I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix C of the 2015 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published January 2015; expires December 31, 2017.

I.E. Application/Annual Report Executive Summary

BACKGROUND

State of Hawaii, Department of Health (DOH)/Family Health Services Division (FHSD) receives approximately $2.2 million in Title V funding from the federal government. Title V of the Social Security Act is the Maternal and Child Health (MCH) Services Block Grant and is a federal program devoted to improving the health of all women, children, and families.

State Title V MCH programs develop, deliver, and support comprehensive public health systems and services in every state and territory for women and children, including children with special health care needs. This work is accomplished by providing health services, linking families to appropriate care, and assuring the capacity of states to address priority health issues.

NEEDS ASSESSMENT

Every five years, FHSD is required by Title V to conduct a statewide needs assessment. The goal of the assessment is to examine data to determine the selection of priorities that will drive state public health work for the next five years. The overall aim is to make a measurable improvement in the health of the MCH populations.

Since the last 5-year needs assessment, FHSD has suffered a significant loss of staffing (20% reduction) and funding, with the elimination of programs and reductions in program eligibility and benefits. This contraction of organizational capacity has occurred at a time of increasing demand for services resulting in a general sense of "overwhelm" among staff. Thus, FHSD conducted the needs assessment cognizant of strategically leveraging existing resources; building upon established collaborative initiatives; capitalizing on partnerships; and developing capacity by building on current programs, initiatives and strategies. Using this approach FHSD was able to reduce duplication of assessment efforts on a small state population, and assure Title V priorities and plans were well-aligned with key partners in public health and the health care system.

Hawaii analyzed results from recent needs assessments to assure the information was current and stakeholders would not repeat their concerns. In addition, plans, priorities, position statements, and other documents of various state/community agencies and organizations were examined to identify their MCH issues.

To determine which priority measures would be most meaningful to the state, these criteria were used:

1. Data reflect a need and opportunity for improvement.
2. FHSD could take a lead or major role for the issue.

3. FHSD has capacity and resources (staffing and funding) to address the issue.
4. An expressed interest or concern raised by the community and an opportunity to align efforts with existing groups.

IDENTIFICATION OF STATE PRIORITY NEEDS

Based on the needs assessment, Hawaii selected 5 ongoing priorities and 3 new priorities that reflect emerging needs. Hawaii Title V priorities are:

- Promote reproductive life planning
- Reduce infant mortality: promote breastfeeding and safe sleep practices *(new)*
- Prevent child abuse and neglect
- Promote early childhood screening and development
- Promote adolescent well-being *(new)*
- Promote transition to adult health care
- Improve oral health
- Improve access to services through telehealth *(new)*

