

Needs Assessment Supporting Documents

Summary of document review conducted as part of Hawaii's Title V needs assessment environmental scan (for Section III.C.2.a(iv) – Data sources – Phase 1, Component 2 for details).

Lead Organization	Description of Assessment/Report	Status/Outcomes
Local Needs Assessments and Strategic Plans		
Consuelo Foundation https://www.consuelo.org/		
<p>The Consuelo Foundation promotes the wellbeing of at-risk children, women, and families in the Philippines and Hawaii. Consuelo particularly focuses on the prevention and treatment of abuse, neglect, and exploitation.</p>	<p>In October 2019, Consuelo hosted qualitative focus groups (“charrettes”) to solicit stakeholder feedback on relevant data and how the data could be used. The sessions were part of a larger environmental scan process, with the goal of informing Consuelo’s strategic plan.</p>	<p>Consuelo published a summary of the focus groups in November 2019 (“From data to dialogue: Consuelo Foundation data charrette report”). Recommendations included: 1) Importance of including members of the communities that were being studied; 2) Importance of cross-disciplinary dialogues; and 3) Support for programs focused on family strengthening, culture and ‘aina (land)-based, and wraparound supports. While Consuelo’s primary mission directly overlaps with Title V’s child abuse and neglect activities, the recommendations from the report cut across all Title V domains.</p>
Executive Office on Early Learning (EOEL) Our Keiki, Our Future: Hawaii Early Childhood State Plan, 2019-2024 and the Early Childhood Action Strategy https://earlylearning.hawaii.gov/hawaii-early-childhood-state-plan/ ; https://hawaiiactionstrategy.org/		
<p>The EOEL was established in 2012 by Act 178, and guides the development of the State’s comprehensive and integrated early childhood development and learning system. EOEL’s mission focuses on young children, prenatal to age five, and their families and communities.</p>	<p>EOEL facilitates updating of the State Plan every five years, in collaboration with various public and private partners. For the current Plan, an Early Childhood State Plan Steering Committee spearheaded the collaboration and solicitation of feedback from more than 100 childhood stakeholders. ECAS (the Early Childhood Action Strategy) is the statewide public-private collaborative working to implement the Plan.</p>	<p>The 2019-2024 Plan establishes five building blocks to a comprehensive approach to supporting early childhood: 1) Child and family health, safety, and wellbeing; 2) Family partnerships and support; 3) Foundations for early learning; 4) A well-prepared, well-supported workforce; and 5) Coordination of the early childhood system. ECAS is divided into six teams, based on EOEL’s Plan – healthy and welcomed births, safe and nurturing families, on-track health and development, equitable access to programs and services, high-quality early learning programs, and school readiness for successful transitions. While EOEL’s targeted age range directly overlaps with Title V’s infant and child activities, the Plan’s recommendations that impact families and the larger community cut across all Title V domains.</p>
Hawaii Maternal and Infant Health Collaborative (HMIHC) http://www.hmhb-hawaii.org/programs/hmihc/		
<p>Established in 2013, the HMIHC is a public-private partnership committed to improving birth outcomes and reducing infant mortality. Agencies such as FHSD and Healthy Mothers Healthy Babies are founding</p>	<p>The Collaborative has completed a strategic plan aimed at achieving an 8% reduction in preterm births and 4% reduction in infant mortality. To date, over 100 people and organizations across Hawaii have been involved, including physicians</p>	<p>HMIHC operates via four major workgroups for implementing their plan: 1) Pre- and inter-conception care (focusing on One Key Question and long-acting reversible contraception); 2) Care during pregnancy and delivery (focusing on reduction of substance use during pregnancy and access to progesterone for women at risk of pre-term</p>

