
Pilot Model Planning

Hawaii Island Report
to the Early Learning
Council

January 2011

**PILOT MODEL PLANNING
ISLAND OF HAWAII**
ELC Report
January 2011

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Overview of Hawaii Island's Challenges

Hawaii Island is unique. It is the youngest and biggest of the eight main Hawaiian Islands and is so large that all of the other islands can fit into its geographic embrace almost twice.

This vast geography alone challenges developers of any system that intend to reach all island families. Add to this large expanse of land the fact there are only two main population centers – Hilo and Kona – on opposite sides of the island. The rest of the island's residents - approximately 100,000 - are scattered across 4,038-square-miles in rural towns and communities. Many of these communities are isolated from mainstream health and education services, making it difficult for service providers and equally difficult for residents – many who have no transportation - to avail themselves of those services.

For the last eight years, the Baby STEPS to Stronger Big Island Families Initiative has worked to build an island network of community service organizations. The council, originally created under ACT 77 as part of the Good Beginnings Alliance legislation and statewide structure, was previously known as the Big Island Good Beginnings Alliance Community Council (BIGBACC).

In October of 2009, the council held a retreat to determine its priorities. From that meeting came five priorities using the letters in the word “steps”:

- Support for families,
- Transitions for children,
- Excellence in programming,
- Professional development for practitioners, and
- Safety and health for children and families.

The council and its sub-committees – one in Hilo and another in Kona – meet regularly to identify and address community needs regarding early childhood related issues.

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Since 2004, the council established and continues to publish a resource directory for island families – specific to those who have young children. A spreadsheet of resources from that directory is attached. The Council is aware of who its target families are, the needs of those families and the resources that may or may not be available for them.

Building a comprehensive early childhood system is challenging not only because of the island's rural personality, but also because there are different types of services missing in each community. If a single word could describe the availability of programs and services the communities now have it would be "sporadic." This includes not just early childhood programs, but also health care, housing and transportation. Programs sometimes begin in a community and then run out of funding and leave. And, even if services are available nearby, families don't always access them simply because they can't get there. Any effective system of educational programs on this island will also require paying attention to basic family needs like housing, nutrition, healthcare, and transportation.

For many years Hawaii Island has had the worst statistics in the state for children. Among these are:

- lowest per capita income
- highest child abuse and neglect rate,
- highest rate of teen pregnancies,
- highest rate for children in foster care,
- highest rate of overweight and obese 2-5 years-olds, and
- poorest performance in reading and math on standardized tests.

These statistics are due in part to the ongoing crystal methamphetamine (ICE) epidemic which affects all levels of families. But we also believe the closure of the

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sugar plantations and rapid pace of development have played a part in the disenfranchisement families are experiencing; they are struggling to adapt to a new, more demanding lifestyle.

The island's more stable lifestyles can be found in its two largest population centers – Hilo and Kailua-Kona.

As the center of island government and the site of a university campus, there is a strong infrastructure of jobs, services, schools, and housing in Hilo; generations of families have established a lifestyle suited to Hilo and its surroundings. Having said that, there are still several hundred residents in Hilo, Puna and Hamakua who take a bus for up to 3 hours one way to work at the resorts on the Kohala Coast.

Kona's stability is based on tourism and construction, the two major economic engines for the west side of Hawaii Island. A surge in population has resulted in big box stores coming to the area creating pockets of commercial development reminiscent of mainland U.S. communities.

A newer, wealthier clientele has moved into Kona, along the Kohala Coast and also into Waimea. These are communities in transition. The rapid development, besides bringing new families into the areas, has changed the population dynamics. The communities are losing agricultural space as new housing developments are encroaching on what used to be wide, open areas. As a result, housing prices have risen so high that most hotel employees cannot afford to buy a home in the area where they work. This means that they have long daily commutes to work; some riding the bus for two hours, one way.

One community, in particular, where resort employees are moving is south of Kona in Hawaiian Ocean View Estates. This is still a somewhat affordable area, built on a lava flow, with no utility infrastructure and few services. Parents commuting long hours to and from work means many children are enrolled in after-school programs or are in latch key situations.

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The economic down turn resulted in the lay-off of many employees in both the visitor and construction industries. When this happened, children were taken out of early childhood programs for financial reasons.

An influx of families from South Pacific islands and other non-English speaking cultures is an additional burden on the state's social services, schools and health facilities. Work on coffee farms and other agriculture-related jobs have drawn many of these families to the Big Island. Their children are more and more present in our schools and usually do not take advantage of early childhood programs.

