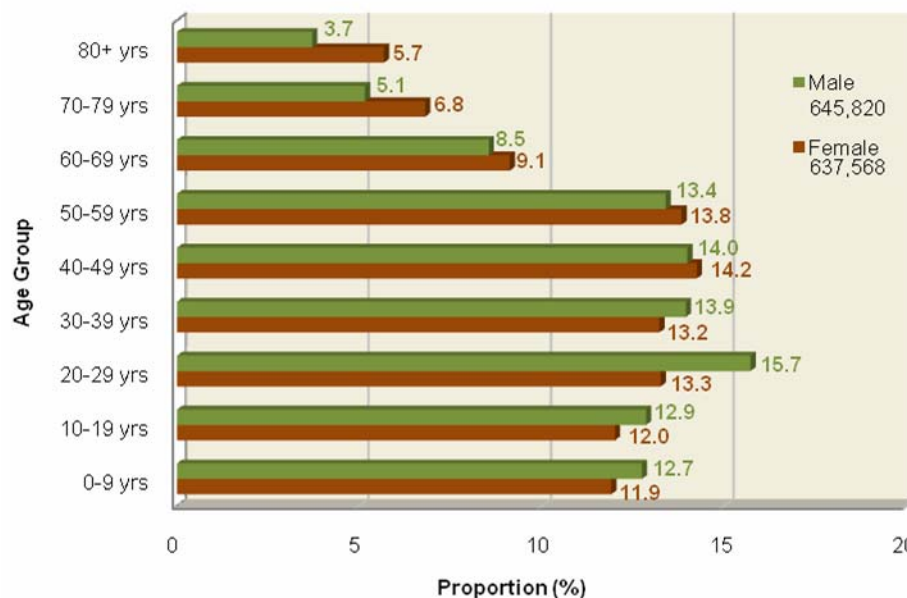


Population Overview

The following section serves to illustrate the population and geographic area that FHSD is mandated to cover under the essential public health functions. The data herein describe this general population by several demographic factors, including: age, sex, race, and geography. To further delineate some of the measures commonly used to report on socio-economic conditions, particularly those with a high relationship to adverse health outcomes, we have included figures in this overview that represent several of the key performance measures and outcomes which are addressed at multiple levels throughout the division. These main outcomes are integrated into goals for many of the programs and projects within FHSD. Some of the programs in FHSD provide funds for direct services through community health centers and other providers, while other programs focus on improving the overall system of care. We have presented overall trends in Hawai'i as well as disparities in race/ethnicity, age, and county when available. National comparisons are helpful and have been provided when possible. Some of these same topics are later presented in other sections of this report to highlight specific work done by individual programs including low birth weight, prenatal care, and intendedness of pregnancy.

Population Demographics

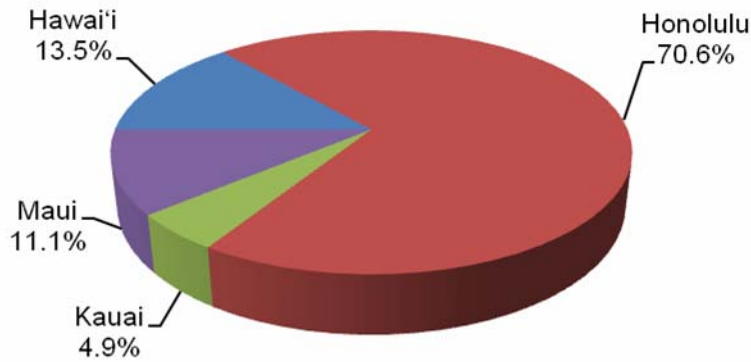
Figure 1.1 State of Hawai'i, Population Proportions by Age and Sex: 2007



Source: CC-EST2007-ALLDATA-[ST-FIPS]: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2000 to July 1, 2007.

