

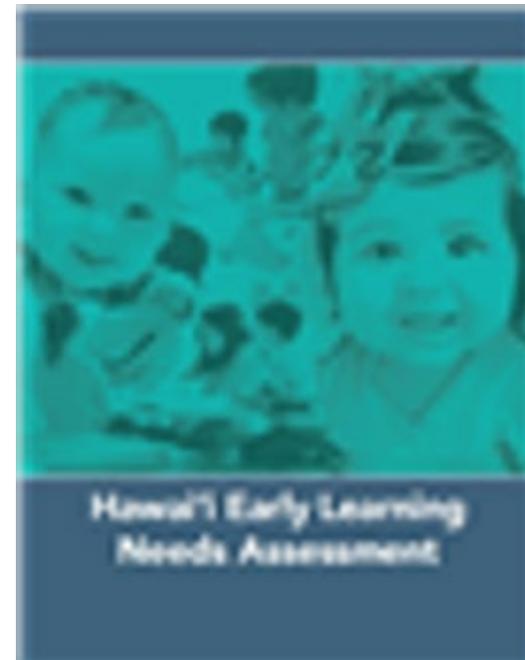
Early Childhood Health and Family Wellness SIP Existing Needs Assessments

Up through 2019

Hawaii Early Learning Needs Assessment 2017

Key Findings

- There is overall shortage of early childhood seats, with an especially critical shortage of infant-toddler care and regions of the state that are child care deserts.
- Child care is a major family expense and even middle-income families may be burdened by the cost of care. Hawaii was ranked as least affordable state for center-based care in 2015.
- Hawaii could benefit from increased focus on the well-being of its early childhood workforce. 30% of center directors say staff retention is a challenge. 50% report that qualified applicants turned down employment offers.



Demographics by County of Young Children

Table 1.

Number of Young Children in Hawai'i by Year of Age and County

Age	State	Hawai'i County	Honolulu County	Kaua'i County	Maui County
Infants	18,853	2,409	13,529	883	2,032
1-year-olds	18,462	2,317	13,279	882	1,984
2-year-olds	18,117	2,382	12,813	906	2,016
3-year-olds	18,597	2,482	13,125	948	2,042
4-year-olds	17,451	2,417	12,158	870	2,006
5-year-olds	17,479	2,492	120,007	941	2,039
Total Population	108,959	14,499	76,911	5,430	12,119

Note: Tabled values represent five-year estimates for the period 2010–2014. Source: National Center for Health Statistics (2015).

Figure 8.

Number of Children Under 3 Years per Licensed Infant-Toddler Center Seat

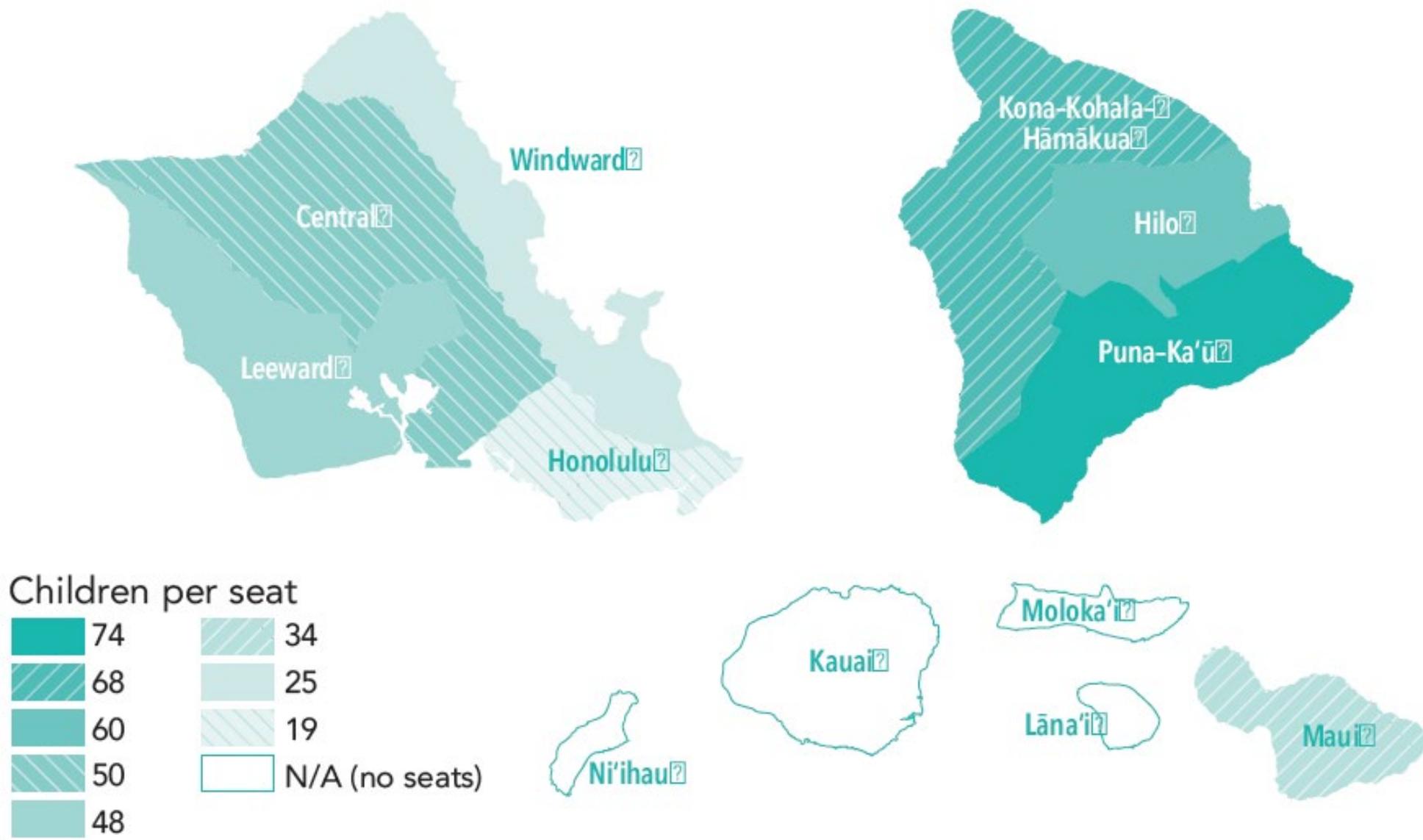


Figure 7.

