

# Adolescent Health

## Population Domain Overview – Quantitative Data Indicators

### Working Document – Intermediate Product

This working document was prepared initially as part of the ongoing process of the 2025 Title V Maternal and Child Health (MCH) Needs Assessment. It was intended as an intermediate product for use during a meeting of the Needs Assessment Advisory Committee and invited guests for the following planning purposes:

1. To give a broad overview of the adolescent population in Hawaii based on secondary (already available publicly), quantitative (numbers-based) data,
2. To support efforts to “narrow” the amount of quantitative data that will be presented to larger audiences, and
3. To guide planning for next steps in collecting new data (including qualitative, words-based information from focus groups, listening sessions, interviews) to supplement what is already available to tell a more comprehensive story.

The data presented in this document are to help participants find and prioritize gaps in knowledge that are important to fill during the 2025 Title V MCH Needs Assessment process to more fully understand the health and well-being of adolescents in Hawaii, including disparities (differences) in outcome by sociodemographic characteristics. When reviewing, please note any information you feel is missing or incomplete, including topics, geographic areas, or subgroups of people who are not fully or accurately reflected in the numbers. Also, consider which of these indicators you believe are critical or essential for monitoring the status of this population domain and for guiding the work of programs that serve them.

***NOTE: This is not a final product! Additional information will be gathered and more concise summary products will be prepared later in the needs assessment process.***

## I. Data Sources, Indicator Selections, Methodology, and Limitations

### A. Data Sources

These data are compiled from the Hawai'i Health Data Warehouse, Hawai'i Health Matters website, and resources provided by the federal Maternal and Child Health Bureau (MCHB) as supports to state and jurisdictional Title V MCH programs. These sites gather the data from national and state surveys and other sources, such as the American Community Survey (ACS); National Survey of Children's Health (NSCH); Pregnancy Risk Assessment Monitoring System (PRAMS); Youth Risk Behavior Surveillance System (YRBSS); Behavioral Risk Factor Surveillance System (BRFSS); and the Hawaii State Department of Human Services, Vital Statistics (NVSS).

### B. Indicator Selection for Inclusion

All performance and outcome measures that the MCHB requires state and jurisdictional Title V MCH programs to report were included in this review. Additional quantitative indicators from previous needs assessment processes and social determinants of health were included.

## C. Methodology

Data resources provided by the MCHB were supplemented with source data from the Hawai'i Health Data Warehouse and Hawai'i Health Matters to allow for disaggregation by important sociodemographic factors, including relevant Hawaii race/ethnicity categories and county, to better identify disparities in outcomes.

Quantitative data were reviewed in a two-step process and then presented in both synthesized and detailed formats in this document.

### Step 1. Trends

- Presented most recently available year of data as indicator value.
- Compared Hawaii value with U.S. overall value to identify whether Hawaii value is higher (and better or worse), lower (and better or worse), or about the same as U.S. overall value.
- Reported state trends over time when available (at least 4 data points) to identify whether Hawaii values are trending higher (and better or worse), trending lower (and better or worse), or are about the same over the time period.
- Noted whether trends are statistically significant; also presented non-statistically significant trends as they are important to monitor related to overall progress and identification of disparities.
- Reported Hawaii vs. U.S. overall comparisons and state trends over time based on analyses presented on Hawai'i Health Matters website or in resources provided by the MCHB.

### Step 2: Disparities

- Accessed MCHB-required indicators in their original data sources from the Hawai'i Health Data Warehouse (except the National Survey of Children's Health, which is unavailable in the Hawai'i Health Data Warehouse) so that Hawaii race/ethnicity categories and county could be considered.
- Accessed additional indicators that were included in the review from the Hawai'i Health Data Warehouse.
- Stratified (disaggregated) data by sociodemographic characteristics (Hawaii race/ethnicity, Hispanic origin, poverty level, gender, and sexual orientation or gender minority) and county to identify disparities (when available).
- Identified disparities primarily based on analyses presented on Hawai'i Health Matters website.
- Compared confidence intervals between sociodemographic subgroup values to identify disparities if the Hawai'i Health Matters website did not present analyses.
- Combined multiple years of data when sample sizes were small or data were listed as unstable (when possible).

