

PERCEPTIONS OF FAMILY AND HEALTH SUPPORT SERVICES FOR NATIVE HAWAIIAN CHILDREN AND FAMILIES: FINDINGS FROM COMMUNITY EVALUATIONS

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Children's experiences in early childhood lay the foundation for future development. Information about the quality and availability of early childhood support services for Native Hawaiian children is meager. A survey of parents of young Native Hawaiian children (ages 0–5) assessed perceptions of services relating to family, parenting, health, and early care and education. Respondents, primarily from rural areas, rated health and early care and education support services most favorably. Family and parenting support services were rated least favorable. East Hawai'i and Moloka'i respondents rated services the highest, whereas respondents in West Hawai'i and Maui rated services the lowest. The affordability and utilization of services were rated the highest across domains and survey sites, whereas awareness about the availability of services and the sufficiency of services in meeting community needs were rated the lowest.

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To improve outcomes for vulnerable populations, the quality of existing services available to these populations must be assessed. One mechanism for assessment is a consumer satisfaction survey. Consumer satisfaction is viewed as an important factor in service delivery and is associated with service usage (Carr-Hill, 1992; Hall & Dornan, 1988). For example, within the health care domain, research shows that client satisfaction surveys are leading indicators of health care outcomes, including likelihood to recommend services and likelihood to return for care (e.g., see Press, 2002; Press & Ganey, 1989).

A comprehensive review of the literature identifies three main purposes for measuring client satisfaction: to accurately describe services from the client perspective, to pinpoint problem areas and generate solutions, and to evaluate the services clients receive (see Sitzia & Wood, 1997). This study aims to accomplish these three objectives by measuring Native Hawaiians' perceptions of existing services in their communities within the domains of family, health, parenting, and early care and education support.

Research shows that Native Hawaiian children and families are a vulnerable population in terms of educational, social, and health outcomes. Disparities between Native Hawaiian children and non-Hawaiian children are prevalent in these three domains. For example, Native Hawaiian public school students consistently score lower on standardized achievement tests than do their non-Hawaiian peers (Kamehameha Schools, Policy Analysis & System Evaluation, 2004). In Hawai'i, more than two out of three Native Hawaiian children younger than age 5 live in families with incomes under 185% of the poverty level (Hawai'i Kids Watch, 2002), compared with about one out of three children statewide (U.S. Census Bureau, 2000). In 2004, of the 457 statewide births to teens under age 18, more than half ($n = 249$, 54%) were to Native Hawaiian teens. The prevalence of births to mothers who did not receive prenatal care during the first trimester was 23% for Native Hawaiians, compared with 16% for Filipinos, 13% for Caucasians, 10% for Japanese, and 9% for Chinese (Hawai'i State Department of Health, 2005).

EARLY CHILDHOOD DEVELOPMENT

It is well established that children's experiences and development in early childhood (ages 0–5) lay the foundation for future cognitive, educational, and social outcomes (Kagan & Neuman, 1997; Wertheimer, 2003). Striking disparities in children's knowledge and capabilities are evident well before they enter kindergarten. Research consistently shows that poor and minority children as young as age 3 already perform far below average on tests of school readiness. These differences, strongly associated with social and economic circumstances, are predictive of subsequent outcomes such as academic performance (Shonkoff & Phillips, 2000).

Children who score poorly on tests of intellectual skills during the preschool years do less well in school and are more likely to become teenage parents, engage in criminal activities, suffer from unemployment, and become clinically depressed as adults (Haskins & Rouse, 2005). Children born to teenage mothers are also developmentally at risk. They are 21% more likely to suffer low birthweight compared with children whose mothers are 20–24 years old (Martin, Hamilton, Ventura, Menacher, Park, Sutton, 2002). Children of teenage mothers are also 50% more likely to repeat a grade and are less likely to complete high school than if they were born to mothers of older ages (National Campaign to Prevent Teen Pregnancy, 1997).

PURPOSE OF STUDY

Native Hawaiian children are critically at risk in readiness for kindergarten. Most do not enter their elementary schools safe, healthy, and ready to succeed. Principals of the seven elementary schools on O'ahu's Wai'anae Coast, where more Native Hawaiian children are enrolled than in any other area in the state, report that Native Hawaiian children enter kindergarten about 2 years behind their non-Hawaiian peers, and most never catch up.