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members and workgroup leaders.	and clinicians, public health advocates, insurance providers and health care administrators.	birth); 3) Infant health and safety (focusing on breastfeeding and care for substance-exposed infants); and 4) Advocacy and policy. HMIHC's strategies directly overlap with Title V's women's health and infant domains.
<p>Hawaii State Department of Health (DOH) Strategic Plan, 2015-2018 and Healthy Hawaii 2020 (HH2020): A community health plan (State Health Improvement Plan) https://health.hawaii.gov/oppd/department-of-health-strategic-plan/</p>		
The Hawaii DOH's mission is to protect and improve the health and environment for all people in Hawaii. The agency believes that health (the optimal state of physical, mental, social, and environmental well-being) is a right and responsibility of all Hawaii's people.	In 2016, the DOH released its comprehensive Strategic Plan, framed around a life course approach. Its three goals were: 1) Invest in healthy babies and families; 2) Take health to where people live, work, learn, and play; and 3) Create a culture of health throughout Hawaii.	HH2020 extends the Strategic Plan into specific and measurable goals and objectives (similar to the US Healthy People 2020 initiative). HH2020 is presented in eight sections, according to public health topic – access to services, behavioral health, chronic disease, environmental health, injury prevention and safety, lifestyle and wellness, maternal and child health, and oral health. Title V activities and benchmarks can be found across several of these sections.
<p>Hawaii State Department of Health – Child and Adolescent Mental Health Division (CAMHD) CAMHD Strategic Plan, 2019-2022 https://health.hawaii.gov/camhd/files/2019/01/CAMHD-Strategic-Plan-2019-2022-wAddendum-OCR.pdf</p>		
CAMHD provides timely and effective mental health prevention, assessment, and treatment services to children and youth with emotional and behavioral challenges, and their families. All CAMHD goals and objectives serve the ultimate vision of “happy and healthy children and families living in caring communities.”	In November 2018, CAMHD prepared a formal report to legislators and community stakeholders, summarizing its strategic plan for 2019-2022, as well as its review of progress for 2017-2018. FHSD was among the stakeholders invited to participate in a presentation of the updated plan.	CAMHD's Strategic Plan includes three goals: 1) Improve CAMHD's ability to meet the needs of gap groups; 2) Develop and implement a system-wide culture of Continuous Quality Improvement to improve administrative and clinical practices for youth and families; and 3) Improve efficiency of services by implementing the new CAMHD Case Management Information Technology System. While CAMHD's target population directly aligns with Title V's child and adolescent domains, benefits for families and the larger state infrastructure cut across all Title V domains.
<p>Hawaii State Department of Health – EMS and Injury Prevention System Branch (EMSIPSB) Hawaii Injury Prevention Plan (HIPP) https://health.hawaii.gov/injuryprevention/files/2013/09/Hawaii_Injury_Prevention_Plan_2012_to_2017_4mb.pdf</p>		
The DOH Injury Prevention and Control Section, under the EMSIPSB, collaborates with partners across the State to address the leading causes of injury that include: drowning prevention, fall prevention, poisoning prevention, suicide prevention, traffic safety, and violence and abuse prevention.	The HIPP serves as the State's guide for reducing the leading causes of injury in Hawaii. Updates are a collaborative effort among the EMSIPSB, the Injury Prevention Advisory Committee (IPAC), and other community partners.	The HIPP presents data, best practices, local efforts, and recommendations on each of the six injury areas. All areas have overlap with Title V's population domains, given injury's impacts on children, families, and communities. In particular, suicide is the leading cause of fatal injury death in Hawaii. This public health concern has broad-reaching impacts for all of Title V's programs.
<p>Hawaii State Department of Human Services (DHS) Child and Family Services Plan (CFSP): Federal fiscal years 2020-2024 https://humanservices.hawaii.gov/wp-content/uploads/2019/12/Hawaii-CFSP-FINAL-9-30-19-002-002.pdf</p>		
The Hawaii DHS envisions a future in which all Hawaii residents thrive. DHS	The CFSP is a strategic plan that describes Hawaii's vision for its child welfare system and the	The 2020-2024 CFSP has three over-arching goals: 1) Continuous collaboration to address needs across the continuum of intervention; 2)

