

EARLY CHILDHOOD HEALTH

- **Newborn Metabolic Screening**
- **Newborn Hearing Screening**
- **Immunizations**
- **Early Developmental Screening**
- **Child Abuse and Neglect**
- **School Readiness**
- **Social Emotional Health**
- **Health and Safety Standards in
Childcare**

Early Childhood Health Overview

According to the World Health Organization, early childhood (defined from the prenatal period to 8 years of age) represents a time when children undergo rapid growth and are highly influenced by their environments. Many challenges faced by adults, such as mental health issues, obesity, heart disease, criminality, and poor literacy have roots that can be traced back to early childhood. Adverse early childhood development is often linked to academic difficulty as well, which can then lead to a significant economic disadvantage in adulthood. Low education and income levels are key social determinants of health throughout the lifespan. Unfortunately, such issues often continue across generations. Individuals who face severe social, familial and economic challenge in early childhood are more likely to have children at very early ages and less able to provide them with adequate health care, nutrition and stimulation, thus contributing to the intergenerational transmission of poverty and poor development.

In recognition of the importance of the early childhood period, the governor established the Executive Office on Early Learning. The office, which has an appointed cabinet-level director, guides policy and planning efforts across state agencies to improve services and outcomes for young children and their families.

There are approximately 150,000 children younger than 9 years old in Hawaii, representing nearly 11% of the entire state population. Data on this important population is difficult to collect, as is reflected in the lack of population-based surveillance data chronicled in this report. The population data shown is largely from the National Survey of Children's Health, which has been conducted on three occasions in 2003, 2007, and 2011/12. The survey of children ages birth to 18 years old provides some state-level data, however it is limited in its usefulness due to the small sample size and low response rate which may impact the representativeness of it to the entire early childhood population. The collection of additional information is needed to better understand and monitor the health status of young children so that interventional programs can be even more precise and effective in optimizing health in early childhood.

The Family Health Services Division, in conjunction with the governor's Executive Office on Early Learning, funded a project to assess the availability of early childhood data across state agencies with a goal of developing a state surveillance system of early childhood indicators. Working at multiple levels — including the state, community and clinical levels — will be critical in addressing and impacting early childhood health indicators.

Newborn Metabolic Screening

Goal: To Increase Newborn Metabolic Screening

Issue:

Universal screening programs for newborns are both cost-effective and successful in preventing mortality and morbidity linked to metabolic disorders and hearing loss. Their success stems from a systems approach that includes early screening and diagnosis as well as appropriate early intervention and treatment. Metabolic disorders affect the chemical changes within living cells and can cause irreparable physical harm, intellectual disability and, in some cases, death if not detected early via newborn screening. Fortunately, these disorders are fairly rare. However, when a newborn does test positive for a metabolic disorder, early diagnosis and treatment can mean the difference between lifelong disabilities or death and healthy development. The test is conducted via a simple blood draw from a newborn's heel within days of birth and is sent to the state newborn screening laboratory for testing. Every state's newborn screening program tests for a different set of metabolic disorders.^{7,25}

Every year in the United States, more than 4 million newborns are tested for metabolic disorders that if detected early can be managed and treated before causing irreversible damage. These screening programs save or improve the lives of more 12,000 babies each year. Most babies who test positive for a disorder have no family history of the condition or appear perfectly healthy, which is why universal screening is so critical. Take congenital hypothyroidism, which if left untreated can cause intellectual disability and growth problems. Testing for this one disorder costs just \$5 per infant. Yet its potential annual benefit is the prevention of 160 cases of intellectual disability and among infants in whom milder impairments were prevented, an overall gain of nearly 15,000 IQ points.^{x, xi}

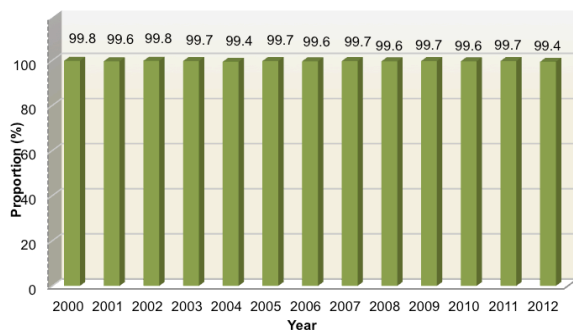
Healthy People 2020 Objective:

Increase appropriate newborn blood-spot screening and follow-up testing. Increase the proportion of screen-positive children who receive follow-up testing within the recommended time period to 100%.

Population-Based Data:

Because the program addresses universal screening, the program data is also descriptive of the state population.

Figure 4.1 State of Hawaii, Metabolic Screening Among Newborns: 2000-2012



From 2000-2012, nearly all infants (99.4%-99.8%) received a newborn metabolic screen in Hawaii, and 100% of those with a true positive screen (18 children in 2012) received timely follow-up, which includes definitive diagnosis and clinical management.²⁶

Source: Hawaii State Department of Health, Family Health Services Division, Children with Special Health Needs Branch, Newborn Metabolic Screening Program. Data reflects calendar year (January 1-December 31).

Program Highlight:

The **Newborn Metabolic Screening Program** was established within the Children with Special Health Needs Branch in 1986 under legislative mandate. The program is a user fee-based, self-supporting program responsible for ensuring that all infants born in Hawaii are satisfactorily tested. In 2008, cystic fibrosis was added to the testing panel, bringing the number of disorders screened for to 32. Additional disorders are added after program and community review and approval. These disorders can cause intellectual disability, growth retardation, severe health problems and even death if not detected and treated within weeks of birth. The newborn screening program tracks and follows up to ensure that infants who have tested positive for a disorder are provided with appropriate and timely treatment.

Newborn Hearing Screening

Goal: To Increase Newborn Hearing Screening

Issue:

Good hearing is critical for speech and language development. Babies begin to listen from birth and they learn to speak by listening to their families talk. Every year, one to three in every 1,000 children nationally are born with hearing loss. Tests for hearing loss are simple, safe and noninvasive, using either a soft earphone placed in the baby's ear or tiny electrodes taped to the baby's head. Fortunately, if hearing loss is identified early through newborn screening, the negative impact can be reduced or eliminated through early intervention.²⁷