Based on the conceptual model developed for the Early Childhood Longitudinal Study (see Appendix A), four major influences on child development during the first 5 years of life can be identified: family factors, parent–child interactions and relationships, child and family health, and early childhood care and education. Little information is available about Native Hawaiian children's educational and cognitive opportunities prior to kindergarten, including the types and

quality of support services available to them within these four important domains of influence. Thus, the purpose of this study is to assess Native Hawaiian families' awareness of and satisfaction with existing support services in their communities within these four domains and across five survey sites. A better understanding of this population's perceptions regarding existing services is necessary to promote efficient, effective, and high-quality services that they value.

METHOD

In 2000, the University of Hawai'i Center on the Family was contracted by the Institute for Native Pacific Education and Culture (INPEACE) through its project, Ho'owaiwai Nā Kamali'i, to provide data and research support and to assist in developing a continuum of early care and education services for Native Hawaiian children. Two major goals were identified: (a) to assemble information regarding the well-being of Native Hawaiian children, and (b) to assess the services available for Native Hawaiian children. Two consumer and two provider surveys were administered to accomplish the second goal. This article focuses on results from the second (i.e., 2004) consumer survey.

In 2001, the first consumer survey was administered to assess consumers' perceptions about family, parenting, health, and early child care support services. The target group of respondents included parents, *kumu* (teachers), *kūpuna* (elders), and *'ohana* (family) caregivers. The survey was administered in the following 10 community divisions (i.e., counties or *moku*) determined by Ho'owaiwai Nā Kamali'i: City and County of Honolulu ('Ewa/Wahiawā Moku, Honolulu Moku, Ko'olau Loa Moku, Ko'olau Poko Moku, Waiāluā Moku, Wai'ānae Moku); Hawai'i County (East and West); Kaua'i County; and Maui County. There were a total of 120 respondents, consisting of 60 parents, 30 *kumu/kūpuna*, and 30 *'ohana* caregivers.

Sample

In 2004, another consumer survey was distributed to parents and caregivers of Native Hawaiian children ages 0–5 by community-based child advocates.¹ One community-based coordinator was assigned to each of the following five survey sites: West Hawai‘i, East Hawai‘i, Maui, Moloka‘i, and Kaua‘i. These sites were selected to gather more information about neighbor island communities, which are known to lack support services.

Survey

This article presents analyses from 3 demographic questions and 28 closed-ended questions taken from a larger survey, the 2004 INPEACE Consumer Survey of Community Services. Respondents were asked to indicate their age, highest level of education completed, and income level. The 28 questions assessed consumers’ perceptions regarding the availability, accessibility, cost, and quality of services in each of the following four domains: family support, parenting support, health support, and early child care support. Example items include: “There are enough of these services to meet the need in my community,” “People know that these services are available,” and “The quality of these services in my community is excellent.” Responses were given using the following 5-point Likert scale: 1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree*, and 5 = *strongly agree*.

The survey examines four domains of services. *Family support services* are those that help with family counseling, locating jobs for family members, ensuring the safety of children, and providing adult education. Examples include Child and Family Services, Queen Lili‘uokalani Children’s Center, and the Salvation Army. *Parenting support services* include services that help parents understand their child’s development and behavior, engage in parent–child activities, and learn how to monitor their children’s health and safety. Examples include Pūlama I Nā Keiki, Baby Hui, and Healthy Start. *Health support services* monitor and educate parents about children’s health and mother’s health during pregnancy. Examples include community clinics, WIC (Women, Infant, and Children), and Baby S.A.F.E. *Early care and education support services* include preschool and child-care services. Examples include ‘Aha Pūnana Leo, Head Start, play and learn groups, and private preschools.

Data Collection

One coordinator at each of the five sites distributed and collected surveys directly from (a) consumers at agencies or programs that provide services in each of the four domains and (b) community members (who may or may not be consumers of support services in the four domains) at events or gatherings, such as Nā Pua No‘eau Hawaiian Family Affair, Maui Island Keiki Fest, and the Pūnana Leo O Moloka‘i Ho‘omau Concert Fundraiser, as well as at public places such as laundromats, grocery stores, and local beaches. All surveys were completed by parents and caretakers of Native Hawaiian children up to 5 years of age. Incentive gifts such as crayons, bubbles, jump ropes, coloring books, and puzzles were provided to respondents.

