State Action Plan Table						
Women/Maternal Health						
State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
			mortality rate per 100,000 live births			

Women/Maternal Health

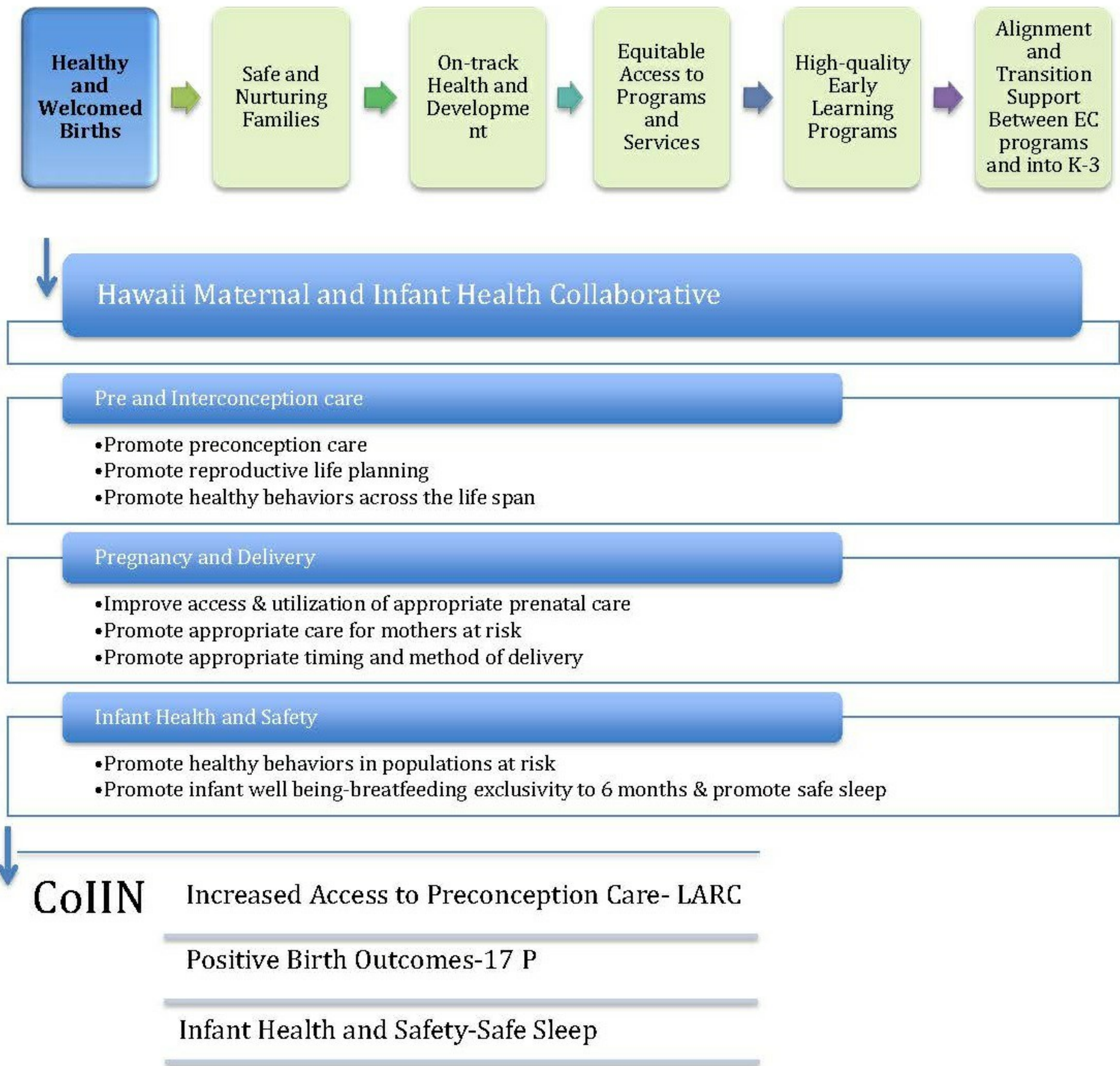
Women/Maternal Health - Plan for the Application Year

