Child 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 child 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 children 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.¹ In 2018-2022, 36.1% of families had children under age 18.²

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%).³ 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%).⁴

C. Economic Well-Being

The median family income for households with children in Hawaii is \$103,000 – higher than the national median of \$91,100.⁵ 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.⁶ Although a lower percentage of children in Hawaii are in households below the federal poverty level compared to the nation (14.9% vs. 18.8%),⁷ 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.⁸

Most children in Hawaii have health insurance coverage (96.9%).⁹ Most children are covered by private insurance only (65.2%), followed by public only (26.5%), and both public and private (5.1%).¹⁰

III. Child 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:

- <u>Upper left quadrant</u>: 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 twoquadrant graphic to identify indicators that have disparities observable in the available data.

Positive trends (HI vs. US and/or HI over time), no disparities	Positive trends (HI vs. US and/or HI over time), but disparities observable
observable based on available data	in available data
NOTE: This does not necessarily mean that no disparities exist.	
	1. Children (0-17 yrs) in very good or excellent health
7. Non-fatal injury hospitalization	14. Attempted suicide resulting in injury or treatment
8-10. Child mortality, overall, (1-4 yrs), and (5-9 yrs)	24. Adequate and continuous insurance (0-17 yrs)
11. Children (3-17 yrs) with mental health treatment	29. Preventative dental visit (1-17 yrs)
18. Children (6-11 yrs) with a medical home	35. Child vaccination- 7-vaccine series by 24 months
19-20. Medical home components: care coordination, family-centered	44. Ever tried cigarettes*
care	46. Current cigarette smoker*
25-26. Adequate and continuous insurance (0-5 yrs) and (6-11 yrs)	47. Current e-cigarette (vape) user
27. Developmental screening	48. Current drinker*
30-31. Preventative dental visit (1-5 yrs) and (6-11 yrs)	49. Binge drinker
38-39. Children with annual flu vaccination (2-4 yrs) and (5-12 yrs)	
43. Someone living in household who smokes (6-11 yrs)	
Negative trends (HI vs. US and/or HI over time), no disparities	Negative trends (HI vs. US and/or HI over time), and disparities
observable based on available data	observable in available data
NOTE: This does not necessarily mean that no disparities exist.	
	4. Children (1-17 yrs) with decayed teeth or cavities
2-3. Children in very good or excellent health (0-5 yrs) and (6-11 yrs)	13. Had depression within ever*
12. Children (6-11 yrs) with mental health treatment	16. Children (0-17 yrs) with a medical home
17. Children (0-5 yrs) with a medical home	42. Someone living in the household who smokes (0-17 yrs)
21-23. Medical home components: personal doctor/nurse, referrals,	50. Marijuana use
usual source of care	
28. Physical activity (everyday)	
32-34. Preventive health visit (0-17 yrs), (0-5 yrs), and (6-11 yrs)	
36-37. Children with annual flu vaccination (6 mos-17 yrs) and (6-23	
mos)	* = trends are statistically significant

Synthesis: In general, the children in Hawaii fare well on most indicators when compared to the nation and in state trends over time. However, outcomes are not equal for all children across the 50 indicators reviewed. While 26 had positive outcomes compared to the nation or in state trends over time, 10 of those had disparities observable in available data. Further, 18 indicators had outcomes that were worse compared to the nation or in state trends over time, and 5 of those also had disparities observable in available data. (See graphic above.)

Of the 6 additional indicators, 1 had trends similar to the nation and/or over time but had disparities observable in available data. The remaining 5 indicators did not have sufficient data to examine outcome trends, but 2 had disparities observable in available data. (See graphic below.)

