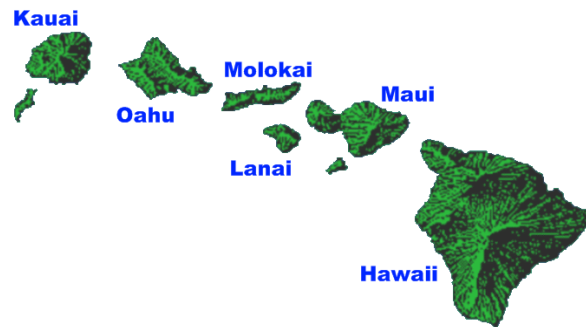


MATERNAL AND CHILD HEALTH BLOCK GRANT TITLE V 2017 REPORT/2019 APPLICATION

Hawaii is the only island state in the U.S. comprised of 7 populated islands organized into 4 major counties: Hawaii, Maui, Honolulu (Oahu), and Kauai. Spanning nearly 11,000 square miles (with a land mass of 6,422 square miles), the state is home to 1.4 million residents with 80% living in Honolulu, the most populous county.



Hawaii is also one of the most ethnically diverse states, with no single race majority (38% Asian, 25% White, 10% Native Hawaiian/Pacific Islander, 2% Black). In addition, nearly 25% of the population is of mixed race. Indigenous Native Hawaiians comprise roughly 6.1% of the population.

The state government is responsible for functions usually performed by counties or cities in other states. Hawaii is the only state, for example, with a single unified public-school system. Similarly, Hawaii has no local health departments, but has county health offices on the 'neighbor islands' to assure statewide services.

The Hawaii State Department of Health (DOH) works to protect and improve the health and environment for all people in the State. Because DOH is the only public health agency in the state, programs are key in providing statewide leadership for critical public health surveillance, planning and prevention functions.

Recognizing the importance of establishing a foundation of health early in life, one of the three DOH strategic goals is investing in healthy babies, mothers, and families. The DOH Family Health Services Division (FHSD) utilizes the federal Title V Maternal and Child Health Block Grant (Title V) to address this goal and fulfill its commitment to improve the health of women, infants, and children, including those with special health care needs. In addition, FHSD works to address social determinants of health and improve health equity, utilizing multi-generational approaches.

Hawaii Title V MCH Priorities

The 2018 Hawaii State Title V Plan includes eight national priorities based on the 2015 needs assessment. The priorities address the five population domains served by FHSD, as well as the cross-cutting systems building domain. The domains and priorities are described in the table below.



Domain	State Priority Need
Women's/Maternal Health	Promote reproductive life planning.
Perinatal/Infant Health	Reduce the rate of infant mortality by improving breastfeeding rates.
	Reduce the rate of infant mortality by promoting safe sleep practices.
Child Health	Improve the percentage of children age 0-5 years screened early and continuously for developmental delay.
	Improve the oral health of children.
	Reduce the rate of child abuse and neglect, with special attention on ages 0-5 years.
Adolescent Health	Improve the healthy development, health, safety, and well-being of adolescents.
Children with Special Health Care Needs	Improve the percentage of youth with special health care needs ages 12-21 years who receive services necessary to make transitions to adult health care.
Systems Building	Improve access to services through telehealth.

Title V National & State Performance Measures (2018)

The new 2018 Title V grant guidance created greater flexibility for states in the selection of priorities, and national and state performance measures. The current Hawaii national performance measures (NPMs) are:

- NPM 1: Well-woman visit
- NPM 4: Breastfeeding
- NPM 5: Safe sleep
- NPM 6: Developmental screening
- NPM 10: Adolescent well visits
- NPM 12: Transition to adult care
- NPM 13.1: Children's oral health

The current Hawaii state performance measures (SPMs) are:

- SPM 1: Telehealth
- SPM 4: Child abuse & neglect

The key accomplishments for FFY 2017 and plans for FFY 2018 are summarized below.

DOMAIN: WOMEN/MATERNAL HEALTH

Reproductive life planning

Accomplishments: The Hawaii Maternal and Infant Health Collaborative (HMIHC), of which FHSD is a central participant, continues to promote the use of the One Key Question® (OKQ) screening approach and Long Acting Reversible Contraception (LARC), both evidence-based/informed strategies adopted from the MCH Bureau Infant Mortality CoIIN. One outcome of the Collaborative's efforts was a provider memorandum issued by the state Medicaid program, supporting OKQ and Contraception Use. This was a significant event, as the memo provided information on

integrating OKQ into provider practice; unbundled LARC reimbursement from delivery service fees; supported stocking of LARC devices in birthing hospital pharmacies, eliminated the need for prior authorization for formulary contraceptive procedures, methods or devices; and allowed reimbursement for a 12-month supply of oral contraceptives.

