

PROMOTING WOMEN'S MATERNAL HEALTH THROUGH PREVENTIVE MEDICAL VISITS – LOGIC MODEL
FAMILY HEALTH SERVICES DIVISION, HAWAII STATE DEPARTMENT OF HEALTH

RESOURCES

- Hawaii State Department of Health (DOH)**
- Family Health Services Division (FHSD), Perinatal Support Services, Family Planning, WIC, Home Visiting
 - DOH Preventive Health & Health Services Block Grant/Office of Planning
 - DOH Strategic Plan
 - **Executive Office of Early Learning/** State Early Childhood Plan
 - **Hawaii State Department of Human Services Medicaid Program**
- Local partners, including:**
- **Hawaii Maternal and Infant Health Collaborative** (HMIHC) and associated workgroups
 - **Early Childhood Action Strategies**
 - Healthcare providers, hospitals, and pharmacy, community
 - University of Hawaii, John A. Burns School of Medicine, OB-GYN/Women's Health
 - Other local organizations – American Congress of Obstetricians and Gynecologists-Hawaii, Healthy Mothers Healthy Babies, March of Dimes, TeenLink Hawaii
 - **Hawaii's families, children, parents, and communities**
- National partners, including:**
- Health Resources and Services Administration (HRSA – including Title V, Maternal and Child Health Bureau), Association of Maternal and Child Health Programs (AMCHP)

STRATEGIES & ACTIVITIES

- Strategy 1: Promoting Women's Wellness Visits through Systems Building**
 Developing and sustaining partnerships between community organizations, academic institutions, and government.
- Strategy 2: Promote pre/inter-conception healthcare visits**
 Focus on efforts of the HMIHC Pre/Inter-Conception Workgroup and the implementation of the OKQ and LARC strategies.
- Strategy 3: Promote reproductive life planning**
 Focuses on increasing access to reproductive life planning services and assuring provision of reproductive life planning services through FHSD contracts.
- Strategy 4: Promote health equity**
 The partnership with Medicaid and FQHCs through the HMIHC, & community organizations to assure program activities are benefiting identified lower income and under served population groups.

SHORT-TERM OUTCOMES

- Short-Term Outcomes**
- Reproductive age Women:
- Increased awareness of pregnancy intention, capacity to address reproductive health.
 - Increased empowerment around reproductive life planning, accessing providers.
- Providers:
- Knowledge increased & barriers decreased providing reproductive health care.
 - Overall self-efficacy in counseling for reproductive health, with referral to added services as needed
- Organizations & Systems:
- Reduced barriers to care & increased access to services
 - Build capacity/resources to sustain outreach/services.
 - Evidence-based data to target reproductive health services/messaging
- Evidence-Based/Informed Strategy Measure:**
 The number of women (18-44 years) served by the reproductive health care and support services contracts [ESM 1.2]

LONGER-TERM OUTCOMES

- National Performance Measure**
- % of women ages 18-44 who had a preventive medical visit in the past year [NPM 1].
 - % of adolescents (12-17) with preventive medical visit in the past year [NPM 10]
- Additional Long-Term Outcomes Expected**
- Infants:
- On-track health and development.
- Women (teens):
- Increased birth intention
 - Increase access to reproductive health planning
 - Good healthcare practices, prevention and management of chronic disease.
- Providers, organizations, and systems:
- Services and systems are strengthened.
 - More integration/collaboration among disciplines.
- National Outcome Measures**
- Reduce maternal morbidity [NOM 2] and mortality [NOM 3].
 - Reduce low birth weight [NOM 4.1], very low birth weight [NOM 4.2], and moderately low birth weight [NOM 4.3] deliveries.
 - Reduce preterm [NOM 5.1], early preterm [NOM 5.2], late preterm [NOM 5.3], and early term [NOM 6] births.
 - Reduce perinatal [NOM 8], infant [NOM 9.1], post neonatal [NOM 9.3], preterm-related [NOM 9.4], and sleep-related sudden unexpected infant (SUID) [NOM 9.5] deaths.
 - Reduce disparities in NPM and all NOM.