Number of Children Age 3 to 5 Years per Licensed Childcare Center Seat

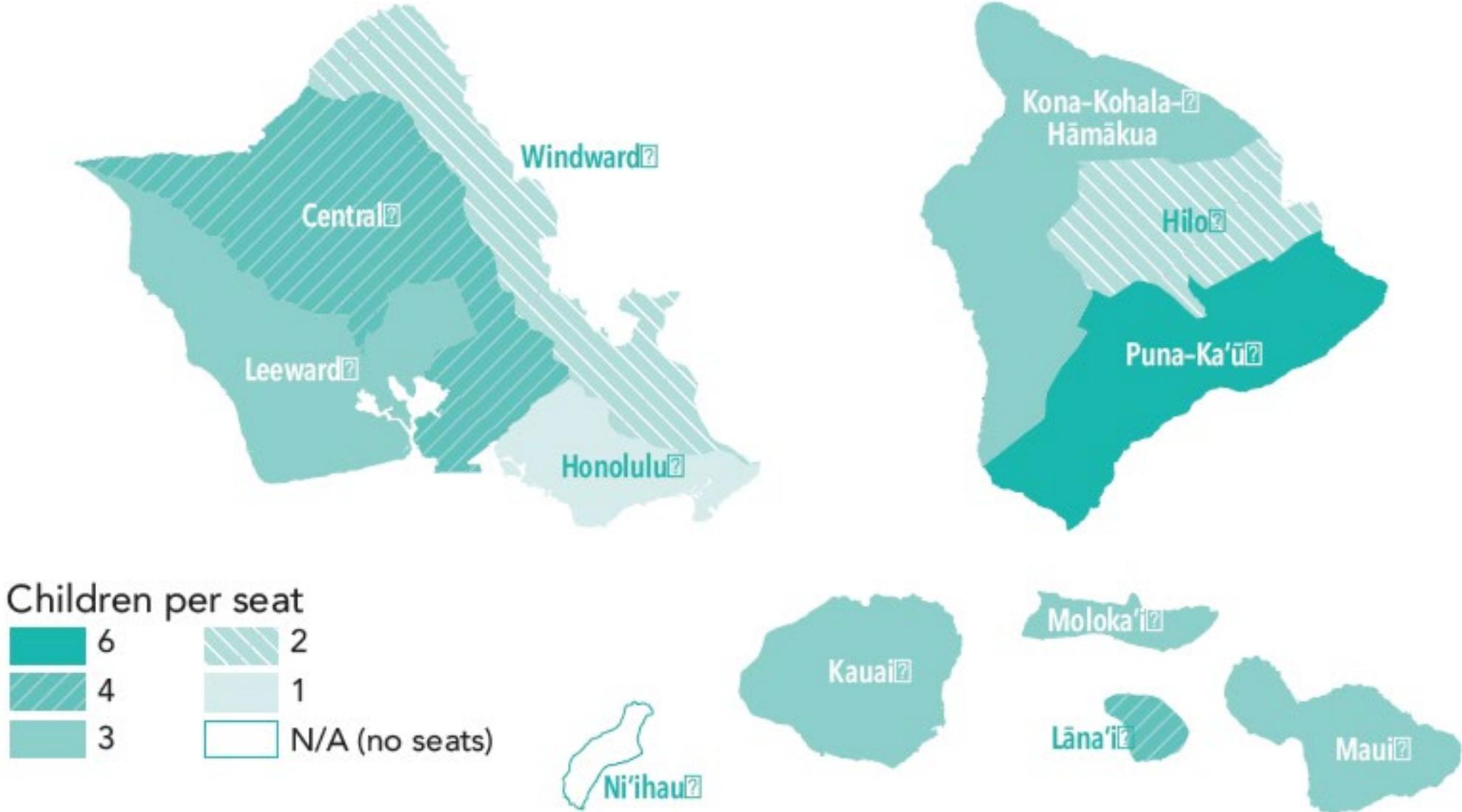


Figure 9.
Number of Children Under 6 Years per Registered Family Childcare Seat

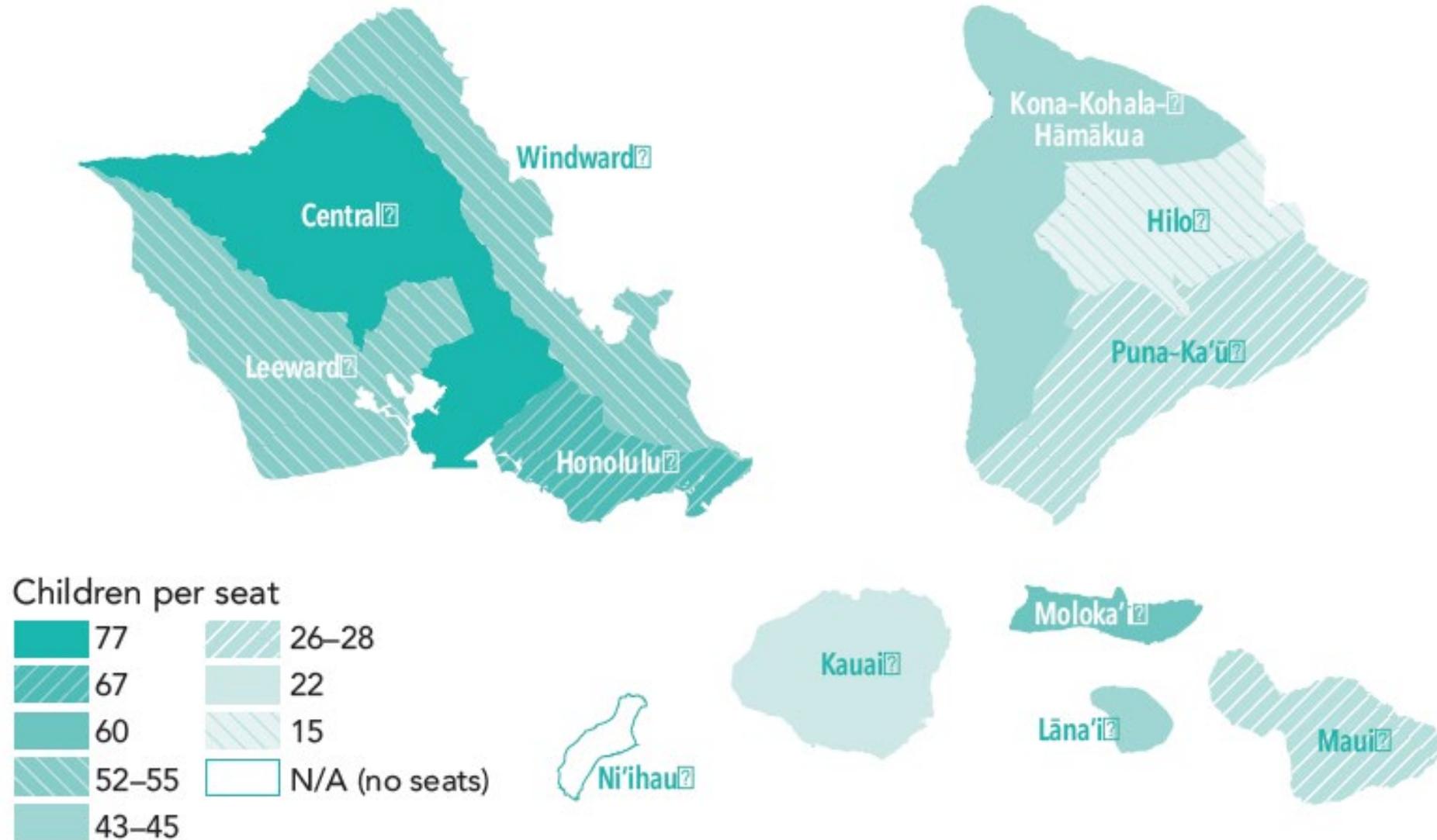


Figure 10.
Number of Children Under 6 Years per FCIL Seat

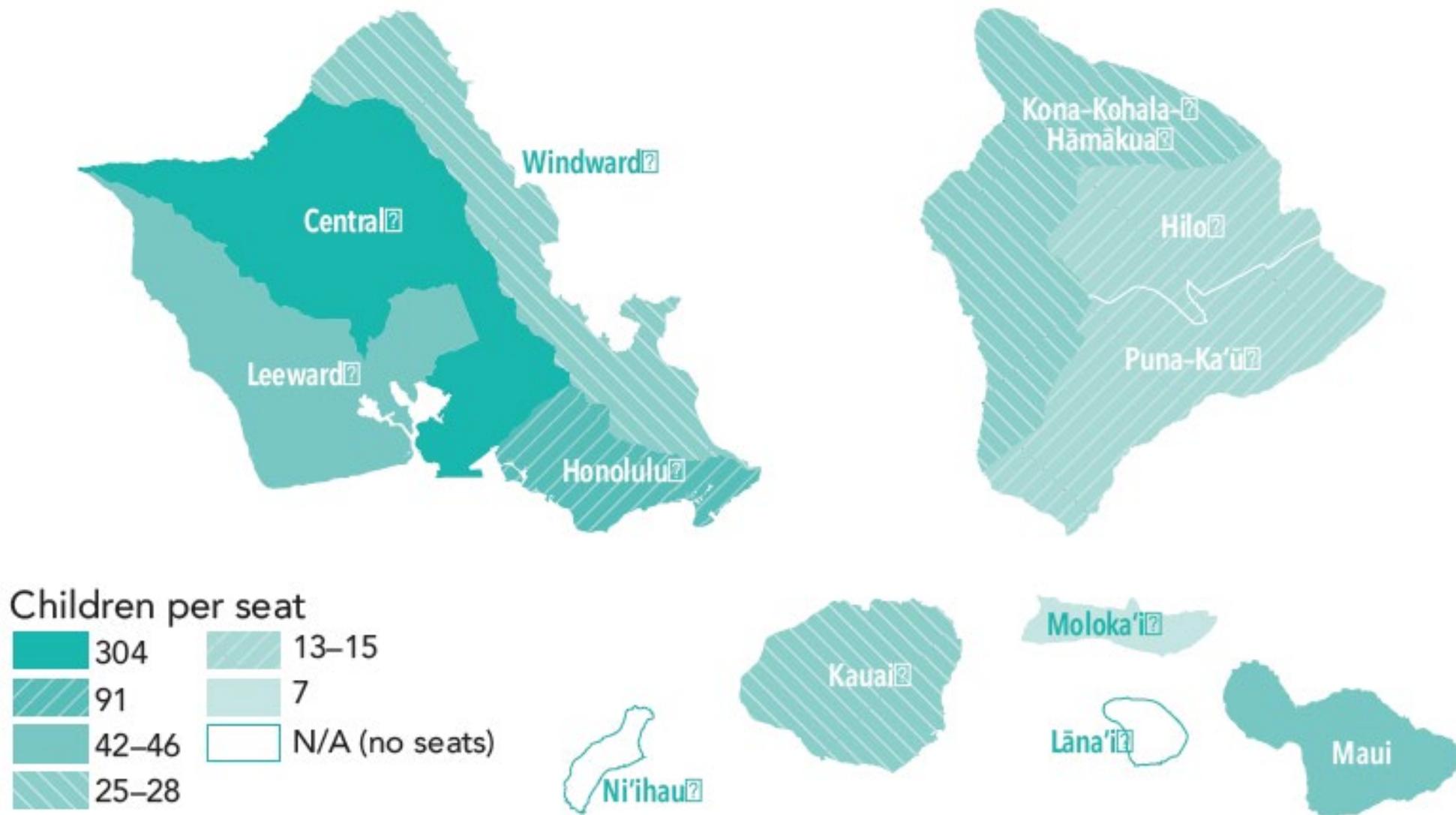


Table 4.

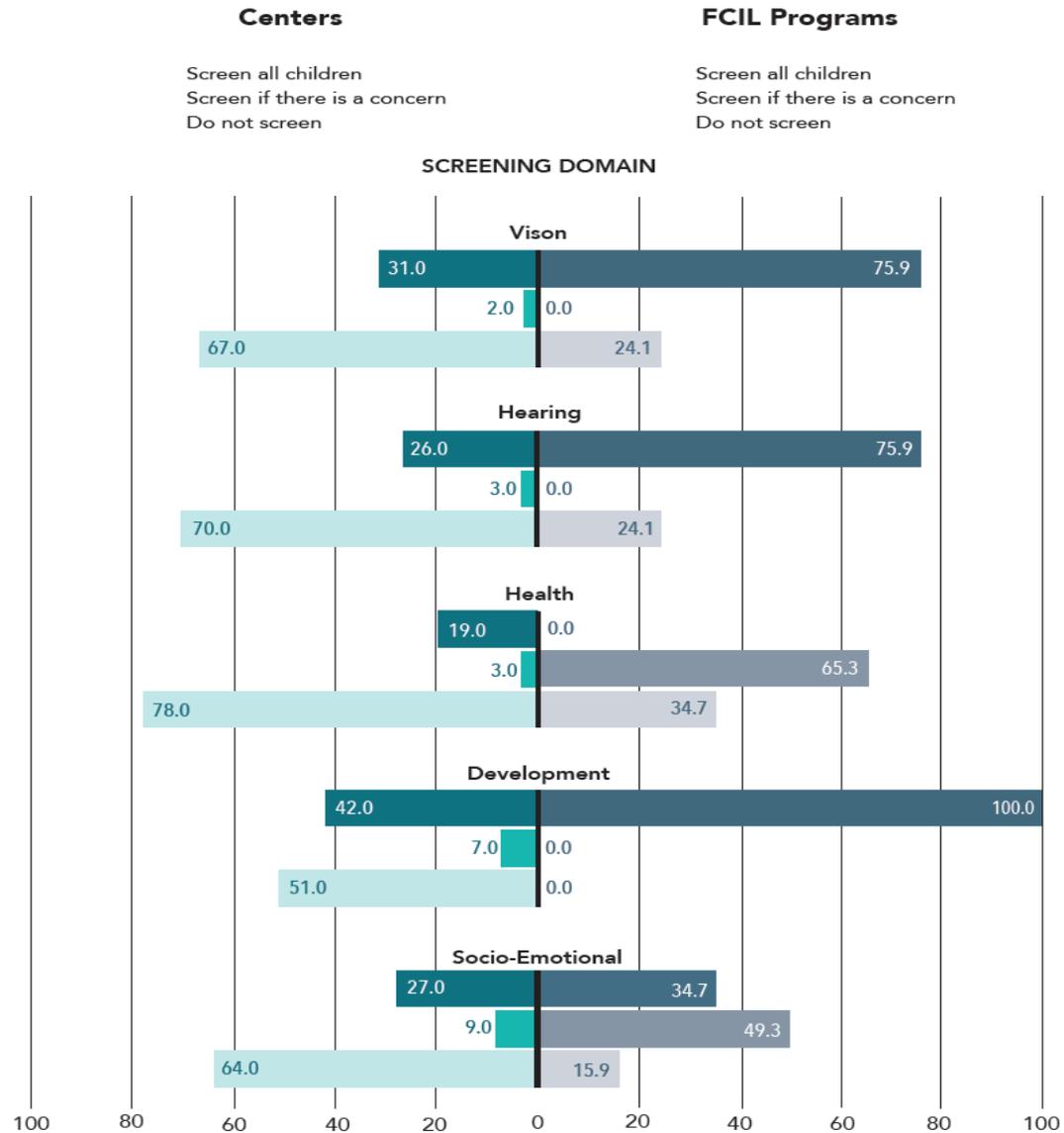
Characteristics of Enrolled Children and Families (Number and Percentage of Children by Sector)

Characteristics of Enrolled Children and Families	Centers		FCC		FCIL	
	No.	%	No.	%	No.	%
Special Needs	532	3.9	32	3.8	81	3.2
Homeless ^a	227	2.0	5	0.6	—	—
Family speaks Hawaiian at home	1,600	14.6	55	6.7	57	2.3
Family speaks other foreign language at home	1,105	8.2	104	12.9	382	12.5
Financial risk ^b	3,370	33.5	120	15.6	953	31.1

Note: Response rates varied across items, and the rate of missing data was high, perhaps because not all programs keep records of these characteristics. Interpret results with caution. Valid responses: Centers ($n = 99-119$), FCC ($n = 137-147$), FCIL ($n = 3-5$).

