

Early Childhood Health & Family Wellbeing: Strategic Implementation Plan, 2020-2023

Introduction

In 2017, the U.S. Department of Health and Human Services and the U.S. Department of Education issued *Policy Statement to Support the Alignment of Health and Early Learning Systems*. The statement provides a series of recommendations intended to improve young children's access to needed services and transform service delivery systems to improve the health and early learning outcomes for all children. The recommendations are:

1. Build on existing structures to establish and sustain coordination and alignment across health and early learning programs and systems at the state and local levels.
2. Expand, coordinate, and streamline health and early learning enrollment processes for families eligible for multiple public benefits to minimize barriers to families accessing health and early learning services.
3. Implement innovative approaches to coordinate, co-locate, and integrate comprehensive services for young children to meet families where they are.
4. Build universal screening, referral, and linkage systems to ensure that all children receive age-appropriate screenings to detect possible health, developmental, sensory, and behavioral needs or delays or disabilities. This recommendation would enable all families to be assessed for health and wellbeing (maternal depression, family violence, and food insecurity) and appropriate referrals and follow-up to take place.
5. Ensure that children's nutrition, physical activity, and oral health needs are addressed in early learning programs and by health providers.
6. Support and engage with families consistently to improve long-term health and education outcomes.

The Hawai'i Early Childhood State Plan 2019-2024 posits that children's health and their families' wellbeing are absolutely foundational for optimal child development and learning. Therefore, creating a Strategic Implementation Plan focused on health and wellbeing, although not specifically required by the Preschool Development Grant Birth to Five grant, is essential in supporting all the other implementation plans. The Department of Health/Children with Special Health Needs Branch took the lead in developing this plan and ensuring its alignment with both the PDG B-5 and State Plan priorities.

Needs Assessment Summary, 2016-2018

The summary can be found at: <https://earlylearning.hawaii.gov/wp-content/uploads/2020/08/Pre-2019-Needs-Assesment-Summary-for-Early-Childhood-Health-and-Family-Wellness-SIP.pdf>

The Hawai'i Early Learning Needs Assessment (2017) examines the health screening practices of early care and education centers and Family-Child Interaction Learning (FCIL) programs. The screening domains include: vision, hearing, health, development, and social-emotional.

Participating groups indicate if they screen all children, screen if there is a concern, or do not screen. The assessment finds that:

- Children enrolling in center-based programs should have a health screening documented by the Department of Human Services' Form 908, however, only 70% of centers and 83% of FCILs report asking families about prior child screening results at the time of enrollment.
- Only 42% of centers screen for development, and the majority do not screen at all for any of the domains.
- 100% of FCILs report developmental screening for all children, and 76% for vision and auditory screenings. However, the majority (65%) do not screen for health or social-emotional (49%) unless there is a concern.

The State of Hawai'i Primary Care Needs Assessment Data Book 2016 reports key findings on health disparities by geographic areas. It identifies challenges in the provision of primary care, dental health, and/or mental health in all counties in Hawai'i.

- **Health Professional Shortage Areas** (shortages of primary medical, dental, or mental health providers based on geography, low income/homeless, or facility): Hāna, Kalihi Valley, Kalihi-Pālama, Ka'ū, Kaua'i, Moloka'i, North Hawai'i, North Shore, Puna, Waikōloa.
- **Medically Underserved Area/Population** (shortages of primary care providers, high infant mortality rates, high poverty rates, or high elderly population): Hawai'i County entirely, Kalawao, Kalihi Valley, Ko'olaupua, and Wai'anae.
- **Medically Underserved Populations** (includes groups of people facing economic, cultural, or linguistic barriers to healthcare): Kalihi-Pālama, Kaua'i County entirely, Maui County entirely, Wahiawā, Waikīkī and Waimānalo.

The 2018 Community Health Needs Assessment, drawing on insights from a wide array of participants, including educators and healthcare workers statewide, determines that three major issues inhibit a truly healthy life:

1. The lack of foundation for health that includes basic things that all humans need.
2. The loss of community, including a sense of place, values, culture, and practices.
3. A poor relationship to the healthcare system, including the lack of humanity, empathy, and availability.