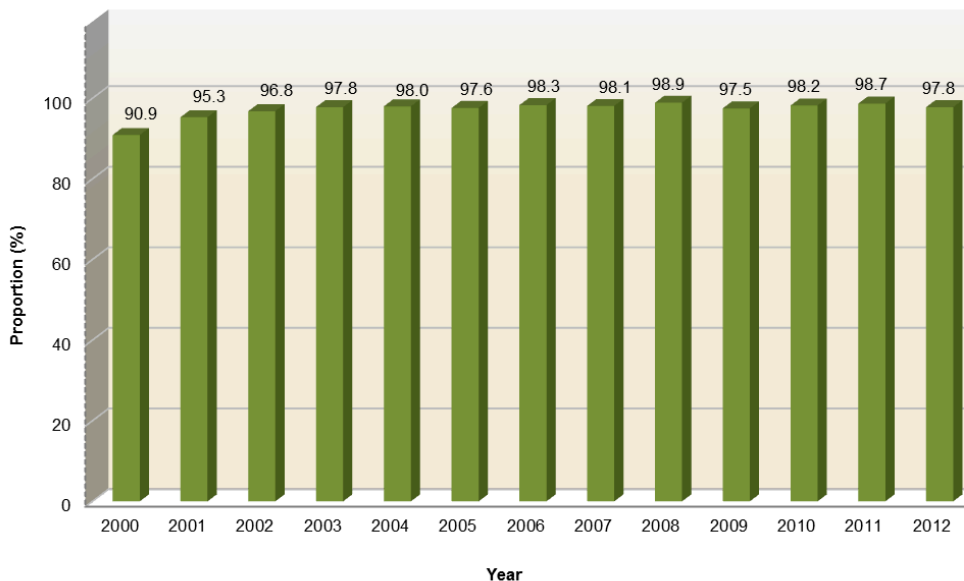
Healthy People 2020 Objective:

Increase the proportion of newborns who are screened for hearing loss within 1 month of age to 90.2%, increase audiologic evaluation by age 3 months to 72.6%, and increase enrollment in appropriate intervention services within 6 months of age to 55%.

Population-Based Data:

Because the program offers universal screening, the program data is also descriptive of the state population.

Figure 4.2 State of Hawaii, Hearing Loss Screening Among Newborns Before Hospital Discharge: 2000-2012



In 2012, Hawaii screened 97.8% of newborns for hearing loss. This is above the national average of 93.9% (CDC 2009 data) for newborn hearing screening before discharge from the hospital.²⁸

Of the 53 infants who were identified with hearing loss in Hawaii in 2012, 90.6% (48) were referred to early intervention and 73.6% (39) received intervention services by six months of age, which is similar to the national rate of 67.6% in 2011.²⁷

Source: Hawaii State Department of Health, Family Health Services Division, Children with Special Health Care Needs Branch, Newborn Hearing Screening Program.

Program Highlight:

The **Newborn Hearing Screening Program** oversees statewide efforts to screen all newborns for hearing loss, identify infants who are deaf or hard-of-hearing, and refer families for appropriate follow-up and intervention services. Early hearing detection and intervention for children with hearing loss supports the development of language, cognitive and social skills. The screening program tracks and follows up to ensure that infants in whom hearing loss is detected are evaluated and provided with appropriate and timely intervention services.

Immunizations

Goal: To Avert All Cases of Vaccine-Preventable Morbidity and Mortality in Children

Issue:

Rates of immunizations are often used to assess the health status of populations in the U.S. and worldwide. Immunizations have saved millions of lives, prevented hundreds of millions of cases of disease and are considered among the greatest public health achievements of the 20th century. Consequently, efforts to promote and increase vaccination coverage in both children and adults are important public health interventions.

For example, before the measles vaccine was introduced in the early 1960s, about 500,000 cases of measles were reported annually in the U.S., with many more cases going undocumented. In 2004, due to immunization, only 37 cases of measles were reported. However in 2008, the measles rate climbed to 140, with the highest rates among unvaccinated individuals. The measles spike is a perfect example of why work is continually needed to keep vaccine-preventable diseases at bay.

Another example of immunization success is the 1985 introduction of the Haemophilus influenza type b (Hib) vaccine, which has been credited with an almost immediate 99% decline in cases of meningitis (a serious infection of the covering of the brain and spinal cord) in which Hib was identified as the causative agent as well as other Hib-attributable invasive illness that can cause life-long morbidity and death.^{29,30}

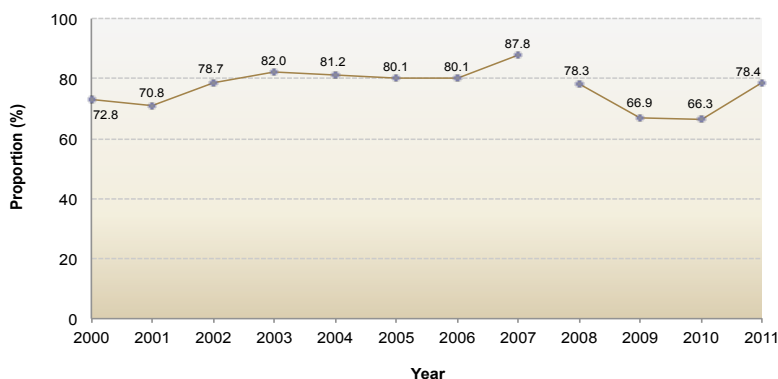
In addition to saving millions of lives and preventing untold death and disability, vaccines offer society significant economic benefits: Every \$1 invested in immunizations saves \$5 in direct costs and about \$11 in additional costs to society.^{xii}

Healthy People 2020 Objective:

Increase the proportion of young children who receive all vaccines that have been recommended for universal administration. Increase the proportion of children ages 19 months through 35 months who receive all recommended vaccines to 80 percent.

Population-Based Data:

Figure 4.3 State of Hawaii, Complete Immunization Among Children 19-35 Months of Age: 2000-2011



From 2000 to 2007, Hawaii saw a steady increase in the immunization rate for children, with a high of 87.8% in 2007. In 2009 and 2010, only two-thirds of children received the complete immunization series. There was a significant increase in 2011 in Hawaii with 78.4% of children 19-35 months of age receiving routine vaccination, compared to the national rate of 72.6%.³⁰

The estimate in Hawaii remains below the Healthy People 2020 objective.

Source: Centers for Disease Control and Prevention, National Immunization Program. National Immunization Survey. Hawaii Data Tables.

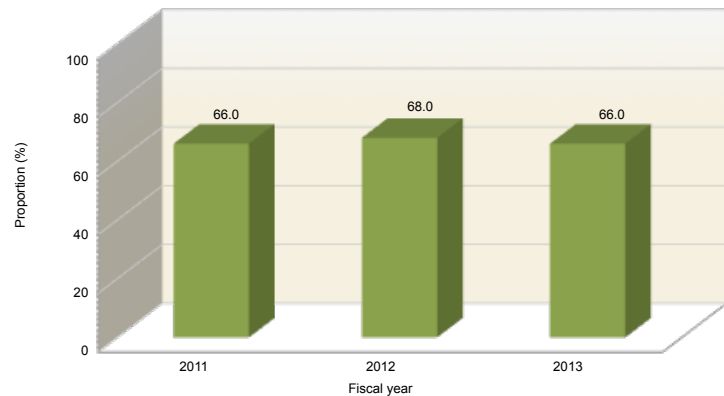
Note: Complete Immunization (4:3:1:3:3) reflects age appropriate receipt of Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus Influenza type b, and Hepatitis B immunizations. Estimates reported for 2009 and later changed due to changes in the schedule of Hib doses based on manufacturer and are not comparable to previous year estimates. Caution is needed when assessing over time and thus the data points from 2007 and 2008 are not connected by a line.

