

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

Hawaii is the only island state in the U.S., comprised of seven populated islands organized into four 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 70% living in Honolulu, the most populous county.



Hawaii is one of the most ethnically diverse states with no single majority race (38% Asian, 25% White, 10% Native Hawaiian/Pacific Islander, 2% Black). Nearly 23% of the population is mixed race with Native Hawaiians comprising 6.1% of the population. Also, about 18.7% of all residents are immigrants—mostly from Asia and the Pacific.

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 services statewide.

The Hawaii State Department of Health (DOH) works to protect and improve the health and environment for all people in the State. The DOH Family Health Services Division (FHSD) uses the federal Title V Maternal and Child Health Block Grant (Title V) to improve the health of women, infants, and children, including those with special health care needs. FHSD works to promote health equity and uses both life course and multi-generational approaches. To expand its capacity and reach to address population needs, FHSD leverages state, federal grant funds, and community partnerships.

Hawaii identified eight priorities for 2016-2020 based on the 2015 needs assessment spanning the six Title V population domains.

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 (2019)

The 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 13.2: Children’s oral health

The current Hawaii state performance measures (SPMs) are:

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

The key accomplishments for FY 2019 and plans for FY 2021 are summarized below.

DOMAIN: WOMEN'S/MATERNAL HEALTH

Promote reproductive life planning

Accomplishments: Title V is a key partner in the Hawaii Maternal and Infant Health Collaborative (HMIHC), which continues to promote use of the One Key Question® (OKQ®) screening approach and the Long Acting Reversible Contraception (LARC) Program. Both are evidence-based/informed strategies that promote access to healthcare and reproductive decision-making. There are now 850 OKQ® trained service providers statewide. HMIHC received a National Institute for Reproductive Health (NIRH) Grant to identify and address barriers to Medicaid's expanded LARC coverage policy.

Challenges: Acquiring timely Medicaid data to monitor project benchmarks and complete evaluation is challenging. Private insurance and Medicaid claims reimbursement barriers also remain for LARC insertion.

Plans: FHSD will continue OKQ training targeting primary care providers, create a web based OKQ training, complete evaluation of OKQ screening efforts, and address barriers to Medicaid LARC reimbursements. HMIHC will also focus on public awareness and messaging to promote healthy behaviors and promote preventive women's health visits.

DOMAIN: PERINATAL/INFANT HEALTH

Promote breastfeeding

Accomplishments: The HMIHC breastfeeding work group continued implementation of priority projects in the State Breastfeeding plan. WIC Services Branch co-chairs the work group. WIC continued its evidence-informed Breastfeeding Peer Counselor Project and worked with community-based programs to extend WIC's reach to underserved, high-risk populations.

Challenges: Securing additional support/resources for implementation of the state breastfeeding plan has been ongoing. Work also continues with birthing facilities to improve breastfeeding policies, hospital discharge planning support, and assessment of staff competency.

Plans: Three priority projects from the state breastfeeding plan will be implemented: conduct training to increase awareness about insurance reimbursement for lactation support, create a breastfeeding toolkit for service providers, and develop breastfeeding promotion messaging. WIC will seek to expand the Breastfeeding Peer Counselor Project.

Promote safe sleep practices

Accomplishments: The Title V Safe Sleep program, the State Department of Human Services Child Care Program, and Office of Language Access began a joint venture to translate safe sleep provider/parent guides into 11 languages commonly spoken in Hawaii to broaden outreach efforts. The guides will be used to implement mandated safe sleep education for licensed childcare providers. Safe Sleep Hawaii (SSH) continues to convene statewide partners to coordinate services and programs. The annual Safe Sleep Summit was held to share information on current research, best practices, and support skills building. Title V established a "Play yards for Keiki" program to provide at-risk families with education and a safe sleep environment for their newborns.

Challenges: The practice of co-sleeping among local families is often related to ethnic/cultural norms, and small or multi-family living arrangements or homelessness due to high housing costs. These factors must be considered when providing safe sleep education and services.

Plans: Translated safe sleep materials will be broadly distributed. SSH will develop a resource directory and expand membership/outreach to non-traditional partners. The Safe Sleep fact sheet will be updated. The crib distribution program will be evaluated to assure access to families/caregivers in greatest need.

DOMAIN: CHILD HEALTH

Improve early and continuous screening for developmental delay

Accomplishments: The Early Childhood Comprehensive Systems (ECCS) Impact grant continued to establish a community-based model for screening, referrals, and supports for children in Maui County (Maui Island, Molokai Island and Lanai Island). In partnership with the former CDC Act Early Ambassador, resource maps were created with a developmental screening flow chart and resources in Maui county. A developmental screening initiative in WIC waiting rooms was piloted to engage families about their child's development. Developmental screening was integrated as a key strategy to promote young children's health in the Preschool Development Grant Strategic Plan.

