

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

State: Hawaii

	FY 25 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 2,249,007	
A. Preventive and Primary Care for Children	\$ 838,726	(37.2%)
B. Children with Special Health Care Needs	\$ 1,091,841	(48.5%)
C. Title V Administrative Costs	\$ 0	(%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 1,930,567	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 35,134,031	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 18,324,188	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 53,458,219	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 11,910,549		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 55,707,226	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	\$ 47,195,259	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 102,902,485	

OTHER FEDERAL FUNDS	FY 25 Application Budgeted
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Community-Based Child Abuse Prevention Program (CBCAP)	\$ 470,902
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	\$ 250,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	\$ 175,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	\$ 40,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	\$ 297,425
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State and Local Healthy Homes and Childhood Lead Poisoning Prevention Programs (CLPPPs)	\$ 592,273
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Community-Based Integrated Service Systems (CISS)	\$ 255,600
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	\$ 4,132,355
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	\$ 300,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Rural Health	\$ 223,410
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)	\$ 165,669
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	\$ 100,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	\$ 235,000
Department of Health and Human Services (DHHS) > Substance Abuse and Mental Health Services Administration > Project LAUNCH	\$ 800,000
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	\$ 30,307,887

OTHER FEDERAL FUNDS	FY 25 Application Budgeted
US Department of Education > Office of Special Education Programs > Early Identification and Intervention for Infants and Toddlers with Disabilities (Part C of IDEA)	\$ 2,587,723
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > ARPA Pediatric Mental Health Care Access New Area Expansion	\$ 2,250,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Home Visiting MIECHV - ARPA	\$ 690,314
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC ARPA	\$ 887,323
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Maternal Mortality Review	\$ 295,000
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC Breastfeeding Peer Counselor	\$ 598,057
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Medicare Rural Hospital Flexibility	\$ 364,059
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Small Rural Hospital Improvement Grant Program	\$ 177,083
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Community-Based Child Abuse Prevention Grant - ARPA	\$ 1,000,179

	FY 23 Annual Report Budgeted		FY 23 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 2,138,833 (FY 23 Federal Award: \$ 2,249,007)		\$ 2,202,574	
A. Preventive and Primary Care for Children	\$ 699,363	(32.7%)	\$ 694,515	(31.5%)
B. Children with Special Health Care Needs	\$ 1,030,127	(48.2%)	\$ 1,231,524	(55.9%)
C. Title V Administrative Costs	\$ 70,508	(3.3%)	\$ 0	(%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 1,799,998		\$ 1,926,039	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 29,962,854		\$ 28,087,784	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 0		\$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 0		\$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 18,474,919		\$ 7,106,191	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 48,437,773		\$ 35,193,975	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 11,910,549				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 50,576,606		\$ 37,396,549	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	\$ 41,413,149		\$ 42,533,302	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 91,989,755		\$ 79,929,851	

OTHER FEDERAL FUNDS	FY 23 Annual Report Budgeted	FY 23 Annual Report Expended
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Community-Based Integrated Service Systems (CISS)	\$ 255,600	\$ 231,378
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	\$ 157,500	\$ 166,729
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	\$ 40,000	\$ 22,888
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)	\$ 165,389	\$ 66,318
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	\$ 100,000	\$ 100,049
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Genetic Services Project	\$ 600,000	\$ 642,928
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State and Local Healthy Homes and Childhood Lead Poisoning Prevention Programs (CLPPPs)	\$ 427,273	\$ 353,772
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	\$ 283,913	\$ 82,266
US Department of Education > Office of Special Education Programs > Early Identification and Intervention for Infants and Toddlers with Disabilities (Part C of IDEA)	\$ 2,369,091	\$ 1,797,609
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	\$ 3,588,988	\$ 2,573,918
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Community-Based Child Abuse Prevention Program (CBCAP)	\$ 486,403	\$ 544,102
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	\$ 250,000	\$ 129,673

OTHER FEDERAL FUNDS	FY 23 Annual Report Budgeted	FY 23 Annual Report Expended
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	\$ 297,297	\$ 319,708
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	\$ 23,902,329	\$ 32,968,921
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) American Rescue Plan (ARP)	\$ 1,009,550	\$ 108,677
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Newborn Screening State Evaluation Program	\$ 150,000	\$ 6,007
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	\$ 445,000	\$ 204,816
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Office of Rural Health	\$ 230,000	\$ 220,613
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Medicare Rural Hospital Flexibility Program	\$ 446,074	\$ 469,715
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Small Rural Hospital Improvement Program	\$ 128,360	\$ 98,983
Department of Health and Human Services (DHHS) > Office of Adolescent Health > Coronavirus State Hospital Improvement Program	\$ 843,170	\$ 0
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > SHIP Covid Testing and Mitigation	\$ 2,583,760	\$ 343,134
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > AMCHP Cares Act: MCH Telehealth	\$ 275,000	\$ 0
US Department of Education > Office of Special Education Programs > IDEA Part C (ARP)	\$ 1,218,273	\$ 647,453
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Hawaii Newborn Screening Data Project	\$ 160,000	\$ 120,653

OTHER FEDERAL FUNDS	FY 23 Annual Report Budgeted	FY 23 Annual Report Expended
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > CBCAP - ARPA	\$ 1,000,179	\$ 312,992

**Form Notes for Form 2:**

None

**Field Level Notes for Form 2:**

1.	<b>Field Name:</b>	<b>Federal Allocation, C. Title V Administrative Costs</b>
	<b>Fiscal Year:</b>	<b>2025</b>
	<b>Column Name:</b>	<b>Application Budgeted</b>
	<b>Field Note:</b>	FHSD will not be budgeting Title V funding for Administrative Costs in FY25.
2.	<b>Field Name:</b>	<b>Federal Allocation, B. Children with Special Health Care Needs:</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>Annual Report Expended</b>
	<b>Field Note:</b>	The annual expended amount is based on a cash basis and all expenditures recorded in FFY 2023 whereas the budgeted amount is based on accrual. The discrepancy relates to the timing of when expenditures are posted.
3.	<b>Field Name:</b>	<b>Federal Allocation, C. Title V Administrative Costs:</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>Annual Report Expended</b>
	<b>Field Note:</b>	FHSD originally budgeted \$70,508 for Administrative Officer V position however, we changed the position funding to the CHC Special Fund to align with position duties.
4.	<b>Field Name:</b>	<b>2. Subtotal of Lines 1A-C</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>Annual Report Expended</b>
	<b>Field Note:</b>	The annual expended amount is based on a cash basis and all expenditures recorded in FFY 2023 whereas the budgeted amount is based on accrual. The discrepancy relates to the timing of when expenditures are posted.
5.	<b>Field Name:</b>	<b>3. STATE MCH FUNDS</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>Annual Report Expended</b>



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**Field Note:**

The budget amount of \$35,134,031 was based on the FY 2023 Hawaii legislative authorized budget ceiling for overall operating and personnel costs. The authorized budget ceiling is normally higher than the actual expenditure which is often affected by vacant positions and change or reduction of operating contract execution and performance.

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6. **Field Name:** **6. PROGRAM INCOME**

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**Fiscal Year:** **2023**

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

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**Field Note:**

This is a recurring discrepancy demonstrating the difference between the Program Income state appropriation (ceiling) versus actual recorded expenditures in FFY 2023.

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7. **Field Name:** **7. TOTAL STATE MATCH**

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**Fiscal Year:** **2023**

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

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**Field Note:**

The variance between the FY23 Budgeted and FY23Expended is primarily due to the recorded expenditures of Program Income vs. Budgeted Program Income. This is a recurring discrepancy relating to the difference in actual expenditures vs. the Program Income's legal ceiling to spend.

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8. **Field Name:** **Other Federal Funds, Department of Health and Human Services (DHHS) > Substance Abuse and Mental Health Services Administration > Project LAUNCH**

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**Fiscal Year:** **2025**

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**Column Name:** **Application Budgeted**

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**Field Note:**

New Hawaii Project LAUNCH grant with a project period of 9/30/23 - 9/29/28. \$800K per year for 5-years anticipated.

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9. **Field Name:** **Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Genetic Services Project**

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**Fiscal Year:** **2023**

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

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**Field Note:**

The Regional Genetics Networks grant ended 5/31/24. This grant will no longer be awarded to the HDOH.

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10. **Field Name:** **Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State and Local Healthy Homes and Childhood Lead Poisoning Prevention Programs (CLPPPs)**

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	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>Annual Report Expended</b>
	<b>Field Note:</b>	The budgeted amount represents the entire appropriation for this grant where the expenditures reflect recorded expenditures specifically during the Title V grant review period of October 1, 2022, through September 30, 2023. The variance is a timing issue.
11.	<b>Field Name:</b>	<b>Other Federal Funds, Department of Health and Human Services (DHHS) &gt; Health Resources and Services Administration (HRSA) &gt; Universal Newborn Hearing Screening and Intervention</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>Annual Report Expended</b>
	<b>Field Note:</b>	The budgeted amount represents the entire appropriation for this grant where the expenditures reflect recorded expenditures specifically during the Title V grant review period of October 1, 2022, through September 30, 2023. The variance is a timing issue.
12.	<b>Field Name:</b>	<b>Other Federal Funds, Department of Health and Human Services (DHHS) &gt; Administration for Children &amp; Families (ACF) &gt; State Personal Responsibility Education Program (PREP)</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>Annual Report Expended</b>
	<b>Field Note:</b>	The budgeted amount represents the entire appropriation for this grant where the expenditures reflect recorded expenditures specifically during the Title V grant review period of October 1, 2022, through September 30, 2023. The variance is a timing issue.
13.	<b>Field Name:</b>	<b>Other Federal Funds, Department of Health and Human Services (DHHS) &gt; Centers for Disease Control and Prevention (CDC) &gt; Rape Prevention and Education (RPE) Program</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>Annual Report Expended</b>
	<b>Field Note:</b>	The RPE grant budget period runs from Feb. 1 through Jan 31 each year. Budget periods overlap with the Title V expenditure reporting period which explains higher expenditures than budgeted.
14.	<b>Field Name:</b>	<b>Other Federal Funds, US Department of Agriculture (USDA) &gt; Food and Nutrition Services &gt; Women, Infants and Children (WIC)</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>Annual Report Expended</b>

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**Field Note:**

WIC's FY23 budget was mistakenly underreported in FY 2023. Moving forward from the current Title V application this underreported number was corrected.

