

# Title V Quick Fact Sheet

## *What Is Title V?*

Title V of the Social Security Act is the Maternal and Child Health Services Block Grant and is a federal program devoted to improving the health of all women, children and families. The **Hawai'i State Department of Health/Family Health Services Division (DOH/FHSD)** receives approximately \$2.2 million in Title V funding from the federal government and provides a three dollar match for every four federal dollars allocated.

## *What is Title V Needs Assessment?*

Every five years, the DOH/FHSD is required by Title V Block Grant funding to conduct a statewide needs assessment of the health and well-being of Hawaii's women, children, and youth, including children and youth with special health care needs. The goal of the needs assessment is to collect and examine data to inform the selection of 7 to 10 priorities that will drive DOH/FHSD work for the next five years to improve the health of the maternal and child health population. The next pages provide data for issues that were selected or not selected.

## *New Population Domains*

To better reflect the work of states, the federal government has moved towards population domains instead of focusing on individual issues. These domains are:

- Women's/Maternal Health
- Perinatal/Infant's Health
- Child Health
- Children with Special Health Care Needs
- Adolescent Health
- Cross-Cutting or Life Course

## *New and Continuing Priorities*

DOH/FHSD worked with on-going projects so as not to duplicate efforts and identified the need for continued focus on issues from the last needs assessment. Two priorities were added to reflect growing interest. Our priorities are:

- Promote Reproductive Life Planning
- Reduce Infant Mortality: Promote Breastfeeding and Safe Sleep Practices 
- Prevent Child Abuse and Neglect
- Promote Early Childhood Screening and Development
- Promote Adolescent Well-Being 
- Promote Transition to Adult Health Care
- Improve Oral Health
- Improve Access to Services through Telehealth 

## *Comments?*

To comment on the priorities, please go to: [https://www.surveymonkey.com/r/2015\\_NA\\_community](https://www.surveymonkey.com/r/2015_NA_community). Mahalo!

## *Next Steps*

Leaders for the identified priorities, in partnership with key stakeholders, will begin planning for the next three to five years. If you have questions, or would like to work on a priority area, please contact Annette Mente, FHSD Planner, (808) 733-8358, [annette.mente@doh.hawaii.gov](mailto:annette.mente@doh.hawaii.gov).



Hawaii State Department of Health  
Family Health Services Division  
<http://health.hawaii.gov/fhspd/>



# MATERNAL AND CHILD HEALTH POPULATION NEEDS

## Issues Selected for DOH/FHSD Title V Priorities

	<i>Measure</i>	<i>Hawaii Data</i>	<i>National Data</i>
<b>Reproductive Life Planning/ Unintended Pregnancies</b>			
Unintended pregnancy is associated with low birth weight, neonatal death, domestic violence, child abuse, and exposure of the fetus to harmful substances such as tobacco, alcohol and other drugs.	Proportion of pregnancies that are unintended	52.0% Higher rates for women age <20 and 20-24 years	40.0%
Preventive health visits help women to adopt or maintain healthy habits and behaviors, detect early and treat health conditions, plan for a healthy pregnancy, and consider reproductive life planning.	Percent of women with a past year preventive medical visit	62.3% Lower rates for household income <\$15,000, unmarried status	65.2%
<b>Infant Mortality</b>			
Infant deaths reflect the overall state of maternal and infant health. Risk factors include low birth weight, short gestation, race/ethnicity, access to medical care, sleep positioning, exposure to smoking.	Infant mortality rate (deaths per 1,000 live births)	6.1 Higher rates for maternal age <20 years, infants who were black or Samoan	6.4
Breastfeeding has been shown to lower the risk of Sudden Infant Death Syndrome. Health advantages of breastfeeding include nutritional, immunological and psychological benefits to both mother and infant as well as economic benefits.	Percent of infants who are ever breastfed	89.5% Lower rates for high school education, household poverty 100-199%.	79.2%
	Percent of infants who are breastfed exclusively through 6 months	26.4% Lower rates for household income-poverty ratio <100%, unmarried status, Hispanic, non-Hispanic multiple race, rural residence	18.8%
Sleep-related deaths are the leading cause of infant death after the first month of life. Recommendations to reduce the risk include back sleep position, safe sleep environment, breastfeeding, avoid smoke exposure during pregnancy and after birth.	Percent of infants placed to sleep on their backs	78.1% Lower rates for education less than high school and high school graduate, Medicaid insurance, maternal age <20 and 20-24 years	74.2%
<b>Developmental Screening</b>			
Screening is important for the early identification of developmental concerns and appropriate follow-up, including referrals to early intervention or special education services.	Percent of children age 10- 71 months receiving developmental screening using a parent-completed screening tool	38.9%	30.8%
<b>Child Abuse and Neglect Prevention</b>			
Child maltreatment results in immediate physical or emotional harm or threat of harm to a child. Long-term, victims of abuse may experience problems such as drug abuse, delinquency, mental health problems and abusive behavior.	Rate of confirmed cases of child abuse and neglect for children age 0-5 years (per 1,000)	6.2	Not available

