

Hawai‘i Strategic Prevention Framework Partnerships for Success Community Health Improvement Plan

Executive Summary

This Community Health Improvement Plan (CHIP) outlines an ongoing, collaborative effort between state, county, and non-profit prevention agencies to identify, analyze, and address substance use prevention in the State of Hawai‘i. It includes assessing relevant data, inventorying community assets and resources, identifying root causes and community perceptions, developing measurable objectives and indicators, and developing and implementing coordinated strategies. Additionally, it involves identifying accountable entities and fostering community ownership of the process. This CHIP is a result of the State of Hawai‘i Department of Health (DOH) Alcohol and Drug Abuse Division (ADAD) having received a Strategic Prevention Framework-Partnership for Success for States (SPF-PFS-States) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2023 to implement the Hawai‘i Strategic Prevention Framework Partnerships for Success (HI-SPF-PFS) project. Substance misuse persists as a major national public health concern in the United States and Hawai‘i; therefore, it is very important to implement targeted interventions and preventative measures that can positively impact the well-being of identified priority populations to contribute to the overall public health of the state. Partnerships between ADAD, county representatives, the University of Hawai‘i, and various statewide prevention providers have yielded the information in this CHIP, which will provide a roadmap that outlines the state’s prevention goals and the actions needed to achieve them, and it will serve as a guide for decision-making, resource allocation, and performance measurement.

1. Community Needs Assessment

Community Description

Across the State of Hawai‘i, there are four counties: Kaua‘i County, City and County of Honolulu, Maui County, and Hawai‘i County. Based on 2020 census calculations,¹ the majority of the state is rural (95.3%), with all counties over 96% rural, except Honolulu County (69.1%). Hawai‘i is known for its diverse population, with a significant indigenous Hawaiian community as well as cultural and ethnic influences from Asia and other Pacific Islands. The 2020 Census Diversity Index² breakdown at the county level was: Hawai‘i (77.7%), Maui (77.1%), Kaua‘i (76.6%), and Honolulu (73.6%). In 2020, for the state, 27.1% Hawai‘i residents identified as Native Hawaiian and Other Pacific Islander (OPI) alone or in combination, 10.5% as Native Hawaiian and OPI alone, 37.2% Asian, 22.9% White (non-Hispanic), 25.3% two or more races, 9.5% Hispanic/Latino, and 1.6% Black/African American. Hawai‘i residents foreign born was 18.2%.

¹ U.S. Census Bureau (2021c).

² U.S. Census Bureau (2021b).

The American Community Survey 2020³ estimated that, of the 1.4 million Hawai‘i residents, 10% were children under 9 years old, 11% were children 9-17, 10% were emerging adults 18-24, 49% were adults 25-64, and 20% were older adults 65+; 11.5% of the residents were living in poverty. Prevention strategies will aim to strengthen the substance use prevention systems in all four counties.