Data Analysis

Descriptive statistics were computed for the demographic data. All “strongly agree” and “agree” responses to the 28 survey items were coded as “positive responses.” Percentages of positive responses were computed for each question within each of the four service domains and across the five survey sites.²

RESULTS

A total of 557 respondents completed surveys. Table 1 shows the number of surveys collected by domain and survey site.

TABLE 1 Number of surveys received by domain and survey site

	West Hawai'i		East Hawai'i		Maui		Kaua'i		Moloka'i		All Sites	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Family support	15	15.8	10	12.2	28	26.2	21	13.1	15	13.3	89	16.0
Parenting support	13	13.7	10	12.2	25	23.4	9	5.6	15	13.3	72	12.9
Health support	10	10.5	25	30.5	11	10.3	30	18.8	15	13.3	91	16.3
Early care & education support	29	30.5	20	24.4	13	12.1	31	19.4	20	17.7	113	20.3
Other	28	29.5	17	20.7	30	28.0	69	43.1	48	42.5	192	34.5
Total	95	100	82	100	107	100	160	100	113	100	557	100

Note: Because of rounding, the total for Moloka'i equals 100.1%.

Demographics of Respondents

The 557 respondents consisted of 88 (16%) men and 465 (84%) women.³ The average age of respondents was 32 years, with 14% under 22 years of age.⁴ Education levels of respondents are reported in Table 2. Fifty-nine percent of respondents reported attending and/or completing college.⁵ Moloka'i reported the highest percentage of respondents (77%) who attained an education level of more than high school; Maui reported the highest percentage of respondents (16%) who had less than a high school education.

Respondents' annual income levels are reported in Table 3.⁶ Seventy-two percent reported that their households had incomes below \$50,000 a year. Moloka'i (83%), followed by East Hawai'i (79%), had the largest percentage of respondents with household income below \$50,000 a year. More than half (52%) of East Hawai'i respondents reported that their households had incomes of less than \$25,000.

TABLE 2 Education levels reported by respondents

	West Hawai'i		East Hawai'i		Maui		Kaua'i		Moloka'i		All Sites	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Less than high school	5	5.3	7	8.5	17	16.0	11	7.0	1	0.9	41	7.4
High school diploma/GED	28	29.8	24	29.3	30	28.3	46	29.1	25	22.1	153	27.7
Trade/technical school	4	4.3	4	4.9	6	5.7	15	9.5	2	1.8	31	5.6
Some college	25	26.6	24	29.3	30	28.3	51	32.3	50	44.2	180	32.5
College degree or above	32	34.0	23	28.0	23	21.7	35	22.2	35	31.0	148	26.8
Total	94	100	82	100	106	100	158	100	113	100	553	100

Note: Because of rounding, the total for Kaua'i equals 100.1%. These demographic data suggest that respondents in the survey sample reported significantly higher levels of educational attainment than are found in the larger population of Native Hawaiians. Further, although U.S. Census data show the Native Hawaiian population in Moloka'i as having some of the lowest levels of educational attainment within the state, the Moloka'i sample within this study reported high levels of education compared with the samples from other Neighbor Islands.

TABLE 3 Annual household income reported by respondents

	West Hawai'i		East Hawai'i		Maui		Kaua'i		Moloka'i		All Sites	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Less than \$25,000	12	12.9	43	52.4	31	33.3	41	26.5	48	43.6	175	32.8
\$25,000 - \$49,999	40	43.0	22	26.8	34	36.6	69	44.5	43	39.1	208	39.0
\$50,000 - \$74,999	29	31.2	11	13.4	16	17.2	30	19.4	15	13.6	101	18.9
\$75,000 - \$99,999	10	10.8	4	4.9	9	9.7	11	7.1	3	2.7	37	6.9
\$100,000 or above	2	2.2	2	2.4	3	3.2	4	2.6	1	0.9	12	2.3
Total	93	100	82	100	93	100	155	100	110	100	533	100

Note: Because of rounding, the totals for West Hawai'i and Kaua'i equal 100.1%, and the totals for East Hawai'i, Moloka'i, and All Sites equal 99.9%. These demographic data suggest that the income distribution of respondents in the survey sample differs from that found in the larger population of Native Hawaiians.

Summary of Positive Responses by Service Domain and Question

As shown in Table 4, health support and early care and education support services were rated the most favorably overall of the four domains. Across domains, usage and affordability of services were rated the most favorably, whereas awareness and sufficiency of services were rated the least favorably across domains.