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<p>provides important benefits and services that help build residents' self-sufficiency. There are four divisions: Med-QUEST; Benefit, Employment, and Support Services; Social Services; and Vocational Rehabilitation</p>	<p>goals that must be accomplished to actualize that vision. One of the CFSP's primary goals is to facilitate the integration of programs that serve children and families into a continuum of services, from prevention and protection through permanency.</p>	<p>Enhance a prevention-based child welfare continuum of intervention; and 3) Nurture a robust and healthy workforce for CWS and partner agencies. While the CFSP directly overlaps with Title V's child abuse and neglect activities, the recommendations from the report cut across all Title V domains.</p>
<p>Local Needs Assessments with Federal Funding/Affiliation</p>		
<p>Executive Office on Early Learning (EOEL), Head Start Collaboration Office – Preschool Development Grant (PDG), Birth through Five (B-5) <i>(funded by the Administration for Children and Families [ACF])</i> https://earlylearning.hawaii.gov/resources/hawaii-state-early-childhood-comprehensive-needs-assessment-reports/</p>		
<p>PDG B-5 grants support efforts of states and territories to assess their current early childhood care and education system, and implement system changes.</p>	<p>Grant collaborators' first task was to complete a needs assessment, in order to inform subsequent strategic planning and activities. EOEL's grant team contracted with ICF to design and conduct the needs assessment. Various methodologies were used, including: 1) Review of previous needs assessments; 2) Risk and reach analysis of secondary data; 3) System assessment via qualitative interviews with key stakeholders; and 4) Resource and funding map of early childhood programs.</p>	<p>The comprehensive needs assessment yielded the following implications: 1) More efforts are needed to determine an accurate count of children receiving and awaiting services; 2) Gaps in data quality and availability must be addressed; 3) Measurable indicators of progress must be developed and implemented; 4) Early childhood funding must be prioritized and used efficiently; 5) Supports should be provided for transition and coordination between systems and organizations (e.g., early childhood to kindergarten); 6) Work must continue on system integration and interagency collaboration to break down silos.</p> <p>As follow-up to the above findings, the EOEL commissioned two supplementary studies. The first, "Hawaii early childhood unduplicated count study," was completed by Hawaii P-20 for Education. It aimed to examine and create better connections between the Department of Health's Early Intervention Services databases (ages 0-5) and Department of Education records (which pick up from age 5). The second study, "Hawaii Early Childhood Facility Study," was completed by the MGT Consulting Group. This study examined the current inventory and market conditions related to childcare types, spaces, staffing, and availability.</p>
<p>Hawaii State Department of Health – Office of Primary Care and Rural Health (OPCRH) State of Hawaii Primary Care Needs Assessment Data Book <i>(funded by Health Resources and Services Administration (HRSA))</i> https://health.hawaii.gov/opcrh/home/publications/</p>		
<p>The Office of Primary Care and Rural Health coordinates federal, state, and local efforts aimed at improving the health of Hawaii's rural and medically underserved populations. The Office is organizationally placed within</p>	<p>OPCRH houses DOH's HRSA grant for "Primary Care Services Resources Coordination and Development." During the first two grant years, recipients conduct a statewide primary care needs assessment that identifies communities with the greatest unmet healthcare needs,</p>	<p>Last released in 2016, and currently undergoing an update, Hawaii's Primary Care Needs Assessment Data Book is intended to serve as a source of comparative health statistics on primary care service areas in Hawaii. By presenting information on small areas, the document shows the variation among communities in terms of selected risk and resource indicators. This enables</p>