Community Needs

The most current epidemiologic profile—the 2021 Hawai‘i State Epidemiologic Report and County Profiles,⁴ published September 12, 2022—was used to assess community needs by identifying priority consumption, target populations, and risk and protective factors along with updated analyses for available datasets. The State Epidemiological Outcomes Workgroup (SEOW), led by the University of Hawai‘i Office of Public Health Studies Epidemiology Team, produces and updates the epidemiologic profiles and regularly conducts descriptive and inferential analyses as part of the HI-SPF-PFS project. The profile includes drug and alcohol indicators from various data sources. Data sources include the Hawai‘i Youth Risk Behavior Survey (HI-YRBS), the Hawai‘i Behavioral Risk Factor Surveillance System (HI-BRFSS), the Pregnancy Risk Assessment Monitoring System (PRAMS), and SAMHSA’s National Survey on Drug Use and Health (NSDUH). The community needs assessment identified the priority consumption for the State of Hawai‘i as alcohol, nicotine/tobacco, and cannabis/marijuana, as they are the most common substances used during both adolescence and early adulthood. The assessment identified the target populations as underserved communities, including Native Hawaiians, the LGBTQ+ community, emerging adults 18–25 years old, and those in rural areas. The overall priority for these four population groups is to reduce alcohol, cannabis, and nicotine use for underage youth and problematic use for emerging adults. Important factors, identified in the Hawai‘i Alcohol, Tobacco, and Other Drugs Survey (HI-ATODS),⁵ were used to examine problem substance use categories and found risk and protective factors generally associated with the likelihood of a probable substance use disorder (SUD) based on the screener. Thus, prevention interventions will be implemented to bolster the identified protective factors and increase resilience against the identified risk factors. For the needs assessment, the HI-ATODS was heavily relied upon to identify the risk and protective factors that contribute to and reduce the likelihood of substance use. Some of the identified risk factors are: ease of access to substances; friends who engage in substance use; family rejection of sexual orientation and/or gender identity; family history of substance use; favorable parental attitudes and involvement in substance use; lack of parental supervision; adverse childhood experiences (including abuse, neglect, and household dysfunction); early and persistent antisocial behavior; academic problems and delinquency; and constitutional factors (e.g., impulsivity). Some of the identified protective factors are local and

³ U.S. Census Bureau (2021a).

⁴ HI-SEOW (2022).

⁵ Onoye et al. (2021)

state policies that support healthy norms; connectedness to school and family; positive parenting style; and life skills and social competencies.

Gaps and Challenges

The recently revised Substance Use State Plan⁶ (SUSP) collected and assessed data on the unmet needs and gaps for the state. The SUSP identifies ongoing needs and gaps related to readiness, capacity, and resources to provide services to identified high-need areas and special populations in order to sustain an effective prevention service system for Hawai‘i. Often community-based organizations are challenged to select and deliver effective programs for specific populations such as homeless adolescent, LGBTQ+, and Native Hawaiian populations. Though the State of Hawai‘i, through ADAD and the contracted prevention providers, remains committed to incorporating cultural values and traditions into its prevention interventions without compromising the effectiveness of identified evidence-based programs, few options are available to providers for an evaluated evidenced-based, locally developed, and culturally appropriate SUD prevention programs and curricula. Additionally, the limited capacity and financial resources of community-based organizations to manage and maintain compliance with the fiscal reporting, management requirements and special conditions of state and federal contract agreements, provide challenges for the SUD prevention system at the community level. Even though prevention services may be delivered more effectively by local, small agencies or individuals from target communities or populations, smaller organizations often lack the capacity and infrastructure necessary for billing and reporting processes. A related gap to be addressed is the workforce capacity, expertise and staff required to conduct the financial or programmatic aspects of government contracts and sustain operations. Communities have expressed the need for attention on workforce development and further support for increasing the skills and numbers of certified prevention specialists, as reported in the quarterly reports submitted to ADAD by prevention providers and county representatives. According to the SEOW, Hawai‘i also has data limitations and gaps in SUD and mental health areas, specifically prescription drug misuse, SUD by ethnic subgroups, specific populations, and mental health related comorbidities.

The four different counties have also identified gaps in the prevention infrastructure through county-specific needs assessments. Honolulu County conducted a SWOT analysis with a leadership team from each of the Honolulu community coalitions. Some of the challenges identified were a need for statewide prevention efforts (e.g., a comprehensive state plan, sustainability plan, and unified messaging), difficulty recruiting community members into coalitions, a need for more training on marketing and communications, decreased funding for staffing and activities, and a need for more outreach into at-risk communities. Hawai‘i County’s community assessment found that 45% of prevention providers reported a lack of community stakeholder awareness of substance use prevention resources and strategies in their county.

⁶ ADAD (2023).