All of these influences have changed the social climate and the way services are delivered in many of our island communities.

Using the four pillars defined in the Hawaii Early Learning System Framework, early education and care, health, parent education and family support, and workforce and professional development, here's a recap of the challenges and opportunities on the Island of Hawaii facing each one.

Early Education and Care

If accreditation is a sign of excellence in early learning programs, our island is in trouble. Currently across the entire island, apart from the twelve Kamehameha Preschools, there are only four accredited early learning programs (NAEYC website, 1/11). Three are accredited by the National Association for Education of Young Children (NAEYC) and one through the National Early Childhood Program Accreditation (NECPA). They are spread around the island – one in Hilo, one in Kona, one on the Kohala Coast and one in Honokaa. This is problematic because not only are there so few of them but these are the only ones allowing parents to benefit by higher DHS subsidies or Pauahi Keiki Scholars (PKS) tuition support.

Since the Department of Human Services (DHS) cutbacks of 2010, many students had to be withdrawn from programs; some schools have reduced staff as a result

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of lower enrollments, and other schools are struggling to stay open. An example of the results of these cutbacks can be seen at Waimea Elementary School, which is part of the Honokaa Complex P-3 demonstration site. The Hawaii State School Readiness Assessment (HSSRA) report for Waimea Elementary shows a significant reduction in the number of kindergarteners attending preschool from 43% in Fall of 2009, to 28.9% in Fall of 2010. The year previous to this, 2008-2009, they were reporting 59.6% (DOE website - HSSRA). This is a clear indication of the economy's impact on families as well as the DHS cutbacks in early 2010.

Attached is an excel spreadsheet of the resources in Big Island communities as they relate to three of the four pillars of the ELC framework. If you notice, in the more urban areas, especially Hilo, there are many center based programs for children and a higher rate of attendance in Pre-K programs as evidenced on the HSSRA complex report for Hilo-Laupahoehoe-Waiakea. They report 74.6% of their kindergarteners attended preschool. In Hilo, there are quite a few financially stable programs - Head Start, Kamehameha Schools, and a number of faith based programs. Other smaller programs are struggling, but have remained open because they are in more densely populated areas and have broader marketing opportunities.

Kona has one Head Start facility, three Kamehameha preschools and a few faith based centers; there are very few private providers. Kona's population is more spread out than Hilo and ranges 27 – 30 miles from Keahole all the way South to Captain Cook. Konawaena Elementary, farther out from the more urban Kailua-Kona, saw a reduction in preschool attendance in their 2010 entering kindergarteners (50%) from their 2009 kindergarteners (60%). Kealakehe Elementary, more centrally located in town, actually saw a small increase from 2009 to 2010 from 54% to 57%.

A trend we have been noticing is the attempt to use DOE special education preschools as free preschool programs. Recently, a parent wanted her child

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assessed at a public school because he was not potty-trained at 3 years old and the preschool to which he was accepted does not allow non-potty trained children. Another child of a DOE teacher was placed in a special education preschool class at four years-old, and “tested” out for Kindergarten. This is happening more and more often as parents are desperate for affordable programs for their children.

Home visiting programs are available only through Early Head Start in Kona and Waimea, and through the Home Instruction for Parents of Preschool Youngsters (HIPPPY) program in Kona. The demise of the third home visiting program, Healthy Start, in July of 2009, affected many families and service providers - Family Support Hawaii in Kona and North Hawaii and the YWCA in Hilo.

In terms of Family Child Interaction Learning programs, there are two larger programs that have expanded in the last two years based on demand. Both Partners in Development’s (PID) Tutu and Me and INPEACE’s Keiki Steps are doing well and filling a much needed gap in pre-school services to young children. Additionally there is a Supporting Keiki of Incarcerated Parents (SKIP) playgroup operating through Hale Nani Correctional facility in Hilo running about four sessions each year. Coupled with parenting classes for both the inmates and the child’s primary caregiver, this program is meant to reduce the recidivism rate and hopefully keep the family intact once the prisoner is released.

Two new play and learn groups will start this year in conjunction with the Honokaa P-3 work. Both Waimea and Honokaa will benefit from a program that will run weekly for parents and children in those communities. Coupled with a monthly parenting program and visits to the playgroup by early intervention specialists, we hope to provide a more well-rounded approach to supporting young children through their parents.

Family Child Care (FCC) provider numbers are increasing slowly. Because of the economy, a number of women who have been laid off are aspiring to become

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FCC's since they are now staying home with their own children. PATCH has been busy training these providers and for the first time in years, and because fewer children need care due to their parents' unemployment, there are actually provider names to give out to parents as referrals.

