined assets, resources and needs of Native Hawaiian communities; and identified strategies for moving prevention efforts forward. Overall, their findings contributed to the growing body of evidence supporting the importance of developing and sustaining culturally informed Native Hawaiian youth programs. The themes that emerged indicated the need to: develop, implement, and evaluate culturally appropriate strategies in the context of their families and broader community; utilizing natural leaders within communities; and supporting both youth and community wellbeing. Comprehensive and integrated approaches are more successful in addressing youth suicide prevention (Garraza, Walrath, Goldston, Reid, & McKeon, 2015). Furthermore, a study of local community members engaged in youth suicide prevention demonstrated that youth-led programs enhance youth participation and lead to improved self-concept, connectedness and improved mental health and wellness (Chung-Do et al., 2015). Programs must include processes that allow space for sharing thoughts, beliefs, values and relationships to be expressed in actions, words and the intricacies of the way we live. Effective suicide prevention programs require sufficient time to form meaningful relationships to access, exchange and transform understanding and action among program participants. Native Hawaiian communities enthusiastically support strengths-based approaches. This paper highlights cultural aspects of suicide prevention strategies that build upon the strengths of Native Hawaiian youth and their respective communities.

Overarching Principles

Native Hawaiians and those with whom they work, such as many of the authors, strive for excellence in community-level systems for families—past, present and future. Members of this research and clinical team, henceforth referred to as we, share common goals and have developed robust understandings of approaches to healing and wellness rooted in our sense of place. Our community and clinical work, academic research and policy advocacy are informed by Native Hawaiian practices, beliefs and traditions. We provide training to community and clinical service providers on the prevention of suicide. We develop, implement and monitor effective programs that promote wellness, balance, resilience and hope. We encourage suicide prevention as a core component of health, endorsing and implementing effective clinical practices for assessing and treating those identified as being at risk for suicidal behavior.

Native Hawaiian values are at the forefront of our suicide prevention work, providing a deeper meaning and process. Four Native Hawaiian values repeatedly came up in our respective work and now serve to guide our collective efforts—*aloha*, *ola*, *mālama* and *pilina*. The first value, *aloha*, means to love unconditionally, to give without the expectation of reciprocity, to be empathic and compassionate. It represents the unselfish kindly concern for the good of another without expecting anything in return from them. Hawaiian wisdom indicates “*Ua ola loko i ke aloha*,” meaning “love is imperative to one’s mental and physical welfare.” Our second value, *ola*, translates to “life.” In daily cultural practice, *ola*

is the spiritual connectedness between a person’s sense of being or identity with others and with the *mana* (life force) that flows through all animate and inanimate things. To be connected is to be filled with the renewing vibrancy of life as compared to *ka’ele make* (an emptiness within that may make one vulnerable to defeat, resignation and death). The third value, *mālama*, is commonly translated as to take care of, tend, attend, care for and show reverence. *Mālama* has many contexts relevant to suicide prevention (e.g., *e mālama ola*—care for all life, without being told or asked; *e mālama kekahi i kekahi*—care for each other). However, the concept of *mālama* begins with each of us (Kawa’ā, 2009a). To care for life, care for others and take care of our *kuleana* (responsibility), we must first *mālama* ourselves (take good care of ourselves). When we are off balance, it is challenging, if not impossible to care for others.

Our fourth value, *pilina*, refers to connectivity and relationships. The importance of connectivity in times of need is frequently expressed by those who have attempted suicide as well as by those dedicated to preventing suicide in our communities. The metaphor of the intertwining of the ‘ie’ie (*vine*) and *koa* (prized, native hardwood tree) as shared by Native Hawaiian cultural specialist Luana Kawa’ā (2010) captures this value.

