

Summary of National Outcome and Performance Measures for Hawaii Title V Application (August 2022 submission)

Hawaii reviewed the FY 2021 federally available data (FAD) for both National Performance Measures (NPM) and National Outcome Measures (NOM). This document provides a report on all the NPM and NOM data as well as a summary of the review findings.

National Performance Measures (NPM)

Of the 15 NPM, Hawaii selected 5 as priorities. The Hawaii NPMs are:

- NPM 1: Well-woman visit
- NPM 5A-C: Safe sleep
- NPM 6: Developmental screening
- NPM 10: Adolescent well visits
- NPM 12: Transition to adult care

Safe sleep NPMs have more than one measure. The NPM selected by Hawaii as priorities also include objectives through 2025.

State Objectives Met

State objectives are set for only for the five NPM Hawaii selected as priorities. For reporting year FY 2021, two of the five NPM measures met the 2021 objectives set by the state and three did not meet the state objectives. The two measures that met the 2021 state objectives were:

- NPM 1: Percent of women's preventive medical visits
- NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.

The five measures (3 are related to Safe Sleep) that did not meet the 2021 objectives were:

- NPM 5A: Percent of infants placed to sleep on their backs;
- NPM 5B: Percent of infants placed to sleep on a separate approved sleep surface
- NPM 5C: Percent of infants placed to sleep without soft objects or loose bedding
- NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
- NPM 12: Percent of adolescent receiving transition services to adult care

The latest PRAMS data used for Safe Sleep is from 2020.

Concerning Trends

A review of the federally available data for all 15 Title V NPM indicate two of the measures display concerning trends, or trends that are changing in a worsening direction:

- NPM 8.1: Percent of children, ages 6-11, who are physically active at least 60 minutes per day
- NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to

adult health care.

For NPM 8.1, there has been a decline from 2016 (25.1%) to 2019-2020 (18.7%) though this decline was non-significant. The Hawaii estimate (18.7%) was significantly lower than the national estimate of 26.2%. For NPM 12, there was a decline in 2019-2020 (15.9%) from 2017-2018 (24.7%), although this decline was non-significant. The difference with the national estimate of 22.5% was also not significant.

National Averages Met or Exceeded

In comparison to national estimates, the following NPM met or exceeded the national estimates:

- NPM 1: Percent of women's preventive medical visits
- NPM 2: Percent of cesarean deliveries among low-risk first births
- NPM 4A: Percent of infants who are ever breastfed
- NPM 4B: Percent of infants breastfed exclusively through 6 months
- NPM 5A: Percent of infants placed to sleep on their backs
- NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
- NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9
- NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents 10 through 19
- NPM 9: Percent of adolescents, ages 12-17, who are bullied or who bully others
- NPM 11: Percent of children with and without special health care needs, ages 0-17, who have a medical home
- NPM 13.1: Percent of women who had a dental visit during pregnancy
- NPM 14.1: Percent of women who smoke during pregnancy
- NPM 15: Percent of children, ages 0-17, who are continuously and adequately insured

Although the overall estimate for the above measures met the national estimates, there were certain subgroups for some measures that did not meet the estimates.

- NPM 1, those who were uninsured (66.2%) did not meet the national estimate (72.8%).
- NPM 2, non-Hispanic Black (hereto after referred to only as "Black"; 25.9%), non-Hispanic Native Hawaiian/Other Pacific Islander (hereto after referred to only as "Native Hawaiian/Other Pacific Islander"; 28.3%); those who were in the age group of 20-34 (26.1%) or 35 and older (36.2%) had a higher estimate for cesarean delivery than the national estimate (25.6%).
- NPM 4a, mothers who were high school graduate (82.4%), non-Hispanic White (hereto after referred to only as "White"; 83.2%), and Hispanic (83.7%) were close to but did not meet the national estimate (84.1%) of infants who were ever breastfed.
- NPM 4b, mothers who were high school graduate (24.1%) or with some college education (24.4%), those at FPL below 399%, and Hispanics (17.0%) did not

meet the national estimate (25.4%) of infants breastfed exclusively through 6 months. For NPM 5a, mothers who had less than a high school education (75.8%) or high school graduates (74.1%), those on Medicaid (72.7%), those who were 20-24 years old (66.6%), and Hispanic (73.0%) did not meet the national estimate (79.9%).

- NPM 5A, non-Hispanic Asian (hereto after referred to only as “Asian”; 73.6%), Native Hawaiian/Other Pacific Islander (64.6%), mothers who were in the age group of 20-24 years (77.5%); mothers who had less than a high school education (66.9%) or mothers who were high school graduates (74.8%) did not meet the national estimate (79.8%).
- NPM 6, Asian (31.4%) and non-Hispanic Multiple Race (hereto after referred to only as “Multiple Race”; 34.2%), those with some college education (36.7%) did not meet the national estimate (36.9%).
- NPM 7.1, non-Hispanic Asian/Pacific Islander (hereto after referred to only as “Asian/Pacific Islander”; 168.4) and those under one year old (136.9) did not meet the national estimate of 124.2 for non-fatal injury per 100,000 children ages 0 through 9.
- NPM 7.2, White (301.5) and Asian/Pacific Islander (256.3) did not meet the national rate estimates of 204.2 for adolescents.
- NPM 9, adolescents whose parents had some college education (14.6%), those at federal poverty level between 100-199% (20.8%), White (14.7%) or multiple race (14.1%) had higher estimates of bullying compared to the national estimate (13.7%). Those whose parents were college graduates (37.4), White (54.9%), Native Hawaiian/Other Pacific Islander (39.8%), and multiple race (36.6%) did not meet the national estimate of being bullied (35.2%).
- NPM 11, Hispanic (33.9%) and Asian (42.1%); high school graduates (35.9%), those on Medicaid (39.8%), those at FPL of 200-399% (40.7%) did not meet the national estimate of 42.2%, for those with special health care needs. For those without special health care needs, Asian (43.7%) and Native Hawaiian/Other Pacific Islander (41.3%); those on Medicaid (35.8%); those with FPL below 100% (34.4%), or at FPL between 100-199% (32.6%); those who were high school graduates (28.3%) or with some college education (41.0%) did not meet the national estimate of (47.9%).
- NPM 13.1, those who had less than a high school education (25.9%), high school graduates (34.1%), or those with some college education (36.3%); those on Medicaid (25.4%), unmarried (32.9%), those between 20-24 years old (30.1%) or 25-29 years old (38.3%); Hispanic (38.2%) and Native Hawaiian/Other Pacific Islander (25.4%) did not meet the national estimate of 40.0% in the percent of women who had a dental visit during pregnancy.
- NPM14.1 and 15, all the subgroups met the national estimates.

HP 2030 Objectives Met

Hawaii also met Healthy People 2030 objectives for the following NPM:

- NPM 2: (cesarean deliveries).
- NPM 6: Children who received a developmental screening
- NPM 14.1: Cigarette smoking during pregnancy

Although the overall estimate for the above measures met the HP 2030 objectives, there were some subgroups that did not meet the objectives.

- NPM 2, Black (25.9%), Hispanic (25.1%), Native Hawaiian/other Pacific Islander (28.3%); those who with private insurance (25.5%), those in the age group of 30-34 years (26.1%), 35 years and older (35.5%) did not meet the HP 2030 objective (23.6%) for cesarean delivery.
- NPM 6, Asian (31.4%) and multiple race (34.2%) did not meet the HP 2030 objective (35.8%) for developmental screening.
- NPM 14.1, high school graduates (5.1%) did not meet the HP 2030 objective to increase abstinence from cigarette smoking among pregnant women to 95.7% (4.3% smoking)

National Outcome Measures (NOM)

Concerning Trends

Federally available data for FY 2021 was reviewed for all the NOM. Some of the NOM revealed trends that raised concern including:

- NOM-1: Percent of prenatal care visits beginning in the first trimester
- NOM-2: Rate of severe maternal morbidity
- NOM-6: Percent of early term births
- NOM-14: Percent of children who have decayed teeth or cavities in past year

For NOM-1, though the estimate increased from 2019 (72.0%) to 2020 (73.0%), the Hawaii percent of pregnant women who receive prenatal care beginning in the first trimester (73.0%) was significantly lower than the national estimate (77.6%). There was a significant decline since 2015 (77.2%). For NOM-2, the rate of Severe Maternal Morbidity (SMM) in 2018 was 104.8 per 100,000 live births which was significantly higher than the national estimate of 81.0. The 2019 rate was significantly higher when compared to 2015 estimates (66.8). For NOM-6, the Hawaii percent of early term births (28.7%) was significantly higher than the national estimate (27.8%), though the increase in the estimate from 2015 (27.9%) was non-significant. For NOM-14, the proportion of children with tooth decay in the past 12 months (14.1%) increased significantly since 2017-2018 (8.6%), though it was not significantly different from the national estimate (11.8%).