Program Highlight:

Figure 4.4 Estimates of Up-to-Date Immunization Status Among Children 2 Years of Age in Primary Care Health Centers: 2011-2013

FHSD contracts with 16 health service providers, including 13 of the 14 federally qualified community health centers statewide, to provide health and dental **services to the uninsured and underinsured**. Services include providing immunizations for children ages 0 through 17 years old. There has been no change in immunization rates across all clinics for 2-year-old children meeting immunization recommendations. The the rate was 66% in both Fiscal Year 2013 and Fiscal Year 2011. However, there has been an increase in the total number of children served by these clinics: 2,748 children turning 2 years of age in Fiscal Year 2013, up from 2,475 in Fiscal Year 2011.

By supporting a network of primary health care providers, the State of Hawaii assures all individuals have access to basic health services, especially those residents who tend to face difficulties accessing essential health care, including Native Hawaiians, low-income working families, the homeless, immigrants, and migrants from the Republic of the Marshall Islands, the Federated States of Micronesia and the Republic of Palau.



Source: Hawaii State Department of Health, Family Health Services Division, Office of Primary Care and Rural Health. Data reflects Fiscal year (July 1-June 30). Note: The data collected from the primary care service contractors are estimates derived from all children turning two years of age served for each contractor. The individual proportions for each contractor were then averaged to get an aggregate for all contractors. Children that turned 2 years of age and had at least one visit in the reporting period were assessed for immunization status based on the recommended series: 4:3:1:3:3:1:4 which differs from the series: 4:3:1:3:3 reported on prior page.

Other Program Activities:

- **WIC**, which serves low-income women and their young children, promotes the health benefits of childhood vaccination by checking the immunization status of children at 12, 18 and 24 months of age. Children are referred for vaccines as needed.
- The Maternal and Child Health Branch's (MCHB) **Hawaii Home Visiting Network** for at-risk families with children 0-3 years old helps parents maintain childhood vaccination schedules and assesses immunization rates among 2-year-olds.
- From 1999-2014, the MCHB **Big Island Perinatal Health Disparities Project** provided support services to high-risk pregnant women in Hawaii County before and after birth to assure healthy outcomes for pregnant women and their infants. During pregnancy, women are informed about the importance of infant immunizations and learn which immunizations their children will need. After their infants were born, the project worked with mothers to encourage well-baby check-ups and provides referrals for pediatric care as necessary. Clients were followed for 24 months after delivery. The child's immunization status was monitored regularly during this time period to ensure the infant began immunizations on time and remained on schedule through 24 months of age.

Early Developmental Screening

Goal: To Identify Those with Developmental Delays Early

Issue:

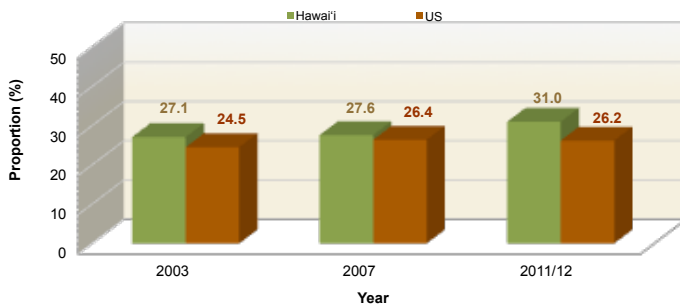
Evidence shows that experiences in the first years of life are extremely important for a child's healthy development and for lifelong learning. Early childhood represents the period when young children reach developmental milestones, which include language development, motor skills, emotional regulation and attachment. Physically, the human brain grows to 90% of its adult size by age 3. Developmental delays must be identified early to assure that young children receive the care and resources necessary for optimal development, which are best delivered via the medical home model. Developmental screening tests are the first step to identifying children who may be at risk for more serious developmental concerns.⁷

Healthy People 2020 Objective:

Increase the proportion of young children who are screened for an autism spectrum disorder and other developmental delays by 24 months of age. Increase the proportion of children with a developmental delay who have received their first evaluation by 36 months of age. Increase the proportion of children, including those with special health care needs, who have access to a medical home.

Population-Based Data:

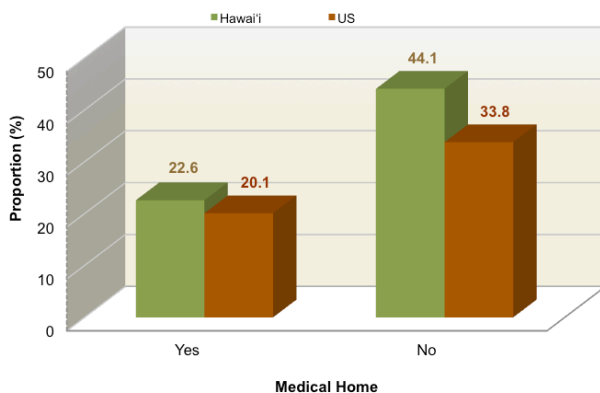
Figure 4.5 State of Hawaii, Children (4 months to 5 years of age) at Moderate to High Risk for Delay: 2003-2011–2012



In Hawaii between 2011–2012, an estimated 31.0% of children 4 months to 5 years of age were at moderate to high risk for developmental, behavioral or social delays. This was similar to the national estimate of 26.2%. Since 2003, rates in Hawaii and nationally have increased.

Source: US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children's Health, 2011/12

Figure 4.6 State of Hawaii, Children (4 months to 5 years of age) at Moderate to High Risk for Delay by Presence of Medical Home: 2011–2012



In Hawaii, children whose care met the criteria for having a medical home were less likely to be at moderate to high risk for developmental delay compared to those without a medical home. This is similar to national estimates.

Source: US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children's Health, 2011/12.

