

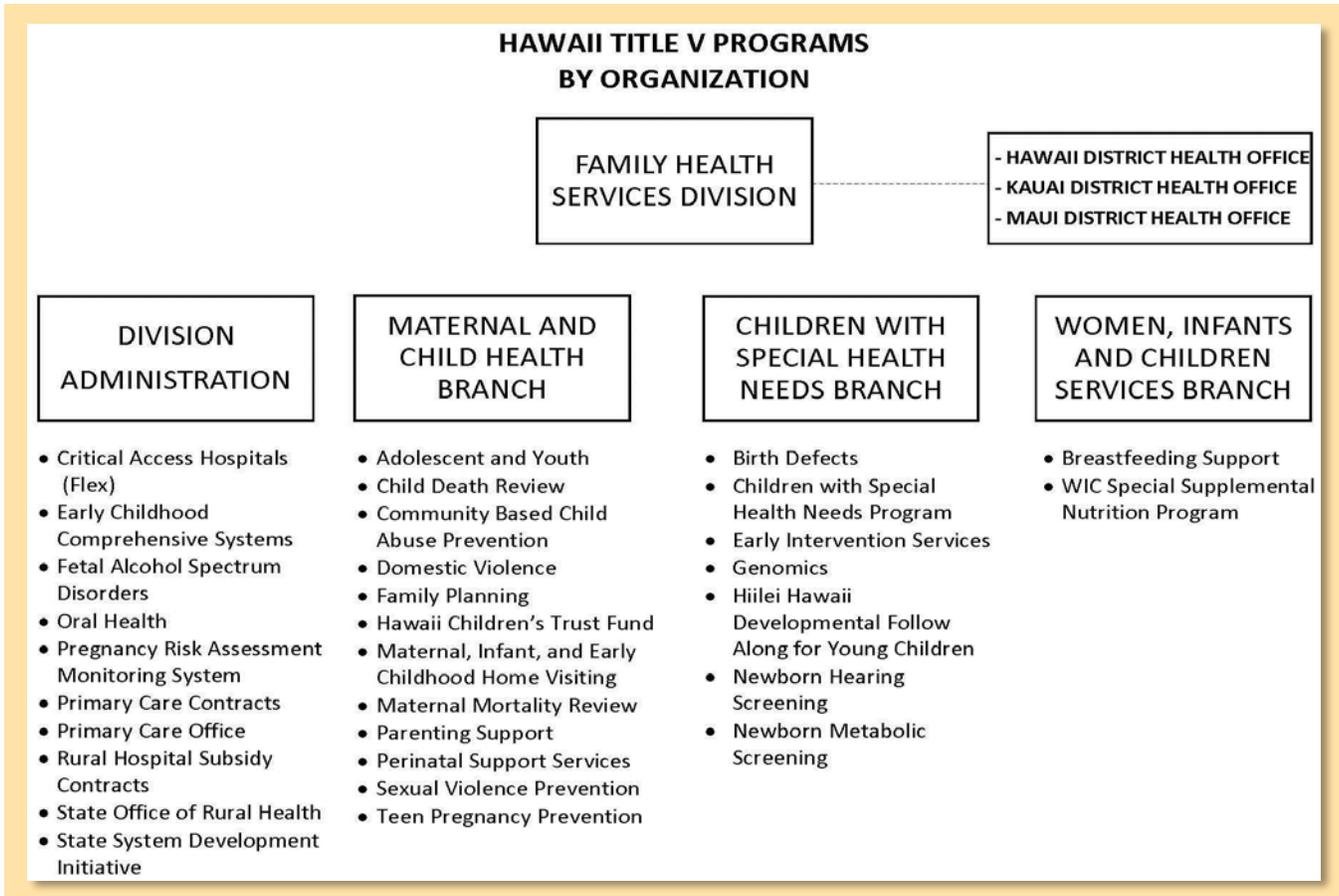


**Hawaii State Department of Health**  
**Family Health Services Division &**  
**Title V – Maternal and Child Health Services Block Grant**



**Family Health Services (FHSD)**

- FHSD is one of the largest divisions within the Department of Health (DOH). FHSD is in the Health Resources Administration.
- FHSD has 3 branches – Maternal and Child Health Branch, Children with Special Health Needs Branch, and Women, Infants & Children (WIC) Services Branch.
- FHSD has 28 programs, 23 grants, approximately 150 contracts, 317 FTE positions.