TABLE 4 Summary of positive responses (in percentages) by domain and service characteristics

Rank	Service category	Family support	Parenting support	Health support	Early care & education support
1	Services are used	46.3	41.9	62.5	64.5
2	Services are affordable	46.8	46.4	61.1	45.8
3	Services have convenient hours	44.0	40.3	53.4	55.8
4	Services are accessible	39.2	39.5	52.9	50.3
5	Services are high quality	32.4	35.8	50.0	53.1
6	People are aware of services	32.3	29.1	53.4	49.1
7	Services are sufficient	34.1	35.9	50.4	40.4

Summary of Positive Responses by Service Domain and Survey Site

FAMILY SUPPORT. As shown in Table 5, East Hawai‘i and Moloka‘i respondents rated family support services the most favorably overall, whereas West Hawai‘i, followed by Maui, rated them the least favorably. In general, respondents rated the affordability of family support services highest, followed closely by the usage of services. Awareness of services was the least favorably rated across survey sites, followed by the quality of services and the sufficiency of available services. Family support services were rated less favorably than health support services and early care and education services but slightly higher than parenting support services.

TABLE 5 Family support: Summary of positive responses (in percentages) by survey site

	West Hawai‘i	East Hawai‘i	Maui	Kaua‘i	Moloka‘i	All Sites
Services are sufficient	33.0	41.5	29.0	30.6	38.7	34.1
Services are accessible	32.6	46.3	29.9	39.1	48.2	39.2
Services have convenient hours	29.5	54.9	38.6	41.0	57.7	44.0
Services are affordable	51.6	48.8	46.1	40.0	50.9	46.8
People are aware of services	17.9	40.2	31.1	36.1	34.2	32.3
Services are used	31.6	57.3	37.9	51.0	51.4	46.3
Services are high quality	24.2	37.8	27.2	32.7	39.6	32.4

PARENTING SUPPORT. Similar to the results for family support services, Moloka‘i and East Hawai‘i rated parenting support services the highest compared with other survey sites, whereas Maui and West Hawai‘i respondents rated them the lowest (see Table 6). Like family support services, the affordability of parenting support services was rated most favorably across sites, whereas people’s awareness of these services was rated least favorably. Compared with the other three domains of services, parenting support services were rated the least favorably overall.

TABLE 6 Parenting support: Summary of positive responses (in percentages) by survey site

	West Hawai‘i	East Hawai‘i	Maui	Kaua‘i	Moloka‘i	All Sites
Services are sufficient	30.5	41.5	33.0	34.8	40.7	35.9
Services are accessible	35.8	47.6	33.7	36.1	46.4	39.5
Services have convenient hours	31.9	48.8	35.6	37.6	49.5	40.3
Services are affordable	53.7	51.3	40.8	39.0	52.7	46.4
People are aware of services	17.2	31.7	25.0	30.4	38.7	29.1
Services are used	39.8	45.7	31.4	42.1	50.5	41.9
Services are high quality	33.0	50.6	31.7	28.5	41.4	35.8

HEALTH SUPPORT. Of the four domains, health support services were rated the most favorably. Again, East Hawai‘i and Moloka‘i showed more positive responses across the board, whereas West Hawai‘i rated these services lower than did the other survey sites, particularly regarding the awareness of services, the convenience of service hours, and the sufficiency of services. Across all sites, usage and affordability of services were rated relatively high, whereas sufficiency and quality of services were rated relatively low (see Table 7).

TABLE 7 Health support: Summary of positive responses (in percentages) by survey

	West Hawai'i	East Hawai'i	Maui	Kaua'i	Moloka'i	All Sites
Services are sufficient	37.0	56.1	48.1	53.2	55.4	50.4
Services are accessible	39.1	63.0	47.2	54.1	60.7	52.9
Services have convenient hours	35.1	68.3	47.1	54.1	62.5	53.4
Services are affordable	60.9	67.9	57.5	59.6	61.9	61.1
People are aware of services	35.1	64.2	56.3	54.8	56.2	53.4
Services are used	51.1	68.2	61.3	63.1	68.3	62.5
Services are high quality	42.6	64.6	41.3	50.6	52.7	50.0

EARLY CARE AND EDUCATION SUPPORT. After health support services, early care and education support services were rated the most favorably of the four domains. Overall, Kaua'i showed slightly higher responses in this area compared with other survey sites, whereas West Hawai'i showed consistently lower responses. Utilization of services was rated most favorably across survey sites, whereas the sufficiency of services was rated least favorably (see Table 8).