## D. Limitations of the Data and Analyses Caveats

While these data sources and sites provide an overview of the health of Hawaii’s population, there are limitations to these data, which in turn limit the capacity for analysis. There are also important caveats to note about data analyses and reporting.

- Data are only as good as the source.
  - Values are based on national surveys and are limited by how the questions are worded, how they are asked, who responds, etc.
- Stratifiers were limited for some data and data sources.
  - Hawaii race/ethnicity and county were not available for all indicators.
- Sample size was small for some indicators, sociodemographic subgroups, and counties.
  - Some values were suppressed if they did not meet National Center for Health Statistics privacy standards and/or reliability standards.
  - Confidence intervals were often large, even when data were listed as “stable.”
- All reported data, analyses, and syntheses should be interpreted with caution.
  - The data limitations may mask disparities that are actually present and/or may suggest disparities exist when they actually may not.
  - Numbers alone do not tell a full story – individual and group experiences should guide interpretation.

## II. Population at a Glance

### A. Population Estimates

In 2022, children under age 18 were 20.6% of the Hawaii population, which is slightly lower compared with national estimates (21.7%). This percentage has been declining slightly over the past 10 years.<sup>1</sup> In 2021-2022, about one-third of Hawaii’s population of children under age 18 was between the ages of 12 and 17 (33.1%).<sup>2</sup> In 2018-2022, 36.1% of families had children under age 18.<sup>3</sup>

Adolescents between 16 and 19 years of age who are not attending school and not working are known as “disconnected youth.” Hawaii’s rate of disconnected youth was 8.5% between 2018 and 2022.<sup>4</sup> In 2021-2022, most youth ages 14-17 (90.0%) had at least one adult mentor in the community who provided advice or guidance.<sup>5</sup> Over 2018-2022, 83% of youth and young adults ages 14-24 in Hawaii had access to a computer and high-speed internet in their home.<sup>6</sup>

### B. Race/Ethnicity

National surveys do not capture the full breadth of the racial and ethnic diversity represented in Hawaii, and Native Hawaiian and Other Pacific Islander races are often combined into a single category. However, significant differences are still apparent even with these category limitations. Compared to the nation, children living in Hawaii are more likely to identify as Two or More Race Groups (32% vs. 5%), Asian (22% vs. 6%), or Native Hawaiian and Other Pacific Islander (11% vs. <0.5%) and are less likely to identify as White (14% vs. 49%), Black (2% vs. 14%), American Indian/Alaska Native (<0.5% vs. 1%), or Hispanic (20% vs. 26%).<sup>7</sup> There are also population shifts emerging based on race identification. Compared to adults in Hawaii, children are more likely to identify as Two or More Race Groups (32% vs. 17%) or Hispanic or Latino (20% vs. 9%) and less likely to identify as Asian (22% vs 40%) or White (14% vs 23%).<sup>8</sup>

### C. Economic Well-Being

The median family income for households with children in Hawaii is \$103,000 – higher than the national median of \$91,100.<sup>9</sup> At the same time, 38% of children in Hawaii live in a household experiencing a high housing cost burden, compared to 30% of children in the U.S.<sup>10</sup> Although a lower percentage of children in Hawaii are in households below federal poverty level compared to the nation (14.9% vs. 18.8%),<sup>11</sup> Hawaii’s higher costs of living may not be captured in this measure, and families that earn above this level may still struggle to make ends meet and afford the basic necessities but not qualify for public assistance programs. Hawaii participates in the ALICE (Asset Limited, Income Constrained, Employed) movement to better understand financial hardship. In 2022, among families with children, 30% of married households were below the ALICE threshold, while single family households fared worse at 79% below ALICE threshold for females and 67% for males.<sup>12</sup>

Most children in Hawaii have health insurance coverage (96.9%).<sup>13</sup> Most children are covered by private insurance only (65.2%), followed by public only (26.5%), and both public and private (5.1%).<sup>14</sup>

### III. Adolescent Health Data at a Glance

A four-quadrant graphic is used to “sort” indicators to support synthesis and review. This reduces the “overwhelmingness” of the data and provides a high-level summary for planning purposes. The quadrants are oriented as follows:

- **Upper left quadrant:** Positive trends (HI vs. U.S. and/or HI over time), no disparities observable based on available data [*NOTE:* This does not necessarily mean that no disparities exist.]
- **Upper right quadrant:** Positive trends (HI vs. U.S. and/or HI over time), but disparities observable in available data
- **Lower left quadrant:** Negative trends (HI vs. U.S. and/or HI over time), no disparities observable based on available data [*NOTE:* This does not necessarily mean that no disparities exist.]
- **Lower right quadrant:** Negative trends (HI vs. U.S. and/or HI over time), and disparities observable in available data

A two-quadrant graphic is also provided to identify indicators where trends are non-directional and for those with insufficient data to assess trends. The quadrants are oriented as follows:

- **Upper quadrant:** Similar trends (HI vs. U.S. and/or HI over time)
- **Lower quadrant:** Insufficient data to examine trends (HI vs. U.S. and/or HI over time)

Numbers for the indicators in the graphics correspond to the detailed data tables in Section IV. An asterisk (\*) is used to identify statistically significant trends in the four-quadrant graphic. A hashtag (#) is used in the two-quadrant graphic to identify indicators that have disparities observable in the available data.

<p><b>Positive trends (HI vs. US and/or HI over time), no disparities observable based on available data</b>  <i>NOTE: This does not necessarily mean that no disparities exist.</i></p> <p>4. Children (12-17 yrs) with decayed teeth or cavities  6-7. Adolescent mortality (10-14 years) and (15-19 years)  8. Adolescent motor vehicle death  11-12. Non-fatal injuries hospitalizations (10-14 years) and (15-19 years)  21-22. Teen births (15-17 years) and (18-19 years)  23. Bullying-perpetration  26-27. Medical home components: care coordination, family-centered care  33. Adequate and continuous insurance (12-17 yrs)  35, 37. Transition components – active work with child, time alone with provider  40. HPV vaccination  47. Current cigarette smoker*</p>	<p><b>Positive trends (HI vs. US and/or HI over time), but disparities observable in available data</b></p> <p>1. Children in very good or excellent health  5. Adolescent mortality  10. Non-fatal injuries hospitalizations  16. Attempted suicide*  20. Teen births*  24. Bullying-victimization  32. Adequate and continuous insurance  45. Ever tried cigarettes*  46. Ever tried vaping  48. Current vape user  49. Current drinker*  50. Binge drinker</p>
<p><b>Negative trends (HI vs. US and/or HI over time), no disparities observable based on available data</b>  <i>NOTE: This does not necessarily mean that no disparities exist.</i></p> <p>9. Adolescent suicide  17. Obesity ages 10-17  28-30. Medical home components: personal doctor/nurse, referrals, usual source of care  31. Children with a medical home (12-17 yrs)  34. Transition to adult health care  36. Transition component – anticipatory guidance  39. Physical activity (everyday)  41. T-dap vaccination  42. Meningitis vaccination</p>	<p><b>Negative trends (HI vs. US and/or HI over time), and disparities observable in available data</b></p> <p>15. Depression within last 12 months  18. Obesity – grades 9-12  19. Overweight – grades 9-12  25. Children with a medical home  38. Adolescent well visit  44. Used birth control last time had sex*</p> <p style="text-align: right;">* = trends are statistically significant</p>

**Synthesis:** In general, the adolescent population in Hawaii fares well on most indicators when compared to the nation and in state trends over time. However, outcomes are not equal for all adolescents across the 51 indicators reviewed. While 28 had positive outcomes compared to the nation or in state trends over time, 12 of those had disparities observable in available data. Further, 17 indicators had outcomes that were worse compared to the nation or in state trends over time, and 6 of those also had disparities observable in available data. (See graphic above.)

Of the 6 additional indicators, 3 had trends similar to the nation and/or over time, and none had disparities observable in available data. The remaining 3 indicators did not have sufficient data to examine outcome trends, but 2 had disparities observable in available data. (See graphic below.)