The ‘ie’ie is a crawling vine that would cling to the *koa* tree. Let’s consider the *pilina* or relationship between the *koa* and the ‘ie’ie. *The koa* stands mighty and tall while the ‘ie’ie is much more delicate and fragile, yet one compliments the other. So it is our *pilina* with each other. Good relationships have this kind of [empathic, complementary] balance. When one person is weak, the other is strong. When one needs protection, the other provides a safe place. When one person is growing and learning the other provides the stable foundation allowing the growth to take place. At times we may need to be the *koa*, strong, tall, steadfast and immovable. In our vulnerable times, we may be like the ‘ie’ie, creeping and crawling along, clinging to those around us as we make our way. *This is what makes pilina*, relationships in our lives so important, so essential, as we find our way through this journey called life.

By building and maintaining of these relationships, we enhance resilience. To put this metaphor into practice, one of our youth groups learned to weave the ‘ie’ie, that they harvested, cleaned, and dried. *The ‘ie’ie*, while fragile at time, can be a source of strength when woven together into a basket and transformed to serve as a vessel for life.

These four values are integrated into our collective efforts to promote hope, help and healing for youth suicide prevention. We believe that hope, help and healing are interconnected in suicide prevention as help-seeking cannot occur without hope and healing, and healing cannot truly happen without hope and help from others. We share ‘*ōlelo no’eau*, which are Native Hawaiian sayings that reflect our values, convey wisdom to guide thinking and action and serve to frame our strategies.

Hope: Primary Prevention and Early Intervention

‘O ka hilina’i ka ‘imi ‘ana i kahi pohihihi a ka puka aku ‘ana me ka ‘ike.

To possess an undaunting Hope: Believe that in the midst of confusion and bewilderment, one is capable of seeking and holding onto the way toward a future possessing insight and vision.

~‘Ike Pono ‘Oe, 2016

Hilina'i translates to believe in hope or to believe that things will get better. It also means to trust and lean on. These words express a *mana'o* (thought, belief or theory) toward life and health (Kawa'a, 2009b). In trying times, we need to lean on others and believe in hope. While hope is integral to all aspects of suicide prevention, intervention and postvention, it is the focus of primary prevention. The following are other essential values for primary prevention:

- *Ho'olohe pono*: listen well or "be there" (active and attentive listening) and *ho'olono*: listen deeply and go beyond what is being said.
- *Ma ka hana ka 'ike* (from doing one learns) and *hana lima* (work with the hands) (Pukui & Elbert, 1986). These approaches offer youth an experiential learning format that integrates their thoughts and feelings. Youth are able to find something they are good at and cultivate that skill (Dupont, Martin, Mokuau, & Paglinawan, 2010).

Hawaii's Caring Communities Youth Leadership Program for Suicide Prevention

Increasing evidence shows community-based injury prevention programs for youth are successful as well as youth leadership programs that involve youth as key stakeholders (Dalton, Elias, & Wandersman, 2007). Embedded within a community-based approach is the recognition that health is disproportionately impacted among marginalized groups, such as rural and minority populations (Freire, 1998). Local youth leadership programs in Hawai'i have been developed with these fundamental values as the foundation. One of these programs is the Hawaii's Caring Communities Initiative (HCCI) for Youth Suicide Prevention. It used an innovative youth and community-mobilization model to collaborate with six youth-serving and community health organizations in rural communities across Hawai'i (Chung-Do et al., 2014, 2015, 2016a, 2016b). Youth and community members were trained as trainers to develop awareness projects and activities that incorporated evidence-based practices, ensuring these projects were culturally relevant and met the unique needs of the community. Having indigenous youth included in the planning, development, implementation and evaluation of local youth suicide prevention efforts increases the likelihood of positive impacts (Reitz & Banerjee, 2014). Indigenous youth provide valuable cultural insight and creativity, informing youth suicide prevention initiatives so that they become strong models of prevention in the community (CDC, n.d.). HCCI used a youth leadership model that focused on developing youth leaders in suicide prevention through training, youth empowerment and team-building activities. This increased their sense of belonging and attachment to place. In alignment with community-based participatory principles, this model provided a framework for organizations to develop their unique plan to not only address the community's needs but also to utilize the strengths of the organization and the community.

