

Summary of National Outcome and Performance Measures for Hawaii Title V Application (August 2023 submission)

Hawaii reviewed the FY 2022 federally available data (FAD) for both National Performance Measures (NPMs) and National Outcome Measures (NOMs). This document provides a report on all the NPM and NOM data as well as a summary of the review findings.

National Performance Measures (NPMs)

Of the 15 NPMs, Hawaii selected five as priorities:

- NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
- 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, and C) percent of infants placed to sleep without soft objects or loose bedding
- NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
- NPM 10: Percent of adolescents, ages 12 through 17, with a prevent medical visit in the past year
- 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

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

State Objectives Met

State objectives are set only for the five NPMs Hawaii selected as priorities. For reporting year FY 2022, one of the five NPMs met the 2022 objectives set by the state and four did not meet the state objectives. The measure that met the 2022 state objectives was:

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

The four measures (two are related to Safe sleep) that did not meet the 2022 objectives were:

- NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year
- NPM 5A: Percent of infants placed to sleep on their backs
- NPM 5B: Percent of infants placed to sleep on a separate approved sleep surface
- NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
- NPM 10: Percent of adolescents, ages 12 through 17 years, with a preventive medical visit in the past year
- 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

The latest Pregnancy Risk Assessment Monitoring System (PRAMS) data used for Safe sleep is from 2021.

Concerning Trends

A review of the federally available data for all 15 Title V NPMs indicate one of the measures displays a concerning trend, moving in an undesired direction:

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

For NPM 10, there has been a significant decline from 2019 (77.7%) to 2020-2021 (66.3%), although the Hawaii estimate (66.3%) was similar to the national estimate (69.6%), and the decline was non-significant when compared to the 2016 estimate (73.5%). Non-Hispanic Native Hawaiians/Other Pacific Islanders (hereafter referred to as “Native Hawaiians/Other Pacific Islanders”) appeared to demonstrate the largest decline from 2019-2020 (69.2%) to 2020-2021 (49.4%) when compared to other race groups. Those whose parents were high school graduates and those at 100%-199% of the Federal Poverty Level (FPL) showed a larger decline when compared to other groups.

National Averages Met or Exceeded (Improved Outcomes)

In comparison to national estimates, the following NPMs met the national estimates or compared favorably (moving in the desired direction):

- NPM 2: Percent of cesarean deliveries among low-risk first births
- NPM 4A: Percent of infants who are ever breastfed
- NPM 4B: Percent of infants breastfed exclusively through 6 months
- NPM 5A: Percent of infants placed to sleep on their backs
- NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
- NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9
- NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents 10 through 19
- NPM 9: Percent of adolescents, ages 12-17, who are bullied or who bully others
- NPM 11: Percent of children with and without special health care needs, ages 0-17, who have a medical home
- NPM 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
- NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
- NPM 14.1: Percent of women who smoke during pregnancy
- NPM 15: Percent of children, ages 0-17, who are continuously and adequately insured

Although the overall estimate for the above measures met the national estimates, there were certain subgroups for some measures that did not meet the estimates and/or did not compare favorably:

- NPM 2 – Those identifying as non-Hispanic Black (hereafter referred to as “Black”) (30.2%) and those who were 35 or more years of age (32.6%) had a higher estimate for cesarean delivery than the national estimate (26.3%).
- NPM 4a - High school graduates (82.4%), those at 100-199% of the FPL (81.0%), and those unmarried (82.7%) did not meet the national estimate (83.2%) of infants who were ever breastfed.
- NPM 4b - High school graduates (24.1%), those with some college education (24.4%), those below 399% of the FPL, those 20-29 years of age (22.8%), and those identifying as Hispanic (17.0%) or non-Hispanic Multiple Race (hereafter referred to as “Multiple Race”) (19.9%) did not meet the national estimate (24.9%) of infants breastfed exclusively through 6 months.
- NPM 5a – Those identifying as Native Hawaiians/Other Pacific Islander (51.2%), those under 20 years of age (54.9%), those 20-24 years of age (72.9%), those with less than a high school education (65.8%), high school graduates (77.7%), and those with Medicaid (71.6%) did not meet the national estimate (81.4%) of infants placed to sleep on their backs.
- NPM 6 – Those identifying as non-Hispanic Asian (hereafter referred to as “Asian”) (31.3%) or non-Hispanic White (hereafter referred to as “White”) (30.3%), those with some college education (34.4%), and those below 100% of the FPL (24.6%) did not meet the national estimate (34.8%) of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.
- NPM 7.1 – Those identifying as non-Hispanic Asian/Pacific Islander (hereafter referred to as “Asian/Pacific Islander”) (133.6) did not meet the national estimate of 116.0 for rate of hospitalization for non-fatal injury per 100,000 adolescents 10 through 19.
- NPM 7.2 – Those identifying as White (301.5) or Asian/Pacific Islander (300.8) and those 15-19 years of age (233.9) did not meet the national estimate of 210.1 for rate of hospitalization for non-fatal injury per 100,000 adolescents 10 through 19.
- NPM 9 –
 - College graduates (11.5%), those from single parent households (11.2%), and those identifying as White (13.4%) had higher estimates of bullying others compared to the national estimate (10.7%).
 - Those identifying as White (44.7%) had a higher estimate of being bullied compared to the national estimate (28.8%).
- NPM 11 –
 - With special health care needs - Those identifying as Hispanic (38.8%) or White (39.7%), those below 100% of the FPL (24.7%), those at 200-399% of the FPL (41.0%), and those 0-5 years of age (25.2%) did not meet the national estimate of 42.0% of children with and without special health care needs, ages 0-17, who have a medical home.
 - Without special health care needs – Those identifying as Asians (45.0%)

or Native Hawaiian/Other Pacific Islander (31.9%), those with Medicaid (40.0%), those uninsured (25.6%), those below 100% of the FPL (29.0%), those at 100-199% of the FPL (37.2%), high school graduates (32.1%), those with some college education (39.5%), those 0-5 years of age (25.2%), and those 12-17 years of age (39.0%) did not meet the national estimate (47.7%) of children with and without special health care needs, ages 0-17, who have a medical home.

- NPM 12 –
 - With special health care needs - Those identifying as female (17.6%), those with some college education (10.3%), college graduates (18.5%), those with private insurance (18.0%), and those at or above 400% of the FPL (17.3%) did not meet the national estimate of 20.5% of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care.
 - Without special health care needs - Those identifying as Asian (9.2%) or Native Hawaiians/Other Pacific Islander (8.8%), high school graduates (9.5%), those with some college education (7.6%), those with Medicaid (11.2%), those below 100% of the FPL (12.2%), those at 100-199% of the FPL (11.4%), and those at or above 400% of the FPL (15.6%) did not meet the national estimate of 16.0% of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care.
- NPM 13.2 – Those identifying as Native Hawaiians/Other Pacific Islander (74.9%), those uninsured (64.5%), and those at 100-199% of the FPL (73.7%) did not meet the national estimate of 75.1% of children, ages 1 through 17, who had a preventive dental visit in the past year.
- NPM 14.1 - High school graduates (4.8%) did not meet the national estimate of 4.6% of women who smoke during pregnancy.
- NPM 15 - All the subgroups met the national estimates (68.2%) of children, ages 0-17, who are continuously and adequately insured.

HP 2030 Objectives Met

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

- NPM 2: Percent of cesarean deliveries among low-risk first births
- NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
- NPM 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
- NPM 14.1: Percent of women who smoke during pregnancy

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

- NPM 2 – Those identifying as Black (30.2%), Asian (25.9%), or Native Hawaiian/Other Pacific Islander (26.2%); those with private insurance (24.0%);

high school graduates (24.6%); those 30-34 years of age (24.5%); and those 35 or more years of age (32.6%) did not meet the HP 2030 objective (23.6%) for cesarean deliveries among low-risk first births.

- NPM 6 – Those identifying as Asian (31.3%) or White (30.3%), single-parent households (28.9%), and those below 100% of the FPL (24.6%) did not meet the HP 2030 objective (35.8%) for children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.
- NPM 12 – Those identifying as female (17.6%), those at or above 400% of the FPL (17.3%), those with some college education (10.3%), college graduates (18.5%), and those with private insurance (18.0%) did not meet the HP 2030 objective (19.5%) 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.
- NPM 14.1 - High school graduates (4.8%) did not meet the HP 2030 objective (4.3%) of women who smoke during pregnancy.

National Outcome Measures (NOMs)

Concerning Trends

Federally available data for FY 2022 was reviewed for all the NOMs. Some of the NOMs revealed trends that raised concern including:

- NOM 1: Early prenatal care
 - NOM 6: Early term birth
 - NOM 20: Obesity
 - NOM 24: Postpartum depression
 - NOM 25: Forgone healthcare
-
- For NOM 1, the Hawaii percent of pregnant women who receive early prenatal care in the first trimester (71.6%) was significantly lower than the national estimate (78.3%) and showed a significant decline over time when compared to the 2015 estimate (77.2%). For NOM 6, although the Hawaii percent of early term births (29.0%) was similar to the national estimate (28.8%), the increase in the estimate from 2015 (27.9%) was significant. For NOM 20, although the Hawaii percent of children and adolescents who are overweight or obese (17.1%) was similar to the national estimate (17.0%), there has been a significant increase over time since 2016 (11.0%). For NOM 24, there has been a significant increase over time in Hawaii's percent of women who experience postpartum depressive symptoms following recent live birth when comparing the 2021 estimate (14.4%) to the 2015 estimate (9.0%). For NOM 25, although the 2020-2021 Hawaii estimate (3.1%) was similar to the national estimate (3.8%), there has been an increase over time in the percent of children, ages 0 through 17, who were not able to obtain needed health care when compared to the 2016-2017 estimate (1.7%). Since NOMs are not used for performance measures, no objectives are set.