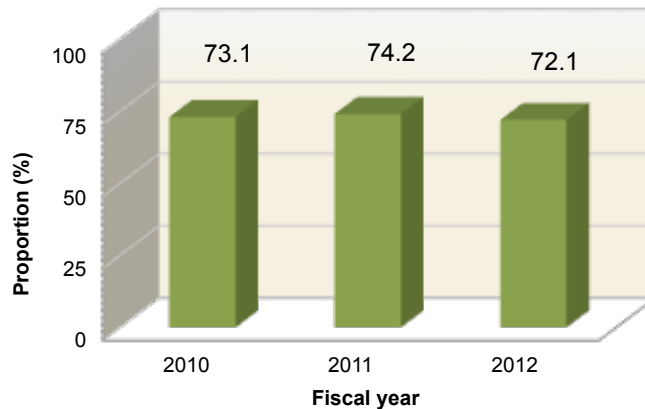
Program Highlight:

Figure 4.7 Estimates of Standardized Developmental Screening Among Children Younger than 3 Years of Age in the Evidence-Based Home Visitation Project: 2010-2012

A standardized screening tool, such as the Ages and Stages Questionnaire that parents are able to complete themselves in advance of seeing a health care provider, has been shown to identify and help parents articulate concerns they may be having about their child's development. In 2011–2012 in Hawaii, 38.9% of children were screened for early childhood development through a parent-administered standardized survey. This was higher than the national estimate of 30.7%.³¹

The Maternal and Child Health Branch's **Hawaii Home Visiting Network** for at-risk families with children 0-3 years old provide developmental screening for children ages 0-3 using

the Ages and Stages Questionnaire as well as Ages and Stages Questionnaire: Socio-Emotional. In 2012, 72.1% of children enrolled received at least one developmental screen. The home visiting programs also offer training and technical assistance to administer the developmental screening tests.



Source: Hawaii State Department of Health, Family Health Services Division, Maternal and Child Health Branch, Evidence Based Home Visitation Project. Data reflects fiscal year (July 1-June 30).

Note: The data reflects ASQ or ASQSE screening among children aged 4 months to 3 years in the project during Fiscal Year 2010 and Fiscal Year 2011.

Other Program Activities:

- A FHSD Screening workgroup partnered with the Hawaii Head Start Collaboration Office and the Hawaii Association for the Education of Young Children to conduct a **Developmental Screening Conference** in February 2012 to provide training to more than 100 participants representing various early childhood agencies. Training on “parent coaching” was also provided to practitioners statewide to help improve support for parents who may have children with a delay.
- The FHSD contracts with the 14 community health centers in the state along with three private health care providers to bring health and dental **services to the uninsured and underinsured**. Screening for developmental delays in children 2 years of age and younger is encouraged as part of well-child visits. The developmental screening tool used is either the Parent’s Evaluation of Development Status or the Ages and Stages Questionnaire. Contracted providers are also asked to screen children 30 months of age and younger for autism using the Modified Checklist for Autism in Toddlers.
- Through the **Hoopaa Project–Autism Spectrum Disorder State Implementation Grant**, the Children with Special Health Needs Branch collaborated with the American Academy of Pediatrics-Hawaii Chapter in “A Physician’s Response to Autism” conference in April 2011. Session topics included “Screening Tools for the Primary Care Provider,” with training on the Modified Checklist for Autism in Toddlers and the Hawaii Quick Medical Home Guide to Screening and Follow Up.
- Through the **Early Childhood Comprehensive Systems grant**, the division has developed a state Early Childhood Comprehensive Systems plan that aims to improve developmental surveillance, periodic screening and follow-up for children ages 0-5 years old. Early Childhood Comprehensive Systems and the FHSD Developmental Screening Workgroup are working with the **Executive Office of Early Learning** to address the issue of developmental screening as part of the office’s action strategy to guide policy efforts across the comprehensive early childhood system in Hawaii.

The governor’s office has endorsed a “collective impact” (or cross-sector) process to convene public-private partners in addressing key social issues affecting vulnerable populations, including a group focused on early childhood. In 2011, the **Early Childhood Group** chose to focus on developmental screening in partnership with the health department. Partners include the Department of Education, Department of Human Services’ Med-QUEST Division and Child Care Administration.

Child Abuse and Neglect

Goal: To Prevent Abuse and Neglect of Children

Issue:

Child abuse and neglect affect children of every age, race and family income level. Young mothers and fathers unprepared for the responsibilities of raising a child; overwhelmed single parents with little support; and families placed under stress by poverty, divorce or a child's disability are all at greater risk. Child abuse can be physical, sexual, emotional or verbal. Neglect specifically involves the failure to provide for a child's basic physical or emotional needs. Children, families, communities and society as a whole suffer from the devastating effects of abuse and neglect. Victims of abuse are more likely to experience problems in adolescence and adulthood, such as drug abuse, delinquency, teen pregnancy, mental health problems and abusive behavior.³²

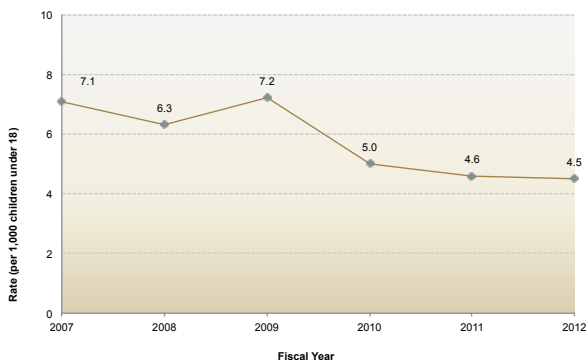
The lifetime costs linked to just one year of confirmed child abuse and neglect cases is estimated at \$124 billion. The lifetime cost for each victim who lived was more than \$210,000. Those lifetime costs include medical costs, productivity losses, criminal justice costs and special education.^{xiii}

Healthy People 2020 Objective:

Reduce the number of non-fatal child maltreatment victims to 8.5 per 1,000 children younger than 18 years of age. Reduce child maltreatment deaths to 2.2 per 100,000 children younger than 18 years of age.

Population-Based Data:

Figure 4.8 State of Hawaii, Rate of Confirmed Cases of Child Abuse and Neglect: 2007-2012

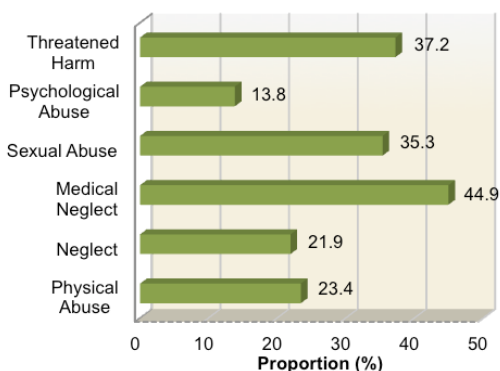


In 2011, an estimated 681,000 children were victims of maltreatment, which corresponds to a rate of 9.1 per 1,000 children in the United States.³³

In Hawaii, the rate and number of confirmed cases of child abuse and neglect has declined over the past six years. However, the Department of Human Services reported 1,368 children as confirmed cases (a rate of 4.5) in 2012.