The proportions of females in the population in Hawai'i are generally more evenly distributed than males who have higher proportions at younger ages. It is estimated that 5.7% of the female population is 80 years and older, compared to 3.7% of the male population. At the other extreme, 11.9% of the female population is under 10 years of age compared to 12.7% of the male population. The transition appears to occur around age 40, when the proportions of females begin to exceed the proportions of males in the age groups shown.

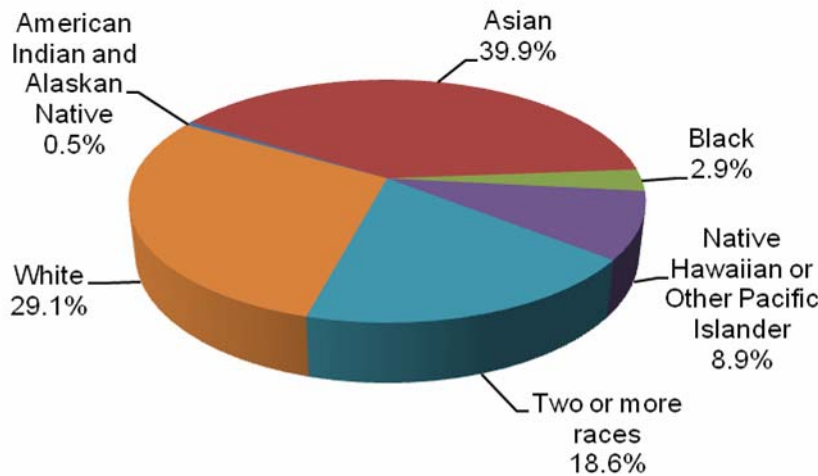
Figure 1.2 State of Hawai'i, Population by County: 2007



The majority of the population (70.6%) resides in Honolulu County, with smaller proportions in Hawai'i, Maui, and Kauai Counties.

Source: CC-EST2007-ALLDATA-[ST-FIPS]: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2000 to July 1, 2007.

Figure 1.3 State of Hawai'i Population by Race: 2007



Based on census bureau estimates, 18.6% of the population in Hawai'i report two or more races. The Native Hawaiian or other Pacific Islander single race group makes up only 8.9% of the population; whereas, the Asian group (which includes all Asian ethnicities) makes up 39.9% of the state population.

Source: CC-EST2007-6RACE-[ST-FIPS]: Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for Counties in [STATE]: April 1, 2000 to July 1, 2007.

Social Emotional Health

Goal: Young Children’s Social and Emotional Health/Mental Health Development Will Be Promoted

Issue:

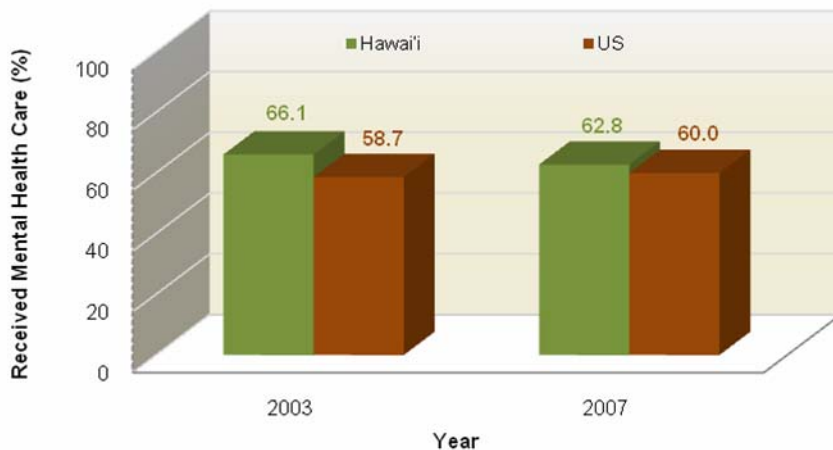
Promoting healthy social and emotional development in all young children leads to children who are better able to experience, regulate, and express emotions; form close, secure relationships; explore the environment and learn. Early identification of children at risk for the development of mental health concerns and challenging behaviors into appropriate child development and mental health delivery systems leads to the need for less intensive services.³¹

Healthy People 2010 Objective:

Increase the proportion of children with mental health problems who receive treatment.