^aData suppressed for FCIL programs due to low response rate. ^bCenter and FCIL directors were asked to report children from homes with family income at or below 100% of the federal poverty level. FCC providers were asked about children in families receiving needs based benefits, e.g., TANF, WIC. Source: COF (2017).

Figure 17.
Screening Practices in Centers and FCIL Programs



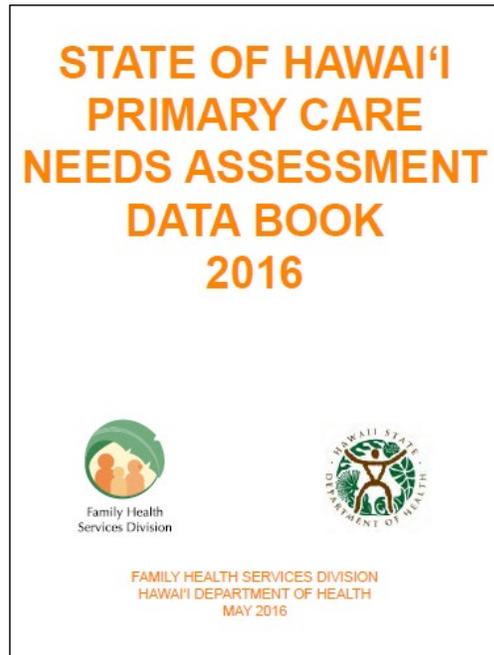
Note: Bars represent the percentage of total seats in each sector. Valid responses: Centers (n = 145-146), FCIL (n = 6).
 Source: COF (2017).

Screening Practices

Universal screening of all children in child care setting is not required in the state.

- 70% of centers asked parents about prior child screening results at time of enrollment.
- 83% of Family Child Interactive Learning Programs (FCIL) ask about screening results at time of enrollment.
- FCIL programs achieved very high levels of developmental (100%) and vision/auditory screening (76%).
- All FCIL programs engaged parents in screening process using the Ages and Stages Questionnaire.

DOH Primary Care Data Book 2016

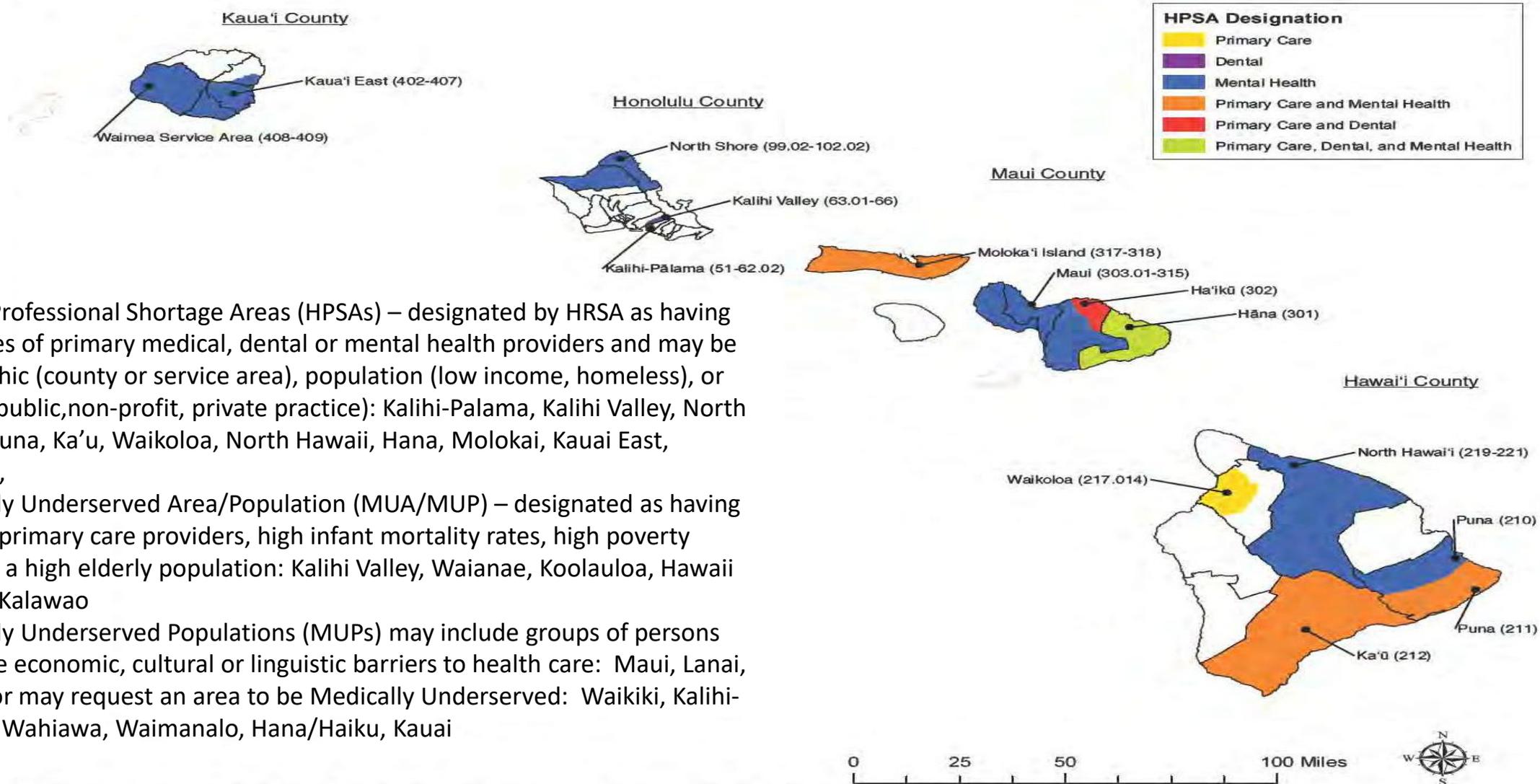


Key Findings (p. 10) – Data from 2010-2014

Health Disparity – particular population group is at disadvantage due to differences which could be related to multiple factors which may include potentially modifiable factors such as inadequate access to health care services, socio-economic differences, education, health behaviors, and having a medical home. Whereas non-modifiable factors could include population groups defined by age, race/ethnicity, and gender.

