Summary of National Outcome and Performance Measures for Hawaii Title V Application (August 2025 submission)

Hawaii reviewed the FY 2023 federally available data (FAD) for both National Performance Measures (NPMs) and National Outcome Measures (NOMs). This document provides a report on all the NPM and NOM data as well as a summary of the review findings.

**National Performance Measures (NPMs)**

Of the 16 NPMs, Hawaii selected five as priorities:

* Well-Woman Visit (WWV): Percent of women, ages 18 through 44, with a preventive medical visit in the past year
* Safe Sleep - Back Sleep Position (SS-A): Percent of infants placed to sleep on their backs; Separate Approved Sleep Surface (SS-B): Percent of infants placed to sleep on a separate approved sleep surface, and Separate Approved Sleep Surface (SS-C): Percent of infants placed to sleep without soft objects or loose bedding
* Developmental Screening (DS): Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
* Adolescent Well-Visit (AWV): Percent of adolescents, ages 12 through 17, with a prevent medical visit in the past year
* Transition (TR):Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care

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

Two new universal NPMs have been added this year:

* Postpartum Care has two parts Postpartum Visit (PPV-A): Percent of women who attended a postpartum checkup within 12 weeks after giving birth, and Postpartum Visit (PPV-B): Percent of women who attended a postpartum checkup and received recommended care components
* Medical Home (MH): Percent of children with and without special health care needs, ages 0-17, who have a medical home

Postpartum Visit measures have more than one measure. Medical home is for all children and for CSHN.

State Objectives Met

State objectives are set only for the five NPMs Hawaii selected as priorities. For reporting year FY 2023, one of the five NPMs met the 2023 objectives set by the state and four did not meet the state objectives. The measure that met the 2023 state objectives was:

* Safe Sleep - No Soft Bedding (SS-C):Percent of infants placed to sleep without soft objects or loose bedding

The four measures (two are related to Safe sleep) that did not meet the 2023 objectives were:

* Well-Woman Visit (WWV): Percent of women, ages 18 through 44, with a preventive medical visit in the past year
* Safe Sleep - Back Sleep Position (SS-A): Percent of infants placed to sleep on their backs
* Safe Sleep - Separate Approved Sleep Surface (SS-B): Percent of infants placed to sleep on a separate approved sleep surface
* Developmental Screening (DS):Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
* Adolescent Well-Visit (AWV): Percent of adolescents, ages 12 through 17 years, with a preventive medical visit in the past year
* Transition (TR):Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care

The latest Pregnancy Risk Assessment Monitoring System (PRAMS) data used for Safe sleep is from 2022.

Concerning Trends

No NPM displayed a concerning trend this year.

National Averages Met or Exceeded (Improved Outcomes)

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

* Well-Woman Visit (WWV): Percent of women, ages 18 through 44, with a preventive medical visit in the past year
* Low-Risk Cesarean Delivery (LRC):Percent of cesarean deliveries among low-risk first births
* Breastfeeding (BF-A): Percent of infants who are ever breastfed
* Breastfeeding (BF-B):: Percent of infants breastfed exclusively through 6 months
* Developmental Screening (DS): Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
* Injury Hospitalization – Child (IH-Child): Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9
* Injury Hospitalization – Adolescent (IH-Adolescent): Rate of hospitalization for non-fatal injury per 100,000 adolescents 10 through 19
* Bullying-Victimization (BLY): Percent of adolescents, ages 12-17, who are bullied
* Medical Home (MH): Percent of children with and without special health care needs, ages 0-17, who have a medical home
* Transition (TR): Percent of all adolescents ages 12 through 17, who received services to prepare for the transition to adult health care (but not CSHCN)
* Preventive Dental Visit – Child (PDV-Child): Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
* Smoking – Pregnancy (SMK-Pregnancy):Percent of women who smoke during pregnancy
* Adequate Insurance (AI): Percent of children, ages 0-17, who are continuously and adequately insured