This needs assessment emphasizes that great future benefits are realized by investing in a healthy start to life, for children and their mothers. Supports and practices for a healthy start include help for high-risk pregnancies, prenatal care, infant care, nutrition, quality child care, and early education.

Hawai'i PDG Birth to Five Early Childhood Comprehensive Needs Assessment 2020

The complete report can be found at: <https://earlylearning.hawaii.gov/wp-content/uploads/2020/06/Hawaii-Early-Childhood-Comprehensive-Needs-Assessment-and-Using-Risk-and-Reach-Data-supplement-to-ICFs-comprehensive-NA.pdf>

It must be noted that the 2020 needs assessment does not specifically explore health-related questions for families and children birth to five. Nonetheless, a risk and reach analysis does identify areas of the state with populations at risk of poor developmental, educational, and health outcomes. Risk in the health domain is measured by rates of infant mortality, births to mothers who received late or no prenatal care, and children without health insurance. The highest risk regions include eight school complexes that span parts of Hawai'i Island and O'ahu, and are home to an estimated 12,651 children birth to five:

- **Hawai'i County:** Ka'u, Kealakehe, Konawaena, and Laupāhoehoe
- **Honolulu County:** Kaimukī, Kalāheo, Kalani, and Wai'anae/Nānākuli

Corresponding data on program reach in the health domain cannot be obtained for inclusion in this needs assessment.

The risk and reach analysis also examines other foundational aspects of health and wellbeing, namely food, housing, and economic security. In the domain of family and economic stability, school complexes where high risk is found in combination with low program reach indicate communities that should be considered for prioritized resources. These include:

- **Hawai'i County:** Hilo/Waiākea (foster care placement permanence), Ka'u (income, child care, housing, food assistance, and foster care placement permanence), and Laupāhoehoe (food assistance, foster care placement permanence)
- **Maui County:** Lāna'i (child care, housing, and food assistance) and Moloka'i (child care assistance)

Geographic communities where high risk is found in combination with low reach by existing early care and education supports and related programs and services represent communities that should be considered for prioritized resources.

Leaders in the early childhood sector express a desire to see system-wide tracking of programs that are conducting developmental screenings for key milestones. They would like information on whether or not families receive a warm hand-off to appropriate support services. The lack of a single child identifier and mechanisms to track referrals means there is no data available on the intersection of health, social services, and education as they pertain to children birth to five.

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Key Priority for Collective Action

Drawn from the Hawai'i Early Childhood State Plan 2019-2024, italics refer to the Building Block (1-5), Key Strategy (A-D), and Priority (i-viii):

Collaborate on policy and program initiatives that enable families and children, with particular attention to children with special health needs, to have equitable access to healthcare and services in their communities, including reproductive health, pediatric care, dental care, environmental health, physical health, nutritional health, and mental health supports. (BB1, B)*

* The work group chose to focus on 1) families experiencing a lack of geographic access to healthcare and 2) social-emotional and behavioral health concerns of children and families. (BB2, ii)