Since NOM are not used for performance measures, no objectives are set.

National Averages Met or Exceeded

In comparison to national estimates, the following NOM measures met or exceeded the national estimates:

- NOM-4: Percent of **low birth weight** deliveries (<2,500 grams)
- NOM-5: Percent of **preterm births** (<37 weeks)
- NOM-7: Percent of non-medically indicated **early elective deliveries**
- NOM-8: **Perinatal mortality rate** per 1,000 live births plus fetal deaths
- NOM-9.1: **Infant mortality rate** per 1,000 live births
- NOM-9.2: **Neonatal mortality rate** per 1,000 live births
- NOM-9.3: **Post neonatal mortality rate** per 1,000 live births
- NOM-10: Percent of women who drink alcohol in the last 3 months of pregnancy

- NOM-11: The rate of infants born with **neonatal abstinence syndrome** per 1,000 hospital births
- NOM-15: **Child mortality rate**, ages 1 through 9, per 100,000
- NOM-16.1: **Adolescent mortality** rate, ages 10 through 19, per 100,000
- NOM-16.2: **Adolescent motor vehicle mortality** rate, ages 15 through 19, per 100,000
- NOM-16.3: **Adolescent suicide** rate, ages 15 through 19, per 100,000
- NOM-17.1: Percent of **Children with Special Health Care Needs (CSHCN)**, ages 0 through 17
- NOM-17.2: Percent of CSHCN, ages 0 through 17, who **receive care** in a well-functioning system
- NOM-17.3: Percent of children, ages 3 through 17, diagnosed with an **autism** spectrum disorder
- NOM-17.4: Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (**ADD/ADHD**)
- NOM-19: Percent of children, ages 0 through 17, in excellent or very **good health**
- NOM-20: Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are **obese** (BMI at or above the 95th percentile)
- NOM-21: Percent of children, ages 0 through 17, **without health insurance**
- NOM-22.2: Percent of children, ages 6 months through 17 years, who are vaccinated annually against **seasonal influenza**
- NOM-22.3: Percent of adolescents, ages 13 through 17, who have received at least one dose of the **HPV vaccine**
- NOM-23: **Teen birth rate**, ages 15 through 19, per 1,000 females
- NOM-25: Percent of children, ages 0 through 17, who were not able to **obtain needed health care** in the last year

HP 2030 Objectives Met

Hawaii met Healthy People 2030 objectives for the following NOMs:

- NOM 4: Low birth weight deliveries
- NOM 9.2: Neonatal mortality
- NOM 16.2: Adolescent motor vehicle mortality
- NOM 16.3: Adolescent suicide rate
- NOM 20: Obesity rate for children and adolescents
- NOM 21: Children without health insurance
- NOM 22.3: Adolescents with at least one dose of the HPV vaccine
- NOM 23: Teen birth rate

National Performance Measures

NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective	62.0	63.0	67.0	70.0	77.0	79.0	82.0	84.0	86.0	88.0
Annual Indicator	63.0	66.7	69.4	76.6	78.1	81.1				
Numerator	152,559	161,334	167,372	184,106	185,323	191,337				
Denominator	242,088	241,941	241,254	240,287	237,398	235,933				
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS				
Data Source Year	2015	2016	2017	2018	2019	2020				

The 2021 Title V state objective is to increase the number of women who had a preventive medical visit to 79.0%. The 2020 estimates indicate 81.1% of women in Hawaii received a preventive medical visit, which met the 2021 state objective and was significantly higher than the national estimate of 71.2%. The increase from 2019 (78.1%) to 2020 was non-significant. The routine checkup BRFSS survey question in 2018 and is not comparable to previous survey years. Based on the pattern of growth demonstrated in the 2019-2020 data and consultation with program staff, the state objectives from 2022 to 2025 have been updated to reflect an annual increase of 2 percentage points. There were no significant differences in reported subgroups by race/ethnicity, maternal age, household income, health insurance, or marital status based on 2020 data.

NPM 2: Percent of cesarean deliveries among low-risk first births

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	20.3	19.8	20.7	22.4	23.1	23.0				
Numerator	1,185	1,122	1,177	1,179	1,218	1,241				
Denominator	5,850	5,671	5,683	5,265	5,276	5,407				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2015	2016	2017	2018	2019	2020				

In 2020, 23.0% of low-risk births resulted in a cesarean delivery, which is significantly below the national estimate of 25.9%. The related 2030 Objective (23.6%) to reduce cesarean births among low-risk women with no prior births has been met. The estimate was significantly higher than 2015 when 20.3% of all low-risk births were a cesarean

delivery. Those that were uninsured had the lowest proportion (8.2%) compared to those with private insurance (25.5%), Medicaid/QUEST (22.2%) or other public insurance (21.3%). Those that were 30-34 years (26.1%) or 35 years and older (35.5%) were more likely to have a cesarean delivery among low-risk births compared to those that were 20-24 (18.3%) or under 20 years (11.6%).

NPM 3: Percent of VLBW infants born in a hospital with at least a Level III NICU

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator		88.1	87.8	90.1	93.3	90.6				
Numerator		458	423	437	416	377				
Denominator		520	482	485	446	416				
Data Source		Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics				
Data Source Year		2016-2017	2017-2018	2018-2019	2019-2020	2020-2021				

In aggregated 2020-2021 data, 90.6% of all VLBW infants were born in hospitals with at least a level III NICU. No nationally comparable data was available in the FAD. There is no related HP 2030 Objective for this measure.

NPM 4A: Percent of infants who are ever breastfed

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective	90.0	91.0	89.0	91.0	92.0					
Annual Indicator	90.6	87.3	90.6	88.9	89.1	94.6				
Numerator	15,214	15,007	15,313	15,129	13,103	13,717				
Denominator	16,789	17,199	16,911	17,014	14,711	14,500				
Data Source	NIS	NIS	NIS	NIS	NIS	NIS				
Data Source Year	2013	2014	2015	2016	2017	2018				

The estimate from Hawaii was significantly higher than the national estimate of 83.9%. The current estimate for Hawaii (94.1%) has not changed significantly since 2015 (90.6%). The last available sub-group data is from 2009-2011. The 2009-2011 aggregated data indicate high school graduates were significantly less likely to have infants breastfed (82.4%), compared to college graduates (94.4%). No significant differences in reported subgroups by birth order, household income poverty level, marital status, maternal age, gender, and race/ethnicity based on the 2009-2011 aggregated data provided. This performance measure has been dropped in FY 2020, so no objectives have been set beyond 2020.

NPM 4B: Percent of infants breastfed exclusively through 6 months

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2025
Annual Objective	27.0	30.0	30.0	33.0	34.0						
Annual Indicator	30.0	30.2	32.9	33.2	30.6	36.6					
Numerator	4,828	5,029	5,396	5,473	4,256	5,055					
Denominator	16,071	16,662	16,415	16,511	13,927	13,803					
Data Source	NIS	NIS	NIS	NIS	NIS	NIS					
Data Source Year	2013	2014	2015	2016	2017	2018					

Data from 2018 showed that the estimate in Hawaii (36.6%) was significantly higher than the national estimate of 25.8%. The proportion of children breastfed exclusively through six months has not changed significantly since 2015 (32.9%). Higher risk groups were not assessed due to lack of federally available data other than the 2009-2011 aggregate. This performance measure has been dropped in FY 2020, so no objectives have been set beyond 2020.

