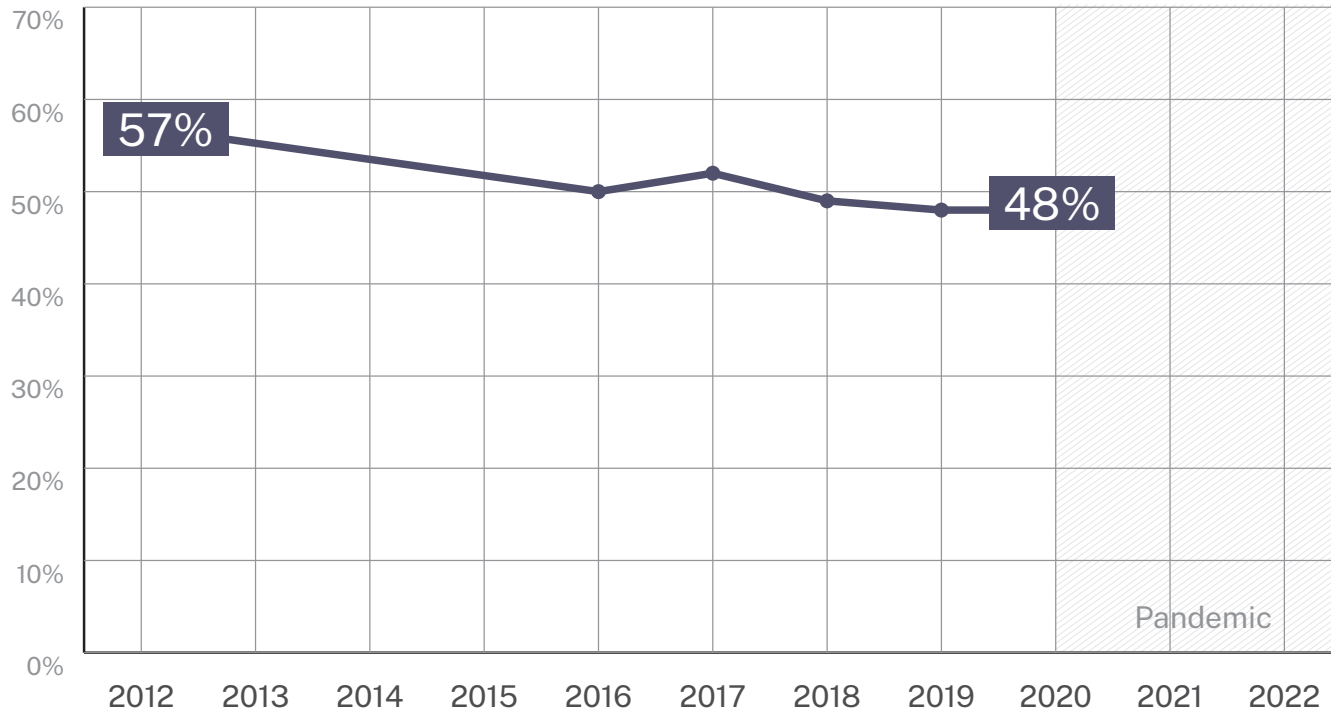


Medical Home



Share of children (Age 0-5) having a medical home

To qualify as having a Medical Home, children must have access to a personal doctor or nurse, have a usual source for care, and receive family-centered care.

Child and Adolescent Health Measurement Initiative. National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