National Averages Met

The following NOMs met the national estimates or compared favorably (moving in the desired direction):

- NOM 5: Preterm birth (<37 weeks)
- NOM 7: Early elective delivery
- NOM 8: Perinatal mortality
- NOM 9.1: Infant mortality
- NOM 9.2: Neonatal mortality
- NOM 9.4: Preterm-related mortality
- NOM 9.5: Sudden Unexpected Infant Death (SUID) mortality
- NOM 11: Neonatal abstinence syndrome
- NOM 14: Tooth decay/cavities
- NOM 15: Child mortality
- NOM 16.1: Adolescent mortality
- NOM 16.2: Adolescent motor vehicle death
- NOM 17.1: Children with Special Health Care Needs (CSHCN)
- NOM 17.2: CSHCN systems of care
- NOM 17.3: Autism
- NOM 17.4: Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
- NOM 19: Overall health status
- NOM 21: Uninsured
- NOM 22.3: HPV vaccination
- NOM 23: Teen births
- NOM 25: Foregone health care

HP 2030 Objectives Met

Hawaii met Healthy People 2030 objectives for the following NOMs:

- NOM 4: Low birth weight
- NOM 8: Perinatal mortality
- NOM 9.1: Infant mortality
- NOM 9.2: Neonatal mortality
- NOM 9.3: Postneonatal mortality
- NOM 16.2: Adolescent motor vehicle death
- NOM 16.3: Adolescent suicide
- NOM 17.2: CSHCN systems of care
- NOM 21: Uninsured
- NOM 22.3: HPV vaccination
- NOM 23: Teen births

National Performance Measures

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|---------|---------|---------|---------|---------|---------|------|------|------|
| Annual Objective | 62.0 | 63.0 | 67.0 | 70.0 | 77.0 | 79.0 | 82.0 | 84.0 | 86.0 | 88.0 |
| Annual Indicator | 63.0 | 66.7 | 69.4 | 76.6 | 78.1 | 81.1 | 69.5 | | | |
| Numerator | 152,559 | 161,334 | 167,372 | 184,106 | 185,323 | 191,337 | 167,306 | | | |
| Denominator | 242,088 | 241,941 | 241,254 | 240,287 | 237,398 | 235,933 | 240,808 | | | |
| Data Source | BRFSS | BRFSS | BRFSS | BRFSS | BRFSS | BRFSS | BRFSS | | | |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | | | |

The 2022 Title V state objective is to increase the number of women who had a preventive medical visit to 82.0%. The 2021 estimates indicate 69.5% of women in Hawaii received a preventive medical visit, which did not meet the 2022 state objective but was similar to the national estimate of 69.7%. The decline from 2020 (81.1%) to 2021 (69.5%) was significant. The routine checkup BRFSS survey question changed in 2018 and therefore is not comparable to previous survey years. Based on the pattern of growth demonstrated in the 2020-2021 data and consultation with program staff, the state objectives from 2023-2025 reflect an annual increase of 2 percentage points. There were no significant differences in reported subgroups by race/ethnicity, maternal age, household income, health insurance, or marital status based on 2021 data.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|-------|-------|-------|-------|-------|-------|-------|------|------|------|
| Annual Indicator | 20.3 | 19.8 | 20.7 | 22.4 | 23.1 | 23.0 | 22.8 | | | |
| Numerator | 1,185 | 1,122 | 1,177 | 1,179 | 1,218 | 1,241 | 1,147 | | | |
| Denominator | 5,850 | 5,671 | 5,683 | 5,265 | 5,276 | 5,407 | 5,039 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | | | |

In 2021, 22.8% of low-risk first births resulted in a cesarean delivery, which is significantly below the national estimate of 26.3%. The related 2030 Objective (23.6%) to reduce cesarean deliveries among low-risk first births has been met. The estimate was significantly higher than 2015 when 20.3% of all low-risk first births were a cesarean delivery. Based on 2021 data, Whites (19.0%) were significantly less likely to have a cesarean delivery compared to Native Hawaiians/other Pacific Islanders (26.2%), Asians (25.9%), and Blacks (30.2%). Those 30-34 years of age (24.5%) or 35 or more years of age (32.6%) were more likely to have a cesarean delivery among low-risk first births compared to those 20-24 years of age (19.5%) or under 20 years of age (14.9%).

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------|------|------|
| Annual Indicator | 88.1 | 87.8 | 90.1 | 93.3 | 90.6 | 88.1 | | | |
| Numerator | 458 | 423 | 437 | 416 | 377 | 385 | | | |
| Denominator | 520 | 482 | 485 | 446 | 416 | 437 | | | |
| Data Source | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | | | |
| Data Source Year | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2020-2021 | | | |

In aggregated 2021-2022 data, 88.1% of all very low birth weight (VLBW) infants were born in hospitals with at least a level III NICU. No nationally comparable data was available in the FAD. There is no related HP 2030 Objective for this measure.

NPM 4A: Percent of infants who are ever breastfed

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|--------|--------|--------|------|------|------|
| Annual Objective | 90.0 | 91.0 | 89.0 | 91.0 | 92.0 | | | | | |
| Annual Indicator | 90.6 | 87.3 | 90.6 | 88.9 | 89.1 | 94.6 | 90.1 | | | |
| Numerator | 15,214 | 15,007 | 15,313 | 15,129 | 13,103 | 13,717 | 14,084 | | | |
| Denominator | 16,789 | 17,199 | 16,911 | 17,014 | 14,711 | 14,500 | 15,630 | | | |
| Data Source | NIS | NIS | NIS | NIS | NIS | NIS | NIS | | | |
| Data Source Year | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | | | |

The estimate from Hawaii (90.1%) was significantly higher than the national estimate of 83.2%. This current Hawaii estimate has not changed significantly since 2015 (90.6%). The decrease from 2018 (94.6%) to 2019 (90.1%) was non-significant. The last available sub-group data is from 2009-2011. The 2009-2011 aggregated data indicate high school graduates were significantly less likely to have infants breastfed (82.4%) compared to college graduates (94.4%). There were no significant differences in reported subgroups by birth order, household income poverty level, marital status, maternal age, gender, and race/ethnicity based on the 2009-2011 aggregated data provided. This performance measure has been dropped in FY 2020, so no objectives have been set beyond 2020.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2025 |
|------------------|------|------|------|------|------|------|------|------|------|------|------|
| Annual Objective | 27.0 | 30.0 | 30.0 | 33.0 | 34.0 | | | | | | |

| | | | | | | | | | | | |
|------------------|--------|--------|--------|--------|--------|--------|--------|--|--|--|--|
| Annual Indicator | 30.0 | 30.2 | 32.9 | 33.2 | 30.6 | 36.6 | 27.7 | | | | |
| Numerator | 4,828 | 5,029 | 5,396 | 5,473 | 4,256 | 5,055 | 4,166 | | | | |
| Denominator | 16,071 | 16,662 | 16,415 | 16,511 | 13,927 | 13,803 | 15,048 | | | | |
| Data Source | NIS | NIS | NIS | NIS | NIS | NIS | NIS | | | | |
| Data Source Year | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | | | | |

Data from 2019 showed that the estimate in Hawaii (27.7%) was similar to the national estimate of 24.9%. The proportion of children breastfed exclusively through six months decreased significantly compared to 2018 (36.6%) but has not changed significantly when compared to 2015 (32.9%). Higher risk groups were not assessed due to lack of federally available data other than the 2009-2011 aggregate. This performance measure has been dropped in FY 2020, so no objectives have been set beyond 2020.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|-------------------|--------|--------|------|------|------|
| Annual Objective | 79.0 | 79.0 | 79.0 | 82.0 | 82.0 | 85.0 | 86.0 | 87.0 | 87.0 | 88.0 |
| Annual Indicator | 78.6 | 81.5 | 81.5 | 77.9 | 84.0 | 80.1 | 83.0 | | | |
| Numerator | 13,855 | 14,376 | 14,376 | 13,251 | 6,895 | 12,016 | 12,363 | | | |
| Denominator | 17,633 | 17,634 | 17,634 | 17,015 | 8,212 | 15,003 | 14,891 | | | |
| Data Source | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | | | |
| Data Source Year | 2014 | 2015 | 2015 | 2016 | 2019 ¹ | 2020 | 2021 | | | |

The 2022 Title V state objective is to increase the proportion of infants placed to sleep on their backs to 86.0%. The Healthy People 2030 Objective is to increase the proportion of infants placed to sleep on their backs to 88.9%. There was no PRAMS data collection in Hawaii from 2017 to 2018. The latest data from the 2021 PRAMS survey (83.0%) showed that Hawaii did not meet the 2021 state objective (86.0%) or the HP 2030 Objective (88.9%) but was similar to the national estimate (81.4%). There was no national estimate available for 2021, but the 2020 Hawaii estimate (80.1%) was similar to the 2020 national estimate (79.8%). The increase from the 2016 estimate was not statistically significant. The state objectives through 2025 reflect an approximate 5% improvement over 3 years.

