The WIC program at the initial client visit uses a health questionnaire to screen for alcohol use during pregnancy and refers when appropriate.
The Children's Research Triangle (CRT) continues to expand its perinatal screening and intervention for substance use during pregnancy to Federally Qualified Health Centers (FHQC) after starting the program on Hawaii Island. CRT also conducted a training with pediatricians, OB/GYN's, and hospital nurses on Maui on the CRT 4 P's Plus screening tool. CRT continues to meet with partners, including Title V, to build a system of services to prevent, screen, and treat substance use/abuse, including alcohol, among women.
Title V continued to provide staffing for the Fetal Alcohol Spectrum Disorders (FASD) Task Force (TF) comprised of private/public partners. Staff supported the TF in partnership with the Hawaii MCH **L**eadership **E**ducation in **N**eurodevelopmental and Related **D**isabilities (LEND) program to develop a legislative bill that would establish an Interagency Council to promote awareness building, screening and treatment for individuals with a FASD. The LEND program prepares health professionals for leadership roles to improve support and services for children with special health needs and their family members. Unfortunately, the bill was not passed.
A number of different awareness building and education efforts were conducted across the islands. As part of September FASD Awareness Month, three of the four county mayors conducted proclamation signings. The warning signs developed with TF partners and funded by the March of Dimes and the DOH CDC Preventive Health Services Block Grant were again placed on all of Oahu's public buses. The Maui county bus system agreed to retain the warning signs from the previous year. National training resources were returned to the islands covering mental health treatment planning and strategy development and diagnosing FASD, and developing a strategic plan for FASD.
The TF Clinical Committee addressed screening and testing for neuro-cognitive deficits; currently used screening and assessments tools, the need to increase the awareness, diagnostic capacity of providers in the community; and expanding treatment/referral resources.
The HMHB Coalition of Hawaii provides system building support to improve statewide perinatal services. HMHB coordinates the statewide Perinatal Advocacy Network (PAN) meetings and quarterly perinatal provider meetings where FASD prevention information is shared. HMHB also provides health messaging through an information phone line, website and "Text4baby" program that includes information on abstaining from alcohol use during pregnancy. Through a federal Healthy Care grant, HMHB launched a marketing campaign to publicize resources to support healthy pregnancies and early newborn care.

State Action Plan Table						
Perinatal/Infant Health						
State Priority Needs	**Objectives**	**Strategies**	**National Outcome Measures**	**National Performance Measures**	**ESMs**	**SPMs**
Reduce the rate of infant mortality	By July 2020, increase the percent of of infants who are ever breastfed to 94% (Baseline: 2011 NIS data 89.5%) By July 2020,	• Strengthen programs that provide mother-to-mother support and peer counseling. • Use community-based	Post neonatal mortality rate per 1,000 live births Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months		

State Action Plan Table						
Perinatal/Infant Health						
State Priority Needs	**Objectives**	**Strategies**	**National Outcome Measures**	**National Performance Measures**	**ESMs**	**SPMs**
	increase the percent of infants breastfed exclusively through 6 months to 28% (Baseline: 2011 NIS data 26.4%)	organizations to promote and support breastfeeding.	births			
Reduce the rate of infant mortality	By July 2020, increase the percent of infants placed to sleep on their backs to 82% (Baseline: 2011 PRAMS data 78.1%)	• Review all birthing hospital policies and training needs • Increase infant safe sleep environment knowledge for caregivers • Safe sleep behavior is understood and championed by trusted individuals. • Collect information on co-sleeping beliefs and behaviors among diverse culture in Hawaii.	Infant mortality rate per 1,000 live births Post neonatal mortality rate per 1,000 live births Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	Percent of infants placed to sleep on their backs		

Perinatal/Infant Health

Perinatal/Infant Health - Plan for the Application Year

Preliminary 5-Year Plan: Breastfeeding

The 5-year needs assessment affirmed the importance of breastfeeding as a priority issue. Founded in 2013, the Hawaii Maternal and Infant Health Collaborative is a public-private partnership committed to work on the Executive Office of Early Learning's Action Strategy #1 Improving Birth Outcomes and Reducing Infant Mortality.
Priority: Reduce the rate of infant mortality by improving breastfeeding rates.
New state priorities focus on improving breastfeeding rates of infants ever breastfed and breastfed exclusively through 6 months, based on the Title V National Performance Measures.
Objectives:
The preliminary 5-year plan objectives were developed using the National Immunization Survey (NIS) data as a baseline and projecting a 5 percent improvement for infants ever breastfed and 6 percent improvement for infants exclusively breastfed at 6 months over the next five years.