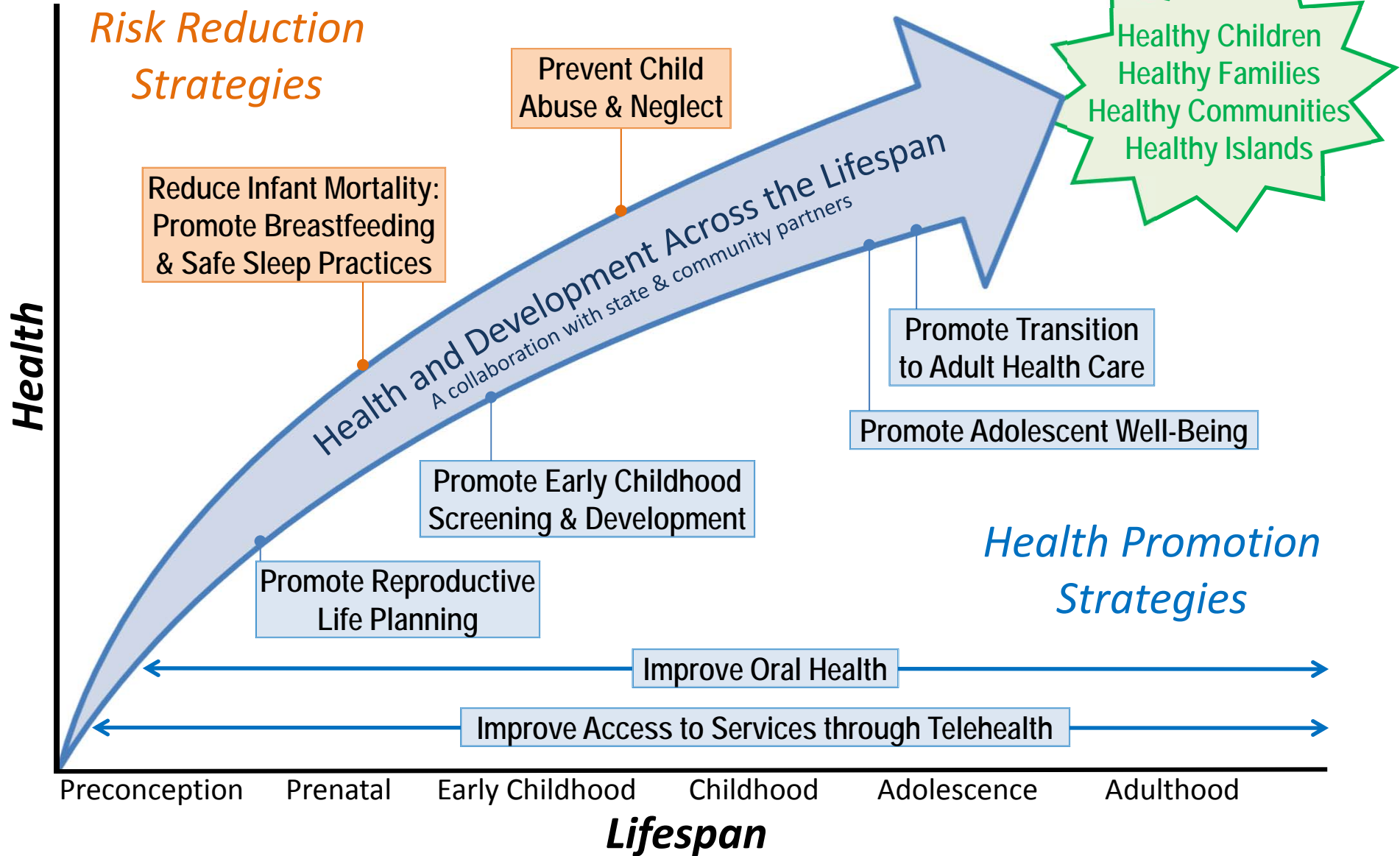
	<i>Measure</i>	<i>Hawaii Data</i>	<i>National Data</i>
Injuries are the leading cause of death among children. Non-fatal injuries due to child abuse and neglect may result in hospitalization.	Rate of hospitalization for non-fatal injury for children age 0- 9 years (per 100,000)	149.1 Higher rates for ages <1 and 1-4 years, non-Hispanic Asian/Pacific Islander, Non-Hispanic White, males	166.4
	Rate of hospitalization for non-fatal injury for adolescents age 10-19 years (per 100,000)	212.4 Higher rates for age 15-19 years, non-Hispanic Asian/ Pacific Islander, males	249.9
<b>Adolescent Well-Visit</b>			
Preventive health visits help adolescents adopt or maintain healthy habits and behaviors, manage their health and health care, manage chronic conditions, and plan their transition to adult health care.	Percent of adolescents age 12-17 years with a preventive medical visit in the past year	82.2% Lower rates for birth outside U.S., rural residence	81.7%
<b>Transition to Adult Health Care</b>			
Health and health care are major barriers to making successful transitions. Youth with special health care needs, compared to those without special health care needs, are less likely to complete high school, attend college, or be employed.	Percent of adolescents who received services necessary to make transitions to adult health care (both with and without special health care needs)	37.3% Lower rates for males	40.0%
<b>Oral Health</b>			
Access to oral health care is essential. Without treatment, dental decay can cause pain and infection that can compromise a child's ability to eat, school attendance, and ability to concentrate and learn in the classroom.	Percent of women who had a dental visit during pregnancy	42.5% Lower rates for high school graduate, Medicaid insurance, unmarried status, maternal age 20-24 years, Hispanic, non-Hispanic Native Hawaiian/Other Pacific Islander	50.3%
	Percent of children age 1-17 years who had a preventive dental visit in the past year	83.1% Lower rates for child age 1-5 years (69.9%), high school graduate, Medicaid insurance, household income-poverty ratio <100%, unmarried status	77.2%
<b>Access to Services through Telehealth</b>			
Increasing the use of telehealth by DOH programs may provide greater access to services for families and providers, while saving time and money.	Percent of children age 0-17 years who received or needed specialist care and had a problem getting it	5.7% Higher rate for children with special health care needs	6.4%