Our approach requires youth-adult partnerships (Camino, 2005). We have found that not only do youth frequently indicate that they turn to their grandparents in a crisis, that their interactions with *kūpuna* (elders) and other supportive adults, role models and mentors are critical to program success. We have also learned that it is important to *ho'opono* (set and understand expectations) for youth-adult partnerships. This helps to identify what is happening in everyone's lives beyond their concerns for suicide and facilitates a greater understanding of youth and supportive adult needs,

defines youth voice, and enables the fusion of Native culture in a way that supports one's social and generational cultural values. Interventions based on a strengths-based model of positive youth development can promote healing and facilitate a sense of belonging to a valued community (Kral et al., 2009; Trinidad, 2009). Our partnerships seek to promote protective factors among youth by providing opportunities to take leadership roles and to connect them to culturally grounded activities, increasing their knowledge and comfort as leaders, encouraging health promotion, validating the youth's role in the community, while fostering social and community connectedness. The aim is to instill hope for self, peers, families and community. Pathways are generated for other youth to have hope, connect to help, survive and begin the healing to thrive. As one HCCI youth leader described "When you want to do something with your life, you'll figure out that you want to do something for your community, people in your community, outside, this and that. I realized that."

Hawai'i Youth Leadership Council for Suicide Prevention

The Hawai'i Youth Leadership Council for Suicide Prevention provides a youth voice for statewide suicide prevention work, leadership development and training on suicide prevention, civic engagement and community service opportunities. It also connects members with supportive adults who help them champion suicide prevention in their home communities. These socially engaged young leaders will have the knowledge that their actions can effect positive change (Martin, Pittman, Ferber, & McMahan, 2007). They already possess an awareness and motivation to make positive change in their world. They have the skills and capacity to make a contribution; are resourceful, connected and experienced; they can access and navigate their way through different settings and institutions, creating opportunities to be engaged in purposeful action that can lead to positive social change and improvements in conditions for themselves and their communities. Youth councils are an effective means to engage youth voices in community decision-making (Checkoway & Gutierrez, 2006). Successful youth councils lay a foundation by addressing: (1) membership diversity (e.g., community representation, gender, ethnocultural identity, socioeconomic status, sexual orientation, and suicide attempt survivors), which helps ensure a variety of viewpoints and encourages creativity in discussions; (2) infrastructure; and (3) work environment. Youth council mentors deliberately support meaningful youth action by building youth capacity, deepening youth motivation and negotiating opportunities for access to policymakers and other constituents. It is powerful to see how their voices emerge when they take ownership. The Hawai'i Youth Leadership Council for Suicide Prevention is the heart of our efforts. Youth serve as ambassadors for their communities across the state and act as the authentic voice in our activities.

Help: Intervention

'Ike aku, 'ike mai, kokua aku kokua mai; pela iho la ka nohana 'ohana.

Recognize others (watch), be recognized (observe), help others, be helped; such is the family/community way.

~'Ōlelo Noe'au Pukui (1983), No. 1200

The words expressed in this *'olelo no'eau* reflect a fundamental philosophy necessary for creating and sustaining a system for

suicide prevention. Many Native Hawaiians and others living in Hawai'i consider everyone in their community a part of their extended family. In the 'ohana (family), you know others and they know you; you help others and know you will be helped.

Connect Suicide Prevention Program (Gatekeeper Training)

Suicide prevention programs employ gatekeeper training strategies to educate natural helpers to recognize warning signs for suicide and know how to respond appropriately. Four broad themes of cultural needs were identified by community leaders in suicide prevention during focus groups held in 2012 as a first step to developing youth suicide prevention programs in the community, emphasizing the importance of honoring community knowledge and prioritizing relationship (Chung-Do et al., 2016). The themes included: (1) training curriculum must provide an intentional space for relationship-building; (2) program trainers from outside of the community must get to know the community, cultural protocols and level of community readiness before initiating a program; (3) training programs must incorporate local examples; and (4) an interactive environment must encourage trainees to be active participants in the learning process. Adherence with these themes will facilitate acceptance of culturally tailored, evidence-informed programs. Furthermore, it is important for the person who self-identifies as being connected to the community also to be recognized and accepted by the community. This is also an opportunity for the community trainers to show appreciation for their connection(s) to the community with humbleness and cleanse any "reconnect" that may be needed. This strengthens the connection with the community and respectfully acknowledges the responsibility the trainer has in regards to the community. Uncle Ish Stagner, *kupuna* and psychologist, referred to our need to connect to and be connected with the whole being through PINK: *pu'uwai* (heart), *ike* (mind), *na'auao* (gut intuition), *kino* (body).