Challenges: Acquiring timely data to monitor project benchmarks and complete evaluation. Private insurance barriers remain for LARC insertion.

Plans: Continue OKQ training targeting primary care providers. Evaluation of OKQ screening at pilot sites and LARC reimbursements resulting from Medicaid policy change. OKQ pilot sites include Title V WIC services, the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), and Title X Family Planning providers. HMIHC will also focus on public awareness and messaging to promote healthy behaviors including preventive women's health visits and reproductive life planning.

DOMAIN: PERINATAL/INFANT HEALTH

Promoting breastfeeding

Accomplishments: The HMIHC completed a comprehensive breastfeeding promotion plan for the state. A new work group was formed to lead implementation. The Women, Infants and Children (WIC) Services Branch staff serve as co-convenor for this work group. WIC continues its successful Breastfeeding Peer Counselor Project which conducts monthly group sessions and personal support to pregnant and breastfeeding WIC moms.

Challenges: WIC breastfeeding coordinator position eliminated due to Reduction-in-Force action and duties were redistributed to other staff. Birthing facilities improving in appropriate use of breastfeeding supplements; however work continues to improve breastfeeding policies, hospital discharge planning support, and assess staff competency.

Plans: Implementation of breastfeeding state plan in four key areas: leadership, messaging and training, laws and policies, and targeted supports for mothers and families.

Promoting safe sleep practices

Accomplishments: Title V staff and partners reviewed safe sleep policies at 92% of all birthing hospitals in the state. Findings from this process helped to identify workforce training needs and resources, as well as inform the current development of messaging targeted for parents and families. Partnership continues with state Department of Human (DHS), which administers state entitlement programs, to implement a new policy requiring all licensed childcare providers to undergo mandated safe sleep training. The state Child Death Review (CDR) program was also recently reinstated. The CDR is an

important source of information on the extent and circumstances of sleep-related deaths, as well as prevention recommendations.

Challenges: The practice of co-sleeping among local families may be related to ethnic/cultural norms, and also small or multi-family living arrangements due to high housing costs. These factors must be considered when providing safe sleep education that engages parents and other care givers in making informed decisions on creating a safe environment.

Plans: Complete review of all birthing hospital policies and training needs. Continue partnership with DHS to educate caregivers, collect family input on messaging, and explore prevention programs to reach high risk families served by DHS entitlement programs. Use CDR findings and recommendations to inform program planning and policy development. Evaluate effectiveness of Pack n' Play crib distribution programs.

DOMAIN: CHILD HEALTH

Improve screening early and continuously for developmental delay

Accomplishments: Guidelines on developmental screening, referral, and services were completed with stakeholder input and disseminated to the state early childhood (EC) community. Continued partnership with state EC organizations to promote system of developmental screening and referral. FHSD's Early Childhood Comprehensive Systems grant contracted with community providers to increase developmental screening rates of 3-year-olds. An FHSD data sharing system for EC programs was established, and data were analyzed to monitor and improve screening and referral activity among programs.

Challenges: Need remains for an integrated developmental screening system to ensure there are available supports statewide and in each community. This includes need for infrastructure support, including training and data systems (e.g., lack of detail within early and periodic screening, diagnosis, and treatment [EPSDT] Medicaid data).

Plans: Hire staffing for ECCS grant implementation on Maui. Work with families and parent engagement organizations to develop family-friendly materials on the importance of screening.

Improve the oral health of children

Accomplishments: The State Oral Health Program (SOHP) is now fully staffed and operating under the direction of a dental professional and personnel with public health skills and experience. Head Start/Early Head Start oral health screening was planned and implementation has begun. A statewide strategic planning process for oral health has started, and the State Oral Health Coalition was revived. The second year of a 3-year Virtual Dental Home teledentistry pilot project at early childhood settings (WIC, Head Start, preschool) was completed.

Challenges: Maintain adequate/sustainable funding for SOHP.

Plans: Publish findings and recommendations from Head Start/Early Head Start screening survey; complete state strategic oral health plan, complete third year of Virtual Dental Home teledentistry project; support coalition-building/partnerships to assure broad participation in state oral health planning. Await award announcement of Centers for Disease Control & Prevention 5-year oral health grant to develop state dental sealant program, community water fluoridation, and support integration of oral health into chronic disease prevention program.