NPM 5A: Percent of infants placed to sleep on their backs

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective	79.0	79.0	79.0	82.0	82.0	85.0	86.0	87.0	87.0	88.0
Annual Indicator	78.6	81.5	81.5	77.9	84.0	80.1				
Numerator	13,855	14,376	14,376	13,251	6,895	12,016				
Denominator	17,633	17,634	17,634	17,015	8,212	15,003				
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS				
Data Source Year	2014	2015	2015	2016	2019 ¹	2020				

The 2021 Title V state objective is to increase the proportion of infants placed to sleep on their backs to 85.0%. The Healthy People 2030 Objective is to increase the proportion of infants placed to sleep on their backs to 88.9%. There was no PRAMS data collection in Hawaii from 2017 to 2018. The latest data from the 2020 PRAMS survey (80.1%) showed that Hawaii did not meet the 2021 state objective (85.0%) or the HP 2030 Objective (88.9%), but was similar to the national estimate of 79.8%. The

¹ The number of completed interviews for the 2019 survey is smaller than normal. The first 6 months of PRAMS 2019 data collection did not meet CDC's data quality standards due to issues with the data collection contractor. These issues were resolved, and the last 6 months met the CDC quality standards and the response rate requirement for weighted data. CDC recommended only releasing the 6-month dataset containing July - December births.

increase from the 2016 estimate was not statistically significant. The state objectives through 2025 reflect an approximate 5% improvement over 4 years.

The proportion of infants placed to sleep on their backs has not changed significantly since 2015 (81.5%). Analysis of Hawaii PRAMS 2012-2016 aggregated data revealed Native Hawaiian (72.9%) were less likely to place their infants to sleep on their back compared to Filipino (81.2%), White (85.3%), Chinese (86.3%) and Japanese (88.3%) mothers. Mothers that were under 20 years of age (69.4%) and 20-24 years of age (72.8%) were less likely to place their infants on their back to sleep compared to mothers that were 25-34 years of age (81.8%) and 35 or more years of age (83.6%). Mothers at FPL below 100% (76.8%) and those between 101-185% FPL (76.7%) were less likely to place their infants on their back to sleep compared to those at 301% and greater FPL (85.6%).

NPM 5B: Percent of infants placed to sleep on a separate approved sleep surface

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective					21.0	29.0	30.0	30.0	31.0	31.0
Annual Indicator				20.3	28.7	24.7				
Numerator				3,306	2,245	3,565				
Denominator				16,296	7,829	14,455				
Data Source				PRAMS	PRAMS	PRAMS				
Data Source Year				2016	2019 ¹	2020				

There was no PRAMS data collection in Hawaii from 2017 to 2018, and no data on this measure prior to 2016. The latest data from the 2020 PRAMS survey showed that Hawaii did not meet the 2021 state objective (29.0%) and was significantly below the national estimate (36.9%). The decline from 2019 (28.7%) was non-significant. The state objectives from 2021 through 2025 reflect an approximate 10% improvement over 4 years. There were no significant differences among subgroups based on 2020 data.

NPM 5C: Percent of infants placed to sleep without soft objects or loose bedding

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective					33.0	49.0	49.0	50.0	50.0	51.0
Annual Indicator				31.6	48.1	45.9				
Numerator				5,186	3,755	6,633				
Denominator				11,228	7,801	14,447				
Data Source				PRAMS	PRAMS	PRAMS				

Data Source Year				2016	2019 ¹	2020				
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There was no PRAMS data collection in Hawaii from 2017 to 2018, and no data on this measure prior to 2016. The latest data from the 2020 PRAMS survey showed that Hawaii had the significantly lower proportion of infants placed to sleep without soft objects or loose bedding (45.9%) than the national estimate (52.5%), and did not meet the state objective of 49.0%. The decrease in the estimate from 2019 (48.1%) was not statistically significant. The state objectives from 2021 through 2026 reflect an approximate 5% improvement over 5 years. The sample size was too small to perform a subgroup analysis to determine risk factors.

NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective		33.0	39.0	40.0	41.0	42.0	43.0	44.0	45.0
Annual Indicator	32.0	39.1	36.5	31.6	41.2				
Numerator	12,946	14,121	13,201	12,899	16,334				
Denominator	40,486	36,113	36,145	40,832	39,621				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²				

Aggregated data from 2019 to 2020 show that the estimate for Hawaii (41.2%) met the 2021 state objective (41.0%) but was not significantly different from the national estimate of 36.9%. The increase from 2018-2019 (31.6%) was non-significant. The related Healthy People 2030 Objective to increase the proportion of children who receive a developmental screening to 35.8% has been met. With this baseline data and consultation with program staff, the state objectives from 2021 to 2025 show an annual increase of 1 percentage point. There were no significant differences in reported subgroups by health insurance, household income poverty level, nativity, race/ethnicity, sex, and household structure based on the 2019-2020 data provided.

² The 2016 sample size was boosted to enable state-level estimates with only one year of data. After 2016, the annual sample size dropped in half, and therefore, the aggregated 2019-2020 data are more reliable than the single year 2020 data. The 2016 estimates are comparable with the aggregated 2016-2017, 2017-2018, 2018-2019, or 2019-2020 data. More information on the NSCH survey methodology is available at <https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/methodology/2017-NSCH-Guide-to-Multi-Year-Estimates.pdf>

NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	122.0	99.7	99.7	77.4	81.3	72.1				
Numerator	164	178	178	137	142	124				
Denominator	134,382	178,621	178,621	176,901	174,573	171,929				
Data Source	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID				
Data Source Year	2015 Q1-Q3	2016	2016	2017	2018	2019				

In 2019, the rate of 72.1 per 100,000 for children ages 0 through 9 in Hawaii were significantly below the national rate estimates of 124.2 for children. There were no significant differences in reported subgroups in 2019 data provided. Statewide, the rates of hospital admissions for non-fatal injury in children have significantly decreased since 2015 when the rate was 122.0 for children 0 through 9 years of age.

NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents 10 through 19

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	177.4	205.2	199.5	180.5	147.0	158.7				
Numerator	289	251	320	287	234	251				
Denominator	161,855	121,051	160,416	159,029	159,133	158,163				
Data Source	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID				
Data Source Year	2014	2015 Q1-Q3	2016	2017	2018	2019				

In 2019, the rate of 158.7 per 100,000 adolescents in Hawaii was significantly below the national rate estimates of 204.2 for adolescents. Analysis of the 2019 data revealed that Hispanic adolescents had significantly lower rate of hospitalization for non-fatal injury (45.7), compared to White (301.5) and Asian/Pacific Islander (256.3). Additionally, those 10-14 years old (103.9) were significantly less likely to be hospitalized for non-fatal injury than adolescents 15 through 19 years of age (216.1). Female adolescents (117.2) had a significantly lower rate of hospitalization than male adolescents (197.9). Statewide, the rates of hospital admissions for non-fatal injury in adolescents have significantly decreased since 2015 when it was 205.2 for adolescents.

NPM 8.1: Percent of children, ages 6-11, who are physically active at least 60 minutes per day

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	25.1	21.0	20.8	20.4	18.7				
Numerator	27,010	21,083	18,210	19,483	19,411				
Denominator	107,447	100,183	87,380	95,297	104,013				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²				

The related Healthy People 2030 Objective is to increase the proportion of children who meet the current aerobic physical activity guideline to 30.4%. Data from 2019 to 2020 show that the estimate for Hawaii (18.7%) was significantly lower than the national estimate of 26.2%. There were no significant differences in reported subgroups in the 2017-2018 data provided.

NPM 8.2: Percent of children, ages 12-17, who are physically active at least 60 minutes per day

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	11.2	12.0	13.8	13.3	12.5				
Numerator	10,265	11,965	13,929	12,810	12,102				
Denominator	91,572	99,589	101,016	96,447	96,958				
Data Source	NSCH-	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²				

Data from 2019 to 2020 show that the estimate for Hawaii (12.5%) was similar to the national estimate of 15.2%. There were no significant differences in reported subgroups in 2019-2020 data provided.

