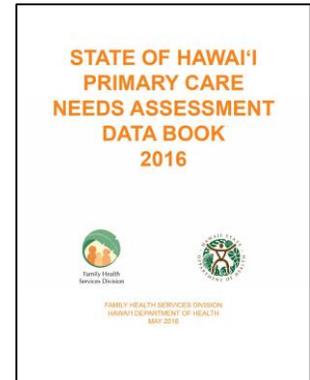


II.B. FIVE-YEAR NEEDS ASSESSMENT SUMMARY

II.B.1. PROCESS

Ongoing needs assessment activities include developing and publishing various data reports, data analyses, special studies, work with partners, other collaborative activities, and regular review of data by workgroups to ensure appropriate progress and that activities improve health of families.

Primary Care Needs Assessment Data book (2016), completed by FHSD, presents indicator data for multiple data sources at the community level including data from the US Census, American Community Survey, Vital Statistics, Behavioral Risk Factor Surveillance System, and Hospital Discharge data. Significant geographic disparities are seen across socioeconomic, maternal and infant health, chronic disease risk factors, mortality, oral health, and hospitalizations for mental health and substances related disorders. The data book reflects the broad perspective of primary care including chronic disease morbidity and mortality and other traditional maternal and infant health outcomes such as infant mortality and access to prenatal care. Dissemination of the data book to stakeholders and partners, and use of maps and data in presentations are some ways that data are used as part of FHSD ongoing needs assessment.



Data analyses help inform the ongoing needs assessment process. Data analyses since the last application that have been accepted for presentation at conferences include: disparities in screening for alcohol use, community level income and its association with extremely preterm births, prevention of recurrent preterm delivery, increased rates of severe maternal morbidity, prenatal smoking and neonatal intensive care unit admissions, attitudes towards fluoride supplementation among pediatric providers, variation in need for dental treatment among 3rd grade children, bullying behavior and associated impacts among middle and high school students, race/ethnic and other disparities in oral health utilization among adolescent and adults, risk factors for teen pregnancy, trends in breastfeeding patterns among race/ethnic and socio-economic diverse groups, and utilization of GIS technology to visualize community level data.

Birth Defects and Newborn Screening Programs periodically analyze their population-based data.

Special studies – See Oral health/Hawaii Smiles below.

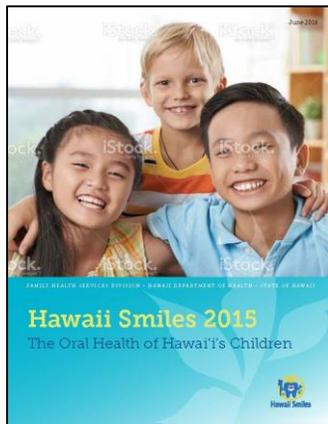
Publications in peer-review journals included: underdiagnosis of conditions associated with sudden cardiac death in children; depression, anxiety, and pharmacotherapy around the time of pregnancy; and predictors of dental cleaning over a two-year time period around pregnancy among Asian and Native Hawaiian or Other Pacific Islander race subgroups.

Presentations for community stakeholders and others raise awareness of various health indicators and contribute to ongoing needs assessment activities. Presentations in the past year included: maternal and child morbidity and mortality, teen pregnancies and births, adverse childhood and family experiences, infant mortality trends, safe sleep, sudden unexpected infant deaths, early term deliveries and increased newborn intensive care unit hospitalizations, public health and longitudinal data linkages, perinatal substance use, and infant/toddlers.

Community Health Needs Assessments (CHNA): The FHSD Office of Primary Care and Rural Health (OPCRH) continues in 2016 its facilitation of CHNA at a rural critical access hospital (CAH) on Oahu. The assessment process takes several months from initial data collection, survey development, compilation of findings, strategy prioritization, and completion/public dissemination of a final hospital report. CHNAs represent the start of community conversations and collaborations, and often inform other health assessments and strategic plans in Hawaii. OPCRH is also developing brief community health profiles for each CAH or rural community as requested.