Additionally, rural areas with no running water, no paved roads, and limited utilities can make it difficult for residents to access prevention services. Maui County conducted a community readiness survey, which indicated that their county has a lack of parent education and in-school and after-school programming related to substance use prevention on Moloka‘i, insufficient staff levels for law enforcement county-wide, transportation issues limiting community members from accessing resources or participating in programs and events, insufficient affordable housing, insufficient secondary education opportunities, poor education quality at public schools alongside bullying, discrimination at workplaces alongside low wage-growth rates and low-paying industries, high rates of interpersonal violence, violence against women, and sexual and physical abuse, and insufficient support at schools post-COVID-19, particularly in relation to vaping. The Kaua‘i County community assessment indicated that the COVID-19 pandemic exposed their limited access to healthcare. Additionally, outpatient substance use programs are relatively scarce, with only four programs providing services and only two of those programs serving youth. The only dual-diagnosis outpatient program that served youth and adults closed in 2021.

2. Capacity

At the state level, ADAD is the Single State Authority (SSA) designated to receive federal and state funding for substance use prevention and treatment. ADAD oversees statewide and community provider substance use prevention grants throughout Hawai‘i and is the primary and often sole source of public funds for substance use prevention services. ADAD’s prevention funding primarily comes from the Substance Use Prevention, Treatment, and Recovery Support Services Block Grant, discretionary federal grants, and state general funds. Federal and State dollars are allocated through service contracts with community-based non-profit organizations and public agencies to provide an effective, accessible community-based system of prevention services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs. Funded prevention programs primarily focus on the provision of evidence-based curricula and practices categorized in at least one of the SAMHSA Center for Substance Abuse Prevention (CSAP) strategies for youth and their families. ADAD currently contracts with 11 prevention providers, 4 community coalitions, and 4 county agencies to implement the SPF and six CSAP strategies in all state counties. In order to engage community stakeholders and raise community awareness, ADAD has also initiated the creation of a prevention advisory group, which held its inaugural meeting on June 25 and 26, 2024. The advisory group is made up of diverse stakeholders from across the state and representing each county.

On the county level, there are a number of substance use prevention resources available to the public and to organizations providing prevention services in the four counties. In Honolulu County, government agencies like the Department of the Attorney general and the Honolulu Police Department provide prevention programs and presentations to schools and at community events such as health fairs and town hall meetings. The Department of Community Services provides information to adults and youth on underage drinking, substance use, and related issues such as

domestic violence as part of the community wellness program, “Proud to be Pono.” The Department of the Attorney General also teaches youth and adults on substance use and underage drinking through their “I Choose Me” presentations. There are six community coalitions in Honolulu County that are working on the issue of underage drinking and substance use: Hawai‘i Alcohol Policy Alliance is a statewide coalition that advocates for policy change around alcohol; Hawai‘i Partnership for Prevention of Underage Drinking is an island-wide coalition which continues to address underage drinking through beverage service compliance education while also taking an approach that uses Native Hawaiian cultural practice as its guide; E Ola Pono Ma Kapolei, EWA-Lution 96706 (E9), and Community Works in 96744 each address underage substance use with a focus on positive community activities, cultural responsiveness, and youth leadership/advocacy. E9 also addresses LGBTQ+ issues through partnerships with schools in the James Campbell High School complex area; Kalihi Connections has a broader community focus, which includes public safety, advocacy for immigrant and low-income populations, acculturation of newly arrived immigrant families, community pride, and educational support for youth. Several community-based agencies and non-profit organizations also provide prevention resources to the community. This includes Adult Friends for Youth, Alu Like, Boys and Girls Club of Hawai‘i, Child and Family Service, and Hina Mauka. One of the larger non-profits that provides prevention resources and services is the Coalition for a Drug-Free Hawai‘i. In addition to being the parent organization for E Ola Pono Ma Kapolei and E9, the non-profit also has the TeenLink program, a resilience education program called “Why Try”, and the Hawai‘i Pacific Center for Excellence that hosts and provides behavioral health trainings and technical assistance in partnership with DOH and the State Department of Human Services.