- By July 2020, increase the percent of infants who are ever breastfed to 94% (Baseline: 2011 NIS data 89.5%)
- By July 2020, increase the percent of infants breastfed exclusively through 6 months to 28% (Baseline: 2011 NIS data 26.4%)

National Performance Measures:

A. Percent of infants who are ever breastfed and,
B. Percent of infants breastfed exclusively through 6 months.

5-Year Strategies:

- Strengthen programs that provide mother-to-mother support and peer counseling.
- Use community-based organizations to promote and support breastfeeding.

Strategy Development
The strategies were extracted from the Actions for Communities section of the 2011 Surgeon General's Call to Action to Support Breastfeeding. To assure regular feedback/input, breastfeeding stakeholders are routinely informed about the initiative through reports at meetings, web/conference calls, email updates, and conferences.
Plans for Application Year Federal Fiscal Year 2016 (10/01/15-09/30/16):

- Train home visitors on helping mothers overcome common breastfeeding challenges.
- Refer all pregnant WIC moms to Healthy Mothers Healthy Babies Text4Baby service.
- Increase capacity at birthing facilities by offering a "Baby Behavior Train the Trainer" session.
- Continue participation of WIC Breastfeeding Coordinator as a coalition board member.

Factors Contributing to Success
Title V programs continue supporting high-risk pregnant women through the Hawaii Island Perinatal Program and WIC. Home visitors and others working with breastfeeding mothers received training to build support capacity in partnership with WIC and the Hawaii and Maui District Health Offices.
The WIC Breastfeeding Coordinator participated as a Breastfeeding Hawaii board member (the State Breastfeeding Coalition) and attended monthly meetings.
In August 2014 WIC co-sponsored a World Breastfeeding Week event with Castle Medical Center and Breastfeeding Hawaii. The event was marketed to pregnant women and featured a variety of sessions such as: Tips for Successful Breastfeeding; Food Myths of Hapai & Breastfeeding Moms; Family & Community Roles in Caring for Baby; Getting the Support You Need; How to Choose a Pediatrician and How Healthy Mothers Healthy Babies Can Help Your Family. Approximately 50 attendees attended the event.

The Affordable Care Act requires breast pump coverage through medical plans which can assist mothers with exclusive breastmilk feeding, especially as new mothers return to work or school.

Challenges, Barriers

While Hawaii has many dedicated breastfeeding advocates and partners, efforts to develop strategies and sustain

their implementation has been difficult due to the lack of a Statewide Breastfeeding Coordinator to serve all families.

Despite Hawaii's excellent breastfeeding initiation rate, the CDC's Maternity Practices in Infant Nutrition and Care report shows that birthing facilities in Hawaii still have opportunities for improvement. Areas for improvement include appropriate use of breastfeeding supplements, inclusion of model breastfeeding policy elements, provision of hospital discharge planning support and adequate assessment of staff competency. Since the benefits of breastfeeding are dose-related, duration and degree of exclusivity need to be reviewed as well.

Completing 5-Year Action Plan Activities

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

Preliminary 5-Year Plan: Safe Sleep

The 5-year needs assessment confirmed the importance of providing safe sleep education and training to parents and childcare providers as a priority issue. Founded in 2013, the Hawaii Maternal and Infant Health Collaborative, is a public private partnership committed to Improving Birth Outcomes and Reducing Infant Mortality. The Collaborative was developed in partnership with the Executive Office of Early Learning's Action Strategy with help from the DOH and National Governor's Association. The National Institute for Children's Health Quality provides technical assistance to the Collaborative through our participation in the national CoIIN Initiative. The Collaborative has completed a strategic plan and accompanying Logic Model, The First 1,000 Days, aimed at achieving the outcomes of 8% reduction in preterm births and 4% reduction in infant mortality by 2018. The Collaborative has identified two priority strategies to achieve the objective of decreasing infant mortality in the first year of life, they are 1) to foster safe sleep practices for all who care for infants and 2) to provide professional development and training opportunities for caregivers of infants.