45. Ever tried vaping # Insufficient data to examine trends (HI vs. US and HI over time) 5-6. Children with decayed teeth or cavities (1-5 yrs) and (6-11) 15. Overweight # 40. Ever had sex# 41. Used birth control last time had sex # = Disparities observable in available data

Disparities, when present, were most frequently worse outcomes for individuals with lower incomes, 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 Child Health Data

Detailed information for each included indicator of child 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
Positive Trends	· -
$\mathbf{\diamondsuit}$	Higher and better
�	Lower and better
	Increasing significantly, better
	Increasing, not significantly, better
	Decreasing significantly, better
	Decreasing, not significantly, better
No Difference	· -
	No difference
Negative Trends	
\clubsuit	Higher and worse
�	Lower and worse
	Increasing significantly, worse
	Increasing, not significantly, worse
	Decreasing significantly, worse
	Decreasing, not significantly, worse

A. Child Health Indicators

1.	General	Health	Status
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	I. Gene				D	isparity descriptio	'n
	Indicator	Value	Comparison to U.S.	State Trend	Better Outcome	Worse Outcome	Data Notes
1	Children (0-17 yrs) in very good or excellent health* (NSCH, 2020-2021)	92.5%		Ξ	>400% poverty level: 96.2%	<100% poverty level: 86.0%	No racial or county data available.
2	Children (0-5 yrs) in very good or excellent health* (NSCH, 2019-2020)	97.1%	\	NOT AVAILABLE	NOT AVAILABLE		Age groups not available in 2020-2021 data. No subgroups available.
3	Children (6-11 yrs) in very good or excellent health* (NSCH, 2019-2020)	94.4%	<	NOT AVAILABLE	NOT AVAILABLE		Age groups not available in 2020-2021 data. No subgroups available.
4	Children (1-17 yrs) with decayed teeth or cavities* (NSCH, 2020-2021)	10.6%	<		None in available data.	100-199% poverty level: 15.8% High school/GED: 16.2%	No racial or county data available.
5	Children (1-5 yrs) with decayed teeth or cavities* (NSCH, 2020-2021)	7.7%	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE		No subgroups available.
6	Children (6-11 yrs) with decayed teeth or cavities* (NSCH, 2020-2021)	16.5%	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE		No subgroups available.

2. Morbidity and Mortality

			Comparison	Comparison State	Dis	Disparity description		
	Indicator	Value	Value to U.S.		Better Outcome	Worse Outcome	Data Notes	
7	Non-fatal injury hospitalization* (HCUP-SID, 2020)	62.4 per 100,000	\diamond		NOT AVAILABLE		No racial or county data available.	
8	Child mortality (1-9 yrs)* (NVSS, 2021)	7.7 per 100,000	\diamond		NOT AVAILABLE		Racial data suppressed. No county data available.	
9	Child mortality (1-4 yrs)* (NVSS, 2019-2021)	17.2 per 100,00	\diamond	NOT AVAILABLE	NOT AVAILABLE		No subgroups available.	
10	Child mortality (5-9 yrs)* (NVSS, 2019-2021)	7.2 per 100,000		NOT AVAILABLE	NOT AVAILABLE		No subgroups 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

			Comparison	State	Di	sparity descriptio	n
	Indicator	Value to U.S.		Trend	Better Outcome	Worse Outcome	Data Notes
11	Children (3-17 yrs) with mental health treatment** (NSCH, 2020-2021)	45.4%	\diamond		NOT AVAILABLE		No racial or county data available.
12	Children (6-11 yrs) with mental health treatment** (NSCH, 2019-2020)	56.5%	\blacklozenge	NOT AVAILABLE	NOT AVAILABLE		Age groups not available in 2020-2021 data. No subgroups available.
13	Had depression ever (YRBS, 2021)	34.4%	NOT AVAILABLE		Male: 23.0% Japanese: 10.9% Other Asian:25.7%	Female: 45.7% Hispanic: 46.3% Gay, Lesbian, Bisexual or Other: 61.6%	Some races suppressed.
14	Attempted suicide resulting in injury or treatment (YRBS, 2021)	3.2%	NOT AVAILABLE		None in available data.	OPI: 5.7%	Some races suppressed.

4. Weight Status

	Indicator Value		Comparison to U.S.	State Trend	Disparity description		
		Value			Better Outcome	Worse Outcome	Data Notes
1	5 Overweight (YRBSS, 2021)	32.1%	NOT AVAILABLE	NOT AVAILABLE	None in available data.	OPI: 47.2%	None.