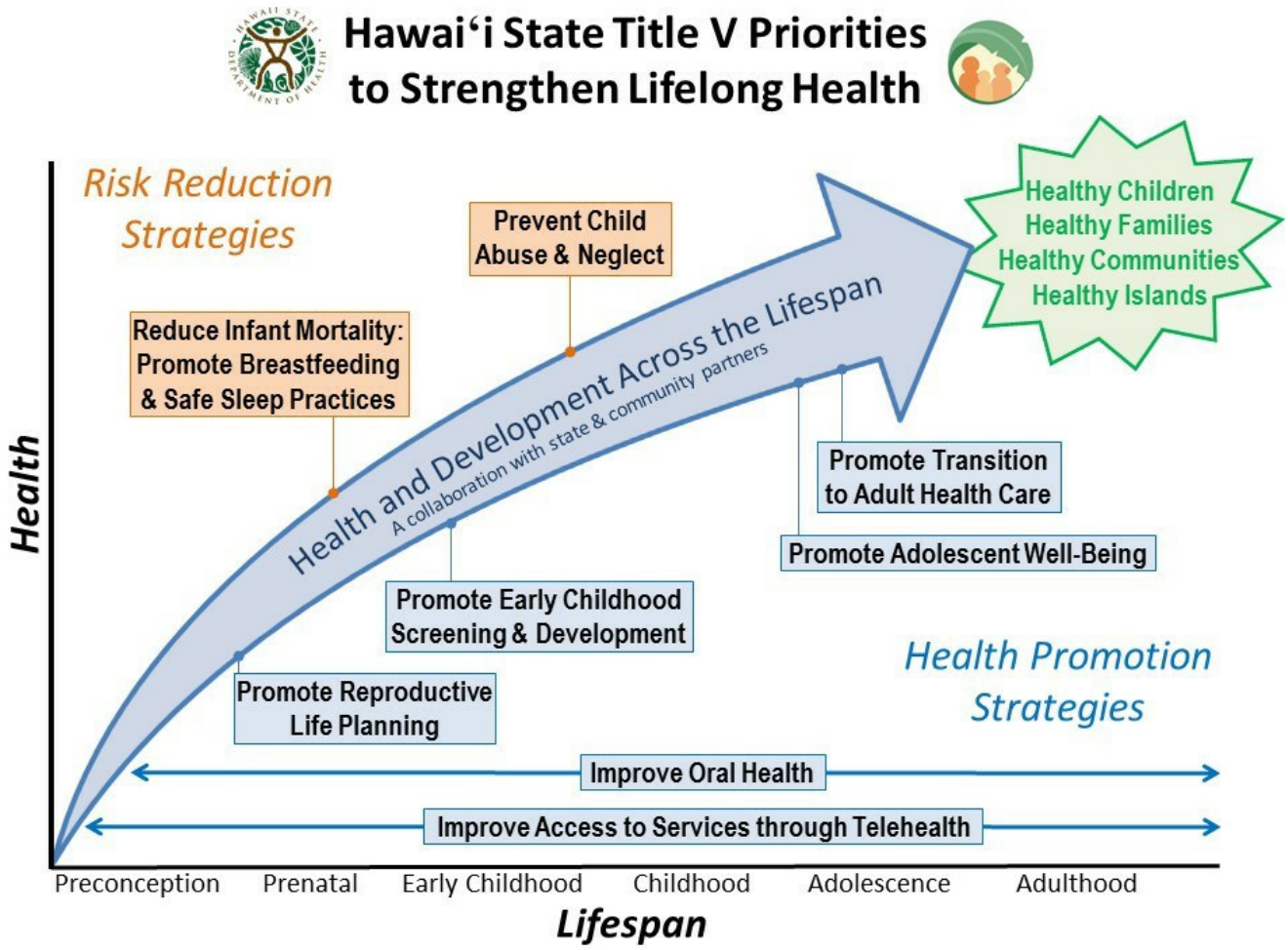

Figure 1. Hawaii Title V priority measures across the lifespan.

ACCOMPLISHMENTS AND PRIORITY NEEDS BY POPULATION DOMAIN

DOMAIN: WOMEN'S/MATERNAL HEALTH

FHSD grants or programs that address perinatal and/or infant health include: Family Planning, Perinatal Support Services, Domestic Violence, Sexual Violence, Hawaii Home Visiting Network, Pregnancy Risk Assessment Monitoring System (PRAMS), Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and Primary Care Contracts. FHSD is part of the Hawaii Maternal and Infant Health Collaborative, a public-private partnership committed to improving birth outcomes and reducing infant mortality (see Perinatal/Infant Health below). This collaborative was developed in partnership with the Executive Office of Early Learning's Action Strategy, with help from the DOH and National Governor's Association, and includes physicians/clinicians, public health planners and providers, insurance providers, and health care administrators.

Priority: Promote reproductive life planning

Related National Performance Measure: Percent of women with a past year preventive medical visit.