**Data Alerts: None**

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

**I. TYPES OF INDIVIDUALS SERVED**

IA. Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Pregnant Women	\$ 108,332	\$ 91,446
2. Infants < 1 year	\$ 108,332	\$ 91,446
3. Children 1 through 21 Years	\$ 838,726	\$ 694,515
4. CSHCN	\$ 1,091,841	\$ 1,231,524
5. All Others	\$ 101,776	\$ 93,643
Federal Total of Individuals Served	\$ 2,249,007	\$ 2,202,574

IB. Non-Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Pregnant Women	\$ 2,575,031	\$ 1,461,178
2. Infants < 1 year	\$ 2,575,031	\$ 1,461,178
3. Children 1 through 21 Years	\$ 19,936,259	\$ 11,097,354
4. CSHCN	\$ 25,952,726	\$ 19,677,994
5. All Others	\$ 2,419,172	\$ 1,496,271
Non-Federal Total of Individuals Served	\$ 53,458,219	\$ 35,193,975
Federal State MCH Block Grant Partnership Total	\$ 55,707,226	\$ 37,396,549

**Form Notes for Form 3a:**

None

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

None

**Data Alerts: None**

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

State: Hawaii

**II. TYPES OF SERVICES**

IIA. Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Direct Services	\$ 0	\$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 0	\$ 0
B. Preventive and Primary Care Services for Children	\$ 0	\$ 0
C. Services for CSHCN	\$ 0	\$ 0
2. Enabling Services	\$ 87,689	\$ 58,713
3. Public Health Services and Systems	\$ 2,161,318	\$ 2,143,861
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		\$ 0
Physician/Office Services		\$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		\$ 0
Dental Care (Does Not Include Orthodontic Services)		\$ 0
Durable Medical Equipment and Supplies		\$ 0
Laboratory Services		\$ 0
Direct Services Line 4 Expended Total		\$ 0
<b>Federal Total</b>	<b>\$ 2,249,007</b>	<b>\$ 2,202,574</b>

IIB. Non-Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Direct Services	\$ 33,609,597	\$ 19,155,754
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 7,177,576	\$ 2,935,810
B. Preventive and Primary Care Services for Children	\$ 3,588,788	\$ 1,467,905
C. Services for CSHCN	\$ 22,843,233	\$ 14,752,039
2. Enabling Services	\$ 10,916,742	\$ 8,821,022
3. Public Health Services and Systems	\$ 8,931,880	\$ 7,217,200
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		\$ 38,865
Physician/Office Services		\$ 607,800
Hospital Charges (Includes Inpatient and Outpatient Services)		\$ 0
Dental Care (Does Not Include Orthodontic Services)		\$ 519,500
Durable Medical Equipment and Supplies		\$ 0
Laboratory Services		\$ 0
Other		
Primary and Urgent Care in Hana		\$ 1,256,168
Waianae Coast Emergency Room Services		\$ 1,345,667
Early Intervention Services (POS)		\$ 13,284,135
Molokai General Hospital		\$ 2,103,619
Direct Services Line 4 Expended Total		\$ 19,155,754
<b>Non-Federal Total</b>	\$ 53,458,219	\$ 35,193,976

**Form Notes for Form 3b:**

None

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

None



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

State: Hawaii

Total Births by Occurrence: 14,820

Data Source Year: 2023

**1. Core RUSP Conditions**

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	14,701 (99.2%)	1,434	26	26 (100.0%)

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

## 2. Other Newborn Screening Tests

None

## 3. Screening Programs for Older Children & Women

None

## 4. Long-Term Follow-Up

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

**Form Notes for Form 4:**

None

**Field Level Notes for Form 4:**

None

**Data Alerts: None**

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

State: Hawaii

Annual Report Year 2023

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

Types Of Individuals Served	(A) Title V Total Served	Primary Source of Coverage				
		(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	923	33.0	0.0	63.0	4.0	0.0
2. Infants < 1 Year of Age	1,307	33.0	0.0	63.0	4.0	0.0
3. Children 1 through 21 Years of Age	16,076	32.0	0.0	65.0	3.0	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	13,472	36.0	0.0	61.0	3.0	0.0
4. Others	16,127	15.0	0.0	81.0	4.0	0.0
Total	34,433					

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

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	15,535	No	14,820	100.0	14,820	923
2. Infants < 1 Year of Age	15,543	No	14,820	99.2	14,701	1,307
3. Children 1 through 21 Years of Age	347,209	Yes	347,209	37.6	130,551	16,076
3a. Children with Special Health Care Needs 0 through 21 years of age^	50,459	Yes	50,459	77.1	38,904	13,472
4. Others	1,077,183	Yes	1,077,183	98.6	1,062,102	16,127

^Represents a subset of all infants and children.

**Form Notes for Form 5:**

None

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

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1.	<b>Field Name:</b>	<b>Pregnant Women Total Served</b>
	<b>Fiscal Year:</b>	<b>2023</b>

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**Field Note:**

Programs that contributed to this count include pregnant women who received Reproductive Health Care and Support Services (provides seamless continuum of care for uninsured and under-insured adolescents, women, and men who seek clinical reproductive health care, perinatal support, information, education, and counseling in reproductive health care. This program replaced Perinatal Support Services and Family Planning since June 2021; 372); Safe Sleep (provides safe sleep education and play yards to promote safe sleep practices consistent with the American Academy of Pediatric guidelines to decrease infant mortality related to sleeping; 151); and Kauai District Health Office (pregnant women seen by Kauai WIC; 400). The percentages of primary source of coverage are based on 2022 National Vital Statistics System for Pregnant Women/Infants.

Please note the decline in Safe Sleep from 2021 (400) to 2023 (151). 2022 data was not available due to position vacancy. The 2023 Safe Sleep data is provided by new staff and the HMHB Cribs for Kids program.

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2.	<b>Field Name:</b>	<b>Infants Less Than One Year Total Served</b>
	<b>Fiscal Year:</b>	<b>2023</b>

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**Field Note:**

Programs that contributed to this count of infants < 1 year of age include 2023 Primary Care Contracts (727). Primary Care Contracts are state funded for safety net providers including Federally Qualified Health Centers to provide services for the uninsured/underinsured. The community health center contracts provide comprehensive medical and health care services (perinatal, pediatric, adult primary care) and support services to uninsured and underinsured individuals that are at or below two hundred fifty percent (250%) of the Federal poverty level. Access to primary health services reduces morbidity and mortality by providing timely, appropriate, and less expensive care, and thereby prevent the development and exacerbation of serious health conditions. Additionally, there was no way to differentiate the primary source of coverage for those that were provided services through the underinsured due to lack of access to the data. Another program that contributed to this count include Safe Sleep (provides safe sleep education and play yards to promote safe sleep practices consistent with the American Academy of Pediatric guidelines to decrease infant mortality related to sleeping; 160); and Kauai District Health Office (infants seen by Kauai WIC; 420). Note. The percentages of primary source of coverage are based on 2022 National Vital Statistics System for Pregnant Women/Infants.

Please note the decline in Safe Sleep from 2021 (406) to 2023 (160). 2022 data was not available due to position vacancy. The 2023 Safe Sleep data is provided by new staff and the HMHB Cribs for Kids program. Also please note the increase in total infants served from 2022 (1,002) to 2023 (1,307) was due to the reporting of Kauai District Health Office (420) in 2023 in this age category.

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3.	<b>Field Name:</b>	<b>Children 1 through 21 Years of Age</b>
	<b>Fiscal Year:</b>	<b>2023</b>

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**Field Note:**

Programs that contributed to this count include 2023 Primary Care Contracts (1,764). Other programs that contributed to this count include Reproductive Health Care and Support Services (provides seamless continuum of care for uninsured and under-insured adolescents, women, and men who seek clinical reproductive health care, perinatal support, information, education, and counseling in reproductive health care. This program replaced Perinatal Support Services and Family Planning since June 2021; 640); Kauai District Health Office (children seen by Kauai WIC; 200); and Children with Special Health Care Needs in 3a (13,472). The percentages of primary source of coverage are based on 2022 American Community Survey for Children 1-21.

Please note the increase in total children served from 2022 (9,384) to 2023 (16,076) was due to the increase in number of CSHCN served, which is explained in the CSHCN section.

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4. **Field Name:** **Children with Special Health Care Needs 0 through 21 Years of Age**

**Fiscal Year:** **2023**

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**Field Note:**

2023 data included Children with Special Health Needs Section (provides care coordination and other services for children age 0-21 with chronic medical conditions; 547); Newborn Metabolic Screening Program follow-up (detect rare disorders that can cause serious health and development problems; 1,434); Newborn Hearing Screening Program follow-up (identify hearing loss early so children can receive timely early intervention services; 501); Early Intervention Referral Line (Number of calls received; 4,173); Early Intervention Section (provides care coordination, family training, etc for children age 0-3 with developmental delay or at biological risk; 3,285); Hi'iilei Developmental Screening Program (provides developmental screening via mail or online, and activities to help in children's development; 30); Hawaii Childhood Lead Poisoning Prevention follow-up (aims to reduce children's exposure to lead by strengthening blood lead testing; 3,372). Another program that contributed to the count include Kauai District Health Office (130). The distribution of source of coverage is based on National Survey of Children's Health – CSHCN, 2021-2022

Note that the increase from last year (6,731) was due to the reporting of number of calls from EI referral line (4,173) for the first time. The increase in Hawaii Childhood Lead Poisoning Prevention follow-up from 2022 (242) to 2023 (3,372) was due to the number of individuals reported in 2023 instead of total number of families. Also there is no reporting from the genetics program since the retirement of the genetic staff.

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5. **Field Name:** **Others**

**Fiscal Year:** **2023**

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**Field Note:**

Programs that contributed to this count of others include 2023 Primary Care Contracts (13,027). The count also included Reproductive Health Care and Support Services (provides seamless continuum of care for uninsured and under-insured adolescents, women, and men who seek clinical reproductive health care, perinatal support, information, education, and counseling in reproductive health care. This program replaced Perinatal Support Services and Family Planning since June 2021; 2,125); Parent Line (provides comprehensive parenting education, training, and support through a telephone warmline, a website, and printed and electronic educational resources; number of calls received on the State MCH Hotline=875); and Kauai District Health Office (100). The percentages of primary source of coverage are based on 2022 American Community Survey for adults 22+.

Please note the decline in total served from 2022 (20,244) to 2023 (16,127) was due to the decline in the number served in Primary Care Contracts from 2022 (15,613) to 2023 (13,027). There was also a decline in the number served by Reproductive Health from 2022 (3,493) to 2023 (2,125).

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

1.	<b>Field Name:</b>	<b>Pregnant Women Total % Served</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Field Note:</b>	
	Overall estimate:	Based on the largest reach by the PRAMS Digital Paid Media Campaign, where targeted monthly email was sent to an estimated of 20,000 pregnant women. The Campaign targeted women 18-40 years old with awareness of pregnancy and women 18-40 years old with children 0-1 year old. The second largest reach was the percentage of pregnant women who received safe sleep education messages at the hospital (99%).
	Individual program report:	Other programs that served pregnant women included 5a number (923), number of brochures distributed to pregnant women by Reproductive Health Care and Support Services (2,410; may be duplicated as each woman may receive more than one brochure), women who receive mailout resources from PRAMS program (2,400), WIC Program (state provided administrative support, 5,490), and Home Visiting Program (a family support program for pregnant women, mothers, and children under the age of 5 providing regular visits to families to encourage maternal and child health; prevention of child abuse and neglect; promotion of child development and school readiness; promotion of positive parenting practices; and information/referrals to healthcare and community resources; 43), Kauai District Health Office (outreach activities and education for pregnant women, 400).
2.	<b>Field Name:</b>	<b>Pregnant Women Denominator</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Field Note:</b>	Based on 2023 number of live births from Vital Statistics.
3.	<b>Field Name:</b>	<b>Infants Less Than One Year Total % Served</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Field Note:</b>	
	Overall estimation:	Estimated by 2023 percentage of newborn metabolic screening (99.2%).
	Individual program report:	Other programs that served infants included 5a number (1,307), Kauai District Health Office (outreach activities, 400), Home Visiting (a family support program for pregnant women, mothers, and children under the age of 5 providing regular visits to families to encourage maternal and child health; prevention of child abuse and neglect; promotion of child development and school readiness; promotion of positive parenting practices; and information/referrals to healthcare and community resources; 123), Reproductive Health (community baby shower, 25), and WIC (state provided administrative support, 11,476).
4.	<b>Field Name:</b>	<b>Infants Less Than One Year Denominator</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Field Note:</b>	Based on 2023 number of live births from Vital Statistics.
5.	<b>Field Name:</b>	<b>Children 1 through 21 Years of Age Total % Served</b>

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**Fiscal Year:** 2023

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**Field Note:**

Programs that contributed to the numerator included 5a number (16,076), participation in WIC Program (state provided administrative support, 18,326), Adolescent Wellness (advances adolescent-centered, capacity building through workforce development training for teen-serving staff, by providing intentional shared teaching moments between caring adults and teens, by assuring access to and the availability of self-care resources, tools and services for adults, young adults and teens, and by engaging teen and young adult voices to inform the DOH's efforts to support Hawaii's families and positive youth development programs including Personal Responsibility Education Program, 217; Adolescent Health Conference, 47; and Weed and Seed from Coalition for a Drug Free Hawaii, 3,688); Kauai District Health Office (outreach activities and distribution of educational materials; 4,500), Home Visiting (a family support program by providing regular visits to families to promote positive parenting practices; 392), Sexual Violence Prevention Program (provides primary prevention services through statewide partnerships to prevent all forms of sexual violence and promote healthy, respectful relationships; 45,055), and Children with Special Health Care Needs (38,909). The denominator was based on the reference data provided.