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<p>the Family Health Services Division. OPCRH promotes health equity and opportunities to be healthy, particularly among Hawaii's rural and medically underserved populations, with the goal of enhancing the access and availability of quality health care services in Hawaii.</p>	<p>disparities, health workforce shortages, and key barriers to health care access.</p>	<p>communities not only to examine their specific needs, but also to have a sense of their needs within the larger context of their county and the state. The 2016 Data Book's chapters included population and socio-economic indicators, maternal and infant health, morbidity, mortality, oral health, and mental health and substance related admissions. All of these chapters have overlap with Title V's domains.</p>
<p>Hawaii State Rural Health Association (HSRHA) – Hawaii Opioid Prevention and Education (HOPE) Grant <i>(funded by HRSA's Rural Communities Opioid Response Program [RCORP])</i> https://www.hawaiistateruralhealth.org/resources/opioid-treatment-prevention/</p>		
<p>HSRHA advocates for rural health issues, and promotes communication, education, and research of issues related to rural health. It was incorporated in 1998, and is an active member of the National Rural Health Association.</p>	<p>The goal of the HOPE grant is to bring together a diverse group of organizations to identify needs and resources of rural areas of Hawaii and create strategic plans for reducing the morbidity and mortality of opioid overdoses and other substance use disorders.</p>	<p>HSRHA's HOPE grant website provides a comprehensive list of local and national resources related to substance use prevention, treatment, and recovery. HOPE continues to conduct planning and coalition-building around this issue, with focus on the neighbor islands. Given that substance use cuts across all communities, the HOPE grant has relevance for all Title V domains.</p>
<p>Hawaii State Department of Health – Maternal and Child Health Branch Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program <i>(funded by HRSA and the Administration for Children and Families [ACF])</i> https://health.hawaii.gov/mchb/home/parenting-support-programs/</p>		
<p>HRSA's MIECHV Program supports evidence-based home visiting services for at-risk pregnant women, as well as parents with young children up to kindergarten entry. MIECHV gives families the necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.</p>	<p>MIECHV grantees are required to periodically update a statewide needs assessment. At minimum, grantees must review infant birth and mortality outcomes, abuse and neglect, and other indicators of at-risk maternal and child health. The assessment increases understanding of unmet needs and availability of services, which helps to ensure that MIECHV home visiting programs are targeted to at-risk communities.</p>	<p>Hawaii's MIECHV Program is housed within the FHSD's Maternal and Child Health Branch. The 2020 needs assessment was contracted to a team at the University of Hawaii at Manoa, with whom the Title V Team has been collaborating to maximize integration and partnership. Hawaii's MIECHV needs assessment is in progress, and will be reported to HRSA by October 2020.</p>
<p>Healthcare Association of Hawaii (HAH) – Community Health Needs Assessment (CHNA) <i>(as mandated by the Patient Protection and Affordable Care Act [ACA])</i> http://hah.org/reports-data/community-health-needs-assessment/</p>		
<p>HAH serves as the unifying voice of Hawaii's healthcare providers, and influences local healthcare policy and advocacy. The organization's membership includes over 170 hospitals, skilled nursing facilities, home health agencies, assisted living facilities, and hospices.</p>	<p>The ACA stipulates that hospital organizations under 501(c)3 status must complete a CHNA on a triennial basis. The purpose of the CHNAs is to help hospital facilities identify and prioritize significant health issues facing communities, and identify resources potentially available to address those needs. HAH collaborates closely with its member hospitals to conduct</p>	<p>The most recent Statewide CHNA report was released in December 2018, and was produced by consultant company Islander Institute. Data collection methods included focus groups at community meetings, key informant interviews, and review of secondary data and reports. Three goal areas were recommended: 1) basic foundations and infrastructure (e.g., financial insecurity, family strengthening, emergency preparedness, food systems); 2) community strength and healing (e.g., community identity and cohesiveness,</p>

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	these CHNAs. County- and hospital-specific summaries are also available.	healthy starts for children, healthy aging); and 3) healthcare (e.g., trust in healthcare, supports for those with high needs). The recommendations from the report cut across all Title V domains.
<p>March of Dimes 2019 Report Card for Hawaii https://www.marchofdimes.org/mission/reportcard.aspx</p>		
<p>March of Dimes leads the fight for the health of all moms and babies. This is done through education for professionals and the public, conducting research, supporting parents of premature babies, and advocacy activities.</p>	<p>March of Dimes produces annual report cards for the nation and individual states. Report cards summarize preterm birth data, including race/ethnicity, geography, and selected social determinants of health. In addition to quantitative indicators, state ratings also account for preventive programs and actions.</p>	<p>For 2018, the March of Dimes report card reported that 10.3% of Hawaii births were preterm, resulting in an overall C- grade for the state. Native Hawaiian mothers accounted for 27.7% of preterm births, followed by Filipino mothers at 19.6%. These findings have direct implication for Title V's infant and women's health domains.</p>



ON WHICH ISLAND DO YOU LIVE?

- Hawaii Island
- Maui
- Lanai
- Molokai
- Kauai
- Oahu
- Live outside of Hawaii

WHICH ETHNIC GROUP(S) DO YOU IDENTIFY WITH? (SELECT ALL THAT APPLY)

- Native Hawaiian
- Filipino
- Other Pacific Islander (pls. specify:)

- Japanese
- Chinese
- Korea
- Other Asian (pls. specify:)

- Caucasian
- Hispanic/Latino
- African American
- Other (pls. specify:)

HOW IMPORTANT ARE THESE ISSUES TO YOUR FAMILY?