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

* Well-Woman Visit (WWV): non-Hispanic Whites (hereafter referred to as “Whites”; 69.7%) and non-Hispanic Multiple Races (hereafter referred to as “Multiple Races”; 69.2%); those with less than a high school education (62.5%), those who were uninsured (55.8%), those with household income of less than $25,000 (69.0%), those unmarried (72.2%) did not meet the national estimate (72.5%) of women who received a preventive medical visit in the past year.
* Low-Risk Cesarean Delivery (LRC)– Those identifying as non-Hispanic Blacks (hereafter referred to as “Blacks”; 37.2%), non-Hispanic Native Hawaiians/Other Pacific Islanders (hereafter referred to as Native Hawaiians/Other Pacific Islanders; 34.5%), and those who were 35 or more years of age (38.7%) had a higher estimate for cesarean delivery than the national estimate (26.3%).
* Breastfeeding (BF-A) – High school graduates (82.4%), those at 100-199% of the FPL (81.0%), and those unmarried (82.7%) did not meet the national estimate (83.1%) of infants who were ever breastfed.
* Breastfeeding (BF-B)– High school graduates (24.1%), those with some college education (24.4%), those below 399% of the FPL, those 20-29 years of age (22.8%), and those identifying as Hispanics (17.0%) or Multiple Races (19.9%) did not meet the national estimate (25.4%) of infants breastfed exclusively through 6 months.
* Developmental Screening (DS)– Those identifying as Hispanics (31.9%), non-Hispanic Asians (hereafter referred to as “Asians”) (27.8%) or Whites (34.7%), those with some college education (32.0%), those with Medicaid (30.1%), single parents (17.3%), and those below 100% of the FPL (18.4%) did not meet the national estimate (33.7%) of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.
* Injury Hospitalization – Child (IH-Child)– Those identifying as non-Hispanic Asian/Pacific Islander (hereafter referred to as “Asian/Pacific Islander”) (164.9) did not meet the national estimate of 116.0 for rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9.
* Injury Hospitalization – Adolescent (IH-Adolescent)– Those identifying as White (387.5) or Asian/Pacific Islander (277.0) and those 15-19 years of age (251.1) did not meet the national estimate of 214.1 for rate of hospitalization for non-fatal injury per 100,000 adolescents 10 through 19.
* Bullying-Victimization (BLY)- Those identifying as White (33.4%), CSHCN (43.9%), or those with two or more adverse childhood experiences (34.3%) had higher estimates of being bullied compared to the national estimate (30.3%).
* Medical Home (MH):–
  + With special health care needs – Those identifying as Hispanic (35.9%), those with some college education (40.0%), those at FPL between 100-199% (36.8%), and those 0-5 years of age (25.5%) did not meet the national estimate of 40.7% of children with and without special health care needs, ages 0-17, who have a medical home.
  + All children – Those identifying as Hispanic (39.8%), Asian (44.8%), or Native Hawaiian/other Pacific Islander (40.1%), females (45.3%), those whose parents were high school graduates (39.2%) or with some college education (37.8%), those uninsured (22.2%) or had Medicaid (38.7%), single parent households (38.9%), those below 100% of the FPL (31.5%) or between 100-199% of the FPL (37.1%) did not meet the national estimate (46.1%).
* Transition (TR) –
  + All adolescents – Native Hawaiians/Other Pacific Islanders (13.5%) or Multiple Races (16.4%); those identifying as males (15.4%), those whose parents were high school graduates (12.9%) or had some college education (15.8%), single parent (15.9%) or two-parent unmarried (11.5%) households, those with Medicaid (17.5%), and those below 100% of the FPL (12.8%) did not meet the national estimate of 17.8% of adolescents, ages 12 through 17, who received services necessary to make transitions to adult health care.
* Preventive Dental Visit – Child (PDV-Child)– Those identifying as Native Hawaiians/Other Pacific Islander (74.0%), those uninsured (65.2%) or those with Medicaid (76.5%), those whose parents were high school graduates (71.0%), single parent households (76.4%), those below 100% of the FPL (69.7%), or those at 100-199% of the FPL (74.4%) did not meet the national estimate of 77.0% of children, ages 1 through 17, who had a preventive dental visit in the past year.
* Smoking – Pregnancy (SMK-Pregnancy)– all subgroups met the national estimate of 3.7% of women who smoke during pregnancy.
* Adequate Insurance (AI)– All the subgroups met the national estimates (68.0%) of children, ages 0-17, who are continuously and adequately insured.

HP 2030 Objectives Met

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

* Smoking – Pregnancy (SMK-Pregnancy): Percent of women who smoke during pregnancy

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

* Smoking – Pregnancy (SMK-Pregnancy)– all subgroups met the HP 2030 objective (4.3%) of women who smoke during pregnancy.

**National Outcome Measures (NOMs)**

Concerning Trends

Federally available data for FY 2023 was reviewed for all the NOMs. Some of the NOMs revealed trends that raised concern including:

* Early prenatal care
* Early term birth
* Forgone healthcare
* For early prenatal care, the Hawaii percent of pregnant women who receive early prenatal care in the first trimester (69.6%) was significantly lower than the national estimate (77.0%) and showed a significant decline over time when compared to the 2015 estimate (77.2%). For early term birth, although the Hawaii percent of early term births (29.2%) was similar to the national estimate (29.3%), the increase in the estimate from 2015 (27.9%) was significant. For forgone healthcare, although the 2021-2022 Hawaii estimate (3.1%) was similar to the national estimate (3.4%), there has been an increase over time in the percent of children, ages 0 through 17, who were not able to obtain needed health care when compared to the 2016-2017 estimate (1.7%). Since NOMs are not used for performance measures, no objectives are set.

