breastfeeding peer counselor conducted breastfeeding training on three islands (Kauai, Oahu, and Hawaii Island). The workshops targeted home visitors, early childhood practitioners, and public health nurses to support those who work with mothers and caregivers in their efforts to breastfeed their babies.
FHSD along with other perinatal partners formed the Hawaii Maternal Infant Health Collaborative (HMIHC) and is addressing disparities amongst prenatal and infant health. One of the areas that the group will be focusing on is the NHOPI disparity with regards to obesity prevention efforts.

State Action Plan Table						
Adolescent Health						
State Priority Needs	**Objectives**	**Strategies**	**National Outcome Measures**	**National Performance Measures**	**ESMs**	**SPMs**
Improve the healthy development, health, safety, and well-being of adolescents	By July 2020, increase the percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year to 86% (Baseline: 2011-2012 NSCH data 82.2%)	• Promote current "Bright Futures" guidelines for adolescents. • Incentivize providers, adolescents & parents to encourage preventive care. • Encourage teen-centered health care. • Leverage missed opportunities to increase adolescent preventive services. • Develop partnerships with key community stakeholders.	Adolescent mortality rate ages 10 through 19 per 100,000 Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000 Adolescent suicide rate, ages 15 through 19 per 100,000 Percent of children with a mental/behavioral condition who receive treatment or counseling Percent of children in excellent or very good health Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.		

State Action Plan Table						
Adolescent Health						
State Priority Needs	**Objectives**	**Strategies**	**National Outcome Measures**	**National Performance Measures**	**ESMs**	**SPMs**
			Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine			

Adolescent Health

Adolescent Health - Plan for the Application Year

Preliminary 5-Year Plan

The 5-year needs assessment reaffirmed the importance of adolescent well-being as a priority issue. Adolescence

is a period of major physical, psychological, and social development. As adolescents move from childhood to adulthood, they assume individual responsibility for health habits, and those who have chronic health problems take on a greater role in managing those conditions. Initiation of risky behaviors is a critical health issue during adolescence, as adolescents try on adult roles and behaviors. Risky behaviors often initiated in adolescence include unsafe sexual activity, unsafe driving, and use of substances, including tobacco, alcohol, and illegal drugs.

Receiving health care services, including annual adolescent preventive well visits, helps adolescents adopt or maintain healthy habits and behaviors, avoid health-damaging behaviors, manage chronic conditions, and prevent disease. Receipt of services can help prepare adolescents to manage their health and health care as adults. Adolescent health visits are recognized as an important standard of care. The Bright Futures guidelines recommend that adolescents have an annual checkup starting at age 11. The visit should cover a comprehensive set of preventive services, such as a physical examination, discussion of health-related behaviors, and immunizations. It recommends that the annual checkup include discussion of several health-related topics, including healthy eating, physical activity, substance use, sexual behavior, violence, and motor vehicle safety.
The Hawaii Chapter of the AAP recently adopted improving access to adolescent care as one of its priorities. The Hilopa`a Family to Family Information Center (F2FHIC) has also made adolescent preventive visits a key priority. F2FHIC has developed materials and provides education/training to health providers and consumers on adolescent health. Surveys of Hawaii adolescent providers show serious interest in working to improve adolescent access to health care given expanded prevention benefits covered under the Affordable Care Act. Focus groups with Hawaii youth validate that teens have an alarmingly low awareness of the importance of preventive health care and many do not know their medical home provider.
Data from the National Survey of Child Health (NSCH) 2011-2012 showed the rate of Hawaii for adolescents, ages 12 through 17 with a preventive medical visit in the past year was 82.2% which is a slight decrease from the previous 2007 survey (87.9%). The Hawaii rate was comparable to the national rate of 81.7%. Given Hawaii's high level of insurance coverage due to the mandated employer based insurance coverage, it is somewhat surprising the Hawaii rate is not significantly better than the U.S.
Also key disparities exist for access to preventive care in Hawaii for adolescents. Rates for non-English speaking, those born outside the U.S. and those residing in rural areas have significantly lower rates. Moreover, Hawaii EPSDT data shows a dramatic decrease of health visits as children reach adolescence.
The 2013 Youth Risk Behavior Survey data showed that 46% of middle school aged adolescents and 62.2% of the high school teens saw a doctor for a check-up or preventive physical exam. Improving access to and receiving preventive services by adolescents means enhancing certain preventive services such as screening, counseling to reduce risk, immunizations and the provision of general health guidance for adolescents. Practitioners can use clinic visits for routine examinations, such as preparticipation athletic evaluations and chronic disease management, to provide other preventive services like early identification of risk behavior and disease, reproductive health assessments, updating immunizations, or offering health guidance.