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

Analysis of Hawaii PRAMS 2019-2021 aggregated data revealed that Native Hawaiian (77.5%), Black (72.2%), Samoan (62.7%), and other Pacific Islander (66.2%) mothers were significantly less likely to place their infants to sleep on their back compared to White (89.9%) or Japanese (90.3%) mothers. Mothers that were under 20 years of age (60.8%) were less likely to place their infants on their back to sleep compared to mothers 20-34 years of age (82.0%) or 35 or more years of age (84.9%). Mothers below 100% of the FPL (73.6%) and those at 101-185% of the FPL (75.8%) were less likely to place their infants on their back to sleep compared to those at 186-300% of the FPL (85.6%) or those at or above 301% of the FPL (90.1%).

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|------|------|------|--------|-------------------|--------|--------|------|------|------|
| Annual Objective | | | | | 21.0 | 29.0 | 30.0 | 30.0 | 31.0 | 31.0 |
| Annual Indicator | | | | 20.3 | 28.7 | 24.7 | 27.7 | | | |
| Numerator | | | | 3,306 | 2,245 | 3,565 | 4,047 | | | |
| Denominator | | | | 16,296 | 7,829 | 14,455 | 14,591 | | | |
| Data Source | | | | PRAMS | PRAMS | PRAMS | PRAMS | | | |
| Data Source Year | | | | 2016 | 2019 ¹ | 2020 | 2021 | | | |

There was no PRAMS data collection in Hawaii from 2017-2018 and no data on this measure prior to 2016. The latest data from the 2021 PRAMS survey (27.7%) showed that Hawaii did not meet the 2022 state objective (30.0%) and was significantly lower than the 2021 national estimate (37.8%). The increase in estimate from 2016 (20.3%) was significant. The state objectives from 2021-2025 reflect an approximate 5% improvement over 3 years. Based on the 2019-2021 data, Native Hawaiian (24.6%), Filipino (15.7%), Black (20.3%), and other Pacific Islander (23.9%) mothers were less likely to place their infant to sleep on an approved surface compared to White (38.8%) mothers. Mothers below 100% of the FPL (21.4%), at 101-185% of the FPL (24.1%), or at 186-300% of the FPL (23.8%) were less likely to place their infants on an approved surface to sleep compared to those at or above 301% of the FPL (33.3%). No age differences were found in subgroup analyses based on 2019-2021 data.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|------|------|------|--------|-------|--------|--------|------|------|------|
| Annual Objective | | | | | 33.0 | 49.0 | 49.0 | 50.0 | 50.0 | 51.0 |
| Annual Indicator | | | | 31.6 | 48.1 | 45.9 | 52.0 | | | |
| Numerator | | | | 5,186 | 3,755 | 6,633 | 7,507 | | | |
| Denominator | | | | 11,228 | 7,801 | 14,447 | 14,442 | | | |

| | | | | | | | | | | |
|------------------|--|--|--|-------|-------------------|-------|-------|--|--|--|
| Data Source | | | | PRAMS | PRAMS | PRAMS | PRAMS | | | |
| Data Source Year | | | | 2016 | 2019 ¹ | 2020 | 2021 | | | |

There was no PRAMS data collection in Hawaii from 2017-2018 and no data on this measure prior to 2016. The latest data from the 2021 PRAMS survey (52.0%) showed that the 2022 state objective of 49.0% has been met and was similar to the 2021 national estimate (55.9%). The increase in the estimate from 2020 (45.9%) was not statistically significant, but the increase was significant when compared to the 2016 estimate (31.6%). The state objectives from 2021-2025 reflect an approximate 5% improvement over 3 years. Based on the 2019-2021 data, Native Hawaiian (32.9%), Filipino (48.1%), Black (44.4%), and other Pacific Islander (23.9%) mothers were less likely to place their infant to sleep without soft objects or loose bedding compared to White (66.4%) mothers. Mothers under 20 years of age (32.5%) or those 20-34 years of age (46.9%) were less likely to place their infants to sleep without soft objects or loose bedding compared to mothers who were 35 or more years of age (55.7%). Mothers at or below 100% of the FPL (38.4%), those at 101-185% of the FPL (43.4%), or those at 186-300% of the FPL (46.4%) were less likely to place their infants to sleep without soft objects or loose bedding compared to those at or above 301% of the FPL (62.9%).

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Objective | | 33.0 | 39.0 | 40.0 | 41.0 | 42.0 | 43.0 | 44.0 | 45.0 |
| Annual Indicator | 32.0 | 39.1 | 36.5 | 31.6 | 41.2 | 41.0 | | | |
| Numerator | 12,946 | 14,121 | 13,201 | 12,899 | 16,334 | 15,213 | | | |
| Denominator | 40,486 | 36,113 | 36,145 | 40,832 | 39,621 | 37,098 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

Aggregated data from 2020-2021 show that the estimate for Hawaii (41.0%) did not meet the 2022 state objective (42.0%) but was not significantly different from the

² The 2016 sample size was boosted to enable state-level estimates with only one year of data. After 2016, the annual sample size dropped in half, and therefore, the aggregated 2020-2021 data are more reliable than the single year 2021 data. The 2016 estimates are comparable with the aggregated 2016-2017, 2017-2018, 2018-2019, 2019-2020, or 2020-2021 data. More information on the NSCH survey methodology is available at <https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/methodology/2017-NSCH-Guide-to-Multi-Year-Estimates.pdf>

national estimate of 34.8%. The increase from 2018-2019 (31.6%) was non-significant. The related Healthy People 2030 Objective to increase the proportion of children who receive a developmental screening to 35.8% has been met. With this baseline data and consultation with program staff, the state objectives from 2023 to 2025 show an annual increase of 1 percentage point. There were no significant differences in reported subgroups by health insurance, household income poverty level, nativity, race/ethnicity, sex, and household structure based on the 2020-2021 data provided.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|------------|----------|----------|----------|----------|----------|----------|------|------|------|
| Annual Indicator | 122.0 | 99.7 | 99.7 | 77.4 | 81.3 | 72.1 | 62.4 | | | |
| Numerator | 164 | 178 | 178 | 137 | 142 | 124 | 107 | | | |
| Denominator | 134,382 | 178,621 | 178,621 | 176,901 | 174,573 | 171,929 | 171,595 | | | |
| Data Source | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | | | |
| Data Source Year | 2015 Q1-Q3 | 2016 | 2016 | 2017 | 2018 | 2019 | 2020 | | | |

In 2020, the rate of 62.4 per 100,000 hospitalizations for non-fatal injury for children ages 0-9 in Hawaii were significantly below the national rate estimates of 116.0. There were no significant differences in reported subgroups in 2020 data provided. Statewide, the rates of hospitalization for non-fatal injury in children 0-9 have significantly decreased since 2015 when the rate was 122.0.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|----------|------------|----------|----------|----------|----------|----------|------|------|------|
| Annual Indicator | 177.4 | 205.2 | 199.5 | 180.5 | 147.0 | 158.7 | 164.9 | | | |
| Numerator | 289 | 251 | 320 | 287 | 234 | 251 | 253 | | | |
| Denominator | 161,855 | 121,051 | 160,416 | 159,029 | 159,133 | 158,163 | 153,398 | | | |
| Data Source | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | | | |
| Data Source Year | 2014 | 2015 Q1-Q3 | 2016 | 2017 | 2018 | 2019 | 2020 | | | |

In 2020, the rate of 164.9 per 100,000 hospitalizations for non-fatal injury for adolescents ages 10-19 in Hawaii was significantly below the national rate estimates of 210.1. Analysis of the 2020 data revealed that those 10-14 years of age (99.3) were significantly less likely to be hospitalized for non-fatal injury than those 15-19 years of age (233.9). Female adolescents (130.4) had a significantly lower rate of hospitalization

than male adolescents (197.5). Statewide, the rates of hospitalization for non-fatal injury in adolescents have significantly decreased since 2015 when it was 205.2.

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Indicator | 25.1 | 21.0 | 20.8 | 20.4 | 18.7 | 21.4 | | | |
| Numerator | 27,010 | 21,083 | 18,210 | 19,483 | 19,411 | 20,880 | | | |
| Denominator | 107,447 | 100,183 | 87,380 | 95,297 | 104,013 | 97,736 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

The related Healthy People 2030 Objective is to increase the proportion of children who meet the current aerobic physical activity guideline to 30.4%. Data from 2020-2021 show that the estimate for Hawaii (21.4%) was significantly lower than the national estimate of 26.3%. The increase from 2019-2020 (18.7%) was non-significant. There were no significant differences in reported subgroups in the 2020-2021 data provided.

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Indicator | 11.2 | 12.0 | 13.8 | 13.3 | 12.5 | 13.3 | | | |
| Numerator | 10,265 | 11,965 | 13,929 | 12,810 | 12,102 | 12,614 | | | |
| Denominator | 91,572 | 99,589 | 101,016 | 96,447 | 96,958 | 94,794 | | | |
| Data Source | NSCH- | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

Data from 2020-2021 show that the estimate for Hawaii (13.3%) was similar to the national estimate of 14.8%. There were no significant differences in reported subgroups in 2020-2021 data provided.