Source: Hawaii State Department of Human Services, Management Services Office. Annual Statistical Reports on Child Abuse and Neglect in Hawaii, 2007-2012. Note: Graph reflects unduplicated count. Data reflects federal fiscal year (October 1-September 30).

Figure 4.9 State of Hawaii, Confirmation Rate by Type of Abuse and Neglect: 2012



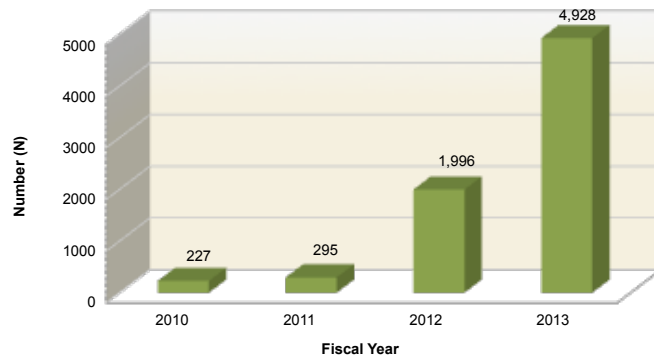
In 2012, 32% of all reports to the Department of Human Services were confirmed as an unduplicated case of child abuse and neglect. The cases of abuse and neglect are categorized into six major types (see figure 4.9). Although there is often overlap between types of abuse and neglect, the predominant factor is reported here. Threatened harm accounted for 1,084 confirmed cases in 2012, followed by 207 cases in which neglect was the predominant factor and 177 cases in which physical abuse was the predominant factor. The confirmation rate by type of abuse reported ranged from 13.8% (psychological abuse) to 44.9% (medical neglect).

Source: Hawaii State Department of Human Services, Management Services Office. Child Abuse and Neglect in Hawaii 2012.

Program Highlight:

Figure 4.10 State of Hawaii, Number of Families of Newborns Screened for Risk of Child Abuse or Neglect by Hawaii Home Visiting Network: 2010-2013

In 2010, the Maternal and Child Health Branch (MCHB) was awarded a Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant for home visiting services that promote maternal, infant and early childhood health, safety and development, strong parent-child relationships and responsible parenting. As a result, the **Hawaii Home Visiting Network (HHVN)** was established and is comprised of 10 non-profit community based organizations that offer 4 evidence-based home visiting programs that address specific outcome measures and benchmarks.



Source: Hawaii State Department of Health, Family Health Services Division, Maternal and Child Health Branch, Healthy Start Program. Data reflects fiscal year (July 1-June 30).

In 2011, the branch was also awarded a competitive development grant that funded the re-establishment of the Early Identification (EID) program supporting expansion of EID services to screen families of newborns in hospitals for risk of child abuse or neglect and referral for services through the HHVN. Since the re-establishment of EID in 2011, the number of families screened for risk of child abuse or neglect by the HHVN EID program significantly increased from 295 families in 2011 to 1,996 families in 2012 and 4,928 families in 2013. The HHVN is supported by grant funds to assist programs with capacity building, training, professional development, quality assurance and accreditation support. The continued expansion of HHVN EID program services is contingent upon future funding of the MIECHV grant, as determined by Congress.

Other Program Activities:

- **Hawaii Children's Trust Fund** is a public/private partnership with the Hawaii Community Foundation to ensure a network of prevention services that support and strengthen families to help prevent child abuse and neglect. In 2012, the fund launched "One Strong Ohana," a public awareness campaign in conjunction with the Joyful Heart Foundation to raise awareness about child abuse and neglect and identify positive ways people can prevent abuse. An accompanying website provides information about the trust fund, including information about the protective factors that strengthen families as well as resources for families, parents and service providers. The campaign aired radio and television public service announcements and promoted social media messages via Twitter and Facebook. The fund also issued grants to help businesses understand the importance of protective factors and the role that businesses can play in helping to reduce child abuse and neglect.
- The MCHB **Parenting Support Programs** strengthen families by reducing family stress, family violence and incidences of child abuse and neglect through the promotion of protective factors shown to be effective. The **Parent Line**, which provides informal counseling and referrals and addresses questions about child development and behavior, family issues and community resources through publications such as "**Keiki 'O Hawaii**," a newsletter featuring early childhood development information and resources for first-time parents; the "**Teddy Bear Post**" for parents of preschool-age children; and "**A Happy Start**," a brochure for parents of children entering kindergarten. The **Parent Line-Home Reach** program provides short-term home visitation services to resolve parenting concerns or family crises. **Mobile Outreach** (play and learn groups) provides activities and programs statewide to isolated or homeless families and promotes age-appropriate parent-child interaction, communication and positive discipline.
- The MCHB administers a federal **Community-Based Child Abuse Prevention** grant to support community-based efforts to prevent child abuse and neglect. Funds are used to conduct statewide needs assessments and organize activities to build collaborative partnerships; provide technical assistance and training for professionals; award grants in partnership with the Hawaii Children's Trust Fund to support evidence-informed programs; and promote prevention awareness through community events and activities coordinated by the Child Abuse Prevention Planning Council. Council activities include the annual Teddy Bear Drive and Family Resource Fair, the Pinwheels for Prevention event on the state capitol lawn, and participation in the annual Children and Youth Day.

School Readiness

Goal: Increase the Percent of Children Prepared to Enter Kindergarten

Issue:

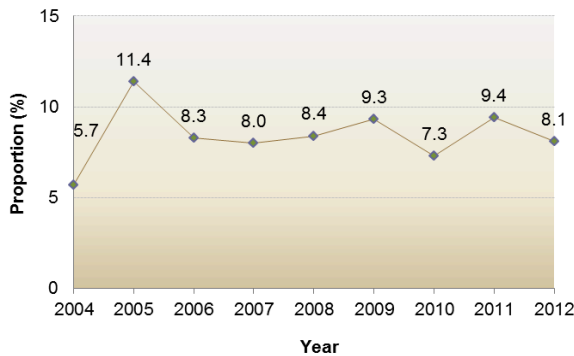
The optimal health and development of children is critical to their ability to be ready for school. Evidence shows that experiences in the first years of life are extremely important for a child's healthy development and lifelong learning. Children's readiness for school and beyond depends not only on the support they receive from their families, but also upon the support they receive from the early childhood system and the community in which they live. Children function best when they receive preventive and regular health care, and healthy children are more likely to be better prepared for academic and life success.³⁴

Healthy People 2020 Objective:

Increase the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language and cognitive development.