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

B. Child Prevention and Health Behavior Indicators

			Comparison	State	D	isparity description	on
	Indicator	Value	to U.S.	Trend	Better Outcome	Worse Outcome	Data Notes
16	Children (0-17 yrs) with a medical home** (NSCH, 2020-2021)	48.5%	\$		None in available data.	High School/GED: 32.1% <100 FPL: 39.4%	No racial or county data available.
17	Children (0-5 yrs) with a medical home** (NSCH, 2020-2021)	25.2%	\diamond	NOT AVAILABLE	NOT AVAILABLE		No subgroups available.
18	Children (6-11 yrs) with a medical home** (NSCH, 2020-2021)	60.7%	\$	NOT AVAILABLE	NOT AVAILABLE		No subgroups available.
19	Medical home component: care coordination if needed** (NSCH, 2020-2021)	78.0%	\$	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
20	Medical home component: family-centered care** (NSCH, 2020-2021)	90.4%	\$	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
21	Medical home component: personal doctor or nurse** (NSCH, 2020-2021)	72.4%	\diamondsuit	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
22	Medical home component: referrals if needed** (NSCH, 2020-2021)	84.5%	\diamond	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
23	Medical home component: usual source of care** (NSCH, 2020-2021)	71.2%	\diamond	NOT AVAILABLE	NOT AVAILABLE		No further breakouts available.
24	Adequate and continuous insurance (0-17 yrs)** (NSCH, 2020-2021)	81.0%		=	Medicaid: 83.5%	None in available data.	No racial or county data available.

1. Access to Health Care

		Value Comparison to U.S.		State	Disparity description		
	Indicator			Trend	Better Outcome	Worse Outcome	Data Notes
25	Adequate and continuous insurance (0-5 yrs)** (NSCH, 2020-2021)	83.8%	\Diamond	NOT AVAILABLE	NOT AVAILABLE		No subgroups available.
26	Adequate and continuous insurance (6-11 yrs)** (NSCH, 2020-2021)	82.7%	\Diamond	NOT AVAILABLE	NOT AVAILABLE		No subgroups available.

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

			Comparison	State	D	isparity description	on
	Indicator	Value	to U.S.	Trend	Better Worse Outcome Outcome		Data Notes
27	Developmental screening** (NSCH, 2020-2021)	41.0%	¢		None in availabl	e data.	No racial or county data available.
28	Physical activity (everyday)** (NSCH, 2020-2021)	21.4%	\diamond		None in availabl	e data.	No racial or county data available.
29	Preventative dental visit (1- 17 yrs)** (NSCH, 2020-2021)	84.9%			>400% FPL: 91.1%	Medicaid: 79.2% <100 FPL: 73.9% Non-English- speaking households: 72.1%	No racial or county data available.
30	Preventative dental visit (1- 5 yrs)** (NSCH, 2020-2021)	72.0%	\$	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	No subgroups available.
31	Preventative dental visit (6- 11 yrs)** (NSCH, 2020-2021)	91.8%	\$	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE	No subgroups available.
32	Preventative health visit (0-17 yrs) (NSCH, 2020-2021)	75.1%	\diamondsuit	NOT AVAILABLE	c		No racial or county data available.
33	Preventative health visit (0-5 yrs) (NSCH, 2020-2021)	85.5%	\diamond	NOT AVAILABLE			No subgroups available.
34	Preventative health visit (6-11 yrs) (NSCH, 2020-2021)	72.9%	\diamond	NOT AVAILABLE	NOT AVAILABLE		No subgroups available.