Challenges: The need remains for an integrated developmental screening and data system to ensure there are supports available statewide and in each community to identify children who may have a concern and require follow-up.

Plans: ECCS Impact Grant activities will continue with the WIC pilot and a new pilot at a homeless shelter. Work on child development kits for families will be completed (including testing with families). A promotional campaign will be formulated to support kit distribution. Title V will continue to secure new screening data sources, evaluate other screening tools, and partner with state early childhood organizations to promote a system of developmental screening and referral.

Improve the oral health of children

Accomplishments: Due to the loss of funding for the State Oral Health Program, networking and advocacy activities largely continued through the Hawaii Oral Health Coalition (HOHC) which FHSD helped re-establish. The HOHC adopted formal by-laws, elected officers and established a process for online membership registration. Title V activities were reduced to supporting data collection through state surveillance surveys (i.e. Pregnancy Risk Assessment Monitoring Survey and the Youth Risk Behavioral Survey).

Plans: Because there is no program funding or staffing, oral health for children will not continue as a program priority at this time.

Reduce the rate of child abuse and neglect (CAN)

Accomplishments: The Title V CAN Prevention program (CANP) joined a state team tasked to complete the state Child Welfare Services five-year Child and Family Service Plan (CFSP). The plan includes a new focus to *prevent* children from entering the foster care system. CANP is also part of a new public/private effort to develop a state CAN Prevention Plan. CANP sponsored a series of community outreach/education events to support family strengthening in the state's rural areas. The MIECHV program continued to provide evidence-based services to at-risk families.

Challenges: The key challenge for CAN prevention is establishing effective collaboration across complex service systems to strengthen the impact and sustainability of prevention programs including sharing of data and resources.

Plans: Work on implementing CFSP strategies and the development of the state CAN prevention plan will continue. CANP is also participating in state planning and implementation of the federal Family First Prevention Services Act which will fund evidence-based programs to prevent children entering foster care. The Title V violence prevention programs will continue to support workforce trainings on toxic stress, resiliency, and trauma-informed care. The Early Childhood Action Strategies collaborative will launch a family violence prevention messaging campaign.

DOMAIN: ADOLESCENT HEALTH

Improve adolescent health and well-being

Accomplishments: Adolescent health and promotion of annual wellness visits was integrated into the federal Personal Responsibility and Education Program (PREP) evidence-based teen pregnancy prevention program. An Adolescent Resource Toolkit (ART) is being developed with youth input to distribute health information to the community. Workforce trainings were conducted to service providers—including staff at the youth detention center—to ensure health assessments were provided upon facility entry.

Challenges: Engaging more adults and service providers to help adolescents understand the importance of an annual wellness visit and encourage teens to independently seek care.

Plans: The PREP curriculum will continue to promote adolescent health and wellness visits including a new program site at the Youth Correctional Facility. Statewide youth leadership groups for the Coalition for a Drug Free Hawaii will design an ART for youth including messaging on the importance of annual wellness visits.

DOMAIN: CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

Improve transitions to adult health care

Accomplishments: The Title V Children and Youth with Special Health Needs Section (CYSHNS) improved transition planning services for enrolled youth using the evidence-based Six Core Elements of Health Care Transition. The CYSHNS database upgrade was completed to permit tracking of client transition plans. Outreach and assessment materials were finalized as part of Hawaii's project for an MCH Workforce Development Center cohort. Education and public awareness efforts continued through transition fairs, conferences, and other events in collaboration with agency and community partners.

Challenges: Establishing partnerships with adult health care agencies and providers to promote transition planning is a challenge given shortages of adult health care providers, especially for CSHCN. Developing methods to measure the effectiveness of education/outreach activities is also a challenge.

Plans: Work will continue to improve transition readiness, planning, and transfer of care for CYSHNS-enrolled youths and their families. Education and public awareness activities on transition to adult health care will also continue.

CYSHNS will partner with pediatricians and health centers to increase the number of youths successfully transitioning to adult health care and work with the Title V Adolescent Health Program to increase outreach to all adolescents.

DOMAIN: CROSS-CUTTING/SYSTEMS BUILDING

Promote telehealth

Accomplishments: FHSD continued to increase telehealth activities for workforce training, and for direct services to the community (e.g., genetics, newborn screening, early intervention, WIC services, and MIECHV activities). Project ECHO Hawaii continued to use videoconferencing to build health care workforce capacity while improving patient access to specialty health care in rural communities. FHSD staff continued to use videoconferencing daily for communication among programs and community partners.

Plans: This state measure will be retired due to the significant progress accomplished. Telehealth activities will be integrated into the plans for the remaining Title V priorities and other Division operations.

Needs Assessment

Every five years, FHSD conducts a state-level needs assessment of the health of women, children and youth including children with special health care needs, and their families to guide state priorities and meet the Title V Block Grant requirements. The goal of the assessment is to gather information to understand the issues facing this population and to identify priorities that can be positively addressed by public health over the five-year period.

