

### **Supporting Documents: NPM Logic Models for Reporting Year FY 2018**

- NPM 1: Well-woman visit
- NPM 4: Breastfeeding
- NPM 5: Safe sleep
- NPM 6: Developmental screening
- NPM 10: Adolescent well visits
- NPM 12: Transition to adult care
- NPM 13.1: Children's oral health
- SPM 4: Child abuse & neglect

Note: Revised Logic Models for FY 2019 & FY 2020, with new strategies, strategy measures (ESM), will be included in next year's report. There is no logic model for SPM 1 on telehealth.

**NPM-01 - 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 (HSDOH)**

- Family Health Services Division (FHSD)
- Maternal Mortality Review
- HSDOH Strategic Plan

**Early Childhood Action Strategies**

**Executive Office of Early Learning/Draft State Early Childhood Plan**

**Hawaii's families, children, parents, and communities**

**Local partners, including:**

- **Hawaii Maternal and Infant Health Collaborative** (HMIHC) and associated workgroups
- Healthcare providers, hospitals, and pharmacy, community
- Queen's Clinically Integrated Physician Network
- Hawaii Department of Human Services (DHS), including State Medicaid Program
- University of Hawaii at Mānoa, John A. Burns School of Medicine
- Other local organizations – American Congress of Obstetricians and Gynecologists-Hawaii, Healthy Mothers Healthy Babies, March of Dimes

**National partners, including:**

- National Infant Mortality Collaborative Improvement and Innovation Network (CoIIN)
- 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** – Promote pre/inter-conception health care visits.

- Promotion of evidence-based practices:
  - One Key Question® (OKQ)
  - Long-Acting Reversible Contraception (LARC)
- Provider trainings – OKQ; family planning, contraception options & costs, pregnancy prevention & spacing, community resources, client-centered techniques, challenging scenarios
- Development & dissemination of awareness materials – informational sheets for consumers, training packets for providers
- Messaging to women (teens) & the general public on importance of women's health: SafeSex808

**Strategy 2** – Promote reproductive life planning.

- Increasing access to contraception & planning services.
- Data collection through provider surveys to guide activities with multi-cultural population

**Strategy 3** – Systems building

- Facilitating information-sharing, networking, collaboration, coordination among public-private partners.
- Promoting guidance, provider protocols, assure cultural sensitivity
- Promoting policy, identifying & addressing barriers to access services, conducting evaluation & data collection

**SHORT-TERM OUTCOMES**

**Short-Term Outcomes**

Women (teens):

- Increased awareness of pregnancy intention, capacity to address reproductive health.
- Increased empowerment around reproductive life planning, accessing & speaking to providers.

Providers:

- Knowledge & capacity increased, barriers decreased.
- Overall self-efficacy increased to talk with, counsel patients & refer to additional services.

Organizations & Systems:

- Elimination of barriers, increased access to affordable services
- Build capacity/resources to sustain outreach/services.
- Analysis of data to target messaging

**Evidence-Based/Informed Strategy Measures**

- **% of births with less than 18 months spacing between birth & next conception [ESM 1.1]**

**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
- Increased access to family planning services, reproductive health planning
- Good healthcare practices, prevention and management of chronic disease.

Providers, organizations, and systems:

- Services and systems are strengthened.
- More integration among disciplines and collaboratives.

**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.

**CONTEXTUAL CONDITIONS**

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

**NPM-04A, 04B - PROMOTING PERINATAL/INFANT HEALTH THROUGH THE PROMOTION OF BREASTFEEDING – LOGIC MODEL**  
**FAMILY HEALTH SERVICES DIVISION, HAWAII STATE DEPARTMENT OF HEALTH**

**RESOURCES**

**Hawai'i State Department of Health (HSDOH)**

- Family Health Services Division (FHSD), including programs such as: Women, Infants, and Children (WIC) program; Home Visiting Program
- Larger Hawai'i State Department of Health, including Chronic Disease Prevention and Health Promotion Division

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

**Local partners, including:**

- Hawai'i Maternal and Infant Health Collaborative (HMIHC)
- Breastfeeding Hawai'i
- Collaborative Leaders Network
- Healthy Mothers Healthy Babies
- Hawai'i Chapter of American Academy of Pediatrics
- Hawai'i Section of the American College of Obstetricians and Gynecologists
- March of Dimes

**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** – peer-to-peer programs – strengthen programs that provide mother-to-mother support and peer counseling.