**FHSD & Title V**

- Title V (Maternal and Child Health Services Block Grant) is part of the federal Social Security Act. Its purpose is improve the health of all women, infants, and children, including those with special health care needs, and families.
- Title V provides the “umbrella” or the overall framework for FHSD, and guides the work of FHSD.
- FHSD receives approximately \$2.2 million each year in Title V funding.

**Hawaii State Department of Health**  
**Family Health Services Division**

*A progressive leader committed to quality health for the families and communities of Hawaii*

<http://health.hawaii.gov/fhsd/>  
<http://health.hawaii.gov/fhsd/title-v-maternal-child-health-block-grant/>

June 2016

## Hawaii State Title V Priorities & Strategies for 2016-2020

### *Hawaii's Priorities for Five-Year Title V Cycle 2016-2020*

- In 2015, FHSD completed a statewide needs assessment and selected 9 priorities. These priorities were based on:
  - Compelling data story with an opportunity to move forward on the issue.
  - Role of public health and where FHSD can take a lead or major role.
  - FHSD capacity and resources (staff and funding) to address the issue.
  - Interest/concern raised by the community and opportunity to align efforts with other groups.
- In 2016, FHSD selected:
  - Two additional state priorities on Engaging Families/Consumers and Meaningful Partnerships.
  - Strategies that are evidence-based or evidence-informed.

### Hawaii State Title V Priorities & Strategies for 2016-2020

Domain	Priority	Strategy
Women/ Maternal Health	Promote Reproductive Life Planning	Promote activities which support reproductive life planning and healthy birth outcomes by increasing intervals of birth spacing
Perinatal/ Infant Health	Reduce Infant Mortality through Breastfeeding	Promote activities which support breastfeeding initiation and exclusivity
	Reduce Infant Mortality through Safe Sleep	Promote the use of American Academy of Pediatrics safe sleep protocols in birthing hospitals
Child Health	Prevent Child Abuse and Neglect	Train home visitors to provide anticipatory guidance regarding injury prevention
	Promote Developmental Screenings and Services	Increase the number of children being screened, referred, and receiving services by FHSD programs for quality improvement purposes
Adolescent Health	Promote Adolescent Well-Being	Promote and/or facilitate activities which support the adolescent well-care visit
Children and Youth with Special Health Care Needs	Promote Transition to Adult Health Care	Promote and/or facilitate the transition to adult health care for youth with special health care needs age 14-21 years receiving Children with Special Health Needs Program services
Life-course	Improve Oral Health	Develop a state oral health program to improve the oral health of Hawaii families
	Improve Access to Services through Telehealth	Improve access to services and education through telehealth
	Engage Families and Consumers as Partners with FHSD	Increase the engagement of families and consumers as partners with FHSD
	Increase Meaningful Partnerships with FHSD	Increase meaningful partnerships with FHSD

### ***Your Thoughts?***

Will FHSD's work on these strategies help to improve the health of Hawaii families? What other strategies should FHSD consider? To comment, please go to:

<https://www.surveymonkey.com/r/2016TitleV-Hawaii>

If you have questions, or would like to work on a priority area with FHSD, please contact Annette Mente, FHSD Planner, (808) 733-8358, [annette.mente@doh.hawaii.gov](mailto:annette.mente@doh.hawaii.gov).