NPM 9: Percent of adolescents, ages 12-17, who are bullied or who bully others

Those who bully others

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	8.5	6.1	15.1	14.4	12.3				
Numerator	7,781	6,045	13,967	13,707	11,895				
Denominator	91,222	98,642	92,339	95,361	96,915				

Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ²	2018	2018_2019 ²	2019_2020 ²				

Those who are bullied

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	20.2	16.5	37.5	36.9	31.1				
Numerator	18,369	16,207	35,610	35,625	30,105				
Denominator	90,809	98,396	95,008	96,621	96,721				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ²	2018	2018_2019 ²	2019_2020 ²				

Aggregated National Survey on Children’s Health data from 2019 to 2020 show that the estimate for bullying others in Hawaii (12.3%) was similar to the national estimate of 13.7%. The related HP 2030 Objective is to reduce bullying of sexual minority (lesbian, gay, or bisexual) high school students to 25.1%. The estimates for being bullied in Hawaii (31.1%) was similar to the national estimate (35.2%). Due to survey question change in 2018, 2019-2020 data is not comparable with data prior to 2018. Based on 2019-2020 aggregated data, Asians (16.4%) and Hispanics (20.2%) were less likely to be victimized, compared to Whites (54.9%) and Multiple Race (36.6%). There were no other significant differences in reported subgroups in the 2019-2020 data provided.

NPM 9: Percent of adolescents, ages 12-17, who are bullied

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	25.4	25.4	24.1	24.1	21.9	21.9				
Numerator	10,354	10,354	9,843	9,843	10,082	10,082				
Denominator	40,686	40,686	40,898	40,898	46,095	46,095				
Data Source	YRBS	YRBS	YRBS	YRBS	YRBS	YRBS				
Data Source Year	2015	2015	2017	2017	2019	2019				

The Youth Risk Behavior Survey (YRBS) also provides data on bullying. The 2019 data show that the estimate for being bullied in data was Hawaii (21.9%) was similar to the national estimate (25.0%). There is a significant decrease in Hawaii’s bullying rate when compared to 2015 (25.4%). Among subgroups, those that reported their sexual orientation as lesbian, gay, bisexual reported higher estimates (31.9%) of being bullied when compared to those that reported being heterosexual (20.5%). Females had significantly higher estimates of being bullied (25.2%) compared to males (18.3%).

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

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective		74.0	75.0	77.0	80.0	81.0	82.0	83.0	84.0
Annual Indicator	73.5	74.6	74.6	77.7	73.4				
Numerator	67,325	74,226	74,226	76,702	71,318				
Denominator	91,592	99,470	99,470	98,664	97,099				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ²	2016_2017 ²	2019 ³	2019_2020 ²				

The 2021 Title V state objective is to increase percent of adolescents with a preventive medical visit in the past year to 80.0%. Aggregated data from 2019-2020 show that Hawaii (73.4%) did not meet the 2021 state objective (80.0%) but was similar to the national estimate of 75.6%. The Hawaii estimate did not meet the related Healthy People 2030 Objective to increase the proportion of adolescents who had a preventive health care visit in the past year (82.6%). The state objectives through 2025 reflect an approximate 5% improvement over 4 years. Based on 2019-2020 aggregated data, Asians (66.0%) were less likely to have a preventive medical visit than Whites (88.6%). Adolescents from parents who had some college education (61.2%) were less likely to have preventive medical visits than those who were college graduates (83.8%).

NPM 11: Percent of children with and without special health care needs, ages 0-17, who have a medical home

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	39.0	44.8	45.2	45.8	44.4				
Numerator	16,414	18,471	17,898	19,030	19,358				
Denominator	42,109	41,238	39,591	41,505	43,575				
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN				
Data Source Year	2016	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²				

Aggregated data from 2019 to 2020 show that the estimate for Hawaii (44.4%) was similar to the national estimate of 42.2% in those with special health care needs. The related HP 2030 Objective for the proportion of children and adolescents who receive care in a medical home (53.6%) has not been met. No significant differences were

³ This measure was affected by a 2018 wording change to the item assessing receipt of medical care in the past year that was reverted to the original wording in 2019; thus, only single year 2019 estimates are provided.

found in subgroup analysis for those with special health care needs, based on aggregated 2019-2020 data.

The estimates in those without special health care needs were almost the same in Hawaii (48.5%) and the nation (47.9%). Subgroup analyses based on 2019-2020 data show that for those without special health care needs, those with federal poverty level (FPL) below 100% (34.4%) or between 100%-199% (32.6%) were less likely than those with FPL of 400% and over (58.3%) to have a medical home. Those whose parents were unmarried (33.0%) were less likely to have a medical home than those whose parents were married (53.3%). There were significant differences in the proportion of those who were English speakers (50.6%) and non-English speakers (23.3%) in having a medical home. Children with parents who were high school graduates (28.3%) or with some college education (41.0%) were less likely to have a medical home compared to those whose parents were college graduates (59.0%).

NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective		23.0	23.0	25.0	25.0	26.0	26.0	27.0	27.0
Annual Indicator	23.3	21.9	24.7	17.1	15.9				
Numerator	4,235	4,457	5,037	3,214	3,171				
Denominator	18,144	20,375	20,412	18,758	19,924				
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN				
Data Source Year	2016	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²				

Although the measure includes transitions for BOTH adolescents with and without special health care needs, the data reported for this measure is data for adolescents with special health care needs. The aggregated 2019-2020 data show that the estimate for Hawaii (15.9%) did not meet the 2021 state objective (25.0%) but was not significantly different from the national estimate of 22.5% in those with special health care needs. The related HP 2030 objective for this measure is to increase the proportion of children and adolescents with special health care needs who have a system of care to 19.5%. This objective has not been met. With this baseline data, the state objectives through 2025 reflect an approximate 10% improvement over 4 years. The sample size was too small to perform a subgroup analysis to determine risk factors.

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective					20.0	20.0	21.0	21.0	22.0
Annual Indicator	10.4	13.9	16.5	18.5	18.8				
Numerator	7,700	11,055	13,307	14,439	14,591				
Denominator	74,148	79,724	80,837	77,870	77,534				
Data Source	NSCH- NONCSHCN	NSCH- NONCSHCN	NSCH- NONCSHCN	NSCH- NONCSHCN	NSCH- NONCSHCN				
Data Source Year	2016	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²				

For adolescents without special health care needs, aggregated 2019-2020 data show that the estimate for Hawaii (18.8%), which were not statistically different from the nation (17.6%). The increase from 2016 (10.4%) was statistically significant. With this baseline data, the state objectives through 2025 will reflect a 10% improvement over 4 years. There were no significant differences in reported subgroups by household income poverty level, nativity, sex, and household structure based on the 2019-2020 data provided.

NPM 13.1: Percent of women who had a dental visit during pregnancy

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	46.9	46.7	46.7	45.4	46.9	42.4				
Numerator	8,363	8,384	8,384	7,943	3,904	6,506				
Denominator	17,831	17,963	17,963	17,511	8,317	15,343				
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS				
Data Source Year	2014	2015	2015	2016	2019 ¹	2020				

In 2020, the estimate for Hawaii (42.4%) was similar to the national estimate of 40.0%. The percent of women who had a dental visit during pregnancy has not changed significantly since 2015 (46.7%). In the single year 2020 subgroup data, women with less than a high school education (25.9%) or those who were high school graduates (34.1%) were less likely to have a dental visit, compared to those who were college graduates (59.4%). Women who were on Medicaid (25.4%) were less likely than those with private (54.0%) or other public insurance (44.9%) to have a dental visit during pregnancy.

NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective		84.0	85.0	86.0					
Annual Indicator	83.1	84.9	85.6	85.5	85.6				
Numerator	243,681	242,790	234,467	239,545	246,313				
Denominator	293,312	285,950	273,914	280,315	287,667				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²				

Aggregated data from 2019 to 2020 show that the estimate for Hawaii (85.6%) was significantly higher than the national estimate of 77.5% for preventive dental visits among children. Children 1-5 years of age had a lower estimate (73.4%) compared to children 6 through 11 years of age (91.9%) and 12 through 17 years of age (89.8%). There were no other significant differences in reported subgroups by household income, poverty level, language spoken at home, nativity, race/ethnicity, sex, and household structure based on the 2019-2020 data provided. This performance measure has been dropped in FY 2020, so no objectives have been set beyond 2020.