**Similar trends (HI vs. US and/or HI over time)**

- 2. Children in very good or excellent health (12-17)
- 3. Children with decayed teeth or cavities (1-17)
- 13. Children with mental health treatment (3-17)

**Insufficient data to examine trends (HI vs. US and HI over time)**

- 14. Children with mental health treatment (12-17) (no data)
- 43. Currently sexually active #
- 51. Marijuana user, ever #













# = Disparities observable in available data

Disparities, when present, were most frequently worse outcomes for individuals with lower incomes, males, individuals who identify as a sexual orientation or gender minority, and for specific race/ethnic groups (especially Native Hawaiian, Other Pacific Islander, and Hispanic).

#### **IV. Detailed Adolescent Health Data**







Detailed information for each included indicator of adolescent health is presented following the format of the Hawai'i Health Matters website. This includes icons, color-coding, and descriptions according to the key presented below. In addition to trend comparisons, disparities noted in available data are also included, with descriptions of whether the observed values represent "better" or outcomes in a more desirable direction for the subgroup versus "worse" or outcomes in a less desirable direction. This is important to note because for some indicators "better" performance would be shown by a higher value (for example, percentage reporting good or better health status), while for others a higher value would suggest "worse" performance (for example, percentage overweight or obese). Data notes are included to provide context when data or subgroup data were unavailable or limited. Indicators marked with a double asterisk (\*\*) in the tables are those required by the MCHB for all Title V MCH programs.

## Trend Comparison Key

Icon	Description
<b>Positive Trends</b>	
	Higher and better
	Lower and better
	Increasing significantly, better
	Increasing, not significantly, better
	Decreasing significantly, better
	Decreasing, not significantly, better
<b>No Difference</b>	
	No difference
<b>Negative Trends</b>	
	Higher and worse
	Lower and worse
	Increasing significantly, worse
	Increasing, not significantly, worse
	Decreasing significantly, worse
	Decreasing, not significantly, worse









## A. Adolescent Health Indicators

### 1. General Health Status







Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
1	Children (0-17 yrs) in very good or excellent health** (NSCH, 2020-2021)	92.5%			None in available data.	<100% poverty level: 84.8%	No racial or county data available.
2	Children (12-17 yrs) in very good or excellent health** (NSCH, 2020-2021)	87.1%		NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
3	Children (1-17 yrs) with decayed teeth or cavities** (NSCH, 2020-2021)	10.6%			None in available data.		No racial or county data available.
4	Children (12-17 yrs)** with decayed teeth or cavities (NSCH, 2020-2021)	7.0%		NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.

\*\* Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

### 2. Morbidity and Mortality







Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
5	Adolescent mortality** (NVSS, 2019-2021)	18.9 per 100,000			Female: 16.1	Male: 35.6	No racial or county data available.
6	Adolescent mortality (10-14 years)** (NVSS, 2019-2021)	14.7 per 100,000		NOT AVAILABLE	None in available data.		No racial or county data available.
7	Adolescent mortality (15-19 years)** (NVSS, 2019-2021)	38.2 per 100,000		NOT AVAILABLE	None in available data.		No racial or county data available.
8	Adolescent motor vehicle death** (NVSS, 2019-2021)	6.1 per 100,000			None in available data.		Many categories suppressed. No racial or county data available.
9	Adolescent suicide** (NVSS, 2019-2021)	12.1 per 100,000			None in available data.		Many categories suppressed. No racial or county data available.



Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
10	Non-fatal injuries hospitalizations** (HCUP-SID, 2020)	164.9 per 100,000			Female: 130.4	Male: 197.5	No racial or county data available.
11	Non-fatal injuries hospitalizations, ages 10-14 yrs** (HCUP-SID, 2020)	99.3 per 100,000			NOT AVAILABLE		No further breakouts available.
12	Non-fatal injuries hospitalizations, ages 15-19 yrs** (HCUP-SID, 2020)	233.9 per 100,000			NOT AVAILABLE		No further breakouts available.





\*\* Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.