- Training – e.g., engaging families and moms as peers.
- Service – utilization of peer-to-peer models in WIC programs.

**Strategy 2** – WIC locations – use community-based WIC organizations to promote and support breastfeeding.

- Training – with providers (e.g., through home visiting program).
- Service – supports such as Text 4 Baby, breast pump loans, etc.
- Infrastructure – support of WIC locations to implement direct services, including breastfeeding and nutrition services, food assistance, and service referrals.

**Strategy 3** – collaboration and networking

- Engaging in key partnerships (e.g., HMIHC).
- Ensuring consistent messaging for mothers, families, and the public.
- Advocacy and overall statewide coordination.

**SHORT-TERM OUTCOMES**

**Short-Term Outcomes Expected**

- Development of messages and relevant awareness materials.
- More providers trained, including for peer-to-peer programs.
- Increase of providers' knowledge.
- More providers promoting breastfeeding, providing information to families, and making referrals to supportive services as needed.
- Increased awareness and knowledge among mothers and families.
- Increased facilitators and decreased barriers for mothers to breastfeed.

**Evidence-Based/Informed Strategy Measures**

- Percent of WIC infants ever breastfed [ESM 4.1].

**LONGER-TERM OUTCOMES**

**National Performance Measures**

- Percent of infants who are ever breastfed [NPM 4a].
- Percent of infants breastfed exclusively through 6 months [NPM 4b].

**Additional Long-Term Outcomes Expected**

- Decreased stigma and increased acceptance around breastfeeding.
- Strengthening of provider services, organizational capacity, and support systems.

**National Outcome Measures**

- Infant mortality rate [NOM 9.1].
- Post-neonatal mortality rate [NOM 9.3].
- 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.*

**NPM-05 - 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)
- Title V Safe Sleep Workgroup
- FHSD programs, including: Child Death Review; Community-Based Child Abuse Prevention grant; Early Childhood Comprehensive Systems grant; Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS); Women, Infant, and Children (WIC) Program
- Other HSDOH branches (e.g., Injury Prevention)

**Hawaii's families, children, parents, and communities**

**Local partners, including:**

- Hawaii State Department of Human Services (DHS; including 'Ohana Nui Initiative)
- Local collaboratives (e.g., Hawaii Maternal and Infant Health Collaborative, Perinatal Nurse Manager Taskforce, Keiki Injury Prevention Coalition)
- Local hospitals
- Other organizations, including: Safe Sleep Hawaii, Child and Family Services, Hawaii Primary Care Association, Healthy Mothers Healthy Babies

**National partners and strategies:**

- Early Childhood Action Strategy, National Infant Mortality Collaborative Improvement and Innovation Network, Zero to Three
- 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 – Policy Development –**

Implementation of safe sleep environment policies at birthing hospitals.

- Promoting role of hospitals.
- Strengthening and updating policies and implementation.

**Strategy 2 – Assure Competent Workforce (training) –** identify safe sleep competency training needs for birthing hospital professionals.

- Developing partnerships.
- Identifying and implementing training opportunities.

**Strategy 3 – Inform, Educate, Empower.** Public awareness and capacity-building – develop appropriate and consistent safe sleep messages to promote education and awareness among parents and the general public.

- Solicit input from family/community when Creating messages and informational materials (e.g., fact sheets, posters).
- Creating and disseminating messages through outlets such as DHS (TANF families, CWS, etc.), WIC, health plans, media campaigns, website, etc.
- Providing safe sleep materials (e.g., crib distribution).

**SHORT-TERM OUTCOMES**

**Short-Term Outcomes Expected**

- Parents and families increase awareness, capacity, and self-efficacy.
- Development of families and parents as advocates for safe sleep.
- Provider training opportunities identified; providers trained and prioritize safe sleep when meeting with families.
- Hospital protocols developed, strengthened, and institutionalized.

**Evidence-Based/Informed Strategy Measures**

- Increase % of birthing hospitals with current AAP safe sleep protocols [ESM 5.1].

**LONGER-TERM OUTCOMES**

**National Performance Measure**

- Increase % of infants placed to sleep on their backs [NPM 5].

**Additional Performance Measures**

*(as measured through State PRAMS data)*

- % of infants placed on a separate approved sleep surface.
- % of infants placed to sleep without soft objects or loose bedding.