TABLE 8 Early care and education support: Summary of positive responses (in percentages) by survey site

	West Hawai'i	East Hawai'i	Maui	Kaua'i	Moloka'i	All Sites
Services are sufficient	25.3	43.2	43.8	47.5	38.1	40.4
Services are accessible	43.2	49.4	49.1	56.1	50.0	50.3
Services have convenient hours	44.7	59.3	53.8	58.6	60.7	55.8
Services are affordable	44.7	37.5	50.9	51.0	40.7	45.8
People are aware of services	37.9	56.3	49.5	49.7	52.2	49.1
Services are used	60.0	65.0	59.4	65.2	71.7	64.5
Services are high quality	43.2	52.5	54.7	54.4	58.4	53.1

CONCLUSIONS AND IMPLICATIONS

Analyses of the 2004 INPEACE consumer survey show that community perceptions are more favorable for health and early care and education support services than for family and parenting support services. Overall, East Hawai'i and Moloka'i respondents rated support services the highest, whereas West Hawai'i and Maui respondents rated services the lowest. Respondents almost consistently rated the affordability and utilization of services highest. Conversely, respondents typically gave low ratings for awareness about the availability of services and the sufficiency of services in meeting community needs.

With regard to community- and policy-level recommendations, our results imply that more high-quality services targeting Native Hawaiian families and their young children are needed in each of the four domains. With the exception of health support services, fewer than half of all respondents reported that support services in their community are sufficient in meeting community needs.

Our findings also imply a great need to promote community awareness about the availability of these services. The overall trend showing a lack of awareness about early childhood supports and services across survey sites should serve as a springboard for action at the community level. These results will help inform the development of key community messages for public relations campaigns, which is a current task of each Ho'owaiwai Nā Kamali'i community advisory council. Furthermore, our results will be utilized by the Statewide Advisory Council to help initiate large-scale early childhood public relations campaigns through collaborations with media and statewide agencies serving families and children.

Some limitations and strengths of this study are noteworthy. One limitation (in a few instances) is the relatively small number of surveys collected for a particular survey site and within a particular domain. For example, within the parenting support domain, only 10 surveys were collected from East Hawai'i, compared with 28 surveys collected from Maui. Another limitation involves sampling. Owing to limited resources, we utilized a convenience, nonrepresentative sample rather than implementing more rigorous sampling techniques (e.g., randomized sampling procedures).

However, this last limitation may also be viewed as a strength. Administering our surveys at supermarkets, laundromats, community events, beaches, and parks was one way to gather input from the parents of young Native Hawaiian children who may or may not be familiar with support services available to them. Thus, the collection of data from consumers of early childhood support services and from community members who are not linked to early childhood support systems is an important asset of this study. Had we collected surveys only from those already receiving support services, we would have left out perhaps the most important voice: that of families who cannot or choose not to engage in early childhood support programs in their communities.

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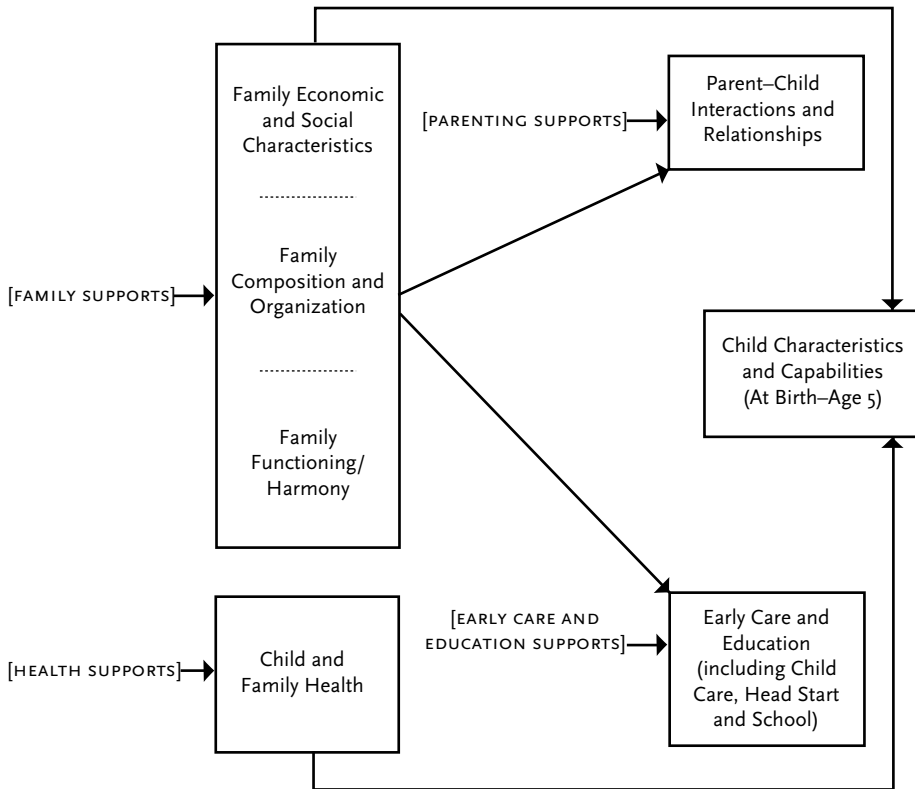
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NOTES