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

Those who bully others:

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|------|------|------|------|------|------|------|------|------|
| Annual Indicator | 8.5 | 6.1 | 15.1 | 14.4 | 12.3 | 9.2 | | | |

| | | | | | | | | | |
|------------------|--------|------------------------|--------|------------------------|------------------------|------------------------|--|--|--|
| Numerator | 7,781 | 6,045 | 13,967 | 13,707 | 11,895 | 8,736 | | | |
| Denominator | 91,222 | 98,642 | 92,339 | 95,361 | 96,915 | 94,699 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2018 | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

Those who are bullied:

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|------------------------|--------|------------------------|------------------------|------------------------|------|------|------|
| Annual Indicator | 20.2 | 16.5 | 37.5 | 36.9 | 31.1 | 22.7 | | | |
| Numerator | 18,369 | 16,207 | 35,610 | 35,625 | 30,105 | 21,451 | | | |
| Denominator | 90,809 | 98,396 | 95,008 | 96,621 | 96,721 | 94,579 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2018 | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

Aggregated National Survey on Children's Health data from 2020-2021 show that the estimate for bullying others in Hawaii (9.2%) was similar to the national estimate of 10.7%. The decrease from 2018-2019 (14.4%) was non-significant. The related HP 2030 Objective is to reduce bullying of sexual minority (lesbian, gay, or bisexual) high school students to 25.1%. The estimates for being bullied in Hawaii (22.7%) was significantly lower than the national estimate (28.8%). There was a significant decrease in the estimates for being bullied when compared to the 2018-2019 (36.9%) estimate. Due to survey question changes in 2018, 2020-2021 data is not comparable with data prior to 2018. Based on 2020-2021 aggregated data, Asians (16.9%) and Native Hawaiian/Other Pacific Islanders (10.2%) were less likely to be bullied compared to Whites (44.7%). There were no other significant differences in reported subgroups in the 2020-2021 data provided.

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

Those who are bullied:

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

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

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|------------------------|------------------------|-------------------|------------------------|------------------------|------|------|------|
| Annual Objective | | 74.0 | 75.0 | 77.0 | 80.0 | 81.0 | 82.0 | 83.0 | 86.0 |
| Annual Indicator | 73.5 | 74.6 | 74.6 | 77.7 | 73.4 | 66.3 | | | |
| Numerator | 67,325 | 74,226 | 74,226 | 76,702 | 71,318 | 63,067 | | | |
| Denominator | 91,592 | 99,470 | 99,470 | 98,664 | 97,099 | 95,187 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2016_2017 ² | 2019 ³ | 2019_2020 ² | 2020_2021 ² | | | |

The 2022 Title V state objective is to increase the percent of adolescents with a preventive medical visit in the past year to 81.0%. Aggregated data from 2020-2021 show that Hawaii (66.3%) did not meet the 2022 state objective (81.0%) but was similar to the national estimate of 69.6%. There was a significant decline in the 2020-2021 estimate (66.3%) when compared to the 2019 estimate (77.7%). The Hawaii estimate did not meet the related Healthy People 2030 Objective to increase the proportion of adolescents who had a preventive health care visit in the past year (82.6%). The state objectives through 2025 have been updated to reflect an approximate 5% improvement over 3 years. Based on 2020-2021 aggregated data, adolescents from parents who were high school graduates (54.6) or who had some college education (55.3%) were less likely to have preventive medical visits than those who were college graduates (78.0%).

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|------|------|------|------|------|------|------|------|------|
| Annual Indicator | 39.0 | 44.8 | 45.2 | 45.8 | 44.4 | 43.7 | | | |

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

| | | | | | | | | | |
|------------------|------------|------------------------|------------------------|------------------------|------------------------|------------------------|--|--|--|
| Numerator | 16,414 | 18,471 | 17,898 | 19,030 | 19,358 | 17,150 | | | |
| Denominator | 42,109 | 41,238 | 39,591 | 41,505 | 43,575 | 39,257 | | | |
| Data Source | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

Aggregated data from 2020-2021 show that the estimate for Hawaii (43.7%) was similar to the national estimate of 42.0% in those with special health care needs. The related HP 2030 Objective for the proportion of children and adolescents who receive care in a medical home (53.6%) has not been met. Based on aggregated 2020-2021 data, children 0-5 years of age (25.2%) were less likely to have a medical home compared to those 6-11 years of age (60.7%).

The estimates in those without special health care needs were similar in Hawaii (48.5%) and the nation (47.7%). Subgroup analyses based on 2020-2021 data show that for those without special health care needs, those below 100% of the FPL (29.0%), or those at 100%-199% of the FPL (37.2%) were less likely than those at or above 400% of the FPL (58.4%) to have a medical home. There were significant differences in the proportion of those having a medical home between English speakers (50.2%) and non-English speakers (30.7%). Children with parents who were high school graduates (32.1%) or with some college education (39.5%) were less likely to have a medical home compared to those whose parents were college graduates (58.9%).

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|------------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Objective | | 23.0 | 23.0 | 25.0 | 25.0 | 26.0 | 26.0 | 27.0 | 27.0 |
| Annual Indicator | 23.3 | 21.9 | 24.7 | 17.1 | 15.9 | 21.9 | | | |
| Numerator | 4,235 | 4,457 | 5,037 | 3,214 | 3,171 | 4,086 | | | |
| Denominator | 18,144 | 20,375 | 20,412 | 18,758 | 19,924 | 18,629 | | | |
| Data Source | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

Although the measure includes services for BOTH adolescents with and without special health care needs, the data reported for this measure is data for adolescents with special health care needs. The aggregated 2020-2021 data show that the estimate for Hawaii (21.9%) did not meet the 2022 state objective (26.0%) but was similar to the national estimate of 20.5% in those with special health care needs. The increase from 2019-2020 (15.9%) was non-significant. The related HP 2030 objective for this measure

is to increase the proportion of children and adolescents with special health care needs who have a system of care to 19.5%. This objective has been met. With this baseline data, the state objectives through 2025 reflect an approximate 5% improvement over 3 years. The sample size was too small to perform a subgroup analysis to determine risk factors.

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Objective | | | | | 20.0 | 20.0 | 21.0 | 21.0 | 22.0 |
| Annual Indicator | 10.4 | 13.9 | 16.5 | 18.5 | 18.8 | 15.3 | | | |
| Numerator | 7,700 | 11,055 | 13,307 | 14,439 | 14,591 | 11,778 | | | |
| Denominator | 74,148 | 79,724 | 80,837 | 77,870 | 77,534 | 77,114 | | | |
| Data Source | NSCH-NONCSHCN | NSCH-NONCSHCN | NSCH-NONCSHCN | NSCH-NONCSHCN | NSCH-NONCSHCN | NSCH-NONCSHCN | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

For adolescents without special health care needs, aggregated 2020-2021 data show that the estimate for Hawaii (15.3%) was similar to the national estimate (16.0%). The decline from 2019-2020 (18.8%) and the increase from 2016 (10.4%) were not statistically significant. With this baseline data, the state objectives through 2025 will reflect a 5% improvement over 3 years. There were no significant differences in reported subgroups by federal poverty level, nativity, sex, and household structure based on the 2020-2021 data provided.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|-------------------|--------|--------|------|------|------|
| Annual Indicator | 46.9 | 46.7 | 46.7 | 45.4 | 46.9 | 42.4 | 44.6 | | | |
| Numerator | 8,363 | 8,384 | 8,384 | 7,943 | 3,904 | 6,506 | 6,813 | | | |
| Denominator | 17,831 | 17,963 | 17,963 | 17,511 | 8,317 | 15,343 | 15,266 | | | |
| Data Source | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | | | |
| Data Source Year | 2014 | 2015 | 2015 | 2016 | 2019 ¹ | 2020 | 2021 | | | |

In 2021, the estimate for Hawaii (44.6%) was similar to the national estimate (45.2%). The increase from 2020 (42.4%) was non-significant. The percent of women who had a dental visit during pregnancy has not changed significantly since 2015 (46.7%). Based on the 2019-2021 aggregated data, Native Hawaiians (38.6%) and other Pacific Islanders (21.5%) were significantly less likely to have a dental visit during pregnancy than Whites (48.9%) or Japanese (57.3%). Women below 100% of the FPL (27.4%) or at 101%-199% of the FPL (30.5%) were less likely to have a dental visit during

pregnancy than those at 186-300% of the FPL (44.3%) or those at or above 301% of the FPL (61.0%).

