

II.B. Five Year Needs Assessment Summary

II.B.1. Process

The Department of Health (DOH) Family Health Services Division (FHSD) conducted a needs assessment that informed FHSD and its state and community partners of the health needs of women, infants and children throughout the state. Findings of the needs assessment assist in identifying Hawaii's Title V maternal and child health (MCH) priority issues.

GOALS, FRAMEWORK, AND METHODOLOGY

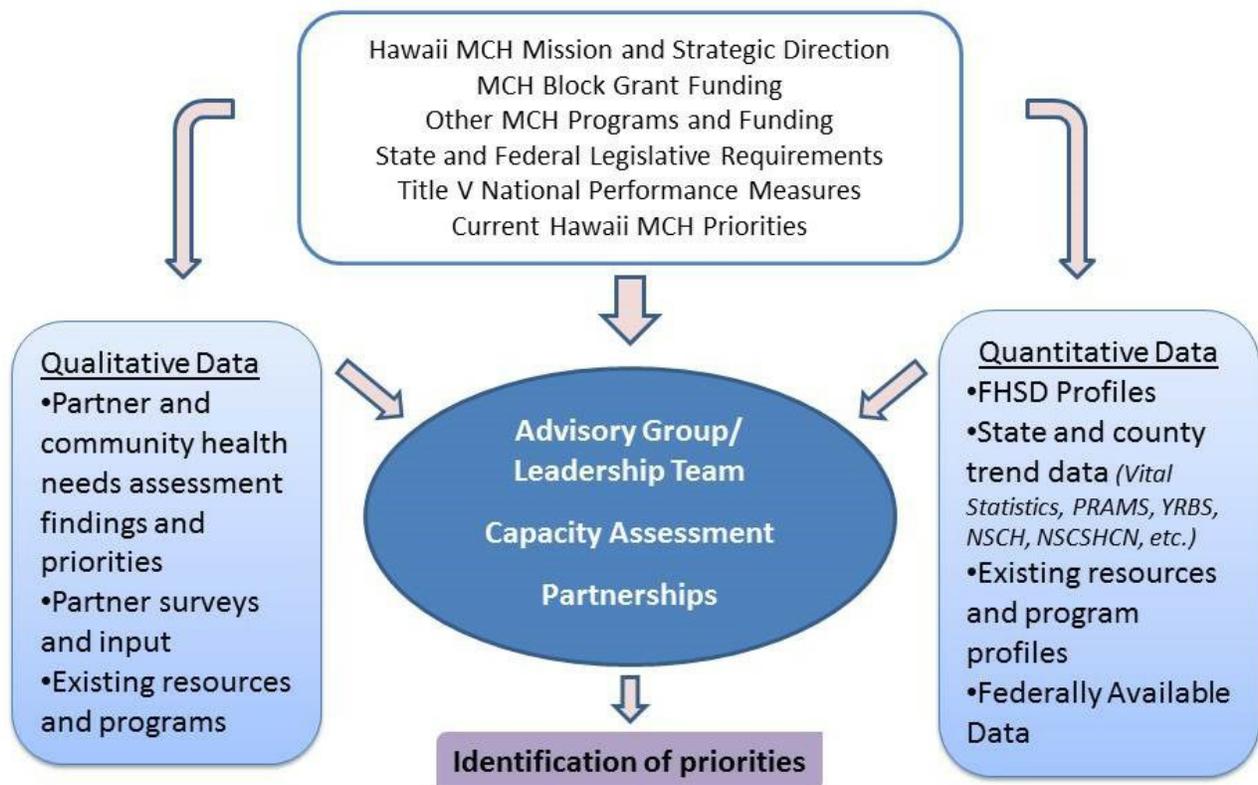
The overall goal of the needs assessment was a well-rounded picture of the six population health domains so that priority MCH priority needs could be identified.

The needs assessment framework included:

- Life course approach: Experiences or exposures during critical periods of an individual's life (e.g., infancy, childhood, adolescence, and childbearing age) can have long-term implications.
- Social determinants of health and health equity: Broad social, economic, and environmental factors must be addressed to promote health and achieving health equity.
- System of health care is family/patient-centered, community-based, and prevention-focused, with early detection and treatment/intervention for those with chronic conditions.