Priority: Improve the healthy development, health, safety, and well-being of adolescents.
The state priority is based on the Title V National Performance Measures to promote preventive care for adolescents and reflects the interest of key adolescent health partners and Title V programmatic resources that largely focus on teen pregnancy prevention. This is a new priority for Hawaii.

Transition to Adult Health Care and Establish Medical Homes
Hawaii elected to continue work on the state priority to improve the percentage of youth with special health care needs (YSHCN) ages 14-21 years to make transitions to adult care. The national performance measure for transition services addresses both youth with and WITHOUT special needs. The Title V Adolescent Health Coordinator will coordinate efforts with the CSHN program to address both adolescent health performance measures. (See the Plan narrative for the Children with Special Health Needs Domain for plans to improve transition services for all

adolescents).

Objective:

- By July 2020, increase the percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year to 86% (Baseline: 2011-2012 NSCH data 82.2%)

The preliminary 5-year plan objectives were developed using the National Survey of Child Health data for Hawaii as a baseline and projected an almost 5 percent improvement over the next five years.

National Performance Measure: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

5-Year Strategies

- Promote current "Bright Futures" guidelines for adolescents.
- Incentivize providers, adolescents & parents to encourage preventive care.
- Encourage teen-centered health care.
- Leverage missed opportunities to increase adolescent preventive services.
- Develop partnerships with key community stakeholders.

Strategy Development

These strategies are derived from Center for Medicare and Medicaid Services (CMS) guidelines for states to increase adolescent preventive health care. The CMS guidelines also complement the national Office of Adolescent Health's Think, Act, Grow (TAG) Call to Action designed to promote adolescent health through a comprehensive approach with varied stakeholders including-parents; professionals; businesses and policymakers; and adolescents themselves.

Plans for Application Year Federal Fiscal Year 2016 (10/1/15-9/30/16)

- Conduct focus groups with adolescents to identify barriers and incentives to access preventive services.
- Partner with key health professional and adolescent provider stakeholder organizations to identify and address the barriers to adolescent preventive care.
- Assess parent and family awareness regarding adolescent preventive health care and barriers to accessing care to inform strategy development.
- Identify evidence based strategies and pursue opportunities for implementation.

Title V will focus its work over the next year establishing partnerships around the priority to improve adolescent well-being with particular focus on increasing adolescent wellness visits. Title V will also continue assessment activities to collect data and research on evidence based approaches to inform strategy development.

In an effort to secure resources for implementation of an evidence based strategy using text messaging, Title V was part of a project team that submitted a grant proposal to the federal Office of Adolescent Health for the Tier 2B funding opportunity to conduct a Rigorous Evaluation of an Innovative Approach to Prevent Teen Pregnancy. Project team members included the University of Hawaii Center on Disability Studies (UHCDS) and the Hawaii Pediatric Association Research and Education Foundation. While approved but not funded, the Title V project team will continue to pursue grants to explore ways to increase preventive services by adolescents.

Factor Contributing to Success

Among the 6 population domains, adolescent health has the most limited staffing/resources in the Hawaii Title V agency. Virtually all adolescent program efforts are directed toward administration of federal teen pregnancy prevention grants. In recognition of this, Title V partnered with the MCH LEND program to conduct adolescent focus groups and provider surveys to assist with needs assessment activities. The LEND program faculty will remain a critical partner to successfully identify and implement activities for this measure.