Note that the decrease in the percentage of children served from 2022 (99.3%) was due to the Keiki Screening Media Campaign and the TeenLink Stress Reduction Media Campaign that were carried out last year but not this year. The only TeenLink activity conducted in 2023 was on KITV where age was not tracked. Also note the increase in number served for Adolescent Wellness from 2022 (161) to 2023 (3,952) was due to the outreach activity Drug Free Hawaii Weed and Seed which served 3,688 youth.

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

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**Fiscal Year:** 2023

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**Field Note:**

Overall Estimation:

Based on the largest reach by Children with Special Health Needs Section outreach activities which included social media (38,909). The second largest reach was from the distribution of materials by the Newborn Metabolic Screening Program to an estimated of 15,000 new mothers.

Individual Program Report:

Other programs included outreach activities conducted by Kauai District Health Office (130); outreach activities (outreach, trainings, brochure distribution, etc.) conducted by Early Intervention Section (5,500); other outreach activities conducted by Children with Special Health Needs Section including transition (1,102), community outreach (1,193), advisory groups (751), policy (416), legislation (40), and materials (1,000). The Hawaii Childhood Lead Poisoning Prevention Program (HI-CLPPP) distributed about 8,988 educational materials, held 3 coalition meetings (66), had outreach events including training and presentation (390), had 6,433 unique website views. The Newborn Hearing Screening Program distributed about 155,530 educational materials; conducted training and workgroups (30), and had 859 website hits by providers and the public. The denominator was based on the reference data provided for CSHCN.

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

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**Fiscal Year:** 2023

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**Field Note:**

**Overall Estimation:**

Based on the largest reach by the Safe Sleep Paid Media Campaign, in which broadcast TV reached 98.6% of adults 25-54. The second largest reach was the Milestone Moments Paid Media Campaign, in which broadcast TV reached 86.6 adults 25-54 years old.

**Individual Program Report:**

Other programs included 5a number (16,127), Sexual Violence Prevention Program (meetings and trainings; 861), Adolescent Wellness (Personal Responsibility Education Program, 130; Adolescent Health Conference, 82; Weed and Seed from Coalition for a Drug Free Hawaii, 7483; and Teen Listserv Information dissemination, 2146); WIC services for postpartum women (5,862); Home Visiting (444), Hawaii Public Health Training Hui (education to promote health and well-being; 904), Parent Leadership Training Institute (PLTI) Hawaii (increases the number and skill level of parents and community leaders; 20), Project ECHO Hawaii Pediatric Series (a guided-practice model that reduces health disparities in underserved and rural areas through the use of a hub-and-spoke approach where expert teams lead virtual clinics; 164), Hawaii Medicare Rural Hospital Flexibility Program (Clinical Quality and Financial Improvement Training to critical access hospital staff; 89), Kauai District Health Office (outreach activities; 4,000), Oral Health (meetings, 96), Domestic Violence Prevention Program (workforce trainings and distribution of materials, 2,670), CMV brochures distributed to adults by Reproductive Health (850). The Lead Testing Event Promotion had targeted email reaching nearly 85,000 consumers/homeowners or renters of homes built before 1980.

Note the increase in number for Adolescent Wellness from 2022 (1,891) to 2023 (9,941) was due to the outreach activity Drug Free Hawaii Weed and Seed which served 7,483 adults. Also note the increase in percentage of adult served from 2022 (62.6%) to 2023 (98.6%) was due to the media campaigns for adults conducted in 2023, as described above.

**Data Alerts:**

1.	Reported percentage for Others on Form 5b is greater than or equal to 50%. The Others denominator includes both women and men ages 22 and over. Please double check and justify with a field note.
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**Form 6**  
**Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX**

State: Hawaii

Annual Report Year 2023

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

	(A) Total	(B) Non- Hispanic White	(C) Non- Hispanic Black or African American	(D) Hispanic	(E) Non- Hispanic American Indian or Native Alaskan	(F) Non- Hispanic Asian	(G) Non- Hispanic Native Hawaiian or Other Pacific Islander	(H) Non- Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	14,539	3,738	295	2,584	18	3,455	1,367	2,903	179
Title V Served	14,423	3,708	293	2,563	18	3,428	1,356	2,879	178
Eligible for Title XIX	12,296	1,322	190	1,015	311	4,227	2,646	0	2,585
2. Total Infants in State	16,244	2,408	252	2,753	29	3,497	2,051	5,254	0
Title V Served	16,115	2,389	250	2,731	29	3,469	2,035	5,212	0
Eligible for Title XIX	16,985	218	65	337	73	655	258	0	15,379

**Form Notes for Form 6:**

None

**Field Level Notes for Form 6:**

1.	<b>Field Name:</b>	<b>1. Total Deliveries in State</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>Total</b>
	<b>Field Note:</b>	Information obtained from maternal race as reported in 2022 vital statistics birth certificate data. The number of more than single birth (twin, triplet) is subtracted from the number of births.
2.	<b>Field Name:</b>	<b>1. Title V Served</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>Total</b>
	<b>Field Note:</b>	Used overall estimate of newborn metabolic screening percentage (99.2%) in 2023 applied to overall total and each race group.
3.	<b>Field Name:</b>	<b>1. Eligible for Title XIX</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>Total</b>
	<b>Field Note:</b>	Data Source: Data from Hawaii Medicaid program in 2023 and reflects unduplicated clients served. Note. Collection of race differs between that reported for Title V served and those reported for Title XIX so are not directly comparable.
4.	<b>Field Name:</b>	<b>2. Total Infants in State</b>
	<b>Fiscal Year:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>Total</b>
	<b>Field Note:</b>	Total number of infants based on 2020 CDC, NCHS, Bridged-Race population estimates from <a href="https://wonder.cdc.gov">https://wonder.cdc.gov</a> . No further updates beyond 2020 as CDC ceased releasing bridged-race population estimates after 2020. The Bridged-Race population groups reported are different from that requested in Title V. To determine race specific estimates for Title V, the distribution of race based on children under 5 years based on 2020 Census was applied to total infants in state as more current data was not available for requested race groups. Additionally, American Community Survey does not report out single year age estimates. Note: Collection of race varies from that reported from vital statistics so not directly comparable.
5.	<b>Field Name:</b>	<b>2. Title V Served</b>
	<b>Fiscal Year:</b>	<b>2023</b>

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<b>Column Name:</b>	<b>Total</b>
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**Field Note:**  
Used overall estimate of newborn metabolic screening percentage (99.2%) in 2023 applied to overall total and each race group.

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6.	<b>Field Name:</b>	<b>2. Eligible for Title XIX</b>
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**Fiscal Year:** 2023

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<b>Column Name:</b>	<b>Total</b>
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**Field Note:**  
Data Source: Data from Hawaii Medicaid program in 2023 and reflects unduplicated clients served. Note. Collection of race differs between that reported for Title V served and those reported for Title XIX so are not directly comparable. For example, the number of clients of more than one race was not provided by the Hawaii Medicaid Program.

Note that the number of infants exceeds the number of pregnant women. This is because infants are defined as all children <1 year old in 2023, which will include most or all births over a period of two years.

**Form 7**  
**Title V Program Workforce**

**State: Hawaii**

Reporting on Form 7 in the 2025 Application/2023 Annual Report is optional. The state has opted-out of providing Form 7 data. Reporting on Form 7 is mandatory for 2026 Application/2024 Annual Report.

**Form Notes for Form 7:**

None

**Field Level Notes for Form 7:**

None

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

**State: Hawaii**

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

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

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

Name	Ruben Frescas, MD, MPH
Title	Chief, Children with Special Health Needs Branch
Address 1	741 Sunset Avenue
Address 2	
City/State/Zip	Honolulu / HI / 96816
Telephone	(808) 733-9058
Extension	
Email	ruben.frescas@doh.hawaii.gov

### 3. State Family Leader (Optional)

Name	Leolinda Iokepa
Title	Project Director, Hilopa'a Family to Family Inc
Address 1	2604 Pauoa Road
Address 2	
City/State/Zip	Honolulu / HI / 96813
Telephone	(808) 282-6348
Extension	
Email	leo@hilopaa.org

### 4. State Youth Leader (Optional)

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



### 5. SSDI Project Director

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

### 6. State MCH Toll-Free Telephone Line

State MCH Toll-Free "Hotline" Telephone Number	(800) 816-1222
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**Form Notes for Form 8:**

None

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

**State: Hawaii**

**Application Year 2025**

No.	Priority Need
1.	Promote reproductive life planning with a focus on underserved populations
2.	Increase the rate of infants sleeping in safe conditions
3.	Improve the percentage of children screened early and continuously ages 0-5 years for developmental delay
4.	Reduce the rate of confirmed child abuse and neglect cases per 1,000 with special attention to children ages 0-5 years.
5.	Improve the percentage of youth with special health care needs ages 12-21 years who receive services necessary to make transitions to adult health care
6.	Improve the healthy development, health, safety, and well-being of adolescents
7.	Reduce food insecurity for pregnant women and infants through WIC program promotion and partnerships
8.	Improving maternal care including postpartum care for pregnant people
9.	Improving access to medical homes for all children including children with special health care needs.
10.	Address health equity and disparities by expanding pediatric mental health access in rural and under-served communities

**Form Notes for Form 9:**

None

**Field Level Notes for Form 9:**

None

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

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

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

State: Hawaii

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

None

**NOM - Percent of pregnant women who receive prenatal care beginning in the first trimester (Early Prenatal Care, Formerly NOM 1) - PNC**


Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	69.6 %	0.4 %	10,168	14,615
2021	71.6 %	0.4 %	10,338	14,446
2020	73.0 %	0.4 %	10,790	14,785
2019	72.0 %	0.4 %	11,377	15,800
2018	72.5 %	0.4 %	11,920	16,433
2017	76.5 %	0.3 %	12,515	16,355
2016	75.9 %	0.3 %	13,232	17,426
2015	77.2 %	0.3 %	13,650	17,680
2014	77.9 %	0.3 %	13,696	17,578

**Legends:**

 Indicator has a numerator <10 and is not reportable

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

**NOM PNC - Notes:**

None

**Data Alerts: None**



**NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM**

Data Source: HCUP - State Inpatient Databases (SID)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	105.8	9.1	137	12,952
2020	98.6	8.7	129	13,083
2019	104.8	8.7	146	13,934
2018	104.3	8.6	149	14,281
2017	84.7	7.6	124	14,648
2016	87.9	7.7	132	15,010
2015	66.8	7.7	76	11,376
2014	76.8	7.2	116	15,112
2013	54.8	6.0	85	15,516
2012	60.8	6.3	95	15,633
2011	59.7	6.2	93	15,567
2010	52.0	5.8	81	15,585
2009	55.6	6.0	88	15,823
2008	61.0	6.2	99	16,225

**Legends:**

-  Indicator has a numerator ≤10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

**NOM SMM - Notes:**

None

**Data Alerts: None**

**NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM**

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2022	16.1 ⚡	4.5 ⚡	13 ⚡	80,709 ⚡
2017_2021	16.9 ⚡	4.5 ⚡	14 ⚡	82,691 ⚡
2016_2020	12.9 ⚡	3.9 ⚡	11 ⚡	85,130 ⚡
2015_2019	14.8 ⚡	4.1 ⚡	13 ⚡	87,765 ⚡
2014_2018	13.4 ⚡	3.9 ⚡	12 ⚡	89,518 ⚡