Population-Based Data:

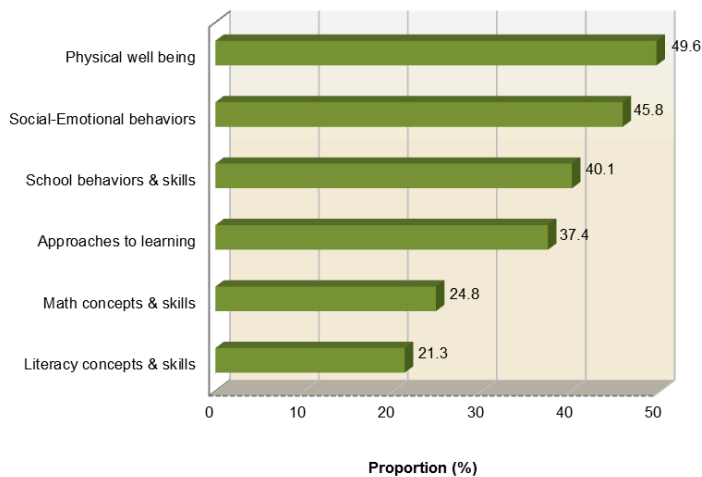
Figure 4.11 State of Hawaii, Meeting Benchmarks in All Dimensions Among Kindergarten Classes: 2004-2012



Source: Hawaii State Department of Education, Systems Accountability Office, System Evaluation and Reporting Section.

This data is from the Hawaii State School Readiness Assessment, which measures the readiness of young children and elementary schools in Hawaii. The instrument, which was designed for both school and system-level use, assesses whether children enter school ready to succeed and whether schools are prepared for entering kindergarten children. From 2005 to 2006, there was a decrease in the proportion meeting all benchmarks (six dimensions listed below) for school readiness. Since 2009, there has been yearly fluctuation in this measurement with 8.1% of all children in kindergarten classes meeting all benchmarks in 2012.

Figure 4.12 State of Hawaii, Kindergarten Classes Consistently Displaying Key Skills and Characteristics: 2012



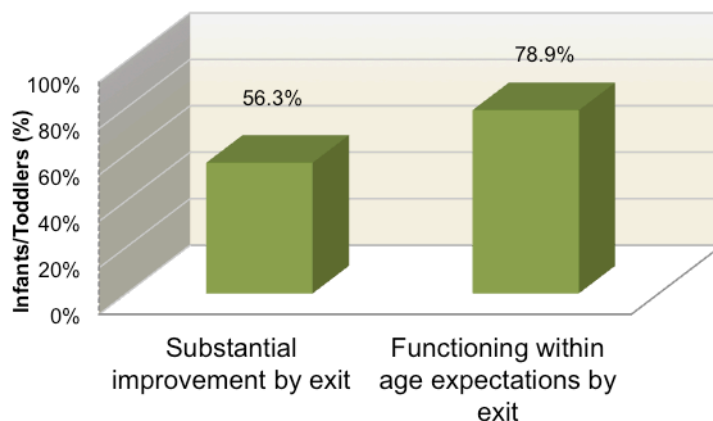
The data from the Hawaii State School Readiness Assessment is separated out into the six developmental dimensions that underpin successful learning experiences among entering kindergarten children. The lowest estimates for consistently displaying key skills and characteristics were related to math and literacy concepts, with each having only about a quarter of the classes consistently displaying the skills.

Source: Hawaii State Department of Education, Systems Accountability Office, System Evaluation and Reporting Section. Note: Represent proportion of classes demonstrating at least three fourths of all entering kindergarten children consistently display the skills and characteristics necessary for success in school life.

Program Highlight:

Figure 4.13 Infants and Toddlers Receiving Early Intervention Services Who Demonstrate Improved Socio-Emotional Skills: 2012

The **Early Intervention Section** within the Children with Special Health Needs Branch provides early intervention services for children ages 0-3 years old with or at biological risk for developmental delays, as required by Part C of the Individuals with Disabilities Education Act. One of the outcomes addressed by early intervention services is positive socio-emotional skills, one of the six skill areas captured by the Hawaii State School Readiness Assessment. Of the children exiting from early intervention services in Fiscal Year 2013, 56.3% showed a substantial increase in growth rate of socio-emotional skills, while 78.9% were functioning within age expectations.



Source: Hawaii State Department of Health, Family Health Services Division, Children with Special Health Needs Branch, Early Intervention Section. Data reflects fiscal year (July 1-June 30).

Services are provided as identified on the child's Individual Family Support Plan and may include health services, medical services (diagnostic/evaluation), assistive technology, audiology services, family training, counseling, home visiting, nursing services, occupational therapy, physical therapy, psychological services, social work, special instructions, speech language pathology, transportation or vision services. Early Intervention Section services are provided in natural/familiar environments to support parents in daily routines with their children. Parents are mentored on how to meet the developmental needs of their child and are provided activities to support development in day-to-day interactions with their child.

Other Program Activities:

- The Family and Community Support Section within the Maternal and Child Health Branch contracts **Mobile Outreach** services to provide isolated or homeless families with programs and activities that promote age-appropriate parent-child interaction, communication and positive discipline. These programs support nurturing and attached parent-child interactions that help to position parents as their children's first teacher.
- The FHSD's **Early Childhood Comprehensive Systems** program, which is supported by a federal Maternal and Child Health Bureau grant, is based on scientific evidence demonstrating the critical relationship between early experience, brain development, long-term developmental outcomes and initiatives that ensure children enter school healthy and ready to learn. The purpose of the program is to support states and their communities in building and integrating early childhood service system components that address comprehensive health services (through medical homes); social-emotional development and mental health of young children; early care and education; and parenting education and family support.
- The Maternal and Child Health Branch's **Hawaii Home Visiting Network** for at-risk families with children 0-3 years old has goal to improve school readiness and achievement. The program measures a number of outcomes, including parental support for children's learning and development; parent knowledge of child development and their child's developmental progress; parenting behavior and parent-child relationship (discipline strategy and play interaction); parent emotional well-being and parenting stress; child's communication, language and emergent literacy; child's cognitive skills; child's positive approaches to learning, including attention capacity; child's social behavior, emotional regulation and emotional well-being; and a child's physical health and development.