Plans include:

- Promote preconception health care visits (e.g., identify access barriers, community and provider education, public awareness).
- Promote reproductive life planning (e.g., increase birth spacing, improve access to family planning).
- Promote healthy behaviors (e.g., smoking cessation, decrease alcohol and substance use, maintain healthy weight, use of folic acid, chronic disease control).

DOMAIN: PERINATAL/INFANT HEALTH

Grants or programs that address perinatal/infant health include: PRAMS, Fetal Alcohol Spectrum Disorders, Home Visiting Network, Family Planning, Perinatal Support Services, WIC Services, and WIC Breastfeeding. FHSD is part of the Hawaii Maternal and Infant Health Collaborative, a public-private partnership to improve birth outcomes and reduce infant mortality through promoting preconception health care, promoting reproductive life planning, promoting healthy behaviors across the lifespan, improving access and utilization of appropriate prenatal care, promoting appropriate care for mothers at risk, promoting appropriate time and method of delivery, promoting healthy behaviors in at risk populations, and promoting infant well-being.

Priority: Reduce the rate of infant mortality by improving breastfeeding rates and promoting safe sleep practices.

Related National Performance Measures: Percent of infants who are ever breastfed; percent of infants breastfed exclusively through 6 months; percent of infants placed to sleep on their backs.

Plans for breastfeeding include:

- Strengthen programs that provide mother-to-mother support and peer counseling.
- Use community-based organizations to promote and support breastfeeding.

Plans for promoting safe sleep practices include:

- Review all birthing hospital policies and training needs.
- Increase infant safe sleep environment knowledge for caregivers.
- Safe sleep behavior is understood and championed by trusted individuals.
- Collect information on co-sleeping beliefs and behaviors among diverse cultures in Hawaii.

DOMAIN: CHILD HEALTH

FHSD has many grants and programs that promote child health and wellness, in areas that include immunization, injury prevention, medical home, nutrition, oral health, and screening, in collaboration with many State and community partners. The Early Childhood Comprehensive Systems grant is focusing on developmental screening activities of infants and toddlers in early childhood programs. Programs with a focus on child abuse and neglect prevention

include Community Based Child Abuse Prevention, Hawaii Children's Trust Fund, Parenting Support, and Child Death Review. The Home Visiting Program received grant funding for Maternal, Infant and Early Childhood Home Visiting to strengthen current home visiting services, increase enrollment of prenatal women through partnerships with WIC clinics across the State, and strengthen home visiting effectiveness in prenatal health and birth outcomes, school readiness, and coordination of referrals to community resources.

Priority: Promote Early Childhood Screening and Development – Improve the percentage of children age 0-5 years screened early and continuously for developmental delay.
Related National Performance Measure: Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool.
Plans include:

- Develop infrastructure for on-going training, technical assistance, and support for practitioners conducting developmental screening activities.
- Develop protocols, guidelines and standardized referral processes and communication system on developmental screening.
- Develop data system to track and monitor screening, referral, utilization system
- Develop collateral material needed to support understanding and importance of developmental screening.
- Develop website to house materials, information, and resources on developmental screening.

Priority: Prevent Child Abuse and Neglect – Reduce the rate of child abuse and neglect with special attention on ages 0-5 years.
Related National Performance Measure: Rate of hospitalization for non-fatal injury per 100,000 children age 0 through 9 and adolescents age 10 through 19 years.
Plans include:

- Raise awareness about the importance of safe and nurturing relationships to prevent child abuse/neglect.
- Improve evaluation capacity of Family Support and Violence Prevention Section programs to assure improved outcomes.
- Improve collaboration and integration between programs addressing child wellness and family strengthening.

DOMAIN: ADOLESCENT HEALTH

- MCH Branch, with the Adolescent Program, continues to promote adolescent development, in collaboration with public and private groups, community organizations, and youths. Its work includes teen pregnancy prevention with the support of three federal grants, and serving on the Hawaii School Health Survey Committee which is now preparing for the administration of the 2015 Youth Risk Behavior Survey.