**Legends:**

🚫 Indicator has a numerator <10 and is not reportable

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

State Provided Data	
<b>2023</b>	
<b>Annual Indicator</b>	16.6
<b>Numerator</b>	13
<b>Denominator</b>	78,372
<b>Data Source</b>	Vital Statistics
<b>Data Source Year</b>	2019-2023

**NOM MM - Notes:**

None

**Data Alerts: None**

**NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW**


Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	8.5 %	0.2 %	1,315	15,527
2021	8.8 %	0.2 %	1,381	15,607
2020	8.1 %	0.2 %	1,281	15,783
2019	8.4 %	0.2 %	1,410	16,784
2018	8.3 %	0.2 %	1,416	16,966
2017	8.5 %	0.2 %	1,491	17,508
2016	8.5 %	0.2 %	1,537	18,045
2015	8.3 %	0.2 %	1,531	18,392
2014	7.9 %	0.2 %	1,462	18,526
2013	8.2 %	0.2 %	1,562	18,970
2012	8.1 %	0.2 %	1,542	18,975
2011	8.2 %	0.2 %	1,557	18,947
2010	8.3 %	0.2 %	1,584	18,972
2009	8.4 %	0.2 %	1,592	18,872

**Legends:**

 Indicator has a numerator <10 and is not reportable

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

**NOM LBW - Notes:**

None

**Data Alerts: None**



**NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB**

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	9.8 %	0.2 %	1,524	15,525
2021	10.2 %	0.2 %	1,596	15,609
2020	10.0 %	0.2 %	1,582	15,775
2019	10.6 %	0.2 %	1,775	16,785
2018	10.3 %	0.2 %	1,744	16,960
2017	10.4 %	0.2 %	1,829	17,508
2016	10.5 %	0.2 %	1,904	18,053
2015	10.1 %	0.2 %	1,861	18,409
2014	10.0 %	0.2 %	1,862	18,537
2013	10.2 %	0.2 %	1,928	18,959
2012	9.9 %	0.2 %	1,885	18,964
2011	9.9 %	0.2 %	1,880	18,938
2010	10.5 %	0.2 %	1,985	18,953
2009	11.1 %	0.2 %	2,094	18,785

**Legends:**

🚫 Indicator has a numerator <10 and is not reportable

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

**NOM PTB - Notes:**

None

**Data Alerts: None**

**NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB**


Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	29.2 %	0.4 %	4,538	15,525
2021	29.0 %	0.4 %	4,528	15,609
2020	28.7 %	0.4 %	4,531	15,775
2019	28.9 %	0.4 %	4,851	16,785
2018	28.5 %	0.4 %	4,831	16,960
2017	28.2 %	0.3 %	4,940	17,508
2016	27.8 %	0.3 %	5,022	18,053
2015	27.9 %	0.3 %	5,140	18,409
2014	27.6 %	0.3 %	5,115	18,537
2013	26.5 %	0.3 %	5,024	18,959
2012	26.4 %	0.3 %	5,012	18,964
2011	27.0 %	0.3 %	5,104	18,938
2010	26.9 %	0.3 %	5,089	18,953
2009	28.4 %	0.3 %	5,326	18,785

**Legends:**

 Indicator has a numerator <10 and is not reportable

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

**NOM ETB - Notes:**

None

**Data Alerts: None**

**NOM - Percent of non-medically indicated early elective deliveries (Early Elective Delivery, Formerly NOM 7) - EED**

Data Source: CMS Hospital Compare

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022/Q1-2022/Q4	1.0 %			
2021/Q4-2022/Q3	1.0 %			
2021/Q3-2022/Q2	1.0 %			
2021/Q2-2022/Q1	2.0 %			
2021/Q1-2021/Q4	1.0 %			
2020/Q4-2021/Q3	1.0 %			
2020/Q3-2021/Q1	1.0 %			
2019/Q4-2020/Q3	1.0 %			
2019/Q1-2019/Q4	2.0 %			
2018/Q4-2019/Q3	2.0 %			
2018/Q3-2019/Q2	2.0 %			
2018/Q2-2019/Q1	1.0 %			
2018/Q1-2018/Q4	1.0 %			
2017/Q4-2018/Q3	1.0 %			
2017/Q3-2018/Q2	1.0 %			
2017/Q2-2018/Q1	1.0 %			
2017/Q1-2017/Q4	1.0 %			
2016/Q4-2017/Q3	1.0 %			
2016/Q3-2017/Q2	1.0 %			
2016/Q2-2017/Q1	1.0 %			
2016/Q1-2016/Q4	1.0 %			
2015/Q2-2016/Q1	1.0 %			
2015/Q1-2015/Q4	1.0 %			

Year	Annual Indicator	Standard Error	Numerator	Denominator
2014/Q4-2015/Q3	2.0 %			
2014/Q3-2015/Q2	2.0 %			
2014/Q2-2015/Q1	2.0 %			
2014/Q1-2014/Q4	4.0 %			
2013/Q4-2014/Q3	5.0 %			
2013/Q3-2014/Q2	6.0 %			
2013/Q2-2014/Q1	7.0 %			

**Legends:**

**NOM EED - Notes:**

None

**Data Alerts: None**



**NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM**

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	5.2	0.6	81	15,665
2020	5.2	0.6	82	15,831
2019	4.3	0.5	72	16,825
2018	6.4	0.6	109	17,023
2017	6.3	0.6	111	17,573
2016	5.6	0.6	102	18,106
2015	4.9	0.5	90	18,452
2014	5.0	0.5	93	18,591
2013	6.7	0.6	128	19,038
2012	5.4	0.5	103	19,028
2011	6.0	0.6	115	19,012
2010	6.1	0.6	116	19,032
2009	6.0	0.6	114	18,935

**Legends:**

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

**NOM PNM - Notes:**

None

**Data Alerts: None**



**NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM**

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	4.7	0.6	73	15,620
2020	4.9	0.6	77	15,785
2019	5.1	0.6	86	16,797
2018	6.8	0.6	115	16,972
2017	5.4	0.6	95	17,517
2016	6.0	0.6	109	18,059
2015	5.7	0.6	105	18,420
2014	4.5	0.5	83	18,550
2013	6.4	0.6	121	18,987
2012	4.8	0.5	92	18,980
2011	5.3	0.5	100	18,956
2010	6.2	0.6	118	18,988
2009	5.9	0.6	112	18,887

**Legends:**

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

**NOM IM - Notes:**

None

**Data Alerts: None**



**NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal**

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	3.3	0.5	51	15,620
2020	2.9	0.4	46	15,785
2019	3.3	0.4	55	16,797
2018	3.9	0.5	66	16,972
2017	3.8	0.5	67	17,517
2016	3.8	0.5	68	18,059
2015	3.6	0.5	67	18,420
2014	3.3	0.4	62	18,550
2013	4.6	0.5	87	18,987
2012	3.6	0.4	68	18,980
2011	3.6	0.4	68	18,956
2010	4.0	0.5	76	18,988
2009	4.4	0.5	83	18,887

**Legends:**

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

**NOM IM-Neonatal - Notes:**

None

**Data Alerts: None**



**NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal**

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	1.4	0.3	22	15,620
2020	2.0	0.4	31	15,785
2019	1.8	0.3	31	16,797
2018	2.9	0.4	49	16,972
2017	1.6	0.3	28	17,517
2016	2.3	0.4	41	18,059
2015	2.1	0.3	38	18,420
2014	1.1	0.3	21	18,550
2013	1.8	0.3	34	18,987
2012	1.3	0.3	24	18,980
2011	1.7	0.3	32	18,956
2010	2.2	0.3	42	18,988
2009	1.5	0.3	29	18,887

**Legends:**

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

**NOM IM-Postneonatal - Notes:**

None

**Data Alerts: None**





**NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related**

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	166.5	32.7	26	15,620
2020	145.7	30.4	23	15,785
2019	214.3	35.8	36	16,797
2018	253.4	38.7	43	16,972
2017	222.6	35.7	39	17,517
2016	216.0	34.6	39	18,059
2015	228.0	35.2	42	18,420
2014	177.9	31.0	33	18,550
2013	258.1	36.9	49	18,987
2012	200.2	32.5	38	18,980
2011	200.5	32.6	38	18,956
2010	221.2	34.2	42	18,988
2009	233.0	35.2	44	18,887

**Legends:**

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

**NOM IM-Preterm Related - Notes:**







None

**Data Alerts: None**

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


Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	NR 	NR 	NR 	NR 
2020	63.4 	20.0 	10 	15,785 
2019	NR 	NR 	NR 	NR 
2018	111.9 	25.7 	19 	16,972 
2017	NR 	NR 	NR 	NR 
2016	94.1 	22.8 	17 	18,059 
2015	76.0 	20.3 	14 	18,420 
2014	NR 	NR 	NR 	NR 
2013	79.0 	20.4 	15 	18,987 
2012	63.2 	18.3 	12 	18,980 
2011	NR 	NR 	NR 	NR 
2010	115.9	24.7	22	18,988
2009	NR 	NR 	NR 	NR 

**Legends:**

 Indicator has a numerator <10 and is not reportable

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

**NOM IM-SUID - Notes:**

None

**Data Alerts: None**

**NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP**


Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	5.5 %	0.9 %	832	15,177
2021	7.4 %	1.0 %	1,127	15,238
2020	6.6 %	0.9 %	1,006	15,321
2019	6.8 %	1.4 %	569	8,360
2015	8.7 %	1.0 %	1,522	17,555
2014	8.5 %	1.0 %	1,474	17,402
2013	7.6 %	0.9 %	1,368	18,029
2012	7.9 %	0.9 %	1,416	17,864
2011	6.9 %	0.8 %	1,267	18,437
2010	7.2 %	0.8 %	1,328	18,461
2009	6.7 %	0.8 %	1,230	18,374
2008	6.3 %	0.6 %	1,167	18,459
2007	6.0 %	0.6 %	1,107	18,342

**Legends:**

 Indicator has an unweighted denominator <30 and is not reportable

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

**NOM DP - Notes:**

None

**Data Alerts: None**

**NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS**

Data Source: HCUP - State Inpatient Databases (SID)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	1.9	0.4	25	13,126
2020	1.4 ⚡	0.3 ⚡	18 ⚡	13,286 ⚡
2019	1.1 ⚡	0.3 ⚡	15 ⚡	14,226 ⚡
2018	1.3 ⚡	0.3 ⚡	19 ⚡	14,468 ⚡
2017	2.2	0.4	32	14,879
2016	1.1 ⚡	0.3 ⚡	16 ⚡	15,111 ⚡
2015	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2014	1.4	0.3	22	15,358
2013	0.8 ⚡	0.2 ⚡	12 ⚡	15,722 ⚡
2012	0.8 ⚡	0.2 ⚡	13 ⚡	15,869 ⚡
2011	0.8 ⚡	0.2 ⚡	13 ⚡	15,757 ⚡
2010	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2009	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2008	0.8 ⚡	0.2 ⚡	13 ⚡	16,419 ⚡

**Legends:**

🚩 Indicator has a numerator ≤10 and is not reportable

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

**NOM NAS - Notes:**

None

**Data Alerts: None**

**NOM - 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) (Newborn Screening Timely Follow-Up, Formerly NOM 12) - NBS**

**Federally available Data (FAD) for this measure is not available/reportable.**

**NOM NBS - Notes:**

None

**Data Alerts: None**

**NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR**

**Federally available Data (FAD) for this measure is not available/reportable.**

**NOM SR - Notes:**

None

**Data Alerts: None**

**NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC**

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

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	9.5 %	1.0 %	26,668	279,584
2020_2021	10.2 %	0.9 %	28,600	279,243
2019_2020	13.5 %	1.6 %	39,048	289,378
2018_2019	13.2 %	1.7 %	37,404	283,797
2017_2018	8.9 %	1.3 %	24,731	277,030
2016_2017	9.3 %	1.1 %	26,633	287,126