It is important to consider that race/ethnicity represents a cascade of different factors including modifiable behaviors common for particular subgroups. This contrasts with some conditions that may have an underlying genetic reason.

It is also important to look at what factors may be contributing to better health outcomes among groups to determine if certain protective factors could benefit disadvantaged groups.



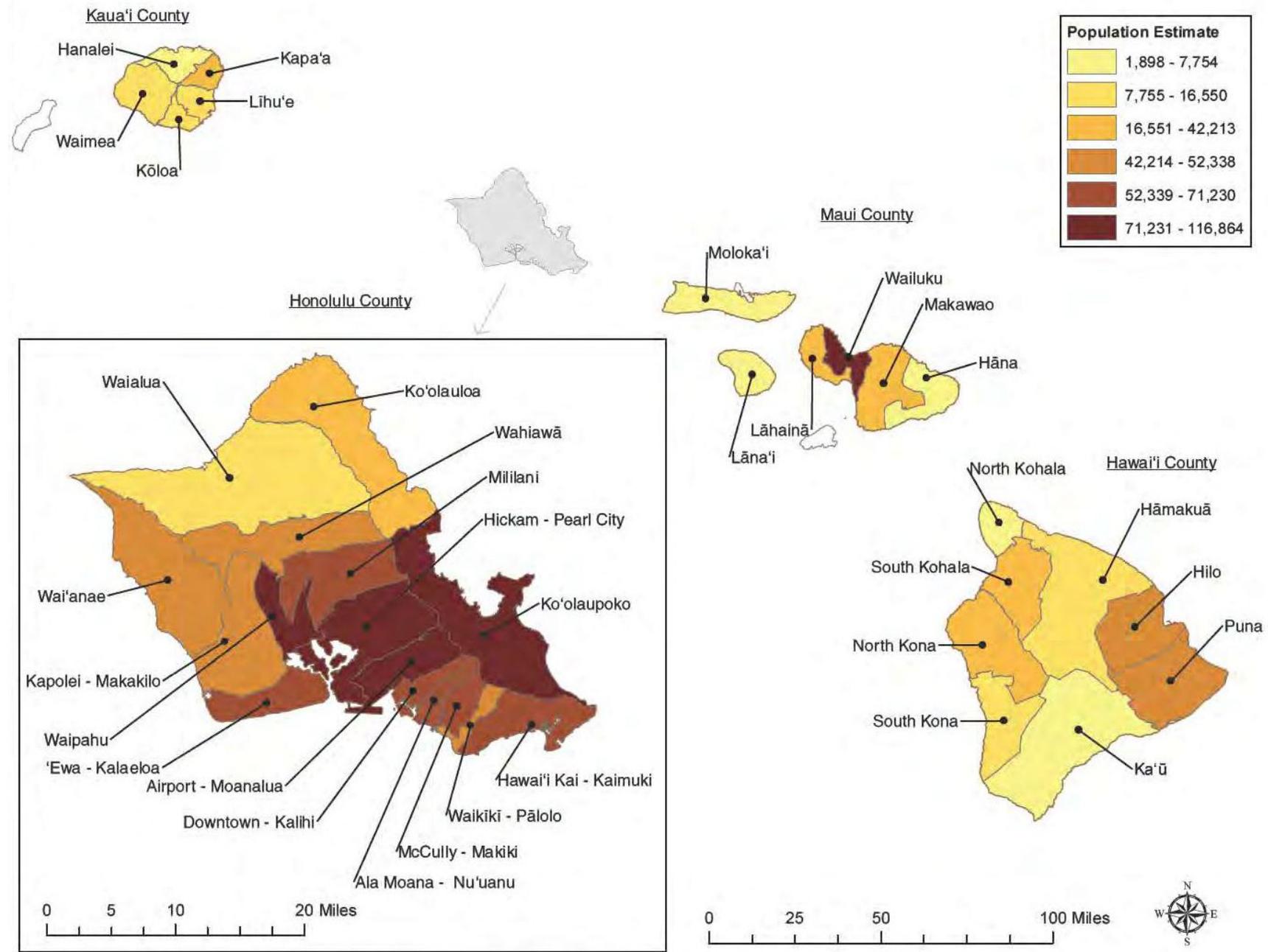
Health Professional Shortage Areas (HPSAs) – designated by HRSA as having shortages of primary medical, dental or mental health providers and may be geographic (county or service area), population (low income, homeless), or facility (public, non-profit, private practice): Kalihi-Palama, Kalihi Valley, North Shore, Puna, Ka’u, Waikoloa, North Hawaii, Hana, Molokai, Kauai East, Waimea,

Medically Underserved Area/Population (MUA/MUP) – designated as having too few primary care providers, high infant mortality rates, high poverty rates, or a high elderly population: Kalihi Valley, Waianae, Koolauloa, Hawaii County, Kalawao

Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care: Maui, Lanai, Governor may request an area to be Medically Underserved: Waikiki, Kalihi-Palama, Wahiawa, Waimanalo, Hana/Haiku, Kauai

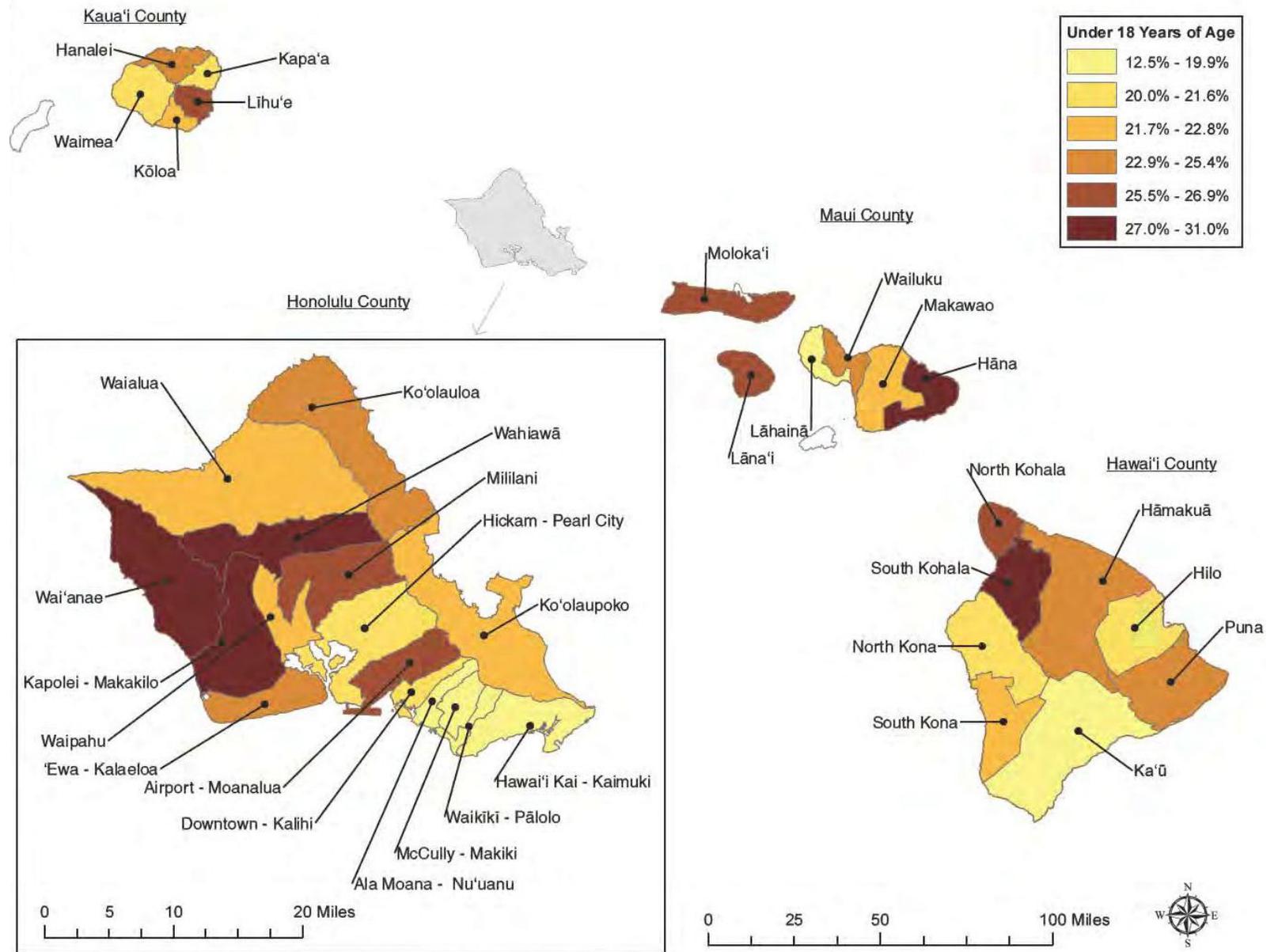
Map 2-1: Location of Federally Designated Health Professional Shortage Areas (HPSAs)