Priority: Promote Safe Sleep practices

The state priority is based on the Title V block grant guidance National Performance Measures for safe sleep practices which focuses on infant health. The focus on improving safe sleep practices is a new priority for Hawaii.

Objectives:

- By July 2020, increase the percent of infants placed to sleep on their backs to 82% (Baseline: 2011 PRAMS data 78.1%)
  The preliminary 5-year plan objectives were developed using the Pregnancy Risk Assessment Monitoring System data as a baseline and projecting a 4 percent improvement over the next five years.

National Performance Measure: Percent of infants placed to sleep on their backs.

5-Year Strategies:

- Review all birthing hospital policies and training needs
- Increase infant safe sleep environment knowledge for caregivers
- Safe sleep behavior is understood and championed by trusted individuals.
- Collect information on co-sleeping beliefs and behaviors among diverse culture in Hawaii.

Strategy Development

The five strategies were extracted from the Safe Sleep Team's national CoIIN Initiative's Planning Worksheet. To assure regular feedback/input, safe sleep stakeholders are routinely informed about the initiative through reports at meetings, web/conference calls, email updates, conferences, and newsletters.

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

- Develop a survey for childcare providers to determine their preferred method of receiving training.
- Develop focus group questions for providers working with parents to gain an understanding of the challenges related to providing safe sleep education to parents.
- Develop questions for parents to better understand parental reactions and responses to different safe sleep messages.
- Provide feedback towards the development of administrative rules and the development of a safe sleep policy template.
- Integrate safe sleep education into WIC services.
- Continue new and ongoing safe sleep training of health professionals working with new parents.

The Safe Sleep Hawaii Committee was formed in 2002 by Dana Fong, a safe sleep champion who continues to advocate for the ongoing training and education increasing awareness of safe sleep practices. In 2015, Safe Sleep Hawaii and new safe sleep partners came together as the national CoIIN Initiative Hawaii Safe Sleep Team. Through CoIIN, the collaborative effort combines partners from hospitals, early child care partners, home visitors, parenting educators, nurses, physicians, parent advocates, and public and private agencies. To help inform the efforts the Hawaii Safe Sleep Team is first working to reinstitute the state's Child Death Review to provide surveillance data.

Factors Contributing to Success

Safe Sleep Hawaii has promoted each October as Safe Sleep Awareness Month and has secured legislative and gubernatorial proclamations and press releases to raise awareness of the issue. A Core Committee of dedicated Safe Sleep Hawaii members worked to support the establishment of safe sleep policies in all birthing hospitals. In 2013, Safe Sleep Hawaii worked to introduce and successfully pass legislation that required safe sleep practices to be addressed in childcare facilities. The legislature has also provided grant funding to support the Cribs for Kids program which provides education and free cribs to new parents with limited resources. Sleep Hawaii and other Core Committee members also work and respond between the monthly national CoIIN webinars/calls.

Challenges, Barriers

While Hawaii has many dedicated safe sleep advocates and partners, efforts to develop a universally adopted training on safe sleep practices has been difficult due to the established, but understated practice of co-sleeping amongst local families. The general acceptance of bed sharing has anecdotally been attributed to the state's ethnic/cultural diversity and economic constraints related to the State's high cost of housing which contributes to the sharing of small dwellings and/or multi-family living arrangements. Current training and policies promote the 2011 expanded recommendations set by the American Academy of Pediatrics (AAP) that states that babies should share a room with their parents, but not share their beds. However, parents continue to choose to sleep with their babies and much discussion by safe sleep advocates has focused on shifting to harm reduction training in order to help in-home service providers to engage parents in making decisions on how they can create as safe of an environment as possible within the context of their living situation and values. Funding cuts to the Child Death Review program has led to the loss of data that could inform which risk factors are associated with sleep related infant deaths.

Completing 5-Year Action Plan Activities

FHSD will continue to work on the current administrative and 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.