National Averages Met

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

* Low Birth Weight
* Preterm birth (<37 weeks)
* Early term birth
* Early elective delivery
* Perinatal mortality
* Infant mortality
* Neonatal mortality
* Postneonatal mortality
* Preterm-related mortality
* Neonatal abstinence syndrome
* Tooth decay/cavities
* Adolescent mortality
* Adolescent motor vehicle death
* Adolescent suicide
* Children with Special Health Care Needs (CSHCN)
* CSHCN systems of care
* Autism
* Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
* Mental health treatment
* Children’s health status
* Uninsured
* Flu vaccination
* HPV vaccination
* Tdap vaccination
* Meningococcal vaccination
* Teen births
* Foregone health care

HP 2030 Objectives Met

Hawaii met Healthy People 2030 objectives for the following NOMs:

* Low birth weight
* Perinatal mortality
* Infant mortality
* Neonatal mortality
* Postneonatal mortality
* Tooth decay/cavities
* Adolescent motor vehicle death
* Adolescent suicide
* Uninsured
* HPV vaccination
* Teen births

National Performance Measures

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective | 62.0 | 63.0 | 67.0 | 70.0 | 77.0 | 79.0 | 82.0 | 84.0 | 86.0 | 88.0 |
| Annual Indicator | 63.0 | 66.7 | 69.4 | 76.6 | 78.1 | 81.1 | 69.5 | 74.6 |  |  |
| Numerator | 152,559 | 161,334 | 167,372 | 184,106 | 185,323 | 191,337 | 167,306 | 179,419 |  |  |
| Denominator | 242,088 | 241,941 | 241,254 | 240,287 | 237,398 | 235,933 | 240,808 | 240,472 |  |  |
| Data Source | BRFSS | BRFSS | BRFSS | BRFSS | BRFSS | BRFSS | BRFSS | BRFSS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |  |

The 2023 Title V state objective is to increase the number of women who had a preventive medical visit to 84.0%. The 2022 estimates indicate 74.6% of women in Hawaii received a preventive medical visit, which did not meet the 2022 state objective but was similar to the national estimate of 72.5%. The increase from 2021 (69.5%) to 2022 (74.6%) was not significant. The routine checkup BRFSS survey question changed in 2018 and therefore is not comparable to previous survey years. Based on the pattern of growth demonstrated in the 2020-2021 data and consultation with program staff, the state objectives from 2023-2025 reflect an annual increase of 2 percentage points. There were no significant differences in reported subgroups by race/ethnicity, maternal age, household income, health insurance, or marital status based on 2022 data.

**Low-Risk Cesarean Delivery (LRC): Percent of cesarean deliveries among low-risk first births**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 20.3 | 19.8 | 20.7 | 22.4 | 23.1 | 23.0 | 22.8 | 24.4 |  |  |
| Numerator | 1,185 | 1,122 | 1,177 | 1,179 | 1,218 | 1,241 | 1,147 | 1,271 |  |  |
| Denominator | 5,850 | 5,671 | 5,683 | 5,265 | 5,276 | 5,407 | 5,039 | 5,211 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |  |

In 2022, 24.4% of low-risk first births resulted in a cesarean delivery, which is significantly below the national estimate of 26.3%. The related 2030 Objective (23.6%) to reduce cesarean deliveries among low-risk first births has not been met. The increase from 2021 (22.8%) to 2022 (24.4%) was non-significant, but the estimate was significantly higher than 2015 when 20.3% of all low-risk first births were a cesarean delivery. Based on 2022 data, Whites (22.1%) were significantly less likely to have a cesarean delivery compared to Native Hawaiians/other Pacific Islanders (34.5%) and Blacks (37.2%). Those 30-34 years of age (24.1%) or 35 or more years of age (38.7%) were more likely to have a cesarean delivery among low-risk first births compared to those 20-24 years of age (19.5%) or under 20 years of age (12.2%).

**Risk-Appropriate Perinatal Care (RAC): Percent of VLBW infants born in a hospital with at least a Level III+ NICU**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 88.1 | 87.8 | 90.1 | 93.3 | 90.6 | 88.1 | 87,9 |  |  |
| Numerator | 458 | 423 | 437 | 416 | 377 | 385 | 372 |  |  |
| Denominator | 520 | 482 | 485 | 446 | 416 | 437 | 423 |  |  |
| Data Source | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics |  |  |
| Data Source Year | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 | 2022-2023 |  |  |

In aggregated 2022-2023 data, 87.9% of all very low birth weight (VLBW) infants were born in hospitals with at least a level III NICU. No nationally comparable data was available in the FAD. There is no related HP 2030 Objective for this measure.

**Breastfeeding (BF-A): Percent of infants who are ever breastfed**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective | 90.0 | 91.0 | 89.0 | 91.0 | 92.0 |  |  |  |  |  |
| Annual Indicator | 90.6 | 87.3 | 90.6 | 88.9 | 89.1 | 94.6 | 90.1 | 89.2 |  |  |
| Numerator | 15,214 | 15,007 | 15,313 | 15,129 | 13,103 | 13,717 | 14,084 | 13,067 |  |  |
| Denominator | 16,789 | 17,199 | 16,911 | 17,014 | 14,711 | 14,500 | 15,630 | 14,642 |  |  |
| Data Source | NIS | NIS | NIS | NIS | NIS | NIS | NIS | NIS |  |  |
| Data Source Year | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |  |  |

The estimate from Hawaii (89.2%) was significantly higher than the national estimate of 83.1%. This current Hawaii estimate has not changed significantly since 2015 (90.6%). The decrease from 2018 (94.6%) to 2020 (89.2%) was non-significant. The last available sub-group data is from 2009-2011. The 2009-2011 aggregated data indicate high school graduates were significantly less likely to have infants breastfed (82.4%) compared to college graduates (94.4%). There were no significant differences in reported subgroups by birth order, household income poverty level, marital status, maternal age, gender, and race/ethnicity based on the 2009-2011 aggregated data provided. This performance measure has been dropped in FY 2020, so no objectives have been set beyond 2020.