2. Preventive Health Behaviors

3. Vaccination Status

			Comparison	State	Di	sparity descriptio	n
	Indicator	Value	to U.S.	Trend	Better Outcome	Worse Outcome	Data Notes
35	Child vaccination- 7-vaccine series by 24 months** (NIS, 2018)	79.2%	\Diamond		None in available data.	<100% poverty level: 59.5%	No racial or county data available.
36	Children (6 mos-17 yrs) with annual flu vaccination** (NIS, 2021-2022)	57.5%	\diamond		None in available data.		No racial or county data available.
37	Children (6-23 mos) with annual flu vaccination** (NIS, 2021-2022)	66.8%	\Diamond	NOT AVAILABLE	NOT AVAILABLE		No subgroups available.
38	Children (2-4 yrs) with annual flu vaccination** (NIS, 2021-2022)	65.9%	\blacklozenge	NOT AVAILABLE	NOT AVAILABLE		No subgroups available.
39	Children (5-12 yrs) with annual flu vaccination** (NIS, 2021-2022)	64.1%	\Diamond	NOT AVAILABLE	NOT AVAILABLE		No subgroups available.

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

4. Sexual Behaviors

			Comparison	State	Disparity description			
	Indicator	Value to U.S.		Trend	Better Outcome	Worse Outcome	Data Notes	
40	Ever had sex (YRBS, 2021)	4.3%	NOT AVAILABLE	NOT AVAILABLE	None in available data.	Hispanic: 12.2%	Some races suppressed. No county data available. No comparison or trend available.	
41	Used birth control last time had sex (YRBS, 2021)	39.3%	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE		Racial and sex/gender minority data suppressed. No county data available. No comparison or trend available.	

5. Substance Use

		Comparison State	Disparity description				
	Indicator	Value	to U.S.	Trend	Better Outcome	Worse Outcome	Data Notes
42	Someone living in the household who smokes (0-17 yrs)** (NSCH, 2020-2021)	14.7%	^		College: 9.4%	High school/GED: 27.3% <100% poverty level: 23.9%	No racial or county data available.
43	Someone living in the household who smokes (6-11 yrs)** (NSCH, 2020-2021)	13.5%	<	NOT AVAILABLE	NOT AVAILABLE		No subgroups available.
44	Ever tried cigarettes (YRBS, 2021)	7.1%	NOT AVAILABLE		Japanese: 0.5% Other Asian: 2.5%	OPI: 16.4% Sexual or gender minority: 10.9%	Some races suppressed. No comparison available.
45	Ever tried vaping (YRBS, 2021)	12.8%	NOT AVAILABLE	=	Filipino: 9.0% Japanese: 3.1% Other Asian: 2.2% White: 9.1%	Native Hawaiian: 20.2% OPI: 22.4% Sexual or gender minority: 18.0%	Some races suppressed. No comparison available.
46	Current cigarette smoker (YRBS, 2021)	1.9%	NOT AVAILABLE		Other Asian: 0.2%	None in available data.	Some races suppressed. No comparison available.
47	Current e-cigarette (vape) user (YRBS, 2021)	6.7%	NOT AVAILABLE		Filipino: 3.3% Japanese: 0.5% Other Asian: 0.8% White: 3.3%	Native Hawaiian: 11.7% OPI: 15.4%	Some races suppressed. No comparison available.

			Comparison	State	Disparity description			
Indicator		Value to U.S.		Trend	Better Outcome	Worse Outcome	Data Notes	
48	Current drinker (YRBS, 2021)	6.4%	NOT AVAILABLE		Japanese: 1.0%	Native Hawaiian: 10.2%	Some races suppressed. No comparison available.	
49	Binge drinker (YRBS, 2021)	2.1%	NOT AVAILABLE		Japanese: 0.5%	Native Hawaiian: 3.8%	Some races suppressed. No comparison available.	
50	Marijuana use (YRBS, 2021)	2.8%	NOT AVAILABLE		Filipino: 0.6%	Native Hawaiian: 5.3%	Some races suppressed. No comparison available.	