**Legends:**

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

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

**NOM TDC - Notes:**

None

**Data Alerts: None**

**NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM**

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	21.9	3.8	33	150,378
2021	7.7 ⚡	2.2 ⚡	12 ⚡	155,910 ⚡
2020	10.3 ⚡	2.6 ⚡	16 ⚡	155,351 ⚡
2019	16.8	3.3	26	155,129
2018	13.3	2.9	21	157,349
2017	18.2	3.4	29	158,951
2016	16.8	3.2	27	160,245
2015	14.4	3.0	23	160,241
2014	14.5	3.0	23	158,910
2013	20.2	3.6	32	158,268
2012	10.9 ⚡	2.7 ⚡	17 ⚡	155,558 ⚡
2011	16.8	3.3	26	154,442
2010	14.4	3.1	22	153,004
2009	19.3	3.6	29	150,364

**Legends:**

- 🚫 Indicator has a numerator <10 and is not reportable
- ⚡ Indicator has a numerator <20 and should be interpreted with caution

**NOM CM - Notes:**

None

**Data Alerts: None**





**NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM**

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	31.6	4.4	51	161,201
2021	26.3	4.0	43	163,193
2020	20.9	3.7	32	153,398
2019	31.0	4.4	49	158,163
2018	25.1	4.0	40	159,133
2017	25.8	4.0	41	159,029
2016	33.7	4.6	54	160,416
2015	27.0	4.1	44	163,073
2014	20.9	3.6	34	162,896
2013	25.2	3.9	41	162,519
2012	27.7	4.1	45	162,427
2011	30.3	4.3	50	165,114
2010	26.9	4.0	45	167,533
2009	31.5	4.3	53	168,494

**Legends:**

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

**NOM AM - Notes:**

None

**Data Alerts: None**

**NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle**

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2022	5.6 ⚡	1.6 ⚡	13 ⚡	230,698 ⚡
2019_2021	6.1 ⚡	1.6 ⚡	14 ⚡	230,559 ⚡
2018_2020	6.1 ⚡	1.6 ⚡	14 ⚡	229,290 ⚡
2017_2019	6.5 ⚡	1.7 ⚡	15 ⚡	231,497 ⚡
2016_2018	8.6	1.9	20	232,911
2015_2017	11.0	2.2	26	235,446
2014_2016	10.9	2.1	26	238,506
2013_2015	9.6	2.0	23	240,137
2012_2014	8.3	1.9	20	242,273
2011_2013	11.4	2.2	28	245,750
2010_2012	11.1	2.1	28	251,412
2009_2011	12.5	2.2	32	256,302
2008_2010	11.6	2.1	30	259,537
2007_2009	10.8	2.0	28	260,274

**Legends:**

🚫 Indicator has a numerator <10 and is not reportable

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

**NOM AM-Motor Vehicle - Notes:**

None

**Data Alerts: None**



**NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide**

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2022	6.5	1.2	31	477,792
2019_2021	6.7	1.2	32	474,754
2018_2020	6.2	1.1	29	470,694
2017_2019	6.3	1.2	30	476,325
2016_2018	5.4	1.1	26	478,578
2015_2017	7.0	1.2	34	482,518
2014_2016	6.8	1.2	33	486,385
2013_2015	6.1	1.1	30	488,488
2012_2014	4.9	1.0	24	487,842
2011_2013	5.5	1.1	27	490,060
2010_2012	5.9	1.1	29	495,074
2009_2011	6.6	1.2	33	501,141

**Legends:**

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

**NOM AM-Suicide - Notes:**

None

**Data Alerts: None**

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


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

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	13.9 %	1.1 %	41,437	298,921
2020_2021	12.2 %	0.9 %	36,198	297,564
2019_2020	14.2 %	1.3 %	42,743	300,533
2018_2019	15.2 %	1.5 %	45,943	302,139
2017_2018	12.7 %	1.3 %	38,769	304,404
2016_2017	11.7 %	1.0 %	35,995	307,487

**Legends:**

 Indicator has an unweighted denominator <30 and is not reportable

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

**NOM CSHCN - Notes:**

None

**Data Alerts: None**

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

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

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	18.3 %	3.1 %	7,570	41,372
2020_2021	20.0 %	3.1 %	7,237	36,132
2019_2020	18.6 %	3.9 %	7,931	42,743
2018_2019	18.7 %	4.2 %	8,579	45,943
2017_2018	16.5 %	3.7 %	6,407	38,769
2016_2017	16.6 %	3.0 %	5,959	35,995

**Legends:**

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

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

**NOM SOC - Notes:**

None

**Data Alerts: None**

**NOM - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder (Autism, Formerly NOM 17.3) - ASD**

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

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	1.7 %	0.4 %	4,302	245,956
2020_2021	1.8 %	0.4 %	4,333	244,358
2019_2020	2.0 %	0.5 %	4,888	247,148
2018_2019	2.2 %	0.6 %	5,461	245,395
2017_2018	1.7 % ⚡	0.5 % ⚡	4,293 ⚡	248,635 ⚡
2016_2017	1.3 %	0.4 %	3,364	253,330

**Legends:**

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

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

**NOM ASD - Notes:**

None

**Data Alerts: None**

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


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

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	6.8 %	0.9 %	16,665	243,961
2020_2021	5.6 %	0.7 %	13,519	242,464
2019_2020	5.4 %	1.0 %	13,229	243,478
2018_2019	7.2 %	1.4 %	17,469	241,134
2017_2018	6.3 %	1.2 %	15,494	246,332
2016_2017	4.6 %	0.7 %	11,715	251,964

**Legends:**

 Indicator has an unweighted denominator <30 and is not reportable

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

**NOM ADHD - Notes:**

None

**Data Alerts: None**

**NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX**

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

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	57.5 % ⚡	5.6 % ⚡	14,538 ⚡	25,267 ⚡
2020_2021	46.8 %	5.0 %	10,390	22,181
2019_2020	50.8 % ⚡	6.9 % ⚡	10,406 ⚡	20,482 ⚡
2018_2019	58.2 % ⚡	8.3 % ⚡	11,734 ⚡	20,152 ⚡
2017_2018	52.7 % ⚡	7.6 % ⚡	10,164 ⚡	19,294 ⚡
2016_2017	46.2 % ⚡	6.2 % ⚡	8,560 ⚡	18,514 ⚡

**Legends:**

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

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

**NOM MHTX - Notes:**

None

**Data Alerts: None**



**NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS**


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

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	91.3 %	0.9 %	272,378	298,413
2020_2021	93.2 %	0.7 %	277,092	297,200
2019_2020	92.1 %	1.2 %	276,555	300,261
2018_2019	92.4 %	1.2 %	279,012	301,989
2017_2018	92.4 %	1.1 %	281,147	304,254
2016_2017	91.5 %	1.1 %	280,659	306,643

**Legends:**

 Indicator has an unweighted denominator <30 and is not reportable

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

**NOM CHS - Notes:**

None

**Data Alerts: None**

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

Data Source: WIC

**Multi-Year Trend**

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

**Legends:**

■ Indicator has a denominator <20 and is not reportable

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

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

**Multi-Year Trend**

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

**Legends:**

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

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

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

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	19.2 %	1.8 %	35,412	184,715
2020_2021	18.1 %	1.6 %	33,378	184,051
2019_2020	16.3 %	1.9 %	29,896	182,888
2018_2019	14.6 %	2.2 %	26,215	179,231
2017_2018	17.8 %	2.3 %	31,753	178,732
2016_2017	18.2 %	1.9 %	32,632	179,649

**Legends:**

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

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

**NOM OBS - Notes:**

None

**Data Alerts: None**

**NOM - Percent of children, ages 0 through 17, without health insurance (Uninsured, Formerly NOM 21) - UI**


Data Source: American Community Survey (ACS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	3.3 %	0.5 %	9,697	296,511
2021	2.3 %	0.4 %	7,076	304,505
2019	2.8 %	0.4 %	8,330	299,909
2018	2.9 %	0.6 %	8,796	302,389
2017	2.1 %	0.4 %	6,519	304,896
2016	2.1 %	0.4 %	6,484	306,799
2015	1.4 %	0.3 %	4,350	312,071
2014	2.0 %	0.3 %	6,246	307,392
2013	3.2 %	0.6 %	9,896	306,669
2012	2.9 %	0.5 %	8,844	301,575
2011	3.9 %	0.6 %	11,813	304,365
2010	3.7 %	0.6 %	11,134	302,473
2009	2.6 %	0.5 %	7,498	288,177

**Legends:**

 Indicator has an unweighted denominator <30 and is not reportable

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

**NOM UI - Notes:**

None

**Data Alerts: None**

**NOM - Percent of children who have completed the combined 7-vaccine series (4:3:1:3\*:3:1:4) by age 24 months (Childhood Vaccination, Formerly NOM 22.1) - VAX-Child**

Data Source: National Immunization Survey (NIS)

**Multi-Year Trend**

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

**Legends:**

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

**NOM VAX-Child - Notes:**

None

**Data Alerts: None**

**NOM - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza (Flu Vaccination, Formerly NOM 22.2) - VAX-Flu**

Data Source: National Immunization Survey (NIS) – Flu

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	59.1 %	2.2 %	167,388	283,229
2021_2022	57.5 %	2.8 %	156,933	272,911
2020_2021	59.5 %	2.1 %	164,292	276,121
2019_2020	67.0 %	2.0 %	185,940	277,523
2018_2019	61.8 %	2.1 %	174,145	281,651
2017_2018	61.0 %	2.4 %	173,982	285,051
2016_2017	60.6 %	2.2 %	169,771	280,243
2015_2016	71.8 %	2.0 %	198,006	275,967
2014_2015	74.4 %	1.9 %	206,844	278,016
2013_2014	70.4 %	2.6 %	194,717	276,586
2012_2013	69.7 %	3.3 %	199,548	286,207
2011_2012	66.6 %	4.0 %	178,392	267,854
2010_2011	70.0 % ⚡	6.4 % ⚡	181,808 ⚡	259,726 ⚡
2009_2010	67.3 %	2.4 %	184,988	274,870

**Legends:**

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

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

**NOM VAX-Flu - Notes:**

None

**Data Alerts: None**



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

Data Source: National Immunization Survey (NIS) - Teen

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	86.4 %	2.6 %	70,178	81,267
2021	83.8 %	2.7 %	64,299	76,749
2020	84.9 %	2.5 %	66,589	78,453
2019	79.4 %	2.9 %	62,610	78,849
2018	76.7 %	2.8 %	60,275	78,556
2017	69.4 %	3.1 %	55,143	79,470
2016	64.8 %	3.2 %	51,921	80,076
2015	66.8 %	2.9 %	52,911	79,172

**Legends:**

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

**NOM VAX-HPV - Notes:**

None

**Data Alerts: None**




**NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine (Tdap Vaccination, Formerly NOM 22.4) - VAX-TDAP**


Data Source: National Immunization Survey (NIS) - Teen

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	90.6 %	2.1 %	73,657	81,267
2021	88.6 %	2.3 %	68,026	76,749
2020	83.7 %	2.7 %	65,660	78,453
2019	83.4 %	2.8 %	65,743	78,849
2018	85.8 %	2.3 %	67,412	78,556
2017	84.8 %	2.5 %	67,418	79,470
2016	82.2 %	2.6 %	65,799	80,076
2015	79.6 %	2.5 %	63,034	79,172
2014	82.3 %	2.5 %	66,040	80,260
2013	80.2 %	2.7 %	64,200	80,038
2012	74.1 %	3.0 %	61,021	82,379
2011	67.7 %	3.2 %	56,199	83,036
2010	58.1 %	3.2 %	47,269	81,309
2009	46.1 %	3.5 %	36,222	78,650

