

**Form 2**  
**MCH Budget/Expenditure Details**

State: Hawaii

	FY 24 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 2,195,700	
A. Preventive and Primary Care for Children	\$ 744,693	(33.9%)
B. Children with Special Health Care Needs	\$ 1,171,244	(53.3%)
C. Title V Administrative Costs	\$ 3,973	(.2%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 1,919,910	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 34,554,745	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 18,334,030	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 52,888,775	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 11,910,549		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 55,084,475	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	\$ 40,373,086	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 95,457,561	

OTHER FEDERAL FUNDS	FY 24 Application Budgeted
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Community-Based Child Abuse Prevention Program (CBCAP)	\$ 434,691
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	\$ 250,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	\$ 157,500
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	\$ 40,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	\$ 275,551
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State and Local Healthy Homes and Childhood Lead Poisoning Prevention Programs (CLPPPs)	\$ 427,273
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Community-Based Integrated Service Systems (CISS)	\$ 255,600
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Genetic Services Project	\$ 600,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Innovation Grants	\$ 3,571,081
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Rural Health	\$ 230,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	\$ 235,000
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	\$ 23,899,293
US Department of Education > Office of Special Education Programs > Early Identification and Intervention for Infants and Toddlers with Disabilities (Part C of IDEA)	\$ 2,369,091
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Newborn Screening State Evaluation Program	\$ 150,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)	\$ 165,389

OTHER FEDERAL FUNDS	FY 24 Application Budgeted
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	\$ 100,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	\$ 445,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Expansion	\$ 300,000
US Department of Education > Office of Special Education Programs > Individuals with Disabilities Education Act/ARPA	\$ 1,218,273
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > American Rescue Plan Act Funding for Home Visiting	\$ 334,763
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > American Rescue Plan Act Funding for Home Visiting (#2)	\$ 674,787
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > ARPA Community-Based Child Abuse Prevention Grants	\$ 1,000,179
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Medicare Rural Hospital Flexibility	\$ 525,745
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Small Rural Hospital Improvement Grant Program	\$ 130,110
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > SHIP COVID Testing and Mitigation	\$ 2,583,760

	FY 22 Annual Report Budgeted		FY 22 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 2,319,160 (FY 22 Federal Award: \$ 2,195,700)		\$ 1,587,890	
A. Preventive and Primary Care for Children	\$ 840,886	(36.3%)	\$ 496,795	(31.2%)
B. Children with Special Health Care Needs	\$ 962,503	(41.5%)	\$ 867,611	(54.6%)
C. Title V Administrative Costs	\$ 0	(%)	\$ 19,577	(1.3%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 1,803,389		\$ 1,383,983	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 29,759,413		\$ 28,217,762	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 0		\$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 0		\$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 18,474,919		\$ 5,837,054	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 48,234,332		\$ 34,054,816	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 11,910,549				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 50,553,492		\$ 35,642,706	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	\$ 40,729,830		\$ 35,299,951	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 91,283,322		\$ 70,942,657	

OTHER FEDERAL FUNDS	FY 22 Annual Report Budgeted	FY 22 Annual Report Expended
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Community-Based Child Abuse Prevention Program (CBCAP)	\$ 486,403	\$ 375,276
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	\$ 160,020	\$ 158,666
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	\$ 250,000	\$ 71,316
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Community-Based Integrated Service Systems (CISS)	\$ 255,600	\$ 256,038
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Genetic Services Project	\$ 600,000	\$ 655,765
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	\$ 3,588,988	\$ 3,016,560
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Newborn Screening State Evaluation Program	\$ 150,000	\$ 25,953
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)	\$ 165,389	\$ 24,500
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	\$ 100,000	\$ 51,770
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	\$ 29,307,713	\$ 22,327,193
US Department of Education > Office of Special Education Programs > Early Identification and Intervention for Infants and Toddlers with Disabilities (Part C of IDEA)	\$ 2,333,044	\$ 2,220,948
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	\$ 250,000	\$ 202,198

OTHER FEDERAL FUNDS	FY 22 Annual Report Budgeted	FY 22 Annual Report Expended
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	\$ 297,297	\$ 259,811
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State and Local Healthy Homes and Childhood Lead Poisoning Prevention Programs (CLPPPs)	\$ 400,000	\$ 381,747
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	\$ 245,000	\$ 245,888
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Rural Health	\$ 230,000	\$ 226,760
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Medicare Rural Hospital Flexibility Program	\$ 446,074	\$ 411,330
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Small Rural Hospital Improvement Program	\$ 128,360	\$ 124,186
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Community-Based Child Abuse Prevention Grant- ARPA of 2021	\$ 1,001,179	\$ 0
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > American Rescue Plan Act Funding for Home Visiting	\$ 334,763	\$ 0
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > ARPA Pediatric Mental Health Care Access New Area Expansion		\$ 59,839
US Department of Education > Office of Special Education Programs > ARPA IDEA Part C		\$ 80,500
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > COVID State Hospital Improvement Program		\$ 505,902
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC General Infrastructure Grant		\$ 102,147
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > SHIP COVID Testing & Mitigation		\$ 1,970,874

OTHER FEDERAL FUNDS	FY 22 Annual Report Budgeted	FY 22 Annual Report Expended
US Department of Agriculture (USDA) > Food and Nutrition Services > ARPA WIC		\$ 1,255,300
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC Breast Feeding Peer Counseling		\$ 236,063
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Hawaii Newborn Screening Data Project		\$ 53,421

**Form Notes for Form 2:**

None

**Field Level Notes for Form 2:**

1.	<b>Field Name:</b>	<b>1.FEDERAL ALLOCATION</b>
	<b>Fiscal Year:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>Annual Report Expended</b>
	<b>Field Note:</b> The discrepancy between the FY24 budged amount and the FY 22 actual expenditures reflects the difference between our budgeted needs looking forward and the actual expenditures recorded in Datamart, the state's reporting system, during a specific period of time. The expended number does not take into account funds that are obligated but not yet liquidated during this period of time. This discrepancy is related to the timing of the reporting period.	
2.	<b>Field Name:</b>	<b>Federal Allocation, A. Preventive and Primary Care for Children:</b>
	<b>Fiscal Year:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>Annual Report Expended</b>
	<b>Field Note:</b> FY 22 expenditures for this category reflect several Title V funded vacant positions who's work efforts are attributed to Preventative and Primary Care for Children. The positions are expected to be filled for the FY 24 budget period.	
3.	<b>Field Name:</b>	<b>Federal Allocation, B. Children with Special Health Care Needs:</b>
	<b>Fiscal Year:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>Annual Report Expended</b>
	<b>Field Note:</b> FY 22 expenditures for this category reflect several Title V funded vacant positions who's work efforts are attributed to Children with Special Health Care Needs Expended. The positions are expected to be filled for the FY 24 budget period.	
4.	<b>Field Name:</b>	<b>Federal Allocation, C. Title V Administrative Costs:</b>
	<b>Fiscal Year:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>Annual Report Expended</b>
	<b>Field Note:</b> In FY 22 DOH/FHSD allocated payroll expenditures from the Administrative Officer V position. The same position is now funded through a special fund therefore this discrepancy will fade away by next year's application.	
5.	<b>Field Name:</b>	<b>6. PROGRAM INCOME</b>
	<b>Fiscal Year:</b>	<b>2022</b>



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**Column Name:****Annual Report Expended**

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**Field Note:**

The FY 24 budget represents the budget ceiling or appropriation for all DOH/FHSD special funds (program income). The FY 22 expenditures is an accurate reflection of special fund expenditures during the reporting period. Generally speaking, the expenditures will always be less than the appropriation, but the FY 22 expenditures may have been slightly lower than prior years due to the impact COVID 19 had on contract performances.

**Data Alerts: None**

**Form 3a**  
**Budget and Expenditure Details by Types of Individuals Served**  
**State: Hawaii**

**I. TYPES OF INDIVIDUALS SERVED**

<b>IA. Federal MCH Block Grant</b>	<b>FY 24 Application Budgeted</b>	<b>FY 22 Annual Report Expended</b>
1. Pregnant Women	\$ 91,050	\$ 62,469
2. Infants < 1 year	\$ 91,050	\$ 62,469
3. Children 1 through 21 Years	\$ 744,693	\$ 496,795
4. CSHCN	\$ 1,171,244	\$ 867,611
5. All Others	\$ 93,690	\$ 78,969
Federal Total of Individuals Served	\$ 2,191,727	\$ 1,568,313

<b>IB. Non-Federal MCH Block Grant</b>	<b>FY 24 Application Budgeted</b>	<b>FY 22 Annual Report Expended</b>
1. Pregnant Women	\$ 2,197,944	\$ 1,360,731
2. Infants < 1 year	\$ 2,197,944	\$ 1,360,731
3. Children 1 through 21 Years	\$ 18,004,725	\$ 10,948,451
4. CSHCN	\$ 28,221,836	\$ 18,649,279
5. All Others	\$ 2,266,326	\$ 1,735,624
Non-Federal Total of Individuals Served	\$ 52,888,775	\$ 34,054,816
Federal State MCH Block Grant Partnership Total	\$ 55,080,502	\$ 35,623,129

**Form Notes for Form 3a:**

None

**Field Level Notes for Form 3a:**

None

**Data Alerts: None**

**Form 3b**  
**Budget and Expenditure Details by Types of Services**  
**State: Hawaii**

**II. TYPES OF SERVICES**

<b>IIA. Federal MCH Block Grant</b>	<b>FY 24 Application Budgeted</b>	<b>FY 22 Annual Report Expended</b>
1. Direct Services	\$ 0	\$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 0	\$ 0
B. Preventive and Primary Care Services for Children	\$ 0	\$ 0
C. Services for CSHCN	\$ 0	\$ 0
2. Enabling Services	\$ 106,639	\$ 106,325
3. Public Health Services and Systems	\$ 2,089,061	\$ 1,481,565
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		\$ 0
Physician/Office Services		\$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		\$ 0
Dental Care (Does Not Include Orthodontic Services)		\$ 0
Durable Medical Equipment and Supplies		\$ 0
Laboratory Services		\$ 0
Direct Services Line 4 Expended Total		\$ 0
<b>Federal Total</b>	<b>\$ 2,195,700</b>	<b>\$ 1,587,890</b>

IIB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Direct Services	\$ 31,381,849	\$ 17,584,532
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 6,063,702	\$ 2,616,704
B. Preventive and Primary Care Services for Children	\$ 3,031,851	\$ 1,308,352
C. Services for CSHCN	\$ 22,286,296	\$ 13,659,476
2. Enabling Services	\$ 11,828,809	\$ 9,058,656
3. Public Health Services and Systems	\$ 9,678,117	\$ 7,411,627
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		\$ 19,440
Physician/Office Services		\$ 642,300
Hospital Charges (Includes Inpatient and Outpatient Services)		\$ 0
Dental Care (Does Not Include Orthodontic Services)		\$ 831,700
Durable Medical Equipment and Supplies		\$ 0
Laboratory Services		\$ 0
Other		
Primary and Urgent Care in Hana		\$ 1,130,000
Waianae Coast Emergency Room Services		\$ 1,223,333
Early Intervention Services (POS)		\$ 12,351,125
Molokai General Hospital		\$ 1,386,634
Direct Services Line 4 Expended Total		\$ 17,584,532
<b>Non-Federal Total</b>	<b>\$ 52,888,775</b>	<b>\$ 34,054,815</b>

**Form Notes for Form 3b:**

None

**Field Level Notes for Form 3b:**

None

**Form 4**  
**Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated**  
**State: Hawaii**

**Total Births by Occurrence: 15,354**

**Data Source Year: 2022**

**1. Core RUSP Conditions**

<b>Program Name</b>	<b>(A) Aggregate Total Number Receiving at Least One Valid Screen</b>	<b>(B) Aggregate Total Number of Out-of-Range Results</b>	<b>(C) Aggregate Total Number Confirmed Cases</b>	<b>(D) Aggregate Total Number Referred for Treatment</b>
Core RUSP Conditions	15,353 (100.0%)	1,425	41	41 (100.0%)

Program Name(s)				
3-Hydroxy-3-Methylglutaric Aciduria	3-Methylcrotonyl-CoA Carboxylase Deficiency	Argininosuccinic Aciduria	Biotinidase Deficiency	Carnitine Uptake Defect/Carnitine Transport Defect
Citrullinemia, Type I	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Critical Congenital Heart Disease
Cystic Fibrosis	Glutaric Acidemia Type I	Glycogen Storage Disease Type II (Pompe)	Guanidinoacetate Methyltransferase (GAMT) Deficiency	Hearing Loss
Holocarboxylase Synthase Deficiency	Homocystinuria	Isovaleric Acidemia	Long-Chain L-3 Hydroxyacyl-CoA Dehydrogenase Deficiency	Maple Syrup Urine Disease
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	Methylmalonic Acidemia (Cobalamin Disorders)	Methylmalonic Acidemia (Methylmalonyl-CoA Mutase)	Mucopolysaccharidosis Type I (MPS I)	Mucopolysaccharidosis Type II (MPS II)
Primary Congenital Hypothyroidism	Propionic Acidemia	S, $\beta$ -Thalassemia	S,C Disease	S,S Disease (Sickle Cell Anemia)
Severe Combined Immunodeficiencies	Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1	$\beta$ -Ketothiolase Deficiency	Trifunctional Protein Deficiency	Tyrosinemia, Type I
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	X-Linked Adrenoleukodystrophy			

## 2. Other Newborn Screening Tests

None

## 3. Screening Programs for Older Children & Women

None

## 4. Long-Term Follow-Up

Children are monitored for at least a year or longer (up to 21 years old) if needed. Length of time depends on medical condition, health status of child, and social or other issues. This is done by the NBMS staff; CSHNB nurses, nutritionist, or social workers, or public health nurses.