## Issues NOT Selected for DOH/FHSD Title V Priorities

	<i>Measure</i>	<i>Hawaii Data</i>	<i>National Data</i>
<b>Low Risk Cesarean Deliveries</b>			
For low-risk pregnancies, cesarean delivery may pose avoidable maternal risks of morbidity and mortality, including hemorrhage, infection, and blood clots.	Percent of cesarean deliveries among low-risk first births	19.1%	26.8%
<b>Perinatal Regionalization</b>			
The American Academy of Pediatrics recommends that very low birthweight infants be born in only a Levels III or IV Neonatal Intensive Care Unit (NICU) to improve outcomes.	Percent of very low birthweight infants born in a hospital with a Level III+ NICU	Not available	Not available
<b>Physical Activity</b>			
Regular physical activity is essential in improving the health and quality of life for children and adolescents. It can reduce the risks for cardiovascular disease, hypertension, type 2 diabetes, and osteoporosis later in life.	Percent of children ages 6-11 who are physically active at least 60 minutes per day	39.2%	35.6%
	Percent of adolescents ages 12-17 who are physically active at least 60 minutes per day	22.0%	27.4%
<b>Bullying</b>			
Bullying experiences are associated with behavioral and emotional problems for both those who bully or are victims of bullying. Problems may continue into adulthood and may have long-term impact.	Percent of adolescents ages 12-17 who are bullied or who bully others.	25.8%	25.2%
<b>Medical Home</b>			
Children with medical homes (primary care provider) are more like to receive preventive health care, have fewer hospitalizations for preventable conditions, and have early diagnosis for special health care needs.	Percent of children having a medical home	57.4%	54.4%
	§ With special health care needs	43.3%	46.8%
	§ Without special health care needs	60.4%	56.3%
<b>Smoking</b>			
Smoke during pregnancy may increase the risk for fetal death or low birth weight baby. Children exposed to secondhand smoke in their homes have more ear infections, respiratory illnesses, severe asthma, and other medical needs.	Percent of women who smoke during pregnancy	Not available	8.5%
	Percent of children who live in households where someone smokes	25.7%	24.1%
<b>Adequate Insurance Coverage</b>			
Inadequately insured children are more likely to delay or forego care, lack a medical home, be less likely to receive needed referrals and care coordination, and receive family-centered care.	Percent of children ages 0 through 17, who are adequately insured.	81.2%	76.5%