Preliminary 5-Year Plan:
The 5-year needs assessment affirmed the importance of women's prevention health care as a priority issue based on the work of:

- The Executive Office of Early Learning's Action Strategy Planning (specifically the component focused on "Healthy and Welcomed Births"),
- the 2013 National Governor's Association (NGA) Learning Network to improve Birth Outcomes,
- the establishment of the Hawaii Maternal and Infant Health Collaborative (HMIHC) to improve birth outcomes and reduce infant mortality, and
- Hawaii participation in the national Infant Mortality Collaborative Improvement and Innovation Network (CoIIN).

The Title V agency applied for and received the NGA Learning Network technical assistance (TA) to improve Birth Outcomes. The application was developed in conjunction with the March of Dimes Hawaii Chapter. This included Hawaii team participation in a Washington, DC August 29-30, 2013 Learning Network Conference on Improving Birth Outcomes to assist states in developing, implementing and aligning their key policies and initiatives related to the improvement of birth outcomes. The Conference also allowed for states selected to share with one another lessons learned and to further their respective planning processes This TA was then used to kick-off and support a series of planning sessions in 2013 to engage a broad group of stakeholders in strategic thinking about a comprehensive approach to improving birth outcomes in Hawaii. This effort was conducted in partnership with the Executive Office of Early Learning's Action Strategy initiative which included a workgroup on "Healthy and Welcomed Births." The HMIHC was formed to sustain the planning and implementation work begun through NGA TA. HMIHC completed a strategic plan and 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 2020.
To date over 80 people across Hawaii have been involved in the HMIHC. These members include physicians and clinicians, public health planners and providers, insurance providers and health care administrators.
Women's preventive health is viewed as a critical factor to reducing infant mortality and improving birth outcomes. Thus, the HMIHC has a work group focused on preconception and interconception care which specifically focuses on the health of reproductive aged women.
Subsequently, the State participated in the July 2015 Infant Mortality CoIIN Summit and has utilized the strategic goals set by the HMIHC to select CoIIN projects for Hawaii. Hawaii has drawn from the HMIHC to provide leadership and direction for CoIIN projects. Each project has a Department of Health (DOH) and community partner as co-leaders.
Priority: Improve reproductive life planning
The HMIHC goals for women's preventive health are to reduce unintended pregnancy and improve birth spacing –

the improvement of reproductive life planning. This priority supports the efforts of the Infant Mortality CoIIN project activities which are focusing on Long Acting Reversible Contraception (LARC), as an evidence based strategy. Reducing the rate of unintended pregnancy also served as the state Title V priority from the previous 5-year project period. Expanding the focus on women's preventive health overall is a new Title V priority for Hawaii. Administratively, the Title V agency has always recognized the importance of women's health. Perinatal support and federal Title X funded family planning programs are housed in the "Women's and Reproductive Health Section" of the Maternal and Child Health Branch under Title V. Regrettably, staff and budget reductions over the past six years have prevented the Section from realizing its broader mission to improve women's health.



Objective:

- By July 2020, increase the percent of women with a preventive medical visit in the last year to 65% (Baseline: 2013 BRFSS data 62.3%)

National Performance Measure: Percent of women with a past year preventive medical visit

The state priority is based on the Title V block grant guidance National Performance Measures (NPM) for women's

health. The HMIHC identified several objectives relating to women's preconception and interconception health which do not include the Title V NPM for women's health. Discussions were conducted with the Title V women's health program staff, the CoIIN project team, and HMIHC leadership group to determine the best alignment between the HMIHC plan, the Hawaii CoIIN projects, and Title V women's health program resources. The consensus was to select the Title V NPM to increase preventive medical visits and develop a preliminary objective around the NPM. Discussions will continue to consider formal integration of the Title V measure into the existing HMIHC strategic plan and logic model.