NPM 14.1: Percent of women who smoke during pregnancy

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	4.6	3.6	4.0	3.0	2.2	1.9				
Numerator	669	642	682	492	354	291				
Denominator	14,543	17,635	17,245	16,633	16,400	15,560				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2015	2016	2017	2018	2019	2020				

The Healthy People 2030 Objective is to increase abstinence from cigarette smoking among pregnant women to 95.7%. Data from 2020 showed that Hawaii (1.9%) met that objective, and was significantly below the national estimate of 5.5%. Higher risk groups include high school graduates (5.1%), those on Medicaid/QUEST (3.7%). Hispanic (2.7%) or those that report more than one race (3.2%), and mothers who reported being on WIC during pregnancy (2.5%).

NPM 14.2: Percent of children, ages 0-17, who live in households where someone smokes

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	16.8	16.0	15.1	15.0	14.8				
Numerator	51,216	48,171	44,758	44,522	43,684				
Denominator	304,410	301,717	297,284	297,192	296,134				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²				

Data from 2019-2020 show that the estimate for Hawaii (14.8%) was similar to the national estimate of 14.0% for children living in households where someone smokes. Based on the 2019-2020 subgroup estimates, children who lived in households where someone were high school graduates (32.8%), and some college (21.2%) were more likely to have smokers compared to those who had households where someone graduated college (6.4%). Numbers were too small to report those with less than a high school education. Those where the household income was below 100% FPL (34.4%), between 100%-199% (18.8%), or 200%-399% (13.0%) were more likely to have children living in households where someone smoke compared to those at 400% FPL or more (7.5%). Those who were uninsured (31.6%) or on Medicaid/Quest (28.6%) had higher estimates than those with private insurance (9.0%). There were some differences by race with Native Hawaiian or other Pacific Islander (32.3%) had higher estimates in household smoking estimates compared to those that were White (5.6%). Hawaii met the related HP 2020 objective (different age range) to reduce the proportion of children aged 3-11 years exposed to secondhand smoke to 47%.

NPM 15: Percent of children, ages 0-17, who are continuously and adequately insured

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	80.2	80.9	82.5	81.3	80.6				
Numerator	247,035	248,592	250,826	243,580	239,779				
Denominator	307,885	307,155	303,850	299,680	297,668				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²				

Data from 2019 to 2020 show that the estimate for Hawaii (80.6%) was higher than the national estimate of 66.7% for continuous and adequate insurance. There were no other significant differences among subgroups based on the 2019-2020 data provided.

National Outcome Measures

NOM-1: Percent of pregnant women who receive prenatal care beginning in the first trimester

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	77.2	75.9	76.5	72.5	72.0	73.0				
Numerator	13,650	13,232	12,515	11,920	11,377	10,790				
Denominator	17,680	17,426	16,355	16,433	15,800	14,785				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2015	2016	2017	2018	2019	2020				

The related Healthy People 2030 is to increase the proportion of pregnant women who receive early and adequate prenatal care to 80.5%. In data from 2020, Hawaii did not meet that objective the HP 2030 objectives and was lower than the national estimate of 77.7%. The 2020 estimate showed a significant decline when compared to the 2015 estimate. Higher risk groups included women under 20 years (57.6%), women who had less than a high school education (51.9%), women on Medicaid (60.7%), women who were uninsured (49.4%) or participated in WIC (69.4%).

NOM-2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	76.8	66.8	87.9	84.7	104.3	104.8				
Numerator	119	77	130	121	149	146				
Denominator	15,112	11,376	15,010	14,647	14,281	13,934				
Data Source	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID				
Data Source Year	2014	2015	2016	2017	2018	2019				

The HP 2030 objective is to reduce severe maternal complications identified during delivery hospitalizations to 61.8 per 10,000 live births. The rates in 2017-2019 were estimated based on ICD-10 codes, which might not be comparable with previous years. In data from 2019, the rate of Severe Maternal Morbidity (SMM) was 104.8 per 10,000 live births which was significantly higher than the national estimate of 81.0. In Hawaii, the rate of SMM was significantly higher when compared to 2015 estimates (66.8). The sample size was too small to perform a subgroup analysis to determine risk factors.

NOM-3: Maternal mortality rate per 100,000 live births

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	12.9	13.1	13.4	12.5	11.7	16.9				
Numerator	12	12	12	11	10	14				
Denominator	93,068	91,607	89,650	87,878	85,198	82,744				
Data Source	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics				
Data Source Year	2012_2016	2013_2017	2014_2018	2015_2019	2016_2020	2017_2021				

The related HP 2030 objective is to reduce maternal deaths to 15.7 per 100,000 live births. In data from 2017-2021, the rate of Maternal Mortality was 16.9 per 100,000 live births which did not meet the Healthy People 2030 objective. In Hawaii, the rate of Maternal Mortality has not increased significantly compared to the 2014-2018 estimate (13.4). The 2021 indicator increase can be attributed to the extremely small numbers of deaths per year and the significant decrease in the number of births in 2021. The sample size was too small to perform a subgroup analysis to determine risk factors.

NOM-4: Percent of low birth weight deliveries (<2,500 grams)

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	8.3	8.5	8.5	8.3	8.4	8.1				
Numerator	1,531	1,537	1,491	1,416	1,410	1,281				
Denominator	18,392	18,045	17,508	16,966	16,784	15,783				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2015	2016	2017	2018	2019	2020				

The related HP 2030 objective is to reduce preterm birth to 9.4%. In data from 2019, Hawaii's estimate (8.1%) was similar to the national estimate of 8.2%. There has been no significant change over time with 8.3% of births low birth weight in 2015. Analysis of 2020 data showed that mothers who were under 20 years of age (13.1%) or 35 years and older (10.0%), and those with less than a high school education (10.8%) had higher LBW estimates. Black (10.4%), Asian (9.9%), Native Hawaiian/Other Pacific Islander (9.7%) mothers had higher LBW estimates than White (5.3%) mothers.

NOM-5: Percent of preterm births (<37 weeks)

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	10.1	10.5	10.4	10.3	10.6	10.0				

Numerator	1,861	1,904	1,829	1,744	1,775	1,582				
Denominator	18,409	18,053	17,508	16,960	16,785	15,775				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2015	2016	2017	2018	2019	2020				

The Healthy People 2030 objective is to reduce total preterm births (PTB) to 9.4%. In data from 2020, Hawaii did not meet that objective (10.0%) but was similar to the national estimate of 10.1%. The estimate for early preterm birth (<34 weeks) in Hawaii (2.5%) was similar to the national estimate (2.7%). Subgroup analysis 2020 data show that mothers who were 20-24 (9.0%), 25-29 (9.7%) or 30-34 years of age (8.9%) had lower PTB estimates compared to those 35 years and older (12.8%). Asian (10.2%), Hispanic (10.3%), multiple race (10.3%) mothers had higher PTB estimates than White (7.9%) mothers. Mothers with less than a high school education had a higher PTB estimate (13.5%) compared to those with more education.

NOM-6: Percent of early term births (37, 38 weeks)

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	27.9	27.8	28.2	28.5	28.9	28.7				
Numerator	5,140	5,022	4,940	4,831	4,851	4,531				
Denominator	18,409	18,053	17,508	16,960	16,785	15,775				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2015	2016	2017	2018	2019	2020				

There is no related Healthy People 2030 objective for early term births. In data from 2020, the proportion of early term births was 28.7% which was significantly higher than the national estimate of 27.8%. The increase in estimate from 2015 (27.9%) was non-significant. Analysis of 2020 data showed that Asian (33.7%), Native Hawaiian/Other Pacific Islander (29.8%), multiple race (28.4%), and Hispanic (28.1%) mothers had higher early term delivery estimates than White (21.4%) mothers. Mothers who had completed college (26.7%) had lower early term delivery estimates than high school graduates (30.0%) or those with less than a high school education (31.5%). Those who were uninsured (16.6%) had lower early term delivery estimates than those with private insurance (29.1%) or Medicaid/QUEST (30.0%). There was no significant difference in early term delivery estimates for mothers of different age groups.

NOM-7: Percent of non-medically indicated early elective deliveries

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	1.0	1.0	1.0	1.0	1.0	1.0				

Numerator										
Denominator										
Data Source	Hospital Compare	Hospital Compare	Hospital Compare	Hospital Compare	Hospital Compare	Hospital Compare				
Data Source Year	2016/Q4-2017/Q3	2017/Q1-2017/Q4	2017/Q2-2018/Q1	2018/Q1-2018/Q2	2019/Q4-2020/Q3	2020/Q3-2021/Q2				

In data from 2020/Q3-2021/Q2, 1.0% of Hawaii deliveries at 37-38 weeks gestation were non-medically indicated early elective deliveries which was lower than the national estimate of 3.0%. There was no data available on high risk groups.