In Hawai‘i County, government agencies like the Office of the Prosecuting Attorney provide various training and resource fairs to stakeholders to build capacity in substance use prevention. Hawai‘i County also has access to community resources through various organizations and programs such as Youth Challenge, the Boys and Girls Club, the Domestic Violence Action Center, and the East Hawai‘i Drug-Free Coalition. Maui County government agencies such as the Department of Housing and Human Concerns and the Maui Police Department are assets in providing prevention resources. The Maui Traffic Division provides consistent enforcement of DUI laws and DUI checkpoints, and police involvement in schools has been helpful for improving community norms around ATOD use. Youth are also given the opportunity to engage in the community, at school, and at home through various after-school programs that provide consistent, healthy, and safe alternative activities without the use of substances. Many places in Maui County have community-based programs that engage parents and children through cultural activities to increase attachment and family functioning, including the Boys and Girls Clubs of Maui, the YMCA, Kiwanis/Key Clubs, Big Brothers Big Sisters, Maui Economic Opportunity, and the Nature Center. The Maui Coalition for Drug-Free Youth has recently increased capacity around working with youth as well alongside their policy efforts to enforce a social host ordinance. In Kaua‘i County, the Office of the Prosecuting Attorney helps to build the capacity of substance use prevention and infrastructure for the county through their Life’s Choices program, which

coordinates annual drug summits, campaigns, and grants to improve the quality of life in the county. Life's Choices also facilitates quarterly prevention meetings to foster collaboration between local prevention service providers, address training needs, and share information on best practices. The Ho'okele Coalition serves as the county's primary coalition for prevention education.

3. Planning Process

As detailed earlier, the results of the latest SEOW epidemiological profile led to the recommendation of the priority consumption and target populations. Important factors, identified in the HI-ATODS⁷ report, were used to examine problem substance use categories and found risk and protective factors generally associated with the likelihood of a probable substance use disorder based on the screener. The HI-ATODS assessed risk factors of probable SUD using the CRAFFT screener within the social-ecological model. Community risk factors included: ease of access to substances (16.2% probable SUD), neighborhood use of substances (20.6% probable SUD), and neighborhood crime/drug selling (22.1% probable SUD). Interpersonal risk factors included: peer approval of alcohol and cannabis use (20.1% probable SUD), friend offers of alcohol or cannabis (22.3% probable SUD), and exposure to friends' use of cannabis or alcohol (37.3% probable SUD). Family risk factors included: exposure to parent alcohol use (17.1% probable SUD), living with someone with a substance use problem (21.6% probable SUD), and exposure to relative's cannabis use (32.1% probable SUD). Finally, individual-level risk factors of probable SUD included: depression (16.2%), done something crazy (19.9%), suspension or expulsion (25.5%), and skipping class (27.0%). One societal-level protective factor was identified: local and state policies that support healthy norms since 69.4% of respondents agreed that their communities promoted positive social norms for youth not to use alcohol. One community-level protective factor was identified: connectedness to school as 47.3% strongly agreed that they enjoyed being in school, and 41.1% strongly agreed that their friends enjoy school as well. Two interpersonal protective factors were identified: connectedness to family and positive parenting style as 66.4% reported that they felt they had family support from at least one adult and 90.6% reported that their family provided clear rules and consequences about alcohol and drug use, and they would be in trouble if they were caught using alcohol. One intrapersonal protective factor was identified: life skills and social competencies, as 86% reported disapproval of substance use and think using alcohol, marijuana, or vaping is wrong.⁷ Various CSAP strategies will be implemented to accomplish the goals of reducing the prioritized risk factors and strengthening the protective factors. The logic model describes the problems and related behaviors, interventions, and desired outcomes.

⁷ Onoye et al. (2021).