Reduce the rate of child abuse and neglect (CAN)

Accomplishments: The FHSD's violence prevention programs collaborated to conduct Adverse Childhood Experiences (ACEs) trainings for multi-disciplinary/agency audiences, focusing on how violence impacts children's brain development and health over the lifespan. MIECHV continues to provide evidence-based services to at-risk families. MIECHV is in discussion with DHS, which administers the state's Child Welfare Services, to explore possible collaboration to implement a Nurse-Family Partnership home visiting model.

Challenges: Strengthening public health knowledge and skills to assure development of population-based approach to CAN including surveillance, assessment, systems building, and planning.

Plans: The Community-Based Child Abuse Prevention (CBCAP) program is developing a CAN surveillance system, and will also conduct system mapping as part of its needs assessment. Participation in the national MCH Workforce Development Center Technical Assistance will be used to assist with planning.

DOMAIN: ADOLESCENT HEALTH

Adolescent health and well-being

Accomplishments: Partnered with Hawaii Maternal Child Health Leadership Education in Neurodevelopmental & Related Disabilities (MCH LEND) and Hilopaa Family to Family Health Information Center (F2FHIC) to conduct lunch time webinars with pediatric specialists on Adolescent Well Visits (AWV). Hilopaa also conducted trainings on adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT) for pediatric providers. Title V staff and partners also began development of Adolescent Resource Toolkit (ART), aiming to deliver information about well visits and overall healthy behaviors directly to adolescents.

Challenges: Need for diversification of partnerships to conduct provider trainings and implement activities.

Plans: Continue training and technical assistance for adolescent health providers that provide well-care visits, so they are more teen-centered and aligned to *Bright Futures* practices. Secure further input from adolescents on the draft ART and assist with online resource development.

DOMAIN: CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

Transitions to adult health care

Accomplishments: The Children and Youth with Special Health Needs Section (CYSHNS) began to address all components of the evidence-based Six Core Elements of Health Care Transition, with the ultimate goal of incorporating transition planning into CYSHNS service coordination for all CYSHNS-enrolled youths and their families. A transition policy and protocols were developed with family input and implemented by CYSHNS. The CYSHNS data system is being upgraded to permit tracking and monitoring of transition planning for clients. Education and public awareness efforts continued through transition fairs, conferences, and other events, in collaboration with other state and community partners.

Challenges: Finding a flexible approach to incorporating transition planning in CYSHNS service coordination that considers the wide range of youth/family situations and service needs, and staff time and caseloads.

Plans: Evaluate the transition protocols implemented in CYSHNS service coordination. Continue development of the data monitoring system. Continue to support education and public awareness on transition to adult health care at fairs, conferences, and other events, in collaboration with partners.

DOMAIN: CROSS-CUTTING/SYSTEMS BUILDING

Promote telehealth

Accomplishments: FHSD is implementing or increasing telehealth activities, including for workforce training, as well as for direct services to the community (e.g., genetics, newborn screening, early intervention, WIC services and MIECHNV activities). Project ECHO Hawaii, of which FHSD is a key partner, continues to use videoconferencing to build primary care workforce capacity while improving patient access to specialty health care in rural communities. FHSD is supporting a pilot teledentistry program on Hawaii island. FHSD staff are using videoconferencing daily to maintain and improve communication among DOH programs and community partners.

Challenges: It is an ongoing process for programs/staff to learn and apply new skills and tools for services, education, and meetings.

Plans:

Telehealth infrastructure development – continue working with community partners to develop and implement policies/procedures for telehealth and develop a network of telehealth sites and personnel.

Workforce development – continue using training curriculum to train FHSD staff on telehealth.

Service provision – continue to identify services that may be provided using telehealth, pilot innovative programs, and expand successful pilot programs.

Education/Training – continue to identify education and training to be provided using telehealth, pilot programs, expand successful pilot programs.

MCH Workforce Development

With 277 FTE, FHSD staff have diverse training backgrounds and program experience in varied fields and subject areas. Many have topic-specific knowledge and program management expertise, but they may not have foundational public health skills needed to assess and align community data, system resources, and prevention strategies to improve Title V national performance measures. Therefore, FHSD utilizes technical assistance and the process of developing the Title V report/application to help build staff public health capacity. Other workforce efforts are described in the report.