CONTEXTUAL CONDITIONS

Socio-economic status, access to health and other supportive services, rurality, cultural considerations, language, health literacy, etc.

PROMOTING INFANT/PERINATAL HEALTH THROUGH SAFE SLEEP – LOGIC MODEL
FAMILY HEALTH SERVICES DIVISION, HAWAII STATE DEPARTMENT OF HEALTH

RESOURCES

Hawaii State Department of Health (HSDOH)

- Family Health Services Division (FHSD)
- FHSD programs, including: Child Death Review; Community-Based Child Abuse Prevention; Early Childhood Comprehensive Systems; Parenting Support Programs, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS); Women, Infant, and Children (WIC) Program, Maternal & Infant
- Other DOH programs Office of Language Access, Injury Prevention

Hawaii’s families, children, parents, and communities

Local partners, including:

- Hawaii State Department of Human Services (Childcare Program, First to Work)
- Local collaboratives (e.g. Early Childhood Action Strategy, Keiki Injury Prevention Coalition)
- Birthing Hospitals, clinics and other maternal and child health care providers
- Other organizations, including: Safe Sleep Hawaii, Child and Family Services (Parent Line), Hawaii Primary Care Association, Healthy Mothers Healthy Babies, March of Dimes, Home Visiting programs, Family Hui, Network, Military family services.

National partners and strategies:

- Health Resources and Services Administration (HRSA – including Title V, Maternal and Child Health Bureau, associated data sources, etc.), Association of Maternal and Child Health Programs (AMCHP)

STRATEGIES & ACTIVITIES

Strategy 1: Increase the awareness of the importance of Safe Sleep and provide safe sleep education through public service announcements and digital media

- Development of media campaign including TV, radio, digital media
- Promote safe sleep information, classes and resources available through the statewide Parent Line

Strategy 2: Expand outreach to non-English-speaking families and caregivers through translation of educational materials and safe sleep messages.

- Translation of Safe Sleep guide into 11 commonly spoken languages in Hawaii
- Distribution through the Parent Line and community organizations

SHORT-TERM OUTCOMES

Short-Term Outcomes Expected

- Parents and families increase awareness of issue
- Parents and families are better connected to Safe Sleep information and resources.
- Providers are able to utilize The Parent Line to get Safe Sleep Guides to distribute to Safe Sleep information in English and non-English
- Parents and families increase capacity, & self-efficacy including non-English speakers

Evidence-Based/Informed Strategy Measures

- **The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations and individuals [ESM 5.3].**
- The number of languages in which Safe Sleep educational materials are available for Hawaii’s communities. [ESM 5.2 inactive]

LONGER-TERM OUTCOMES

National Performance Measure

- Increase % of infants placed to sleep on their backs NPM 5A
- % of infants placed on a separate approved sleep surface NPM 5B
- % of infants placed to sleep without soft objects or loose bedding NPM 5C

Additional Long-Term Outcomes Expected

- Healthy infant/child development (i.e., normal/within range).
- Early identification, referral, and services for any health challenges.
- Strengthening of organizations, partnerships, and overall network.
- Reduction in disparities for NPM and NOM.

National Outcome Measures

- **Reduction of infant mortality [NOM 9.1].**
- **Reduction of post-neonatal mortality [NOM 9.2].**
- **Reduction of sleep-related sudden unexpected infant deaths (SUID) [NOM 9.5].**

CONTEXTUAL CONDITIONS

Socio-economic status, access to health and other supportive services, rurality, cultural considerations, language, health literacy, etc.