NOM-8: Perinatal mortality rate per 1,000 live births plus fetal deaths

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	5.0	4.9	5.6	6.3	6.4	4.3				
Numerator	93	90	102	111	109	72				
Denominator	18,591	18,452	18,106	17,573	17,023	16,825				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2014	2015	2016	2017	2018	2019				

The related HP 2030 Objective is to reduce the rate of fetal deaths at 20 or more weeks of gestation to 5.7 per 1,000 live births. In data from 2019, the rate of perinatal mortality was 4.3 per 1,000 live births which was significantly lower than the national rate of 5.7. There was a significant decrease from the rate in 2018 (6.4). Based on the aggregated 2017-2019 data, highest risk groups included Black (11.9), those who had multiple birth (21.9), those with very low birthweight (193.8), and those with gestational age less than 34 weeks (115.1).

NOM-9.1: Infant mortality rate per 1,000 live births

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	4.5	5.7	6.0	5.4	6.8	5.1				
Numerator	83	105	109	95	115	86				
Denominator	18,550	18,420	18,059	17,517	16,972	16,797				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2014	2015	2016	2017	2018	2019				

The Healthy People 2030 objective is to reduce this rate to 5.0 per 1,000 live births in data from 2019, Hawaii (5.1 infant deaths per 1,000 live births) almost met the HP 2030

objective in reducing the rate of infant deaths (5.0 per 1,000). The rate was similar to the national estimate of 5.6 infant deaths per 1,000 live births. The decrease from the 2018 estimate (6.8 infant deaths per 1,000 live births) was statistically significant. Analysis of aggregated data from 2019-2021 showed that Native Hawaiian (5.8) infants based on maternal race had significantly higher infant mortality rates than White (3.2) infants.

NOM-9.2: Neonatal mortality rate per 1,000 live births

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	3.3	3.6	3.8	3.8	3.9	3.3				
Numerator	62	67	68	67	66	55				
Denominator	18,550	18,420	18,059	17,517	16,972	16,797				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2014	2015	2016	2017	2018	2019				

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. In data from 2019, Hawaii exceeded that objective (3.3 neonatal deaths per 1,000 live births) and was similar to the national estimate of 3.7 neonatal deaths per 1,000 live births. Neonatal deaths in Hawaii have not changed significantly since 2015 (3.6 deaths per 1,000 live births). Subgroup analysis of 2017-2019 data showed Black (11.3) had higher neonatal mortality rate compared to White (3.1). Very low birthweight infants (<1,500 grams; 212.3) and low birthweight infants (1,500-2,499 grams; 3.3) were significantly more likely to have neonatal deaths when compared to normal birthweight infants (2,500+ grams; 0.6).

NOM-9.3: Post neonatal mortality rate per 1,000 live births

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	1.1	2.1	2.3	1.6	2.9	1.8				
Numerator	21	38	41	28	49	31				
Denominator	18,550	18,420	18,059	17,517	16,972	16,797				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2014	2015	2016	2017	2018	2019				

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. In 2019, the estimate from Hawaii (1.8) was similar to the national estimate of 1.9 deaths per 1,000 live births. The 2019 estimate was significantly lower than the 2018 estimate (2.9) but was similar to the 2015 estimate (2.1). Very low birthweight infants (<1,500 grams; 34.4) and low birthweight infants (1,500-2,499 grams; 7.5) were

significantly more likely to have post neonatal mortality when compared to normal birthweight infants (2,500+ grams; 1.2).

NOM-9.4: Preterm-related mortality rate per 100,000 live births

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	177.9	228.0	216.0	222.6	253.4	214.3				
Numerator	33	42	39	39	43	36				
Denominator	18,550	18,420	18,059	17,517	16,972	16,797				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2014	2015	2016	2017	2018	2019				

In 2019, Hawaii experienced 214.3 preterm-related mortalities per 100,000 live births, which was similar to the national estimate of 192.8 mortalities per 100,000 live births. Preterm-related mortality in Hawaii has not changed significantly since 2015 (228.0 per 100,000 live births). Subgroup analysis of 2017-2019 data showed Black (907.5) and Hispanics (318.8) had higher preterm-related mortality rate compared to White (159.1).

NOM-9.5: Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	79.0	76.0	94.1	94.1	111.9	111.9				
Numerator	15	14	17	17	19	19				
Denominator	18,987	18,420	18,059	18,059	16,972	16,972				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2013	2015	2016	2016	2018	2018				

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. The 2017 and 2019 data was not reportable. In 2018, Hawaii estimate (111.9) was similar to the national estimate of 90.6 deaths per 100,000 live births. The rate of SUID has decreased in Hawaii since 2015 (76.0 deaths per 100,000 live births). The sample size was too small to perform a subgroup analysis to determine risk factors.

NOM-10: Percent of women who drink alcohol in the last 3 months of pregnancy

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	8.5	8.7	8.7	7.8	6.8	6.6				

Numerator	1,474	1,522	1,522	1,357	569	1,006				
Denominator	17,402	17,555	17,555	15,946	8,360	15,321				
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS				
Data Source Year	2014	2015	2015	2016	2019 ¹	2020				

The related HP 2030 objective is to increase abstinence from alcohol among pregnant women to 92.2%. In data from 2020, the proportion of births to mothers with third trimester drinking was 6.6% which was similar to the national estimate (7.9%). There has been no change over time with 8.7% of births in 2015.

NOM-11: The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	1.4	1.1	1.1	2.2	1.3	1.1				
Numerator	22	16	16	32	19	15				
Denominator	15,358	15,111	15,111	14,879	14,468	14,226				
Data Source	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID				
Data Source Year	2014	2016	2016	2017	2018	2019				

In 2019, Hawaii's rate of infants born with neonatal abstinence syndrome (1.1 per 1,000 delivery hospitalizations) was significantly lower than the national estimate of 6.1 per 1,000 delivery hospitalizations. This rate was similar in Hawaii since 2014 (1.4 per 1,000 delivery hospitalizations). The sample size was too small to perform a subgroup analysis to determine risk factors.

NOM-12: Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL) Federally available Data (FAD) for this measure is not available/reportable.

NOM-13: Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) Federally available Data (FAD) for this measure is not available/reportable.

NOM-14: Percent of children, ages 1 through 17, who have decayed teeth or cavities in past year

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Numerator	32,106	27,331	23,601	36,524	40,887				
Denominator	295,883	287,697	275,995	282,655	289,222				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²				

The related HP 2030 objective is to reduce the proportion of children and adolescents with active and currently untreated tooth decay in their primary or permanent teeth to 10.2%. In 2019-2020 aggregated data, the proportion of children with tooth decay in the past 12 months was 14.1% which has increased significantly since 2017-2018 (8.6%) but similar to the national estimate (11.8%). There were no significant differences among subgroups based on the 2019-2020 data provided.

NOM-15: Child mortality rate, ages 1 through 9, per 100,000

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	14.4	16.8	18.2	13.3	16.8	10.3				
Numerator	23	27	29	21	26	16				
Denominator	160,241	160,245	158,951	157,349	155,129	155,351				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2015	2016	2017	2018	2019	2020				

The related HP 2030 objective is to reduce the rate of child and adolescent deaths (aged 1 to 19) to 18.4 per 100,000. In data from 2018-2020, Hawaii met this objective with 18.4 deaths per 100,000 among 1-4 year olds which was similar to the national estimate of 23.3 deaths per 100,000 among 1-4 year olds. Similarly, the rate of deaths among 5-9 year olds was similar in Hawaii (9.6) and nationally (11.3) in 2018-2020 data. The overall child mortality rate for 1-9 year olds in Hawaii (10.3) was significantly lower than the national estimate (16.0) in 2020. There has been no significant change in Hawaii since 2015 when the estimate was 14.4 deaths per 100,000.