5-Year Strategies:

- Promote preconception health care visit (e.g. identify access barriers, community and provider education, public awareness)
- Promote reproductive life planning (e.g. increase birth spacing, improve access to family planning)
- Promote healthy behaviors (e.g. smoking cessation, decrease alcohol and substance use, maintain healthy weight, use of folic acid, chronic disease control)

Strategy Development

These strategies are from the HMIHC Pre and Interconception work group. The group meets monthly and works in coordination with the CoIIN project team focusing on promotion of LARC. Implementation activities will be developed in partnership with Collaborative members including March of Dimes Hawaii Chapter, Medicaid, Governor's Office on Health Care Transformation, Hawaii American Congress of Obstetricians and Gynecologists, Hawaii Section (Hawaii ACOG), and the University of Hawaii John A Burns School of Medicine (JABSOM).

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

- Clarify policies for Medicaid and private insurance on LARC reimbursement immediately postpartum prior to discharge, and outpatient for women of reproductive age if requested
- Assess need for provider training on changes to LARC coverage and codes
- Increase provider competency with the provision of training
- Increase voluntary utilization of LARC in our adolescent population
- Assess if barriers have been reduced (e.g. availability of pharmacy stock for hospital inpatient)

Increasing access to and utilization of LARC both postpartum and for the population in general including adolescents when wanted was identified as a priority by the HMIHC and was thus selected as a CoIIN project. Specific action steps were identified to implement Increase LARC usage over the next two years.

During September 2014 the HMIHC developed a white paper on Medicaid and Insurance Reimbursement for Immediate Post-Partum Long Acting Reversible Contraception. This was used to support discussion and improvement for billing and reimbursement for LARC immediate post-partum and support the reduction of unintended pregnancy.

During June 2015, a new intrauterine device (IUD) became approved by the Federal Drug Administration and available to all Title X family planning providers at a lower cost with 340-B. On April 7, 2015, the Centers for Disease Control and Prevention released a Morbidity and Mortality Weekly Report, Vital Signs: Trends in Use of Long-Acting Reversible Contraception Among Teens Aged 15-19 Years Seeking Contraceptive Services – United States, 2005-2013. The State of Hawaii was fifth for the percentage of female teen's aged 15-19 using LARC among those seeking contraceptive services at Title X service sites, by state. It should be noted though that the number of teens seen at Title X clinics is small and not representative of the State as a whole (for the Vital Signs report there were 2,787 teens using LARC during 2005 – 2013). This does though demonstrate that there is Title X provider comfort in provision of LARC although this may vary by service site, and there has been available a variety of resources for statewide LARC training since 2009 for Title X sub-recipients.

The Hawaii Department of Health (DOH) and its Title X family planning grant in partnership with the preventive health care services block grant will hold a reproductive health training for its family planning providers on 10/23/2015. This

training will include a session on adolescent counseling and a LARC practicum for IUD for clinicians. The session will support the dissemination of information including that LARC is safe for teens; training providers on using a client centered counseling approach in service delivery; LARC (IUD insertion) and, increasing awareness of LARC coverage. If completed by the date of this training the Hawaii LARC Reimbursement Guide that is being developed on both Medicaid and private reimbursement information for all Hawaii plans will also be distributed.

The HMIHC through its partnerships through Medicaid, Governor's Office on Health Care Transformation, and JABSOM will complete an assessment of Medicaid and Private Insurance policies related to reimbursement for LARC insertion immediately post-partum. This reimbursement information will be used to develop a Reimbursement Guide for providers that clarifies coverage for LARC by all Hawaii Medicaid and private health insurance plans. March of Dimes Hawaii Chapter has committed to fund the development and dissemination of the guide. The Guide will initially be distributed during the Hawaii ACOG annual meeting in November 2015. A presentation on the benefits of LARC will be conducted by faculty from JABSOM at the meeting. The presentation will also include information on clinical guidelines for adolescents and LARC insertion, as well as, a review of the Hawaii LARC Reimbursement Guide.