**Breastfeeding (BF-B): Percent of infants breastfed exclusively through 6 months**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** | **2025** |
| Annual Objective | 27.0 | 30.0 | 30.0 | 33.0 | 34.0 |  |  |  |  |  |  |
| Annual Indicator | 30.0 | 30.2 | 32.9 | 33.2 | 30.6 | 36.6 | 27.7 | 26.6 |  |  |  |
| Numerator | 4,828 | 5,029 | 5,396 | 5,473 | 4,256 | 5,055 | 4,166 | 3,700 |  |  |  |
| Denominator | 16,071 | 16,662 | 16,415 | 16,511 | 13,927 | 13,803 | 15,048 | 13,904 |  |  |  |
| Data Source | NIS | NIS | NIS | NIS | NIS | NIS | NIS | NIS |  |  |  |
| Data Source Year | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |  |  |  |

Data from 2020 showed that the estimate in Hawaii (26.6%) was similar to the national estimate of 25.4%. The proportion of children breastfed exclusively through six months

decreased significantly compared to 2018 (36.6%) but has not changed significantly when compared to 2015 (32.9%). Higher risk groups were not assessed due to lack of federally available data other than the 2009-2011 aggregate. This performance measure has been dropped in FY 2020, so no objectives have been set beyond 2020.

**Safe Sleep - Back Sleep Position (SS-A): Percent of infants placed to sleep on their backs**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective | 79.0 | 79.0 | 79.0 | 82.0 | 82.0 | 85.0 | 86.0 | 87.0 | 87.0 | 88.0 |
| Annual Indicator | 78.6 | 81.5 | 81.5 | 77.9 | 84.0 | 80.1 | 83.0 | 80.0 |  |  |
| Numerator | 13,855 | 14,376 | 14,376 | 13,251 | 6,895 | 12,016 | 12,363 | 11,938 |  |  |
| Denominator | 17,633 | 17,634 | 17,634 | 17,015 | 8,212 | 15,003 | 14,891 | 14,928 |  |  |
| Data Source | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS |  |  |
| Data Source Year | 2014 | 2015 | 2015 | 2016 | 2019[[1]](#footnote-2) | 2020 | 2021 | 2022 |  |  |

The 2023 Title V state objective is to increase the proportion of infants placed to sleep on their backs to 87.0%. The Healthy People 2030 Objective is to increase the proportion of infants placed to sleep on their backs to 88.9%. There was no PRAMS data collection in Hawaii from 2017 to 2018. The latest data from the 2022 PRAMS survey (80.0%) showed that Hawaii did not meet the 2023 state objective (87.0%) or the HP 2030 Objective (88.9%), but was similar to the 2022 national estimate (82.7%). There was no national estimate available for 2022, but the 2021 Hawaii estimate (83.0%) was similar to the 2021 national estimate (81.4%). The increase from the 2016 estimate (77.9%) was not statistically significant. The state objectives through 2025 reflect an approximate 2% improvement over 2 years.

Analysis of Hawaii PRAMS 2019-2022 aggregated data revealed that Native Hawaiian (77.3%), Samoan (61.3%), and other Pacific Islander (65.9%) mothers were significantly less likely to place their infants to sleep on their back compared to White (87.1%) or Japanese (88.1%) mothers. Mothers that were under 20 years of age (60.9%) were less likely to place their infants on their back to sleep compared to mothers 20-34 years of age (80.8%) or 35 or more years of age (85.9%). Mothers below 100% of the FPL (74.3%) were less likely to place their infants on their back to sleep compared to those at 186-300% of the FPL (83.5%) or those at or above 301% of the FPL (89.7%).

**Safe Sleep - Separate Approved Sleep Surface (SS-B): Percent of infants placed to sleep on a separate approved sleep surface**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  | 21.0 | 29.0 | 30.0 | 30.0 | 31.0 | 31.0 |
| Annual Indicator |  |  |  | 20.3 | 28.7 | 24.7 | 27.7 | 23.5 |  |  |
| Numerator |  |  |  | 3,306 | 2,245 | 3,565 | 4,047 | 3,383 |  |  |
| Denominator |  |  |  | 16,296 | 7,829 | 14,455 | 14,591 | 14,412 |  |  |
| Data Source |  |  |  | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS |  |  |
| Data Source Year |  |  |  | 2016 | 20191 | 2020 | 2021 | 2022 |  |  |