<p>Objective 1: Family-Focused. Ensure every child has a medical home and is screened at recommended ages for health, wellbeing, and developmental milestones, and is connected to services as needed. (BB1, ii)</p> <p>[Note: Patient-centered medical home is defined by the American Academy of Pediatrics as an “approach to providing comprehensive primary care that facilitates partnerships between patients, clinicians, medical staff, and families.”]</p>		
<p>Champions:</p> <ul style="list-style-type: none"> ✓ Department of Health (DOH) ✓ Early Childhood Action Strategy (ECAS), Team 3 On-Track Health & Development ✓ Family Hui Hawai'i (FHH) ✓ Hawai'i Children's Action Network (HCAN) 		
Actions	When & Resources Required	Indicators of Success
<p>1. Design and implement a model prototype of a health/behavioral health “village” in a community with a vulnerable population.</p> <p>1.1. Form advisory group to oversee program design, implementation, and evaluation.</p> <p>1.2. Develop Memoranda of Understanding (MOUs) and Memoranda of Agreement (MOAs) among agencies for data-sharing, resource allocation, and services provided.</p> <p>1.3. Develop communication tools and protocols, guidelines, data measurements, and tracking tools.</p> <p>1.4. Promote food access through Farm to Early Care and Education (ECE) mobile market to elementary school near Kahauiki Village or to on-site Head Start/Early Head Start Classes.</p> <p>1.5. Develop recommendations for best practices and possible replication based on evaluation of program design and outcomes.</p>	<p>When:</p> <ul style="list-style-type: none"> • Advisory Group formed: January 2020 • Program designed with evaluation, tracking measures, and communication protocols developed: Spring 2020 • MOUs: Spring 2020 • Evaluation and recommendations report completed: 2021 <p>Existing Resources:</p> <ul style="list-style-type: none"> • DOH <ul style="list-style-type: none"> ○ Children with Special Health Needs Branch (CSHNB) ○ Chronic Disease Prevention Public Health Promotion Division (CDPPHPD) ○ Early Intervention Section (EIS) • Dr. Cathy Bell • ECAS • FHH • Farm to ECE • Institute for Human Services • PACT Early/Head Start <p>Needed Resources:</p> <ul style="list-style-type: none"> • Funding for: <ul style="list-style-type: none"> ○ Coordinator ○ Assistant Program Manager 	<ul style="list-style-type: none"> • Number of partners coordinating services for young children and families has increased. • Data collection system to track screenings, referrals, and services and support is developed (e.g., number of screens, referrals, receiving services). • Families who receive resources through these programs express greater connection to peers. • Families demonstrate increased knowledge and awareness of child development and available resources. • Long-Term. Develop model prototype of family-centered, early childhood system of care—Health & Learning Center—that shows measurable outcomes for children and families and can be sustained and replicated in other communities.

	○ Evaluation	
<p>2. Support existing, community-based model for child and family wellbeing focusing on developmental screening, caregiver depression screening, and trauma-informed care using a two-generational (multi-gen) approach; expand to one more community; and develop policy recommendations using a community-based model.</p>	<p>When:</p> <ul style="list-style-type: none"> Maintain ongoing activities Policy recommendations shared at Early Learning Board (ELB) meetings: 2020 <p>Existing Resources:</p> <ul style="list-style-type: none"> County of Maui Multi-Agency Impact Team (CoMMIT) DOH/Early Childhood Comprehensive Systems Collaborative Impact Grant Maui County Early Childhood Resources Program Maui Family Support Services, Inc. Partners in Development Foundation <p>Needed Resources:</p> <ul style="list-style-type: none"> Evaluation for replication and best practices 	<ul style="list-style-type: none"> Sustainability plan is in place and model expanded to one additional community.
<p>3. Sustain and expand upon existing community-based model of developmental, behavioral, hearing, and vision screening of children 2-5 years old, and develop policies for a statewide screening and referral system.</p>	<p>When:</p> <ul style="list-style-type: none"> Maintain ongoing activities Evaluation and best practices shared at Hawai'i State Council on Developmental Disabilities and ELB: 2020 Recommendations for statewide hearing and vision screenings developed: 2021 <p>Existing Resources:</p> <ul style="list-style-type: none"> Leadership in Disabilities and Achievement of Hawai'i (LDAH) DOH/CSHNB <p>Needed Resources:</p> <ul style="list-style-type: none"> Evaluation for best practices 	<ul style="list-style-type: none"> Number of referrals has increased. Number of children screened has increased. Number of children receiving services has increased.
<p>4. Promote parent training on advocacy so parents are able to articulate the health needs of their child.</p> <p>4.1 Promote Parent Leadership Training Institute (PLTI) to train parents on civic process.</p> <p>4.2 Work with parent groups on understanding "advocacy."</p> <p>4.3 Promote Parent Training & Information Center to family members of children with disabilities.</p>	<p>When:</p> <ul style="list-style-type: none"> Maintain ongoing activities <p>Existing Resources:</p> <ul style="list-style-type: none"> FHH HCAN LDAH <p>Needed Resources:</p> <ul style="list-style-type: none"> Evaluation for best practices 	<ul style="list-style-type: none"> Increased number of trainings provided to parents. Increased number of families in PLTI cohort. Number of families who report understanding their role in advocating for their child has increased.