All training of providers on LARC insertion will include using a client centered approach that includes discussing the most effective methods of contraception and ensuring that decision making on use is voluntary, respectful of and responsive to individual preferences, needs, and values.

There will be two face-to-face meetings for up to 70 collaborative stakeholders including neighbor island representation held during FY 2016. The HMIHC will be involved in this planning with administrative support from a Maternal and Child Health contract with Healthy Mothers Healthy Babies Coalition of Hawaii. This will include discussion of opportunities to expand efforts to improve preventive women's health care beyond the current strategies for LARC.

Factor Contributing to Success

The Title V agency has been able to capitalize on key state and national resources to advance activities to improve women's health that directly impact birth outcomes and infant mortality. These resources include:

- The Executive Office of Early Learning's Action Strategy Planning process which is supported by the Governor's Office in conjunction with substantial funding commitment from the Hawaii Community Foundation/Omidyar Foundation (the former established by the founder of Ebay)
- the 2013 National Governor's Association (NGA) Learning Network to improve Birth Outcomes, and
- Hawaii participation in the national Infant Mortality Collaborative Improvement and Innovation Network (CoIIN).

In addition, Title V has utilized resources of key partners to provide leadership, staffing and funding to sustain these collaborative efforts over the past three years. These resources were crucial since the Maternal and Child Health Branch staffing and management have been hampered by significant turnover, loss of staffing due, and funding cuts over the past 5 years.

Examples of resources include funding for the collaborative work has been provided by the Department of Health (DOH), Centers for Disease Control Preventive Health and Health Services Block Grant (PHHSBG) to hire a facilitator/coordinator for the HMIHC and CoIIN projects. Administered by the DOH Office of Planning, Policy and Program Development, the CDC grant funding has been essential to sustain the momentum and work of the Collaborative. Additional PHHSBG funding will be used to support LARC activities including workforce training.

The March of Dimes Hawaii Chapter has provided leadership and assistance to support ongoing communication for the Collaborative members to assure engagement and recruitment of new members and provided funding and office space for meetings

Challenges, Barriers

Some of the challenges to implementing LARC activities include:

- Establishing, coordinating and implementing linkages to ensure timely data for project benchmarks,
- Assuring all applicable providers provided the Hawaii LARC Reimbursement Guide with adequate information and training to utilize the guide effectively, and

- Potential provider barriers to LARC such as insurance coverage of device and on-site proctor insurance training for inexperienced providers.

Completing 5-Year Action Plan Activities

Family Health Services Division through its Maternal and Child Health Branch will continue to participate in the HMIHC, CoIIN and project activities discussed above. This will include participation in the Boston CoIIN In Person Learning Session 2, July 27-28, 2015. This engagement will support assessing progress to date, identifying opportunities for continued improvement in reducing infant mortality, promoting cross-state collaboration and identifying new approaches, and improving use of data and forming plans to integrate stakeholders to move forward practice improvement. The HMIHC will continue to hold its monthly meetings including pre conception and interconception work group meetings to address this priority.

Women/Maternal Health - Annual Report

NPM 1 - Percent of women with a past year preventive medical visit

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	65	65	65	65	65

For the Women's/Maternal population domain, Hawaii is reporting on the national and state performance measures which address the following issues:

- NPM 15: Smoking during Pregnancy
- NPM 18: Prenatal care
- SPM 01: Unintended pregnancy
- SPM 02: Alcohol Use during Pregnancy

Data Issues

Three of the four measures in this population domain rely on data from the Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS). Due to changes at CDC and personnel changes in Hawaii PRAMS, PRAMS data from 2011 is the latest available data for this report. The data for 2012 is expected later in summer of 2015. The Hawaii 2013 data was submitted to CDC and is in the process of being weighted. Hawaii's 2014 data collection is completed and arrangements are being made for data entry by approved CDC contactors. Data collection for PRAMS 2015 is ongoing.