Health

Hawaii County has the lowest ratio of physicians per 1,000 population compared to the other three counties. Hawaii Island has 14% of the state's population, but only 5% of the state's doctors (Hawaii County Community Health Profile 2010; North Hawaii Outcomes Project).

There are three major hospitals – the Kona Community Hospital, the North Hawaii Community Hospital and the Hilo Medical Center. As usual, many physicians have established offices in proximity to the hospital for easy access and ease of patient care. This leaves the larger part of the island needing to travel for medical care. There are medical facilities in North Kohala and Ka'u but they are small and will move critical patients to a larger facility. There are also federally funded medical centers in Hamakua, the Bay Clinic in Hilo and Pahoa, and the West Hawaii Community Health Center in Kona.

There is a shortage of OB-GYN's for prenatal care and a shortage of pediatricians for keiki care. According to a locally published report, fewer Hawaii County women are receiving prenatal care and in the first trimester, when care is most important, only 65% of Big Island women see a doctor compared to 78% statewide. Our teen birth rate is also the highest in the state - 52.1/1000 females (15-19 years of age), compared to 42/1000 which is the state average (Hawaii County Community Health Profile).

The Island also has a dentist shortage. The North Hawaii Outcomes Project (NHOP) report shows only 7% of the state's dentists serving 14% of the state's population on this island. Island dentists are reluctant to accept Quest payments

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and many foster children may have to fly to Oahu for dental care. The one mobile dental van we have on island sits in a parking lot at the Hamakua Health Center due to lack of funding.

Screening is done sporadically as well. The Rotary Club of Hilo Bay does vision screening in a few Hilo elementary schools because one of their members is an ophthalmologist and he works with other members. Other communities may have small groups, like the Lions Club, that administer tests to small groups of children either in preschools or early elementary classes, but there is no island-wide plan to screen all children.

The federally funded WIC program is well-established on the Big Island and is responsible for assuring children's well-baby check-ups and immunizations. Parents must maintain their children's health records in order to participate in the program and to receive coupons for food and milk.

In comparison, there is sometimes a lag in getting the immunizations required to start school. Many parents will pick up the kindergarten information packet early, but either cannot schedule an appointment for a school physical, or don't have a primary physician. It may be weeks or months before they can get their child in to see a doctor, especially if the child is uninsured. Community health centers are helpful for parents in this situation and last year the military helped by setting up clinics for children's school physicals.

An example of our island's health care shortage is seen in North Hawaii where all three public health nursing positions (Honokaa, North Kohala and Waimea) are vacant. One retired, one is out on medical leave and the other left the DOH for a new job. This may be the result of DOH cutbacks and timing, but the fact that none have been replaced exemplifies the shortage.

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Parent Education and Family Support

Hawaii Island still has the highest rate of child abuse and neglect. Much of this is tied to the drug and alcohol abuse problem, but now we have the high unemployment rate and the high cost of housing to add further stresses to the family. In 2008, the rate of confirmed cases of child abuse and neglect was 8.7/1000. While this is a drop from 11.5/1000 in 2007, it is still the highest rate in the state (Hawaii County Community Health Profile).

Our island has a variety of parent support programs that range from child birth classes, to GRADS programs for high school parents, to parent education classes and groups. There are also child development specialists specializing in the 0-3 age group that provide services. But these programs are not necessarily available in all communities and the more urban areas seem to have more available.

One parent support program that has seen success is Malama Perinatal which supports women prenatally through the child's second birthday. This program is especially important because its purpose is to lower the infant mortality rate while educating mothers on how to have a healthier child. They are connected to Dr. Ira Chasnoff's nationally-recognized work in preventing fetal alcohol syndrome and the promotion of the no smoking, drinking or doing drugs concept by pregnant women.

Parenting support organizations have shown an increase in the number of programs for parents mandated by the courts to attend anger management classes, fatherhood programs, and parent support groups run by parents. We have also noticed an increase in mental health and behavioral health professionals hanging their shingles in our towns and more being graduated by our University.

Workforce and Professional Development

This area needs particular attention if we want to increase the capacity of centers and the quality of care. We have a shortage of qualified early childhood practitioners, which is partly responsible for the low number of accredited centers

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on this island. We also have a shortage of classes available for practitioners to take at the Associate (AS) level. Hawaii Community College in Hilo campus offers a number of classes each semester, but they have committed to offer only two through their outreach program in West Hawaii. One of these is usually a PACE formatted class. At that rate, it can and has taken West Hawaii students more than six years to complete the two-year degree.