Objective 2: Provider-Focused. Develop and implement learning opportunities for providers of all types utilizing best practice materials and models to ensure public information and social supports are available to address injury and abuse prevention and promote the safety and wellbeing of families and children. *(BBI, D, modified)*

Champions:

- ✓ Early Childhood Action Strategy, Team 2 Safe & Nurturing Families
- ✓ Kamali'i Ola i ka 'Āina/Farm to ECE

Actions	When & Resources Required	Indicators of Success
<p>1. Develop or utilize existing pre-service and in-service programs to support trainings or learning opportunities on Department of Human Services' Basic Health & Safety Practices: Child Care Provider's Guide.</p>	<p>When:</p> <ul style="list-style-type: none"> • Curriculum developed: 2020 • Training platform developed and utilized: 2021 <p>Existing Resources:</p> <ul style="list-style-type: none"> • DHS Basic Health & Safety Practices: Child Care Provider's Guide <p>Needed Resources:</p> <ul style="list-style-type: none"> • Curriculum developer • Sustained funding, long-term 	<ul style="list-style-type: none"> • Curriculum on Basic Health & Safety Practices is developed and available to providers. • Increased number of trainings have been delivered. • Increased number of providers have been trained.
<p>2. Expand Farm to ECE in targeted communities so that children, including children with special health needs, reach developmental benchmarks and families have increased awareness about healthy eating and are promoting this at home.</p> <p>2.1 Promote local and healthier foods in snacks and meals served in early care and education settings and in family homes.</p> <p>2.2 Provide family and provider education about Farm to ECE practices (e.g., nutrition, gardening, healthy local food prep, purchasing, etc.)</p>	<p>When:</p> <ul style="list-style-type: none"> • Expansion to one more program: 2020 <p>Existing Resources:</p> <ul style="list-style-type: none"> • Farm to ECE <p>Needed Resources:</p> <ul style="list-style-type: none"> • Sustained long-term funding 	<ul style="list-style-type: none"> • Behavior changes as indicated by staff wellness and engaged families.
<p>3. Expand Farm to Keiki school lesson and recipe book to targeted communities.</p> <p>3.1 Connect with families and support them with online strategies.</p> <p>3.2 Develop opportunities for in-person and online training for early care and education providers.</p> <p>3.3 Do market research to better understand the needs of families and early care and education providers around nutritional practices.</p>	<p>When:</p> <ul style="list-style-type: none"> • Expansion to one more center-based program: 2020 <p>Existing Resources:</p> <ul style="list-style-type: none"> • Farm to ECE <p>Needed Resources:</p> <ul style="list-style-type: none"> • Sustained long-term funding 	<ul style="list-style-type: none"> • Number of families using online modules has increased. • Number of early care and education providers trained on Farm to Keiki has increased.
<p>4. Expand access to promote educational awareness of the Early Care and Education Wellness Guidelines so early care and education providers, caregivers, and families work together to achieve total wellness.</p> <p>4.1 Develop professional development training materials.</p> <p>4.2 Develop family-friendly educational pamphlets and flyers for caregivers, providers, and resource centers.</p>	<p>When:</p> <ul style="list-style-type: none"> • Assess use of existing guidelines and self-assessment tools for early care and education providers: 2020 • Develop training materials, family materials, online surveillance tool, self-assessment evaluation tool: 2021 	<ul style="list-style-type: none"> • Number of providers trained on ECE Wellness Guidelines has increased. • Number of family-friendly educational materials distributed to families.