Hawaii implemented the 2003 revision of the birth certificate in 2014 and due to changes in specific data collection of some items, some indicators are not comparable across the transition. For example, prenatal care entry (NPM 18) is not comparable, but high risk deliveries at tertiary care centers (NPM 17) is comparable across. The way information on prenatal care entry data collection has changed, but the hospital and birth weight data collection methodology did not.

NPM 15: Percentage of women who smoke in the last three months of pregnancy.

Smoking is the single largest known preventable risk factor for poor pregnancy outcomes. The 2011 data (latest available) indicates 5.0% of pregnant women reported smoking during the last trimester of pregnancy. The State objective of 7% was met; the Healthy People 2020 Objective of 1.4% was not met.

According to Hawaii PRAMS data from 2009-11, of the women who smoked prior to pregnancy, 35.6% smoked during the last trimester of pregnancy and 55.5% reported smoking 2-9 months postpartum.

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 screen smoking behaviors and refer for cessation counseling.
In October 2013, a PSS request for proposal was issued. Contracts began with seven providers on July 1, 2014 with services to continue through June 30, 2016. The scope of work will continue to include the PSS service delivery components.
The WIC program screens pregnant women and mothers and makes referrals to the statewide Hawaii Tobacco Quitline and community health centers for smoking cessation classes and interventions.
Perinatal services continue to be provided by the DOH Public Health Nursing staff in Hawaii County through the Hawaii Island Perinatal Program (HIPP). The program includes screening for smoking and referrals for smoking cessation. PSS and HIPP programs continue to promote early prenatal care (PNC) for high-risk women.
MCHB contracts with the Healthy Mothers Healthy Babies (HMHB) Coalition of Hawaii to provide system building support for the improvement of statewide perinatal services. HMHB coordinates the statewide Perinatal Advocacy Network (PAN) meetings and works with MCHB to convene quarterly perinatal provider meetings. HMHB also provides health messaging through the pregnancy resource, referral, information phone line, website and “text4baby” program.
A revised PRAMS survey will continue to assess smoking behaviors before, during, and after pregnancy. The PRAMS program has an ongoing partnership with the Tobacco Prevention and Education Program to collect and monitor this data for the state smoking prevention plan.

NPM 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Provisional data for 2014 indicates 81.7% of pregnant women received first trimester PNC. The state objective of 88% was not met; however, the Healthy People 2020 objective of 77.9% was met. Due to the birth certificate revision 2014 data is not comparable to previous years; however, rates prior to 2014 have remained relatively stable for the past 8 years.
Title V administers the Perinatal Support Services (PSS) Program with contract providers throughout the State. PSS providers conduct outreach, risk assessment/screenings, health education, and case management to high-risk pregnant women, up to 6 months post-partum. Access to early PNC is supported through community outreach, education, and by assisting uninsured pregnant women with Medicaid applications.
In October 2013, a PSS request for proposals was issued. Contracts began July 1, 2014 with services to continue through June 30, 2016. The scope of work will continue to include the PSS service delivery components.
Perinatal services continue to be provided through DOH Public Health Nursing staff in Hawaii County through the Hawaii Island Perinatal Program (HIPP). PSS and HIPP programs continue to promote early PNC for high risk women and healthy behaviors.
Four Local Area Consortia (LAC) continue to meet to improve the Hawaii County perinatal health care system. The LACs have continued to identify and implement actions to address broader system issues such as increasing access to care.
HMHB Coalition of Hawaii provides system building support to improve statewide perinatal services. For this HMHB conducts needs assessments in coordination with the Title V MCH Branch (MCHB) to identify statewide issues/concerns affecting the perinatal population. This included in July 2014 an Assessment of Parents’ and Providers’ Knowledge and Use of Postpartum Depression Support Resources in Hawaii. Bi-annual Statewide Perinatal Provider Advocacy Network (PAN) meetings are held to facilitate discussions on legislation, perinatal service issues, and to share strategies to assure early and ongoing PNC by improving outreach and case management. HMHB works with MCHB to plan the quarterly PSS provider meetings and sponsor workforce trainings. HMHB also manages the pregnancy referral and information phone line, "text4baby," and website that include information on PNC.
In May 2013, the DOH was selected to join the National Governor’s Association (NGA) Learning Network to Improve Birth Outcomes. The Learning Network assisted states in developing, implementing and aligning key policies and initiatives to improve birth outcomes. This effort is assisted to fulfil the DOH commitment to reduce infant mortality