UH-Hilo does have an elementary education major; but most of these graduates are looking for DOE positions. It does not have a Bachelor's program in early childhood, so once a student completes his/her AS in early childhood education, there is no on-island program for him/her to matriculate into. Chaminade has been trying to fill this gap by providing hybrid or intensive classes. They usually meet over a weekend or do some of their work on-line.

In the higher education arena, the Baby STEPS Council has been able to make a difference. For the last five years, Baby STEPS has partnered with Concordia University in Minnesota to provide a distance learning model to island residents. With the help of partners, the Council has brought Concordia faculty to the Big Island to conduct the required residency piece of the program, saving students the expenses associated with flying to Minnesota and staying there for four days. The balance of the degree program is accomplished on-line through classroom chats, bulletin board postings and emailing of assignments.

So far the Council has started four cohorts of students – one BA and three MA cohorts. To date more than 40 practitioners statewide have gone through these programs and the graduates from the Big Island are using their new knowledge in their current teaching positions!

This higher education model is one example of how Baby STEPS works with the realities of our island and its lifestyle to provide what early childhood educators

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need. The Concordia model works for the Big Island, where otherwise students likely need to drive more than an hour each way to attend classes. After a day of work this is a lot to expect of any student, not to mention the dangers of being on the road at night. One student was killed in a car accident on her way home from a class one night. She was hit by a truck driven on the wrong side of the road by a driver who was high on ICE.

Summary

There is a lot of work to do in each of the pillar areas in each community. Where a number of communities may have some services, others have fewer, yet none have all the services they need for a comprehensive system. There are other systems issues to coordinate with and advocate for including the county's transportation program, the island's drug problems, the medical personnel shortage and the economy. These issues are affecting families and their ability to thrive. We will need to work with the county and state legislators to look for solutions for these problems, while at the same time working to expand existing early childhood services and programs and finding creative ways to deliver these services.

An example of an issue which affects all communities is transportation. Hawaii Island has no comprehensive bus service. While there is service from Hilo to the resorts and from south Kona to the resorts and back, and other routes to accommodate getting to Hilo and Kona from more rural areas, all routes don't operate all day. Some bus routes have been created to meet a specific need. For example, a late afternoon bus from Kealahou High School to the Waikoloa area was added so students can stay at school to participate in team sports. In West Hawaii, there is a bus twice a day to transport students to and from the two private high schools in Waimea (Hawaii Preparatory Academy and Parker School) from Kona. Another more community specific route goes back and forth through

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Waimea town so families can get to town to buy groceries and to medical appointments. In Puna, there is a basic bus system that operates all day, but some outlying families may be 25 miles from the nearest bus stop. The good news is the County of Hawaii is open to adding new routes and our congressional representatives have been able to bring in federal money to support the development of a transportation system.

Transportation is such a huge issue that a number of non-profits have had to provide transportation for their clients. Hawaii Community Economic Opportunities Council (HCEOC) has several vans around the island transporting senior citizens to the grocery store and to doctor appointments. Hui Malama Ola na `Oiwi is a native Hawaiian health organization and they specialize in getting their families to and from medical appointments.

The issue of transportation crosses into all pillar areas of the ELC's framework – early education and care, health, parent education and family support and workforce and professional development as it affects access to programs.

In terms of a pilot model, the island's more urban areas are closest to a comprehensive design, but all areas still lacking some services and programs. As evidenced by the HSSRA reports, there are not nearly enough early childhood spaces in any school complex to meet the needs of families. There is a shortage of medical care and screening, and there is a severe shortage of qualified practitioners as evidenced by the low number of accredited programs, however let's look at one community where things are already happening...

The Makings of a Pilot Model

While the broader communities of Hilo and Kona have more resources available, they also have more population and complex sub-communities. A pilot in either

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community would be difficult to coordinate initially. However, the community of Waimea in North Hawaii – where P-3 work has already started - might be a better option to create a successful comprehensive model. The town is small enough to build the necessary relationships between the early childhood professionals and the elementary school and there are enough foundational resources to build a system upon. The town is also conveniently located in the middle of the island.

Why Waimea?

The community complexion

The town of Waimea has an interesting structure – economically and demographically. Originally a town whose base was ranching and farming, astronomy now has a presence as well as the visitor industry, health care and education. Today you have the old time paniolo families mixing with European speaking scientists from Keck and Canada France observatories, community organizations of farmers and doctors and a large Hawaiian homestead population. The town has also seen a large number of mainland families relocating here and starting their own businesses or telecommuting. Family households account for 75% of the households in Waimea and many include more than two generations.