II.B.2. FINDINGS

II.B.2.a. MCH POPULATION NEEDS



Oral health: FHSD studied the oral health status of a representative sample of third grade children throughout the state during the 2014-2015 school year. The “Hawaii Smiles” (forthcoming 2016) report showed that Hawaii has the highest prevalence of tooth decay among third graders in the US, with 71% affected by tooth decay (higher than the US average of 52%); 22% have untreated tooth decay, showing the need for dental care; about 7% need urgent dental care because of pain or infection; and over 60% do not have protective dental sealants. Oral health disparities are significant, with low-income and Micronesian, Native Hawaiian, Other Pacific Islander, and Filipino children having the highest level of untreated decay and decay experience. Third graders living in Kauai, Hawaii, and Maui counties are more likely to have tooth decay than those in Honolulu County. Findings support the need for culturally appropriate community-

based prevention programs, screening and referral services, and restorative dental care to improve the oral health of Hawai'i's children.

Child well-being: The 2016 *KIDS COUNT Data Book* showed that Hawaii ranks 23rd in the US in overall child well-being. Hawaii data showed improved rates for health (low-birthweight babies, children without health insurance, child/teen deaths, teens who abuse alcohol or drugs). However, rates worsened for economic well-being (poverty, parental employment, teen not in school/not working), education (young children not in school), and family/community (single-parent families, living in high-poverty areas).

Zika virus infection: In January 2016, DOH received laboratory confirmation of congenital Zika virus infection in a microcephalic infant born in Hawaii to a mother who emigrated from Brazil early in her pregnancy. For the period 2015-2016, as of 6/29/16, Hawaii had 10 travel-related cases who were infected outside of Hawaii. No cases were acquired locally. While Zika virus is not endemic in Hawaii, it is transmitted by *Aedes* species mosquitoes which can be found throughout Hawaii. A concern is that Zika cases among travelers visiting or returning to Hawaii may result in the Zika virus becoming endemic and spreading locally. Needs in Hawaii related to MCH include: monitoring Zika-infected pregnant women through pregnancy and their infants through the first year of life, information sharing, disseminating DOH materials to families/community, etc. See Emerging Issues for more information about Zika.

II.B.2.b. TITLE V PROGRAM CAPACITY

II.B.2.b.i. ORGANIZATIONAL STRUCTURE

A new safety net program in Children with Special Health Needs Branch (CSHNB) is Hiilei Hawaii Developmental Follow Along Program for Young Children, which provides developmental screening for

young children who are not eligible for early intervention (EI) services under Part C of the Individuals with Disabilities Education Act.

A 2016 reorganization of the CSHNB/Children and Youth with Special Health Needs Section increased its capacity to develop and promote health/developmental services for children with special health care needs, with a focus on early childhood.

II.B.2.b.ii. AGENCY CAPACITY

FHSD continues efforts to ensure statewide infrastructure for needs assessment, surveillance, planning, evaluation, systems and policy development, training, and technical assistance. FHSD continues to collaborate with other agencies, provide state support for communities, coordinate with health components of community-based system, and coordinate health services with other services at the community level.

II.B.2.b.iii. MCH WORKFORCE DEVELOPMENT AND CAPACITY

FHSD now has 317 FTE staff, of which 19.85 FTE are Title V funded, and 55 FTE are located on neighbor islands. The Legislature eliminated one vacant FHSD state-funded position (Research Statistician) in 2016.

Kimberly Arakaki began as the MCH Branch Chief in April 2016, bringing her eight years of experience as a branch chief in Developmental Disabilities Division. Recruitment and interviews continue for key FHSD leadership positions (FHSD Chief, vacant since January 2015; Public Health Administrative Officer VI, vacant since October 2014).

FHSD will recruit for the Epidemiologist II supervisor for the Surveillance, Evaluation, and Epidemiology Unit that oversees 5 programs/federal grants and 9 positions and supports/assures FHSD programs collect, analyze, and utilize data effectively for assessment, program planning, evaluation, quality improvement, and policy development. Recruiting became possible in July 2016 after a legislative change allowed this position to be funded by the Preventive Health and Health Services Block Grant.

II.B.2.c. PARTNERSHIPS, COLLABORATION, AND COORDINATION

Partnership with other DOH agencies:

- FHSD staff and the Office of Planning, Policy, and Program Development are working together on the MCH components of the DOH Strategic Plan and oral health projects.
- CSHNB staff are working with Hazard Evaluation and Emergency Response Office, Indoor Radiological Health Branch, and Public Health Nursing Branch on childhood lead screening and follow-up.

Partnership with other state agencies:

- Department of Human Services (DHS) Med-QUEST Division (Medicaid) is working with CSHNB/Early Intervention Section on roles and processes for coordination between EI care coordinators and QUEST Integration health plan service coordinators for Medicaid-eligible children receiving EI services.
- A new Memorandum of Understanding (June 2016) between DOH and Department of Education (DOE) addresses the transition of children at age 3 years from EI to the DOE special education preschool program.