Other partners and key stakeholders who will be critical to develop systems level strategies to improve adolescent well visits include:

- the University of Hawaii's Center on Disability Studies (UHCDs) research and evaluation team,

- the Hawaii Pediatric Research and Evaluation Foundation (HPREF),
- Hilopa`a Family to Family Information Center (F2FHIC) and
- the Hawaii Medical Services Association (HMSA), the state largest health insurer, and
- Hawaii Youth Services Network (HYSN).

Key state agency partners who work with youth include the:

- Office of Youth Services (OYS),
- Office of the Attorney General (AG),
- DOH Child and Adolescent Mental Health Division (CAMHD)
- DOH Alcohol and Other Drugs Division (ADAD),
- DOH Injury Prevention and Control Section (IPCS),
- City & County of Honolulu Parks and Recreation (HPR) and
- Department of Education's (DOE) health education resource teachers and counselors.

Title V will also explore partnering with new partners including Accountable Care Organizations.

Challenges, Barriers

Securing adequate resources (including dedicated staffing, funding, and leadership) to assure progress for this effort will remain the greatest challenge for FHSD.

Completing 5-Year Action Plan Activities

FHSD will continue to work on the project activities discussed above. An update on progress will be provided in next year's Title V report. Any needed changes to the preliminary 5-Year Plan will be made. Based upon guidance provided by AMCHP and the federal MCH Bureau, performance measures will be identified for evidence based practices.

Adolescent Health - Annual Report

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	86	86	86	86	86

For the Children with Special Health Needs (CSHN) population domain Hawaii is reporting on the national and state performance measures which address the following issues:

- NPM 8: Teen births
- NPM 16: Adolescent Suicide

NPM 8: The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

The 2014 data indicate a rate of 9.6 live births per 1,000 teenagers aged 15-17 which met the State objective of 11 per 1,000. The State continues to improve each year. The comparable Healthy People 2020 objective for this measure is to reduce pregnancies among females aged 15-17 years to no more than 36.2/1,000 females 15-17. Hawaii exceeded the HP 2020 objective (18.0 for 2012, latest available data). Of all 4 counties, Hawaii County teen birth rates are consistently higher than the state average.

In Hawaii in 2013, 35.9% of high school students reported ever having sexual intercourse, and 24.8% of those who ever had sex reported being currently sexually active - both percentages are lower than the national averages. However, among those who ever had sex, 54.1% did not use a condom at last sexual intercourse compared to 40.9% nationally, putting them at increased risk for both pregnancy and sexually transmitted infections. Alcohol or drugs were commonly associated with last intercourse among more than one in five students both nationally

(22.4%) and in Hawaii (24.0%).
Efforts to implement and promote teen pregnancy prevention (TPP) by replicating evidence based curricula continue. Three federal TPP grant awards were made to Hawaii in the past few years including the Title V program. The MCH Branch (MCHB) administers the Personal Responsibility Education Program (PREP) grant and the Abstinence Education Program (AEP) formula grants that target youth at greatest risk of teen pregnancy (TP) and areas with high teen birth rates.
The PREP grant targets services to Hawaii County teens where 7 out of 8 school districts exceeded the state's average percentage of births to teen mothers. Because of the high teen birth rate, the PREP grant was sub-awarded to Hawaii County's Prosecuting Attorney's Office to provide county-wide community-based services. The Teen Outreach Program (TOP) is a teen club model for adolescents 15-19 years old. The Youth Challenge Academy (YCA), a 26 week residential facility, formed the first 2 TOP clubs with 26 of 32 cadets completing the program. TOP is a teen club community-based program model with an integrated teen pregnancy prevention, life skills and community service learning curriculum. The PREP grant has been extended for two additional years.
The AEP grant is in its third year on Oahu and has been extended an additional year. The after school program began classes at the Spalding Clubhouse in urban Honolulu and the NFL Youth Education site in Nanakuli, a rural Oahu community with a large Native Hawaiian population. Pre-post surveys for more than 50 participants showed that 90% of participants had increased knowledge, attitudes, behaviors and skills on the sexual health content presented.
MCHB's Family Planning Program (FPP) health educators work in collaboration with FPP contract providers and the Department of Education's (DOE) health education resource teacher to adapt existing evidence-based, reproductive health curricula to be used in the schools. The 10 FPP health educators provide statewide outreach services and provide content support to the PREP and AEGP facilitators in class work.
FPP will continue to monitor provider contracts; provide training and technical support; work with Title V to reach disparate populations; and address the need for culturally relevant approaches to reproductive health.
The MCHB Adolescent Wellness Program staff serves on the Hawaii School Health Survey Committee, which is convened jointly by the Department of Education (DOE) and Department of Health (DOH). The University of Hawaii's Curriculum Research & Development Group (CDRG) is contracted to conduct the survey. DOH provides epidemiological and programmatic guidance/expertise. The committee supports the administration and implementation of population-based health surveys in schools to monitor risk behaviors that contribute to mortality, morbidity and social problems among youth. The Committee is preparing for the administration of the 2015 YRBS.