Per capita income

The per capita income averages in Waimea show up on community data reports unrealistically on the high side. Years ago when Head Start performed an income analysis, the community's average income was too high to justify Waimea as a program location. The reality though, is the wealthy people living there have such wealth, that their incomes actually skew the averages for everyone else. There is a large significant divide between the “haves” and the “have nots”.

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High Native Hawaiian population

The County of Hawaii boasts a 28.9% Native Hawaiian population based on the 2000 Census (state average was 19.8%) and Waimea's population rate is higher than that at 38.3% largely due to the large Hawaiian Homestead areas.

Transportation plan

Free transportation is available; a County bus service runs from one end of town to the other – approximately 15 miles from end to end - all day long. This will help give access to programs for families.

Early education and care

Being a Hawaii P-3 demonstration site provides the community of Waimea with the opportunity to make a difference in the reading scores of third graders over a four-year period. In order to accomplish this, the feeder early childhood providers are poised to participate with the elementary school. The Baby STEPS Council is initiating a number of supports to provide programs and trainings for teachers, the goal being to improve ways to reach children and boost their developing reading skills.

The only public elementary school in the town, Waimea Elementary, has been in restructuring for five years. The 2010 HSSRA data shows that only 28.9% of the entering 129 kindergarteners attended a preschool program. Five years ago, two preschools closed down leaving the community with 60 less spaces for children. An initial project of the pilot could be to increase the capacity of our centers that could accommodate more children. Currently they are lacking qualified staff to expand and families are lacking funding to manage tuition costs. This would help increase the percentages of children with preschool experience.

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In terms of early learning settings, Waimea has a number of child care centers (one immersion preschool), a home visiting program (Early Head Start), two FCIL programs (Tutu and Me and Baby STEPS) and a number of FCC's.

Because of the relationships between early childhood providers, the ties with the elementary school and with the help of the P-3 project, Waimea might be the best location to start a pilot.

Health

The North Hawaii Community Hospital is located in Waimea as are many medical offices. There is also a Kaiser Clinic in this town to meet the needs of their insured clients. There is a large medical practice and assorted smaller private physicians, at least four dental offices and an urgent care facility for after hours and weekend primary care needs.

There is a well-known and respected women's health practice here that provides midwifery as well as obstetrics care and is responsible for the development of a family-centered birthing experience. They deliver over ¼ of the births on this island every month and women come from all over the island for this positive birthing experience.

Family Support Hawaii has an office in Waimea and provides early intervention services to families through developmental specialists. They also provide perinatal support through another of their programs.

Parent Education and Family Support

There are parenting programs available ranging from childbirth and breastfeeding to perinatal and counseling services. Tutu's House is home to a parenting support group and a few parent-child programs. Parenting programs are also available

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either through Waimea Elementary School or now as part of the Honokaa Complex P-3 grant.

Workforce and Professional Development

None of the preschools in Waimea, outside on the KS system, have achieved accreditation yet, but selecting Waimea as a pilot model would encourage the higher education system to look at offerings that could support continued professional development. A large number of the early childhood practitioners in Waimea have obtained higher degrees through the Concordia University partnership.

Part of the P-3 plan includes the development of a matrix to show practitioners educational goals for the next five years. This document could serve as a help to establishing cohorts of professionals that could work through and fill classes (a problem for the community college) together.

Waimea has some of the infrastructure to start a pilot model and may be the logical choice in terms of a Hawaii Island community. It also has the “heart” since the early childhood players all seem to know that relationships matter – with each other, with our parents and clients and with the children - and more than that, the success of our children is a priority for this work.

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Partnerships involved in a Waimea Pilot

Baby STEPS to Stronger Big Island Families	Friends of the Future/GBA
Early Head Start	Family Support Hawaii
Hawaii Community College	UH System
Hawaii Montessori School - Kamuela	Hawaii Montessori Schools, Inc.
Honokaa Complex P-3 Demonstration Site	Hawaii P-20 Initiative
KS – Waimea Preschool	Kamehameha Schools
Keiki Steps to Kindergarten	INPEACE
North Hawaii Child Development Program	Family Support Hawaii
PATCH	PATCH Hawaii
Punana Leo o Waimea	Punana Leo
Small World Preschool	Small World Preschool
Tutu and Me	Partners in Development
Tutu's House	Friends of the Future
Waimea Elementary School	Hawaii State DOE