



Hawai'i KIDS COUNT

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STATE POLICIES FOR ASSESSING ACCESS: ANALYSIS OF 2016-2018 CHILD CARE DEVELOPMENT PLANS

The Early Childhood Data Collaboration recently released its report, *State Policies for Assessing Access: Analysis of 2016-2018 Child Care Development Plans*. The report examines how states and territories are addressing new requirements and goals that have resulted from the Child Care and Development Fund (CCDF) reauthorization act, which aims to expand access to high-quality early child care and education services for low-income, working families. The report reviews state policies related to access; examines data used to measure progress toward expanded access; summarizes methods for tracking the supply, affordability, and quality of care for low-income and high-need populations; and shares innovative state practices and recommendations for measuring access in future child care development plans. According to the report:

- There is a focus on prioritizing services for high-poverty communities over other vulnerable groups such as infants and toddlers, children with special needs, homeless children, and foster care children. Hawai'i is one of 37 states that have implemented plans to prioritize children in families in poverty or experiencing unemployment.
- While most states and territories (71%) conduct analyses to track child care supply needs, there are inconsistent methods and data sources for measuring child care supply. Hawai'i's 2016-2018 CCDF plan indicates that the state has not conducted data analysis of existing and growing supply needs.

However, a recent early learning needs assessment conducted by the Center on the Family¹ found that there is an overall shortage of early childhood seats in our state; there is one seat for every four children under age six, and the availability is worse for infants and toddlers with only one seat for every 37 children under age three.



- States/territories implement a variety of activities to improve supply and quality of care for young children. Hawai'i provides infant and toddler development training from private agencies to staff employed at licensed early childhood care centers; uses grants and contracts to provide early childhood care for teen parents enrolled in/attending some neighbor island high schools; and is developing safe sleep requirements for licensed infant and toddler centers and registered family care homes.

Investments in quality—e.g., building the skills and qualifications of teachers, encouraging programs to achieve higher standards, and educating parents on selecting child care services consistent with their families' needs—benefit millions of children. Research shows that access to stable, high-quality child care is linked to school readiness and success for children, employment for parents, and economic stability for families.

Read the entire [State Policies for Assessing Access Report](http://www.ecedata.org/wp-content/uploads/2018/03/StatePoliciesAccessGuide_ECDC_March2018.pdf) at http://www.ecedata.org/wp-content/uploads/2018/03/StatePoliciesAccessGuide_ECDC_March2018.pdf.

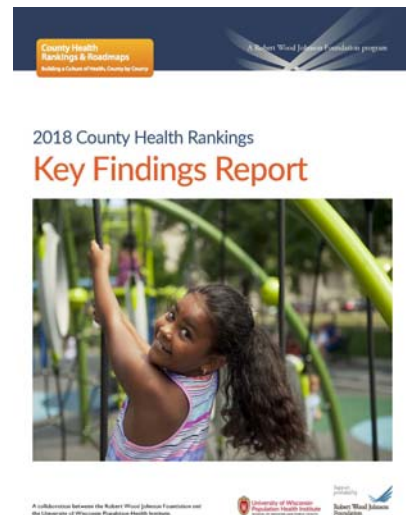
¹DeBaryshe, B. D., Bird, O., Stern, I., & Zysman, D. (2017). Hawai'i early learning needs assessment. Honolulu, HI: University of Hawai'i Center on the Family. To read the University of Hawai'i Center on the Family's [Hawai'i Early Learning Needs Assessment please visit \[http://uhfamily.hawaii.edu/publications/brochures/e8998_HawaiiEarlyLearningAssessment-Web.pdf\]\(http://uhfamily.hawaii.edu/publications/brochures/e8998_HawaiiEarlyLearningAssessment-Web.pdf\)](http://uhfamily.hawaii.edu/publications/brochures/e8998_HawaiiEarlyLearningAssessment-Web.pdf).