PROMOTING CHILD HEALTH THROUGH DEVELOPMENTAL SCREENING – LOGIC MODEL

FAMILY HEALTH SERVICES DIVISION, HAWAII STATE DEPARTMENT OF HEALTH

RESOURCES

Family Health Services Division (FHSD) & State Department of Health (DOH)

- Title V Developmental Screening Work Group
 - Early Childhood Comprehensive Systems Impact grant
 - Maternal Infant & Early Childhood Home Visiting (MIECHV)
 - Early Intervention Services
 - Neighbor island Health Offices

Community/Agency partners, including:

- American Academy of Pediatrics' Hawaii Chapter & other healthcare/ service providers
- Department of Human Services, including Child Care Program Office, Med-QUEST
- Early Childhood Action Strategy
- Executive Office on Early Learning
- Head Start Collaboration Office

Federal partners, including:

- National Association for the Education of Young Children (NAEYC)
- Association of Maternal and Child Health Programs (AMCHP)

Hawai'i's families, children, parents, and communities

STRATEGIES & ACTIVITIES

- **Strategy 1** – Systems Development – develop infrastructure to coordinate developmental screening efforts
- **Strategy 2** – Family Engagement and Public Awareness – engage with families to develop family-friendly material to promote developmental screening
- **Strategy 3** – Data Collection and Integration – analyze and review data to identify high-risk populations and communities
- **Strategy 4** – Social Determinants of Health – identify and support specific vulnerable populations, with respect to child screening and development.
- **Strategy 5** – Policy and Public Health Coordination – develop infrastructure within FHSD to support developmental screening

SHORT-TERM OUTCOMES

Short-Term Outcomes Expected

- Groundwork and infrastructure established and implemented for:
- Provider and family materials.
 - Data sharing.
 - Program evaluation (e.g., PPHC, disparities).
 - More providers and families aware and trained.
 - More resources disseminated.
 - Increased positive attitudes and skills, and decreased barriers, among providers and families.

Evidence-Based/Informed Strategy Measure

- Development and implementation of data sharing system for FHSD programs conducting developmental screening, referrals, and services [ESM 6.1 inactive].
- Implement Policy and Public Health Coordination (PPHC) rating scale to monitor development screening efforts within the state [ESM 6.2 new]

LONGER-TERM OUTCOMES

National Performance Measures

- Increase children receiving a developmental screening using a parent-completed screening tool including underserved populations
- ### Additional Performance Measures
- Increase children screened through other health providers.

Additional Long-Term Outcomes Expected

- Providers, programs, and systems are strengthened through infrastructure- and systems-building.
- More children are identified, referred, and receive appropriate services in a timely manner.
- Stigma (e.g., related to developmental delay) is decreased among providers and families.

National Outcome Measures

- More children meet criteria for school readiness [NOM 13].
- More children in excellent or very good health [NOM 19].

CONTEXTUAL CONDITIONS

Socio-economic status, access to health and other supportive services, stigma and cultural considerations, language, health literacy, gender.

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ADOLESCENT HEALTH – LOGIC MODEL
FAMILY HEALTH SERVICES DIVISION
HAWAII STATE DEPARTMENT OF HEALTH

RESOURCES

Hawai'i State Department of Health (DOH)

- Family Health Services Division: Adolescent Health/Personal Responsibility and Education Program (PREP), Women's Reproductive Health Services, Children with Special Health Needs

Local partners, including:

- TeenLink Hawaii, Coalition for Drug Free Hawaii
- YMCA
- Hawaii State Department of Human Services-Office of Youth Services-Hawaii Youth Correctional Facility
- Hawaii National Guard Youth Challenge Academy, RYSE
- Community partners/providers, Domestic Violence Action Center (DVAC), YRBS Data Committee, other youth service providers

National partners and strategies:

- Federal partners – Health Resources and Services Administration (Title V, MCH Bureau)

STRATEGIES & ACTIVITIES

Strategy 1: Collaboration – develop partnerships with community stakeholders to promote adolescent health & wellness visits.

Strategy 2: Engagement – work with youth service providers to develop & disseminate informational resources to promote self-care & access to preventive services.