Social Emotional Health

Goal: Promoting Young Children’s Social and Emotional Health and Mental Health Development

Issue:

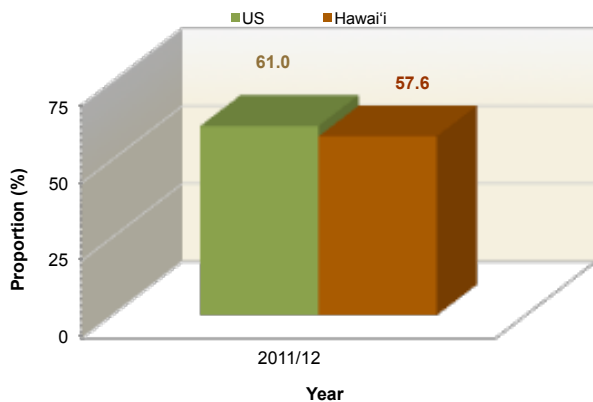
Promoting healthy social and emotional development in all young children leads to children who are better able to experience, regulate and express emotions; form close, secure relationships; and explore the environment and learn. Early identification of children at risk for the development of mental health concerns and challenging behaviors and referral to appropriate child development and mental health delivery systems often means less intensive services are needed.³⁵

Healthy People 2020 Objective:

Increase the proportion of children with mental health problems who receive treatment.

Population-Based Data:

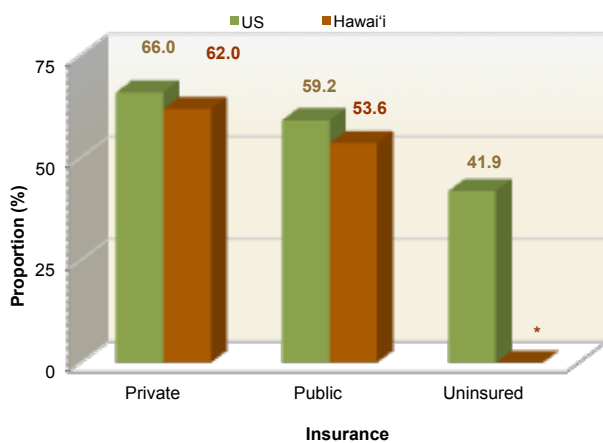
Figure 4.14 Parental Report of Children with Problems Requiring Counseling Who Received Mental Health Care Among Children 2-17 Years of Age: 2011–2012



In 2011-12, 57.6% of Hawaii children 2-17 years of age with problems requiring counseling, received mental health care services. This rate was similar to the national estimate.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children’s Health 2011/12.

Figure 4.15 Parental Report of Children with Problems Requiring Counseling Who Received Mental Health Care Among Children 2-17 Years of Age by Insurance Status: 2011–2012



In 2011–2012 in Hawaii, the percent of children 2-17 years of age with problems requiring counseling and who received mental health care services was similar to the national estimate among those households who had private or public health insurance. The national estimate for those without insurance was significantly lower than those on public or private insurance.

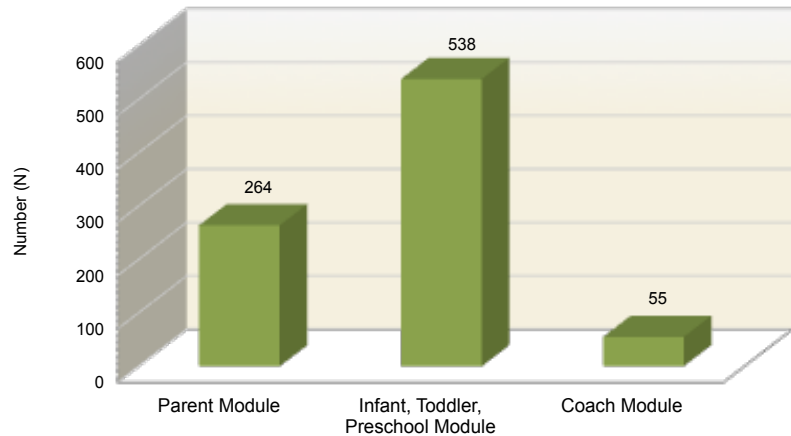
Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children’s Health 2011/12.

Note: * denotes sample too small to report reliable estimate.

Program Highlight:

Figure 4.16 Providers Trained by the Center on the Social and Emotional Foundations for Early Learning: 2008-2011

In 2007, the Hawaii **Early Childhood Comprehensive Systems** program was one of only eight states to receive services from the national **Center on the Social and Emotional Foundations for Early Learning**. The center provides training and technical assistance to build the capacity of early childhood practitioners to address challenging behaviors and to develop the infrastructure needed to support the social- emotional development of young children. From 2008-2011, over 800 early childhood practitioners from more than 50 programs received training.



Source: Hawaii State Department of Health, Family Health Services Division, Early Childhood Comprehensive Systems Program.

The trainings focused on three modules: parents; infant/ toddler and preschool children; and coaches. **Parent Modules** are designed for practitioners working with parent support groups to promote positive and effective parenting behaviors in support of children’s social and emotional development. **Infant/Toddler and Preschool Modules** are designed for practitioners working with infants and young children to address the social-emotional needs of young children. The content of the modules is consistent with evidence-based practices identified via a thorough review of the literature. **Coach Modules** are designed for those providing targeted consultation to infant and early childhood programs and utilizes evidence-based strategies to support children’s social and emotional development.

Other Program Activities:

- The FHSD’s Early Childhood Comprehensive Systems and the Hawaii Mental Health Transformation State Incentive Grant partnered to convene a yearly **Early Childhood Mental Health Leadership Summit** from 2009-2011. Two products that came out of the summits were a white paper on young children’s mental health and a resource handbook.
- The Maternal and Child Health Branch’s **Hawaii Home Visiting Network** for at-risk families with children 0-3 years old supports children’s healthy social behavior, emotional regulation and emotional well-being. The network’s programs promote children’s physical health and development, the prevention of injuries, child abuse and neglect, and the reduction of emergency department visits.
- The **Keiki Care Project**, a statewide collaborative project with the Children with Special Health Needs Branch’s Early Intervention Section and the Department of Human Services, was eliminated in 2008 due to budget restrictions. Keiki Care provided training, technical assistance and support for children ages 3-5 years old with social, emotional and behavioral challenges and who were enrolled in preschools, family child care homes and other community-based early childhood programs. From 2006-2007, Keiki Care trained more than 1,200 providers that served families with young children and was a critical resource for early childhood service providers.