There was no PRAMS data collection in Hawaii from 2017-2018 and no data on this measure prior to 2016. The latest data from the 2022 PRAMS survey (23.5%) showed that Hawaii did not meet the 2023 state objective (30.0%) and was significantly lower than the 2022 national estimate (38.0%). The decrease in estimate from 2021 (27.7%) and the increase in estimate from 2016 (20.3%) were both non-significant. The state objectives from 2023-2025 reflect an approximate 5% improvement over 2 years. Based on the 2019-2022 data, Native Hawaiian (23.8%), Filipino (16.4%), Black (20.6%), and other Pacific Islander (21.7%) mothers were less likely to place their infant to sleep on an approved surface compared to White (35.7%) mothers. Mothers that were under 20 years of age (14.9%) were less likely to place their infants to sleep on an approved surface compared to mothers 20-34 years of age (26.8%). Mothers below 100% of the FPL (21.1%), at 101-185% of the FPL (22.5%), or at 186-300% of the FPL (22.7%) were less likely to place their infants on an approved surface to sleep compared to those at or above 301% of the FPL (32.1%).

**Safe Sleep - No Soft Bedding (SS-C): Percent of infants** **placed to sleep without soft objects or loose bedding**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  | 33.0 | 49.0 | 49.0 | 50.0 | 50.0 | 51.0 |
| Annual Indicator |  |  | 31.6 | 48.1 | 45.9 | 52.0 | 50.4 |  |  |
| Numerator |  |  | 5,186 | 3,755 | 6,633 | 7,507 | 7,256 |  |  |
| Denominator |  |  | 11,228 | 7,801 | 14,447 | 14,442 | 14,405 |  |  |
| Data Source |  |  | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS |  |  |
| Data Source Year |  |  | 2016 | 20191 | 2020 | 2021 | 2022 |  |  |

There was no PRAMS data collection in Hawaii from 2017-2018 and no data on this measure prior to 2016. The latest data from the 2022 PRAMS survey (50.4%) showed that the 2023 state objective of 50.0% has been met, but was significantly lower than the 2022 national estimate (59.9%).The decrease in the estimate from 2021 (52.0%) was not statistically significant, but the increase was significant when compared to the 2016 estimate (31.6%). The state objectives from 2023-2025 reflect an approximate 2% improvement over 2 years. Based on the 2019-2022 data, Native Hawaiian (34.8%), Filipino (48.0%), and other Pacific Islander (25.7%) mothers were less likely to place their infant to sleep without soft objects or loose bedding compared to White (64.7%) mothers. Mothers under 20 years of age (24.8%) or those 20-34 years of age (48.1%) were less likely to place their infants to sleep without soft objects or loose bedding compared to mothers who were 35 or more years of age (55.5%). Mothers at or below 100% of the FPL (37.2%), those at 101-185% of the FPL (42.8%), or those at 186-300% of the FPL (47.4%) were less likely to place their infants to sleep without soft objects or loose bedding compared to those at or above 301% of the FPL (62.9%).

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  | 33.0 | 39.0 | 40.0 | 41.0 | 42.0 | 43.0 | 44.0 | 45.0 |
| Annual Indicator | 32.0 | 39.1 | 36.5 | 31.6 | 41.2 | 41.0 | 34.6 |  |  |
| Numerator | 12,946 | 14,121 | 13,201 | 12,899 | 16,334 | 15,213 | 12,730 |  |  |
| Denominator | 40,486 | 36,113 | 36,145 | 40,832 | 39,621 | 37,098 | 36,781 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_2017[[2]](#footnote-3) | 2017\_20182 | 2018\_20192 | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

Aggregated data from 2021-2022 show that the estimate for Hawaii (34.6%) did not meet the 2023 state objective (43.0%) but was similar to the national estimate of 33.7%. The decrease from 2020-2021 (41.0%) was non-significant. The related Healthy People 2030 Objective to increase the proportion of children who receive a developmental screening to 35.8% has not been met. With this baseline data and consultation with program staff, the state objectives from 2023 to 2025 show an annual increase of 1 percentage point. There were no significant differences in reported subgroups by health insurance, household income poverty level, nativity, race/ethnicity, sex, and household structure based on the 2021-2022 data provided.

**Injury Hospitalization – Child (IH-Child): Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 122.0 | 99.7 | 99.7 | 77.4 | 81.3 | 71.5 | 61.8 | 76.3 |  |  |
| Numerator | 164 | 178 | 178 | 137 | 142 | 123 | 106 | 131 |  |  |
| Denominator | 134,382 | 178,621 | 178,621 | 176,901 | 174,573 | 171,929 | 171,595 | 171,720 |  |  |
| Data Source | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID |  |  |
| Data Source Year | 2015  Q1-Q3 | 2016 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |  |  |

In 2021, the rate of 76.3 per 100,000 hospitalizations for non-fatal injury for children ages 0-9 in Hawaii were significantly below the national rate estimates of 116.0. There were no significant differences in reported subgroups in 2021 data provided. Statewide, the rates of hospitalization for non-fatal injury in children 0-9 have significantly decreased since 2015 when the rate was 122.0.