Population by Primary Care 2010-2014



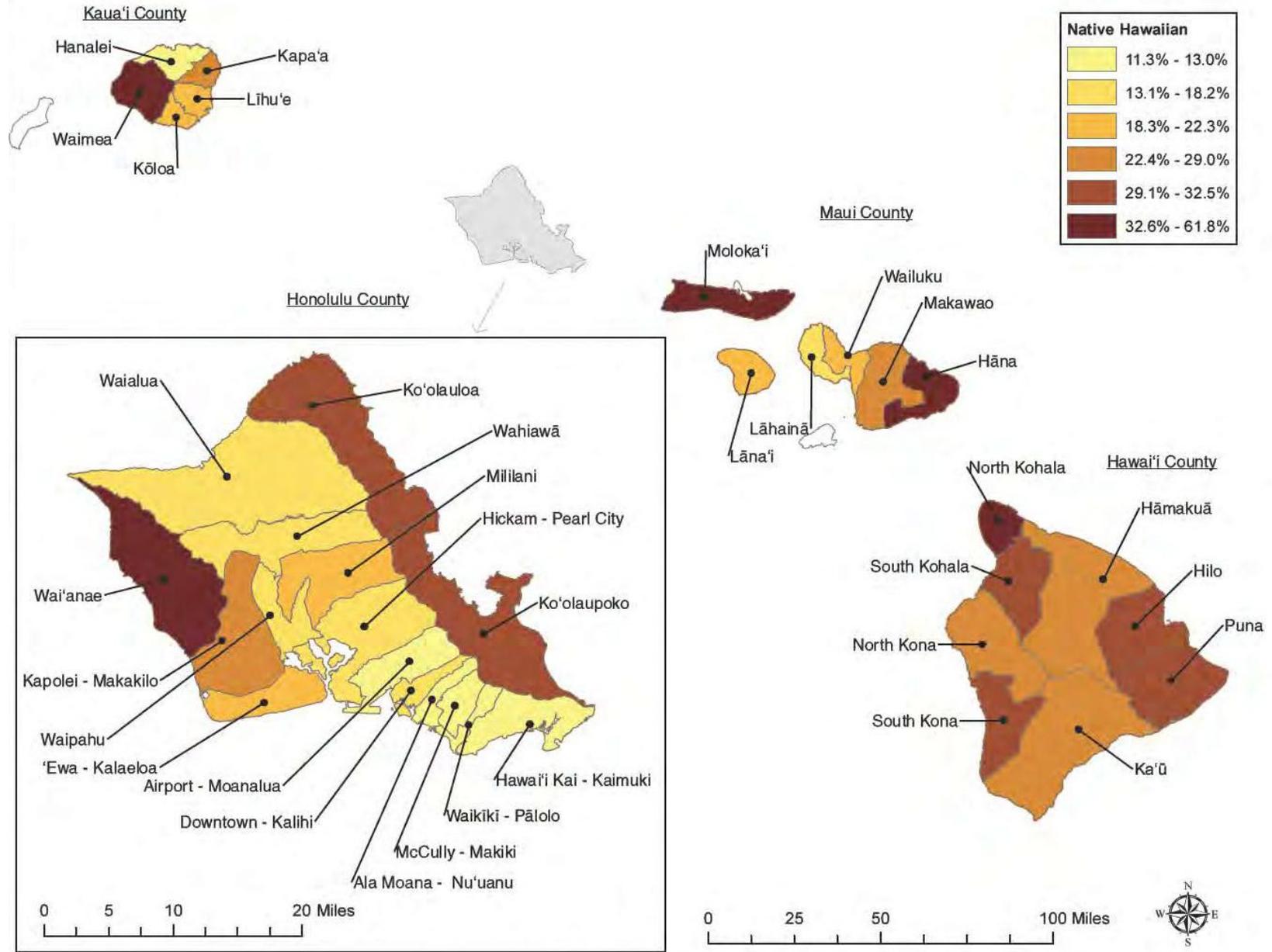
Map 3-1: Population Count by Primary Care Service Area

