

### 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. With a land mass of 6,422 square miles that span nearly 11,000 square miles, the state is home to 1.4 million residents—70% living in Honolulu, the most populous county.



Hawaii is one of the most ethnically diverse states with no single majority race (39% Asian, 25% White, 11% Native Hawaiian/Pacific Islander, 1.8% Black) and a large heterogeneous Pacific Islander and Asian population. Nearly 28.7% of the population is mixed race, with indigenous Native Hawaiians comprising 22.8% (when combined with other races). Also, about 17.1% of all residents are immigrants—mainly from Asia and the Pacific.

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

The Hawaii State Department of Health (HDOH) works to protect and improve the health and environment for all people in the state. The HDOH Family Health Services Division (FHSD) administers the federal Title V Maternal and Child Health (MCH) Block Grant (Title V) to improve the health of women, infants, and children, including those with special healthcare needs. The four guiding pillars of MCH are: 1) delivery of services using the ten Essential Public Health Services framework; 2) data-driven performance accountability; 3) partnerships with agencies, community providers, and individual families/youth; and 4) health equity for all MCH populations to achieve their full health potential. To help expand its capacity and reach, FHSD leverages state and federal grant funds with community partners.

To set priorities for the state MCH program, a comprehensive needs assessment is conducted every five years, and ongoing assessments are conducted in interim years. During the pandemic, four additional priorities were added: food insecurity, child wellness visits, child mental health, and telehealth. In 2023, two priorities were deleted: child wellness visits and telehealth. In 2024, two new 'Universal' priorities were added from the new Title V grant guidance: postpartum care and medical home for children and children with special healthcare needs. The current 11 Hawaii Title V priorities are listed below across the six Title V MCH population domains.

Population Domain	State Priority Need
<b>Women's/Maternal Health</b>	Promote reproductive life planning
	Improving postpartum care
<b>Perinatal/Infant Health</b>	Promote food security through WIC services
	Increase infant safe sleep conditions
<b>Child Health</b>	Improve the percentage of children ages 0-5 years screened early and continuously for developmental delay
	Reduce the rate of child abuse and neglect, with special attention to children ages 0-5 years
	Increasing the number of children who have a Medical Home
<b>Adolescent Health</b>	Improve the healthy development, health, safety, and well-being of adolescents
<b>Children with Special Health Care Needs</b>	Improve the percentage of youth with special health care needs ages 14-21 years who receive services necessary to transition to adult healthcare
	Increasing the number of children with special health care needs who have a Medical Home
<b>Cross-Cutting</b>	Address health equity by expanding pediatric mental health care access in rural and underserved communities

**Maui Fires.** As Hawaii emerged from the COVID-19 pandemic, the state was struck with another unthinkable catastrophe. One of the deadliest natural disasters in U.S. history occurred on August 8, 2023, when a swift-moving wildfire unexpectedly destroyed the historic town of Lahaina. The fire tragically took the lives of 102 people, injuring many more, and leaving several thousand without a home or means of support. In a matter of hours, the wildfire burned 2,170 acres and destroyed more than 3,000 buildings (including schools), 5,000 cars, and 100 sea vessels. Approximately 86% were residential homes, of which nearly half were rentals. Housing on Maui, as elsewhere in the state, is very limited and costly, with the fire aftermath creating an extreme emergency for affected families and individuals. With no warning/preparation, residents escaped without basic necessities, income, and housing.

**FHSD Disaster Response.** FHSD Maui response efforts were extensive and included diverting funding to local agencies to provide emergency services (outreach, mobile pharmacy; mobile medical/reproductive healthcare); expansion of existing Maui service contracts to expand service areas to include Lahaina; coverage for basic necessities; and reproductive health needs. WIC expedited certification of new Maui retailers, expanded WIC food package options, and partnered with national manufacturers to ship infant formula for Maui WIC clients and the Maui Food Bank. Maui staff were engaged in initial emergency response: visiting homes surrounding the burn areas to assess needs, providing information/meals, making referrals to services if needed, and providing assistance at emergency shelters.

Funding was also redeployed to establish a new Lahaina health clinic, provide elder outreach, and support for healthcare workers and service providers (trauma supports and training). Information about water quality concerns was also shared with local area childcare facilities. Oahu staff flew to Maui to distribute resiliency kits, promote services, and conduct fun activities for families at community events. FHSD is also partnering with the Hawaii State Rural Health Association to conduct a broad healthcare assessment of the initial response and ongoing needs for West Hawaii. More specific Maui response efforts and updates are found in the population domain narratives in this report.

**Economic Recovery.** In the near term, the aftermath of the Maui wildfires continued to slow the state's economic recovery from COVID-19, although Maui's recovery has been better than many had predicted. Overall, the state economy has continued to grow in 2023, albeit less than forecasted. Future rebuilding efforts will fuel Maui's economic recovery, although families will continue to struggle while some have already chosen to relocate.

Prior to the Maui Wildfires, Hawaii's post-pandemic economic recovery was nearly complete. Initial COVID-19 shutdowns in 2020 resulted in the virtual closure of the Hawaii tourism market (99% decrease in travelers), causing an unprecedented collapse of the state's economy. Equally unexpected, the economy made an astounding rebound in 2022 with the return of U.S. domestic travelers, driven by healthy U.S. incomes and pent-up demand. Hawaii's real gross domestic product (GDP) for 2023 recovered to 97.6% compared to 2019.