CURRENT PROGRAM ISSUES	Very Important	Sort of Important	Not Important
Promoting annual medical wellness check-ups for women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promoting breastfeeding & supports for new mothers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promoting safe sleep practices for infants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early screening of children for developmental delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral health among children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing child abuse and neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promoting adolescent annual medical wellness check-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring children transition smoothly to adult health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

POTENTIAL NEW ISSUES	Very Important	Sort of Important	Not Important
Preventing smoking during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promoting oral health during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring care for mothers and babies right before and after birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring safe cesarean deliveries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promoting physical activity among children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying prevention among children and teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of injury hospitalization among children and teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring all children have a "medical home" (regular healthcare provider)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring children have health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing smoking in households	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any other health concerns of importance to your family? (use back page if needed)

Title V Provider Survey 2019

The Family Health Services Division (FHSD) of the Hawaii State Department of Health works toward optimal health for all women, infants, children (including those with special health needs), and families. We are seeking community and partner input to set priorities and to develop our next five-year plan (2021-2025) to meet the requirements for a federal Maternal and Child Health Grant.

The survey will take approximately 5-10 minutes. Your responses are confidential and we will not report any information that can identify you.

If you have any questions about this survey, please contact Ms. Annette Mente (FHSD Planner) at annette.mente@doh.hawaii.gov or (808) 733-8358.

Section 1: Background Information

* 1. On which island do you live?

- Hawai'i Island
- Maui
- Lana'i
- Moloka'i
- Kaua'i
- O'ahu
- Live outside of Hawai'i

* 2. Which ethnic group(s) do you identify with (select all that apply)?

- Native Hawaiian
- Filipino
- Other Pacific Islander - specify in comment box below
- Japanese
- Chinese
- Korean
- Other Asian - specify in comment box below
- Caucasian
- Hispanic/Latino
- African American
- Other (please specify)

* 3. How would you describe the organization/setting you currently work in (select all that apply)?

- State agency
- County agency
- Health center
- Hospital
- Private practice
- Insurance provider
- Childcare provider
- Youth services provider
- K-12 education
- Higher education
- Non-profit
- Native Hawaiian organization
- Community-based organization
- Faith-based organization
- Not presently employed
- Other (please specify)

* 4. Which group(s) of people do you serve/provide services for (select all that apply)?

- Women
- Pregnant women
- Children 0 to 5 years
- Children 6 to 12 years
- Teenagers/adolescents
- Children with special health care needs (CSHCN)
- Families
- Other (please specify)

Section 2: Review of Priority Areas

Help FHSD select priorities for the next 5 years based on the federal Title V Maternal & Child Health grant requirements.

* 5. Which priority areas are YOU working in (select all that apply)?

- Annual women's wellness check-ups
- Breastfeeding
- Infant safe sleep
- Developmental screening for young children
- Child Oral health
- Child abuse and neglect prevention
- Annual adolescent wellness check-ups
- Transition for adolescents to adult health care
- Telehealth expansion
- Smoking during pregnancy
- Oral health during pregnancy
- Specialized hospital care for high risk pregnancies
- Cesarean delivery rates
- Child physical activity
- Bullying
- Injury-related hospitalizations for children/teens
- Medical home for children
- Health insurance coverage for children
- Smoking in households with children

* 6. For each priority area, please indicate how strongly you agree or disagree with the statement:

“There is a strong desire among stakeholders in Hawaii to focus on this priority area.”

Current FHSD areas:

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Annual women's wellness check-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Breastfeeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Infant safe sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Developmental screening for young children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Child oral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Child abuse and neglect prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Annual adolescent wellness check-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Transition for adolescents to adult health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Telehealth expansion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 7. For each priority area, please indicate how strongly you agree or disagree with the statement:

“There is a strong desire among stakeholders in Hawaii to focus on this priority area.”

Other priority areas under the MCH grant:

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Smoking during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Oral health during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Specialized hospital care for high risk pregnancies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cesarean delivery rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Child physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Injury-related hospitalizations for children/teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Medical home for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Health insurance coverage for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Smoking in households with children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 8. For each priority area, please indicate how strongly you agree or disagree with the statement:

“Significant progress can be made in this area over the next five years.”

