

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

## Background

In 2018, the Early Learning Board (ELB) and Executive Office on Early Learning (EOEL) completed a multi-stakeholder planning process that generated the **Hawai'i Early Childhood State Plan, 2019-2024**. The State Plan set out a vision, five-year goals, key strategies, and priorities to create a stronger future for our keiki, their families, and the entire state. The U.S. Department of Health & Human Services' Office of Child Care, through the Hawai'i Department of Human Services (DHS), awarded EOEL a Preschool Development Grant, Birth through Five (PDG B-5) to develop in-depth, actionable strategic plans that are rooted in the State Plan. EOEL used the PDG B-5 Grant to convene work groups and develop seven Strategic Implementation Plans; each one serves as a "living" document meant to change over time as opportunities emerge, lessons are learned, and challenges are met with innovation.

The Hawai'i Early Childhood State Plan 2019-2024, full Strategic Implementation Plans, Needs Assessments, and background information can be found at: <https://earlylearning.hawaii.gov/resources/hawaii-state-early-childhood-strategic-implementation-plans/>

## Early Childhood Health and Family Wellbeing: Rationale

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*, providing recommendations to improve young children's access to services that improve their health and early learning outcomes. A few of the recommendations were:

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 health screenings including assessing families' health and wellbeing (maternal depression, family violence, and food insecurity).
5. Ensure that children's nutrition, physical activity, and oral health needs are addressed in early learning programs.

The State Plan 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 PDG B-5 grant, is essential in supporting all the other Implementation Plans.

## Needs Assessment Summary

	2016-2018	2020	Recommendations
<b>Health Screenings</b>	<ul style="list-style-type: none"> <li>Center-based and family-child interaction programs are required to secure the DHS Form 908 documenting children's health screenings, but only 70% of centers and 83% of FCILs report doing so</li> </ul>	No additional information	<ul style="list-style-type: none"> <li>Establish a system-wide tracking of programs conducting developmental screenings</li> </ul>
<b>Health Disparities in Hawai'i</b>	<ul style="list-style-type: none"> <li><b>Health professional shortages:</b> Hāna, Kalihi Valley, Kalihi-Pālama, Ka'ū, Kaua'i, Moloka'i, North Hawai'i, North Shore, Puna, Waikōloa</li> <li><b>Medically Underserved</b> (high infant mortality, poverty and/or elderly): Hawai'i County entirely, Kalawao, Kalihi Valley, Ko'olauloa, and Wai'anae</li> <li><b>Medically Underserved</b> (economic, cultural and/or linguistic barriers to healthcare): Kalihi-Pālama, Kaua'i County entirely, Maui County entirely, Wahiawā, Waikīkī and Waimānalo</li> </ul>	<ul style="list-style-type: none"> <li><b>High health risk</b> (infant mortality, mothers with late or no prenatal care, children without health insurance): 14% of children birth to five (est. 12,651) in: Ka'ū, Kealakehe, Konawaena, and Laupāhoehoe, Kaimukī, Kalāheo, Kalani, and Wai'anae/Nānākuli</li> <li><b>High wellbeing risk</b> (food, housing and economic insecurity, foster care placement permanence, child care assistance): Hilo/Waiākea, Ka'ū, Laupāhoehoe, Lāna'i, and Moloka'i</li> </ul>	<ul style="list-style-type: none"> <li>Invest in a healthy start to life, including mothers and children, especially high-risk pregnancies, prenatal care, infant care, nutrition, quality child care, and early education</li> </ul>

## Key Priority for Collective Action:

**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, drawn from the Hawai'i Early Childhood State Plan, 2019-2024)\***

\* 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><b>Objective 1: Family-Focused.</b> 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)  <b>[Note:</b> 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>	
<b>Actions</b>	<b>Indicators of Success</b>
<ul style="list-style-type: none"> <li>Design and implement a model prototype of a health/behavioral health “village” in a community with a vulnerable population.</li> <li>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.</li> <li>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.</li> <li>Promote parent training on advocacy so parents are able to articulate the health needs of their child.</li> </ul>	<ul style="list-style-type: none"> <li>Number of partners coordinating services for young children and families has increased.</li> <li>Data collection system to track screenings, referrals, and services and support is developed.</li> <li>Families demonstrate increased knowledge and awareness of child development and available resources.</li> <li>Sustainability plan is in place and model expanded to one additional community.</li> <li>Number of children screened and receiving services has increased.</li> <li>Number of families who report understanding their role in advocating for their child has increased.</li> </ul>
<p><b>Objective 2: Provider-Focused.</b> 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. (BB1, D, modified)</p>	
<b>Actions</b>	<b>Indicators of Success</b>
<ul style="list-style-type: none"> <li>Develop, utilize, and/or expand: <ul style="list-style-type: none"> <li>Pre-service and in-service programs to support trainings or learning opportunities on Department of Human Services’ Basic Health &amp; Safety Practices: Child Care Provider’s Guide.</li> <li>Farm to ECE in targeted communities.</li> <li>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.</li> <li>Training developed by home visitors to early care and education providers of all types on: suffocation, car safety, water safety, fall safety, fire/gun safety, and fire prevention.</li> </ul> </li> <li>Pilot training on resiliency addressing adverse childhood experiences using a trauma-responsive approach.</li> <li>Link patient-centered medical home system with early childhood system to promote health and wellness.</li> <li>Develop a Child Abuse and Neglect Prevention Plan for Hawai’i that will serve as a community-wide plan or roadmap.</li> </ul>	<ul style="list-style-type: none"> <li>Curriculum on Basic Health &amp; Safety Practices is developed and available to providers.</li> <li>Increases in: <ul style="list-style-type: none"> <li>Number of families using online modules</li> <li>Number of early care and education providers trained on Farm to Keiki</li> <li>Number of providers trained on ECE Wellness Guidelines</li> <li>Number of early care and education providers utilizing evidence-based curriculum on child safety</li> <li>Number of early care and education providers utilizing a trauma-responsive approach</li> </ul> </li> <li><b>Long-term.</b> Number of programs focusing on prevention of child abuse and neglect</li> <li><b>Long-term.</b> Rates of child abuse and neglect have decreased.</li> </ul>
<p><b>Objective 3: Community-Focused.</b> 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)</p>	
<b>Actions</b>	<b>Indicators of Success</b>
<ul style="list-style-type: none"> <li>Increase partnerships with Federally Qualified Health Centers (FQHCs) in rural/remote communities to promote access to healthcare for children.</li> <li>Work collaboratively with partners to promote young children’s oral health.</li> </ul>	<ul style="list-style-type: none"> <li>FQHCs are promoting information about young children’s early care and education opportunities.</li> <li>Expanded access to dental care exists.</li> </ul>
<p><b>Objective 4: Social-Emotional/Behavioral Health Focus.</b> 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)</p>	
<b>Actions</b>	<b>Indicators of Success</b>
<ul style="list-style-type: none"> <li>Implement and expand Communities of Practice (CoP) models to support children’s social-emotional development (e.g., Promising Minds).</li> <li>Re-establish Infant and Early Childhood Mental Health Consultation model in pilot community to see if it can be expanded statewide.</li> </ul>	<ul style="list-style-type: none"> <li>1 CoP exists on each island.</li> <li>Sustained funding for mental health consultants for early care and education programs exists.</li> </ul>

*This is a summary of the Early Childhood Health and Family Wellbeing: Strategic Implementation Plan, 2020-2023.*