Perinatal/Infant Health - Annual Report

NPM-4 A) Percent of infants who are ever breastfed

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	94.0	94.0	94.0	94.0	94.0

NPM-4 B) Percent of infants breastfed exclusively through 6 months

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	28.0	28.0	28.0	28.0	28.0

NPM 5 - Percent of infants placed to sleep on their backs

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	82	82	82	82	82

For the Perinatal/Infant population domain, Hawaii is reporting on the national and state performance measures which address the following issues:

- NPM 1: Newborn Screening
- NPM 11: Breastfeeding
- NPM 12: Newborn hearing screening
- NPM 17: High risk deliveries at tertiary care centers

NPM 1: The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

In fiscal year (FY) 2014, 100% of infants who screened positive received timely follow-up to definitive diagnosis and clinical management for conditions mandated by the State sponsored newborn screening program.

The Hawaii Newborn Metabolic Screening Program (NBMSP) is administered by the Children with Special Health Needs Branch (CSHNB). NBMSP has statewide responsibilities for assuring that all infants born in the state are tested for 32 disorders and another 25 secondary conditions found in the course of screening for the core conditions. This meets the national newborn screening recommendations from the American College of Medical Genetics and Genomics and the March of Dimes.

NBMSP is self-sustaining through a $55 fee assessed for each screening specimen collection kit. Hospitals purchase the collection kits and the fees are deposited in a state newborn metabolic screening special fund.

A Critical Congenital Heart Disease (CCHD) bill, that would have required hospitals to screen each newborn for CCHD with the use of pulse oximetry and to report the data and information to DOH, was introduced but did not pass this legislative session. However, NBMSP assisted hospitals in the implementation of and written policies for routine

pulse oximetry for all newborns. To date, all birthing hospitals statewide have included routine pulse oximetry as part of their newborn care.

The Statewide NBMSP Advisory Committee met in September for updates including increasing the fee from $55 to $85 and to discuss adding Severe Combined Immunodeficiency Disease (SCID) to Hawaii's newborn screening panel. The members were in agreement that SCID should be added to the panel. Plans are to begin SCID screening early 2015 as time is needed to develop a draft protocol for follow up, explore the resources available on Oahu, the neighbor islands, and the mainland if a newborn screens positive; and provide technical assistance to stakeholders. The increase in fees is necessary for the addition of SCID screening and the increase in general administrative costs. The fee has not been increased since 2006.

NBMSP maintained oversight of the newborn metabolic screening system: obtaining blood specimens at hospitals, specimen transport, central laboratory testing, physician notification, and tracking. NBMSP staff tracked all infants who were diagnosed with metabolic and other disorders, had abnormal and unsatisfactory screening results, transferred to another facility, or were not screened. For infants who were confirmed with disorders, NBMSP identified the medical home, linked the medical home with the metabolic consultants, and followed-up with the medical home to ensure timely treatment. Follow-up was also provided for infants who did not receive newborn screening as identified by "Specimen Not Obtained" forms and Hospital Monthly Newborn Screening Reports from birthing facilities.

The midwives' reporting accounted for 275 out of approximately 329 home births. To assure access to newborn screening, NBMSP provided newborn screening specimen collection kits to midwives and naturopaths with payment dependent on parents' ability to pay. The NBMSP coordinator along with the Newborn Hearing Screening Program (NBHSP) coordinator met with midwives on Maui to discuss the changes in both programs and ways to increase screening rates. Plans for the coordinators are to present to the annual meeting of the Midwives Alliance of Hawaii in December 2014.

NBMSP continued to provide informational packets with newborn metabolic screening and hearing screening information to midwives, as well as to the District Health Offices on each island and the Vital Statistics office on Oahu.

NBMSP continued to contract a Hemoglobinopathy Clinic and DNA mutation testing for alpha thalassemia testing to improve genetic counseling services to families. This analysis is needed for accurate alpha gene mutation information.

NBMSP along with the Genetics Program continued to participate in HRSA's multi-state Western States Genetic Services Collaborative to coordinate and improve access to genetic services for children with genetic disorders. NBMSP funds Hawaii Community Genetics to provide clinic services for infants and their families with metabolic disorders and Hemoglobinopathies. CSHNB contributes services of genetic counselors, metabolic nutritionist, and a NBMSP coordinator or follow-up nurse.