Population Under Age 18 2010-2014



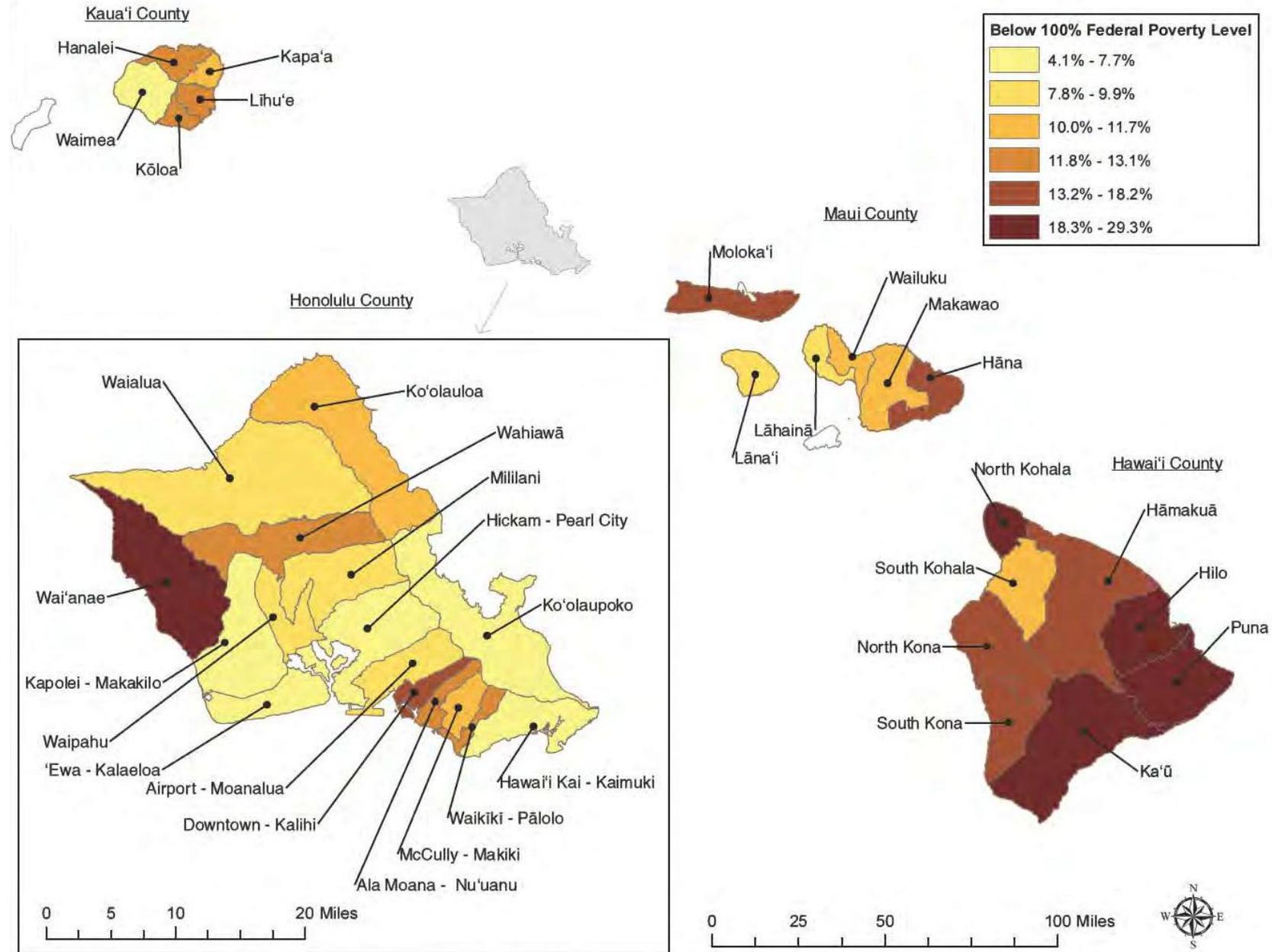
Map 3-2: Population Under 18 Years of Age by Primary Care Service Area

Native Hawaiian Population 2010-2014



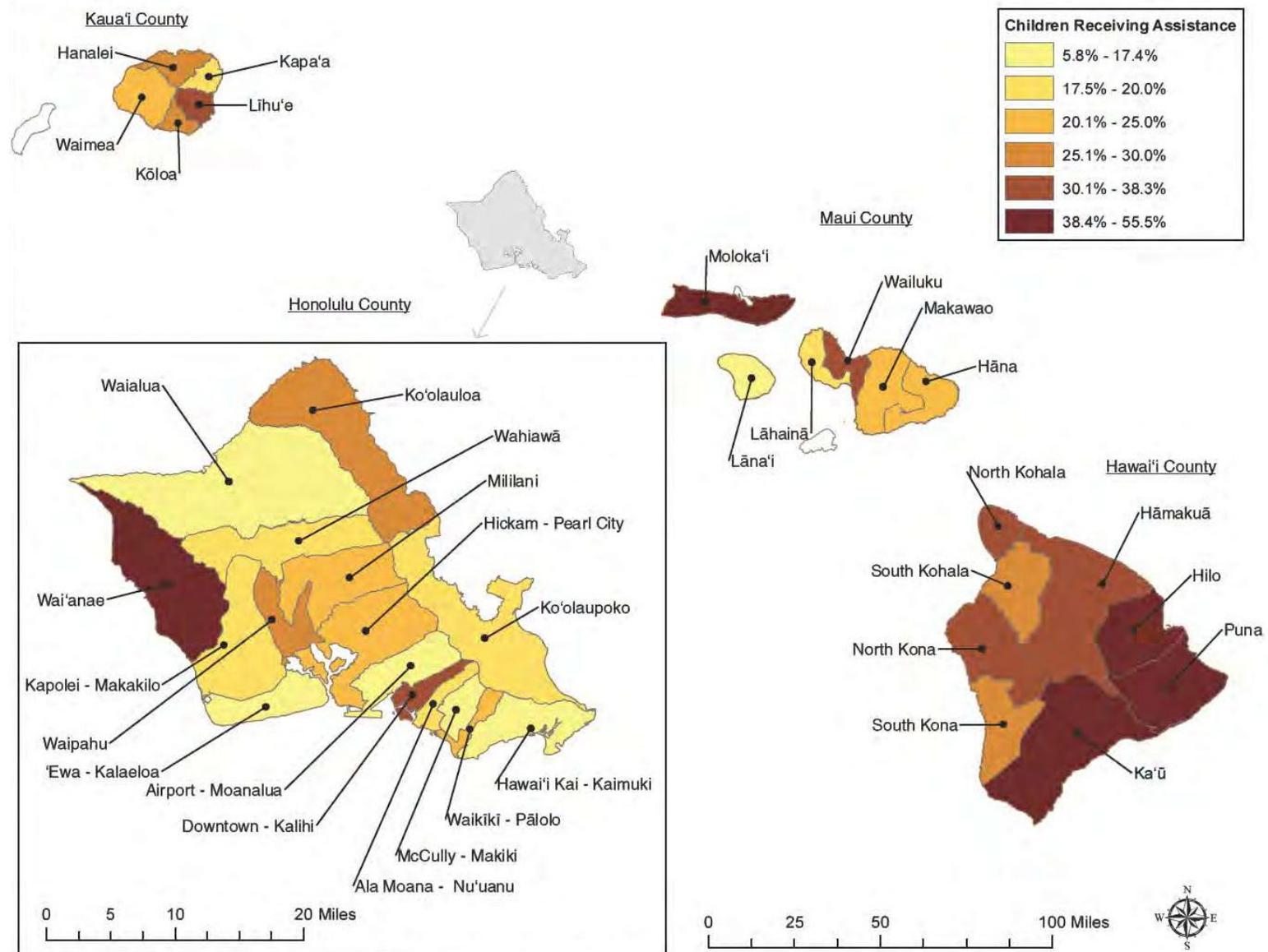
Map 3-4: Population of Native Hawaiian (alone or in any combination) by Primary Care Service Area