**Injury Hospitalization – Adolescent (IH-Adolescent) Rate of hospitalization for non-fatal injury per 100,000 adolescents ages 10 through 19**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 177.4 | 205.2 | 199.5 | 180.5 | 147.0 | 158.7 | 164.9 | 177.1 |  |  |
| Numerator | 289 | 251 | 320 | 287 | 234 | 251 | 253 | 289 |  |  |
| Denominator | 161,855 | 121,051 | 160,416 | 159,029 | 159,133 | 158,163 | 153,398 | 163,193 |  |  |
| Data Source | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID |  |  |
| Data Source Year | 2014 | 2015 Q1-Q3 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |  |  |

In 2021, the rate of 177.1 per 100,000 hospitalizations for non-fatal injury for adolescents ages 10-19 in Hawaii was significantly below the national rate estimates of 214.1. The increase from 2020 (164.9) to 2021 (177.1) was non-significant. Analysis of the 2021 data revealed that those 10-14 years of age (108.6) were significantly less likely to be hospitalized for non-fatal injury than those 15-19 years of age (251.1). Hispanics (40.8) had a significantly lower rate of hospitalization than Asians/Pacific Islanders (277.0) or Whites (387.5). Statewide, the rates of hospitalization for non-fatal injury in adolescents were similar to 2015 when it was 205.2.

**Physical Activity – Child (PA-Child): Percent of children, ages 6-11, who are physically active at least 60 minutes per day**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 25.1 | 21.0 | 20.8 | 20.4 | 18.7 | 21.4 | 19.9 |  |  |
| Numerator | 27,010 | 21,083 | 18,210 | 19,483 | 19,411 | 20,880 | 19,872 |  |  |
| Denominator | 107,447 | 100,183 | 87,380 | 95,297 | 104,013 | 97,736 | 99,889 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_20172 | 2017\_20182 | 2018\_20192 | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

The related Healthy People 2030 Objective is to increase the proportion of children who meet the current aerobic physical activity guideline to 30.4%. Data from 2021-2022 show that the estimate for Hawaii (19.9%) was significantly lower than the national estimate of 26.3%. The increase from 2019-2020 (18.7%) was non-significant. There were no significant differences in reported subgroups in the 2021-2022 data provided.

**Physical Activity – Adolescent (PA-Adolescent): Percent of adolescents, ages 12-17, who are physically active at least 60 minutes per day**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 11.2 | 12.0 | 13.8 | 13.3 | 12.5 | 13.3 | 12.5 |  |  |
| Numerator | 10,265 | 11,965 | 13,929 | 12,810 | 12,102 | 12,614 | 12,295 |  |  |
| Denominator | 91,572 | 99,589 | 101,016 | 96,447 | 96,958 | 94,794 | 97,991 |  |  |
| Data Source | NSCH- | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_20172 | 2017\_20182 | 2018\_20192 | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

Data from 2021-2022 show that the estimate for Hawaii (12.5%) was similar to the national estimate of 14.0%. There were no significant differences in reported subgroups in 2021-2022 data provided.

**Bullying (BLY): Percent of adolescents, ages 12-17, who are bullied or who bully other**

Bullying-Perpetration (Those who bully others):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 8.5 | 6.1 | 15.1 | 14.4 | 12.3 | 9.2 | 11.8 |  |  |
| Numerator | 7,781 | 6,045 | 13,967 | 13,707 | 11,895 | 8,736 | 11,581 |  |  |
| Denominator | 91,222 | 98,642 | 92,339 | 95,361 | 96915 | 94,699 | 97,847 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_20172 | 2018 | 2018\_20192 | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

Bullying-Victimization (Those who are bullied):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 20.2 | 16.5 | 37.5 | 36.9 | 31.1 | 22.7 | 22.2 |  |  |
| Numerator | 18,369 | 16,207 | 35,610 | 35,625 | 30,105 | 21,451 | 21,686 |  |  |
| Denominator | 90,809 | 98,396 | 95,008 | 96,621 | 96,721 | 94,579 | 97,847 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_20172 | 2018 | 2018\_20192 | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

Aggregated National Survey on Children’s Health data from 2021-2022 show that the estimate for bullying others in Hawaii (11.8%) was similar to the national estimate of 11.1%. The increase from 2020-2021 (9.2%) and the decrease from 2018-2019 (14.4%) were both non-significant. The related HP 2030 Objective is to r**educe bullying of sexual minority (lesbian, gay, or bisexual) high school students** to 25.1%. The estimates for being bullied in Hawaii (22.2%) was significantly lower than the national estimate (30.3%). There was a significant decrease in the estimates for being bullied when compared to the 2018-2019 (36.9%) estimate. Due to survey question changes in 2018, 2020-2021 data is not comparable with data prior to 2018. Based on 2021-2022 aggregated data, Native Hawaiian/Other Pacific Islanders (6.0%) were less likely to be bullied compared to Whites (33.4%). Children with special health care needs (CSHCN; 43.9%) were more likely to be bullied than children without special health care needs (non-CSHCN; 17.7%). There were no other significant differences in reported subgroups in the 2021-2022 data provided.