Current FHSD priority :

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Annual women's wellness check-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Breastfeeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Infant safe sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Developmental screening for young children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Child oral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Child abuse and neglect prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Annual adolescent wellness check-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Transition for adolescents to adult health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Telehealth expansion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 9. For each priority area, please indicate how strongly you agree or disagree with the statement:

“Significant progress can be made in this area over the next five years.”

Other priority areas under the MCH grant:

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Smoking during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Oral health during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Specialized hospital care for high risk pregnancies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cesarean delivery rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Child physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Injury-related hospitalizations for children/teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Medical home for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Health insurance coverage for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Smoking in households with children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Are there other health concerns of importance that FHSD could address over the next five years?

Section 3: Review of Strategies

Each priority area is addressed by specific strategies. The following is a list of the strategies FHSD uses to address the nine current priority areas.

11. Annual women's wellness check-ups

- Using evidence-based strategies including One Key Question, to engage women in reproductive health planning.
- Expanding access to long-acting reversible contraception (LARC).

Are these the right/best strategies for Hawaii to focus on in the next 5 years?

- Yes
- No. If no, please suggest an alternate strategy that you feel would have greater impact.

12. Breastfeeding

- Partnering with Women, Infants & Children (WIC) programs.
- Working with the Hawaii Maternal & Infant and Health Collaborative to implement the State Breastfeeding Strategic Plan.

Are these the right/best strategies for Hawaii to focus on in the next 5 years?

- Yes
- No. If no, please suggest an alternate strategy that you feel would have greater impact.

13. Infant safe sleep

- Expanding outreach to non-English speaking families (e.g., by translating educational materials).
- Ongoing data surveillance.
- Workforce training (e.g., through annual Safe Sleep Summit).

Are these the right/best strategies for Hawaii to focus on in the next 5 years?

- Yes
- No. If no, please suggest an alternate strategy that you feel would have greater impact.

14. Developmental screening for young children

- Developing family-friendly messaging around the importance of developmental screening.
- Working with early childhood providers to ensure systematic efforts for screening, referral to services, and follow-up.

Are these the right/best strategies for Hawaii to focus on in the next 5 years?

- Yes
- No. If no, please suggest an alternate strategy that you feel would have greater impact.

15. Child oral health

- Maintaining data surveillance.
- Promoting greater access to prevention services (e.g., through teledentistry).
- Supporting coalition-building and community planning efforts.

Are these the right/best strategies for Hawaii to focus on in the next 5 years?

- Yes
- No. If no, please suggest an alternate strategy that you feel would have greater impact.

16. Child abuse and neglect prevention

- Supporting home visiting services.
- Continuing outreach and education (e.g., parent supports, community education, workforce trainings).
- Building a child abuse and neglect data system.

Are these the right/best strategies for Hawaii to focus on in the next 5 years?

- Yes
- No. If no, please suggest an alternate strategy that you feel would have greater impact.

17. Annual adolescent wellness check-ups

- Developing a teen-centered Adolescent Resource Toolkit, and incorporating youth voice through focus groups.
- Workforce training for youth service providers and community health workers.

Are these the right/best strategies for Hawaii to focus on in the next 5 years?

- Yes
- No. If no, please suggest an alternate strategy that you feel would have greater impact.

18. Transition for adolescents to adult health care

- Incorporating transition planning into Children with Special Health Needs programs.
- Working with agency partners for community outreach (e.g., through transition fairs).

Are these the right/best strategies for Hawaii to focus on in the next 5 years?

- Yes
- No. If no, please suggest an alternate strategy that you feel would have greater impact.

19. Telehealth expansion

- Integrating use of telehealth in FHSD for direct service delivery, networking/collaboration, and workforce training.

Are these the right/best strategies for Hawaii to focus on in the next 5 years?

- Yes
- No. If no, please suggest an alternate strategy that you feel would have greater impact.

Section 4: Final Thoughts

20. Please feel free to leave any additional comments here.

21. Please provide names and contact information of any other individuals/organizations you believe may offer insight to FHSD's programs and services.

22. If you would you like to receive a copy of the final results of this survey, please provide an email address here (your email will not be stored with your survey results, and we will not use your email address for any other purposes).

Yes, I would like a copy of the survey results. My email address is:

Thank you for your time and thoughtful participation!