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Objective | | 84.0 | 85.0 | 86.0 | | | | | |
| Annual Indicator | 83.1 | 84.9 | 85.6 | 85.5 | 85.6 | 84.9 | | | |
| Numerator | 243,681 | 242,790 | 234,467 | 239,545 | 246,313 | 235,838 | | | |
| Denominator | 293,312 | 285,950 | 273,914 | 280,315 | 287,667 | 277,720 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

Aggregated data from 2020-2021 show that the estimate for Hawaii (84.9%) was significantly higher than the national estimate of 75.1% for preventive dental visits among children. Based on the aggregated 2020-2021 data, children 1-5 years of age had a lower estimate (81.7%) compared to children 6-11 years of age (95.2%) and 12-17 years of age (92.5%). Those below 100% of the FPL (76.0%) or at 100%-199% of the FPL (73.7%) were less likely to have a preventive dental visit than those at 200-399% of the FPL (87.7%) or those at or above 400% of the FPL (90.3%). This performance measure has been dropped in FY 2020, so no objectives have been set beyond 2020

NPM 14.1: Percent of women who smoke during pregnancy

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|--------|--------|--------|------|------|------|
| Annual Indicator | 4.6 | 3.6 | 4.0 | 3.0 | 2.2 | 1.9 | 1.7 | | | |
| Numerator | 669 | 642 | 682 | 492 | 354 | 291 | 261 | | | |
| Denominator | 14,543 | 17,635 | 17,245 | 16,633 | 16,400 | 15,560 | 15,329 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | | | |

The Healthy People 2030 Objective is to increase abstinence from cigarette smoking among pregnant women to 95.7%. Data from 2021 showed that Hawaii (1.7%) met that objective and was significantly below the national estimate of 4.6%. High school graduates (4.8%), those with Medicaid/QUEST (3.7%). Hispanics (2.5%) or Multiple Race) (2.8%); and mothers who reported being on Special Supplemental Nutrition

Program for Women, Infants, and Children (WIC) during pregnancy (2.4%) were more likely to smoke during pregnancy.

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Indicator | 16.8 | 16.0 | 15.1 | 15.0 | 14.8 | 14.7 | | | |
| Numerator | 51,216 | 48,171 | 44,758 | 44,522 | 43,684 | 42,624 | | | |
| Denominator | 304,410 | 301,717 | 297,284 | 297,192 | 296,134 | 290,030 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

Data from 2020-2021 show that the estimate for Hawaii (14.7%) was similar to the national estimate of 13.8% for children living in households where someone smokes. Based on the 2020-2021 subgroup estimates, children who lived in households where someone was a high school graduate (27.3%) or had some college (19.2%) were more likely to live with smokers compared to those who lived in households where someone graduated college (9.4%). Numbers were too small to report those with less than a high school education. Children were more likely to be living with a smoker if the household income was below 100% of the FPL (23.9%) or at 100%-199% of the FPL (19.2%) compared to households at or above 400% of the FPL (9.5%). Those with Medicaid/Quest (21.0%) had higher estimates than those with private insurance (11.2%). Multiple race (18.9%) had a higher estimate of household smoking than Whites (6.6%). Hawaii met the related HP 2030 objective to reduce the proportion of people who do not smoke but are exposed to secondhand smoke to 17.3%.

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Indicator | 80.2 | 80.9 | 82.5 | 81.3 | 80.6 | 81.0 | | | |
| Numerator | 247,035 | 248,592 | 250,826 | 243,580 | 239,779 | 239,091 | | | |
| Denominator | 307,885 | 307,155 | 303,850 | 299,680 | 297,668 | 295,249 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

Data from 2020-2021 show that the estimate for Hawaii (81.0%) was higher than the national estimate of 68.2% for continuous and adequate insurance. There were no other significant differences among subgroups based on the 2020-2021 data provided.

National Outcome Measures

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|--------|--------|--------|------|------|------|
| Annual Indicator | 77.2 | 75.9 | 76.5 | 72.5 | 72.0 | 73.0 | 71.6 | | | |
| Numerator | 13,650 | 13,232 | 12,515 | 11,920 | 11,377 | 10,790 | 10,338 | | | |
| Denominator | 17,680 | 17,426 | 16,355 | 16,433 | 15,800 | 14,785 | 14,446 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | | | |

The related Healthy People 2030 is to increase the proportion of pregnant women who receive early and adequate prenatal care to 80.5%. In data from 2021, Hawaii did not meet that HP 2030 objective and was significantly lower than the national estimate of 78.3%. The 2021 estimate showed significant decline when compared to the 2020 (73.0%) and 2015 (77.2%) estimates. Higher risk groups included Native Hawaiian/Other Pacific Islanders (43.9%), women under 20 years of age (60.8%), women who had less than a high school education (50.4%), women with Medicaid (59.7%) or uninsured (57.6%), women who were unmarried (63.7%), or those on WIC (67.0%).

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|----------|----------|----------|----------|----------|----------|----------|------|------|------|
| Annual Indicator | 76.8 | 66.8 | 87.9 | 84.7 | 104.3 | 104.8 | 98.6 | | | |
| Numerator | 119 | 77 | 130 | 121 | 149 | 146 | 129 | | | |
| Denominator | 15,112 | 11,376 | 15,010 | 14,647 | 14,281 | 13,934 | 13,083 | | | |
| Data Source | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | | | |
| Data Source Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | | | |

The HP 2030 objective is to reduce severe maternal complications identified during delivery hospitalizations to 61.8 per 10,000 live births. The rates in 2017-2020 were estimated based on ICD-10 codes, which might not be comparable with previous years. In data from 2020, the rate of severe maternal morbidity was 98.6 per 10,000 live births, which was similar to the national estimate of 88.3. In Hawaii, the rate of severe maternal morbidity was significantly higher when compared to the 2015 estimate (66.8) but was similar to the 2019 estimate (104.8). The sample size was too small to perform a

subgroup analysis to determine risk factors.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------|------|------|
| Annual Indicator | 12.9 | 13.1 | 13.4 | 12.5 | 11.7 | 16.9 | 16.1 | | | |
| Numerator | 12 | 12 | 12 | 11 | 10 | 14 | 13 | | | |
| Denominator | 93,068 | 91,607 | 89,650 | 87,878 | 85,198 | 82,744 | 80,574 | | | |
| Data Source | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | | | |
| Data Source Year | 2012_2016 | 2013_2017 | 2014_2018 | 2015_2019 | 2016_2020 | 2017_2021 | 2018_2022 | | | |

The related HP 2030 objective is to reduce maternal deaths to 15.7 per 100,000 live births. In data from 2018-2022, the rate of maternal mortality was 16.1 per 100,000 live births, which did not meet the Healthy People 2030 objective. In Hawaii, the rate of maternal mortality has not increased significantly compared to the 2015-2019 estimate (12.5). The increase in 2021 and 2022 indicators can be attributed to the extremely small numbers of deaths per year and the decrease in the number of births in 2021 and 2022. The sample size was too small to perform a subgroup analysis to determine risk factors.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|--------|--------|--------|------|------|------|
| Annual Indicator | 8.3 | 8.5 | 8.5 | 8.3 | 8.4 | 8.1 | 8.8 | | | |
| Numerator | 1,531 | 1,537 | 1,491 | 1,416 | 1,410 | 1,281 | 1,381 | | | |
| Denominator | 18,392 | 18,045 | 17,508 | 16,966 | 16,784 | 15,783 | 15,607 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | | | |

The related HP 2030 objective is to reduce preterm birth to 9.4%. In data from 2021, Hawaii's estimate (8.8%) was similar to the national estimate (8.5%). There has been no significant change over time with 8.3% of births low birth weight in 2015. Analysis of 2021 data showed that mothers who were 35 or more years of age (11.0%) and those with less than a high school education (11.6%) had higher low birth weight estimates. Black (10.5%), Asian (10.9%), and Native Hawaiian/Other Pacific Islander (10.2%) mothers had higher estimates of low-birth-weight deliveries than White (5.6%) mothers.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--|------|------|------|------|------|------|------|------|------|------|
|--|------|------|------|------|------|------|------|------|------|------|

| | | | | | | | | | | |
|------------------|--------|--------|--------|--------|--------|--------|--------|--|--|--|
| Annual Indicator | 10.1 | 10.5 | 10.4 | 10.3 | 10.6 | 10.0 | 10.2 | | | |
| Numerator | 1,861 | 1,904 | 1,829 | 1,744 | 1,775 | 1,582 | 1,596 | | | |
| Denominator | 18,409 | 18,053 | 17,508 | 16,960 | 16,785 | 15,775 | 15,609 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | | | |

The Healthy People 2030 objective is to reduce total preterm births to 9.4%. In data from 2021, Hawaii did not meet that objective (10.2%) but was similar to the national estimate of 10.5%. The estimate for early preterm birth (<34 weeks) in Hawaii (2.8%) was same as the national estimate (2.8%). Subgroup analyses of 2021 data show that mothers 20-24 years of age (9.7%), 25-29 years of age (8.9%) or 30-34 years of age (10.0%) had lower preterm delivery estimates compared to those 35 or more years of age (12.4%). Asian (11.1%), Black (12.9%), and Multiple Race (10.4%) had higher preterm delivery estimates than White (7.4%) mothers. Mothers with less than a high school education had a higher preterm delivery estimate (13.7%) compared to those with more education.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|--------|--------|--------|------|------|------|
| Annual Indicator | 27.9 | 27.8 | 28.2 | 28.5 | 28.9 | 28.7 | 29.0 | | | |
| Numerator | 5,140 | 5,022 | 4,940 | 4,831 | 4,851 | 4,531 | 4,528 | | | |
| Denominator | 18,409 | 18,053 | 17,508 | 16,960 | 16,785 | 15,775 | 15,609 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | | | |

There is no related Healthy People 2030 objective for early term birth. In data from 2021, the proportion of early term birth was 29.0%, which was similar to the national estimate of 28.8%. The increase in estimate from 2015 (27.9%) was significant. Analysis of 2021 data showed that Asian (34.8%), Native Hawaiian/Other Pacific Islander (30.4%), Multiple Race (29.7%), and Hispanic (28.5%) mothers had higher early term delivery estimates than White (20.6%) mothers. Mothers who had completed college (27.4%) had lower early term delivery estimates than those with less than a high school education (32.2%). Those who were uninsured (11.3%) had lower early term delivery estimates than those with private insurance (30.5%) or Medicaid/QUEST (30.7%). There was no significant difference in early term delivery estimates for mothers of different age groups.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------|------|------|
| Annual Indicator | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | | | |
| Numerator | | | | | | | | | | |
| Denominator | | | | | | | | | | |
| Data Source | Hospital Compare | Hospital Compare | Hospital Compare | Hospital Compare | Hospital Compare | Hospital Compare | Hospital Compare | | | |
| Data Source Year | 2016/Q4-2017/Q3 | 2017/Q1-2017/Q4 | 2017/Q2-2018/Q1 | 2018/Q1-2018/Q2 | 2019/Q4-2020/Q3 | 2020/Q3-2021/Q2 | 2021/Q1-2021/Q4 | | | |

In data from 2021/Q1-2021/Q4, 1.0% of Hawaii deliveries at 37-38 weeks gestation were non-medically indicated early elective deliveries, which was lower than the national estimate of 2.0%. There was no data available on high-risk groups.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|--------|--------|--------|------|------|------|
| Annual Indicator | 5.0 | 4.9 | 5.6 | 6.3 | 6.4 | 4.3 | 5.2 | | | |
| Numerator | 93 | 90 | 102 | 111 | 109 | 72 | 82 | | | |
| Denominator | 18,591 | 18,452 | 18,106 | 17,573 | 17,023 | 16,825 | 15,831 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | | | |

The related HP 2030 Objective is to reduce the rate of fetal deaths at 20 or more weeks of gestation to 5.7 per 1,000 live births. In data from 2020, the rate of perinatal mortality was 5.2 per 1,000 live births, which was similar to the national rate of 5.6. The increase from the 2019 estimate (4.3) was non-significant. The decrease from the rate in 2018 (6.4) was non-significant. Based on the aggregated 2018-2020 data, highest risk groups included Black (9.7), those who had multiple births (20.9), those with very low birthweight (186.2), and those with gestational age less than 34 weeks (113.0).

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|--------|--------|--------|------|------|------|
| Annual Indicator | 4.5 | 5.7 | 6.0 | 5.4 | 6.8 | 5.1 | 4.9 | | | |
| Numerator | 83 | 105 | 109 | 95 | 115 | 86 | 77 | | | |
| Denominator | 18,550 | 18,420 | 18,059 | 17,517 | 16,972 | 16,797 | 15,785 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | | | |

The Healthy People 2030 objective is to reduce this rate to 5.0 per 1,000 live births. In data from 2019, Hawaii's rate was 4.9 infant deaths per 1,000 live births, which met the HP 2030 objective of reducing the rate of infant deaths to 5.0 per 1,000 live births. The rate was similar to the national estimate of 5.4 infant deaths per 1,000 live births. The decrease from the 2018 estimate (6.8 infant deaths per 1,000 live births) was statistically significant. Analyses of aggregated data from 2020-2022 showed that Native Hawaiian (5.9) infants based on maternal race had significantly higher infant mortality rates than White (2.8) infants. Mothers with less than a high school education had a higher estimate (7.3) than high school graduates (2.9), those with some college education (4.1), or college graduates (3.5).

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|--------|--------|--------|------|------|------|
| Annual Indicator | 3.3 | 3.6 | 3.8 | 3.8 | 3.9 | 3.3 | 2.9 | | | |
| Numerator | 62 | 67 | 68 | 67 | 66 | 55 | 46 | | | |
| Denominator | 18,550 | 18,420 | 18,059 | 17,517 | 16,972 | 16,797 | 15,785 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | | | |

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. In data from 2020, Hawaii exceeded that objective (2.9 neonatal deaths per 1,000 live births) and was similar to the national estimate of 3.6 neonatal deaths per 1,000 live births. Neonatal deaths in Hawaii have not changed significantly since 2015 (3.6 deaths per 1,000 live births). Subgroup analysis of 2018-2020 data showed Black infants (9.7) had higher neonatal mortality rates compared to White (2.8), Asian (2.7), Native Hawaiian/Other Pacific Islander (2.6), or Multiple Race (3.4) infants. Very low birthweight infants (<1,500 grams; 189.3) were significantly more likely to have neonatal deaths when compared to normal birthweight infants (2,500+ grams; 0.6).

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|--------|--------|--------|------|------|------|
| Annual Indicator | 1.1 | 2.1 | 2.3 | 1.6 | 2.9 | 1.8 | 2.0 | | | |
| Numerator | 21 | 38 | 41 | 28 | 49 | 31 | 31 | | | |
| Denominator | 18,550 | 18,420 | 18,059 | 17,517 | 16,972 | 16,797 | 15,785 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | | | |

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. In 2020, the estimate from Hawaii (2.0) was similar to the national estimate of 1.9 postneonatal deaths per 1,000 live births. The 2020 estimate was similar to the 2018 (2.9) and 2015 (2.1) estimates. Based on 2018-2020 aggregated data, very low birthweight infants (<1,500 grams; 25.1) and low birthweight infants (1,500-2,499 grams; 7.9) were significantly more likely to have postneonatal mortality when compared to normal birthweight infants (2,500+ grams; 1.5). Infants from mothers who were under 20 years of age (6.4) had a higher estimate compared to infants from mothers who were 25-29 years of age (2.1) or those 35 or more years of age (1.7). Native Hawaiians/Other Pacific Islanders (4.2) had a higher rate compared to Whites (1.3) or Asians (1.7).

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|--------|--------|--------|------|------|------|
| Annual Indicator | 177.9 | 228.0 | 216.0 | 222.6 | 253.4 | 214.3 | 145.7 | | | |
| Numerator | 33 | 42 | 39 | 39 | 43 | 36 | 23 | | | |
| Denominator | 18,550 | 18,420 | 18,059 | 17,517 | 16,972 | 16,797 | 15,785 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | | | |

In 2020, Hawaii experienced 145.7 preterm-related mortalities per 100,000 live births, which was similar to the national estimate of 181.0. Preterm-related mortality in Hawaii has not changed significantly since 2018 (253.4 per 100,000 live births) or 2015 (228.0 per 100,000 live births). Subgroup analysis of 2018-2020 data showed Blacks (890.0) had a higher preterm-related mortality rate compared to Whites (146.3). Those with other public insurance (346.3) had higher estimates than those with Medicaid (164.7) or private insurance (156.9).

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|--------|--------|--------|------|------|------|
| Annual Indicator | 79.0 | 76.0 | 94.1 | 94.1 | 111.9 | 111.9 | 63.4 | | | |
| Numerator | 15 | 14 | 17 | 17 | 19 | 19 | 10 | | | |
| Denominator | 18,987 | 18,420 | 18,059 | 18,059 | 16,972 | 16,972 | 15,785 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2013 | 2015 | 2016 | 2016 | 2018 | 2018 | 2020 | | | |

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. The 2017 and 2019 data were not reportable. In 2020, Hawaii's estimate (63.4)

was similar to the national estimate of 92.5 deaths per 100,000 live births. The decline in SUID rate from 2018 (111.9 per 100,000 live births) was non-significant. The sample size was too small to perform a subgroup analysis to determine risk factors.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|-------------------|--------|--------|------|------|------|
| Annual Indicator | 8.5 | 8.7 | 8.7 | 7.8 | 6.8 | 6.6 | 7.4 | | | |
| Numerator | 1,474 | 1,522 | 1,522 | 1,357 | 569 | 1,006 | 1,127 | | | |
| Denominator | 17,402 | 17,555 | 17,555 | 15,946 | 8,360 | 15,321 | 15,238 | | | |
| Data Source | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | | | |
| Data Source Year | 2014 | 2015 | 2015 | 2016 | 2019 ¹ | 2020 | 2021 | | | |

The related HP 2030 objective is to increase abstinence from alcohol among pregnant women to 92.2%. In data from 2021, the proportion of births to mothers with third trimester drinking was 7.4%, which was similar to the national estimate (6.9%). There has been no change since 2015 (8.7%).

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|----------|----------|----------|----------|----------|----------|----------|------|------|------|
| Annual Indicator | 1.4 | 1.1 | 1.1 | 2.2 | 1.3 | 1.1 | 1.4 | | | |
| Numerator | 22 | 16 | 16 | 32 | 19 | 15 | 18 | | | |
| Denominator | 15,358 | 15,111 | 15,111 | 14,879 | 14,468 | 14,226 | 13,286 | | | |
| Data Source | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | | | |
| Data Source Year | 2014 | 2016 | 2016 | 2017 | 2018 | 2019 | 2020 | | | |

In 2020, Hawaii's rate of infants born with neonatal abstinence syndrome (1.4 per 1,000 delivery hospitalizations) was significantly lower than the national estimate of 6.2 per 1,000 delivery hospitalizations. This rate was similar in Hawaii since 2016 (1.1 per 1,000 delivery hospitalizations). The sample size was too small to perform a subgroup analysis to determine risk factors.

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

This measure is under development. Federal data are not available/reportable for this measure.