**Form Notes for Form 4:**

None

**Field Level Notes for Form 4:**

None

**Data Alerts: None**

**Form 5**  
**Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V**

State: Hawaii

Annual Report Year 2022

**Form 5a – Count of Individuals Served by Title V**  
**(Direct & Enabling Services Only)**

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	962	35.0	0.0	62.0	3.0	0.0
2. Infants < 1 Year of Age	1,002	35.0	0.0	62.0	3.0	0.0
3. Children 1 through 21 Years of Age	9,384	33.0	0.0	64.0	3.0	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	6,768	33.0	0.0	63.0	4.0	0.0
4. Others	20,244	15.0	0.0	81.0	4.0	0.0
Total	31,592					

**Form 5b – Total Percentage of Populations Served by Title V**  
**(Direct, Enabling, and Public Health Services and Systems)**

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	15,620	No	15,354	99.0	15,200	962
2. Infants < 1 Year of Age	15,636	No	15,354	100.0	15,354	1,002
3. Children 1 through 21 Years of Age	353,395	Yes	353,395	99.3	350,921	9,384
3a. Children with Special Health Care Needs 0 through 21 years of age^	48,735	Yes	48,735	99.3	48,394	6,768
4. Others	1,072,348	Yes	1,072,348	62.6	671,290	20,244

^Represents a subset of all infants and children.

**Form Notes for Form 5:**

None

**Field Level Notes for Form 5a:**

1.	<b>Field Name:</b>	<b>Pregnant Women Total Served</b>
	<b>Fiscal Year:</b>	<b>2022</b>
<b>Field Note:</b> Programs that contributed to this count include pregnant women who received Reproductive Health Care and Support Services (provides seamless continuum of care for uninsured and under-insured adolescents, women, and men who seek clinical reproductive health care, perinatal support, information, education, and counseling in reproductive health care. This program replaced Perinatal Support Services and Family Planning since June 2021; 562); and Safe Sleep (provides safe sleep education and play yards to promote safe sleep practices consistent with the American Academy of Pediatric guidelines to decrease infant mortality related to sleeping; 400). The percentages of primary source of coverage are based on 2021 National Vital Statistics System for Pregnant Women/Infants.  Note that the 2021 number was used for Safe Sleep (400) this year due to position vacancy.		
2.	<b>Field Name:</b>	<b>Infants Less Than One YearTotal Served</b>
	<b>Fiscal Year:</b>	<b>2022</b>
<b>Field Note:</b> Programs that contributed to this count of infants < 1 year of age include 2022 Primary Care Contracts (596). Primary Care Contracts are state funded for safely net providers including Federally Qualified Health Centers to provide services for the uninsured/underinsured. The community health center contracts provide comprehensive medical and health care services (perinatal, pediatric, adult primary care) and support services to uninsured and underinsured individuals that are at or below two hundred fifty percent (250%) of the Federal poverty level. Access to primary health services reduces morbidity and mortality by providing timely, appropriate, and less expensive care, and thereby prevent the development and exacerbation of serious health conditions. Additionally, there was no way to differentiate the primary source of coverage for those that were provided services through the underinsured due to lack of access to the data. Another program that contributed to this count include Safe Sleep (provides safe sleep education and play yards to promote safe sleep practices consistent with the American Academy of Pediatric guidelines to decrease infant mortality related to sleeping; 406). Note. The percentages of primary source of coverage are based on 2021 National Vital Statistics System for Pregnant Women/Infants.  Note the increase in Primary Care from 2021 (265) to 2022 (596) was due to a partial year (7/1/21-12/31/21) reported last year. Also note that 2021 number was used for Safe Sleep (406) this year due to position vacancy.		
3.	<b>Field Name:</b>	<b>Children 1 through 21 Years of Age</b>
	<b>Fiscal Year:</b>	<b>2022</b>

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**Field Note:**

Programs that contributed to this count include 2022 Primary Care Contracts (2,047). Other programs that contributed to this count include Reproductive Health Care and Support Services (provides seamless continuum of care for uninsured and under-insured adolescents, women, and men who seek clinical reproductive health care, perinatal support, information, education, and counseling in reproductive health care. This program replaced Perinatal Support Services and Family Planning since June 2021; 569); and Children with Special Health Care Needs in 3a (6,768). The percentages of primary source of coverage are based on 2021 American Community Survey for Children 1-21.

Note the increase in Primary Care from 2021 (983) to 2022 (2,047) was due to a partial year (7/1/21-12/31/21) reported last year.

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4.	<b>Field Name:</b>	<b>Children with Special Health Care Needs 0 through 21 Years of Age</b>
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<b>Fiscal Year:</b>	<b>2022</b>
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**Field Note:**

2022 data for the number of children serviced contributed by CSHNB (6,768) included Children with Special Health Needs Section (provides care coordination and other services for children age 0-21 with chronic medical conditions; 588); genetics, metabolic, hemoglobinopathy, Neighbor Island genetics, telemedicine clinics (provides provides genetic services, information, and education; 818); Newborn Metabolic Screening Program follow-up (detect rare disorders that can cause serious health and development problems; 1,425); Newborn Hearing Screening Program follow-up (identify hearing loss early so children can receive timely early intervention services; 726); Early Intervention Section (provides care coordination, family training, etc for children age 0-3 with developmental delay or at biological risk; 2,911); Hi'ilei Developmental Screening Program (provides developmental screening via mail or online, and activities to help in children's development; 21); Hawaii Childhood Lead Poisoning Prevention follow-up (aims to reduce children's exposure to lead by strengthening blood lead testing; 242). Another program that contributed to the count include Kauai District Health Office (37). The distribution of source of coverage is based on National Survey of Children's Health – CSHCN, 2020-2021

Note that the decline in number in Genetics program from 2021 (1,520) to 2022 (818) was due to a reduced number of geneticists.

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5.	<b>Field Name:</b>	<b>Others</b>
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<b>Fiscal Year:</b>	<b>2022</b>
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**Field Note:**

Programs that contributed to this count of others include 2022 Primary Care Contracts (15,613). The count also included Reproductive Health Care and Support Services (provides seamless continuum of care for uninsured and under-insured adolescents, women, and men who seek clinical reproductive health care, perinatal support, information, education, and counseling in reproductive health care. This program replaced Perinatal Support Services and Family Planning since June 2021; 3,493); Maui District Health Office (COVID vaccination and testing; 80); Parent Line (provides comprehensive parenting education, training, and support through a telephone hotline, a website, and printed and electronic educational resources; number of calls received on the State MCH Hotline=1,058). The percentages of primary source of coverage are based on 2021 American Community Survey for adults 22+.

Note the increase in Primary Care from 2021 (7,615) to 2022 (15,613) was due to a partial year (7/1/21-12/31/21) reported last year. Also note the increase in Reproductive Health Care and Support Services from 2021 (2,026) to 2022 (3,493) was because this program started in June 2021, after Family Planning Services ended. The number provided in 2021 (2,026) was a partial year from June-December, 2021.

**Field Level Notes for Form 5b:**

1.	<b>Field Name:</b>	<b>Pregnant Women Total % Served</b>
	<b>Fiscal Year:</b>	<b>2022</b>
	<b>Field Note:</b> Overall estimate: Based on the percentage of pregnant women who received safe sleep education messages at the hospital (99%). Note that the same percentage as 2021 was used due to position vacancy and that hospital outreach remained the same.  Individual program report: Other programs that served pregnant women included 5a number (962), number of brochures distributed to pregnant women by Reproductive Health Care and Support Services (4,750; may be duplicated as each woman may receive more than one brochure), women who receive mailout resources from PRAMS program (2,400), WIC Program (state provided administrative support, 5,688), and Home Visiting Program (a family support program for pregnant women, mothers, and children under the age of 5 providing regular visits to families to encourage maternal and child health; prevention of child abuse and neglect; promotion of child development and school readiness; promotion of positive parenting practices; and information/referrals to healthcare and community resources; 44), Early Childhood Comprehensive Systems (promote developmental screening, primary caregiver support and trauma informed care to improve healthy development and maternal health systems for our prenatal to five year old population in Maui County and statewide; 15) and Kauai District Health Office (outreach activities and education for pregnant women, 400).	
2.	<b>Field Name:</b>	<b>Pregnant Women Denominator</b>
	<b>Fiscal Year:</b>	<b>2022</b>
	<b>Field Note:</b> Denominator is based on 2022 birth data obtained from Vital Statistics.	
3.	<b>Field Name:</b>	<b>Infants Less Than One Year Total % Served</b>
	<b>Fiscal Year:</b>	<b>2022</b>
	<b>Field Note:</b> Overall estimation: Estimated by 2022 percentage of newborn metabolic screening (100%).  Individual program report: Other programs that served infants included 5a number (1,002), Kauai District Health Office (outreach activities, 400), Maui District Health Office (provided a home visit for a failed metabolic newborn screening done at the hospital, 1); Home Visiting (a family support program for pregnant women, mothers, and children under the age of 5 providing regular visits to families to encourage maternal and child health; prevention of child abuse and neglect; promotion of child development and school readiness; promotion of positive parenting practices; and information/referrals to healthcare and community resources; 205), and WIC (state provided administrative support, 11,283).	
4.	<b>Field Name:</b>	<b>Infants Less Than One Year Denominator</b>
	<b>Fiscal Year:</b>	<b>2022</b>

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**Field Note:**

Denominator is based on 2022 birth data obtained from Vital Statistics.

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5. **Field Name:** **Children 1 through 21 Years of Age Total % Served**

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**Fiscal Year:** **2022**

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**Field Note:****Overall Estimation:**

Based on the largest reach by the Keiki Screening Media Campaign, where broadcast TV reached of 243,554 adults 25-54 years old (99.3%). The second largest reach was the TeenLink Stress Reduction Media Campaign, which reached 123,026 households with children (97.8%).

**Individual Program Report:**

Other programs included 5a number (9,384), participation in WIC Program (state provided administrative support, 17,785), Adolescent Wellness (advances adolescent-centered, capacity building through workforce development training for teen-serving staff, by providing intentional shared teaching moments between caring adults and teens, by assuring access to and the availability of self-care resources, tools and services for adults, young adults and teens, and by engaging teen and young adult voices to inform the DOH's efforts to support Hawaii's families and positive youth development programs; 161), Kauai District Health Office (outreach activities and distribution of educational materials; 4,500), Home Visiting (a family support program by providing regular visits to families to promote positive parenting practices; 326), Sexual Violence Prevention Program (provides primary prevention services through statewide partnerships to prevent all forms of sexual violence and promote healthy, respectful relationships; 60,700), and Children with Special Health Care Needs (25,983).

Note that the large increase in the number reported by Sexual Violence Program (SVP) from 2021 (2,499) to 2022 (60,700) was due to curricula training for middle and high school students on Oahu, Molokai, and Hawaii Island as well as SVP trainings and outreach events throughout the University of Hawaii system statewide. In 2021 not all students returned to campus due to COVID-19 pandemic, which explained the small number in 2021. Also note that there has been a grant change for Early Childhood Comprehensive System, no outreach activities for this program (2021 reported, 970).

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6. **Field Name:** **Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**

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**Fiscal Year:** **2022**

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**Field Note:****Overall Estimation:**

Based on the largest reach by the Keiki Screening Media Campaign, in which broadcast TV reached of 243,554 adults 25-54 years old (99.3%). The second largest reach was the TeenLink Stress Reduction Media Campaign, which reached 123,026 households with children (97.8%).

**Individual Program Report:**

Other programs included 5a number (6,768), outreach activities conducted by Kauai District Health Office (135), and outreach activities (community outreach, advisory groups, social media, brochure distribution, trainings) conducted by Children with Special Health Needs Section (14,000) and Early Intervention Section (5,000). The Hawaii Childhood Lead Poisoning Prevention Program (HI-CLPPP) distributed about 3,544 educational materials, held 3 coalition meetings (66), had outreach events including training and presentation (270), had 1,976 unique website views, had Hawaii Fishing News magazine advertising (69,000) and Hawaii Fishing News calendar advertising (23,000). The Newborn Metabolic Screening Program distributed materials to an estimated 16,000 new mothers; other outreach activities included workgroups (10,729). The Newborn Hearing Screening Program distributed about 154,527 educational materials; conducted training and workgroups (45), and had 500 website hits by providers and the public.

7. **Field Name:** **Others Total % Served**

**Fiscal Year:** **2022**

**Field Note:**

Numerator: Programs contributed to the numerator (670,996) included 5a number (20,244); Sexual Violence Prevention Program (meetings and trainings; 609), Adolescent Wellness (training for teen-serving staffs; 1,891), WIC services for postpartum women (5,215); Home Visiting (525), Hawaii Public Health Training Hui (education to promote health and well-being; 868), Parent Leadership Training Institute (PLTI) Hawaii (increases the number and skill level of parents and community leaders; 15), Project ECHO Hawaii Pediatric Series (a guided-practice model that reduces health disparities in underserved and rural areas through the use of a hub-and-spoke approach where expert teams lead virtual clinics; 152), Hawaii Medicare Rural Hospital Flexibility Program (Clinical Quality and Financial Improvement Training to critical access hospital staff; 65), Kauai District Health Office (outreach activities; 4,000), Maui District Health Office (Distribution of COVID self-test kits, 5,805), Hawaii District Health Office (provided education to community, 15), Oral Health (oral health meetings, 50), Safe Sleep (distribution of educational material, 162), Domestic Violence Prevention Program (workforce trainings and distribution of materials, 1,682), CMV brochures distributed to adults by Reproductive Health (500), and media campaigns that served a total of 629,263 adults (TeenLink Stress Reduction Media Campaign, 61,519; Safe Sleep Media Campaign, 244,290; Keiki Screening Media Campaign broadcast TV, 243,554, Keiki Screening Media Campaign Oahu radio, 79,900).

Denominator: 2021 Census Estimate (1,072,348).

Note that there has been a change in grant for Early Childhood Comprehensive Systems, no outreach activities were conducted in 2022 (2021 reported, 9,218), Also note that 2021 number was used for Safe Sleep due to position vacancy.