www.childhealthdata.org

» *Note: Less than 50% of children have medical homes in 2019-20*

» *How is the question on medical home asked and understood by families*

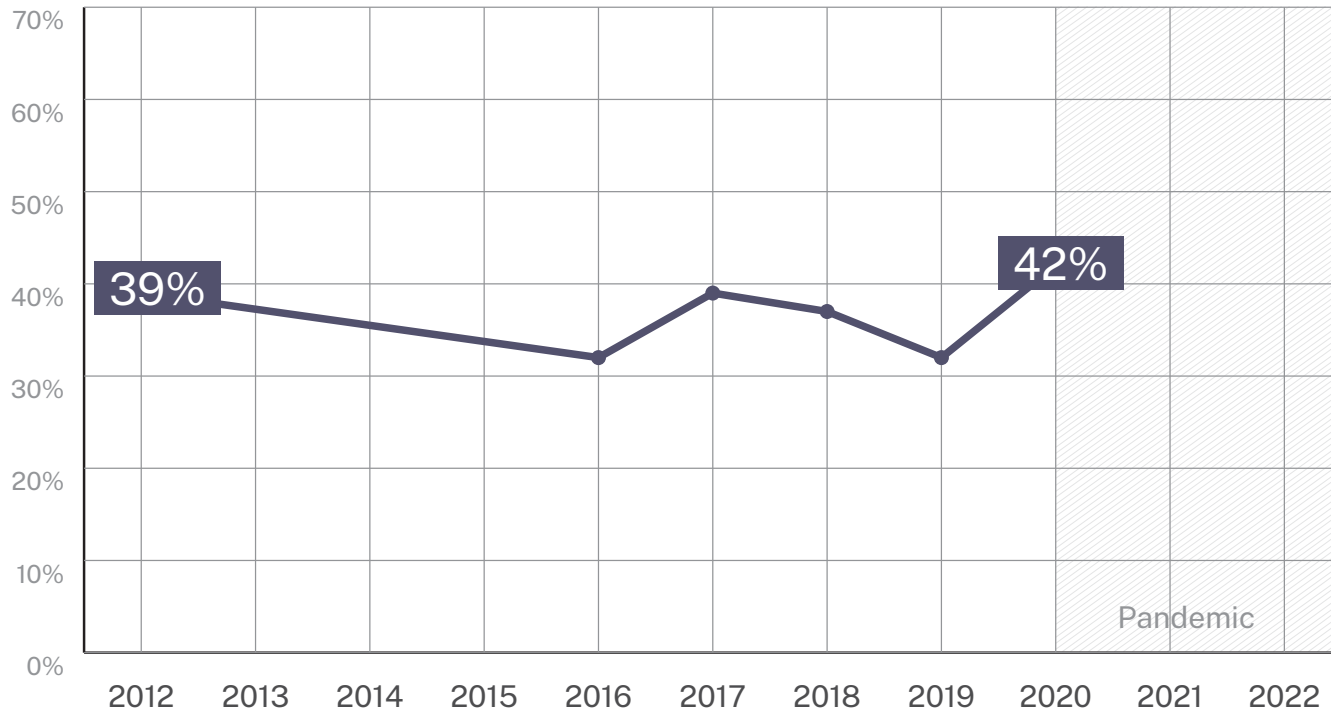
» *Where are the medical homes going?*

» *Who are the children & families without a medical home? What are the reason a child might not be connected to a medical home?*

» *Why is there declining access to medical homes? This is a key to linking to services*

» *How does the medical home data correlate with child poverty data? Does it vary by Island & County?*

Developmental Screening



Share of children (*Age 9-35 months*) who received a...

standardized developmental, behavioral and social screening using a parent-reported, standardized screening tool or instrument