Public-private partnerships:

- No Wrong Doors: CSHNB is participating in the No Wrong Doors statewide initiative to improve access to long-term services and supports for individuals with disabilities and chronic conditions. This is an initiative of the Governor's Office of Healthcare Transformation, with funding from the Administration for Community Living. Participants include the Executive Office of Aging, DOH Adult Mental Health Division, DOH Developmental Disabilities Division, DHS Med-QUEST Division, and DHS Division of Vocational Rehabilitation, and other agencies.
- Hawaii Maternal and Infant Health Collaborative (HMIHC) is a major partner for FHSD. Established in 2014, it is a public-private partnership to improve birth outcomes and reduce infant mortality. Diverse partners include academia, professional organizations, major health insurers, Hospital Association of Hawaii, and state agencies. To impact health issues, HMIHC activities include addressing policy and advocacy, delivery system, consumer education, and payment system. The federal CoIIN to reduce infant mortality is integrated within HMIHC activities and assisted in work on specific strategies among workgroups involved on the pre/interconception, pregnancy and delivery, and infant health and safety periods. Several FHSD members are active participants in the collaborative.
- Legislation: SB2476 (2016), which authorizes language services for children who are deaf, hard of hearing, or deaf-blind and establishes a working group, was passed by the legislature due to strong support from consumers and families. DOH/CSHNB worked with the DOE, Executive Office on Early Learning, and community/family advocates on proposed language for this bill. Bill has been sent to the Governor for approval.
- Legislation: SB2317 (2016) establishes authority and resources to conduct reviews of child and maternal deaths. DOH worked with various stakeholders on proposed language for the bill. Bill has been sent to the Governor for approval.

New need-engaging partners:

In 2010, a new FHSD Chief, Danette Wong Tomiyasu, was hired and FHSD leadership underwent strategic planning. Through an intensive seven-month process, FHSD determined that its primary audience was not families, but instead was partners, stakeholders, and contractors. FHSD did an environmental scan of its contractors and key partners and determined that partnership is a FHSD strength. In general, FHSD recognizes that it cannot do the work alone and its role as a public health leader is to cultivate, honor, and respect partnerships for improved outcomes for children and families. This led to a revised mission statement, where FHSD is a "progressive leader committed to quality health for the families and communities of Hawaii." FHSD achieves this mission through: quality integrative programs, partner development, operational effectiveness, workforce development. FHSD initially prioritized operational effectiveness and workforce development. In 2015, attention turned towards integration and partnership development. Before becoming good partners to those outside FHSD, a focus was on ensuring colleagues within FHSD recognized the importance of partnership and that the Title V needs assessment was the first step in recognizing that many partners were already working on similar issues and doing their own needs assessments. By selecting Partner Engagement as a State priority, Hawaii will address improving relationships with partners to ensure meaningful outcomes for children and families.

New need-engaging families:

Hawaii's Title V recognizes the importance of family engagement and strives to honor family partners through formal and informal structures. Title V works closely with the Hilopaa Family to Family Health Information Center. In developing the Needs Assessment, priorities were discussed with groups including the Community Children's Councils and Developmental Disabilities Council that included family

members. At the 2015 Title V Review, an “ice bucket” challenge was issued to pledge to “collaborate and partner in working to move the needle in Maternal and Child Health, to give all children and their families the best chance to thrive.” Part of the challenge was for programs to commit to finding a new family partner. Title V staff attended a training on Focus Groups which contained information on working with families and their critical perspective. Challenges to being responsive partners include technical issues of supporting parent stipends for transportation, child care, and time/effort, as well as practical aspects of constructively using information shared by families. In 2015, the FHSD OPCRH supported the Parent Leadership Training Institute and graduated its first class of parent leaders. However, Title V recognizes that an infrastructure is needed to support ongoing efforts of parent leaders and partners. Hawaii’s Directors of Health and Human Services are working with the ASPEN Institute to study the Two-Generation model and are adopting Ohana Nui (“Beloved Family”) to approach the generational aspects of engaging with families. Title V recognizes the need to also address multi-generations of families and include them as parent partners. By focusing on Parent Engagement as a State priority, Hawaii will better support parent partners to effectively use opportunities in a changing health care environment.