**Data Alerts:**

- |    |  |
|----|--|
| 1. | Reported percentage for Others on Form 5b is greater than or equal to 50%. The Others denominator includes both women and men ages 22 and over. Please double check and justify with a field note. |
|----|--|

**Form 6**  
**Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX**

**State: Hawaii**

**Annual Report Year 2022**

**I. Unduplicated Count by Race/Ethnicity**

	(A) Total	(B) Non- Hispanic White	(C) Non- Hispanic Black or African American	(D) Hispanic	(E) Non- Hispanic American Indian or Native Alaskan	(F) Non- Hispanic Asian	(G) Non- Hispanic Native Hawaiian or Other Pacific Islander	(H) Non- Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	15,086	3,811	313	2,620	11	3,742	1,428	2,989	172
Title V Served	15,086	3,811	313	2,620	11	3,742	1,428	2,989	172
Eligible for Title XIX	8,739	1,157	140	394	238	3,343	1,294	879	1,294
2. Total Infants in State	16,244	2,408	252	2,753	29	3,497	2,051	5,254	0
Title V Served	16,244	2,408	252	2,753	29	3,497	2,051	5,254	0
Eligible for Title XIX	14,888	231	61	296	69	595	180	0	13,456



**Form Notes for Form 6:**

None

**Field Level Notes for Form 6:**

1.	<b>Field Name:</b>	<b>1. Total Deliveries in State</b>
	<b>Fiscal Year:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>Total</b>
	<b>Field Note:</b> Information obtained from maternal race as reported in 2022 vital statistics birth certificate data. The number of more than single birth (twin, triplet) is subtracted from the number of births.	
2.	<b>Field Name:</b>	<b>1. Title V Served</b>
	<b>Fiscal Year:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>Total</b>
	<b>Field Note:</b> Used overall estimate of newborn metabolic screening percentage (100%) in 2022 applied to overall total and each race group.	
3.	<b>Field Name:</b>	<b>1. Eligible for Title XIX</b>
	<b>Fiscal Year:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>Total</b>
	<b>Field Note:</b> Data Source: Data from Hawaii Medicaid program in 2022 and reflects unduplicated clients served. Note. Collection of race differs between that reported for Title V served and those reported for Title XIX so are not directly comparable.	
4.	<b>Field Name:</b>	<b>2. Total Infants in State</b>
	<b>Fiscal Year:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>Total</b>
	<b>Field Note:</b> Total number of infants based on 2020 CDC, NCHS, Bridged-Race population estimates from <a href="https://wonder.cdc.gov">https://wonder.cdc.gov</a> . No further updates beyond 2020. The Bridged-Race population groups reported are different from that requested in Title V. To determine race specific estimates for Title V, the distribution of race based on children under 5 years based on 2010 Census was applied to total infants in state as more current data was not available for requested race groups. Additionally, American Community Survey does not report out single year age estimates. Note: Collection of race varies from that reported from vital statistics so not directly comparable.	
5.	<b>Field Name:</b>	<b>2. Title V Served</b>
	<b>Fiscal Year:</b>	<b>2022</b>

	<b>Column Name:</b>	<b>Total</b>
	<b>Field Note:</b> Used overall estimate of newborn metabolic screening percentage (100%) in 2022 applied to overall total and each race group.	
6.	<b>Field Name:</b>	<b>2. Eligible for Title XIX</b>
	<b>Fiscal Year:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>Total</b>

**Field Note:**

Data Source: Data from Hawaii Medicaid program in 2022 and reflects unduplicated clients served. Note. Collection of race differs between that reported for Title V served and those reported for Title XIX so are not directly comparable. For example, the number of clients of more than one race was not provided by the Hawaii Medicaid Program.

Note that the number of infants exceeds the number of pregnant women. This is because infants are defined as all children <1 year old in 2022, which will include most or all births over a period of two years.

**Form 7**  
**State MCH Toll-Free Telephone Line and Other Appropriate Methods Data**

**State: Hawaii**

A. State MCH Toll-Free Telephone Lines	2024 Application Year	2022 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 816-1222	(800) 816-1222
2. State MCH Toll-Free "Hotline" Name	The Parent Line	The Parent Line
3. Name of Contact Person for State MCH "Hotline"	Eydie McNicoll	Eydie McNicoll
4. Contact Person's Telephone Number	(808) 681-1520	(808) 681-1520
5. Number of Calls Received on the State MCH "Hotline"		1,058

B. Other Appropriate Methods	2024 Application Year	2022 Annual Report Year
1. Other Toll-Free "Hotline" Names	Early Intervention Referral Line	Early Intervention Referral Line
2. Number of Calls on Other Toll-Free "Hotlines"		3,470
3. State Title V Program Website Address	<a href="http://health.hawaii.gov/fhsd">http://health.hawaii.gov/fhsd</a>	<a href="http://health.hawaii.gov/fhsd">http://health.hawaii.gov/fhsd</a>
4. Number of Hits to the State Title V Program Website		1,796
5. State Title V Social Media Websites		
6. Number of Hits to the State Title V Program Social Media Websites		

**Form Notes for Form 7:**

None

**Form 8**  
**State MCH and CSHCN Directors Contact Information**  
**State: Hawaii**

**1. Title V Maternal and Child Health (MCH) Director**

Name	Matthew J. Shim, Ph.D., M.P.H.
Title	Chief, Family Health Services Division
Address 1	1250 Punchbowl Street, Room 216
Address 2	
City/State/Zip	Honolulu / HI / 96813
Telephone	(808) 586-4122
Extension	
Email	matthew.shim@doh.hawaii.gov

**2. Title V Children with Special Health Care Needs (CSHCN) Director**

Name	Patricia Heu, M.D
Title	Children with Special Health Needs Branch
Address 1	741 Sunset Avenue
Address 2	CSHNP
City/State/Zip	Honolulu / HI / 96816
Telephone	(808) 733-9070
Extension	
Email	patricia.heu@doh.hawaii.gov

### 3. State Family Leader (Optional)

Name	Susan Wood
Title	Project Coordinator, Hilopa'a Family to Family Inc.
Address 1	PO Box 1104
Address 2	
City/State/Zip	Honokaa / HI / 96727
Telephone	(808) 756-0179
Extension	
Email	susan@hilopaa.org

#### 4. State Youth Leader (Optional)

Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

**Form Notes for Form 8:**

None



**Form 9**  
**List of MCH Priority Needs**

**State: Hawaii**

**Application Year 2024**

No.	Priority Need
1.	Promote reproductive life planning
2.	Increase the rate of infants sleeping in safe conditions
3.	Improve the percentage of children screened early and continuously ages 0-5 years for developmental delay
4.	Reduce the rate of confirmed child abuse and neglect cases per 1,000 with special attention to children ages 0-5 years.
5.	Improve the percentage of youth with special health care needs ages 12-21 years who receive services necessary to make transitions to adult health care
6.	Improve the healthy development, health, safety, and well-being of adolescents
7.	Reduce food insecurity for pregnant women and infants through WIC program promotion and partnerships
8.	Promote child wellness visits and immunizations among young children ages 0-5 years.
9.	Address health equity and disparities by expanding pediatric mental health care access in rural and under-served communities
10.	Address health and digital equity by expanding access to telehealth information and services in state public libraries located in underserved communities.

**Form Notes for Form 9:**

None

**Field Level Notes for Form 9:**

None

**Form 9 State Priorities – Needs Assessment Year – Application Year 2021**

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Promote reproductive life planning	Continued
2.	Increase the rate of breastfeeding	Revised
3.	Increase the rate of infants sleeping in safe conditions	Revised
4.	Improve the percentage of children screened early and continuously ages 0-5 years for developmental delay	Continued
5.	Reduce the rate of confirmed child abuse and neglect cases per 1,000 with special attention to children ages 0-5 years.	Revised
6.	Improve the percentage of youth with special health care needs ages 12-21 years who receive services necessary to make transitions to adult health care	Continued
7.	Improve the healthy development, health, safety, and well-being of adolescents	Continued

**Form 10**  
**National Outcome Measures (NOMs)**

State: Hawaii

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

None

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


**Data Source: National Vital Statistics System (NVSS)**

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	71.6 %	0.4 %	10,338	14,446
2020	73.0 %	0.4 %	10,790	14,785
2019	72.0 %	0.4 %	11,377	15,800
2018	72.5 %	0.4 %	11,920	16,433
2017	76.5 %	0.3 %	12,515	16,355
2016	75.9 %	0.3 %	13,232	17,426
2015	77.2 %	0.3 %	13,650	17,680
2014	77.9 %	0.3 %	13,696	17,578

**Legends:**

 Indicator has a numerator <10 and is not reportable

 Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

**NOM 1 - Notes:**

None

**Data Alerts: None**

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

Data Source: HCUP - State Inpatient Databases (SID)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	98.6	8.7	129	13,083
2019	104.8	8.7	146	13,934
2018	104.3	8.6	149	14,281
2017	84.7	7.6	124	14,648
2016	87.9	7.7	132	15,010
2015	66.8	7.7	76	11,376
2014	76.8	7.2	116	15,112
2013	54.8	6.0	85	15,516
2012	60.8	6.3	95	15,633
2011	59.7	6.2	93	15,567
2010	52.0	5.8	81	15,585
2009	55.6	6.0	88	15,823
2008	61.0	6.2	99	16,225

**Legends:** Indicator has a numerator ≤10 and is not reportable Indicator has a numerator <20 and should be interpreted with caution**NOM 2 - Notes:**

None

**Data Alerts: None**

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

Data Source: National Vital Statistics System (NVSS)

#### Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2017_2021	16.9 ⚡	4.5 ⚡	14 ⚡	82,691 ⚡
2016_2020	12.9 ⚡	3.9 ⚡	11 ⚡	85,130 ⚡
2015_2019	14.8 ⚡	4.1 ⚡	13 ⚡	87,765 ⚡
2014_2018	13.4 ⚡	3.9 ⚡	12 ⚡	89,518 ⚡

#### Legends:

🚩 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a numerator <20 and should be interpreted with caution

#### State Provided Data

	2022
Annual Indicator	16.1
Numerator	13
Denominator	80,574
Data Source	Vital Statistics
Data Source Year	2018-2022

#### NOM 3 - Notes:

None


Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	8.8 %	0.2 %	1,381	15,607
2020	8.1 %	0.2 %	1,281	15,783
2019	8.4 %	0.2 %	1,410	16,784
2018	8.3 %	0.2 %	1,416	16,966
2017	8.5 %	0.2 %	1,491	17,508
2016	8.5 %	0.2 %	1,537	18,045
2015	8.3 %	0.2 %	1,531	18,392
2014	7.9 %	0.2 %	1,462	18,526
2013	8.2 %	0.2 %	1,562	18,970
2012	8.1 %	0.2 %	1,542	18,975
2011	8.2 %	0.2 %	1,557	18,947
2010	8.3 %	0.2 %	1,584	18,972
2009	8.4 %	0.2 %	1,592	18,872

**Legends:** Indicator has a numerator <10 and is not reportable Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution**NOM 4 - Notes:**

None


**Data Alerts: None**

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

Data Source: National Vital Statistics System (NVSS)

## Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	10.2 %	0.2 %	1,596	15,609
2020	10.0 %	0.2 %	1,582	15,775
2019	10.6 %	0.2 %	1,775	16,785
2018	10.3 %	0.2 %	1,744	16,960
2017	10.4 %	0.2 %	1,829	17,508
2016	10.5 %	0.2 %	1,904	18,053
2015	10.1 %	0.2 %	1,861	18,409
2014	10.0 %	0.2 %	1,862	18,537
2013	10.2 %	0.2 %	1,928	18,959
2012	9.9 %	0.2 %	1,885	18,964
2011	9.9 %	0.2 %	1,880	18,938
2010	10.5 %	0.2 %	1,985	18,953
2009	11.1 %	0.2 %	2,094	18,785

**Legends:** Indicator has a numerator <10 and is not reportable Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution**NOM 5 - Notes:**


None

**Data Alerts: None**



**NOM 6 - Percent of early term births (37, 38 weeks)****Data Source: National Vital Statistics System (NVSS)****Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	29.0 %	0.4 %	4,528	15,609
2020	28.7 %	0.4 %	4,531	15,775
2019	28.9 %	0.4 %	4,851	16,785
2018	28.5 %	0.4 %	4,831	16,960
2017	28.2 %	0.3 %	4,940	17,508
2016	27.8 %	0.3 %	5,022	18,053
2015	27.9 %	0.3 %	5,140	18,409
2014	27.6 %	0.3 %	5,115	18,537
2013	26.5 %	0.3 %	5,024	18,959
2012	26.4 %	0.3 %	5,012	18,964
2011	27.0 %	0.3 %	5,104	18,938
2010	26.9 %	0.3 %	5,089	18,953
2009	28.4 %	0.3 %	5,326	18,785

**Legends:** Indicator has a numerator <10 and is not reportable Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution**NOM 6 - Notes:**

None

**Data Alerts: None**

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

**Data Source: CMS Hospital Compare**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021/Q1-2021/Q4	1.0 %			
2020/Q4-2021/Q3	1.0 %			
2020/Q3-2021/Q1	1.0 %			
2019/Q4-2020/Q3	1.0 %			
2019/Q1-2019/Q4	2.0 %			
2018/Q4-2019/Q3	2.0 %			
2018/Q3-2019/Q2	2.0 %			
2018/Q2-2019/Q1	1.0 %			
2018/Q1-2018/Q4	1.0 %			
2017/Q4-2018/Q3	1.0 %			
2017/Q3-2018/Q2	1.0 %			
2017/Q2-2018/Q1	1.0 %			
2017/Q1-2017/Q4	1.0 %			
2016/Q4-2017/Q3	1.0 %			
2016/Q3-2017/Q2	1.0 %			
2016/Q2-2017/Q1	1.0 %			
2016/Q1-2016/Q4	1.0 %			
2015/Q2-2016/Q1	1.0 %			
2015/Q1-2015/Q4	1.0 %			
2014/Q4-2015/Q3	2.0 %			
2014/Q3-2015/Q2	2.0 %			
2014/Q2-2015/Q1	2.0 %			
2014/Q1-2014/Q4	4.0 %			
2013/Q4-2014/Q3	5.0 %			
2013/Q3-2014/Q2	6.0 %			
2013/Q2-2014/Q1	7.0 %			