and improve birth outcomes. Approximately 60 private and public stakeholders attended the NGA In-State Planning Session on July 17, 2013. Perinatal and women's health data was presented and reviewed to assess needs and identify issues. Participants emphasized the need to have a life course approach; a collaborative to address improvement of birth outcomes including a clinical component; access to relevant data for ongoing assessment on improvement of birth outcomes; and that discussions, development of strategies, and approaches continue.
A Hawaii Team including DOH, March of Dimes Hawaii Chapter, and Health Care Association of Hawaii attended a Washington, DC conference to share our efforts and hear from national experts of their challenges and successes.
As a result of the planning session and conference, the Hawaii Maternal and Infant Health Collaborative (HMIHC) was formed. A planning document was developed, "The First 1,000 Days", which aimed at achieving an 8% reduction in preterm births and 4% reduction in informant mortality by 2018. Three work groups were formed:

- preconception and interconception care;
- pregnancy, care during pregnancy and delivery, and
- infant health and safety.

The groups identified strategies and tactics to decrease preterm births for each perinatal period. To date over 80 members across Hawaii have been involved in the HIMHC and include physicians and clinicians, public health planners and providers, insurance providers and health care administrators.
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 WA, D.C., these efforts coordinated and support the work 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 and progress occurring and support ongoing engagement in these efforts.
The Hawaii PRAMS survey includes questions on prenatal care.

SPM 01: Percent of pregnancies (live births, fetal deaths, abortions) that are unintended.

This measure reflects the state Title V priority to reduce the rate of unintended pregnancy (UP) in Hawaii. The percent of UP increased slightly from 51.6% in 2011 to 52.0 % in 2012, although the data is provisional. The state objective was not met, nor was the Healthy People 2020 Objective of 46%. Because Hawaii uses PRAMS data to this measure no new data is available at this time.
In 2012, 70,970 women in Hawaii were in need of publicly supported contraceptive services and supplies. This includes 17,100 women less than 20 years of age. Many women who do not have health insurance cannot afford contraceptive services. When family planning services are not used, women have an increased risk for an unintended pregnancy. Nearly half of women with UP were using contraception. The use of effective contraceptive method (CM) to prevent UP is well known but education to clients and providers to increase awareness and access to accurate information, client-centered counseling approach that includes discussing the most effective contraceptive methods first and providing these methods at reduced or not cost to the clients are barriers to its acceptance and utilization.
Family planning (FP) services administered by the Title V MCH Branch (MCHB) Reproductive Health Services Unit are funded primarily by the federal Title X Family Planning Services. FP services are available in 38 clinic sites in 10 community health centers, 1 college and 1 university health center, 1 hospital, and 1 community-based non-profit organization located on 6 of the major islands. Target populations are the uninsured and underinsured, males, adolescents, homeless and at-risk youths, immigrants, persons with limited English proficiency, persons exposed to or experiencing violence, clients recently released from incarceration and others experiencing situations that impact their ability to access health related services. Providers offer outreach, clinical education, and referral services, and translation services. FP education materials are culturally tailored to meet the needs of varied racial/ethnic, geographic, and disparate groups. Title V programs and other departmental programs (i.e. STD/HIV Prevention Program), and community partners refer clients to FP services.