Population Based Data:

Figure 3.13 Receipt of Mental Health Care Among Children 2-17 Years of Age with Problems Requiring Counseling: 2003, 2007

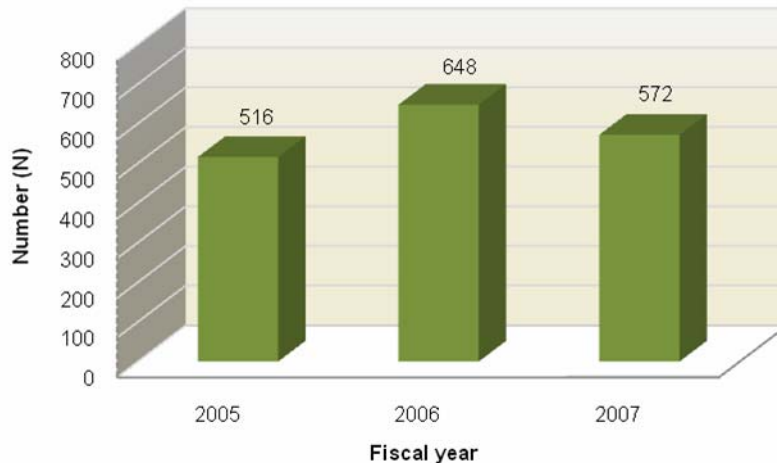


Between 2003 and 2007, there was little change in the proportion in receipt of mental health care for children 2-17 years of age with problems requiring counseling in Hawai'i. Further, there was no difference between Hawai'i and the U.S. estimates.³²

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children's Health 2003 and 2007.

Program Highlight:

Figure 3.14 Providers Trained by Keiki Care Program: 2005-2007



Source: Hawai'i State Department of Health, Family Health Services Division, Children with Special Health Needs Branch, Keiki Care Program. Data reflects Fiscal year (July 1-June 30).

The **Keiki Care Project** is a statewide, collaborative project of the Children with Special Health Needs Branch's Early Intervention Section and the Department of Human Services. Keiki Care provides training, technical assistance, and support for children age 3 to 5 years with social, emotional, and behavioral challenges who are enrolled in preschools, family childcare homes, and other "community-based" early childhood programs. The project actively collaborates in statewide efforts to identify and enhance service options that include assisting families and early childhood professionals in accessing resource and support networks as well as adapting teaching strategies and learning environments to maximize the potential of children. The Keiki Care Project trained a total of 1,220 providers in 2006-2007.

In addition to training providers, the number of children receiving direct services through the Keiki Care Project has steadily increased from 51 in 2005 to 119 in 2007.

Other Program Activities:

- The FHSD's **Early Childhood Comprehensive Systems (ECCS)** and the **Hawai'i Mental Health Transformation State Incentive Grant** partnered to convene an Early Childhood Mental Health Leadership Summit. Sixty leaders from the early childhood and mental health communities attended representing various agencies such as: Departments of Education, Health, and Human Services; Head Start State Collaboration Office and Head Start Programs; community health centers, Learning Disabilities Association of Hawai'i, pediatricians, University of Hawai'i School of Social Work, Salvation Army, First Relationships, Good Beginnings Alliance, and the Hilopa'a Project. The outcome of the meeting was to gain consensus on working definitions of early childhood mental health, infant mental health, and natural supports for families in Hawai'i.
- In 2007, ECCS became one of eight state cohorts with the **Center on the Social and Emotional Foundations for Early Learning (CSEFEL)**. CSEFEL provided training and technical assistance to Hawai'i in building the professional development of early childhood practitioners working with children's challenging behaviors and to develop the infrastructure for social emotional development of young children. In 2008-2009, 95 Early Childhood practitioners from over 30 programs have been trained in the CSEFEL Pyramid Model approach and the Parent Modules.