Our youth with lived experience who strive for understanding and a better tomorrow selected the following 'ōlelo no'eau (saying) to express the wisdom of their ancestors in overcoming adversity.

Loa'a ke ola I Hālau-a-ola.

Life is obtained in the House-of-life: One is safe, well again. A play on ola (life, health, hope, healing, contentment, and peace after a struggle).

~'Ōlelo Noe'au Pukui (1983), No. 2017

Additionally, the importance of change in reframing an event, resolving a conflict or restoring a developmental deficit is critical. Two essential values pertain to this:

- *Ho'ohuli*: To turn, reverse, curl over like a breaking wave, change an opinion; to shift your thinking; to physically and emotionally turn from or to something; to look for, search, explore, investigate; to seek the truth.
- *Ho'ololi*: To amend, alter, transform; to take a new form or to change or modify one's thoughts, feelings, or behaviors.

Emergency Department Training

Emergency departments play a fundamental role in suicide prevention and may be a primary or sole source of health care, especially among rural and indigenous populations (Matsu et al., 2013; Sugimoto-Matsuda & Rehuher, 2014). We found that youth in rural, primarily Native Hawaiian communities were nearly four times more likely to use an emergency for mental health care at a higher level of acuity. While all emergency department providers are in a position to communicate with family and friends, facilitate engagement in outpatient care and prevent future suicide attempts, those serving our Native Hawaiian communities place greater emphasis on the importance of relationships, demonstrating cultural humility. Rather than restricting the *Connect* training to their discipline, our rural providers encourage integration with the community, thereby increasing their outreach, enhancing trust and willingness to seek care. The value expressed by *kekahi i kekahi* (everything/everyone is connected) signifies their approach. We are community/family members first.

Family Treatment Center's Cultural Integration Program

The Queen's Medical Center's Family Treatment Center promotes the health and well-being of Hawai'i's adolescents and their families, providing inpatient mental health services for youth of whom the vast majority suffer suicidality. Core treatment strategies include cognitive-behavioral approaches (e.g., educational competence, constructive thinking, age-appropriate behavior and appropriate judgment in social situations); developing emotional competence (e.g., developing coping skills, building a capacity for empathy, developing positive regard for self and others); family strengthening; promoting well-being; developing a sense of community (e.g., enriched and balanced life experiences; cultural, spiritual and social awareness; Hawaiian concepts of community and relationships to people and the environment). The cultural integration program considers values as a central component of well-being (Carlton et al., 2011). Adolescents with prosocial values have a foundational guide for beliefs, social behavior and attitudes that can lead to honest, respectful and responsible decision making. The goals of the cultural integration program are to have the values reinforced in class, in therapy (individual, group and family), and throughout the treatment milieu. For example, values are introduced in class and their definitions discussed briefly. Youth then journal with writing and/or drawings, reflecting on what it means to them. Later that day, the value is revisited in group and individual therapy during which youth share their interpretations. In the early stages of treatment, many youth discuss their life experiences and how these values have been violated by family members, severing their identity with their Native Hawaiian culture. Using values in therapy allows the therapist to have awareness and understanding of the youth's thoughts, views, and perspectives; emotional and cognitive capacities; interpersonal relatedness and morality that they may not have otherwise. It is believed that by living the values, the youth will become more resilient and cope better with future adversity. This program includes concepts of values, relationships, actions and the intricacies of the way youth live, creating a more effective program.