**Bullying (BLY): Percent of adolescents, ages 12-17, who are bullied or who bully others**

Those who are bullied:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 25.4 | 25.4 | 24.1 | 24.1 | 21.9 | 21.9 | 21.9 | 17.3 |  |  |
| Numerator | 10,354 | 10,354 | 9,843 | 9,843 | 10,082 | 10,082 | 10,082 | 8,532 |  |  |
| Denominator | 40,686 | 40,686 | 40,898 | 40,898 | 46,095 | 46,095 | 46,095 | 49,290 |  |  |
| Data Source | YRBS | YRBS | YRBS | YRBS | YRBS | YRBS | YRBS | YRBS |  |  |
| Data Source Year | 2015 | 2015 | 2017 | 2017 | 2019 | 2019 | 2019 | 2021 |  |  |

The Youth Risk Behavior Survey (YRBS) also provides data on bullying. The latest data available was 2021, which show that the estimate for being bullied in Hawaii (17.3%) was significantly lower than the national estimate (22.4%). There is a significant decrease in Hawaii’s rate when compared to 2022 (21.9%). Among subgroups, those that reported their sexual orientation as lesbian, gay, or bisexual reported higher estimates (29.1%) or other/questioning (27.7%) were more likely to be bullied when compared to those that reported their sexual orientation as heterosexual (14.0%). Females had significantly higher estimates of being bullied (20.8%) compared to males (13.9%).

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  | 74.0 | 75.0 | 77.0 | 80.0 | 81.0 | 82.0 | 83.0 | 86.0 |
| Annual Indicator | 73.5 | 74.6 | 74.6 | 77.7 | 73.4 | 66.3 | 68.9 |  |  |
| Numerator | 67,325 | 74,226 | 74,226 | 76,702 | 71,318 | 63,067 | 65,633 |  |  |
| Denominator | 91,592 | 99,470 | 99,470 | 98,664 | 97,099 | 95,187 | 95,192 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_20172 | 2016\_20172 | 2019[[3]](#footnote-4) | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

The 2023 Title V state objective is to increase the percent of adolescents with a preventive medical visit in the past year to 82.0%. Aggregated data from 2021-2022 show that Hawaii (68.9%) did not meet the 2023 state objective (82.0%) but was similar to the national estimate of 69.7%. The increase from 2020-2021 (66.3%) and the decline from the 2019 estimate (77.7%) were both non-significant, when compared to the 2021-2022 estimate (68.9%).The Hawaii estimate did not meet the related Healthy People 2030 Objective to increase the proportion of adolescents who had a preventive health care visit in the past year (82.6%). The state objectives through 2025 have been updated to reflect an approximate 5% improvement over 2 years. Based on 2021-2022 aggregated data, adolescents from parents who were high school graduates (49.6%) or who had some college education (62.1%) were less likely to have preventive medical visits than those who were college graduates (79.9%). Adolescents whose parents were unmarried (45.7%) were less likely to have preventive medical visits than those whose parents were married (75.5%). Adolescents with CSHCN status (85.5%) were more likely to have preventive medical visits than non-CSHCN adolescents (65.7%)

**Medical Home** **(MH): Percent of children with and without special health care needs, ages 0-17, who have a medical home**

Beginning in 2019-2020, the Medical Home is reported as an overall measure as well as by components (Care Coordination if needed, Family-Centered Care, Personal Doctor or Nurse, Referrals if needed, Usual Source of Care). Note that the estimate for the overall measure might be lower than each of the components as endorsement for the overall measure required endorsement for each of the five components.

**Medical Home Overall Measure:**

CSHCN

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  | 43.1 | 43.1 |
| Annual Indicator | 42.3 | 42.1 | 46.6 | 46.5 | 44.0 | 43.1 |  |  |
| Numerator | 15,211 | 16,336 | 21,391 | 19,869 | 15,902 | 17,813 |  |  |
| Denominator | 35,995 | 38,769 | 45,943 | 42,743 | 36,132 | 41,372 |  |  |
| Data Source | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN |  |  |
| Data Source Year | 2016\_20172 | 2017\_20182 | 2018\_20192 | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

Aggregated data from 2021-2022 show that the estimate for Hawaii (43.1%) was similar to the national estimate of 40.7% for those with special health care needs. Note that there was a minor change in question from “how much of problem was it to get referrals?” in 2016 and 2017 to “how difficult was it to get referrals” in 2018. The related HP 2030 Objective for the **proportion of children and adolescents who receive care in a medical home** (53.6%) has not been met. The state objectives through 2025 are set to be the same as the baseline data over the next 2 years. No differences were found in subgroup analysis based on aggregated 2021-2022 data.

All Children

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  |  | 46.6 | 46.6 |
| Annual Indicator |  |  |  |  | 47.7 | 47.3 | 46.6 |  |  |
| Numerator |  |  |  |  | 143,295 | 140,015 | 138,882 |  |  |
| Denominator |  |  |  |  | 300,109 | 296,153 | 297,934 |  |  |
| Data Source |  |  |  |  | NSCH-all children | NSCH-all children | NSCH-all children |  |  |
| Data Source Year |  |  |  |  | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

Aggregated data from 2021-2022 show the estimates for all children who have a medical home in Hawaii (46.6%) was similar to the national estimate (46.1%). There was no significant change in the estimate when compared to the 2019-2020 estimate. The state objectives through 2025 are set to be the same as the baseline data over the next 2 years. Based on the 2021-2022 aggregated data, those below 100% of the FPL (31.5%) had a significantly lower estimate to have a medical home compared to those at 200-399% of the FPL (48.4%) or those at or above 400% of the FPL (55.8%). Children whose parents were high school graduates (39.2%) or those with some college education (37.8%) were less likely to have a medical home compared to those whose parents were college graduates (53.5%).