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

This measure is under development. Federal data are not available/reportable for this measure.

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Indicator | 10.9 | 9.5 | 8.6 | 12.9 | 14.1 | 10.6 | | | |
| Numerator | 32,106 | 27,331 | 23,601 | 36,524 | 40,887 | 29,668 | | | |
| Denominator | 295,883 | 287,697 | 275,995 | 282,655 | 289,222 | 279,240 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

The related HP 2030 objective is to reduce the proportion of children and adolescents with active and currently untreated tooth decay in their primary or permanent teeth to 10.2%. In 2020-2021 aggregated data, the proportion of children with tooth decay in the past 12 months was 10.6%, which was similar to the national estimate (12.2%). The increase from 2017-2018 (8.6%) and the decline from 2019-2020 (14.1) in estimates were not significant. There were no significant differences among subgroups based on the 2020-2021 data provided.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|---------|---------|---------|---------|---------|---------|------|------|------|
| Annual Indicator | 14.4 | 16.8 | 18.2 | 13.3 | 16.8 | 10.3 | 7.7 | | | |
| Numerator | 23 | 27 | 29 | 21 | 26 | 16 | 12 | | | |
| Denominator | 160,241 | 160,245 | 158,951 | 157,349 | 155,129 | 155,351 | 155,910 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | | | |

The related HP 2030 objective is to reduce the rate of child and adolescent deaths (aged 1 to 19) to 18.4 per 100,000. In aggregated data from 2019-2021, Hawaii met this

objective with 17.2 deaths per 100,000 among 1-4 years of age, which was similar to the national estimate of 23.6 deaths per 100,000 among those 1-4 years of age. Similarly, the rate of deaths among those 5-9 years of age was similar in Hawaii (7.2) and nationally (11.4) in 2019-2021 data. The overall child mortality rate for those 1-9 years of age in Hawaii (7.7) was significantly lower than the national estimate (17.5) in 2021. There has been no significant change in Hawaii since 2015, when the estimate was 14.4 deaths per 100,000.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|---------|---------|---------|---------|---------|---------|------|------|------|
| Annual Indicator | 27 | 33.7 | 25.8 | 25.1 | 31.0 | 20.9 | 26.3 | | | |
| Numerator | 44 | 54 | 41 | 40 | 49 | 32 | 43 | | | |
| Denominator | 163,073 | 160,416 | 159,029 | 159,133 | 158,163 | 153,398 | 163,193 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | | | |

The related HP 2030 objective is to reduce the rate of child and adolescent deaths to 18.4 per 100,000. In data from 2021, the rate of adolescent deaths was 26.3 in Hawaii, which was significantly lower than the national estimate (39.5). There has been no change over time, with a rate of 27.0 in 2015. In data from 2019-2021, the Hawaii estimate (14.7 per 100,000) was similar to the national estimate of 16.1 deaths per 100,000 among those 10-14 years of age. The rate of deaths among those 15-19 years of age was 38.2. Hawaii's estimate was significantly lower than the national estimate (56.5) in 2019-2021 data. Adolescent mortality was higher among males (35.6) compared to females (16.1), but there was no significant difference among different race groups based on the 2019-2021 data.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------|------|------|
| Annual Indicator | 9.6 | 10.9 | 11.0 | 8.6 | 6.5 | 8.6 | 6.1 | | | |
| Numerator | 23 | 26 | 26 | 20 | 15 | 20 | 14 | | | |
| Denominator | 240,137 | 238,506 | 235,446 | 232,911 | 231,497 | 232,911 | 230,559 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2013_2015 | 2014_2016 | 2015_2017 | 2016_2018 | 2017_2019 | 2018_2020 | 2019_2021 | | | |

The similar Healthy People 2030 objective is to reduce the rate of motor vehicle crash-related deaths (all ages) to 10.1 per 100,000. In data from 2019-2021, the rate of

adolescent motor vehicle death in those 15-19 years of age was 6.1 in Hawaii, which was significantly lower than the national estimate (12.0). There has been no change over time with a rate of 10.9 in 2014-2016. The sample size was too small to perform a subgroup analysis to determine risk factors.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------|------|------|
| Annual Indicator | 11.2 | 13.0 | 13.2 | 9.9 | 10.4 | 9.9 | 12.1 | | | |
| Numerator | 27 | 31 | 31 | 23 | 24 | 23 | 28 | | | |
| Denominator | 240,137 | 238,506 | 235,446 | 232,911 | 231,497 | 232,911 | 230,559 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2013_2015 | 2014_2016 | 2015_2017 | 2016_2018 | 2017_2019 | 2018_2020 | 2019_2021 | | | |

The Healthy People 2030 objective aims to reduce the adolescent suicide rate to 12.8 per 100,000 and to reduce the rate of suicide attempts by adolescents to 1.8 per 100. In data from 2019-2021, the rate of adolescent suicide deaths in those 15-19 was 12.1 in Hawaii, which was similar to the national estimate (10.6). The increase from 2018-2020 (9.9) was non-significant. There has been no significant change over time with a rate of 13.0 in 2014-2016. The sample size was too small to perform a subgroup analysis to determine risk factors.

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Indicator | 13.6 | 13.4 | 13.0 | 13.8 | 14.5 | 13.2 | | | |
| Numerator | 42,109 | 41,238 | 39,591 | 41,505 | 43,575 | 39,320 | | | |
| Denominator | 309,692 | 308,059 | 304,299 | 301,627 | 300,175 | 297,640 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

There is no related Healthy People 2030 objective for this measure. In data from 2020-2021, the proportion of CSHCN in Hawaii was 13.2%, which was significantly below the national estimate of 19.5%. There were no significant differences among subgroups based on the 2020-2021 data provided.

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Indicator | 16.7 | 17.4 | 16.6 | 18.6 | 18.6 | 20.1 | | | |
| Numerator | 7,021 | 7,174 | 6,564 | 7,706 | 8,114 | 7,884 | | | |
| Denominator | 42,109 | 41,238 | 39,591 | 41,505 | 43,575 | 39,257 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

The related HP 2030 objective is to increase the proportion of children and adolescents under 18 years of age with special health care needs that receive care in a family-centered, comprehensive, and coordinated system to 19.5%. In data from 2020-2021, the proportion of CSHCN receiving care in a well-functioning system in Hawaii was 20.1%, which met the HP 2030 objective and was significantly higher than the national estimate of 13.7%. The sample size was too small to perform a subgroup analysis to determine risk factors.

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Indicator | 1.8 | 1.6 | 1.7 | 2.0 | 1.8 | 1.7 | | | |
| Numerator | 4,558 | 4,022 | 4,176 | 4,822 | 4,589 | 4,185 | | | |
| Denominator | 257,036 | 254,642 | 253,788 | 243,451 | 249,409 | 244,046 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

There is no related Healthy People 2030 objective for this measure. In data from 2020-2021, the proportion of children diagnosed with autism spectrum disorder was 1.7%, which was significantly below the national estimate of 2.9%. The sample size was too small to perform a subgroup analysis to determine risk factors.

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|---------|---------|---------|---------|---------|------|------|------|
| Annual Indicator | 5.0 | 5.4 | 6.4 | 6.3 | 5.4 | 5.9 | | | |
| Numerator | 12,754 | 13,620 | 15,515 | 15,021 | 13,161 | 14,416 | | | |
| Denominator | 254,397 | 253,200 | 241,777 | 239,185 | 245,922 | 242,480 | | | |

| | | | | | | | | | |
|------------------|------|------------------------|------------------------|------------------------|------------------------|------------------------|--|--|--|
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

There is no related Healthy People 2030 objective for this measure. In data from 2020-2021, the proportion of children diagnosed with ADD/ADHD was 5.9%, which was significantly lower than the national estimate of 9.5%. The sample size was too small to perform a subgroup analysis to determine risk factors. The increase from 2016 (5.0%) was non-significant.

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Indicator | 38.4 | 45.6 | 54.4 | 56.6 | 46.8 | 45.4 | | | |
| Numerator | 8,494 | 9,601 | 10,866 | 10,655 | 9,730 | 10,507 | | | |
| Denominator | 22,150 | 21,033 | 19,992 | 18,809 | 20,781 | 23,162 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

The related HP 2030 objective is to increase the proportion of children with mental health problems who receive treatment to 82.4%. In data from 2020-2021, the percent of children with a mental/behavioral condition who received treatment or counseling was 45.4% in Hawaii, which did not meet this objective but was similar to the national estimate (51.6%). The sample size was too small to perform a subgroup analysis to determine risk factors.

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Indicator | 91.7 | 91.3 | 92.4 | 92.9 | 92.1 | 92.5 | | | |
| Numerator | 282,105 | 280,275 | 280,914 | 279,910 | 276,238 | 274,857 | | | |
| Denominator | 307,798 | 307,112 | 304,114 | 301,442 | 299,934 | 297,296 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016_2017 ² | 2017_2018 ² | 2018_2019 ² | 2019_2020 ² | 2020_2021 ² | | | |

There is no related Healthy People 2030 objective for this measure. In data from 2020-2021, the percent of children in excellent or very good health was 92.5% in Hawaii, which was significantly higher than the national estimate (90.2%). Based on the 2020-2021 aggregated data, those below 100% of the FPL (84.8%) had a lower estimate than

those at or above 400% of the FPL (96.2%). Children with parents who were high school graduates (86.0%) had lower estimates than those whose parents were college graduates (94.6%).