- TeenLink youth staff assess, develop & disseminate info to youth/families
- Website of Resources, Tools & Services by youth/young adults
- Media campaign to promote well-being, website resources

Strategy 3: Training and Workforce Development – provide resources, training (evidence based) programs, and learning opportunities for youth community health and youth service providers to promote teen-centered, wellness care

Strategy 4: Develop resources & tools for Pacific Islander (P.I.) youth to address health disparities

- Focus groups/research with diverse P.I. youth & development of online resources

SHORT-TERM OUTCOMES

Evidence-Based/Informed Strategy Measures

- Develop/disseminate of toolkit for medical providers [ESM 10.1 Inactive].
- Develop/disseminate teen-centered online resources/information for adolescents, caregivers, community health and youth service providers to promote health & wellness visits [ESM 10.2].

Other Short-Term Outcomes Expected

- Teens and youth service providers. increase awareness & access to *Health and Wellness Resources*, that promote well-care visits (AWV) & overall health & wellness..
- Adolescents and their families increase awareness, empowerment to achieve good health with tools and resources.
- Culturally relevant resources are developed to target needs of special populations including Pacific Islander youth

LONGER-TERM OUTCOMES

National Performance Measure

- Percent of adolescents (12-17) with preventive medical visit in the past year [NPM 10].

National Outcome Measures

Increased access to preventive services, such as:

- Increase of children with mental/behavioral condition who receive treatment or counseling [NOM 18].
- Increase in children who are vaccinated for influenza [NOM 22.2], HPV [NOM 22.3], Tdap [NOM 22.4], and meningitis [NOM 22.5].

Longer term outcomes expected

- Decrease of children who are overweight or obese [NOM 20].
- Increase of children in good health [NOM 19].
- Reduction of adolescent mortality [NOM 16.1], including motor vehicle mortality [NOM 16.2] and suicide [NOM 16.3].
- Decrease disparities in NPM & NOM.

CONTEXTUAL CONDITIONS

Socio-economic status, rurality, cultural considerations, language and health literacy, etc.

**PROMOTING HEALTH AMONG CHILDREN WITH SPECIAL HEALTH CARE NEEDS
THROUGH ADDRESSING THEIR TRANSITION TO ADULT CARE – LOGIC MODEL**
FAMILY HEALTH SERVICES DIVISION, HAWAII STATE DEPARTMENT OF HEALTH

RESOURCES

Family Health Services Division (FHSD) & larger Hawaii State Department of Health

- Other programs, such as the Developmental Disabilities Division, SPIN, Vocational Rehab

Hawaii’s families, children, parents, and communities

Partners, including:

- TeenLink Hawaii
- Kaiser Permanente
- Hawaii State Department of Education
- University Center of Disabilities Studies
- Family to Family Information Center
- Hawai’i
- State Council on Developmental Disabilities

Federal partners, including:

- Health Resources and Services Administration (HRSA – including Title V, Maternal and Child Health Bureau, associated data sources, etc.), Association of Maternal and Child Health Programs (AMCHP)

STRATEGIES & ACTIVITIES

Strategy 1 Incorporate transition planning into Children and Youth with Special Health Needs Section (CYSHNS) service coordination for CYSHNS-enrolled youths and their families.

- Incorporating Got Transition’s 6 Core Elements of Healthcare Transition.

Strategy 2 Provide education/public awareness on transition & promote transition planning into youth serving organizations

- Engaging youth to assess needs & develop education/awareness messaging, media campaigns, events.
- Technical assistance to healthcare organizations serving youth

Strategy 3 – Develop & expand efforts to address health disparities in transition services for youth develop peer messaging

- Data collection/analysis to identify disparities
- Work with high-risk populations to develop effective health promotion communications & resources

SHORT-TERM OUTCOMES

Short-Term Outcomes Expected

- Model protocols created that can be adopted into practice
- Tracking & monitoring system created.
- Individual transition plans completed.
- Resources developed & disseminated through TeenLink, media campaigns
- More providers, youth, and families aware and trained.
- Youth serving organizations integrate transition planning into practice
- Youth and families more engaged in transition planning process.

Evidence-Based/Informed Strategy Measure

- The degree to which the Title V Children and Youth with Special Health Needs Section (CYSHNS) promotes and/or facilitates transition to adult health care for YSHCN [ESM 12.1].

LONGER-TERM OUTCOMES

National Performance Measures

- Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care [NPM 12].