Logic Model

Problem and Related Behavior	Risk and Protective Factors	Intervention/Strategy	Short-term outcome	Long-term outcome
Underage drinking (30-day use; 16.6% of high school students; HI-YRBS) ⁸	R: Peer approval of alcohol use (HI-ATODS) ⁹ P: Life skills and social competencies (HI-ATODS)	Providing education through evidenced-based curricula.	Increase perceived risk/harm of use by 3%pt as measured by the participant survey pre- and post-test.	Decrease underage drinking by 3%pt (i.e., from 16.6% to 13.6%) by 2029 as measured by 30-day use (HI-YRBS).
Alcohol-related crime (3,466 DUI arrests for adults and juveniles; Uniform Crime Reports [UCR]) ¹⁰	P: Perceptions of great risk from binge drinking (NSDUH) ¹¹ P: Local and state policies that support healthy norms (HI-ATODS)	Modifying the environment through the promotion of establishing state alcohol policies (e.g., reducing BAC to 0.05). Disseminating information (e.g., media campaigns, PSAs, health fairs) to provide awareness and knowledge of the nature and extent of alcohol use and its effect on individuals, families, and communities.	Increase perception of great risk of harm from binge drinking by 2%pt (i.e., from 45.76% to 48.76%) annually as measured by NSDUH.	Decrease DUI arrests by 3% by 2029 as measured by the number of DUI arrests (UCR).
Vaping among youth (30-day use; 17.7% of middle school students and 30.6% of high school students; HI-YRBS)	P: Life skills and social competencies (HI-ATODS)	Providing education through evidenced-based curricula.	Increase perceived risk/harm of use by 3%pt as measured by the participant survey pre- and post-test.	Decrease vaping among youth by 3%pt (i.e., from 17.7% to 14.7% and 30.6% to 27.6%) by 2029 as measured by 30-day use (HI-YRBS).
Marijuana use (30-day use; estimated 12.03% of Hawai'i population ages 12+, 9.10% of those 12-17 years of age, and 23.74% of those 18-25 years of age; NSDUH)	R: Peer approval of marijuana use (HI-ATODS) P: Perceptions of great risk from smoking marijuana once a month (NSDUH) P: Life skills and social competencies (HI-ATODS)	Disseminating information (e.g., media campaigns, PSAs, health fairs) to provide awareness and knowledge of the nature and extent of marijuana use and its effect on individuals, families, and communities.	Increase perception of great risk of harm from smoking marijuana once a month by 3%pt (i.e., from 22.87% to 25.87%) annually as measured by NSDUH.	Decrease marijuana use by 3%pt (i.e., from 12.03% to 9.03%, 9.10% to 6.03%, and 23.74% to 20.74%) by 2029 as measured by 30-day use (NSDUH).

⁸ HHDW (2024).⁹ Onoye et al. (2021).¹⁰ CPJA (2023).¹¹ SAMSHA (2021).

4. Implementation

The action plan outlines the steps needed to achieve the outcomes identified in the logic model. It includes a sequence of actions, timelines, responsibilities, and resources required to accomplish tasks effectively.

Activities	Agencies Responsible	Resources Needed	Timeline
Strategy/Intervention: Education, Information Dissemination, Environmental			
Risk and Protective Factor(s) to be addressed: Favorable attitudes towards substance use; life skills and social competencies; community norms and laws favorable toward substance use; local and state policies			
Public notice announcing Request for Information	ADAD	Completed RFI	February 2025–May 2025
Public notice announcing Request for Proposals	ADAD	Completed RFP	July 2025
Proposal submittal deadline	Prevention providers	RFP orientation	August 2025
Notice of decision	ADAD	RFP evaluation team	October 2025
Contract start date	ADAD/prevention providers	Executed contracts	October 2026
Implement evidence-based programs and policies	Prevention providers	EBP curriculum, policy language	October 2026–October 2027
Collect data for project evaluation	Prevention providers, evaluation team	Pre- and post-test results, evaluation reports	Quarterly
Submit quarterly and annual reports	Prevention providers, SPF-PFS project team	Accomplishments, barriers, process data	Quarterly
Assess the progress in addressing objectives and making the intended impact to outcomes	ADAD, evaluation team	Pre- and post-test results, evaluation reports, YRBS, HI-ATODS, NSDUH, UCR	Ongoing
Report findings to state advisory group for recommendations	ADAD, state advisory group	Evaluation report	Quarterly
Provide technical assistance and trainings	ADAD, evaluation team	Various trainings, TA requests	Ongoing