Health and Safety Standards in Childcare

Goal: Ensuring Health and Safety Standards in Early Childhood Care and Education Settings

Issue:

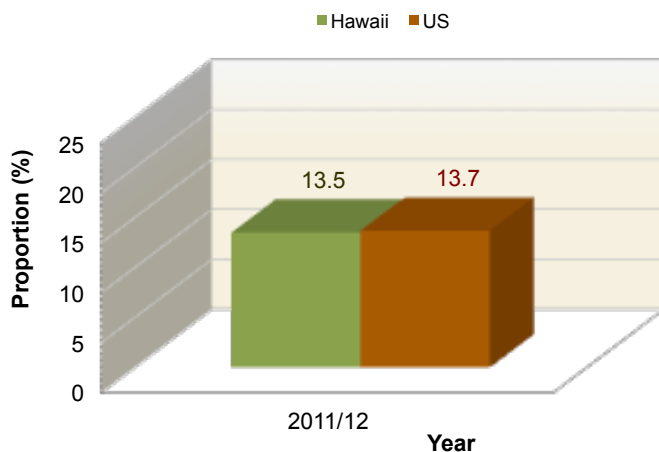
Ensuring health and safety standards in early childhood education and care settings contributes to children's optimal growth and development. Early childhood programs can play an integral role in improving healthy and safe outcomes for children outside of traditional health care settings.³⁶

Healthy People 2020 Objective:

No specific Healthy People 2020 objective available.

Population-Based Data:

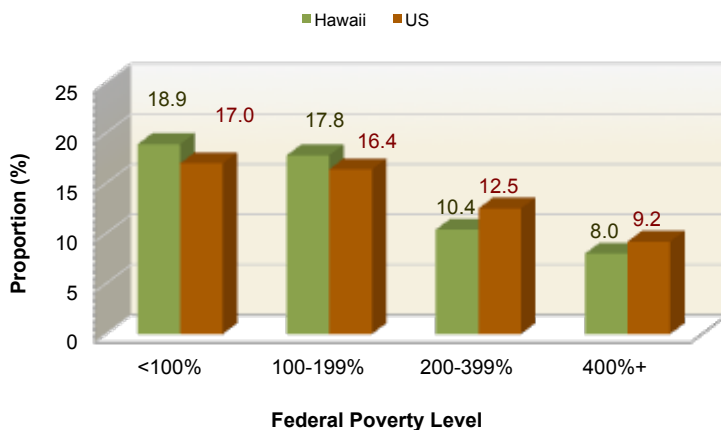
Figure 4.17 Work Life Affected by Child Care Issues Among Families with Children 0-5 Years of Age: 2011–2012



Work life affected by child care issues is defined by a family member quitting, not taking a job or greatly changing a job because of problems with child care. In 2011–2012, about one in seven Hawaii families reported that issues with child care affected employment. This was similar to national rates.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children's Health 2011/12

Figure 4.18 Work Life Affected by Child Care Issues by Household Income Among Families with Children 0-5 Years of Age: 2011–2012

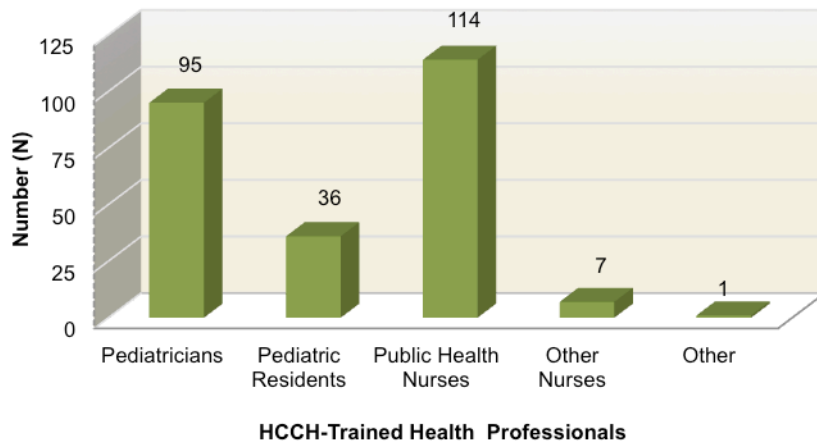


The relationship between employment problems and child care by household income was similar in Hawaii and nationally, with lower-income families having more problems with child care issues affecting work life. For example, 18.9% of Hawaii families with children 0-5 years of age living at or below the federal poverty level had problems compared 8% of Hawaii's families living at or above 400% of the federal poverty level.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children's Health 2011/12.

Program Highlight:

Figure 4.19 Health Professionals Trained by Healthy Child Care Hawaii: 2002-2012



Healthy Child Care Hawaii promotes the health and safety of children in early childhood education and care systems. Various approaches are used to address health and safety issues in early childhood programs. Pediatricians and other health professionals are recruited and trained to serve as child care health consultants. Seminars are offered for physicians and nurses interested in volunteering as health consultants. From 2002-2012, 253 health professionals were trained, of whom the majority were pediatricians and public health nurses.

Source: Healthy Child Care Hawaii

Healthy Child Care Hawaii is a collaborative effort of the University of Hawaii School of Medicine's Department of Pediatrics, American Academy of Pediatrics-Hawaii Chapter and Department of Health's Children with Special Health Needs Branch in partnership with and funded by the Department of Human Services. The efforts promote standards found in "Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition." Activities include:

- Connecting trained health consultants with early childhood programs. Health consultants provide practical support in areas such as infection control and disease prevention, nutrition and playground safety. Resource materials are provided to consultants and programs.
- Providing pediatric residents (doctors in training) at the University of Hawaii with opportunities to visit early childhood programs and learn about quality issues in early child education and care.
- Serving as a resource for Healthy Child Care Hawaii-trained health consultants, child care licensing workers and child care providers on all islands. Information on or links to resources are provided on various health and safety questions.
- Providing seminars and presentations at conferences and workshops for early childhood programs and health professionals. Previous child care topics have included health and safety, social and emotional health, physical activity, infectious disease, and supporting school readiness through health.
- Developed a "Health and Safety Facility Checklist for Child Care Centers" for use by health consultants and early childhood programs. The checklist focuses on issues of safety in outdoor activities, staff-child interactions, all classrooms, and infant/toddler classrooms.
- Assisted in developing the Early Childhood Pre-K Health Record Supplement (DHS 908 form), which provides information on a child's health, growth and developmental status for entrance into an early childhood program. Instructions include a sample Special Care Plan.
- Providing guidelines for medication administration in preschools.
- Developing recommendations for health and safety guidelines for child care programs.

Other Program Activities:

- A goal of FHSD's **Early Childhood Comprehensive System** is that "health and safety standards in early education and care settings will be ensured." In turn, system partners are working to provide information about health and safety standards, health resources, and health and safety materials for families and child care providers.
- The Maternal and Child Health Branch's **Hawaii Home Visiting Network** for at-risk families with children 0-3 years old addresses children's social behavior, emotional regulation and emotional well-being and collects data on measures that include child- and mother-related visits to the emergency department for all causes; child injuries requiring treatment; reported suspected maltreatment (allegations); reported substantiated maltreatment; first-time victim maltreatment; and the provision of information on child injuries, safe sleep, shaken baby, traumatic brain injury, child passenger safety, poisoning, and fire, water and playground safety.