Priority: Promote Adolescent Well-Being – Improve the healthy development, health, safety, and well-being of adolescents.
Related National Performance Measure: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
Plans include:

- Promote current "Bright Futures" guidelines for adolescents.
- Incentivize providers, adolescents & parents to encourage preventive care.
- Encourage teen-centered health care.
- Leverage missed opportunities to increase adolescent preventive services.
- Develop partnerships with key community stakeholders.

DOMAIN: CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

Children with Special Health Needs Branch (CSHNB) continues efforts toward improving access for CSHCN and their families to a coordinated system of family-centered health care services and improving outcomes, through systems development, assessment, assurance, education, collaborative partnerships, and family support. CSHNB programs include: Children with Special Health Needs, Early Intervention, Genetics, Newborn Hearing Screening, Newborn Metabolic Screening, and Birth Defects Programs. DOH supported the passage of two legislative bills that became law in July 2015 – Act 212 requires birthing facilities to screen newborns for critical congenital heart defects and report data to DOH, and Act 213 requires insurance coverage of medically necessary orthodontic treatment for orofacial anomalies for individuals under age 26 years. CSHNB staff planned and promoted Transition Fairs on Oahu and Neighbor Islands, in coordination with many state and community partners.

Priority: Promote Transition to Adult Health Care – Improve the percentage of youth with special health care needs ages 14-21 years who receive services necessary to make transitions to adult health care.
Related National Performance Measure: Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care.
Plans include:

- Convene agency and community stakeholders to develop strategies to improve services for adolescents and their families necessary to make transition to adult health care.
- Provide education/training on transition to adult health care.
- Develop educational materials to “chunk” manageable steps for transition for younger ages.
- Promote staff development in transition issues via webinars, trainings, etc.

DOMAIN: CROSS-CUTTING OR LIFE COURSE

FHSD grants or programs that address issues across all population health domains include: State System Development Initiative, State Office of Rural Health, Primary Care Office, Critical Access Hospitals (Flex Program), Oral Health, Primary Care Contracts, Rural Hospital Subsidy Contracts, and Genetics Program. The Oral Health Program is continuing with its efforts to promote oral health, through rebuilding the DOH oral health infrastructure including surveillance, planning and prevention functions, in collaboration with many federal, national, state, and community partners and funding resources. Its work has included: funding a dental director position to provide program leadership; developing an Oral Health Data report; conducting a third grade oral health Basic Screening Survey to assess the oral health status of children in 66 public and charter schools on six islands; contracting a policy review of oral health legislation; contracting a program profile of key state oral health programs, services, resources; planning a pilot school-based dental sealant program; and contracting fluoride varnish training with pediatric providers. The Genetics Program currently works to increase access to genetic services on the Neighbor Islands, with in-person clinics and telehealth via videoconferencing for genetic consultations.

Priority: Improve oral health – Improve the oral health of children ages 0-18 years and pregnant women.
Related National Performance Measure: Percent of women who had a dental visit during pregnancy; percent of children, ages 1 through 17, who had a preventive dental visit in the past year.
Plans include:

- Develop program leadership and staff capacity.
- Develop or enhance oral health surveillance.
- Assess facilitators/barriers to advancing oral health.
- Develop and coordinate partnerships with a focus on prevention interventions.
- Develop plans for State oral health programs and activities.

Priority: Improve access to services through telehealth
Plans: To be completed in the FY 2017 application. Plan will include developing a telehealth training and mentoring program to increase workforce knowledge and use of telehealth.

Progress on accomplishments to address the prioritized needs as reflected in the 5-Year Plan will be reported in subsequent annual Title V reports.

FHSD TRANSFORMATION
The revised Title V grant guidance has allowed FHSD to prioritize program efforts in wake of devastating budget cuts, engage important partners to effectively utilize opportunities presented in a changing health care environment, and focus on building workforce capacity to use systems approaches to effectively improve health outcomes.