- 1 The survey design and implementation were coordinated by the University of Hawai'i's Center on the Family.
- 2 Means and standard deviations of all response choices (1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree*, and 5 = *strongly agree*) were computed by service domain, survey site, and question and are shown in Appendix B. Overall, these results support the findings and conclusions drawn from the summaries of positive responses (i.e., agree/strongly agree responses).
- 3 The percentages reflect respondents who indicated their gender. Four respondents did not provide their gender.
- 4 The percentages reflect respondents who indicated their age. Eight respondents did not provide their age.
- 5 The percentages reflect respondents who indicated their highest level of education completed. Four respondents did not provide their education level.
- 6 The percentages reflect respondents who provided their annual income level. Twenty-four respondents did not indicate their income.

APPENDIX A EARLY CHILDHOOD DOMAINS OF DEVELOPMENT*



* This diagram has been adapted from the National Center for Education Statistics' Early Childhood Longitudinal Study-Birth Cohort (ECLS-B).

**APPENDIX B
MEANS AND STANDARD DEVIATIONS FOR ALL RESPONSE CHOICES BY SURVEY SITE,
DOMAIN, AND QUESTION**

Family support

	West Hawai'i			East Hawai'i			Maui			Kauai			Molokai			All Sites		
	M	N	SD	M	N	SD	M	N	SD	M	N	SD	M	N	SD	M	N	SD
Services are sufficient	3.7	94	1.9	3.7	82	1.9	3.5	106	2.0	3.6	158	1.9	3.7	111	1.8	3.6	551	1.9
Services are accessible	3.6	95	1.8	3.6	82	1.8	3.7	106	2.0	3.8	156	1.9	3.7	110	1.6	3.7	549	1.8
Services have convenient hours	3.6	95	1.9	4.0	82	1.7	4.1	101	1.9	4.2	156	1.9	4.1	111	1.7	4.0	545	1.8
Services are affordable	4.2	95	1.9	4.6	81	2.0	4.6	102	2.0	4.7	155	2.1	4.6	112	2.0	4.6	545	2.0
People are aware of services	3.4	94	2.1	3.6	82	1.9	3.8	103	2.1	3.7	155	1.9	3.6	111	1.9	3.6	545	2.0
Services are used	4.0	93	1.8	4.3	82	1.8	4.2	103	2.0	4.2	157	1.7	4.2	111	1.7	4.2	546	1.8
Services are high quality	3.8	95	1.9	4.2	81	2.0	4.3	103	2.2	4.4	156	2.1	4.0	111	1.7	4.1	546	2.0

Note: Response choices for this appendix are 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.

Parenting support

	West Hawai'i			East Hawai'i			Maui			Kaua'i			Moloka'i			All Sites		
	M	N	SD	M	N	SD	M	N	SD	M	N	SD	M	N	SD	M	N	SD
	Services are sufficient	4.0	95	2.2	4.1	82	2.1	4.2	103	2.2	4.0	158	2.1	3.8	113	1.8	4.0	551
Services are accessible	4.5	95	2.1	4.2	81	2.0	4.2	104	2.2	4.3	158	2.1	3.9	112	1.7	4.2	550	2.0
Services have convenient hours	4.2	94	2.1	4.4	80	2.0	4.3	104	2.2	4.5	157	2.0	4.0	111	1.6	4.3	546	2.0
Services are affordable	5.0	95	1.9	4.8	80	2.0	4.7	103	2.2	4.9	159	2.1	4.4	112	1.8	4.7	549	2.0
People are aware of services	3.8	93	2.2	4.0	81	2.2	4.2	104	2.4	4.2	158	2.3	4.0	111	2.0	4.0	547	2.2
Services are used	4.4	93	2.0	4.6	81	2.0	4.7	102	2.3	4.6	159	2.1	4.2	111	1.8	4.5	546	2.0
Services are high quality	4.6	94	2.1	4.7	81	2.0	4.6	104	2.3	4.7	158	2.3	4.2	111	1.8	4.6	548	2.1