** 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

Value	companison		Disparity description						
	Comparison to U.S.	State Trend	Better Outcome	Worse Outcome	Data Notes				
Income									
\$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.				
3.1%	�		NOT AVAILABLE		No subgroups available.				
				\$94,814 \$100,945 \$100,945	\$94,814 \$94,814 \$94,814 \$100,945				

(U.S. Bureau of Labor							
Statistics, January 2024)	Value	e Comparison to U.S.	State Trend	Disparity description			
Indicator				Better Outcome	Worse Outcome	Data Notes	
Education	•						
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%	\blacklozenge		Age: 35-44 years: 39.8%	Age: 65 and older: 32.6%	Age 25-65+, gender, and race/ethnicity subgroups	
				Females: 36.4%	Males: 33.0%	available.	
				Asian: 36.2%	Native Hawaiian/		
				White/non- Hispanic:	OPI: 13.2%		
				46.9%	Two or More Races: 28.0%		
					Other: 29.9%		
Poverty							
People living below federal poverty level (ACS, 2018-2022)	9.6%	\Diamond		Age: 25-44 years: 8.8%	Age: under 6 years: 12.4%	All ages, gender, and race/ethnicity subgroups	
				45-64: 8.2%	6-11 years: 12.6%	available.	
				65-74 years: 8.2%	12-17 years: 12.1%		
				75 years and over: 8.1%	18-24 years: 12.9%		
				Asian: 6.4%	AIAN: 20.6%		

					Hispanic: 12.1% Native Hawaiian/ OPI: 18.2%	
		Comparison		[Disparity descript	ion
Indicator	Value	to U.S.	State Trend	Better Outcome	Worse Outcome	Data Notes
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% 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 https://www.un itedforalice.org/ state- overview/Hawai %E2%80%98i
Households with cash public assistance income (ACS, 2018-2022)	4.0%	\diamondsuit		NOT AVAILABLI		No subgroups available.

		Comparison		l	tion	
Indicator	Value	to U.S.	State Trend	Better Outcome	Worse Outcome	Data Notes
Housing						
Renters Spending 30% or More of Household Income on Rent (ACS, 2018-2022)	55.8%	\diamondsuit		Age: 35-64 years: 49.9%	Age: 15-24 years: 75.5%	Age 15-65+ years available.
()					25-34 years: 60.7%	
					65 years and over: 59.1%	
High housing burden (ACS, 2016-2020)	39.0%	\diamondsuit		NOT AVAILABLE		No subgroups available.
Severe housing problems (County Health Rankings, 2016-2020)	25.7%	\diamondsuit		NOT AVAILABLE		No subgroups available.
Homelessness rate (HI State Department of Human Resources, 2023)	43.2 per 10,000	\Diamond		NOT AVAILABLE		No subgroups available.
Food Security	1	<u> </u>				
Food Environment Index (County Health Rankings, 2024)	7.4 (range = 0-10)	\diamond		NOT AVAILABLE		No subgroups available
Households that are food insecure (Food Security Supplement to the Current Population Survey, 2019-2021)	9.0%	\diamond		NOT AVAILABLE		No subgroups available.
Access to Exercise						
Access to exercise opportunities (County Health Rankings, 2024)	91.7%			NOT AVAILABL	E	No subgroups available.

		Comparison		Disparity description		
Indicator	Value	to U.S.	State Trend	Better Outcome	Worse Outcome	Data Notes
Special Populations (No posi	tive or nega	tive designation	ns applied to co	mparisons or sta	te trends)	
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 th -12 th grade, no diploma: 40.7% 0-130% of FPL: 33.2% AIAN: 38.4% Native Hawaiian: 28.8% Identifies as LGBQ: 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 AVAILABL		No subgroups available.
Sexual minority adults (BRFSS, 2022)	6.1%	NOT AVAILABLE	Increasing significantly	performance is in this indicator disparities are r certain subgrou Age: 18-24 years: 20 45-54 years: 3.4 65-74 years: 3.4 75 years and ow 0-130% poverty	Better" and "worse" performance is not applicable in this indicator; however, lisparities are recognized in pertain subgroups. Age: .8-24 years: 20.4% 15-54 years: 3.4% 15-54 years: 3.4% 15-74 years: 3.2% 25 years and over: 2.4% 0-130% poverty level: 9.9% apanese: 2.4%	

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