**Data for Title V Priority Needs – 2015**  
*Related to Title V National Performance Measures*

**Department of Health**  
**Family Health Services Division**

	<i>Measure</i>	<i>Hawaii Data</i>	<i>National Data</i>	<i>Concern?</i>
<b>Promote Reproductive Life Planning</b>				
Unintended pregnancy is associated with low birth weight, neonatal death, domestic violence, child abuse, and exposure of the fetus to harmful substances such as tobacco, alcohol and other drugs.	Proportion of pregnancies that are unintended	52.0%	40.0%	
Preventive health visits help women to adopt or maintain healthy habits and behaviors, detect early and treat health conditions, plan for a healthy pregnancy, and consider reproductive life planning.	Percent of women with a past year preventive medical visit	62.3%	65.2%	
<b>Reduce Infant Mortality through Promoting Breastfeeding and Safe Sleep</b>				
Infant deaths reflect the overall state of maternal and infant health. Risk factors include low birth weight, short gestation, race/ethnicity, access to medical care, sleep positioning, exposure to smoking.	Infant mortality rate (deaths per 1,000 live births)	6.1	6.4	
Breastfeeding has been shown to lower the risk of Sudden Infant Death Syndrome. Health advantages of breastfeeding include nutritional, immunological and psychological benefits to both mother and infant as well as economic benefits.	Percent of infants who are ever breastfed	89.5%	79.2%	
	Percent of infants who are breastfed exclusively through 6 months	26.4%	18.8%	
Sleep-related deaths are the leading cause of infant death after the first month of life. Recommendations to reduce the risk include back sleep position, safe sleep environment, breastfeeding, avoid smoke exposure during pregnancy and after birth.	Percent of infants placed to sleep on their backs	78.1%	74.2%	
<b>Promote Developmental Screenings and Services</b>				
Screening is important for the early identification of developmental concerns and appropriate follow-up, including referrals to early intervention or special education services.	Percent of children age 10-71 months receiving developmental screening using a parent-completed screening tool	38.9%	30.8%	

	<i>Measure</i>	<i>Hawaii Data</i>	<i>National Data</i>	<i>Concern?</i>
<b>Prevent Child Abuse and Neglect</b>				
Child maltreatment results in immediate physical or emotional harm or threat of harm to a child. Long-term, victims of abuse may experience problems such as drug abuse, delinquency, mental health problems and abusive behavior.	Rate of confirmed cases of child abuse and neglect for children age 0-5 years (per 1,000)	6.2	Not available	
Injuries are the leading cause of death among children. Non-fatal injuries due to child abuse and neglect may result in hospitalization.	Rate of hospitalization for non-fatal injury for children age 0- 9 years (per 100,000)	149.1	166.4	
	Rate of hospitalization for non-fatal injury for adolescents age 10-19 years (per 100,000)	212.4	249.9	
<b>Promote Adolescent Well-Being</b>				
Preventive health visits help adolescents adopt or maintain healthy habits and behaviors, manage their health and health care, manage chronic conditions, and plan their transition to adult health care.	Percent of adolescents age 12-17 years with a preventive medical visit in the past year	82.2%	81.7%	
<b>Promote Transition to Adult Health Care</b>				
Health and health care are major barriers to making successful transitions. Youth with special health care needs, compared to those without special health care needs, are less likely to complete high school, attend college, or be employed.	Percent of adolescents who received services necessary to make transitions to adult health care (both with and without special health care needs)	37.3%	40.0%	
<b>Improve Oral Health</b>				
Access to oral health care is essential. Without treatment, dental decay can cause pain and infection that can compromise a child's ability to eat, school attendance, and ability to concentrate and learn in the classroom.	Percent of women who had a dental visit during pregnancy	42.5%	50.3%	
	Percent of children age 1-17 years who had a preventive dental visit in the past year	83.1%	77.2%	

-  = Hawaii rate is better than US rate
-  = Hawaii rate is similar to US rate
-  = Hawaii rate is worse than US rate