NOM-16.1: Adolescent mortality rate, ages 10 through 19, per 100,000

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	27	33.7	25.8	25.1	31.0	20.9				
Numerator	44	54	41	40	49	32				

Denominator	163,073	160,416	159,029	159,133	158,163	153,398				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2015	2016	2017	2018	2019	2020				

The related HP 2030 objective is to reduce the rate of child and adolescent deaths to 18.4 per 100,000. In data from 2020, the rate of adolescent deaths was 20.9 in Hawaii which was significantly lower than the national estimate (37.6). There has been no change over time with a rate of 27.0 in 2015. In data from 2018-2020, Hawaii estimate (14.9 per 100,000) was similar to the national estimate of 15.5 deaths per 100,000 among 10-14 year olds. For the rate of deaths among 15-19 year olds was (37.1), Hawaii estimate was significantly lower than the national estimate (52.2) in 2018-2020 data. Adolescent mortality rate was higher among males (33.0) compared to females (17.9) but there was no significant difference among different race groups based on the 2018-2020 data.

NOM-16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	9.6	10.9	11.0	8.6	6.5	8.6				
Numerator	23	26	26	20	15	20				
Denominator	240,137	238,506	235,446	232,911	231,497	232,911				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2013_2015	2014_2016	2015_2017	2016_2018	2017_2019	2018_2020				

The similar Healthy People 2030 objective is to reduce the rate of motor vehicle crash-related deaths (all ages) to 10.1 per 100,000. In data from 2017-2019, the rate of adolescent motor vehicle deaths ages 15 through 19 was 8.6 in Hawaii which was significantly lower than the national estimate (11.8). There has been no change over time with a rate of 10.9 in 2014-2016. The sample size was too small to perform a subgroup analysis to determine risk factors.

NOM-16.3: Adolescent suicide rate, ages 15 through 19, per 100,000

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	11.2	13.0	13.2	9.9	10.4	9.9				
Numerator	27	31	31	23	24	23				
Denominator	240,137	238,506	235,446	232,911	231,497	232,911				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				

Data Source Year	2013_2015	2014_2016	2015_2017	2016_2018	2017_2019	2018_2020				
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The Healthy People 2030 aims to reduce suicide rate to 12.8 per 100,000, and to reduce the rate of suicide attempts by adolescents to 1.8 per 100. In data from 2018-2020, the rate of suicide deaths to adolescents ages 15 through 19 was 9.9 in Hawaii which was similar to the national estimate (11.1). There has been no significant change over time with a rate of 13.0 in 2014-2016. The sample size was too small to perform a subgroup analysis to determine risk factors.

NOM-17.1: Percent of Children with Special Health Care Needs (CSHCN), ages 0 through 17

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	13.6	13.4	13.0	13.8	14.5				
Numerator	42,109	41,238	39,591	41,505	43,575				
Denominator	309,692	308,059	304,299	301,627	300,175				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ¹	2017_2018 ¹	2018_2019 ¹	2019_2020 ¹				

There is no related Healthy People 2030 objective for this measure. In data from 2019 to 2020, the proportion of children and youth with special health care needs (CSHCN) in Hawaii was 14.5%, which was significantly below the national estimate of 19.4%. Based on the aggregated 2019-2020 data, Hispanic (18.8%) and multiple race (17.1%) had a higher percent of children with special health care needs than other race groups.

NOM-17.2: Percent of Children with Special Health Care Needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	16.7	17.4	16.6	18.6	18.6				
Numerator	7,021	7,174	6,564	7,706	8,114				
Denominator	42,109	41,238	39,591	41,505	43,575				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ¹	2017_2018 ¹	2018_2019 ¹	2019_2020 ¹				

The related HP 2030 objective is to increase the proportion of children and adolescents under 18 years with special health care needs to receive care in a family-centered, comprehensive, and coordinated system to 19.5%. In data from 2019 to 2020, the proportion of children with special health care needs (CSHCN) receiving care in a well-

functioning system in Hawaii was 18.6%, which was close to the HP 2030 objective and was similar to the national estimate of 14.4%. The sample size was too small to perform a subgroup analysis to determine risk factors.

NOM-17.3: Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	1.8	1.6	1.7	2.0	1.8				
Numerator	4,558	4,022	4,176	4,822	4,589				
Denominator	257,036	254,642	253,788	243,451	249,409				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ¹	2017_2018 ¹	2018_2019 ¹	2019_2020 ¹				

There is no related Healthy People 2030 objective for this measure. In data from 2019-2020, the proportion of children diagnosed with an autism spectrum disorder was 1.8%, which was similar to the national estimate of 2.9%. The sample size was too small to perform a subgroup analysis to determine risk factors.

NOM-17.4: Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	5.0	5.4	6.4	6.3	5.4				
Numerator	12,754	13,620	15,515	15,021	13,161				
Denominator	254,397	253,200	241,777	239,185	245,922				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ¹	2017_2018 ¹	2018_2019 ¹	2019_2020 ¹				

There is no related Healthy People 2030 objective for this measure. In data from 2019 to 2020, the proportion of children diagnosed with ADD/ADHD was 5.4%, which was significantly lower than the national estimate of 8.9%. The sample size was too small to perform a subgroup analysis to determine risk factors. The increase from 2016 (5.0%) was non-significant.

NOM-18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	38.4	45.6	54.4	56.6	46.8				
Numerator	8,494	9,601	10,866	10,655	9,730				
Denominator	22,150	21,033	19,992	18,809	20,781				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ¹	2017_2018 ¹	2018_2019 ¹	2019_2020 ¹				

The related HP 2030 objective is to increase the proportion of children with mental health problems who receive treatment to 82.4%. In data from 2019 to 2020, the percent of children with a mental/behavioral condition who receive treatment or counseling was 46.8% in Hawaii which did not meet these objectives but was similar to the national estimate (52.3%). The sample size was too small to perform a subgroup analysis to determine risk factors.

NOM-19: Percent of children, ages 0 through 17, in excellent or very good health

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	91.7	91.3	92.4	92.9	92.1				
Numerator	282,105	280,275	280,914	279,910	276,238				
Denominator	307,798	307,112	304,114	301,442	299,934				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ¹	2017_2018 ¹	2018_2019 ¹	2019_2020 ¹				

There is no related Healthy People 2030 objective. In data from 2019 to 2020, the percent of children in excellent or very good health was 92.1% in Hawaii which was similar to the national estimate (90.4%). Those who were on Medicaid (85.3%) had a lower percent of children in excellent or very good health compared to those with private insurance (95.0%). Those at federal poverty level (FPL) of less than 100% (83.3%) had a lower estimate than those at FPL greater than 400% (97.3%). Hispanics (85.2%) had a lower estimate compared to Whites (96.3%). Children with parents who were high school graduates (82.6%) or who had some college education (90.4%) had lower estimates than those whose parents were college graduates (95.8%).

NOM-20: Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	11.0	13.9	11.5	11.1	15.5				

Numerator	12,738	16,615	13,825	13,974	20,313				
Denominator	115,773	119,950	119,800	126,050	131,281				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ¹	2017_2018 ¹	2018_2019 ¹	2019_2020 ¹				

The similar Healthy People 2030 objective is to reduce the rate of obesity in children and adolescents to 15.5%. In 2019-2020 data, the percent of children 10 through 17 years of age who are considered obese was 15.5% in Hawaii which was similar to the national estimate (16.2%). The increase from 2018-2019 (11.1%) was non-significant. Children whose parents were high school graduates (36.3%) had a higher estimate than those whose parents were college graduates (7.1%). Those on Medicaid (31.3%) had a higher estimate of obesity compared to those with private insurance (11.1%). The numbers for uninsured were too small to report. Those with FPL level below 100% (37.2%) had a higher estimate than those with FPL at 400% or above (7.4%).

In data from 2018, the percent of children 2 through 4 years of age in WIC who are considered obese was 10.7% in Hawaii which was lower than the national estimate (14.4%). Hispanic (11.1%), Asian/Pacific Islander (11.2%) showed higher risk for obesity.

In YRBSS data from 2019, the percent of adolescents in grades 9 through 12 who are considered obese was 16.4% in Hawaii which was similar to the national estimate (15.5%). Higher risk groups include Hispanic (16.7%), Native Hawaiian/Other Pacific Islander (25.9%) and male adolescents (20.6%) had a higher rate than females (11.8%). No further data is available for WIC or the YRBSS.