### 3. Mental Health and Related Conditions

Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
13	Children (3-17 yrs) with mental health treatment** (NSCH, 2020-2021)	45.4%			None in available data.		No racial or county data available.
14	Children (12-17 yrs) with mental health treatment** (NSCH, 2020-2021)	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE		Not reportable.
15	Had depression within the last 12 months (YRBS, 2021)	34.8%			Japanese: 19.5%	Hispanic: 41.2%	Some races suppressed.
16	Attempted suicide resulting in injury or treatment (YRBS, 2021)	1.8%			Filipino: 0.5%	Hispanic: 4.4%	Some races suppressed.

\*\* Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.





### 4. Weight Status

Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
17	Obesity ages 10-17** (NSCH, 2020-2021)	17.1%			None in available data.		No racial or county data available.
18	Obese – grades 9-12 (YRBSS, 2021)	14.9%			White: 5.6% Japanese: 6.9%	Native Hawaiian: 23.0% OPI: 44.1%	Some races suppressed.

19	Overweight – grades 9-12 (YRBSS,2021)	14.0%			None in available data.	Other Asian: 3.3%	Some races suppressed.
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\*\* Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

## 5. Teen Pregnancy

Indicator	Value	Comparison to U.S.	State Trend	Disparity description			
				Better Outcome	Worse Outcome	Data Notes	
20	Teen births** (NVSS, 2022)	11.7 per 1,000			Filipino: 7.1	Black: 24.4 Native Hawaiian: 17.4 OPI: 40.9	Some races suppressed.
21	Teen births (15-17 years)** (NVSS, 2021)	3.8 per 1,000		NOT AVAILABLE	None in available data.		No racial or county data available.
22	Teen births (18-19 years)** (NVSS, 2021)	26.2 per 1,000		NOT AVAILABLE	None in available data.		No racial or county data available.

\*\* Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

## 6. Bullying



Indicator	Value	Comparison to U.S.	State Trend	Disparity description			
				Better Outcome	Worse Outcome	Data Notes	
23	Bullying-perpetration** (NSCH, 2020-2021)	9.2%			None in available data.		No county data available. Some races suppressed.
24	Bullying-victimization (in school or online)** (YRBSS, 2021)	17.3%			Other Asian: 11.1% OPI: 9.5%	Kauai :23.4% Maui: 22.4%	Composite measure. Some races suppressed.

\*\* Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

## B. Adolescent Prevention and Health Behavior Indicators





### 1. Access to Health Care

Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
25	Children with a medical home (0-17 yrs, non-CYSHCN)** (NSCH, 2020-2021)	48.5%			College graduates: 58.9%	<100% poverty level: 29.0%	No racial or county data available.
26	Medical home component: care coordination if needed** (NSCH, 2020-2021)	78.0%		NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
27	Medical home component: family-centered care** (NSCH, 2020-2021)	90.4%		NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
28	Medical home component: personal doctor or nurse** (NSCH, 2020-2021)	72.4%		NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
29	Medical home component: referrals if needed** (NSCH, 2020-2021)	84.5%		NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
30	Medical home component: usual source of care** (NSCH, 2020-2021)	71.2%		NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
31	Children with a medical home (12-17 yrs, non-CYSHCN)** (NSCH, 2020-2021)	39.1%		NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
32	Adequate and continuous insurance (0-17 yrs, non-CYSHCN)** (NSCH, 2020-2021)	81.0%			Medicaid: 88.1%	None in available data.	No racial or county data available.
33	Adequate and continuous insurance (12-17 yrs, non-CYSHCN)** (NSCH, 2020-2021)	76.2%		NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
34	Transition to adult health care (12-17 yrs, non-CYSHCN)** (NSCH, 2020-2021)	15.3%			None in available data.		No racial or county data available.
35	Transition component: active work with child** (NSCH, 2020-2021)	69.4%		NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
36	Transition component: anticipatory guidance if needed** (NSCH, 2020-2021)	19.6%		NOT AVAILABLE	NOT AVAILABLE	No further breakouts available.
37	Transition component: time alone with provider** (NSCH, 2020-2021)	38.6%		NOT AVAILABLE	NOT AVAILABLE	No further breakouts available.







\*\* Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

## 2. Preventive Health Behaviors

Indicator	Value	Comparison to U.S.	State Trend	Disparity description			
				Better Outcome	Worse Outcome	Data Notes	
38	Adolescent well visit** (NSCH, 2020-2021)	66.3%			College graduate: 78.0%	None in available data.	No county data available. Some races suppressed.
39	Physical activity (everyday)** (NSCH, 2020-2021)	13.3%			None in available data.	None in available data.	No county data available. Some races suppressed.