The figure below gives an overview of the needs assessment process.

Hawaii Maternal Child Health Needs Assessment Process 2016-2020



The FHSD leadership team was responsible for the needs assessment process, identifying priority issues and national performance measures; and/or developing the Title V grant application. The team included: Family Leader (also Director, Hilopaa Family to Family Health Information Center [F2FHIC]); Co-Director, Hawaii MCH Leadership Education in Neurodevelopmental and Related Disabilities [MCH LEND] Program); Medical Director; MCH Epidemiologist assigned by Centers for Disease Control and Prevention (CDC); Oral Health; Early Childhood Comprehensive Systems; MCH Branch; Children with Special Health Needs (CSHN) Branch; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Services Branch; Adolescent Health; and FHSD Coordinators on Neighbor Islands.

STAKEHOLDER INVOLVEMENT

Stakeholder input was obtained in several ways:

- Many FHSD partners have completed or participated in other needs assessment processes within the last several years and have expressed their priorities, strengths, needs and limitations. FHSD felt that recent feedback to other organizations on similar issues and populations should be considered, without overburdening partners by asking them to respond again to similar questions. Therefore other organizations' needs assessments were considered.
- Plans, priorities, position statements, and other documents of various state/community agencies and organizations were examined to identify their MCH issues.

- Trainees in the MCH LEND program, at a FHSD meeting on 11/14/2014, provided presentations on Data Stories and one-page fact sheets on MCH populations and health disparities.
- FHSD Title V priorities were presented at various meetings including American Academy of Pediatrics-Hawaii Chapter leadership, Health and Early Childhood Committee/Hawaii State Council on Developmental Disabilities, Early Childhood Action Strategy/On-track Health and Development Workgroup, University of Hawaii College of Education/Master's Seminar on Issues and Trends in Early Childhood, and Community Children's Council Co-Chair meeting with parent and professionals from all islands.

QUANTITATIVE AND QUALITATIVE METHODS

FHSD completed FHSD Profiles 2014 (see Supporting Documents) as part of the Title V needs assessment. This report provides information on key MCH issues and highlights FHSD programs, their efforts to promote health and improve health outcomes, and partnerships.

Quantitative data on issues were obtained from FHSD Profiles 2014, Federally Available Data, and other sources. Qualitative assessment of FHSD role was done by the FHSD leadership team, based on experience or involvement with various MCH issues. Qualitative assessment of FHSD capacity/resources was done by the FHSD leadership team, based on program responsibilities, populations served, staffing, funding, and mandates. Qualitative assessment of community alignment included identifying MCH issues in needs assessments, plans, and other documents of various state/community agencies and organizations.

DATA SOURCES

Sources of quantitative data included:

- **FHSD Profiles 2014**, which includes data from some sources below.
- **Federally Available Data** (FAD), in the FAD Resource Document and Title V Information System, includes sources below.
- **Behavioral Risk Factor Surveillance System Survey** (BRFSS)
- **National Immunization Survey** (NIS)
- **National Survey of Children's Health** (NSCH)
- **National Survey of Children with Special Health Care Needs** (NSCSHCN)
- **National Vital Statistics System** (NVSS)
- **Office of Health Status Monitoring** (OHSM) – DOH vital statistics
- **Pregnancy Risk Assessment Monitoring System** (PRAMS)
- **State Inpatient Databases** (SID)
- **Youth Risk Behavior Surveillance System** (YRBS)

Sources of qualitative data included:

- **American Academy of Pediatrics (AAP)-Hawaii Chapter, Position Paper:Pediatric Priorities 2015 and Beyond.** A Family Leader participated in its development.
- **Child and Adolescent Mental Health Division Strategic Plan 2015-2018** (DOH).Public hearings were conducted.
- **Early Childhood Action Strategy, Focus Areas and Objectives,** Governor's Office.The Executive Office on Early Learning, with over 80 private and public partners, identified core areas for a comprehensive and integrated early childhood system.
- **Hawaii Coordinated Chronic Disease Framework,** 2014, DOH Chronic Disease Prevention and Health Promotion Division.This was developed with individuals, organizations, and stakeholders across the state in the public, private, non-profit, and volunteer sectors.
- **Hawaii Injury Prevention Plan 2012-2017,** Injury Prevention Advisory Committee and DOH Injury Prevention and Control Section.Plan was developed with community partners.
- **Hawaii Maternal and Infant Health (MIH) Collaborative,** a public-private partnership to improve birth outcomes and reduce infant mortality, includes American Congress of Obstetricians and Gynecologists, March of Dimes, Healthy Mothers Healthy Babies, Hilopaa F2FHIC, Office of the Governor, FHSD, clinicians, public health planners/providers, insurance, health care administrators, and DOH Office of Planning, Policy and Program Development.
- **Hawaii Physical Activity and Nutrition Plan 2013-2020.**This was developed with public health, community organizations, healthcare professionals, businesses, city planners, school educators and administrators, and other stakeholders.
- **Hawaii State Council on Developmental Disabilities (DD), 2012-2016 State Plan Goals, Objectives, and Activities.**Council members include individuals with DD and family members.
- **Hawaii State Health Improvement Plan** (draft).DOH is the lead in developing this plan for the State of Hawaii as a step toward achieving future public health accreditation.
- **Hawaii State Innovation Model Planning Grant** (Governor's Office) for comprehensive health care system transformation, through shared public-private partnership.
- **Healthy Mothers Healthy Babies Coalition of Hawaii.**Its Perinatal Advocacy Network includes professionals representing various agencies.
- **Hui Kupaa.**This partnership between the State of Hawaii and Hawaii's nonprofit social service providers utilizes a Collective Impact approach to address complex social problems.
- **State of Hawaii Community Health Needs Assessment,** Healthcare Association of Hawaii, 2013. HAH convened seven Hawaii Health Care Forums with diverse stakeholders on three islands centered on local hospitals' top community health priorities.

INTERFACE BETWEEN NEEDS ASSESSMENT, TITLE V PRIORITY ISSUES, AND ACTION PLAN

The Needs Assessment led to identifying Title V priority issues for which the Action Plan was developed. Process:

1. Complete FHSD Profiles 2014 with a broad overview of MCH issues.
2. Select MCH issues for further review, based on six population health domains and link to Title V National Performance Measures, current State priorities, or emerging issues.
3. Needs Assessment with review of MCH issues.
4. Select final Hawaii Title V MCH priority issues based on these criteria:
 - a. Data show needs and challenges. Need may be shown by Hawaii rates being worse than the U.S. rate; Hawaii rates for specific groups (e.g., based on insurance, urban/rural residence, racial/ethnic group, etc.) are worse than the state rate; or Hawaii can still improve to reach the best rates of other states.
 - b. FHSD is the lead or has a major role and can impact the issue.
 - c. FHSD resources (staff, funding) to address the issue.
 - d. Community alignment – inclusion of MCH issues in other state/community needs assessments, strategic plans, statewide plans, goals/objectives, or initiatives.
5. Develop the Hawaii Action Plan for the MCH priority issues.

II.B.2. Findings

II.B.2.a. MCH Population Needs

Key findings are presented. Whether an issue met the criteria as a Hawaii Title V priority is indicated.

WOMEN/MATERNAL HEALTH

Reproductive Life Planning/Unintended Pregnancies

Unintended pregnancy is associated with late or inadequate prenatal care, low birth weight, neonatal death, domestic violence, child abuse, and exposure of the fetus to harmful substances such as tobacco, alcohol and other drugs.

Data: Hawaii data show a higher rate of unintended pregnancies (52.0% in 2012) compared to the national rate (40.0% in 2011). Hawaii data from 2009-2011 show higher estimates of an unintended pregnancy among live births in women under age 20 years (83.4%) and age 20-24 years (62.4%). (Data source: FHSD Profiles/Hawaii PRAMS, CDC/PRAMS)

FHSD Role: Women's and Reproductive Health Section/Family Planning Program (FPP) is the FHSD lead for this area. FPP assures access to affordable birth control and reproductive health services to all individuals of reproductive age.

FHSD Resources: FPP, Perinatal Support Services, Home Visiting Network, and WIC Branch include services that support women during the interconception period, including reducing future unintended pregnancies. FHSD