# Hawai'i State Title V Priorities to Strengthen Lifelong Health



## 2015 Title V Needs Assessment - Community Input

### Purpose of Survey

Aloha -

In order to capture our sharing of our priorities with stakeholders for the Title V report, please complete this short survey after you have seen or heard a presentation on our Title V Priorities. Information will be used to generate a listing of comments on our Needs Assessment priorities to see if we have identified priorities relevant to Hawaii's needs.

Every five years, Title V is required to conduct a statewide needs assessment of the health and well-being of Hawaii's women, children and youth including youth with special health care needs and their families. The goal of the needs assessment is to collect and examine data to inform the selection of the 7 - 10 priorities that will drive state public health work for the next five years with the overall aim of leading to a measurable improvement in the health of the maternal child health population.

Hawaii chose to examine other recently conducted needs assessment so as not to inundate the community with yet another needs assessment. Information was pulled from the Hawaii Maternal Infant Health Collaborative, Early Childhood Action Strategy, Healthy Mothers Healthy Babies, State of Hawaii Community Health Needs Assessment.

Priorities that were selected were based on the following criteria: compelling data story with an opportunity to move forward on the issue; the role of public health and where FHSD can take a lead or major role for this maternal child health issue; FHSD capacity and resources (staffing and funding) to address the issue; and expressed interest or concern raised by the community and the opportunity to align our efforts with existing groups.

With this criteria in mind and so as not to duplicate efforts, Hawaii identified the need for continued focus on issues raised from the last needs assessment. Two new priorities on adolescent health and cross-cutting life course on tele-health were added to reflect growing issues in these areas. Here are our new and continuing priorities:

1. Promote reproductive life planning;
2. Reduce infant mortality: promote breastfeeding and safe sleep practices;
3. Prevent child abuse and neglect;
4. Promote early childhood developmental screening;
5. Promote adolescent well-being; (NEW)

6. Promote transition to adult health care
7. Improve oral health;
8. Improve access to services through tele-health. (NEW)

Did we get it "right"? We know there are many other issues in the community so now's your chance to help provide us feedback on the issues we selected. Here are the national priorities that we did NOT select because they did not meet our criteria (compelling data, FHSD role, FHSD capacity/resources, community alignment):

1. Low risk cesarean deliveries;
2. Perinatal regionalization;
3. Physical activity;
4. Bullying;
5. Medical Home;
6. Smoking;
7. Adequate insurance coverage.

What do you think? Please take a few moments to provide us feedback that we will use to take into consideration for our planning. Thank you!

**1. If you were at a meeting or presentation by an FHSD staff person sharing information about the Needs Assessment, please let us know the following information. If not, please skip to question #2 and #3 to give us your feedback on the priorities.**

**Date of Meeting/Presentation:**

Date of Meeting or presentation:

Staff Member sharing information:

Committee Meeting, Task Force, or Organization where this information was shared:

**2. Do you have any your general comments about our priorities?**

/

**3. Did FHSD get it "right"? Did we select the best maternal and child health priorities for Hawaii?**

Yes

No

If you do not agree, what would you have selected and why?

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