Therapeutic progress can be gauged during individual therapy as illustrated by the composite case of Kaimana, Power of the Ocean Boy, and two values he explored during individual therapy

(Chock, Carlton, Andrade, & Goebert, 2014). Kaimana was admitted to the Family Treatment Center with suicidality. His mother had died from an alcohol related illness when he was younger, and he was living in his fourth foster care home. Kaimana was an avid body surfer, smart and maintained a sustained relationship with an adult mentor. Initially, he selected the value *olu'olu* (pleasing state of calm, pleasure, comfort). His therapy session focused on the role the ocean played in relieving stress. The ocean proved a place to surf and spearfish. He was able to appreciate its practical uses for play and work. As he focused on his emotions, Kaimana shared that, when he would jump into the ocean, he would feel that all of his problems would disappear and his anger and frustration with life would subside. It became his focus for mentalization, as he moved from needing to physically be in the ocean to relax to being there symbolically. Kaimana also revisited the Hawaiian value *hō'ihī* (something sacred, to be respected, dignified, spoken of). He claimed that when it came to relationships, only the ocean was always there for him. As he delved into his connection to the culture, he discussed his mother and his feelings toward her. He believed that the ocean is most sacred place on earth. His mother's ashes were scattered in the ocean, and his mother's *'aumakua* (ancestral spirit) was the turtle. He had a special connection with turtles because they hold his mother's spiritual energy. Kaimana began to identify with his culture through past generations, strengthening his sense of self and reaching out to reconnect with relatives.

Most recently, the unit began a collaborative project on healing through art, in which murals along its walls reflect Native Hawaiian cultural values (Consillio, 2016). The project started with the treatment team and mural artists from the community discussing goals and implementation. The vision of the mural concentrated on the medical center's royal Founders, Queen Emma and King Kamehameha IV and their son, Crown Prince Albert Kamehameha. The mural attempted to capture the *'ano* (nature, meaning, quality) conveyed in the story of how the young Queen dealt with the death of her 4-year-old son, followed by her 29-year-old husband 15 months later. Following her devastating losses, she embarked on a transformative journey up to the summit of Mauna Kea, to become one of Hawai'i's great monarchs. Youth on the unit went to the *kalo* (taro) field, where they helped to care for the *kalo* and discussed values. They continued the cultural component of the treatment with *mo'olelo* (story) and *'ōlelo no'eau* (sayings) to reinforce the values previously taught. Relationships and actions were then seen in the interactions with each other and on the wall of the unit. Overall, youth and staff worked together to continue to develop prosocial behaviors. This combined treatment of experiential cultural immersion and artistic expression vicariously teaches these adolescents to sublimate powerful emotions of devastating loss and sorrow that can be transformed into hope and positive action. It is a powerful heuristic healing approach that incorporates indigenous Hawaiian culture and mythic ancestral narratives. Notably, this indigenous culture treatment approach is based on the epistemology of our four overarching principles (i.e., *aloha*, *ola*, *mālama* and *pilina*) that are refined into specific values (e.g., *ho'ohuli* and *ho'ololi*) that meet the needs of the treatment context clinicians must creatively work within. As with primary prevention, this has also allowed youth to utilize their strengths and connected to others around shared values.

Heal: Postvention

Mālama ola no na lei.

A rainbow is waiting: In moments when darkness is all around, and it's hard to see beyond it, a rainbow or preserver of life for youth is waiting.