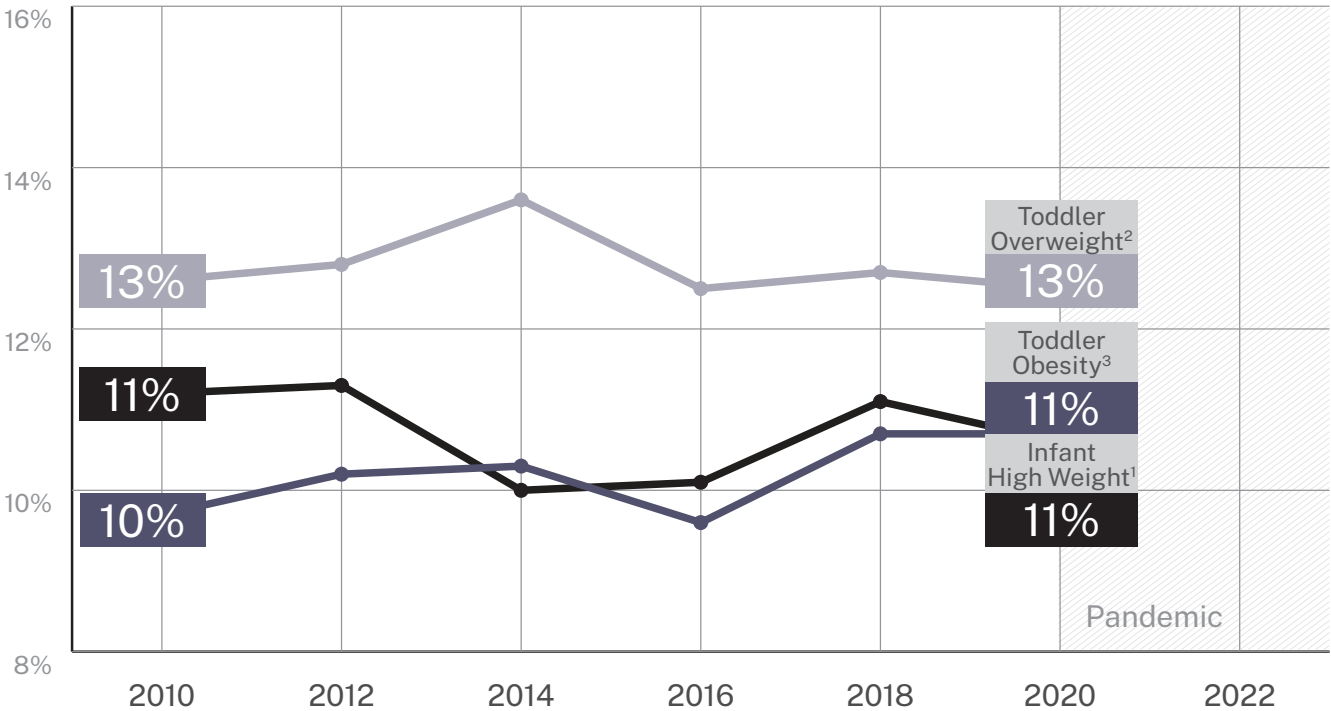
Child and Adolescent Health Measurement Initiative. National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

www.childhealthdata.org

» *Developmental screenings w/Dr needs to be better! Early detection is important*

» *Why is % w/ developmental screening stuck?*

Early Childhood Obesity



Share of children in the Women, Infant and Children Supplemental Feeding Program (WIC)

- (1) Infant with a high weight-for-length classification (*Ages 3-23 months*)
- (2) Toddler with overweight classification (*Ages 2-4*)
- (3) Toddler with obesity classification (*Ages 2-4*)