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|------------------------|------------------------|------------------------|------------------------|------------------------|------|------|------|
| Annual Indicator | 11.0 | 13.9 | 11.5 | 11.1 | 15.5 | 17.1 | | | |
| Numerator | 12,738 | 16,615 | 13,825 | 13,974 | 20,313 | 21,649 | | | |
| Denominator | 115,773 | 119,950 | 119,800 | 126,050 | 131,281 | 126,503 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016-2017 ² | 2017-2018 ² | 2018-2019 ² | 2019-2020 ² | 2020-2021 ² | | | |

The similar Healthy People 2030 objective is to reduce the rate of obesity in children and adolescents to 15.5%. In 2020-2021 aggregated data, the percent of children 10-17 years of age who were considered obese was 17.1% in Hawaii, which was similar to the national estimate (17.0%). The increase from 2018-2019 (11.1%) was significant. Children whose parents were high school graduates (30.5%) had a higher estimate than those whose parents were college graduates (10.6%). No other significant differences were found in subgroup analyses, based on 2020-2021 aggregated data.

In data from 2020, the percent of children 2-4 years of age on WIC who are considered obese was 10.7% in Hawaii, which was significantly lower than the national estimate (14.5%). Hispanics (11.6%) and Asian/Pacific Islanders (11.5%) showed higher risk for obesity compared to Whites (4.8%).

In Youth Risk Behavior Surveillance System (YRBSS) data from 2019, the percent of adolescents in grades 9-12 who were considered obese was 16.4% in Hawaii, which was similar to the national estimate (15.5%). Higher risk groups include Hispanics (16.7%), Native Hawaiian/Other Pacific Islanders (25.9%), and male adolescents (20.6%) compared to female adolescents (11.8%). No further YRBS data is available.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|---------|---------|---------|---------|---------|---------|------|------|------|
| Annual Indicator | 1.4 | 2.1 | 2.1 | 2.9 | 2.8 | 2.8 | 2.3 | | | |
| Numerator | 4,350 | 6,484 | 6,519 | 8,796 | 8,330 | 8,330 | 7,076 | | | |
| Denominator | 312,071 | 306,799 | 304,896 | 302,389 | 299,909 | 299,909 | 304,505 | | | |

| | | | | | | | | | | |
|---------------------|------|------|------|------|------|------|------|--|--|--|
| Data Source | ACS | ACS | ACS | ACS | ACS | ACS | ACS | | | |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2019 | 2021 | | | |

The similar Healthy People 2030 Objective is to increase the proportion of people with health insurance to 92.1%. There is no 2020 data available for this measure. In data from 2021, the proportion of children 0-17 years of age without health insurance was 2.3%, which was significantly below the national estimate (5.1%). The increase in children without health insurance from 2015 (1.4%) was non-significant. There were no significant differences in subgroup analyses in race, gender, and education level.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|--------|--------|------|------|------|------|
| Annual Indicator | 69.9 | 68.4 | 71.8 | 73.9 | 67.2 | 79.2 | | | | |
| Numerator | 13,000 | 13,000 | 13,000 | 14,000 | 11,000 | 13,000 | | | | |
| Denominator | 18,000 | 18,000 | 18,000 | 19,000 | 17,000 | 17,000 | | | | |
| Data Source | NIS | NIS | NIS | NIS | NIS | NIS | | | | |
| Data Source Year | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | | | | |

The related HP 2030 objective is to increase the vaccination coverage level of 4 doses of the diphtheria-tetanus-acellular pertussis (DTaP) vaccine among children 2 years of age to 90.0%. The historical data for this measure was updated to reflect the new definition based on birth cohort. In data from 2018, the proportion of children 19-35 months of age who received the recommended vaccine series was 79.2%, which was significantly higher than the national estimate (70.1%). The increase from 2015 (71.8%) was non-significant, but the increase from 2017 (67.2%) was significant. Based on 2016-2018 aggregated data, those below 100% of the FPL (59.5%) had lower rates in percent of children who completed the 7-vaccine series when compared to those at or above 400% of the FPL (82.0%).

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

[illegible]

| | | | | | | | | | | |
|---------------------|------|------|------|------|------|------|------|--|--|--|
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | | | |
|---------------------|------|------|------|------|------|------|------|--|--|--|

There is no related HP 2030 objective for this measure. In data from 2021, the percentage of adolescents 13-17 years of age who had received at least one dose of the Tdap vaccine was 88.6%, which was similar to the national estimate (89.6%). The estimate was significantly higher than the 2015 estimate, with 79.6% getting at least one dose of the Tdap vaccine. Based on aggregated 2019-2021 data, those with Medicaid/Quest (79.2%) were less likely than those with private insurance (90.4%) to get at least one dose of the Tdap vaccine.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---------------------|--------|--------|--------|--------|--------|--------|--------|------|------|------|
| Annual Indicator | 78.7 | 75.9 | 85.9 | 83.6 | 82.5 | 86.0 | 88.0 | | | |
| Numerator | 62,278 | 60,738 | 68,294 | 65,643 | 65,035 | 67,501 | 67,523 | | | |
| Denominator | 79,172 | 80,076 | 79,470 | 78,556 | 78,849 | 78,453 | 76,749 | | | |
| Data Source | NIS | NIS | NIS | NIS | NIS | NIS | NIS | | | |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | | | |

There is no related HP 2030 objective for this measure. In data from 2021, the percentage of adolescents 13-17 years of age who have received at least one dose of the meningococcal conjugate vaccine was 88.0%, which was similar to the national estimate (89.0%). There was no significant change when compared to the 2020 estimate (86.0%), but there has been a significant increase over time with 78.7% getting at least one dose of the meningococcal conjugate vaccine in 2015. In data from 2019-2021, adolescents with other public insurance (74.9%) had a lower estimate compared to those with private insurance (90.4%). No other significant differences were found in subgroup analyses based on 2019-2021 data.

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---------------------|--------|--------|--------|--------|--------|--------|--------|------|------|------|
| Annual Indicator | 20.7 | 19.2 | 19.1 | 17.2 | 15.7 | 13.0 | 12.3 | | | |
| Numerator | 789 | 728 | 714 | 643 | 584 | 470 | 463 | | | |
| Denominator | 38,123 | 37,877 | 37,287 | 37,345 | 37,302 | 36,031 | 37,673 | | | |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | | | |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | | | |

The related Healthy People 2030 Objective is to reduce pregnancies among adolescent females to 31.4 pregnancies among 1,000 females. In 2021, the teen birth rate in Hawaii (12.3 per 1,000 females 15-19) met this objective and was significantly lower than the national rate of 13.9. There has been a significant decrease when compared to the 2019 estimate (15.7). The teen birth rate among those 15-17 years of age in Hawaii (3.8) is significantly lower than the national rate for those 15-17 years of age (5.6). Over time, the rate in Hawaii and nationally has dropped significantly since 2015 (20.7 in Hawaii and 22.3 nationally). Based on 2021 single year data, the rates in Asians (2.9) and Whites (8.8) were lower than Hispanics (19.8), Native Hawaiians/Other Pacific Islanders (19.6), and Multiple Races (15.9).

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|--------|--------|--------|--------|-------|--------|--------|------|------|------|
| Annual Indicator | 11.0 | 9.0 | 9.0 | 11.9 | 11.1 | 13.7 | 14.4 | | | |
| Numerator | 1,974 | 1,610 | 1,610 | 2,070 | 915 | 2,067 | 2,166 | | | |
| Denominator | 17,970 | 17,938 | 17,938 | 17,457 | 8,236 | 15,102 | 15,003 | | | |
| Data Source | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | | | |
| Data Source Year | 2014 | 2015 | 2015 | 2016 | 2019 | 2020 | 2021 | | | |

There was no PRAMS data collection in Hawaii from 2017-2018. The latest data from the 2021 PRAMS survey showed that 14.4% of women reported postpartum depressive symptoms, which was similar to the 2021 national estimate (12.7%). There has been a significant increase over time in the rate of postpartum depressive symptoms when compared to the 2015 estimate (9.0%). Based on the 2019-2021 aggregated data, women below 100% of the FPL (22.3%) had a significantly higher estimate of postpartum depressive symptoms compared to those at or above 301% of the FPL (10.5%).

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

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|------------------|---------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|------|------|------|
| Annual Indicator | 2.7 | 1.7 | 1.6 | 1.6 | 2.1 | 3.1 | | | |
| Numerator | 8,400 | 5,239 | 4,864 | 4,803 | 6,336 | 9,110 | | | |
| Denominator | 307,347 | 305,190 | 301,799 | 300,123 | 298,701 | 293,852 | | | |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | | | |
| Data Source Year | 2016 | 2016 2017 ² | 2017 2018 ² | 2018 2019 ² | 2019 2020 ² | 2020 2021 ² | | | |

Aggregated data from 2020-2021 show that the estimate for Hawaii (3.1%) was similar to the national estimate of 3.8%. There was a significant increase in the estimate when compared to the 2018-2019 data (1.6%). Based on 2020-2021 data, CSHCN (8.1%) had significantly higher estimates of not being able to obtain needed health care in the past year compared to those without special health care needs (2.3%). There were no significant differences in other reported subgroups in the provided 2020-2021 data.