Health support

	West Hawai'i			East Hawai'i			Maui			Kaua'i			Moloka'i			All Sites		
	M	N	SD	M	N	SD	M	N	SD	M	N	SD	M	N	SD	M	N	SD
	Services are sufficient	4.1	92	2.1	4.0	82	1.7	3.8	106	1.7	4.1	156	1.6	3.7	112	1.5	3.9	548
Services are accessible	3.9	92	1.9	3.9	81	1.4	3.9	106	1.6	4.1	157	1.6	3.7	112	1.3	3.9	548	1.6
Services have convenient hours	3.9	94	2.0	4.2	82	1.3	4.0	104	1.8	4.2	157	1.7	3.9	112	1.4	4.0	549	1.7
Services are affordable	4.5	92	1.7	4.5	81	1.6	4.2	106	1.7	4.5	156	1.7	4.0	113	1.5	4.4	548	1.7
People are aware of services	4.1	94	2.0	4.1	81	1.6	3.9	105	1.6	4.1	157	1.6	3.9	112	1.4	4.0	549	1.6
Services are used	4.3	94	1.8	4.5	82	1.6	4.3	106	1.6	4.3	157	1.5	4.1	110	1.3	4.3	549	1.6
Services are high quality	4.3	94	1.8	4.3	82	1.5	4.1	104	1.9	4.4	156	1.8	3.8	112	1.3	4.2	548	1.7

Note: Response choices for this appendix are 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.

ECE support

	West Hawai'i						East Hawai'i						Maui						Kaua'i						Molokai'i						All Sites					
	M		N		SD		M		N		SD		M		N		SD		M		N		SD		M		N		SD		M		N		SD	
Services are sufficient	3.3	95	2.0	4.1	81	2.0	3.7	105	1.8	3.7	158	1.8	3.1	113	1.5	3.5	552	1.8	3.6	95	1.6	4.1	81	1.9	3.9	106	1.8	3.9	157	1.6	3.4	112	1.4	3.8	551	1.7
Services are accessible	3.6	95	1.6	4.1	81	1.9	3.9	106	1.8	3.9	157	1.6	3.4	112	1.4	3.8	551	1.7	3.7	94	1.7	4.6	81	1.9	4.1	104	1.8	4.2	157	1.6	3.9	112	1.3	4.1	548	1.7
Services have convenient hours	3.7	94	1.7	4.6	81	1.9	4.1	104	1.8	4.2	157	1.6	3.9	112	1.3	4.1	548	1.7	3.7	94	2.0	4.2	80	2.2	4.1	106	1.8	4.1	157	1.9	3.4	113	1.6	3.9	550	1.9
Services are affordable	3.7	94	2.0	4.2	80	2.2	4.1	106	1.8	4.1	157	1.9	3.4	113	1.6	3.9	550	1.9	3.9	95	1.9	4.3	80	1.8	4.0	103	1.8	4.0	157	1.7	3.8	113	1.5	4.0	548	1.7
People are aware of services	3.9	95	1.9	4.3	80	1.8	4.0	103	1.8	4.0	157	1.7	3.8	113	1.5	4.0	548	1.7	4.3	95	1.7	4.6	80	1.7	4.2	106	1.6	4.2	158	1.4	4.0	113	1.2	4.2	552	1.5
Services are used	4.3	95	1.7	4.6	80	1.7	4.2	106	1.6	4.2	158	1.4	4.0	113	1.2	4.2	552	1.5	4.3	95	1.8	4.7	80	1.9	4.2	106	1.8	4.4	158	1.8	3.9	113	1.5	4.3	552	1.8
Services are high quality	4.3	95	1.8	4.7	80	1.9	4.2	106	1.8	4.4	158	1.8	3.9	113	1.5	4.3	552	1.8																		

Note: Response choices for this appendix are 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.