**Legends:**

**NOM 7 - Notes:**

None

**Data Alerts: None**

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

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	5.2	0.6	82	15,831
2019	4.3	0.5	72	16,825
2018	6.4	0.6	109	17,023
2017	6.3	0.6	111	17,573
2016	5.6	0.6	102	18,106
2015	4.9	0.5	90	18,452
2014	5.0	0.5	93	18,591
2013	6.7	0.6	128	19,038
2012	5.4	0.5	103	19,028
2011	6.0	0.6	115	19,012
2010	6.1	0.6	116	19,032
2009	6.0	0.6	114	18,935

**Legends:** Indicator has a numerator <10 and is not reportable Indicator has a numerator <20 and should be interpreted with caution**NOM 8 - Notes:**

None

**Data Alerts: None**

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

Data Source: National Vital Statistics System (NVSS)

## Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	4.9	0.6	77	15,785
2019	5.1	0.6	86	16,797
2018	6.8	0.6	115	16,972
2017	5.4	0.6	95	17,517
2016	6.0	0.6	109	18,059
2015	5.7	0.6	105	18,420
2014	4.5	0.5	83	18,550
2013	6.4	0.6	121	18,987
2012	4.8	0.5	92	18,980
2011	5.3	0.5	100	18,956
2010	6.2	0.6	118	18,988
2009	5.9	0.6	112	18,887

**Legends:** Indicator has a numerator <10 and is not reportable Indicator has a numerator <20 and should be interpreted with caution**NOM 9.1 - Notes:**

None

**Data Alerts: None**

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

Data Source: National Vital Statistics System (NVSS)

## Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	2.9	0.4	46	15,785
2019	3.3	0.4	55	16,797
2018	3.9	0.5	66	16,972
2017	3.8	0.5	67	17,517
2016	3.8	0.5	68	18,059
2015	3.6	0.5	67	18,420
2014	3.3	0.4	62	18,550
2013	4.6	0.5	87	18,987
2012	3.6	0.4	68	18,980
2011	3.6	0.4	68	18,956
2010	4.0	0.5	76	18,988
2009	4.4	0.5	83	18,887

**Legends:** Indicator has a numerator <10 and is not reportable Indicator has a numerator <20 and should be interpreted with caution**NOM 9.2 - Notes:**

None

**Data Alerts: None**

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

Data Source: National Vital Statistics System (NVSS)

#### Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	2.0	0.4	31	15,785
2019	1.8	0.3	31	16,797
2018	2.9	0.4	49	16,972
2017	1.6	0.3	28	17,517
2016	2.3	0.4	41	18,059
2015	2.1	0.3	38	18,420
2014	1.1	0.3	21	18,550
2013	1.8	0.3	34	18,987
2012	1.3	0.3	24	18,980
2011	1.7	0.3	32	18,956
2010	2.2	0.3	42	18,988
2009	1.5	0.3	29	18,887

#### Legends:

🚩 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a numerator <20 and should be interpreted with caution

#### NOM 9.3 - Notes:

None

Data Alerts: None




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

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	145.7	30.4	23	15,785
2019	214.3	35.8	36	16,797
2018	253.4	38.7	43	16,972
2017	222.6	35.7	39	17,517
2016	216.0	34.6	39	18,059
2015	228.0	35.2	42	18,420
2014	177.9	31.0	33	18,550
2013	258.1	36.9	49	18,987
2012	200.2	32.5	38	18,980
2011	200.5	32.6	38	18,956
2010	221.2	34.2	42	18,988
2009	233.0	35.2	44	18,887

**Legends:** Indicator has a numerator <10 and is not reportable Indicator has a numerator <20 and should be interpreted with caution**NOM 9.4 - Notes:**

None

**Data Alerts: None**

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

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	63.4 ⚡	20.0 ⚡	10 ⚡	15,785 ⚡
2019	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2018	111.9 ⚡	25.7 ⚡	19 ⚡	16,972 ⚡
2017	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2016	94.1 ⚡	22.8 ⚡	17 ⚡	18,059 ⚡
2015	76.0 ⚡	20.3 ⚡	14 ⚡	18,420 ⚡
2014	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2013	79.0 ⚡	20.4 ⚡	15 ⚡	18,987 ⚡
2012	63.2 ⚡	18.3 ⚡	12 ⚡	18,980 ⚡
2011	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2010	115.9	24.7	22	18,988
2009	NR 🚩	NR 🚩	NR 🚩	NR 🚩

**Legends:**

🚩 Indicator has a numerator &lt;10 and is not reportable

⚡ Indicator has a numerator &lt;20 and should be interpreted with caution

**NOM 9.5 - Notes:**

None

**Data Alerts: None**

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

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

### Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	7.4 %	1.0 %	1,127	15,238
2020	6.6 %	0.9 %	1,006	15,321
2019	6.8 %	1.4 %	569	8,360
2015	8.7 %	1.0 %	1,522	17,555
2014	8.5 %	1.0 %	1,474	17,402
2013	7.6 %	0.9 %	1,368	18,029
2012	7.9 %	0.9 %	1,416	17,864
2011	6.9 %	0.8 %	1,267	18,437
2010	7.2 %	0.8 %	1,328	18,461
2009	6.7 %	0.8 %	1,230	18,374
2008	6.3 %	0.6 %	1,167	18,459
2007	6.0 %	0.6 %	1,107	18,342

#### Legends:

🚩 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has an unweighted denominator between 30 and 59 or confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

#### NOM 10 - Notes:

None

Data Alerts: None

# NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

## Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	1.4 ⚡	0.3 ⚡	18 ⚡	13,286 ⚡
2019	1.1 ⚡	0.3 ⚡	15 ⚡	14,226 ⚡
2018	1.3 ⚡	0.3 ⚡	19 ⚡	14,468 ⚡
2017	2.2	0.4	32	14,879
2016	1.1 ⚡	0.3 ⚡	16 ⚡	15,111 ⚡
2015	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2014	1.4	0.3	22	15,358
2013	0.8 ⚡	0.2 ⚡	12 ⚡	15,722 ⚡
2012	0.8 ⚡	0.2 ⚡	13 ⚡	15,869 ⚡
2011	0.8 ⚡	0.2 ⚡	13 ⚡	15,757 ⚡
2010	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2009	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2008	0.8 ⚡	0.2 ⚡	13 ⚡	16,419 ⚡

### Legends:

🚩 Indicator has a numerator ≤10 and is not reportable

⚡ Indicator has a numerator <20 and should be interpreted with caution

### NOM 11 - Notes:

None

Data Alerts: None

**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 12 - Notes:**

None

**Data Alerts: None**

**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 13 - Notes:**

None

**Data Alerts: None**

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

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	10.6 %	1.0 %	29,668	279,240
2019_2020	14.1 %	1.6 %	40,887	289,222
2018_2019	12.9 %	1.6 %	36,524	282,655
2017_2018	8.6 %	1.2 %	23,601	275,995
2016_2017	9.5 %	1.1 %	27,331	287,697
2016	10.9 %	1.4 %	32,106	295,883

**Legends:**

🚩 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 14 - Notes:**

None

**Data Alerts: None**

**NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000**

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	7.7 ⚡	2.2 ⚡	12 ⚡	155,910 ⚡
2020	10.3 ⚡	2.6 ⚡	16 ⚡	155,351 ⚡
2019	16.8	3.3	26	155,129
2018	13.3	2.9	21	157,349
2017	18.2	3.4	29	158,951
2016	16.8	3.2	27	160,245
2015	14.4	3.0	23	160,241
2014	14.5	3.0	23	158,910
2013	20.2	3.6	32	158,268
2012	10.9 ⚡	2.7 ⚡	17 ⚡	155,558 ⚡
2011	16.8	3.3	26	154,442
2010	14.4	3.1	22	153,004
2009	19.3	3.6	29	150,364

**Legends:**

🚫 Indicator has a numerator &lt;10 and is not reportable

⚡ Indicator has a numerator &lt;20 and should be interpreted with caution

**NOM 15 - Notes:**

None

**Data Alerts: None**




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

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	26.3	4.0	43	163,193
2020	20.9	3.7	32	153,398
2019	31.0	4.4	49	158,163
2018	25.1	4.0	40	159,133
2017	25.8	4.0	41	159,029
2016	33.7	4.6	54	160,416
2015	27.0	4.1	44	163,073
2014	20.9	3.6	34	162,896
2013	25.2	3.9	41	162,519
2012	27.7	4.1	45	162,427
2011	30.3	4.3	50	165,114
2010	26.9	4.0	45	167,533
2009	31.5	4.3	53	168,494

**Legends:** Indicator has a numerator <10 and is not reportable Indicator has a numerator <20 and should be interpreted with caution**NOM 16.1 - Notes:**

None

**Data Alerts: None**

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

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2021	6.1 ⚡	1.6 ⚡	14 ⚡	230,559 ⚡
2018_2020	6.1 ⚡	1.6 ⚡	14 ⚡	229,290 ⚡
2017_2019	6.5 ⚡	1.7 ⚡	15 ⚡	231,497 ⚡
2016_2018	8.6	1.9	20	232,911
2015_2017	11.0	2.2	26	235,446
2014_2016	10.9	2.1	26	238,506
2013_2015	9.6	2.0	23	240,137
2012_2014	8.3	1.9	20	242,273
2011_2013	11.4	2.2	28	245,750
2010_2012	11.1	2.1	28	251,412
2009_2011	12.5	2.2	32	256,302
2008_2010	11.6	2.1	30	259,537
2007_2009	10.8	2.0	28	260,274

**Legends:**

🚫 Indicator has a numerator &lt;10 and is not reportable

⚡ Indicator has a numerator &lt;20 and should be interpreted with caution


**NOM 16.2 - Notes:**

None

**Data Alerts: None**

**NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000****Data Source: National Vital Statistics System (NVSS)****Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2021	12.1	2.3	28	230,559
2018_2020	10.5	2.1	24	229,290
2017_2019	10.4	2.1	24	231,497
2016_2018	9.9	2.1	23	232,911
2015_2017	13.2	2.4	31	235,446
2014_2016	13.0	2.3	31	238,506
2013_2015	11.2	2.2	27	240,137
2012_2014	8.3	1.9	20	242,273
2011_2013	9.0	1.9	22	245,750
2010_2012	9.5	2.0	24	251,412
2009_2011	11.3	2.1	29	256,302
2008_2010	11.9	2.2	31	259,537
2007_2009	10.8	2.0	28	260,274

**Legends:** Indicator has a numerator <10 and is not reportable Indicator has a numerator <20 and should be interpreted with caution**NOM 16.3 - Notes:**

None

**Data Alerts: None**

**NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17**

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	13.2 %	0.9 %	39,320	297,640
2019_2020	14.5 %	1.3 %	43,575	300,175
2018_2019	13.8 %	1.4 %	41,505	301,627
2017_2018	13.0 %	1.2 %	39,591	304,299
2016_2017	13.4 %	1.1 %	41,238	308,059
2016	13.6 %	1.3 %	42,109	309,692

**Legends:**

🚩 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 17.1 - Notes:**

None

**Data Alerts: None**

**NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system**

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	20.1 %	3.2 %	7,884	39,257
2019_2020	18.6 %	3.8 %	8,114	43,575
2018_2019	18.6 %	4.1 %	7,706	41,505
2017_2018	16.6 %	3.5 %	6,564	39,591
2016_2017	17.4 %	3.1 %	7,174	41,238
2016	16.7 %	3.2 %	7,021	42,109

**Legends:**

🚩 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 17.2 - Notes:**

None

**Data Alerts: None**

**NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder****Data Source: National Survey of Children's Health (NSCH)****Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	1.7 %	0.4 %	4,185	244,046
2019_2020	1.8 %	0.5 %	4,589	249,409
2018_2019	2.0 %	0.5 %	4,822	243,451
2017_2018	1.7 %	0.4 %	4,176	243,788
2016_2017	1.6 %	0.4 %	4,022	254,642
2016	1.8 % ⚡	0.6 % ⚡	4,558 ⚡	257,036 ⚡

**Legends:** Indicator has an unweighted denominator <30 and is not reportable Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution**NOM 17.3 - Notes:**

None

**Data Alerts: None**

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

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	5.9 %	0.7 %	14,416	242,480
2019_2020	5.4 %	0.9 %	13,161	245,922
2018_2019	6.3 %	1.2 %	15,021	239,185
2017_2018	6.4 %	1.1 %	15,515	241,777
2016_2017	5.4 %	0.8 %	13,620	253,200
2016	5.0 %	0.7 %	12,754	254,397

**Legends:**

🚩 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 17.4 - Notes:**

None

**Data Alerts: None**

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

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	45.4 %	4.9 %	10,507	23,162
2019_2020	46.8 % ⚡	6.7 % ⚡	9,730 ⚡	20,781 ⚡
2018_2019	56.6 % ⚡	8.2 % ⚡	10,655 ⚡	18,809 ⚡
2017_2018	54.4 % ⚡	7.1 % ⚡	10,866 ⚡	19,992 ⚡
2016_2017	45.6 % ⚡	6.1 % ⚡	9,601 ⚡	21,033 ⚡
2016	38.4 % ⚡	7.4 % ⚡	8,494 ⚡	22,150 ⚡

**Legends:**

🚩 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 18 - Notes:**

None

**Data Alerts: None**



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

Data Source: National Survey of Children's Health (NSCH)

## Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	92.5 %	0.8 %	274,857	297,296
2019_2020	92.1 %	1.1 %	276,238	299,934
2018_2019	92.9 %	1.1 %	279,910	301,442
2017_2018	92.4 %	1.1 %	280,914	304,114
2016_2017	91.3 %	1.0 %	280,275	307,112
2016	91.7 %	1.2 %	282,105	307,798