Population by 100% FPL



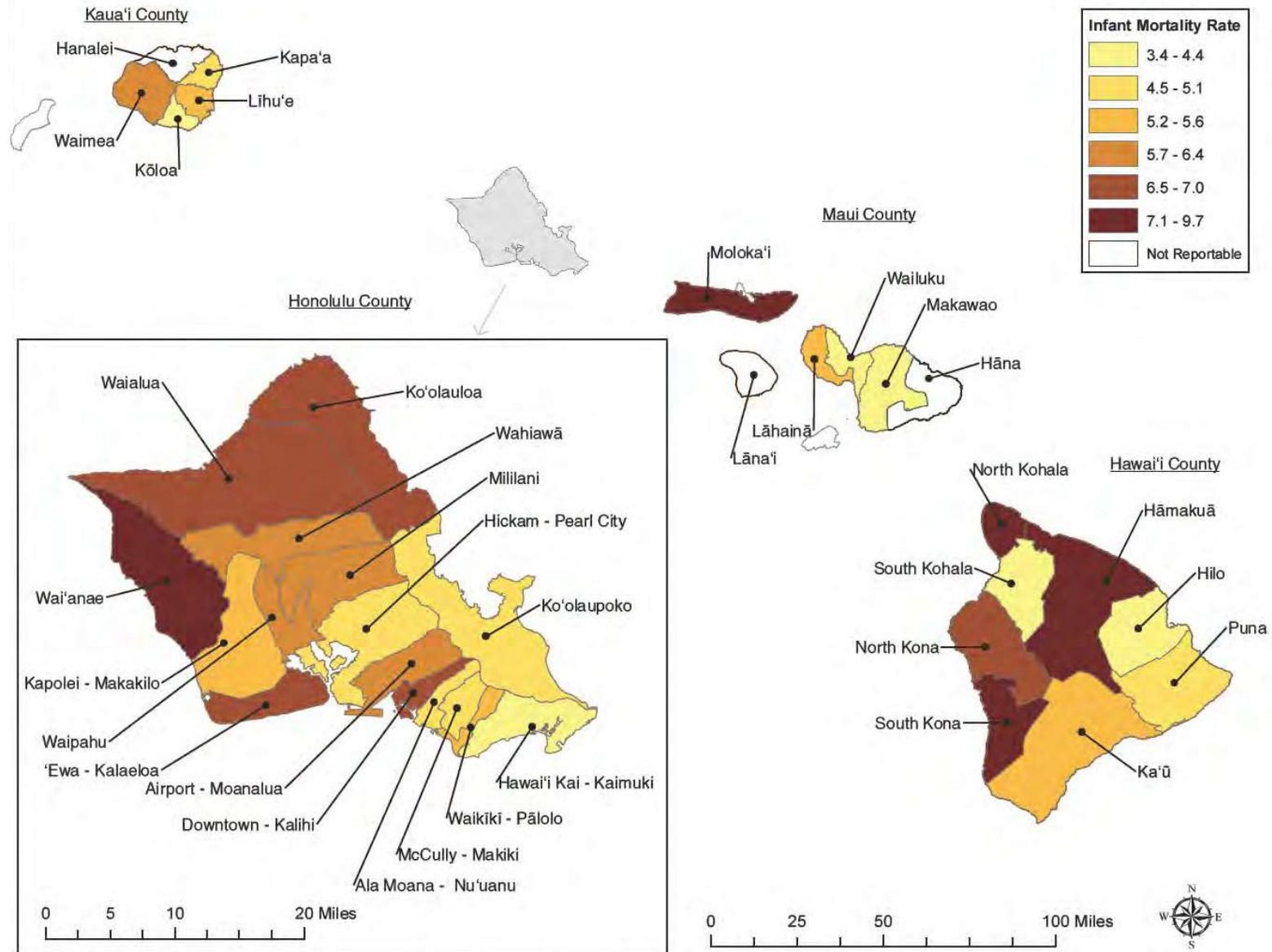
Map 3-12: Population Below 100% of Federal Poverty Level by Primary Care Service Area

Children in Households Receiving Assistance



Map 3-15: Children in Households Receiving Assistance by Primary Care Service Area

Infant Mortality Rate



Map 4-2: Infant Mortality Rate (per 1,000 live births) by Primary Care Service Area

2018 Hawaii Hospitals Community Health Needs Assessment Report

COMMUNITY HEALTH NEEDS ASSESSMENT

**FOR THE PEOPLE AND ISLANDS
OF HAWAI‘I**

December 2018

Healthcare Association of Hawai‘i
Produced by: Islander Institute

Key Findings

Participants developed a “community prescription for health in Hawaii derived from people’s own definition of health and the factors that contribute to attaining and maintaining health. 12 factors that make people healthy: security, justice, love, hope, time, food, place, community, healthy keiki, healthy kupuna, care and available healthcare.

Three major issues inhibit people’s ability to achieve a truly health life: 1) lack of foundation for health that includes basic things that every human needs; 2) loss of community, including the aspects of place, values, culture, and practices; and 3) a poor relationship to the healthcare system, which is seen as lacking in humanity, empathy and availability.

Educators, health care workers and others emphasized the great future benefits realized by investing in a healthy start to life – both mothers and their children. Research has shown that the very beginning is the most important stage in a person’s lifetime for impacting future health outcomes. Supports and practices for a healthy start include help for high-risk pregnancies, prenatal care, infant care and nutrition quality childcare, and preschool. Awareness, availability, and quality of these services vary across the island. While there are more programs becoming available for some communities, many parents must fend for themselves. A group of new mothers told us how they found information and supports online via Facebook and websites so that they might learn how to provide the best care for their newborns. (p. 63)

A Healthy Beginning. In early stages of life, it is important for children to have knowledgeable parents and access to needed care (p. 65):

- Nearly 80% of mothers say they lie their baby on their back to sleep;
- Health insurance for children is high compared to the national average but it can be a huge risk for those 2% to 3% who lack coverage,
- Asthma in young children is a serious public health problem that can result in limitations on their activities;
- Making sure that children receive quality early education remains elusive with only about half of 3 and 4 year olds enrolled in school.

	US	HAWAI'I	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
INFANTS SLEEPING ON BACK	78.5%	78.6%	78.0%	82.3%	78.7%	70.0%
Percentage of women with a recent birth who report they most often lay their babies down to sleep on their backs. (Data: 2014). Source: Hawai'i Health Matters, Hawai'i DOH, Pregnancy Risk Assessment Monitoring System, 2017						
CHILDREN w/o HEALTH INSURANCE	5.7%	2.5%	2.7%	3.2%	2.4%	2.6%
Percentage of children under 19 years who do not have health insurance. (Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017						
CHILDREN w/ASTHMA	9.2%	10.2%	11.9%	10.0%	10.1%	8.2%
Percentage of children under 18 years of age that currently have asthma. (Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2018						
EARLY CHILDHOOD EDUCATION	47.5%	47.6%	43.7%	51.7%	48.5%	35.8%
Percentage of three- and four- year olds enrolled in school (public or private). (Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017						
RED = of significant note; YELLOW = positive compared to other counties						

Children with Disabilities. Children with disabilities make up a relatively small percentage of all children in Hawaii, but in our connected island communities, many people are connected to a child and family with significant needs, whether through blood relation or friendship. Data is needed to better understand how information and services can flow better to families in need (p. 66).

	US	HAWAI'I	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
CHILDREN W/DISABILITY <5 YRS	0.8%	0.5%	0.3%	0.6%	0.6%	0.7%
Percentage of children less than 5 years old with any disability (Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017						
CHILDREN W/DISABILITY 5-17 YRS	5.4%	3.7%	3.5%	4.1%	3.8%	2.9%
Percentage of children 5 to 17 years old with any disability (Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017						
RED = of significant note; YELLOW = positive compared to other counties						

Healthy Schools

Hawaii DOE collects wellness indicators, in which participating schools report whether their school has the required health education classes, physical education class, more than 20 minutes of recess time, etc. Some schools have also made concerted efforts to improve health, such as creating school gardens, implementing different challenges and games to increase physical activity, and cooking healthy meals together among other activities. An annual School Quality Survey by HIDOE asks members of the school community about their safety and wellbeing. (p. 67)