**Legends:**

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

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

**NOM VAX-TDAP - Notes:**

None

**Data Alerts: None**


**NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine (Meningitis Vaccination, Formerly NOM 22.5) - VAX-MEN**


Data Source: National Immunization Survey (NIS) - Teen

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	88.9 %	2.4 %	72,236	81,267
2021	88.0 %	2.5 %	67,523	76,749
2020	86.0 %	2.4 %	67,501	78,453
2019	82.5 %	2.8 %	65,035	78,849
2018	83.6 %	2.5 %	65,643	78,556
2017	85.9 %	2.4 %	68,294	79,470
2016	75.9 %	2.9 %	60,738	80,076
2015	78.7 %	2.5 %	62,278	79,172
2014	77.7 %	2.7 %	62,358	80,260
2013	75.0 %	3.1 %	60,003	80,038
2012	70.4 %	3.2 %	58,019	82,379
2011	70.2 %	3.0 %	58,282	83,036
2010	64.5 %	3.0 %	52,417	81,309
2009	51.0 %	3.5 %	40,094	78,650

**Legends:**

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

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

**NOM VAX-MEN - Notes:**

None

**Data Alerts: None**



**NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB**

Data Source: National Vital Statistics System (NVSS)

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	11.7	0.6	432	36,972
2021	12.3	0.6	463	37,673
2020	13.0	0.6	470	36,031
2019	15.7	0.7	584	37,302
2018	17.2	0.7	643	37,345
2017	19.1	0.7	714	37,287
2016	19.2	0.7	728	37,877
2015	20.7	0.7	789	38,123
2014	23.2	0.8	893	38,413
2013	25.0	0.8	976	39,000
2012	27.9	0.8	1,108	39,717
2011	29.7	0.9	1,199	40,367
2010	32.6	0.9	1,347	41,288
2009	37.0	0.9	1,547	41,755

**Legends:**

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

**NOM TB - Notes:**

None

**Data Alerts: None**

**NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth  
(Postpartum Depression, Formerly NOM 24) - PPD**


**Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)**

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	13.0 %	1.3 %	1,951	14,966
2021	14.4 %	1.3 %	2,166	15,003
2020	13.7 %	1.3 %	2,067	15,102
2019	11.1 %	1.8 %	915	8,236
2015	9.0 %	1.1 %	1,610	17,938
2014	11.0 %	1.2 %	1,974	17,970
2013	9.5 %	1.0 %	1,748	18,407
2012	10.6 %	1.0 %	1,938	18,254

**Legends:**

 Indicator has an unweighted denominator <30 and is not reportable

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

**NOM PPD - Notes:**

None

**Data Alerts: None**

**NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC**

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

**Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	3.1 %	0.6 %	9,262	295,139
2020_2021	2.9 %	0.5 %	8,392	293,809
2019_2020	1.9 %	0.4 %	5,638	299,178
2018_2019	1.6 %	0.5 %	4,890	300,717
2017_2018	1.6 % ⚡	0.5 % ⚡	4,955 ⚡	302,682 ⚡
2016_2017	1.6 %	0.4 %	5,015	305,311

**Legends:**

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

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

**NOM FHC - Notes:**

None

**Data Alerts: None**

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

**NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV**

Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2019	2020	2021	2022	2023
Annual Objective		77	79	81	83
Annual Indicator	76.6	78.1	81.1	69.5	74.6
Numerator	184,106	185,323	191,337	167,306	179,419
Denominator	240,287	237,398	235,933	240,808	240,472
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2018	2019	2020	2021	2022

Annual Objectives		
	2024	2025
Annual Objective	85.0	87.0

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

None

**NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) - SS**

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2019	2020	2021	2022	2023
Annual Objective	82	82	85	86	87
Annual Indicator	81.5	84.0	80.1	83.0	80.0
Numerator	14,376	6,895	12,016	12,363	11,938
Denominator	17,634	8,212	15,003	14,891	14,928
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2015	2019	2020	2021	2022

Annual Objectives		
	2024	2025
Annual Objective	87.0	88.0

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

None

**NPM - B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) - SS**

Federally Available Data				
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)				
	2020	2021	2022	2023
Annual Objective	21	29	30	30
Annual Indicator	28.7	24.7	27.7	23.5
Numerator	2,245	3,565	4,047	3,383
Denominator	7,829	14,455	14,591	14,412
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2021	2022

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective	1	21	29	30	30
Annual Indicator	20.3	28.7			
Numerator	3,306	2,245			
Denominator	16,296	7,829			
Data Source	PRAMS	PRAMS			
Data Source Year	2016	2019			
Provisional or Final ?	Final	Final			

Annual Objectives		
	2024	2025
Annual Objective	31.0	31.0



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

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1. **Field Name:** 2019

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**Column Name:** State Provided Data

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**Field Note:**

There was no PRAMS data collection in Hawaii from 2017 to 2018, and no data on this measure prior to 2016. This is the first year data was provided on this measure.

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2. **Field Name:** 2020

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**Column Name:** State Provided Data

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**Field Note:**

Based on 2019 PRAMS, which is same as FAD this year.

**NPM - C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) - SS**

Federally Available Data				
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)				
	2020	2021	2022	2023
Annual Objective	33	49.0	49	50
Annual Indicator	48.1	45.9	52.0	50.4
Numerator	3,755	6,633	7,507	7,256
Denominator	7,801	14,477	14,422	14,405
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2021	2022

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective	1	33	49	49	50
Annual Indicator	46.2	48.1			
Numerator	5,186	3,755			
Denominator	11,228	7,801			
Data Source	PRAMS	PRAMS			
Data Source Year	2016	2019			
Provisional or Final ?	Final	Final			

Annual Objectives		
	2024	2025
Annual Objective	50.0	51.0

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

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1. **Field Name:** 2019

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**Column Name:** State Provided Data

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**Field Note:**

There was no PRAMS data collection in Hawaii from 2017 to 2018, and no data on this measure prior to 2016. This is the first year data was provided on this measure.

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2. **Field Name:** 2020

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**Column Name:** State Provided Data

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**Field Note:**

Based on 2019 PRAMS, which is same as FAD this year.

**NPM - D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS**

**Federally available Data (FAD) for this measure is not available/reportable.**

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

None

**NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS**

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2019	2020	2021	2022	2023
Annual Objective	39	40	40	40	41
Annual Indicator	36.5	31.6	41.2	41.0	34.6
Numerator	13,201	12,899	16,334	15,213	12,730
Denominator	36,145	40,832	39,621	37,098	36,781
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	2025
Annual Objective	41.0	42.0

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

None

**NPM - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV**

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2019	2020	2021	2022	2023
Annual Objective	75	77	80	81	82
Annual Indicator	74.6	77.7	73.4	66.3	68.9
Numerator	74,226	76,702	71,318	63,067	65,633
Denominator	99,470	98,664	97,099	95,187	95,192
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017	2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	2025
Annual Objective	84.0	86.0

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

None

**NPM - 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 (Transition, Formerly NPM 12) - TR - Children with Special Health Care Needs**

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2019	2020	2021	2022	2023
Annual Objective	23	25	25	26	26
Annual Indicator	24.7	17.1	15.9	21.9	18.1
Numerator	5,037	3,214	3,171	4,086	3,025
Denominator	20,412	18,758	19,924	18,629	16,749
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	2025
Annual Objective	27.0	27.0

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

None

**NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) - PPV**

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	92.4
Numerator	13,947
Denominator	15,098
Data Source	PRAMS
Data Source Year	2022

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

None



**NPM - B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV**

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	80.3
Numerator	11,089
Denominator	13,802
Data Source	PRAMS
Data Source Year	2022

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

None

**NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH - Child Health - All Children**

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - All Children	
	2023
Annual Objective	
Annual Indicator	46.6
Numerator	138,882
Denominator	297,934
Data Source	NSCH-All Children
Data Source Year	2021_2022

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

None

**NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH - Children with Special Health Care Needs**

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - CSHCN	
	2023
Annual Objective	
Annual Indicator	43.1
Numerator	17,813
Denominator	41,372
Data Source	NSCH-CSHCN
Data Source Year	2021_2022

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

None

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

State: Hawaii

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

Measure Status:	Active				
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective	5.9	5.5	5.4	5	4.9
Annual Indicator	5.5	5.7	5	5.8	5.9
Numerator	584	591	508	587	565
Denominator	105,815	104,141	101,271	100,421	96,580
Data Source	DHS CAN annual report	DHS CAN annual report	DHS CAN annual report	DHS CAN annual report	FY 2022 DHS Databook
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	4.9	4.8

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

1.	<b>Field Name:</b>	<b>2019</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Baseline Data from 2019 DHS CAN annual report ( <a href="http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/">http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/</a> ) represents a rate of 5.7 per 1,000 children 0-5 years of age (Numerator: 591 unique children confirmed victims; Denominator: 2019 Census Estimate 0-5 years: 104,141).
2.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Baseline Data from 2019 DHS CAN annual report ( <a href="http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/">http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/</a> ) represents a rate of 5.7 per 1,000 children 0-5 years of age (Numerator: 591 unique children confirmed victims; Denominator: 2019 Census Estimate 0-5 years: 104,141).
3.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Baseline Data from 2020 DHS CAN annual report (p.8) <a href="http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/">http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/</a> represents a rate of 5.0 per 1,000 children 0-5 years of age (Numerator: 508 unique children confirmed victims; Denominator: 2020 Census Estimate 0-5 years: 101,271)
4.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Baseline Data from 2021 DHS CAN annual report (p.8) <a href="http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/">http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/</a> represents a rate of 5.8 per 1,000 children 0-5 years of age (Numerator: 587 unique children confirmed victims; Denominator: 2021 Census Estimate 0-5 years: 100,421)
5.	<b>Field Name:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Baseline Data from 2022 DHS Databook (p.19) <a href="https://humanservices.hawaii.gov/reports/annual-reports/">https://humanservices.hawaii.gov/reports/annual-reports/</a> represents a rate of 5.9 per 1,000 children 0-5 years of age (Numerator: 565 children confirmed victims; might be duplicated, not comparable with previous years); Denominator: 2022 Census Estimate 0-5 years: 96,580)

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

Measure Status:	Active			
State Provided Data				
	2020	2021	2022	2023
Annual Objective			27,000	28,000
Annual Indicator	25,584	25,907	25,855	26,116
Numerator				
Denominator				
Data Source	Hawaii WIC Services	Hawaii WIC Services	Hawaii WIC Services	Hawaii WIC Services
Data Source Year	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	29,000.0	30,000.0

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

1.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Indicator is number of WIC enrollments for 2020
2.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Indicator is number of WIC enrollments for 2021
3.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Indicator is number of WIC enrollments for 2022
4.	<b>Field Name:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Indicator is number of WIC enrollments for 2023

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

Measure Status:		Active		
State Provided Data				
	2020	2021	2022	2023
Annual Objective			20	40
Annual Indicator	0	0	98	108
Numerator				
Denominator				
Data Source	Hawaii Pediatric Mental Health Care Access grant	Hawaii Pediatric Mental Health Care Access grant	Hawaii Pediatric Mental Health Care Access grant	Hawaii Pediatric Mental Health Care Access grant
Data Source Year	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	60.0	80.0

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



1.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The number of pediatric/mental health providers trained on Pediatric Mental Health Care is 0 for 2020.
2.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The number of pediatric/mental health providers trained on Pediatric Mental Health Care is 0 for 2021.
3.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The number of pediatric/mental health providers trained on Pediatric Mental Health Care is 98 for 2022.
4.	<b>Field Name:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The number of pediatric/mental health providers trained on Pediatric Mental Health Care is 108 for 2023.