### Legends:

🚩 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

### NOM 19 - Notes:

None

Data Alerts: None

**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)**

Data Source: WIC

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	10.7 %	0.3 %	905	8,441
2018	10.7 %	0.3 %	1,158	10,871
2016	9.6 %	0.3 %	1,113	11,589
2014	10.3 %	0.3 %	1,343	12,987
2012	10.2 %	0.3 %	1,489	14,578
2010	9.7 %	0.3 %	1,413	14,504
2008	10.0 %	0.3 %	1,279	12,796

**Legends:**

🚫 Indicator has a denominator <20 and is not reportable

⚡ Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

**Data Source: Youth Risk Behavior Surveillance System (YRBSS)**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	14.9 %	1.1 %	6,535	43,801
2019	16.4 %	1.1 %	6,757	41,208
2017	14.2 %	0.6 %	5,507	38,832
2015	12.9 %	1.1 %	5,067	39,140
2013	13.4 %	1.0 %	5,384	40,213
2011	13.2 %	1.2 %	5,550	42,116
2009	14.2 %	1.7 %	6,723	47,369
2007	15.2 %	1.4 %	7,939	52,142
2005	13.1 %	1.0 %	6,843	52,303

**Legends:**

🚫 Indicator has an unweighted denominator <100 and is not reportable

⚡ Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	17.1 %	1.8 %	21,649	126,503
2019_2020	15.5 %	2.1 %	20,313	131,281
2018_2019	11.1 %	2.0 %	13,974	126,050
2017_2018	11.5 %	2.0 %	13,825	119,800
2016_2017	13.9 %	1.9 %	16,615	119,950
2016	11.0 %	1.9 %	12,738	115,773

**Legends:**

🚫 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 20 - Notes:**

None


**Data Alerts: None**

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

Data Source: American Community Survey (ACS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	2.3 %	0.4 %	7,076	304,505
2019	2.8 %	0.4 %	8,330	299,909
2018	2.9 %	0.6 %	8,796	302,389
2017	2.1 %	0.4 %	6,519	304,896
2016	2.1 %	0.4 %	6,484	306,799
2015	1.4 %	0.3 %	4,350	312,071
2014	2.0 %	0.3 %	6,246	307,392
2013	3.2 %	0.6 %	9,896	306,669
2012	2.9 %	0.5 %	8,844	301,575
2011	3.9 %	0.6 %	11,813	304,365
2010	3.7 %	0.6 %	11,134	302,473
2009	2.6 %	0.5 %	7,498	288,177

**Legends:** Indicator has an unweighted denominator <30 and is not reportable Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution**NOM 21 - Notes:**

None

**Data Alerts: None**


**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**


**Data Source: National Immunization Survey (NIS)**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018	79.2 %	3.4 %	13,000	17,000
2017	67.2 %	4.0 %	11,000	17,000
2016	73.9 %	3.6 %	14,000	19,000
2015	71.8 %	3.6 %	13,000	18,000
2014	68.4 %	3.7 %	13,000	18,000
2013	69.9 %	3.8 %	13,000	18,000
2012	72.4 %	3.4 %	13,000	19,000
2011	66.5 %	4.2 %	12,000	19,000

**Legends:**

 Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

 Estimates with 95% confidence interval widths >20 or that are inestimable might not be reliable

**NOM 22.1 - Notes:**

None

**Data Alerts: None**

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

**Data Source: National Immunization Survey (NIS) – Flu**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	57.5 %	2.8 %	156,933	272,911
2020_2021	59.5 %	2.1 %	164,292	276,121
2019_2020	67.0 %	2.0 %	185,940	277,523
2018_2019	61.8 %	2.1 %	174,145	281,651
2017_2018	61.0 %	2.4 %	173,982	285,051
2016_2017	60.6 %	2.2 %	169,771	280,243
2015_2016	71.8 %	2.0 %	198,006	275,967
2014_2015	74.4 %	1.9 %	206,844	278,016
2013_2014	70.4 %	2.6 %	194,717	276,586
2012_2013	69.7 %	3.3 %	199,548	286,207
2011_2012	66.6 %	4.0 %	178,392	267,854
2010_2011	70.0 % ⚡	6.4 % ⚡	181,808 ⚡	259,726 ⚡
2009_2010	67.3 %	2.4 %	184,988	274,870

**Legends:**

🚫 Estimate not reported because unweighted sample size for the denominator < 30 or because the relative standard error is >0.3.

⚡ Estimates with 95% confidence interval half-widths > 10 might not be reliable

**NOM 22.2 - Notes:**

None

**Data Alerts: None**

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

**Data Source: National Immunization Survey (NIS) - Teen**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	83.8 %	2.7 %	64,299	76,749
2020	84.9 %	2.5 %	66,589	78,453
2019	79.4 %	2.9 %	62,610	78,849
2018	76.7 %	2.8 %	60,275	78,556
2017	69.4 %	3.1 %	55,143	79,470
2016	64.8 %	3.2 %	51,921	80,076
2015	66.8 %	2.9 %	52,911	79,172

**Legends:**

🚫 Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

⚡ Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

**NOM 22.3 - Notes:**



None

**Data Alerts: None**



**NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine****Data Source: National Immunization Survey (NIS) - Teen****Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	88.6 %	2.3 %	68,026	76,749
2020	83.7 %	2.7 %	65,660	78,453
2019	83.4 %	2.8 %	65,743	78,849
2018	85.8 %	2.3 %	67,412	78,556
2017	84.8 %	2.5 %	67,418	79,470
2016	82.2 %	2.6 %	65,799	80,076
2015	79.6 %	2.5 %	63,034	79,172
2014	82.3 %	2.5 %	66,040	80,260
2013	80.2 %	2.7 %	64,200	80,038
2012	74.1 %	3.0 %	61,021	82,379
2011	67.7 %	3.2 %	56,199	83,036
2010	58.1 %	3.2 %	47,269	81,309
2009	46.1 %	3.5 %	36,222	78,650

**Legends:** Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2 Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable**NOM 22.4 - Notes:**

None

**Data Alerts: None**

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

**Data Source: National Immunization Survey (NIS) - Teen**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	88.0 %	2.5 %	67,523	76,749
2020	86.0 %	2.4 %	67,501	78,453
2019	82.5 %	2.8 %	65,035	78,849
2018	83.6 %	2.5 %	65,643	78,556
2017	85.9 %	2.4 %	68,294	79,470
2016	75.9 %	2.9 %	60,738	80,076
2015	78.7 %	2.5 %	62,278	79,172
2014	77.7 %	2.7 %	62,358	80,260
2013	75.0 %	3.1 %	60,003	80,038
2012	70.4 %	3.2 %	58,019	82,379
2011	70.2 %	3.0 %	58,282	83,036
2010	64.5 %	3.0 %	52,417	81,309
2009	51.0 %	3.5 %	40,094	78,650

**Legends:**

🚫 Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

⚡ Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable


**NOM 22.5 - Notes:**

None

**Data Alerts: None**

**NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females****Data Source: National Vital Statistics System (NVSS)****Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	12.3	0.6	463	37,673
2020	13.0	0.6	470	36,031
2019	15.7	0.7	584	37,302
2018	17.2	0.7	643	37,345
2017	19.1	0.7	714	37,287
2016	19.2	0.7	728	37,877
2015	20.7	0.7	789	38,123
2014	23.2	0.8	893	38,413
2013	25.0	0.8	976	39,000
2012	27.9	0.8	1,108	39,717
2011	29.7	0.9	1,199	40,367
2010	32.6	0.9	1,347	41,288
2009	37.0	0.9	1,547	41,755


**Legends:** Indicator has a numerator <10 and is not reportable Indicator has a numerator <20 and should be interpreted with caution**NOM 23 - Notes:**

None

**Data Alerts: None**

**NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth****Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)****Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	14.4 %	1.3 %	2,166	15,003
2020	13.7 %	1.3 %	2,067	15,102
2019	11.1 %	1.8 %	915	8,236
2015	9.0 %	1.1 %	1,610	17,938
2014	11.0 %	1.2 %	1,974	17,970
2013	9.5 %	1.0 %	1,748	18,407
2012	10.6 %	1.0 %	1,938	18,254

**Legends:** Indicator has an unweighted denominator <30 and is not reportable Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution**NOM 24 - Notes:**

None

**Data Alerts: None**

**NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year**

**Data Source: National Survey of Children's Health (NSCH)**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	3.1 %	0.5 %	9,110	293,852
2019_2020	2.1 %	0.5 %	6,336	298,701
2018_2019	1.6 % ⚡	0.5 % ⚡	4,803 ⚡	300,123 ⚡
2017_2018	1.6 % ⚡	0.5 % ⚡	4,864 ⚡	301,799 ⚡
2016_2017	1.7 %	0.5 %	5,239	305,190
2016	2.7 %	0.8 %	8,400	307,347

**Legends:**

🚫 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

**NOM 25 - Notes:**

None

**Data Alerts: None**

**Form 10**  
**National Performance Measures (NPMs)**  
**State: Hawaii**

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

Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2018	2019	2020	2021	2022
Annual Objective			77	81	81
Annual Indicator		76.6	78.1	69.5	69.5
Numerator		184,106	185,323	167,306	167,306
Denominator		240,287	237,398	240,808	240,808
Data Source		BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year		2018	2019	2021	2021

**i** Previous NPM-1 BRFSS data for survey year 2017 that was pre-populated under the 2018 Annual Report Year is no longer displayed since it is not comparable with 2018 survey data.

Annual Objectives			
	2023	2024	2025
Annual Objective	83.0	85.0	87.0

**Field Level Notes for Form 10 NPMs:**

None

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

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2018	2019	2020	2021	2022
Annual Objective	80	82	82	86	86
Annual Indicator	81.5	81.5	84.0	83.0	83.0
Numerator	14,376	14,376	6,895	12,363	12,363
Denominator	17,634	17,634	8,212	14,891	14,891
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2015	2015	2019	2021	2021

Annual Objectives			
	2023	2024	2025
Annual Objective	87.0	87.0	88.0

**Field Level Notes for Form 10 NPMs:**

None

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

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2020	2021	2022
Annual Objective	21	30	30
Annual Indicator	28.7	27.7	27.7
Numerator	2,245	4,047	4,047
Denominator	7,829	14,591	14,591
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2021	2021

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective		1	21	29	30
Annual Indicator	100	20.3	28.7		
Numerator	1	3,306	2,245		
Denominator	1	16,296	7,829		
Data Source	1	PRAMS	PRAMS		
Data Source Year	1	2016	2019		
Provisional or Final ?	Provisional	Final	Final		

Annual Objectives			
	2023	2024	2025
Annual Objective	30.0	31.0	31.0



**Field Level Notes for Form 10 NPMs:**

1.	<b>Field Name:</b>	<b>2018</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	1 is entered because PRAMS 2017 data is not available in State
2.	<b>Field Name:</b>	<b>2019</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	There was no PRAMS data collection in Hawaii from 2017 to 2018, and no data on this measure prior to 2016. This is the first year data was provided on this measure.
3.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Based on 2019 PRAMS, which is same as FAD this year.

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

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2020	2021	2022
Annual Objective	33	49	49
Annual Indicator	48.1	52.0	52.0
Numerator	3,755	7,507	7,507
Denominator	7,801	14,442	14,442
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2021	2021

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective		1	33	49	49
Annual Indicator	100	46.2	48.1		
Numerator	1	5,186	3,755		
Denominator	1	11,228	7,801		
Data Source	1	PRAMS	PRAMS		
Data Source Year	1	2016	2019		
Provisional or Final ?	Provisional	Final	Final		

Annual Objectives			
	2023	2024	2025
Annual Objective	50.0	50.0	51.0

**Field Level Notes for Form 10 NPMs:**

1.	<b>Field Name:</b>	<b>2018</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	1 is entered because PRAMS 2017 data is not available in State
2.	<b>Field Name:</b>	<b>2019</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	There was no PRAMS data collection in Hawaii from 2017 to 2018, and no data on this measure prior to 2016. This is the first year data was provided on this measure.
3.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Based on 2019 PRAMS, which is same as FAD this year.

**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**

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2018	2019	2020	2021	2022
Annual Objective	33	39	40	40	40
Annual Indicator	39.1	36.5	31.6	41.0	41.0
Numerator	14,121	13,201	12,899	15,213	15,213
Denominator	36,113	36,145	40,832	37,098	37,098
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017	2017_2018	2018_2019	2020_2021	2020_2021

Annual Objectives			
	2023	2024	2025
Annual Objective	41.0	41.0	42.0

**Field Level Notes for Form 10 NPMs:**

None

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

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2018	2019	2020	2021	2022
Annual Objective	74	75	77	81	81
Annual Indicator	74.6	74.6	77.7	66.3	66.3
Numerator	74,226	74,226	76,702	63,067	63,067
Denominator	99,470	99,470	98,664	95,187	95,187
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017	2016_2017	2019	2020_2021	2020_2021

Annual Objectives			
	2023	2024	2025
Annual Objective	82.0	84.0	86.0

**Field Level Notes for Form 10 NPMs:**

None

**NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - Children with Special Health Care Needs**

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2018	2019	2020	2021	2022
Annual Objective	23	23	25	26	26
Annual Indicator	21.9	24.7	17.1	21.9	21.9
Numerator	4,457	5,037	3,214	4,086	4,086
Denominator	20,375	20,412	18,758	18,629	18,629
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017	2017_2018	2018_2019	2020_2021	2020_2021

Annual Objectives			
	2023	2024	2025
Annual Objective	26.0	27.0	27.0

**Field Level Notes for Form 10 NPMs:**

None

**Form 10**  
**State Performance Measures (SPMs)**

State: Hawaii

**SPM 1 - Rate of confirmed child abuse and neglect reports per 1,000 for children ages 0 to 5 years.**

Measure Status:		Active			
State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective		5.9	5.5	5.4	5
Annual Indicator	5.9	5.5	5.7	5	5.8
Numerator	635	584	591	508	587
Denominator	108,119	105,815	104,141	101,271	100,421
Data Source	DHS CAN annual report	DHS CAN annual report	DHS CAN annual report	DHS CAN annual report	DHS CAN annual report
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