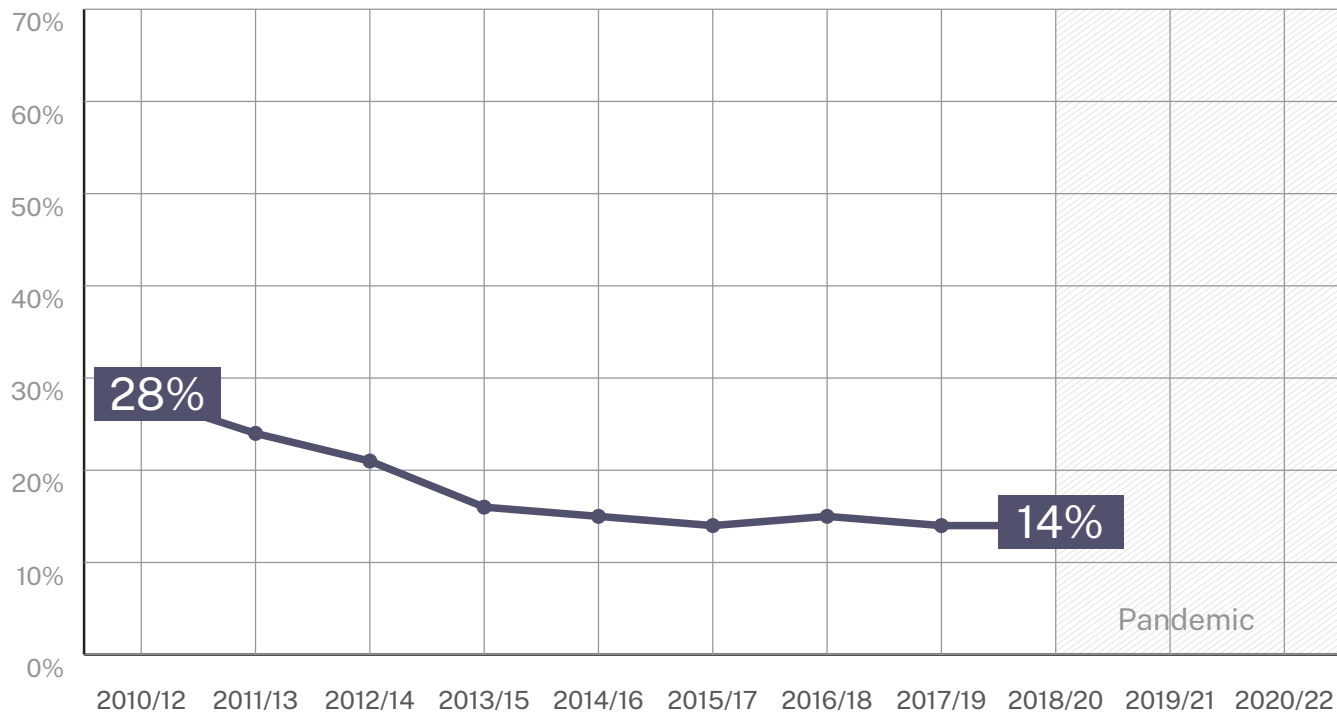
Obesity Among Young Children Enrolled in WIC. nccd.cdc.gov

» *[Need] ethnically-sensitive BMI charts*

» *We haven't made much progress on obesity - Is it [because of] access to nutritious food, exercise, material education, ACEs?*

» *Is obesity the most accurate measure of health of young children? How does perception of obesity affect keiki relationship w/food?*

Food Insecurity



Share of children (*Age 0-18*) living in households that were food insecure at some point during the year

2001-2021 Current Population Survey, Food Security Supplement.
Estimates represent a three-year average

www.health.gov

Children from food-insecure households have higher body mass index, waist circumference, and greater odds of being classified as overweight or obese.

Food insecurity is associated with increased risks of some birth defects, anemia, lower nutrient intakes, cognitive problems, and aggression and anxiety.

» Surprised that food insecure households have higher BMI; is it because of inequitable access to healthy food?

» Food is expensive & not affordable

» continue to increase food sustainability efforts

» Surprised that food insecure households have higher BMI; is it because of inequitable access to healthy food?

» How does food insecurity connective with houseless fam

» What factors have improved food insecurity rates?
How is it measured

» W rising costs, how can we expand benefits (SNAP) to encouraging healthier eating?

» What kinds of fresh / local foods are available in communities?

» Work w/local food producers & help connect them w/ consumers who use SNAP benefits; make it easier to accept SNAP

» Is the decrease in food insecurity due to decrease in child poverty or changes in systems (e.g.: WIC, SNAP)?

Comments about the issues overall

» *Mental health as a part of the physical health*

» *How do stressors impact health?*

» *There are numerous ways to define health for young children, how can we effectively prioritize them all?*

» *The state can do better at capturing ECE data around physical activity & nutrition that is more representative of ages 2-8 & by race / ethnicity*

Comments about data needs

- » [need] # of available providers by community
- » [need] county / island data
- » Include # of keiki received services (early intervention)
- » Need more recent data
- » Need disaggregated data
- » Hawaii [County?] seems to be missing from this poster
- » Include ethnicity, race & culture differences in the data
- » Need more data (beyond WIC)
- » Want to see data during the pandemic
- » How does CPS data compare w/other data sources (e.g.: household pulse)?
- » Developmental screens may / should be linked w/stat that kids receive services
- » ECCS grant probably reflected geographically different
- » Can data be parsed to show stats for children w/special health needs?