NOM-21: Percent of children, ages 0 through 17, without health insurance

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	1.4	2.1	2.1	2.9	2.8	2.8				
Numerator	4,350	6,484	6,519	8,796	8,330	8,330				
Denominator	312,071	306,799	304,896	302,389	299,909	299,909				
Data Source	ACS	ACS	ACS	ACS	ACS	ACS				
Data Source Year	2015	2016	2017	2018	2019	2019				

The similar Healthy People 2030 Objective is to increase the proportion of people with health insurance to 92.1%. There is no updated 2020 data available for this measure. In data from 2019, the proportion of children ages 0 through 17 without health insurance was 2.8% which was significantly below the national estimate (5.4%). There has been a significant increase with 1.4% of children without health insurance in 2015. There were no significant differences in subgroup analyses in race, gender, and education level.

NOM-22.1: Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	69.9	68.4	71.8	73.9	67.2					
Numerator	13,000	13,000	13,000	14,000	11,000					
Denominator	18,000	18,000	18,000	19,000	17,000					
Data Source	NIS	NIS	NIS	NIS	NIS					
Data Source Year	2013	2014	2015	2016	2017					

The related HP 2030 objective is to increase the vaccination coverage level of 4 doses of the diphtheria-tetanus-acellular pertussis (DTaP) vaccine among children by age 2 years to 90.0%. The historical data for this measure was updated to reflect the new definition based on birth cohort. In data from 2017, the proportion of children ages 19 through 35 months who received the recommended vaccine series was 67.2% which was similar to the national estimate (69.8%). The decline from 2016 (73.9%) to 2017 (67.2%) was non-significant. There has been little change over time with 69.9% of children getting the recommended vaccine series in 2013. Those at federal poverty level of less than 100% (61.4%) had lower rates in percent of children who completed the 7-vaccine series when compared to those at federal poverty level of 400% and higher.

NOM-22.2: Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	71.8	60.6	61.0	61.8	67.0	59.5				
Numerator	198,006	169,771	173,982	174,145	185,940	164,292				
Denominator	275,967	280,243	285,051	281,651	277,523	276,121				
Data Source	NIS	NIS	NIS	NIS	NIS	NIS				
Data Source Year	2015_2016	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021				

The related HP 2030 objective is to increase the proportions of persons who are vaccinated annually against seasonal influenza to 70%. In data from 2020-2021, the proportion of children ages 6 months to 17 years vaccinated annually against seasonal influenza was 59.5% which was similar to the national estimate (58.6%). The 2020-2021 estimate decreased significantly when compared to the 2019-2020 estimate (67.0%). No significant differences were found in subgroup analyses based on the 2020-2021 data.

NOM-22.3: Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	66.8	64.8	69.4	76.7	79.4	84.9				
Numerator	52,911	51,921	55,143	60,275	62,610	66,589				
Denominator	79,172	80,076	79,470	78,556	78,849	78,453				
Data Source	NIS	NIS	NIS	NIS	NIS	NIS				
Data Source Year	2015	2016	2017	2018	2019	2020				

The related Healthy People 2030 objective is to increase the proportion of adolescents who receive recommended doses of the human papilloma virus (HPV) to 80%. In data from 2020, the percentage of adolescents, 13 through 17 years of age who have received at least one dose of HPV vaccine was 84.9% which was significantly higher than the national estimate (75.1%). The increase from 2019 (79.4%) was non-significant but there has been a significant increase over time with 66.8% getting at least one dose of HPV vaccine in 2015. In data from 2018-2020, Asian (86.7%) had a significantly higher estimate than White (71.6%). Those at the federal poverty level of 200-399% (71.7%) had a lower rate in receiving at least one dose of HPV vaccine compared to those at FPL of 400 or greater (86.6%).

NOM-22.4: Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	79.6	82.2	84.8	85.8	83.4	83.7				
Numerator	63,034	65,799	67,418	67,412	65,743	65,660				
Denominator	79,172	80,076	79,470	78,556	78,849	78,453				
Data Source	NIS	NIS	NIS	NIS	NIS	NIS				
Data Source Year	2015	2016	2017	2018	2019	2020				

There is no related HP 2030 objective for this measure. In data from 2020, the percentage of adolescents, ages 13 through 17 years who have received at least one dose of Tdap vaccine was 83.7% which is significantly lower than the national estimate (90.1%). The estimate was similar to the 2015 estimate with 79.6% getting at least one dose of Tdap vaccine. Based on aggregated 2018-2020 data, those on Medicaid/Quest (79.6%) were less likely than those who had private insurance (89.1%) in getting at least one dose of Tdap vaccine.

NOM-22.5: Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal vaccine

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	78.7	75.9	85.9	83.6	82.5	86.0				
Numerator	62,278	60,738	68,294	65,643	65,035	67,501				
Denominator	79,172	80,076	79,470	78,556	78,849	78,453				
Data Source	NIS	NIS	NIS	NIS	NIS	NIS				
Data Source Year	2015	2016	2017	2018	2019	2020				

There is no related HP 2030 objective for this measure. In data from 2020, the percentage of adolescents, ages 13 through 17 years who have received at least one dose of meningococcal conjugate vaccine was 86.0% which was similar to the national estimate (89.3%). There was no significant change when compared to the 2019 estimate (82.5%), but there has been a significant increase over time with 78.7% getting at least one dose of meningococcal conjugate vaccine in 2015. In data from 2018-2020, adolescents with other public insurance (73.1%) had a lower estimate (73.1%) compared to those with private insurance (89.1%). No other significant differences were found in subgroup analyses based on 2018-2020 data.

NOM-23: Teen birth rate, ages 15 through 19, per 1,000 females

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	20.7	19.2	19.1	17.2	15.7	13.0				
Numerator	789	728	714	643	584	470				
Denominator	38,123	37,877	37,287	37,345	37,302	36,031				
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS				
Data Source Year	2015	2016	2017	2018	2019	2020				

The related Healthy People 2030 Objective is to reduce pregnancies among adolescent females to 31.4 pregnancies among 1,000 females. In 2020, the teen birth rate in Hawaii (13.0 per 1,000 females 15-19) met this objective, and was significantly lower than the national rate of 15.4. There has been a significant decrease when compared to the 2019 estimate (15.7). The teen birth rate among 15 through 17 year olds in Hawaii (4.5) is significantly lower than the national rate for 15 through 17 year olds (6.3). Over time the rate in Hawaii and nationally has dropped significantly since 2015 (20.7 in Hawaii and 22.3 nationally). Based on 2020 single year data, the rates in Asian (3.9) and White (8.5) were lower than Hispanic (22.2), Native Hawaiian/Other Pacific Islanders (22.7), and Multiple Race (15.5).

NOM-24: Percent of women who experience postpartum depressive symptoms following a recent live birth

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	11.0	9.0	9.0	11.9	11.1	13.7				
Numerator	1,974	1,610	1,610	2,070	915	2,067				
Denominator	17,970	17,938	17,938	17,457	8,236	15,102				
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS				
Data Source Year	2014	2015	2015	2016	2019	2020				

There was no PRAMS data collection in Hawaii from 2017 to 2018. The latest data from the 2020 PRAMS survey showed that 13.7% of women reported postpartum depressive symptoms which was similar to the national estimate of 13.4%. There has been a significant increase over time in the rate of postpartum depressive symptoms when compared to the 2015 estimate (9.0%). Based on the single year 2020 data, Native Hawaiian/Other Pacific Islanders (25.0%) had a higher estimate than Whites (7.4%).

NOM-25: Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	2.7	1.7	1.6	1.6	2.1				
Numerator	8,400	5,239	4,864	4,803	6,336				
Denominator	307,347	305,190	301,799	300,123	298,701				
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH				
Data Source Year	2016	2016_2017 ¹	2017_2018 ¹	2018_2019 ¹	2019_2020 ¹				

Aggregated data from 2019 to 2020 show that the estimate for Hawaii (2.1%) was significantly lower than the national estimate of 3.5%. Based on 2019-2020 data, children with special health needs (5.9%) had significantly higher estimates of not being able to obtain needed health care in the past year compared to those without special health care needs (1.5%). There were no significant differences in other reported subgroups in 2019-2020 data provided.