<b>Annual Objectives</b>			
	<b>2023</b>	<b>2024</b>	<b>2025</b>
Annual Objective	4.9	4.9	4.8

**Field Level Notes for Form 10 SPMs:**

1.	<b>Field Name:</b>	<b>2018</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b> Data from 2017 DHS CAN annual report ( <a href="http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/">http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/</a> ) represents a rate of 5.9 per 1,000 children 0-5 years of age (Numerator: 635 unique children confirmed victims; Denominator: 2017 Census Estimate 0-5 years: 108,119).	
2.	<b>Field Name:</b>	<b>2019</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b> Baseline Data from 2019 DHS CAN annual report ( <a href="http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/">http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/</a> ) represents a rate of 5.7 per 1,000 children 0-5 years of age (Numerator: 591 unique children confirmed victims; Denominator: 2019 Census Estimate 0-5 years: 104,141).	
3.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b> Baseline Data from 2019 DHS CAN annual report ( <a href="http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/">http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/</a> ) represents a rate of 5.7 per 1,000 children 0-5 years of age (Numerator: 591 unique children confirmed victims; Denominator: 2019 Census Estimate 0-5 years: 104,141).	
4.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b> Baseline Data from 2020 DHS CAN annual report (p.8) <a href="http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/">http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/</a> represents a rate of 5.0 per 1,000 children 0-5 years of age (Numerator: 508 unique children confirmed victims; Denominator: 2020 Census Estimate 0-5 years: 101,271)	
5.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b> Baseline Data from 2021 DHS CAN annual report (p.8) <a href="http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/">http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/</a> represents a rate of 5.8 per 1,000 children 0-5 years of age (Numerator: 587 unique children confirmed victims; Denominator: 2021 Census Estimate 0-5 years: 100,421)	



**SPM 2 - Reduce the rate of food insecurity for pregnant women and infants through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services**

Measure Status:	Active		
State Provided Data			
	2020	2021	2022
Annual Objective			27,000
Annual Indicator	25,584	25,907	25,855
Numerator			
Denominator			
Data Source	Hawaii WIC Services	Hawaii WIC Services	Hawaii WIC Services
Data Source Year	2020	2021	2022
Provisional or Final ?	Final	Final	Final

<b>Annual Objectives</b>			
	<b>2023</b>	<b>2024</b>	<b>2025</b>
Annual Objective	28,000.0	29,000.0	30,000.0

**Field Level Notes for Form 10 SPMs:**

1.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Indicator is number of WIC enrollments for 2020
2.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Indicator is number of WIC enrollments for 2021
3.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Indicator is number of WIC enrollments for 2022

**SPM 3 - The number of pediatric and/or behavioral health providers receiving training and support services on pediatric mental health care in underserved communities/counties statewide.**

Measure Status:	Active		
State Provided Data			
	2020	2021	2022
Annual Objective			20
Annual Indicator	0	0	98
Numerator			
Denominator			
Data Source	Hawaii Pediatric Mental Health Care Access grant	Hawaii Pediatric Mental Health Care Access grant	Hawaii Pediatric Mental Health Care Access grant
Data Source Year	2020	2021	2022
Provisional or Final ?	Final	Final	Final

<b>Annual Objectives</b>			
	<b>2023</b>	<b>2024</b>	<b>2025</b>
Annual Objective	40.0	60.0	80.0

**Field Level Notes for Form 10 SPMs:**

1.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The number of pediatric/mental health providers trained on Pediatric Mental Health Care is 0 for 2020.
2.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The number of pediatric/mental health providers trained on Pediatric Mental Health Care is 0 for 2021.
3.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The number of pediatric/mental health providers trained on Pediatric Mental Health Care is 98 for 2022.

**SPM 4 - Number of new telehealth access points established with health and digital navigators in public libraries located in underserved communities statewide**

Measure Status:	Active		
State Provided Data			
	2020	2021	2022
Annual Objective			9
Annual Indicator	0	0	0
Numerator			
Denominator			
Data Source	Hawaii Title V Genetics Program	Hawaii Title V Genetics Program	Hawaii Title V Genetics Program
Data Source Year	2020	2021	2022
Provisional or Final ?	Final	Final	Final

<b>Annual Objectives</b>			
	<b>2023</b>	<b>2024</b>	<b>2025</b>
Annual Objective	15.0	15.0	15.0

**Field Level Notes for Form 10 SPMs:**

1.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	This is a new measure. The number of telehealth access point in 2020 is 0.
2.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	This is a new measure. The number of telehealth access point in 2021 is 0.
3.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	This is a new measure. The number of telehealth access point in 2022 is 0.

**SPM 5 - The percentage of Medicaid children receiving six or more well-child visits in the first 15 months of life**

Measure Status:	Active		
State Provided Data			
	2020	2021	2022
Annual Objective			75
Annual Indicator	73.2	63.8	63.8
Numerator			
Denominator			
Data Source	Hawaii Med-QUEST	Hawaii Med-QUEST	Hawaii Med-QUEST
Data Source Year	2020	2021	2022
Provisional or Final ?	Final	Final	Final

<b>Annual Objectives</b>			
	<b>2023</b>	<b>2024</b>	<b>2025</b>
Annual Objective	76.0	77.0	78.0

**Field Level Notes for Form 10 SPMs:**

1.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Only annual indicator is available. Numerator and denominator are not available for this measure.
2.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Only annual indicator is available. Numerator and denominator are not available for this measure.
3.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Only annual indicator is available. Numerator and denominator are not available for this measure.

**Form 10**  
**Evidence-Based or –Informed Strategy Measures (ESMs)**

State: Hawaii

**ESM 1.1 - Percent of births with less than 18 months spacing between birth and next conception**

Measure Status:	Inactive - Replaced				
State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	31	31	31	31	31
Annual Indicator	31.9	30.9	32.4	33.3	33.1
Numerator	2,773	2,661	2,558	2,614	2,518
Denominator	8,693	8,599	7,903	7,851	7,609
Data Source	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final	Provisional

**Field Level Notes for Form 10 ESMs:**

1.	<b>Field Name:</b>	<b>2017</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Estimate based on 2017 final vital statistics data file
2.	<b>Field Name:</b>	<b>2018</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Estimate based on 2018 final vital statistics data
3.	<b>Field Name:</b>	<b>2019</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Estimate based on 2019 final vital statistics data file
4.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Estimate based on 2020 final vital statistics data file.
5.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Estimate based on 2021 vital statistics data file.
6.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Estimate based on 2022 provisional vital statistics data file as final 2022 data file not available

**ESM 1.2 - The number of women aged 18-44 years served through the state MCH reproductive health and wellness program.**

Measure Status:	Active	
State Provided Data		
	2022	
Annual Objective		
Annual Indicator	3,681	
Numerator		
Denominator		
Data Source	Family Planning and Reproductive Health program	
Data Source Year	2022	
Provisional or Final ?	Final	

<b>Annual Objectives</b>		
	<b>2024</b>	<b>2025</b>
Annual Objective	4,000.0	4,200.0

**Field Level Notes for Form 10 ESMs:**

None

**ESM 5.1 - The number of languages in which safe sleep educational materials are available for Hawaii's communities.**

Measure Status:	Inactive - Completed				
State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective			11	11	11
Annual Indicator			0	11	11
Numerator					
Denominator					
Data Source			Hawaii Safe Sleep Program	Hawaii Safe Sleep Program	Hawaii Safe Sleep Program
Data Source Year			2020	2021	2022
Provisional or Final ?			Final	Final	Final

**Field Level Notes for Form 10 ESMs:**



1.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b> The strategy to translate safe sleep educational and general awareness messages to languages for non-English speaking populations remains and SSH works to distribute the information to agencies and community programs serving families with infants. Distribution of the materials have been hampered somewhat by COVID-19. With the safe sleep guide primarily being distributed as a hard copy, SSH and DOH are working on providing electronic copies. Plans are being made for website and possibly social media for dissemination.	
2.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b> The completion of the translations, dissemination plan, coupled with the launch of a media campaign in FY 2022 largely finishes the work for ESM 5.1. Thus, the FY 2021 indicator is 11 out of 11. A new ESM will be developed next year with the addition of new a strategy.	
3.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b> Data was carried forward from last year due to position vacancy. Educational materials are still available in 11 languages.	

**ESM 5.2 - The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations and individuals, on request**

<b>Measure Status:</b>	<b>Active</b>
<b>State Provided Data</b>	
	<b>2022</b>
Annual Objective	
Annual Indicator	7,839
Numerator	
Denominator	
Data Source	Hawaii Title V Safe Sleep program
Data Source Year	2022
Provisional or Final ?	Final

<b>Annual Objectives</b>		
	<b>2024</b>	<b>2025</b>
Annual Objective	9,000.0	10,000.0

**Field Level Notes for Form 10 ESMs:**

None

**ESM 6.1 - Develop and implement Policy and Public Health Coordination rating scale to monitor developmental screening efforts around the areas of systems development, family engagement, data integration, and addressing vulnerable populations**

Measure Status:		Active			
State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective		12	18	24	27
Annual Indicator					
Numerator	19	23	26	26	28
Denominator	30	30	30	30	30
Data Source	Early Childhood Coordinator	Early Childhood Coordinator	Early Childhood Coordinator	Early Childhood Coordinator	Early Childhood Coordinator
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	30.0	30.0	30.0

**Field Level Notes for Form 10 ESMs:**

1.	<b>Field Name:</b>	<b>2017</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2017 is 9. Converting to percentage $9/30 = 30.0\%$
2.	<b>Field Name:</b>	<b>2018</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2018 is 19. Converting to percentage $19/30 = 63.3\%$
3.	<b>Field Name:</b>	<b>2019</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2019 is 23. Converting to percentage $23/30 = 76.7\%$
4.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2020 is 26. Converting to percentage $26/30 = 86.7\%$
5.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2021 is 26. Converting to percentage $26/30 = 86.7\%$
6.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2022 is 28. Converting to percentage $28/30 = 93.3\%$

**ESM 10.1 - Develop and disseminate a teen-centered Adolescent Informational Resource (AIR) in collaboration with community health and youth service providers to promote adolescent health and annual wellness visits**

Measure Status:		Active			
State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective			18	23	25
Annual Indicator					
Numerator	9	13	20	26	27
Denominator	30	30	30	30	30
Data Source	ART and Science Workgroup	ART and Science Workgroup	ART and Science Workgroup	ART and Science Workgroup	ART and Science Workgroup
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	28.0	30.0	30.0

**Field Level Notes for Form 10 ESMs:**

1.	<b>Field Name:</b>	<b>2018</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b> Converting to percentage $9/30 = 30.0\%$	
2.	<b>Field Name:</b>	<b>2019</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b> Converting to percentage $13/30 = 43.3\%$	
3.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b> Converting to percentage $20/30 = 66.7\%$	
4.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b> Converting to percentage $26/30 = 86.7\%$	
5.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b> Converting to percentage $27/30 = 90.0\%$	

**ESM 12.1 - Degree to which the Title V Children and Youth with Special Health Needs Section promotes and/or facilitates transition to adult health care for Youth with Special Health Care Needs (YSHCN), related to Six Core Elements of Health Care Transition 2.0.**

Measure Status:		Active			
State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	17	21	24	26	28
Annual Indicator					
Numerator	18	22	25	26	31
Denominator	33	33	33	33	33
Data Source	Title V Transition Workgroup	Title V Transition Workgroup	Title V Transition Workgroup	Title V Transition Workgroup	Title V Transition Workgroup
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	30.0	33.0	33.0

**Field Level Notes for Form 10 ESMs:**

1.	<b>Field Name:</b>	<b>2017</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2017 is 13. Converting into percentage $13/33 = 39.4\%$
2.	<b>Field Name:</b>	<b>2018</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2018 is 18. Converting into percentage $18/33 = 54.5\%$
3.	<b>Field Name:</b>	<b>2019</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2019 is 22. Converting into percentage $22/33 = 66.7\%$
4.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2020 is 24.5. Converting into percentage $24.5/33 = 74.2\%$
5.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2021 is 26. Converting into percentage $26/33 = 78.8\%$
6.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2022 is 31. Converting into percentage $31/33 = 93.9\%$



**Form 10**  
**State Performance Measure (SPM) Detail Sheets**  
**State: Hawaii**

**SPM 1 - Rate of confirmed child abuse and neglect reports per 1,000 for children ages 0 to 5 years.**  
**Population Domain(s) – Child Health**

Measure Status:	Active	
Goal:	Reduce the rate of child abuse and neglect with special attention on ages 0-5 years.	
Definition:	Unit Type:	Rate
	Unit Number:	1,000
	Numerator:	Number of confirmed Child Protective Services reports of abuse and neglect for children aged 0 to 5 years
	Denominator:	Number of children aged 0 to 5 years in the state based on decennial census (2010 data reported 104,333 children)
Data Sources and Data Issues:	Hawaii Department of Human Services, Management Services Office. Child Abuse and Neglect Annual reports	
Significance:	Child abuse and neglect has pervasive effects over a person's lifetime. Abuse has negative effects not only on physical health but also on mental, emotional and social health of individuals.	