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

<b>Measure Status:</b>	<b>Inactive - The Title V telehealth infrastructure project is continuing with a significantly longer completion timeline &amp; is no longer an urgent COVID priority.</b>			
<b>State Provided Data</b>				
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Annual Objective			9	15
Annual Indicator	0	0	0	0
Numerator				
Denominator				
Data Source	Hawaii Title V Genetics Program	Hawaii Title V Genetics Program	Hawaii Title V Genetics Program	Hawaii Title V Genetics Program
Data Source Year	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final

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

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

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

<b>Measure Status:</b>	<b>Inactive - The Title V COVID child-wellness workgroup disbanded. The State Medicaid program is now convening regular EPSDT meetings to address service concerns.</b>			
<b>State Provided Data</b>				
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Annual Objective			75	76
Annual Indicator	73.2	63.8	63.8	64.8
Numerator				
Denominator				
Data Source	Hawaii Med-QUEST	Hawaii Med-QUEST	Hawaii Med-QUEST	Hawaii Med-QUEST
Data Source Year	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final

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

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

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

State: Hawaii

**ESM WWV.2 - The number of women aged 18-44 years served through the state MCH reproductive health and wellness program.**

Measure Status:	Active	
State Provided Data		
	2022	2023
Annual Objective		
Annual Indicator	3,681	2,698
Numerator		
Denominator		
Data Source	Family Planning and Reproductive Health program	Family Planning and Reproductive Health program
Data Source Year	2022	2023
Provisional or Final ?	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	4,000.0	4,200.0

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

None

**ESM SS.2 - The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations and individuals, on request**

Measure Status:	Active	
State Provided Data		
	2022	2023
Annual Objective		
Annual Indicator	7,839	1,464
Numerator		
Denominator		
Data Source	Hawaii Title V Safe Sleep program	Hawaii Title V Safe Sleep program
Data Source Year	2022	2023
Provisional or Final ?	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	9,000.0	10,000.0

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

None

**ESM DS.1 - Develop and implement Policy and Public Health Coordination rating scale to monitor developmental screening efforts around the areas of systems development, family engagement, data integration, and addressing vulnerable populations**

<b>Measure Status:</b>		<b>Inactive - Completed</b>			
<b>State Provided Data</b>					
	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Annual Objective	12	18	24	27	30
Annual Indicator					
Numerator	23	26	26	28	30
Denominator	30	30	30	30	30
Data Source	Early Childhood Coordinator	Early Childhood Coordinator	Early Childhood Coordinator	Early Childhood Coordinator	Early Childhood Coordinator
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

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

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

**ESM DS.2 - The number of children screened through the Hi'ilei Developmental Screening Program using a standardized screening tool.**

<b>Measure Status:</b>	<b>Active</b>
<b>State Provided Data</b>	
	<b>2023</b>
Annual Objective	
Annual Indicator	30
Numerator	
Denominator	
Data Source	Title V CSHN Branch H'ilei program
Data Source Year	2023
Provisional or Final ?	Final

<b>Annual Objectives</b>	
	<b>2025</b>
Annual Objective	50.0

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

None



**ESM AWW.1 - Develop and disseminate a teen-centered Adolescent Informational Resource (AIR) in collaboration with community health and youth service providers to promote adolescent health and annual wellness visits**

Measure Status:		Active			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective		18	23	25	28
Annual Indicator					
Numerator	13	20	26	27	27
Denominator	30	30	30	30	30
Data Source	ART and Science Workgroup	ART and Science Workgroup	ART and Science Workgroup	ART and Science Workgroup	ART and Science Workgroup
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	30.0	30.0

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

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1.	<b>Field Name:</b>	<b>2019</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Converting to percentage $13/30 = 43.3\%$

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2.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Converting to percentage $20/30 = 66.7\%$

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3.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Converting to percentage $26/30 = 86.7\%$

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4.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Converting to percentage $27/30 = 90.0\%$

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5.	<b>Field Name:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	Converting to percentage $27/30 = 90.0\%$

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**ESM TR.1 - Degree to which the Title V Children and Youth with Special Health Needs Section promotes and/or facilitates transition to adult health care for Youth with Special Health Care Needs (YSHCN), related to Six Core Elements of Health Care Transition 2.0.**

Measure Status:		Active				
State Provided Data						
	2019	2020	2021	2022	2023	
Annual Objective	21	24	26	28	30	
Annual Indicator						
Numerator	22	25	26	31	32	
Denominator	33	33	33	33	33	
Data Source	Title V Transition Workgroup	Title V Transition Workgroup	Title V Transition Workgroup	Title V Transition Workgroup	Title V Transition Workgroup	
Data Source Year	2019	2020	2021	2022	2023	
Provisional or Final ?	Final	Final	Final	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	33.0	33.0

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

1.	<b>Field Name:</b>	<b>2019</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2019 is 22. Converting into percentage $22/33 = 66.7\%$
2.	<b>Field Name:</b>	<b>2020</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2020 is 24.5. Converting into percentage $24.5/33 = 74.2\%$
3.	<b>Field Name:</b>	<b>2021</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2021 is 26. Converting into percentage $26/33 = 78.8\%$
4.	<b>Field Name:</b>	<b>2022</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2022 is 31. Converting into percentage $31/33 = 93.9\%$
5.	<b>Field Name:</b>	<b>2023</b>
	<b>Column Name:</b>	<b>State Provided Data</b>
	<b>Field Note:</b>	The measure is a scale and the annual indicator for 2023 is 32. Converting into percentage $32/33 = 97.0\%$

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

State: Hawaii

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

**Population Domain(s) – Child Health**

<b>Measure Status:</b>	Active									
<b>Goal:</b>	Reduce the rate of child abuse and neglect with special attention on ages 0-5 years.									
<b>Definition:</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"><b>Unit Type:</b></td> <td>Rate</td> </tr> <tr> <td><b>Unit Number:</b></td> <td>1,000</td> </tr> <tr> <td><b>Numerator:</b></td> <td>Number of confirmed Child Protective Services reports of abuse and neglect for children aged 0 to 5 years</td> </tr> <tr> <td><b>Denominator:</b></td> <td>Number of children aged 0 to 5 years in the state based on decennial census (2010 data reported 104,333 children)</td> </tr> </table>		<b>Unit Type:</b>	Rate	<b>Unit Number:</b>	1,000	<b>Numerator:</b>	Number of confirmed Child Protective Services reports of abuse and neglect for children aged 0 to 5 years	<b>Denominator:</b>	Number of children aged 0 to 5 years in the state based on decennial census (2010 data reported 104,333 children)
<b>Unit Type:</b>	Rate									
<b>Unit Number:</b>	1,000									
<b>Numerator:</b>	Number of confirmed Child Protective Services reports of abuse and neglect for children aged 0 to 5 years									
<b>Denominator:</b>	Number of children aged 0 to 5 years in the state based on decennial census (2010 data reported 104,333 children)									
<b>Data Sources and Data Issues:</b>	Hawaii Department of Human Services, Management Services Office. Child Abuse and Neglect Annual reports									
<b>Significance:</b>	Child abuse and neglect has pervasive effects over a person's lifetime. Abuse has negative effects not only on physical health but also on mental, emotional and social health of individuals.									

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

<b>Measure Status:</b>	Active								
<b>Goal:</b>	Reduce the rate food insecurity for pregnant women and infants through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services								
<b>Definition:</b>	<table border="1"> <tr> <td><b>Unit Type:</b></td> <td>Count</td> </tr> <tr> <td><b>Unit Number:</b></td> <td>50,000</td> </tr> <tr> <td><b>Numerator:</b></td> <td>Number of WIC enrollments</td> </tr> <tr> <td><b>Denominator:</b></td> <td></td> </tr> </table>	<b>Unit Type:</b>	Count	<b>Unit Number:</b>	50,000	<b>Numerator:</b>	Number of WIC enrollments	<b>Denominator:</b>	
<b>Unit Type:</b>	Count								
<b>Unit Number:</b>	50,000								
<b>Numerator:</b>	Number of WIC enrollments								
<b>Denominator:</b>									
<b>Data Sources and Data Issues:</b>	Hawaii WIC Services								
<b>Significance:</b>	<p>It has long been recognized that children living in poverty lag behind other children on a wide range of indicators of physical, mental, academic, and economic well-being. They are more likely to have health, behavioral, learning, and emotional problems. This is especially true of children whose families experience deep poverty, those who are poor during early childhood, and those who are poor for a long time. Children living in poverty are also more likely to be food insecure, and food insecurity in households with children is associated with inadequate intake of several important nutrients, deficits in cognitive development, behavioral problems, and poor health.</p> <p>Over more than four decades, researchers have investigated WIC's effects on key measures of child health such as birth weight, infant mortality, diet quality and nutrient intake, initiation and duration of breastfeeding, cognitive development and learning, immunization, use of health services, and childhood anemia. Taken as a whole, the evidence demonstrates WIC's effectiveness.</p>								

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

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

<b>Measure Status:</b>	Active								
<b>Goal:</b>	Address health equity and disparities by addressing children’s mental health and services in rural and under-served communities.								
<b>Definition:</b>	<table border="1"> <tr> <td><b>Unit Type:</b></td> <td>Count</td> </tr> <tr> <td><b>Unit Number:</b></td> <td>300</td> </tr> <tr> <td><b>Numerator:</b></td> <td>Number pediatric/mental health providers trained on Pediatric Mental Health Care.</td> </tr> <tr> <td><b>Denominator:</b></td> <td></td> </tr> </table>	<b>Unit Type:</b>	Count	<b>Unit Number:</b>	300	<b>Numerator:</b>	Number pediatric/mental health providers trained on Pediatric Mental Health Care.	<b>Denominator:</b>	
<b>Unit Type:</b>	Count								
<b>Unit Number:</b>	300								
<b>Numerator:</b>	Number pediatric/mental health providers trained on Pediatric Mental Health Care.								
<b>Denominator:</b>									
<b>Healthy People 2030 Objective:</b>	<p>Increase the proportion of children with mental health problems who get treatment (MHMD-03).</p> <p>Increase the proportion of children and adolescents who get appropriate treatment for behavior problems (EMC-D05).</p>								
<b>Data Sources and Data Issues:</b>	Hawaii Pediatric Mental Health Care Access grant.								
<b>Significance:</b>	The COVID pandemic highlighted the mental health needs of children and primary care and mental health provider shortages. The MCH Evidence Center has ample evidence to show telehealth services can improve access to healthcare to underserved MCH populations.								

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

<b>Measure Status:</b>	Inactive - The Title V telehealth infrastructure project is continuing with a significantly longer completion timeline & is no longer an urgent COVID priority.								
<b>Goal:</b>	Address health and digital inequity experienced by underserved families by expanding access to telehealth services at public library location.								
<b>Definition:</b>	<table border="1"> <tr> <td><b>Unit Type:</b></td> <td>Count</td> </tr> <tr> <td><b>Unit Number:</b></td> <td>50</td> </tr> <tr> <td><b>Numerator:</b></td> <td>Number of telehealth access points established in state public libraries</td> </tr> <tr> <td><b>Denominator:</b></td> <td></td> </tr> </table>	<b>Unit Type:</b>	Count	<b>Unit Number:</b>	50	<b>Numerator:</b>	Number of telehealth access points established in state public libraries	<b>Denominator:</b>	
<b>Unit Type:</b>	Count								
<b>Unit Number:</b>	50								
<b>Numerator:</b>	Number of telehealth access points established in state public libraries								
<b>Denominator:</b>									
<b>Healthy People 2030 Objective:</b>	Related to AHS R02: Increase the use of telehealth to improve access to health services (research objective only)								
<b>Data Sources and Data Issues:</b>	Hawaii Title V Genetics Program								
<b>Significance:</b>	The COVID pandemic highlighted the health and digital inequity experienced by many underserved families. Some families do not have the digital literacy to access information and services on-line or do not have devices and/or adequate internet or cellular service even if they know how to use the internet. The MCH Evidence Center has ample evidence to show telehealth services can improve access to healthcare to underserved MCH populations.								