Additional Long-Term Outcomes Expected

- Improvements in providers, youth serving organizations, systems, and networks.
- Among all youth – transition readiness, independence, empowerment including those with health disparities, in underserved communities
- Youth make successful transitions – e.g., insurance enrollment, entrance to workforce and/or higher education, service access, etc.

National Outcome Measures

- Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system [NOM 17.2].
 - (Also, children receiving care in the general population.)
- Percent of children in excellent or very good health [NOM 19].

CONTEXTUAL CONDITIONS

Socio-economic status, access to health and other supportive services, rurality, cultural considerations, language, health literacy, etc.

PROMOTING CHILD HEALTH THROUGH THE PREVENTION OF CHILD MALTREATMENT – LOGIC MODEL
FAMILY HEALTH SERVICES DIVISION, HAWAII STATE DEPARTMENT OF HEALTH

RESOURCES

- Hawai'i State Department of Health (HSDOH)**
- Family Health Services Division (FHSD)
 - FHSD programs: Child Death Review; Community-Based Child Abuse Prevention (CBCAP) grant; Parenting Support, Domestic & Sexual Violence Prevention Programs; Home Visiting Program;
- Hawai'i's families, children, parents, and communities**
- Local partners, including:**
- Hawai'i State Departments of Human Services/Child Welfare Services (CWS) and Family Resource Centers (FRC), Education, and Judiciary Family Court Zero To Three Initiative
 - Hawaii 'Ohana Support Network (FRC), Hawaii Children's Trust Fund Advisory (HCTF), Hawaii Early Childhood Action Strategy, Native Hawaiian Service organizations
 - Funded partners – e.g., Early Childhood Action Strategy, Hawai'i Children's Action Network, Neighbor Island CANP Coalitions; Hawaii Youth Services Network; FASD Action Group, community-based organizations
- National partners and strategies:**
- FRIENDS National Center for CBCAP
 - National Family Support Network
 - Centers for Disease Control and Prevention
 - Health Resources and Services Administration (HRSA – including Title V, Maternal and Child Health Bureau, associated data resources, etc.),

STRATEGIES & ACTIVITIES

- Strategy 1** – systems – collaborate on and integrate child wellness and family strengthening activities and programs.
- Participate in partner initiatives – e.g., CWS Service Plan implementation, Early Childhood Action Strategy, DHS FRC expansion, HCTF, etc.
 - Strengthening systems connections, systems thinking, and targeting of upstream contributors.
- **Strategy 2** – training – provide training and technical assistance to community providers on models and strategies to strengthen families and communities.
- Topical trainings – e.g., ACEs, historical trauma, toxic stress, community resilience, safe sleep, protective factors, parenting, self care, parent engagement, etc..
- Strategy 3** – promote health equity
- Review and use data to plan and fund CANP initiatives
 - Work with community organizations representing key populations to prevent CAN

SHORT-TERM OUTCOMES

Short-Term Outcomes Expected

- Children, parents, and families:
- Increase knowledge and awareness, especially around healthy relationships.
 - Promotion of protective factors for individuals (e.g., healthy coping strategies, resilience), families (e.g., serve-and-return), and larger community (e.g., connectedness)
- Providers:
- Increase knowledge, awareness, capacity, and self-efficacy to work with families, parents & children.
 - Identification and understanding of upstream contributors.
 - Increase awareness, knowledge, capacity to work with populations over-represented in foster care
- Organizations and systems:
- Increased depth of internal and external collaboration, sharing of resources, cultural responsiveness, etc.

LONGER-TERM OUTCOMES

SPM 1 – Reduce the rate of confirmed child abuse and neglect cases per 1,000 children aged 0 to 5 years by 1% per year.



Additional Long-Term Outcomes Expected

- Reduce disparities in confirmed child abuse & neglect cases
- Preventing CAN will be addressed through both established and new government and private organization collaboratives to address broad areas of workforce development, CANP activities, training, and health equity.

CONTEXTUAL CONDITIONS

Socio-economic status, access to health and other supportive services, rurality, cultural considerations, language, health literacy, etc.

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