There were 37,129 clinic visits by 18,999 clients in FY 2014. Over two-thirds of clients received services through community health centers (CHC), 84% had incomes less than 100% of the Federal Poverty Level, and 30% uninsured. The proportion of FP clients who have a positive pregnancy test and stated they are avoiding pregnancy declined from 63% in FY 2013 to 50.3% in FY14. Our data indicates over 70% of the FP clients state they are not seeking pregnancy and leave with a chosen method. Counseling and developing a reproductive life plan and preconception planning, as appropriate are integral components of the FP services. Long acting reversible contraceptive (LARC) use rates in teens are higher among Title X clients than the national average. Hawaii ranks 5th highest in the nation in LARC use for 15-19 years old and 4th for 18-19 years old.
Population-based services provided through 11 Title X FP community health educators (HE) statewide emphasized discussing a reproductive life plan with all FP clients and providing preconception health services as part of FP, as appropriate. Activities to increase awareness of how to access FP services include distribution of educational materials, health fairs, and mass media. There were 46,579 adolescent and 14,579 male educational contacts made in FY 2014. In addition, 49,515 direct contacts and 372,048 indirect contacts were served,
The Title X funded digital video disk presentation on FP and CM developed and translated by Kalihi Palama Health Center in Marshallese, Chuukese, Vietnamese and Mandarin languages has been distributed for clients to take home and have follow-up discussions with partners and significant others to assist with the decision process on contraceptive use.
In May 2013, the DOH was selected to join the National Governor's Association (NGA) Learning Network (LN) to Improve Birth Outcomes. Hawaii is involved in the CoIIN to reduce infant morbidity. The Hawaii Maternal and Infant Health Collaborative (HMHIC) was formed as part of this effort with a workgroup focused on improving preconception and interconception health and care. The workgroup released a white paper assessing the potential barriers to LARC including access following delivery and any related Medicaid coverage barriers. More details are provided in NPM 15 and 18 narratives regarding the CoIIN/HMHIC efforts.
Two FP health educators provided comprehensive sex education at the Boys and Girls Club of Hawaii's (BGCH) Nanakuli and Spalding Clubhouses'. This is the 2nd program year of the Abstinence Education Grant Program (AEGP). The promising Skilled Mastery and Resistance Training (SMART) Moves curriculum, is a product of the Boys and Girls Club of Hawaii and is the abstinence curriculum used to educate 231 participants aged 10-16 in positive youth development and teen pregnancy prevention.

SPM 02: Percent of women who report use of alcohol during pregnancy.

This measure reflects the State priority to reduce prenatal alcohol use. The priority was selected based on research demonstrating how alcohol use during pregnancy has many negative effects on the developing fetus. The 2011 indicator is 6.9% (the latest available data); the annual objective was nearly met. The rate has stayed stable over the past 5 years. The Healthy People 2020 objective of 1.7% was not met.
The Title V MCH Branch administers the Perinatal Support Services (PSS) Program with contracted providers throughout the State. The PSS providers conduct outreach, risk assessment/screenings, health education, and case management to high-risk pregnant women, up to 6 months post-partum. Providers screen clients for prenatal and post-partum alcohol use, and provides brief interventions and referrals for treatment.
The federally funded Healthy Start Big Island Perinatal Health Disparities program (BIPHDP) provides perinatal and postpartum support services to high-risk pregnant women. The program targets women of Native Hawaiian, Other Pacific Islander, Filipino, and Hispanic ancestry as well as teens. The program screens clients for prenatal and post-partum alcohol use, and provides brief interventions and referrals for treatment. The BIDHP provider contract ended in March. Services continue to be provided by DOH Public Health Nursing (PHN) and Title V staff. The service delivery component of this program under PHN was renamed to Hawaii Island Perinatal Program (HIPP). PSS and HIPP programs continue to support access to early prenatal care and promote healthy behaviors for high risk women.
The BIDHP grant helped support four Local Area Consortia (LAC) that work to improve the Hawaii County perinatal health care system. The LACs have continued to identify and implement actions to address broader system issues.

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		