**SPM 2 - Reduce the rate of food insecurity for pregnant women and infants through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services**  
**Population Domain(s) – Perinatal/Infant Health**

Measure Status:	Active	
Goal:	Reduce the rate food insecurity for pregnant women and infants through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services	
Definition:	Unit Type:	Count
	Unit Number:	50,000
	Numerator:	Number of WIC enrollments
	Denominator:	
Data Sources and Data Issues:	Hawaii WIC Services	
Significance:	<p>It has long been recognized that children living in poverty lag behind other children on a wide range of indicators of physical, mental, academic, and economic well-being. They are more likely to have health, behavioral, learning, and emotional problems. This is especially true of children whose families experience deep poverty, those who are poor during early childhood, and those who are poor for a long time. Children living in poverty are also more likely to be food insecure, and food insecurity in households with children is associated with inadequate intake of several important nutrients, deficits in cognitive development, behavioral problems, and poor health.</p> <p>Over more than four decades, researchers have investigated WIC's effects on key measures of child health such as birth weight, infant mortality, diet quality and nutrient intake, initiation and duration of breastfeeding, cognitive development and learning, immunization, use of health services, and childhood anemia. Taken as a whole, the evidence demonstrates WIC's effectiveness.</p>	

**SPM 3 - The number of pediatric and/or behavioral health providers receiving training and support services on pediatric mental health care in underserved communities/counties statewide.**

**Population Domain(s) – Cross-Cutting/Systems Building**

Measure Status:	Active	
Goal:	Address health equity and disparities by addressing children’s mental health and services in rural and under-served communities.	
Definition:	Unit Type:	Count
	Unit Number:	300
	Numerator:	Number pediatric/mental health providers trained on Pediatric Mental Health Care.
	Denominator:	
Healthy People 2030 Objective:	Increase the proportion of children with mental health problems who get treatment (MHMD-03).	
	Increase the proportion of children and adolescents who get appropriate treatment for behavior problems (EMC-D05).	
Data Sources and Data Issues:	Hawaii Pediatric Mental Health Care Access grant.	
Significance:	The COVID pandemic highlighted the mental health needs of children and primary care and mental health provider shortages. The MCH Evidence Center has ample evidence to show telehealth services can improve access to healthcare to underserved MCH populations.	

**SPM 4 - Number of new telehealth access points established with health and digital navigators in public libraries located in underserved communities statewide**  
**Population Domain(s) – Cross-Cutting/Systems Building**

Measure Status:	Active	
Goal:	Address health and digital inequity experienced by underserved families by expanding access to telehealth services at public library location.	
Definition:	Unit Type:	Count
	Unit Number:	50
	Numerator:	Number of telehealth access points established in state public libraries
	Denominator:	
Healthy People 2030 Objective:	Related to AHS R02: Increase the use of telehealth to improve access to health services (research objective only)	
Data Sources and Data Issues:	Hawaii Title V Genetics Program	
Significance:	The COVID pandemic highlighted the health and digital inequity experienced by many underserved families. Some families do not have the digital literacy to access information and services on-line or do not have devices and/or adequate internet or cellular service even if they know how to use the internet. The MCH Evidence Center has ample evidence to show telehealth services can improve access to healthcare to underserved MCH populations.	

**SPM 5 - The percentage of Medicaid children receiving six or more well-child visits in the first 15 months of life**  
**Population Domain(s) – Child Health**

Measure Status:	Active									
Goal:	Address health equity and disparities by assuring low-income children on Medicaid are receiving well-child visits.									
Definition:	<table><tr><td>Unit Type:</td><td>Percentage</td></tr><tr><td>Unit Number:</td><td>100</td></tr><tr><td>Numerator:</td><td>Number of Medicaid children receiving six or more well-child visits in the first 15 months of life</td></tr><tr><td>Denominator:</td><td>Total number of Medicaid children 0-15 months eligible for Medicaid services.</td></tr></table>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of Medicaid children receiving six or more well-child visits in the first 15 months of life	Denominator:	Total number of Medicaid children 0-15 months eligible for Medicaid services.
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of Medicaid children receiving six or more well-child visits in the first 15 months of life									
Denominator:	Total number of Medicaid children 0-15 months eligible for Medicaid services.									
Healthy People 2030 Objective:	HP 2030 objective: Reduce the proportion of children who get no recommended vaccines by age 2 years — IID-02									
Data Sources and Data Issues:	CMS Medicaid & CHIP Scorecard, Medicaid & CHIP I Hawaii. Hawaii   Medicaid.gov The rate includes managed care population (from 5 managed care organizations). The rate was derived using both administrative and hybrid method data. One MCO used the administrative method and four MCOs used the hybrid method. Denominator is the measure-eligible population. Rate was validated by the state's External Quality Review Organization (EQRO). Hawaii is working with the state Medicaid office to identify the best Medicaid measure for this priority.									
Significance:	The American Academy of Pediatrics and Bright Futures recommend nine well-care visits by the time children turn 15 months of age. These visits should include a health history, physical examination, immunizations, vision and hearing screening, developmental/behavioral assessment, and oral health assessment, as well as parenting education on a wide range of topics. This is part of the 2019 Medicaid Child Core Set of Quality of Care Measures. The COVID pandemic may have resulted in delays/postponement of these visits as reported by the Centers for Disease Control and preliminary data from the Centers for Medicare & Medicaid Services (CMS).									

**Form 10**  
**State Outcome Measure (SOM) Detail Sheets**  
**State: Hawaii**

No State Outcome Measures were created by the State.

**Form 10**  
**Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets**

**State: Hawaii**

**ESM 1.1 - Percent of births with less than 18 months spacing between birth and next conception**

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

<b>Measure Status:</b>	Inactive - Replaced								
<b>Goal:</b>	To support reproductive life planning and healthy birth outcomes by increasing intervals of birth spacing (births spaced from 18 month to next conception).								
<b>Definition:</b>	<table border="1"> <tr> <td><b>Unit Type:</b></td><td>Percentage</td></tr> <tr> <td><b>Unit Number:</b></td><td>100</td></tr> <tr> <td><b>Numerator:</b></td><td>Number of Births with interval &lt; 18 months between birth and next conception</td></tr> <tr> <td><b>Denominator:</b></td><td>Total number of Births</td></tr> </table>	<b>Unit Type:</b>	Percentage	<b>Unit Number:</b>	100	<b>Numerator:</b>	Number of Births with interval < 18 months between birth and next conception	<b>Denominator:</b>	Total number of Births
<b>Unit Type:</b>	Percentage								
<b>Unit Number:</b>	100								
<b>Numerator:</b>	Number of Births with interval < 18 months between birth and next conception								
<b>Denominator:</b>	Total number of Births								
<b>Data Sources and Data Issues:</b>	<p>Data source is vital statistics, Office of Health Status Monitoring.</p> <p>Calculation of interval is based on birth certificate data with valid clinical estimate of gestational age of index birth and prior live birth.</p> <p>Pregnancy Interval = ConceptionDate – Last Live Birth (following HRSA ColIN to reduce infant mortality outcome measure).</p>								
<b>Significance:</b>	<p>Research shows that effective contraception can help with birth spacing, reduce the risk of low-weight and premature births, and support a woman's longer term physical and emotional well-being. The Centers for Disease Control and Prevention has identified Long Acting Reversible Contraception (LARC) as among the most effective family planning methods with a pregnancy rate of less than 1 pregnancy per 100 women in the first year. LARC's intrauterine devices (IUDs) and contraceptive implants are highly effective methods of birth control and can last between 3 and 10 years (depending on the method). Incorporating pregnancy intention screenings in routine and proactive settings where reproductive health age women are likely to be screened every 3 months to a year, regardless of the reason for a women's visit supports the use of One Key Question®(OKQ) and multiple opportunities for these interventions with discussions that can lead to opportunities for preconception care and contraceptive services. References: Department of Health and Human Services, Centers for Medicaid and Medicare Services, CMCS Informational Bulletin, April 8, 2016, State Medicaid Payment Approaches to Improve Access to Long-Acting Reversible Contraception; Augustin Conde Aguelo, MD, MPH; Anyeli Rosas-Bermudez, MPH; Ana Cecilia Kafury-Goeta, MD (2006). Birth Spacing and Risk of Adverse Perinatal Outcomes: A Meta-analysis. JAMA 295 (15): 1809-1823. Trussell J. Contraceptive efficacy. In: Hatcher R, Trussell J, Nelson A, Cates W, Kowal D, Policar M, eds. Contraceptive Technology. 20th ed. New York, NY: Ardent Media; 2011:779-863. Oregon Foundation for Reproductive Health One Key Question®.</p>								

**ESM 1.2 - The number of women aged 18-44 years served through the state MCH reproductive health and wellness program.**

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

Measure Status:	Active									
Goal:	By 2025, 4200 women aged 18-44 years will be served through the state MCH reproductive health and wellness program									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>8,000</td></tr><tr><td>Numerator:</td><td>Total number of women aged 18-44 years served through the state MCH reproductive health and wellness program.</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	8,000	Numerator:	Total number of women aged 18-44 years served through the state MCH reproductive health and wellness program.	Denominator:	
Unit Type:	Count									
Unit Number:	8,000									
Numerator:	Total number of women aged 18-44 years served through the state MCH reproductive health and wellness program.									
Denominator:										
Data Sources and Data Issues:	Family Planning and Reproductive Health program									
Evidence-based/informed strategy:	Reproductive health visits not only help women to avoid unintended pregnancies, but also help a women prepare for healthy pregnancies by addressing important preventive care issues among women of reproductive age. The ESM reflects the reach of new state funded contracts to provide services to the most vulnerable population: women who are uninsured and cannot access care. Research provided by the MCH Evidence Center indicates extending services to those without insurance maybe be effective given expanding insurance coverage appears to be effective. Contracted service providers also employ a few clinical practices supported by evidence including extended clinic hours.									
Significance:	Based on the newly issued service contracts, a new Evidence based/Informed Strategy Measure (ESM) was selected for women’s preventive medical visits: the number of women age 18-44 years served by the state’s reproductive health and wellness program. This replaces the former population-based measure on birth spacing, which did not directly relate to the Title V strategies. The ESM relates to the evidence-based strategy Engagement of Other MCH Programs to Disseminate Information and Make Referrals for Well-Women Visits. Providers across the state were sought to offer critical wellness and reproductive health services to those most in need. The FFY 2022 data collected indicates that 3,681 women were served. Contractors are expected to work on increasing the reach of the program; thus, objectives now reflect an incremental increase for each year.									



**ESM 5.1 - The number of languages in which safe sleep educational materials are available for Hawaii's communities.**

**NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding**

<b>Measure Status:</b>	Inactive - Completed								
<b>Goal:</b>	Expand outreach to Non-English-speaking families and care givers through translation of educational and general awareness safe sleep messages.								
<b>Definition:</b>	<table border="1"> <tr> <td><b>Unit Type:</b></td><td>Count</td></tr> <tr> <td><b>Unit Number:</b></td><td>20</td></tr> <tr> <td><b>Numerator:</b></td><td>Number of languages Departments of Health (DOH) &amp; Human Services (DHS) safe sleep are available for Hawaii's communities</td></tr> <tr> <td><b>Denominator:</b></td><td></td></tr> </table>	<b>Unit Type:</b>	Count	<b>Unit Number:</b>	20	<b>Numerator:</b>	Number of languages Departments of Health (DOH) & Human Services (DHS) safe sleep are available for Hawaii's communities	<b>Denominator:</b>	
<b>Unit Type:</b>	Count								
<b>Unit Number:</b>	20								
<b>Numerator:</b>	Number of languages Departments of Health (DOH) & Human Services (DHS) safe sleep are available for Hawaii's communities								
<b>Denominator:</b>									
<b>Data Sources and Data Issues:</b>	Data will be collected by Safe Sleep Hawaii about the efforts by DOH, DHS and the State Office of Language Access to translate educational materials into other languages for use by non-English speakers.								
<b>Significance:</b>	<p>About 3,500 US infants die suddenly and unexpectedly each year. These deaths are referred to as sudden unexpected infant deaths (SUID). SUID is one of the three leading-causes of death among infants nationally and in Hawaii (Hayes DK, Calhoun CR, Byers TJ, Chock LR, Heu PL, Tomiyasu DW, Sakamoto DT, and Fuddy LJ. Saving Babies: Reducing Infant Mortality in Hawaii. Hawaii Journal of Medicine and Public Health. 2013. 72 (2): 246-251).</p> <p>The American Academy of Pediatrics (AAP) recommends a safe sleep environment to reduce the risk of all sleep-related infant deaths. AAP recommendations for a safe sleep environment include supine positioning, the use of a firm sleep surface, room-sharing without bed-sharing, and the avoidance of soft bedding and overheating. Additional recommendations for SUID reduction include the avoidance of exposure to smoke, alcohol, and illicit drugs; breastfeeding; routine immunization; and use of a pacifier.</p> <p>The AAP recommends education should include all who care for infants, including parents, child care providers, grandparents, foster parents, and babysitters, and should include strategies for overcoming barriers to behavior change.</p> <p>Research on health education and SUID outreach has found that response to safe sleep messages differed among different communities and racial/ethnic groups, which may help explain some of the lingering differences in SUID rates. Therefore, campaigns should have a special focus on getting safe sleep messages to parents and caregivers in diverse communities because of the higher incidence of SUID and other sleep-related infant deaths in these groups.</p>								

**ESM 5.2 - The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations and individuals, on request**


**NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding**

Measure Status:	Active									
Goal:	Expand outreach to limited English proficiency families and care givers through distribution of translated safe sleep educational materials.									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>10,000</td></tr><tr><td>Numerator:</td><td>Number of translated Safe Sleep Guides</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	10,000	Numerator:	Number of translated Safe Sleep Guides	Denominator:	
Unit Type:	Count									
Unit Number:	10,000									
Numerator:	Number of translated Safe Sleep Guides									
Denominator:										
Data Sources and Data Issues:	Data will be collected by Hawaii Title V Safe Sleep program as reported by the Parent Line program									
Evidence-based/informed strategy:	A review of the AMCHP and MCH Evidence Center research indicates that targeting caregivers with safe sleep education is supported by moderate evidence of effectiveness. National campaigns have focused on vulnerable subgroups as having the most significant impact on advancing health equity. In 2020, a Hawaii strategy was added specifically to address disparities in safe sleep behaviors, by targeting key ethnic groups and developing multilingual educational outreach for limited English-speaking families. The strategy was also supported by input from local service providers who workwith underserved, multicultural families.									
Significance:	The American Academy of Pediatrics (AAP) recommends a safe sleep environment to reduce the risk of all sleep-related infant deaths. AAP recommendations for a safe sleep environment include supine positioning, the use of a firm sleep surface, room-sharing without bed-sharing, and the avoidance of soft bedding and overheating. Additional recommendations for SUID reduction include the avoidance of exposure to smoke, alcohol, and illicit drugs; breastfeeding; routine immunization; and use of a pacifier. The AAP recommends education should include all who care for infants, including parents, child care providers, grandparents, foster parents, and babysitters, and should include strategies for overcoming barriers to behavior change. Research on health education and SUID outreach has found that response to safe sleep messages differed among different communities and racial/ethnic groups, which may help explain some of the lingering differences in SUID rates. Therefore, campaigns should have a special focus on getting safe sleep messages to parents and caregivers in diverse communities because of the higher incidence of SUID and other sleep-related infant deaths in these groups.									