\*\* Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

## 3. Vaccination Status

Indicator	Value	Comparison to U.S.	State Trend	Disparity description			
				Better Outcome	Worse Outcome	Data Notes	
40	HPV vaccination** (NIS, 2021)	83.8%			None in available data.	None in available data.	No county data available. Some races suppressed.
41	T-dap vaccination** (NIS, 2021)	88.6%			None in available data.	None in available data.	No county data available. Some races suppressed.
42	Meningitis vaccination** (NIS, 2021)	88.0%			None in available data.	None in available data.	No county data available. Some races suppressed.











\*\* Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.



#### 4. Sexual Behaviors

Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
43	Currently sexually active (past 3 months) (YRBSS, 2021)	13.0%	NOT AVAILABLE	NOT AVAILABLE	Other Asian: 3.4%	None in available data.	Some races suppressed. No trend or comparison available.
44	Used birth control last time had sex (YRBSS, 2021)	57.9%			Hawaii: 70.7%	None in available data.	Most races suppressed.

\*\* Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.



#### 5. Substance Use









Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
45	Ever tried cigarettes (YRBSS, 2021)	13.3%			Japanese: 4.3% Other Asian: 7.2%	Hispanic: 19.4%	Some races suppressed.
46	Ever tried vaping (YRBSS, 2021)	32.4%			Other Asian: 13.4%	Native Hawaiian: 39.0% Hispanic: 41.8% Hawaii: 39.7%	Some races suppressed.
47	Current cigarette smoker (YRBSS, 2021)	3.0%			None in available data.		Some races suppressed.
48	Current e-cigarette (vape) user (YRBSS, 2021)	14.8%			Filipino: 10.7% Japanese: 3.0% Other Asian: 2.5%	Native Hawaiian: 21.3% Hawaii: 21.5%	Some races suppressed.
49	Current drinker (YRBSS, 2021)	16.6%			Japanese: 8.3%	None in available data.	Some races suppressed.


					Other Asian: 8.1%		
Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
50	Binge drinker (YRBSS, 2021)	8.3%			Filipino: 5.4%  Japanese: 2.0%	White: 13.7%	Some races suppressed.
51	Marijuana use, ever (YRBSS, 2021)	21.2%	NOT AVAILABLE	NOT AVAILABLE	Filipino: 13.1%	Native Hawaiian: 28.2%  Hispanic: 29.3%  Hawaii: 30.1%  Maui: 29.3%	Some races suppressed.

\*\* Indicator reported to Maternal and Child Health Bureau by all state and jurisdictional Title V Maternal and Child Health programs.

### C. Social Determinants of Health Indicators

Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
<b>Income</b>							
Median household income (ACS, 2018-2022)	\$94,814			Asian: \$100,945	AIAN: \$61,225  Black/African American: \$80,207  Hispanic: \$83,781  Native Hawaiian/OPI: \$77,146  Other: \$79,084	Only race/ethnicity subgroups available.	

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
<b>Employment</b>						
Unemployed workers in civilian labor force (U.S. Bureau of Labor Statistics, January 2024)	3.1%			NOT AVAILABLE		No subgroups available.
<b>Education</b>						
People 25+ with a HS diploma or higher (ACS, 2018-2022)	92.7%			Age: 25-34 years: 95.6%	Age: 65 and older: 88.2%	No differences between gender and race/ethnicity.
				35-44 years: 95.0%		
				45-64 years: 93.4%		
People 25+ with a Bachelor's degree or higher (ACS, 2018-2022)	34.7%			Age: 35-44 years: 39.8%	Age: 65 and older: 32.6%	Age 25-65+, gender, and race/ethnicity subgroups available.
				Females: 36.4%	Males: 33.0%	
				Asian: 36.2%	Native Hawaiian/ OPI: 13.2%	
				White/non-Hispanic: 46.9%	Two or More Races: 28.0%	
					Other: 29.9%	
<b>Poverty</b>						
People living below federal poverty level (ACS, 2018-2022)	9.6%			Age: 25-44 years: 8.8%	Age: under 6 years: 12.4%	All ages, gender, and race/ethnicity subgroups available.
				45-64: 8.2%	6-11 years: 12.6%	
				65-74 years: 8.2%	12-17 years: 12.1%	
				75 years and over: 8.1%	18-24 years: 12.9%	