NPM 16: The rate (per 100,000) of suicide deaths among youths 15-19.

The provisional data for 2014 is 8.2 suicide deaths per 100,000 youth aged 15-19. The state objective of 8 was nearly met. The 3 year average rates appear to be slightly decreasing from 2007.
Generally, the Youth Risk Behavioral Survey (YRBS) data shows similarities in Hawaii's youth and their mainland counterparts. In 2013, 16.9% of Hawaii's high school youth reported considering attempting suicide, similar to 17% of their peers nationally. However, there was a significant increase in reported suicide attempts (10.7% up from 2011 8.6%) as compared to their mainland counterparts at 8.0%.
The Prevent Suicide Hawaii Task Force (PSHTF) is under the guidance of the DOH's Injury Prevention Control Section (IPCS). PSHTF is a state, public, and private partnership consisting of individuals, organizations, and community groups. Membership includes public and private agency members such as the Department of Education (DOE), Honolulu Police Department (HPD), the University of Hawaii, School of Psychiatry, the DOH Child and Adolescent Mental Health Division, Adult Mental Health Division, Emergency Medical Services (EMS) and others interested or with a stake in suicide prevention. There are PSHTFs in the four counties: Hawaii, Maui, Kauai and Honolulu and the chair persons of each county task force and community groups and organizations actively participate and support suicide prevention activities throughout the state. The MCHB's Adolescent Health Coordinator represents Title V on the Honolulu County and PSHTF and the Neighbor Island DOH FHSD public health nurses represent Title V on their Hawaii, Maui and Kauai task forces.
The mission of PSHTF is to prevent suicide by raising awareness, eliminating stigma, and supporting those at risk

of, or affected by, suicide. According to IPCS, for every child 10 to 19 years of age who dies from suicide in Hawaii, there are 5 who are hospitalized, and another 12 who are treated in emergency departments for nonfatal self-inflicted injuries each year. The goal of the PSHTF is to reduce the incidence of suicides and suicide attempts in Hawaii. PSHTF efforts will continue to focus on building capacity for suicide prevention activities and sustain training on the neighbor island counties. An example of neighbor island task force activities includes a consortium of safeTALK trainers on Hawaii Island. The intent of this group is to collaborate with community-based agencies to have safeTALK become an integral part of communities, including within the DOE system. The Title V neighbor island staff participates in these coalitions.

State Action Plan Table						
Children with Special Health Care Needs						
State Priority Needs	**Objectives**	**Strategies**	**National Outcome Measures**	**National Performance Measures**	**ESMs**	**SPMs**
Improve the percentage of youth with special health care needs ages 14-21 years who receive services necessary to make transitions to adult health care.	By July 2020, increase the percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care to 40% [Baseline: Hawaii 37.3%, National Survey of CSHCN (NSCSHCN) 2009/10]	• Collaboration: - Convene agency and community stakeholders to develop strategies to improve services for adolescents and their families necessary to make transition to adult health care. Include youth in the planning process. - Collaborate with stakeholders and reach out to new stakeholders to increase awareness of the importance of health care in transition planning. - Collaborate with the Hilopaa Family to Family Health Information Center Director (also MCH LEND Co-	Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system Percent of children in excellent or very good health	Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care		