Also critical to Hawaii's economic recovery was the unprecedented level of federal COVID-19 and stimulus spending. Direct aid to state and local governments offset significant budget shortfalls. Direct stimulus payments, expanded unemployment insurance, entitlement supports, and rent/mortgage subsidies helped maintain personal income through 2020-21. Although 2022 saw the end of many federal supports, a slight increase in average earnings was reflected in real income recovery to near pre-pandemic levels.

**Labor shortages.** Hawaii's labor market continues to decrease slowly, with a declining population and labor force. The outmigration of working-age residents to other, more affordable states and the increasing number of retirees leaving the workforce likely contribute to this trend.

**High Cost of Living.** Affordability remains an enormous challenge for many residents. Data for 2021 shows that Hawaii goods and services were 13% higher than the U.S. average, making Hawaii the most expensive state in the country.

**Legislation.** Over the past three years, policymakers have utilized budget surpluses to support programs to alleviate financial hardships for families, including affordable housing development; raising the minimum wage; tax credits for low-income and working families; and major investments in public preschool, childcare, and healthcare.

**FHSD Updates.** As Hawaii continues to emerge from the pandemic and the Maui wildfires, FHSD responded by recalibrating and revising programs and initiatives to serve those disproportionately impacted communities. Although hampered by mounting vacancies, FHSD staff have shown strength and resiliency, creating new partnerships and managing expectations to address service gaps and ever-growing needs.

The secondary effects of these disasters on the MCH population are being reviewed through needs assessment activities. Some of the notable consequences include increased mental health needs; loss of social support and connection; concerns over family violence; childhood adversity and trauma; disrupted access to healthcare, social services, and education; and worsening family stress due to Hawaii's high cost of living.

As reported in Form 5a, Title V programs continued to see an increase in direct client services in 2023 with a 9% rise over 2022. However, this was still 16.9% below 2019 service levels. The 2023 increase was not consistent across all program and population groups. The reach of other public health services, as reported in Form 5b, was similar to 2022 but reflected a 94.6% increase in outreach to adults and a 19.6% increase in outreach to children compared to 2019 due to increased media initiatives.

### **5-Year Plan Highlights for 2021-2025**

FY 2023 marks the fourth year of the Title V 5-year project period. FHSD recognizes that systematic inequities

impact physical and mental well-being in an interconnected way. Thus, Title V strategies/activities were developed using a health equity lens. For the new federal MCH Bureau universal priorities, plans include reviewing data and researching evidence-based strategies to inform planning activities. Key highlights are provided by domain and priority health issue.

#### **DOMAIN: WOMEN'S/MATERNAL HEALTH**

##### ***Promote reproductive life planning***

- In partnership with the Hawaii Maternal Infant Health Collaborative (HMIHC) and the Healthcare Association of Hawaii, a state Maternal Health (MH) Steering Committee has been established to develop a state MH Strategic Plan and collaborate on needs assessment. The Title V MCH Branch continues to provide reproductive health services to underserved communities.

#### **DOMAIN: PERINATAL/INFANT HEALTH**

##### ***Promote safe sleep practices***

- Conducted media messaging campaigns to promote safe sleep and resources available through the state toll-free warmline, The Parent Line. Information materials are now available in 11 languages.

##### ***Address Food Insecurity through Improving WIC services***

- Strategies were revised to improve internal operations, including: 1) data analysis to strengthen program planning/evaluation and 2) workforce development to expand training opportunities for existing staff and recruitment for new staff.

#### **DOMAIN: CHILD HEALTH**

##### ***Improve early and continuous screening for developmental delay***

- Staff was hired to expand a free developmental screening service for families sponsored by the Children with Special Health Needs program.

##### ***Reduce the rate of child abuse and neglect (CAN)***

- Issued over \$800,000 in state/federal funding to community-culturally based programs to provide critical family and parenting support services.
- Continued provision of home visiting services statewide and supporting the state network of home visiting programs.

#### **DOMAIN: ADOLESCENT HEALTH**

##### ***Improve adolescent health and well-being***

- Partnered with residential youth programs to provide evidence-based youth development programs.
- Partnered with TeenLink Hawaii, a youth-driven, empowerment program to develop web-based resources and social media messages on health issues of concern to youth.

#### **DOMAIN: CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)**

##### ***Improve transitions to adult healthcare***

- Developed a system for transition planning for enrolled Children and Youth with Special Health Needs Section youth using the evidence-based Six Core Elements of Health Care Transition, including guidelines, educational tools, workbook, and database tracking.
- Supported development of an active statewide network of agency/community partners that promote transition services, including the state DOE, Vocational Rehab, and family service organizations through popular in-person events.

#### **DOMAIN: CROSS-CUTTING/SYSTEMS BUILDING**

##### ***Expand pediatric mental health care access to underserved rural communities***

- Support behavioral health integration into pediatric primary care practice by establishing a pediatric mental health teleconsultation service, training, and care coordination so pediatric providers can better diagnose, treat, and/or refer children and youth with behavioral health conditions to available services.