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
				Asian: 6.4%	AIAN: 20.6%	
					Hispanic: 12.1%	
					Native Hawaiian/OPI: 18.2%	
Below Asset Limited, Income Constrained, Employed (ALICE) threshold households (federal poverty level + ALICE), 2022	44.0%	NOT AVAILABLE		25-44 Years: 46.0%  45-64 Years: 41.0%  Married-Parent Household with Children: 30.0%  Asian: 40.0%  Two or More Races: 43.0%  White: 43.0%  Honolulu: 41.0%  Kauai: 46.0%	Under age 25: 73.0%  Single-Female-Headed Household with Children: 79.0%  Single-Male-Headed Household with Children: 67.0%  AIAN: 62.0%  Black: 51.0%  Hispanic: 51.0%  Native Hawaiian/Pacific Islander: 57.0%  Maui: 49.0%  Hawaii: 50.0%	Subgroups as presented in "ALICE in the Crosscurrents, 2024 update" except for county, which was accessed from <a href="https://www.unitedforalice.org/state-overview/Hawaii%E2%80%98i">https://www.unitedforalice.org/state-overview/Hawaii%E2%80%98i</a>



Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
Households with cash public assistance income (ACS, 2018-2022)	4.0%			NOT AVAILABLE		No subgroups available.
<b>Housing</b>						
Renters spending 30% or more of household income on rent (ACS, 2018-2022)	55.8%			Age: 35-64 years: 49.9%	Age: 15-24 years: 75.5%  25-34 years: 60.7%  65 years and over: 59.1%	Age 15-65+ years available.
High housing burden (ACS, 2016-2020)	39.0%			NOT AVAILABLE		No subgroups available.
Severe housing problems (County Health Rankings, 2016-2020)	25.7%			NOT AVAILABLE		No subgroups available.
Homelessness rate (HI State Department of Human Resources, 2023)	43.2 per 10,000			NOT AVAILABLE		No subgroups available.
<b>Food Security</b>						
Food Environment Index (County Health Rankings, 2024)	7.4 (range = 0-10)			NOT AVAILABLE		No subgroups available
Households that are food insecure (Food Security Supplement to the Current Population Survey, 2019-2021)	9.0%			NOT AVAILABLE		No subgroups available.
<b>Access to Exercise</b>						
Access to exercise opportunities (County Health Rankings, 2024)	91.7%			NOT AVAILABLE		No subgroups available.

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
<b>Special Populations (No positive or negative designations applied to comparisons or state trends)</b>						
Adults with a disability (BRFSS, 2022)	24.1%	Lower	Increasing significantly	Age: 25-34 years: 15.7%  35-44 years: 14.9%  Bachelor's degree or higher: 17.5%  Employed: 15.4%  186+% poverty level: 19.0%	Age: 65-74 years: 33.3%  75 years and over: 45.6%  9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma: 40.7%  0-130% of FPL: 33.2%  AIAN: 38.4%  Native Hawaiian: 28.8%  Identifies as LGBTQ: 34.5%	All ages, education level, employment status, federal poverty level, race/ethnicity, sex, and sexual orientation subgroups available.
Population age 5+ with language other than English spoken at home (ACS, 2018-2022)	25.7%	Higher	Increasing, not significantly	NOT AVAILABLE		No subgroups available.
Sexual minority adults (BRFSS, 2022)	6.1%	NOT AVAILABLE	Increasing significantly	<i>"Better" and "worse" performance is not applicable in this indicator; however, disparities are recognized in certain subgroups.</i> Age: 18-24 years: 20.4%  45-54 years: 3.4%  65-74 years: 3.2%  75 years and over: 2.4%  0-130% poverty level: 9.9%  Japanese: 2.4%		All ages, education level, employment status, federal poverty level, race/ethnicity, gender, and sexual orientations available.

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