~ *Kapuna* Uncle Val Kepilino and Aunty Malia Craver

Mālama ola no na lei is an excerpt taken from the song *Pu'uhonua Nani*, (Beautiful Refuge) (Queen Lili'uokalani Children's Center, 2013). Aunty Malia Craver helped to guide Hawaiian children and families toward cultural pride as source of nourishment, healing and strength. There are moments in life filled with darkness, confusion, doubt and uncertainty, especially after a significant loss. They can also include feelings of shame, guilt and blame. Such tragic moments can contribute to contagion and further increase suffering and feelings of hopelessness among youth, their families and the community. We assist youth in understanding what resilience is and how they identify it in their life. We also use a resilience framework to support the community and help them through the grieving and healing process. Influenced by community support and a sense of belonging and cultural respect, our indigenous Hawaiian youth and families have demonstrated resilience. Our experience has repeatedly shown that Native Hawaiian communities desire coming together to grieve and heal. Therefore, there is a need for family/extended family grief groups to be available after a death. Additionally, community postvention work needs to use small community meetings, prevention training with emphasis on process to be led by locals and have local community members who are willing to serve as resource people to the greatest degree possible. This demonstrates honor and respect for cultural tradition and recognition of leaders. Native Hawaiian community members share a willingness to speak openly and graphically within family/extended family about suicide because they see value in not hiding the death. However, when this is combined with not understanding safe messaging, others who may be at risk can contribute to contagion. When we have shared prevention and postvention information after a suicide death, it has been welcomed due to the need to encourage healing, hope and help-seeking as a natural progression. Passing life forward is essential for restoring hope. It reinforces the need for early involvement in primary prevention, as contagion levels are high in our island communities. We must create change as well as reaffirm connections with family and community. Trained facilitators foster a safe, nurturing place for youth and families to express their emotions and share their stories, honestly, passionately and without judgment. To be able to focus on the strengths and gifts within the youth, families and communities, the partnerships of youth and adults, *kapuna* wisdom and community leaders in collaboration with skilled community people with aloha and cultural understanding. Additionally, community members want gate-keeper information shared with natural helpers, traditional healers, schools and medical providers. The following values are integral to postvention efforts:

- *Ho'okala*: The act of releasing or forgiving. Used as a stage of the *ho'oponopono*, (conflict resolution that forgives and frees one from the negative energy that perpetuates the trauma or wrong that was done by you or to you by someone else).

- *Manawa*: The proper or right time or opportunity for a change. Readiness depends on community—for most, immediate needs are one day to two weeks after a death while others need a much longer period of adjustment.
- *Hō‘ihi*: To treat everyone with dignity and respect. It is essential to partner with those who have shown care and continuity in the community. It emphasizes relationship building and connectivity.
- *Hāloa*: To care for and honor our *kūpuna*, as we look to our ancestors, moving forward for divine guidance and spiritual connection. *Hāloa* (long breath or eternal life), is the first Native Hawaiian and is the younger brother of *Kalo* (taro). The story of *Hāloa* reminds Native Hawaiians of the life cycle, and that we are part of nature and all connected, rooted in traditions and spirituality. It is symbolic, and to our people and culture, it is real.

The process we have developed, employ and describe began with the traditional knowledge and approaches of our *kūpuna* and ancestral narratives, which we have furthered by the contemporary needs and disciplined innovation of our youth, parents and elders.

Conclusion

Effective suicide prevention for indigenous youth requires a broad-based community commitment with many layers, occurring simultaneously. Innovative strategies rooted in community problem-solving use the transformative power of indigenization and community involvement. Comprehension of local, traditional indigenous perspectives of suicide and well-being enhances the knowledge of existing evidence (Else et al., 2007; Yuen et al., 2000). Native American studies show a relationship between attenuated suicide rates and community ties to traditional values and community involvement in health, education and cultural services (Chandler & Lalonde, 1998). Prevention programs in indigenous communities work best if they are culturally relevant and developed with local input (Middlebrook et al., 2001). Such programs create supportive community, strengthen families and give individuals tools to be healthy and resilient. Indigenous epistemology centers on youth programs, encouraging production and teaching of knowledge and social voice (Trinidad, 2009). It engenders indigenization, and thereby empowers communities to tell their stories, traditions and practices of past and present; communities, cultures and social practices, once seen as marginalized, become sources of hope (Trinidad, 2009). Indigenization represents a paradigm shift in developing Native programs; it links intervention to a sense of community (Meyer, 2001; Trinidad, 2009). Our prevention and clinical work are examples of applying indigenization to suicide prevention; contemporary approaches underpinned by ancestral traditions that resonate and thereby strengthen the resolve of youth to wait out with hope, ultimately defying thoughts of giving up on one's self, family, community and life. Relationships are built through connections to people and place. Through indigenization, involved communities can evoke their history and traditions, then develop culturally relevant, locally directed healing interventions that integrate scientific principles that determine effectiveness and efficacy with technical consultation from academic researchers and community advisors. Suicide prevention and intervention efforts for Native Hawaiian communities must be culturally guided.

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