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

<b>Measure Status:</b>	Inactive - The Title V COVID child-wellness workgroup disbanded. The State Medicaid program is now convening regular EPSDT meetings to address service concerns.								
<b>Goal:</b>	Address health equity and disparities by assuring low-income children on Medicaid are receiving well-child visits.								
<b>Definition:</b>	<table border="1"> <tr> <td><b>Unit Type:</b></td> <td>Percentage</td> </tr> <tr> <td><b>Unit Number:</b></td> <td>100</td> </tr> <tr> <td><b>Numerator:</b></td> <td>Number of Medicaid children receiving six or more well-child visits in the first 15 months of life</td> </tr> <tr> <td><b>Denominator:</b></td> <td>Total number of Medicaid children 0-15 months eligible for Medicaid services.</td> </tr> </table>	<b>Unit Type:</b>	Percentage	<b>Unit Number:</b>	100	<b>Numerator:</b>	Number of Medicaid children receiving six or more well-child visits in the first 15 months of life	<b>Denominator:</b>	Total number of Medicaid children 0-15 months eligible for Medicaid services.
<b>Unit Type:</b>	Percentage								
<b>Unit Number:</b>	100								
<b>Numerator:</b>	Number of Medicaid children receiving six or more well-child visits in the first 15 months of life								
<b>Denominator:</b>	Total number of Medicaid children 0-15 months eligible for Medicaid services.								
<b>Healthy People 2030 Objective:</b>	HP 2030 objective: Reduce the proportion of children who get no recommended vaccines by age 2 years — IID-02								
<b>Data Sources and Data Issues:</b>	CMS Medicaid & CHIP Scorecard, Medicaid & CHIP   Hawaii. Hawaii   Medicaid.gov The rate includes managed care population (from 5 managed care organizations). The rate was derived using both administrative and hybrid method data. One MCO used the administrative method and four MCOs used the hybrid method. Denominator is the measure-eligible population. Rate was validated by the state's External Quality Review Organization (EQRO). Hawaii is working with the state Medicaid office to identify the best Medicaid measure for this priority.								
<b>Significance:</b>	The American Academy of Pediatrics and Bright Futures recommend nine well-care visits by the time children turn 15 months of age. These visits should include a health history, physical examination, immunizations, vision and hearing screening, developmental/behavioral assessment, and oral health assessment, as well as parenting education on a wide range of topics. This is part of the 2019 Medicaid Child Core Set of Quality of Care Measures. The COVID pandemic may have resulted in delays/postponement of these visits as reported by the Centers for Disease Control and preliminary data from the Centers for Medicare & Medicaid Services (CMS).								

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

**State: Hawaii**

No State Outcome Measures were created by the State.

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

State: Hawaii

**ESM WWV.2 - The number of women aged 18-44 years served through the state MCH reproductive health and wellness program.**

**NPM – Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV**

<b>Measure Status:</b>	Active								
<b>Goal:</b>	By 2025, 4200 women aged 18-44 years will be served through the state MCH reproductive health and wellness program								
<b>Definition:</b>	<table border="1"> <tr> <td><b>Unit Type:</b></td> <td>Count</td> </tr> <tr> <td><b>Unit Number:</b></td> <td>8,000</td> </tr> <tr> <td><b>Numerator:</b></td> <td>Total number of women aged 18-44 years served through the state MCH reproductive health and wellness program.</td> </tr> <tr> <td><b>Denominator:</b></td> <td></td> </tr> </table>	<b>Unit Type:</b>	Count	<b>Unit Number:</b>	8,000	<b>Numerator:</b>	Total number of women aged 18-44 years served through the state MCH reproductive health and wellness program.	<b>Denominator:</b>	
<b>Unit Type:</b>	Count								
<b>Unit Number:</b>	8,000								
<b>Numerator:</b>	Total number of women aged 18-44 years served through the state MCH reproductive health and wellness program.								
<b>Denominator:</b>									
<b>Data Sources and Data Issues:</b>	Family Planning and Reproductive Health program								
<b>Evidence-based/informed strategy:</b>	Reproductive health visits not only help women to avoid unintended pregnancies, but also help a women prepare for healthy pregnancies by addressing important preventive care issues among women of reproductive age. The ESM reflects the reach of new state funded contracts to provide services to the most vulnerable population: women who are uninsured and cannot access care. Research provided by the MCH Evidence Center indicates extending services to those without insurance maybe be effective given expanding insurance coverage appears to be effective. Contracted service providers also employ a few clinical practices supported by evidence including extended clinic hours.								
<b>Significance:</b>	Based on the newly issued service contracts, a new Evidence based/Informed Strategy Measure (ESM) was selected for women’s preventive medical visits: the number of women age 18-44 years served by the state’s reproductive health and wellness program. This replaces the former population-based measure on birth spacing, which did not directly relate to the Title V strategies. The ESM relates to the evidence-based strategy Engagement of Other MCH Programs to Disseminate Information and Make Referrals for Well-Women Visits. Providers across the state were sought to offer critical wellness and reproductive health services to those most in need. The FFY 2022 data collected indicates that 3,681 women were served. Contractors are expected to work on increasing the reach of the program; thus, objectives now reflect an incremental increase for each year.								

**ESM SS.2 - The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations and individuals, on request**


**NPM – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep (Safe Sleep, Formerly NPM 5) - SS**

<b>Measure Status:</b>	Active								
<b>Goal:</b>	Expand outreach to limited English proficiency families and care givers through distribution of translated safe sleep educational materials.								
<b>Definition:</b>	<table border="1"> <tr> <td><b>Unit Type:</b></td> <td>Count</td> </tr> <tr> <td><b>Unit Number:</b></td> <td>10,000</td> </tr> <tr> <td><b>Numerator:</b></td> <td>Number of translated Safe Sleep Guides</td> </tr> <tr> <td><b>Denominator:</b></td> <td></td> </tr> </table>	<b>Unit Type:</b>	Count	<b>Unit Number:</b>	10,000	<b>Numerator:</b>	Number of translated Safe Sleep Guides	<b>Denominator:</b>	
<b>Unit Type:</b>	Count								
<b>Unit Number:</b>	10,000								
<b>Numerator:</b>	Number of translated Safe Sleep Guides								
<b>Denominator:</b>									
<b>Data Sources and Data Issues:</b>	Data will be collected by Hawaii Title V Safe Sleep program as reported by the Parent Line program								
<b>Evidence-based/informed strategy:</b>	A review of the AMCHP and MCH Evidence Center research indicates that targeting caregivers with safe sleep education is supported by moderate evidence of effectiveness. National campaigns have focused on vulnerable subgroups as having the most significant impact on advancing health equity. In 2020, a Hawaii strategy was added specifically to address disparities in safe sleep behaviors, by targeting key ethnic groups and developing multilingual educational outreach for limited English-speaking families. The strategy was also supported by input from local service providers who work with underserved, multicultural families.								
<b>Significance:</b>	The American Academy of Pediatrics (AAP) recommends a safe sleep environment to reduce the risk of all sleep-related infant deaths. AAP recommendations for a safe sleep environment include supine positioning, the use of a firm sleep surface, room-sharing without bed-sharing, and the avoidance of soft bedding and overheating. Additional recommendations for SUID reduction include the avoidance of exposure to smoke, alcohol, and illicit drugs; breastfeeding; routine immunization; and use of a pacifier. The AAP recommends education should include all who care for infants, including parents, child care providers, grandparents, foster parents, and babysitters, and should include strategies for overcoming barriers to behavior change. Research on health education and SUID outreach has found that response to safe sleep messages differed among different communities and racial/ethnic groups, which may help explain some of the lingering differences in SUID rates. Therefore, campaigns should have a special focus on getting safe sleep messages to parents and caregivers in diverse communities because of the higher incidence of SUID and other sleep-related infant deaths in these groups.								

**ESM DS.1 - Develop and implement Policy and Public Health Coordination rating scale to monitor developmental screening efforts around the areas of systems development, family engagement, data integration, and addressing vulnerable populations**

**NPM – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS**

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



Social Determinants of Health and Vulnerable Populations

9. Develop process for identifying vulnerable populations.

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

**ESM DS.2 - The number of children screened through the Hi'ilei Developmental Screening Program using a standardized screening tool.**

**NPM – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS**

<b>Measure Status:</b>	Active								
<b>Goal:</b>	Build the internal capacity of the Children with Special Health Needs Branch to increase screening and referral efforts of young children through the Hi'ilei Developmental Screening Program.								
<b>Definition:</b>	<table border="1"> <tr> <td><b>Unit Type:</b></td> <td>Count</td> </tr> <tr> <td><b>Unit Number:</b></td> <td>300</td> </tr> <tr> <td><b>Numerator:</b></td> <td>Number of children receiving developmental screens from the CSHN Branch H'ilei program</td> </tr> <tr> <td><b>Denominator:</b></td> <td></td> </tr> </table>	<b>Unit Type:</b>	Count	<b>Unit Number:</b>	300	<b>Numerator:</b>	Number of children receiving developmental screens from the CSHN Branch H'ilei program	<b>Denominator:</b>	
<b>Unit Type:</b>	Count								
<b>Unit Number:</b>	300								
<b>Numerator:</b>	Number of children receiving developmental screens from the CSHN Branch H'ilei program								
<b>Denominator:</b>									
<b>Data Sources and Data Issues:</b>	Program Data. A count of children receiving development screening from the Title V CSHN Branch H'ilei program.								
<b>Evidence-based/informed strategy:</b>	Promoting DOH Hi'ilei Developmental Screening Program to parents to complete online ASQ screenings will help raise community awareness of available resources to support parents. Studies have shown that ASQ is a reliable tool for developmental screening and have demonstrated high sensitivity and specificity in identifying children with delays when compared to professional assessments.								
<b>Significance:</b>	The early identification of developmental delays and disabilities is critical to provider referrals to services that can promote health and educational success. When children are not screened during medical visits, other accessible options are needed. In partnership with pediatric medical and early childhood service providers, Hawaii's Title V CSHN Branch is working to expand developmental screening options for families with young children. The measures helps track the expansion of Hawaii's Title V CSHN Branch efforts to assure developmental screening services are readily and easily accessible to families and improve the service delivery and systems development for developmental screening.								

**ESM AWW.1 - Develop and disseminate a teen-centered Adolescent Informational Resource (AIR) in collaboration with community health and youth service providers to promote adolescent health and annual wellness visits  
NPM – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW**

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



**ESM TR.1 - Degree to which the Title V Children and Youth with Special Health Needs Section promotes and/or facilitates transition to adult health care for Youth with Special Health Care Needs (YSHCN), related to Six Core Elements of Health Care Transition 2.0.**

**NPM – 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 (Transition, Formerly NPM 12) - TR**

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



**Form 11  
Other State Data**

**State: Hawaii**

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

[Form 11 Data](#)

**Form 12**  
**Part 1 – MCH Data Access and Linkages**

**State: Hawaii**

**Annual Report Year 2023**

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

**Form Notes for Form 12:**

None

**Field Level Notes for Form 12:**

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

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**Field Note:**

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

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**Data Source Name:**

**8) PRAMS or PRAMS-like**

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**Field Note:**

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

The restricted access to vital statistic data resulted in temporary suspension of Hawaii PRAMS program data collection which relies on birth records to draw its monthly sample. With the law change, Hawaii PRAMS data collection resumed in December 2018. In February 2019, the Institution Research Committee and the Director of Health approved FHSD's ongoing access to birth, death, and fetal death records.

**Form 12**

**Part 2 – Products and Publications (Optional)**

**State: Hawaii**

**Annual Report Year 2023**

[Form 12 Products And Publications](#)