**ESM 6.1 - Develop and implement Policy and Public Health Coordination rating scale to monitor developmental screening efforts around the areas of systems development, family engagement, data integration, and addressing vulnerable populations**

**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**

<b>Measure Status:</b>	Active								
<b>Goal:</b>	Increase the number of children receiving developmental screening and referred and receiving services among Hawaii Title V direct service programs.								
<b>Definition:</b>	<table border="1"> <tr> <td><b>Unit Type:</b></td><td>Scale</td></tr> <tr> <td><b>Unit Number:</b></td><td>30</td></tr> <tr> <td><b>Numerator:</b></td><td>Total scale score based on program assessment of 10 steps</td></tr> <tr> <td><b>Denominator:</b></td><td>30</td></tr> </table>	<b>Unit Type:</b>	Scale	<b>Unit Number:</b>	30	<b>Numerator:</b>	Total scale score based on program assessment of 10 steps	<b>Denominator:</b>	30
<b>Unit Type:</b>	Scale								
<b>Unit Number:</b>	30								
<b>Numerator:</b>	Total scale score based on program assessment of 10 steps								
<b>Denominator:</b>	30								
<b>Data Sources and Data Issues:</b>	Program Data. The ESM 6.2 is using the Hawaii Title V Developmental Screening Workgroup's Policy and Public Health Coordination (PPHC) rating scale to monitor infrastructure development on developmental screening and services within FHSD. It will be a self-assessment of the team's efforts to improve efforts to develop the infrastructure for FHSD screening and services and will be measured annually.								
<b>Significance:</b>	<p>The PPHC will help measure Hawaii's efforts to improve the service delivery and systems development for developmental screening with the end goal of all the strategies and activities completion will signify that the system has been developed. A Policy and Public Health Coordination Scale (PPHCS) has been created to monitor/track progress made on the 5-Year plan strategies for developmental screening. The Title V Screening Workgroup will complete the scale annually starting in FFY 2019 as part of routine evaluation. Element 0 --Not met 1--Partially Met 2--Mostly Met 3--Completely Met</p> <p>Systems Development</p> <ol style="list-style-type: none"> <li>1. Develop guidelines and toolkit for screening, referral and services.</li> <li>2. Work with partners to develop infrastructure for ongoing training, technical assistance, and support for providers conducting developmental screening activities.</li> </ol> <p>Family Engagement and Public Awareness</p> <ol style="list-style-type: none"> <li>3. Work with families and parent organizations to develop family-friendly material explaining importance of developmental screening and how to access services.</li> <li>4. Develop website to house materials, information and resources on developmental screening.</li> </ol> <p>Data Collection and Integration</p> <ol style="list-style-type: none"> <li>5. Develop data system for internal tracking and monitoring of screening, referral, and services data.</li> <li>6. Develop process for on-going communication to review data findings and make adjustments for better outcomes for children and families</li> </ol> <p>Policy and Public Health Coordination</p> <ol style="list-style-type: none"> <li>7. Develop Policy and Public Health Coordination Scale.</li> <li>8. Conduct process for annual assessment of rating scale.</li> </ol>								



## Social Determinants of Health and Vulnerable Populations

9. Develop process for identifying vulnerable populations.

10. Work with stakeholders to address supports and targeted interventions for vulnerable populations

**ESM 10.1 - Develop and disseminate a teen-centered Adolescent Informational Resource (AIR) in collaboration with community health and youth service providers to promote adolescent health and annual wellness visits**  
**NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.**

<b>Measure Status:</b>	Active								
<b>Goal:</b>	Increase resources, training and practice improvement support for adolescent health and service providers to promote wellness and healthcare visits aligned to Bright Futures.								
<b>Definition:</b>	<table border="1"> <tr> <td><b>Unit Type:</b></td><td>Scale</td></tr> <tr> <td><b>Unit Number:</b></td><td>30</td></tr> <tr> <td><b>Numerator:</b></td><td>Total Actual Score from Adolescent Health Data Collection Form</td></tr> <tr> <td><b>Denominator:</b></td><td>Total Possible Score from Adolescent Health Data Collection Form (30 total)</td></tr> </table>	<b>Unit Type:</b>	Scale	<b>Unit Number:</b>	30	<b>Numerator:</b>	Total Actual Score from Adolescent Health Data Collection Form	<b>Denominator:</b>	Total Possible Score from Adolescent Health Data Collection Form (30 total)
<b>Unit Type:</b>	Scale								
<b>Unit Number:</b>	30								
<b>Numerator:</b>	Total Actual Score from Adolescent Health Data Collection Form								
<b>Denominator:</b>	Total Possible Score from Adolescent Health Data Collection Form (30 total)								
<b>Data Sources and Data Issues:</b>	<p>This is a summary of the Data Collection Form that lists 10 strategy components organized by the following domains:</p> <ul style="list-style-type: none"> <li>• Collaboration</li> <li>• Engagement to Develop the Adolescent Resource Toolkit</li> <li>• Workforce Development Training for Community Stakeholders</li> </ul> <p>Each item is scored from 0-3 (0=not met; 1=partially met; 2=mostly met; 3=completely met), with a maximum total of 30. Scoring is completed by Adolescent Health staff, with input from key partners.</p>								
<b>Significance:</b>	<p>Adolescence is a period of major physical, psychological and social development and the initiation of risky behaviors as teens move from childhood toward adulthood. Teens assume individual responsibility for health habits. An annual preventive well visit may help teens adopt or maintain health habits and behaviors and avoid health damaging behaviors. The Bright Futures guidelines recommend that teens have an annual checkup from age 11-21 years, however many do not. Barriers include:</p> <ul style="list-style-type: none"> <li>• Lack of awareness of guidelines</li> <li>• Perception that the AWC lacks value</li> <li>• Unaware or variability of insurance coverage and follow up services</li> <li>• High utilization of sports physicals instead of AWC</li> <li>• Inconsistent practices addressing confidentiality</li> <li>• Lack of medical home</li> <li>• Lack of knowledge of community resources.</li> </ul> <p>The ART and collaboration with community/youth service providers will help to address many of these barriers and build the knowledge base of professionals working with youth.</p>								

**ESM 12.1 - Degree to which the Title V Children and Youth with Special Health Needs Section promotes and/or facilitates transition to adult health care for Youth with Special Health Care Needs (YSHCN), related to Six Core Elements of Health Care Transition 2.0.**

**NPM 12 – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care**

<b>Measure Status:</b>	Active								
<b>Goal:</b>	To increase the degree to which the Title V CYSHNS promotes and/or facilitates transition to adult health care for YSHCN.								
<b>Definition:</b>	<table border="1"> <tr> <td><b>Unit Type:</b></td><td>Scale</td></tr> <tr> <td><b>Unit Number:</b></td><td>33</td></tr> <tr> <td><b>Numerator:</b></td><td>Total Actual Score from Transition to Adult Health Care Data Collection Form</td></tr> <tr> <td><b>Denominator:</b></td><td>Total Possible Score from Transition to Adult Health Care Data Collection Form (33)</td></tr> </table>	<b>Unit Type:</b>	Scale	<b>Unit Number:</b>	33	<b>Numerator:</b>	Total Actual Score from Transition to Adult Health Care Data Collection Form	<b>Denominator:</b>	Total Possible Score from Transition to Adult Health Care Data Collection Form (33)
<b>Unit Type:</b>	Scale								
<b>Unit Number:</b>	33								
<b>Numerator:</b>	Total Actual Score from Transition to Adult Health Care Data Collection Form								
<b>Denominator:</b>	Total Possible Score from Transition to Adult Health Care Data Collection Form (33)								
<b>Data Sources and Data Issues:</b>	<p>This is a summary of the Data Collection Form that lists 11 strategy components organized by the Six Core Elements of Health Care Transition:</p> <ul style="list-style-type: none"> <li>• Transition policy</li> <li>• Transition tracking and monitoring</li> <li>• Transition readiness</li> <li>• Transition planning</li> <li>• Transfer of care</li> <li>• Transition completion.</li> </ul> <p>Each item is scored from 0-3 (0=not met; 1=partially met; 2=mostly met; 3=completely met), with a maximum total of 33. Scoring is completed by CYSHNS staff, with input from Hilopaa Family to Family Health Information Center. The data collection form is attached as a supporting document.</p>								
<b>Significance:</b>	<p>CYSHNS is addressing Got Transition's Six Core Elements of Health Care Transition 2.0. Strategy components were adapted for integration as part of CYSHNS services to support youth/families in preparing for transition to adult health care.</p> <p>Health and health care are important to making successful transitions. The majority of YSHCN do not receive needed support to transition from pediatric to adult health care. In addition, YSHCN, compared to those without special health care needs, are less likely to complete high school, attend college, or be employed. The Title V CYSHNS has been addressing these barriers through providing general transition information to families receiving CYSHNS /clinic services or attending transition-related community events, and leading/participating in planning Transition Fairs. The next phase is CYSHNS working to improve its direct services with youth/families related to transition to adult health care, using an evidence-informed quality improvement approach.</p> <p>The Six Core Elements of Health Care Transition is an evidence-informed model for transitioning youth to adult health care providers that has been developed and tested in various clinical and health plan settings. They were developed by the Got Transition/Center for Health Care Transition Improvement, based on the joint clinical recommendations from the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American College of Physicians (ACP). References: Got Transition, "Side-By-Side Version, Six Core Elements of Health Care Transition 2.0"; AAP, AAFP, ACP, "Clinical Report – Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home", Pediatrics 2011;128:182-200; McPheeters M et al., "Transition Care for Children With Special Health Needs", Technical Brief No. 15. Agency for Healthcare Research and Quality (AHRQ) Publication No. 14-EHC027-EF, June 2014.</p>								





**Form 11**  
**Other State Data**

**State: Hawaii**

The Form 11 data are available for review via the link below.

[Form 11 Data](#)

**Form 12**  
**MCH Data Access and Linkages**

**State: Hawaii**

**Annual Report Year 2022**

Data Sources	Access				Linkages	
	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	Yes	Annually	9		
2) Vital Records Death	Yes	Yes	Annually	9	Yes	
3) Medicaid	No	No	Never	NA	No	
4) WIC	Yes	No	Annually	6	No	
5) Newborn Bloodspot Screening	Yes	Yes	Monthly	3	Yes	
6) Newborn Hearing Screening	Yes	Yes	Monthly	3	Yes	
7) Hospital Discharge	No	No	Never	NA	No	
8) PRAMS or PRAMS- like	Yes	Yes	Monthly	3	Yes	

**Form Notes for Form 12:**

None

**Field Level Notes for Form 12:**

<b>Data Source Name:</b>	<b>1) Vital Records Birth</b>
	<b>Field Note:</b> Access to Vital Records Birth data is through the VSS system at the Vital Statistics Office.
<b>Data Source Name:</b>	<b>2) Vital Records Death</b>
	<b>Field Note:</b> Access to Vital Records Death data is through the VSS system at the Vital Statistics Office.
<b>Data Source Name:</b>	<b>3) Medicaid</b>
	<b>Field Note:</b> Hawaii SSDI linkage activities are focused on the development of an All Payers Claim Database (APCD) which would include Medicaid, Medicare, and State Employee Union claims data. The project is a partnership between DOH, DHS, and the Insurance Commissioner. It is being managed by DHS through a contract with the University of Hawaii. The data is undergoing quality testing. The Data Analytics Group at DHS will analyze data requests. Several requests for analysis for Department of Health are on the list for analysis. There are no plans to release data directly to researchers at this time.
<b>Data Source Name:</b>	<b>4) WIC</b>
	<b>Field Note:</b> With the installation of a new data system, WIC no longer has direct access to its data. A private third-party vendor now collects, analyzes and reports data to the WIC program.
<b>Data Source Name:</b>	<b>5) Newborn Bloodspot Screening</b>
	<b>Field Note:</b> Newborn screening data was linked to vital statistics in the past, but linkage was suspended until the vital statistics statute was updated and new administrative procedures established to access and link with birth record data. The linkage was re-established in 2021 with the birth certificate data on a monthly basis.
<b>Data Source Name:</b>	<b>6) Newborn Hearing Screening</b>
	<b>Field Note:</b> Newborn screening data was linked to vital statistics in the past, but linkage was suspended until the vital statistics statute was updated and new administrative procedures established to access and link with birth record data. The linkage was re-established in 2021 with the birth certificate data on a monthly basis.
<b>Data Source Name:</b>	<b>7) Hospital Discharge</b>

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**Field Note:**

The Healthcare Association of Hawaii (HAH) is the new manager for all hospital data in the state. HAH is the nonprofit trade organization serving Hawaii's hospitals, skilled nursing facilities, assisted living facilities, home care companies, and hospices. The data is managed by a new subsidiary created in 2018, the Laulima Data Alliance. The Laulima Data Alliance has provided a portal for DOH users if summary results are needed. Record-level data is available for purchase. DOH established a new data governance committee which includes a representative from HAH. This committee approves and oversees/coordinates all hospital data requests.

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**Data Source Name:****8) PRAMS or PRAMS-like**

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**Field Note:**

In 2017, enforcement of a Hawaii Revised Statutes law related to data sharing policies for the Hawaii vital records office severely limited and stopped data sharing from the Hawaii Vital Records office for PRAMS. During the 2018 legislative session, FHSD worked with the Office of Health Status Monitoring to pass legislation to allow department of health employees access to vital records data. Since July 2018 DOH employees may request and receive individual record level vital statistics data after approval from the Department of Health (DOH) Institutional Review Committee.

The restricted access limited the data available to the community of Hawaii.