NPM 11: The percent of mothers who breastfeed their infants at 6 months of age 12.

The provisional 2014 data indicates that in 2011, 61.5% of Hawaii mothers were breastfeeding their infants at 6 months, a decrease from fical year (FY)2013 but significantly higher than previous years. The 2014 indicator met the HP 2020 objective of at least 61% of women breastfeeding their infants at 6 months of age and Hawaii greatly surpassed the national rate of 49.4%

Title V administers the Perinatal Support Services (PSS) program with contract providers throughout the State. Services include outreach, risk assessments/screenings, health education, and case management for high-risk pregnant and postpartum women. PSS providers provide information and encourage new mothers to breastfeed. The Title V administered Big Island Perinatal Health Disparities Program (BIPHDP) provided perinatal support services (PSS) to high-risk pregnant women on the island of Hawaii. In 2013, services moved to the DOH Public Health Nursing and the service delivery components of this program were renamed Hawaii Island Perinatal Program (HIPP). Services are provided for two years during the interconception period and include breastfeeding promotion and education prenatally and postpartum. Their target population included women of Hawaiian, Pacific Islander,

Hispanic, and Filipino ancestry and adolescents. The impact of these efforts resulted in an average breastfeeding duration of seven weeks for women who were enrolled prenatally and had a child at least six months old at the time of data collection.

In partnership with WIC and the Hilo and Maui District Health Offices, members of the Hawaii Home Visiting Network and others working with breastfeeding mothers received training to support capacity building in community based programs. The trainings were held on May 22nd and 23rd in Hilo and August 25th and 26th in Maui and were conducted by three WIC State Agency staff – Melanie Murakami, Belinda Reyes and Lorilyn Salamanca.

Title V administers the Hawaii Home Visiting Network which provides information and support on breastfeeding to participants.

The WIC Breastfeeding Coordinator participated as a board member to the State Breastfeeding Coalition, Breastfeeding Hawaii, and attended monthly meetings. Breastfeeding Hawaii is a federally recognized 501(c) (3) organization with a mission to promote, protect, and support breastfeeding within the State of Hawaii through collaboration and organization of community efforts, outreach, legislation, policy change, education, and advocacy. The coalition's vision is that breastfeeding be seen by Hawaii's community and families as the normal natural way to nourish and nurture infants. The Hawaii WIC Program's State Agency Breastfeeding Coordinator serves as a board member to help recommend and implement breastfeeding promotion efforts.

WIC co-sponsored a World Breastfeeding Week (WBW) event in August 2014 event with Castle Medical Center and Breastfeeding Hawaii. The event was marketed to pregnant women and featured a variety of sessions such as: Tips for Successful Breastfeeding; Food Myths of Hapai & Breastfeeding Moms; Family & Community Roles in Caring for Baby; Getting the Support You Need; How to Choose a Pediatrician; and How Healthy Mothers Healthy Babies Can Help Your Family. Approximately 50 attendees attended the event.

NPM 12: Percentage of newborns who have been screened for hearing before hospital discharge.

The 2013 data showed that 99.2% of newborns were screened for hearing before hospital discharge. The 2014 preliminary data showed that 99% were screened. The objective of 99% was met. The 2014 rate will likely increase since not all hospitals have reported at the time of this report.

Newborn Hearing Screening Program (NHSP) began in 1990 through a law mandating that DOH establish a statewide program for screening of infants and children age 0-3 years for hearing loss. Screening began in two hospitals in 1992 and was provided in all birthing facilities by 1999. The NHSP law was amended in 2001 to mandate screening of all newborns for hearing loss and reporting of screening results to the DOH. Hearing screening is now available to families statewide, regardless of birth location. All hospitals have both otoacoustic emissions (OAE) and automated auditory brainstem response (AABR) screening capability and backup equipment. By 2013, all except one birthing hospitals implemented the two stage (OAE and AABR) hearing screening.

Funding from the MCH Bureau for the Baby Hearing Evaluation and Access to Resources and Services (Baby HEARS)-Hawaii project has supported the CSHNB/NHSP efforts to improve newborn hearing screening and follow-up in Hawaii since 2000.