<p>4.3 Develop an online surveillance tool.</p> <p>4.4 Develop a self-assessment evaluation tool for early care and education providers.</p>	<ul style="list-style-type: none"> • Implement regular self-assessment and surveillance plan: 2023 <p>Existing Resources:</p> <ul style="list-style-type: none"> • DOH/CDPPHPD • Farm to ECE • Farm to Keiki <p>Needed Resources:</p> <ul style="list-style-type: none"> • Resources to develop materials 	
<p>5. Extend training developed by home visitors, using the Centers for Disease Control and Prevention (CDC) topics, to early care and education providers of all types and settings on child safety areas: suffocation, car safety, water safety, fall safety, fire/gun safety, and fire prevention.</p>	<p>When:</p> <ul style="list-style-type: none"> • Expansion to more early care and education settings: 2020 <p>Existing Resources:</p> <ul style="list-style-type: none"> • Keiki Injury Prevention Coalition (KIPC) • Kapi'olani Medical Center for Women and Children • CDC Materials/Curriculum <p>Needed Resources:</p> <ul style="list-style-type: none"> • Coordinator for training 	<ul style="list-style-type: none"> • Number of early care and education providers utilizing evidence-based curriculum on child safety has increased.
<p>6. Pilot training on resiliency to interested early care and education programs addressing adverse childhood experiences, toxic stress, protective factors, and using a trauma-responsive approach.</p>	<p>When:</p> <ul style="list-style-type: none"> • Expansion to one more center-based programs: 2020 <p>Existing Resources:</p> <ul style="list-style-type: none"> • DOH/Maternal and Child Health Branch & CSHNB • Dr. Sarah Watamura-Enos • Executive Office on Early Learning (EOEL) <p>Needed Resources:</p> <ul style="list-style-type: none"> • Sustained long-term funding 	<ul style="list-style-type: none"> • Number of early care and education providers utilizing a trauma-responsive approach has increased.
<p>7. Link patient-centered medical home (PCMH) system with early childhood system to promote health and wellness supports in early care and education settings.</p> <p>7.1 Set up site visits for healthcare workers to learn more about early care and education programs and services of all types.</p> <p>7.2 Conduct more trainings with early care and education providers of all types.</p>	<p>When:</p> <ul style="list-style-type: none"> • Development of pilot visit and training: 2021 <p>Existing Resources:</p> <ul style="list-style-type: none"> • Medical Home Works • American Academy of Pediatrics-Hawai'i Chapter <p>Needed Resources:</p> <ul style="list-style-type: none"> • Sustained, long-term funding 	<ul style="list-style-type: none"> • Number of joint trainings has increased. • Number of site visits has increased. • Long-Term: Increased understanding of PCMH and early childhood systems exists.
<p>8. Develop a Child Abuse and Neglect Prevention Plan for Hawai'i that will serve as a community-wide plan or roadmap.</p>	<p>When:</p> <ul style="list-style-type: none"> • Development of plan: Fall 2020 <p>Existing Resources:</p> <ul style="list-style-type: none"> • HCAN • Hawai'i Community Foundation (HCF) <p>Needed Resources:</p> <ul style="list-style-type: none"> • Sustained, long-term funding to implement roadmap 	<ul style="list-style-type: none"> • Number of organizations engaged in planning meetings. • Number of organizations committed to supporting and funding different parts of the plan. • Long-term. Increase in the number of programs focusing on prevention of child abuse and neglect. • Long-term. Rates of child abuse and neglect have decreased.