Changing population demographics, emerging health trends, and shifting program capacity make it necessary to regularly assess the state's MCH program. It is also an opportunity to review collaborations with other entities that serve the MCH population and identify how partnership projects can meet the needs of Hawaii's families. The assessment was comprised of four major components: an environment scan, a capacity assessment, community surveys, and data review. Two other needs assessment components (health equity briefs and focus groups) will be completed next year as part of ongoing assessment activities.

The selection criteria for priorities:

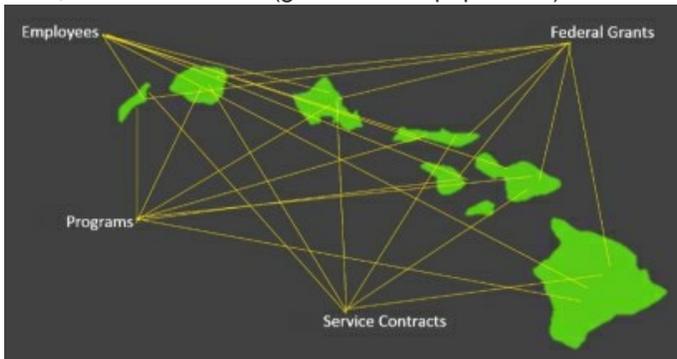
- Data showed a need
- FHSD has a major role to impact this issue
- FHSD has resources to address the issue (staff and funding)
- Community alignment & support exist as reflected in other (federal, state, community) needs assessments reports, plans, initiatives, and validated by stakeholder and family input.

The assessment was completed in January 2020 with the final selection of priorities for 2021-2025. Most of the priorities will continue except for children's oral health (NPM 13.2) and telehealth promotion (SPM 1). Several priority strategies, activities, and measures were revised in the new state plan. Program staff continue to review and consider community input collected through the assessment. Because the stakeholder input and the data reviews were completed before the start of the COVID pandemic, priorities and plans may change next year. Ongoing needs assessment efforts will continue to capture/monitor health impacts of the pandemic. Technical assistance and guidance for this activity is requested.

III.A.2. How Federal Title V Funds Support State MCH Efforts

FHSD provides all levels of service delivery: direct, enabling, and infrastructure building. One of the largest Divisions in DOH, FHSD is comprised of 3 branches – Maternal and Child Health (MCH), Children with Special Health Needs (CSHN), and Women, Infants and Children (WIC) Services. Together, the Division administers 30 programs, 21 federal grants, approximately 150 service contracts with community-based organizations totaling roughly \$50M, all with 283 FTE positions statewide.

In 2019 the FHSD budget was \$95.2M. Nearly \$2.3M was provided by Title V, with \$41.6M state matching funds, and an additional \$51.3M in other federal funds. Of the state's overall population, FHSD programs reached an estimated 99% of pregnant women, 99% of all infants, 18% of children 1-21 years of age, 19% of children with special health needs, and 4% of others (general adult population).



To support the infrastructure needed to administer MCH programs statewide, Title V funds are used for key staff positions (21.15 FTE) including epidemiologists, research statisticians, MCH and CSHN program managers, a part-time Pediatric Medical director, nurses, a nutritionist, an audiologist, and contract manager. These positions are critical to: 1) securing, leveraging, and managing a broad array of funding sources; 2) addressing statewide

surveillance needs; 3) developing critical statewide partnerships; and 4) improving quality to assure services are family-centered, culturally relevant, and community based.

III.A.3. MCH Success Story

In March 2020, the COVID-19 pandemic led to a stay-at-home order for Hawai'i residents, prompting FHSD's Family Support program to create three sets of 15-second TV spots and display ads with messaging to help family strengthening and help prevent child abuse and neglect. The call-to-action directed viewers to TheParentLine.org website and hotline that offer free statewide resources for parents/caregivers.

The recently hired Information Specialist III, funded by the Title V MCH Block Grant, negotiated media buys with the major broadcast and cable stations to reach the MCH population, particularly adults 18+ with children in the household. A comprehensive digital advertising package was included in the media buy to add display, pre-roll, and search. The Information Specialist negotiated added value to include production and 10 TV morning show interviews at no charge.



The average reach of the target audience on broadcast TV was 98.7% with an average frequency of 16.7 views, providing an average of 4.23 million impressions. The cable TV and digital ad package provided another 1.37 million impressions and 898 site visits.

Based data provided by The Parent Line, there was a 74.4% jump in new users to their website from April 2020 to May 2020, going from 580 to 2,264. All users jumped by 74%, 598 to 2,297, and page views jumped by 67.9%, 1,501 to 4,672. Calls to the hotline increased by 21.4% from April 2020 to May 2020, going from 59 to 75.