**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.

**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.*



# NPM-06 - 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
- Other FHSD program, including Early Childhood Comprehensive Systems Impact grant
- Department of Health (DOH) Public Health Nursing

#### Community partners, including:

- American Academy of Pediatrics' Hawaii Chapter, and larger healthcare provider community
- Department of Human Services, including 'Ohana Nui initiative, Child Care Program Office, Med-QUEST
- Early Childhood Action Strategy
- Executive Office on Early Learning

#### Federal partners, including:

- Health Resources and Services Administration (HRSA) – Maternal Infant and Early Childhood Home Visiting (MIECHV), Association of Maternal and Child Health Programs (AMCHP)

Hawaii's families, children, parents, and communities

### STRATEGIES & ACTIVITIES

- **Strategy 1** – Systems Development – promote guidelines and tool kit for providers
- **Strategy 2** – Family Engagement and Public Awareness – work with families to develop family-friendly material to promote developmental screening
- **Strategy 3** – Data Integration – develop internal data system for screening, referral, and services tracking
- **Strategy 4** – Policy and Public Health Coordination – develop infrastructure within FHSD to support developmental screening
- **Strategy 5** – Social Determinants of Health – identify and support specific vulnerable populations, with respect to child screening and development.

### 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 infrastructure development within FHSD [ESM 6.2 new]

### LONGER-TERM OUTCOMES

#### National Performance Measures

- Increase children receiving a developmental screening using a parent-completed screening tool.

#### 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 (HSDOH)

- Family Health Services Division & larger Hawai'i State Department of Health
- HART Steering Committee
- Other HSDOH branches

##### Hawaii's families, children, parents, and communities

##### Local partners, including:

- Community partners – Hilopa'a Family to Family Information Center, American Academy of Pediatrics (AAP)-HI Chapter, Hawaii Maternal & Infant Health Collaborative, YRBS Data Committee

##### National partners and strategies:

- Federal partners – Health Resources and Services Administration (Title V, Maternal and Child Health Bureau, associated data sources), Association of Maternal and Child Health Programs (AMCHP)

#### STRATEGIES & ACTIVITIES

**Strategy 1** – Collaboration – develop partnerships with community stakeholders to promote adolescent health and well care visits.

- Partner with community agencies and workgroups that implement and advocate for programs and policies that promote adolescent health.

**Strategy 2** – Engagement – work with adolescents and youth service providers to develop and disseminate informational resources to promote access to adolescent preventive services.

- Hawaii Adolescent Resource Toolkit (ART) – test toolkit with youth and providers, disseminate to the community.

**Strategy 3** – Training and Workforce Development – provide resources, training, and learning opportunities for learning opportunities for adolescent caregivers, community health and youth service providers to promote teen-centered, well-care.

#### SHORT-TERM OUTCOMES

##### Evidence-Based/Informed Strategy Measures

- Development/dissemination of ART for medical providers [ESM 10.1 Inactive].
- Development/dissemination of ART for adolescents, community health workers and youth service providers [ESM 10.2].

##### Other Short-Term Outcomes Expected

- Community providers and stakeholders increase knowledge and skill in promoting and implementing adolescent well-care visits, and supporting overall adolescent health.
- Adolescents and families increase awareness and empowerment in achieving good health.

#### 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].

#### CONTEXTUAL CONDITIONS

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

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**NPM-13.2 - PROMOTING ORAL HEALTH AMONG HAWAII'S CHILDREN – 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: State Oral Health Program; CDC-funded oral health state infrastructure-building grant; Women, Infant, and Children (WIC) services
- Other HSDOH branches (e.g., Public Health Nursing)

**Hawaii's families, children, parents, and communities**

**Local partners, including:**

- Hawaii State Department of Human Services (DHS; including 'Ohana Nui Initiative)
- Hawaii Coalition for Oral Health
- Hawaii Public Health Institute
- Youth-serving/focused organizations (e.g., Hawaii Children's Action Network, Head Start programs)
- Primary care community (e.g., Hawaii Primary Care Association, West Hawaii Community Health Center)
- Oral health community (e.g., Hawaii Dental Association, Hawaii Dental Hygiene Association, Hawaii Dental Service & Foundation)

**National partners and strategies:**

- Association of State and Territorial Dental Directors
- Pacific Center for Special Care at the Arthur A. Dugoni School of Dentistry, University of the Pacific
- 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** – Develop program leadership and staff capacity.

- Ensure full staffing of relevant programs.
- Build and maintain program operations and systems.

**Strategy 2** – Develop or enhance oral health surveillance.

- Implementation of state oral health surveillance plan.
- Primary data collection (e.g., basic screening survey).