Objective 3: Community-Focused. Generate increased community understanding and support for child development and family wellbeing and engage healthcare system partners in advocating for and securing adequate healthcare services statewide, especially in remote and rural areas. (BB1, iii)

Champion:
 ✓ Department of Health/Family Health Services Division

Actions	When & Resources Required	Indicators of Success
1. Increase partnerships with Federally Qualified Health Centers (FQHCs) in rural/remote communities to promote access to and availability and affordability of healthcare services for children.	When: <ul style="list-style-type: none"> • Communication infrastructure to/from FQHCs developed: 2023 Existing Resources: <ul style="list-style-type: none"> • DOH/Office of Primary Care and Rural Health • Hawai'i Primary Care Association (HPCA) Needed Resources: <ul style="list-style-type: none"> • Communications protocol 	<ul style="list-style-type: none"> • FQHCs promoting information about young children's early care and education opportunities.
2. Work collaboratively with partners to promote young children's oral health. 2.1 Integrate oral health services into early care and education settings and service through expansion of virtual dental homes. 2.2 Work with early care and education providers of all types to promote use of virtual dental homes for children in programs.	When: <ul style="list-style-type: none"> • Revisions to Oral Health State Plan:2021 Existing Resources: <ul style="list-style-type: none"> • HCAN's oral health efforts • Hawai'i Oral Health Coalition (HOHC) • Hawai'i Public Health Institute (HPHI) • West Hawai'i Community Health Center's Teledentistry program as an example Needed Resources: <ul style="list-style-type: none"> • Sustained funding for virtual dental homes in early care and education programs 	<ul style="list-style-type: none"> • Expanded access to virtual dental home in early care and education programs exists.
3. Continue work on building a robust network of Child Care Health Consultants.	When: <ul style="list-style-type: none"> • Work Group established: December 2021 Existing Resources: <ul style="list-style-type: none"> • DOH/CSHNB and Public Health Nursing • DHS/Child Care Program Office Needed Resources: <ul style="list-style-type: none"> • Convener/Point Person 	<ul style="list-style-type: none"> • Increased number of health consultants are trained and available.

Objective 4: Social-Emotional/Behavioral Health Focus. Ensure communication and cross-sector collaboration to bring evidence-based child development and behavioral health information into all settings, including the medical home, early care and education programs, K-3 programs, and family support programs within the community in two pilot sites. (BB1, C)

Champions:
 ✓ Department of Health/Children with Special Health Needs Branch
 ✓ Early Childhood Action Strategy
 ✓ Hawai'i Community Foundation

Actions	When & Resources Required	Indicators of Success
1. Implement and expand Communities of Practice (CoP) models to support children's social-emotional development (e.g., Promising Minds).	When: <ul style="list-style-type: none"> Expansion of CoP: December 2020 Existing Resources: <ul style="list-style-type: none"> HCF Promising Minds Needed Resources: <ul style="list-style-type: none"> Ongoing hub of resources for CoPs in the community 	<ul style="list-style-type: none"> 1 CoP exists on each island.
2. Develop a strategic plan to promote social-emotional/behavioral health and to ensure that a system and infrastructure for supporting children and families are in place.	When: <ul style="list-style-type: none"> Strategic Plan developed: 2020 Implementation of Strategic Plan: 2021 Existing Resources: <ul style="list-style-type: none"> DHS/Med-QUEST HOPE plan University of Hawaii John A. Burns School of Medicine/ Pacific Basin Area Health Education Center (AHEC) Program Office Needed Resources: <ul style="list-style-type: none"> Funding for activities and strategies, as needed 	<ul style="list-style-type: none"> Strategic Plan has been developed and implemented.
3. Re-establish Infant and Early Childhood Mental Health Consultation model in pilot community to see if it can be expanded statewide.	When: <ul style="list-style-type: none"> Action Plan developed and implemented: 2020 Existing Resources: <ul style="list-style-type: none"> Previous Keiki Care Project Hawai'i Association for Infant Mental Health Needed Resources: <ul style="list-style-type: none"> Resources for training and supports Funding for infrastructure to create workforce sustainability 	<ul style="list-style-type: none"> Sustained funding for mental health consultants for early care and education programs exists.

Note on Federal, State, and Local Statutory Requirements

All actions within this Strategic Implementation Plan seem consistent with existing federal, state, and local regulations. Currently, there are no identified regulatory barriers that impact the implementation of this plan.

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