2018 COUNTY HEALTH RANKINGS KEY FINDINGS REPORT

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute recently released, *The 2018 County Health Rankings Key Findings Report*, which surveys the intersection of place, race, and health. The report explores health differences by counties and race/ethnicity in each state. Health is influenced by a variety of factors that drive how long and how well people live, including health behaviors, clinical care, social and economic factors, and the physical environment. The report also looks at the differences in health outcomes which is measured by how long people live and how healthy people feel. Findings specific to Hawai'i include:

- 28% of Hawai'i's households face severe housing problems (overcrowded households, high housing costs, lack of kitchen or plumbing facilities), which is higher than the national average (19%). High housing costs remain a significant challenge in Hawai'i. When families with children spend so much of their income on housing, they have fewer resources to meet other basic needs, such as food, health care, and child care.
- Low birthweight is a measure of health and quality of life. In Hawai'i, 8% of babies are born with low birthweight, which is comparable to the national average.
- Only 5% of Hawai'i's population under 65 is without health insurance, compared to 11% in the nation. Hawai'i KIDS COUNT data shows that most of Hawai'i's children are covered, with only 2% of children not having health insurance.²
- 14% of Hawai'i's adults reported fair or poor health, slightly better than the U.S. average of 16%.
- The percentage of physical inactivity is better in Hawai'i (20%) than the U.S. (23%), and access to exercise opportunities is also greater in Hawai'i (93% vs 83%).

The report provides several recommendations for state and community leaders to take action in creating environments where all residents have the opportunity to live the healthiest life possible.



- Invest in education from early childhood to adulthood to promote employment and career prospects.
- Increase or supplement income for low income households by increasing wages and offering benefits such as paid leave. Expand eligibility for earned-income tax credits and assist parents by increasing refundable child care tax credits and child care subsidies.
- Ensure that everyone has affordable, adequate health care coverage and that the care they receive is culturally sensitive (including language interpretation, consideration of patients' norms, beliefs, and values).
- Establish positive connections within communities and encourage youth to become civically engaged. Promote relationships between youth and adult mentors and encourage youth and adults to become involved in schools, community groups, and local governments.

To read more about [2018 County Health Rankings Key Findings Report](http://www.countyhealthrankings.org/explore-health-rankings/rankings-reports/2018-county-health-rankings-key-findings-report), please visit <http://www.countyhealthrankings.org/explore-health-rankings/rankings-reports/2018-county-health-rankings-key-findings-report>.

²According to the KIDS COUNT Data Center. See <https://datacenter.kidscount.org/data#HI/2/0/char/0>.

MISSED OPPORTUNITIES: PREGNANT AND PARENTING YOUTH EXPERIENCING HOMELESSNESS IN AMERICA

Chapin Hall recently released, *Missed Opportunities: Pregnant and Parenting Youth Experiencing Homelessness in America*, the third in a series of research-to-impact briefs aimed at understanding and addressing youth homelessness in the U.S. The brief estimates that approximately 1.1 million children had a young parent who experienced homelessness in the last year, and captures the unique challenges encountered by pregnant or parenting young people experiencing homelessness. Pregnancy and parenting presents challenges for most young people, but facing homelessness on top of the challenges of parenting as a young person can add considerable stress and trauma. Some homeless service providers only serve single mothers or married couples with children, often making young families choose between splitting up to receive support or staying together but remaining homeless.



According to the brief, pregnancy and parenthood are common among youth experiencing homelessness, with 10% of 13- to 17-year-old and 44% of 18- to 25-year-old homeless females being pregnant or parenting. Among homeless males, 3% of 13- to 17-year olds and 18% of 18- to 25-year-olds have a pregnant partner or are a parent. Similarly, a recent study of homeless youth on O'ahu found that 4 in 10 surveyed females and 2 in 10 males aged 12 to 24 were parents.³

Some recommendations for addressing youth homelessness mentioned in the brief include:

- Adapt evidence-based pregnancy programs and provide contraception, prenatal and postpartum care in non-traditional settings.

- Increase collaboration between providers in homeless, early childhood, early intervention, education, and welfare services.
- Expand the capacity of homeless service programs to serve all young parents regardless of their age, gender, or marital status.
- Direct high-risk youth pregnant and parenting youth for appropriate services that meet their needs.

Read the full [Missed Opportunities brief at http://voicesofyouthcount.org/brief/pregnant-and-parenting-youth-experiencing-homelessness/](http://voicesofyouthcount.org/brief/pregnant-and-parenting-youth-experiencing-homelessness/).

³Yuan, S., Stern, I. R., Gauci, K. T., & Liu, L. (2018). Street Youth Study. Honolulu, HI: University of Hawai'i, Center on the Family. To read the University of Hawai'i Center on the Family's [Street Youth Study please visit http://uhfamily.hawaii.edu/publications/brochures/3ff7d_Street%20Youth%20Study-013118_FINAL.pdf](http://uhfamily.hawaii.edu/publications/brochures/3ff7d_Street%20Youth%20Study-013118_FINAL.pdf).

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