**Strategy 3** – Assess facilitators/barriers to advancing oral health.

- Assessment activities (e.g., environmental scan) to inform strategic planning.

**Strategy 4** – Develop and coordinate partnerships with a focus on prevention interventions.

- Exploration of new partnerships, piloting of innovative activities, and leveraging of resources (e.g., teledentistry project, virtual dental home, etc.).

**Strategy 5** – Develop plans for state oral health programs and activities.

- Ongoing strategic planning process with community partners and stakeholders.

**SHORT-TERM OUTCOMES**

**Short-Term Outcomes Expected**

- Increased capacity and teamwork among FHSD/Title V team.
- Planning and piloting of innovative and data-informed prevention and intervention activities (e.g., teledentistry).
- Strengthened connection and communication with community partners.

**Evidence-Based/Informed Strategy Measures**

- Leadership for the State Oral Health Program is established under the direction of a dental professional and staff with public health skills [ESM 13.1].
- Completion of the teledentistry pilot project at three early childhood settings to reach underserved children [ESM 13.2].

**LONGER-TERM OUTCOMES**

**National Performance Measure**

- Percent of children, ages 1 through 17 who had a preventive dental visit in the past year [NPM 13.2].

**Additional Long-Term Outcomes Expected**

- Oral health plans and systems in place – e.g., surveillance system, data collection systems, mechanisms for translating data into strategic recommendations and action, etc.
- Increased connection to, and awareness among, children and families with respect to oral health.

**National Outcome Measures**

- Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months [NOM 14].
- 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, including: Child Death Review; Community-Based Child Abuse Prevention (CBCAP) grant; Domestic & Sexual Violence Prevention; Domestic Violence Fatality Review; Home Visiting Program; Pregnancy Risk Assessment Monitoring System
- County child abuse and neglect coalitions
- EMS & Injury Prevention System Branch

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

**Local partners, including:**

- Hawai'i State Department of Human Services, including Child Welfare Services (CWS)
- Funded partners – e.g., Early Childhood Action Strategy (and Collaborative), Domestic Violence Action Center, Hawai'i Children's Trust Fund, Healthy Mothers Healthy Babies, Prevent Child Abuse Hawai'i
- Other partners – Child and Family Services, Judiciary, Office of the Attorney General, Parents and Children Together, military community

**National partners and strategies:**

- Centers for Disease Control and Prevention
- Admin for Children and Families
- 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** – systems – collaborate on and integrate child wellness and family strengthening activities and programs.

- Participating in major coalitions – e.g., Early Childhood, county CAN coalitions, etc.
- Strengthening systems connections, systems thinking, and targeting of upstream contributors.

**Strategy 2** – Develop CAN surveillance system.

**Strategy 3** – awareness – raise awareness about the importance of safe and nurturing relationships to prevent child maltreatment.

- Participation in awareness events.
- Parent engagement and trainings (e.g., Nurturing Parenting, CBCAP grantees, Parent Leadership Training Institute).

**Strategy 4** – training – provide training and technical assistance to promote safe, healthy, and respectful relationships to prevent child maltreatment.

- Safe & Nurturing Families curriculum.
- Topical trainings – e.g., safe sleep, ACEs, child sexual abuse, domestic violence, etc.
- Records/surveillance data review (e.g., identification of action steps, training topics, training audiences, population disparities, etc.).

**SHORT-TERM OUTCOMES**

**Evidence-Based/Informed Strategy Measures**

- Number of participants who attend trainings and receive technical assistance on promoting safe, healthy, and respectful relationships.

**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., having meals together), and larger community (e.g., connectedness).

Providers:

- Increase knowledge, awareness, capacity, and self-efficacy to work with families, parents and children.
- Identification and understanding of upstream contributors.

Organizations and systems:

- Increased depth of internal and external collaboration, sharing of resources, etc.

**LONGER-TERM OUTCOMES**

**State Performance Measure**

- Number of confirmed child abuse and neglect rates.

**Additional Long-Term Outcomes Expected**

Children and families:

- Reduced child [NOM 15] and adolescent [NOM 16.1] mortality rate.
- Healthy families.

Organizations and systems:

- Supporting all levels of prevention, from primary to secondary/tertiary (including mitigating effects for those with elevated risk).
- Stronger collaboratives (including with partner disciplines), common shared vision, alignment of strategies, and ultimately addressing the most upstream contributors.

**CONTEXTUAL CONDITIONS**

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