NHSP continues to work closely with hospitals and medical home providers. NHSP reconciles state data monthly against hospital delivery logs and tracks follow-up needs. All hospitals which submitted screening data to the HI*TRACK data system use the web-based system. The web-based system provides real time data to facilitate timely services and improved follow-up.

Contracts with four community providers to conduct hearing screening for home births continued in 2014. The NHSP loaned the screening equipment, arranged for onsite training, and provided ongoing technical support to the contractors. Screening rates for homebirths increased from 15% to 49% in 2013.

The NHSP/ Early Hearing Detection and Intervention (EHDI) Advisory Committee has 19 members. The committee met four times in 2014. The committee members received training on the quality improvement methodology (Plan-Do-Study-Act) in 2014 and agreed to serve as the Quality Improvement Team to oversee the Baby HEARS grant quality improvement activities.

Two NHSP brochures were finalized and printed. The "Hawaii Newborn Hearing Screening - information for New Parents" brochure is distributed to new parents before their babies receive hearing screening. The "Can Your Baby

Hear?" brochure is about hearing development and is distributed to parents after their babies completed hearing screening.
To strengthen parent support and participation, NHSP continued to collaborate with the Deaf/Hard of Hearing (D/HH) Specialist and the Hands & Voices (H&V)-Hawaii Chapter and offered workshops and other activities for families with D/HH children.
A work group was established to revise the resource guide, "Sound Step", for parents of deaf and hard of hearing children. The revised draft was distributed to parents for their review and input and is awaiting finalization and publication.
NHSP staff met with midwives to discuss barriers for homebirth screening. As a result, a work group was established to develop talking points for the midwives to be used as a tool to discuss hearing screening with parents.
NHSP and the Newborn Metabolic Screening Program (NBMSP) coordinate on quality assurance efforts and provide brochures/letters to homebirth families through Birth Registrars and the district health offices.
NHSP, with the support of the CSHNB Research Statistician, continues to monitor the percentage of children who are lost to follow-up/documentation at all stages and to document progress.

NPM 17: Percent of very low birth weight (VLBW) infants delivered at facilities for high-risk deliveries and neonates.

Provisional data for 2014 report 90.5 % of VLBW infants were delivered at facilities for high-risk deliveries and neonates. The objective was not met but exceeded the Healthy People 2020 objective of 83.7%. The rate increased slightly over 2013 (89.7%).
Title V programs work to reduce preterm births and VLBW infants targeting services to high-risk pregnant women. Programs include the Perinatal Support Services (PSS) with contracted providers throughout the state that conduct outreach, risk assessments, health education, and case management to high-risk pregnant women up to 6 months post-partum.
Title V supports infrastructure building services through a contract with Healthy Mothers Healthly Babies Coalition of Hawaii (HMHB) to enhance the statewide perinatal system of care through assessment, advocacy, pregnancy resource information, and perinatal provider training.
In May 2013, the DOH was selected to join the National Governor's Association (NGA) Learning Network to Improve Birth Outcomes. The learning network technical assistance led to the establishment of a Hawaii Maternal Infant Health Collaborative (HIMHC) to identify and implement several strategic activities to improve birth outcomes. More details are available in the narrative for in NPM 18 under the Women's/Maternal domain narrative report.
In July 2014, the DOH along with public private partners participated in the national Collaborative Improvement and Innovation Network Summit (CoIIN) to Reduce Infant Mortality in Washington, D.C., these efforts are part of those of the HIMHC. As part of the HIMHC there is a core leadership team which meets monthly to develop and revise the HMIHC plan, ensure stakeholder engagement, and address barriers to implementation. The HIMHC also distributes a quarterly newsletter to inform collaborative stakeholders on activities, monitoring progress, and support ongoing engagement in these efforts.

State Action Plan Table						
Child Health						
State Priority Needs	**Objectives**	**Strategies**	**National Outcome Measures**	**National Performance Measures**	**ESMs**	**SPMs**
Improve the percentage of	By July 2020, increase the	• Training & Technical	Percent of children meeting the criteria	Percent of children, ages		