5. Evaluation

At the state level, ADAD has contracted with the University of Hawai‘i Center on the Family to oversee evaluation. The evaluation approach includes process and outcome components for the state and counties. PFS-funded activities, the number of people reached with the strategy and demographic information will be captured through ADAD’s WITS-Prevention data system as contracted PFS subrecipients are required to report funded activities per month. Other process information (difficulties encountered and how it was delivered) and immediate impact on the population served will also be tracked. A mixed methods approach will be used. Self-administered questionnaires/forms will be used to track direct outcomes. Population-based survey and

administrative data will be used for tracking the impact on larger communities. In-depth interviews with key stakeholders will be conducted to provide contextual understandings and multi-level perspectives on the process and outcome data collected via other means. The evaluation findings will be communicated on an on-going basis. Data will be compiled and discussed with funded prevention programs and other partners every quarter. An evaluation report will be compiled and communicated with stakeholders in the community, including policymakers, via web-posting and presentation on an annual basis.

6. Sustainability

Sustainability will be strengthened through the development of a cohesive statewide substance use prevention system, working across public agencies, private organizations, and stakeholders to support community-level substance use prevention efforts. This system will ensure community representation and build local capacity to produce and maintain positive prevention outcomes. The State Prevention Advisory Group will play a crucial role in this process by fostering community engagement and supporting effective strategic planning. To achieve these goals, the Strategic Prevention Framework will be implemented in prevention planning, along with evidence-based programs, policies, and practices that have demonstrated positive prevention results.

Additionally, current and future funding resources will align with the priorities of stakeholders at the state, county, and community levels, mutually ensuring continuity and effectiveness in prevention efforts. By establishing a cohesive prevention system, local communities will be equipped to address new substance use issues as they arise and ensure sustained, positive outcomes.

7. Cultural Competence

Cultural competence will be implemented at both the state and county levels by recognizing the distinct knowledge, practices, and linguistic needs of the communities that we support. In acknowledging the unique cultural landscape of each community, we will also aim to address the disparities affecting the health and wellness of vulnerable populations. The implementation of SAMHSA's cultural competence principles under the Strategic Prevention Framework will prioritize community representation during the planning process. Community stakeholders will play a key role in identifying substance use issues and selecting culturally appropriate prevention strategies. The selected interventions must demonstrate effectiveness in populations similar to the target community, ensuring that all ADAD-funded prevention activities are evidence-based as defined by SAMHSA and CSAP.

If additional support for cultural competence is required, technical assistance and training will be provided through existing resources, such as the Pacific Southwest Prevention Technology Transfer Center, the Hawai'i Pacific Center for Excellence, and Hawai'i Substance Use Professional Development.

Many national prevention models and programs, based on research and practices from different cultures and life experiences, do not adequately fit Hawai‘i’s diverse population. Therefore, the challenge for Hawai‘i is to adapt and tailor evidence-based programs to its diverse communities and foster the development of innovative Hawaiian prevention programs and practices that are effective.

8. Conclusion

The HI-SPF-PFS CHIP serves as a comprehensive blueprint for addressing substance use prevention across the state. By leveraging a multi-faceted approach that includes community needs assessment, capacity building, strategic planning, implementation, evaluation, sustainability, and cultural competence, this CHIP aims to reduce substance use and its related harms. The collaborative efforts of DOH, community stakeholders, and various prevention providers are crucial in achieving these goals. By fostering community ownership and ensuring culturally competent interventions, this plan sets the stage for a healthier, more resilient Hawai‘i, where the well-being of all residents, particularly those in underserved populations, is prioritized and protected.

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