**Medical Home by Components (for all children and CSHCN):**

**1) Component: Care Coordination if needed:**

CSHCN

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  |  | 58.8 | 58.8 |
| Annual Indicator |  |  |  |  | 68.5 | 59.5 | 58.8 |  |  |
| Numerator |  |  |  |  | 21,578 | 15,031 | 17,686 |  |  |
| Denominator |  |  |  |  | 31,520 | 25,258 | 30,076 |  |  |
| Data Source |  |  |  |  | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN |  |  |
| Data Source Year |  |  |  |  | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

The 2021-2022 data for the care coordination if needed component show that for CSHCN, the Hawaii estimate (58.8%) was similar to the national estimate (55.6%). The decline from 2019-2020 (68.5%) was non-significant. The state objectives through 2025 are set to be the same as the baseline data over the next 2 years. No subgroup data was available for the components.

All children:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  |  | 71.7 | 71.7 |
| Annual Indicator |  |  |  |  | 74.6 | 74.7 | 71.7 |  |  |
| Numerator |  |  |  |  | 98,266 | 94,781 | 96,674 |  |  |
| Denominator |  |  |  |  | 131,744 | 126,938 | 134,852 |  |  |
| Data Source |  |  |  |  | NSCH-all children | NSCH-all children | NSCH-all children |  |  |
| Data Source Year |  |  |  |  | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

The 2021-2022 data for the care coordination if needed component show that for all children, the Hawaii estimate (71.7%) was similar to the national estimate (68.2%). There was no significant change in the estimate when compared to the 2019-2020 estimate. The state objectives through 2025 are set to be the same as the baseline data over the next 2 years.

**2) Component: Family-Centered Care**

CSHCN:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  |  | 78.5 | 78.5 |
| Annual Indicator |  |  |  |  | 91.1 | 86.2 | 78.5 |  |  |
| Numerator |  |  |  |  | 35,595 | 28,226 | 29,496 |  |  |
| Denominator |  |  |  |  | 39,061 | 32,745 | 37,558 |  |  |
| Data Source |  |  |  |  | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN |  |  |
| Data Source Year |  |  |  |  | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

The 2021-2022 data for the family-centered component show that for CSHCN, the Hawaii estimate (78.5%) was similar to the national estimate (82.2%). The decline in estimate since 2019-2020 (91.1%) was significant. The state objectives through 2025 are set to be the same as the baseline data over the next 2 years. No subgroup data was available for the components.

All children

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  |  | 88.8 | 88.8 |
| Annual Indicator |  |  |  |  | 91.3 | 89.9 | 88.8 |  |  |
| Numerator |  |  |  |  | 220,961 | 203,478 | 205,681 |  |  |
| Denominator |  |  |  |  | 241,939 | 226,224 | 231,668 |  |  |
| Data Source |  |  |  |  | NSCH-all children | NSCH-all children | NSCH-all children |  |  |
| Data Source Year |  |  |  |  | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

The 2021-2022 data for the family-centered component show that for all children, the Hawaii estimate (88.8%) was significantly higher than the national estimate (85.2%). There was no significant change in the estimate when compared to the 2019-2020 estimate. The state objectives through 2025 are set to be the same as the baseline data over the next 2 years.

**3) Component: Personal Doctor or Nurse**

CSHCN

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  |  | 88.2 | 88.2 |
| Annual Indicator |  |  |  |  | 86.2 | 88.0 | 88.2 |  |  |
| Numerator |  |  |  |  | 36,825 | 31,626 | 36,323 |  |  |
| Denominator |  |  |  |  | 42,743 | 35,954 | 41,193 |  |  |
| Data Source |  |  |  |  | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN |  |  |
| Data Source Year |  |  |  |  | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

The 2021-2022 data for the personal doctor or nurse component show that for CSHCN, the Hawaii estimate (88.2%) was significantly higher than the national estimate (78.0%). The estimate has not changed significantly since 2019-2020 when the estimate was 86.2%. No subgroup data was available for the components. The state objectives through 2025 are set to be the same as the baseline data over the next 2 years.

All children

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  |  | 76.3 | 76.3 |
| Annual Indicator |  |  |  |  | 74.9 | 73.5 | 76.3 |  |  |
| Numerator |  |  |  |  | 223,546 | 216,403 | 226,759 |  |  |
| Denominator |  |  |  |  | 298,657 | 294,400 | 297,251 |  |  |
| Data Source |  |  |  |  | NSCH-all children | NSCH-all children | NSCH-all children |  |  |
| Data Source Year |  |  |  |  | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

The 2021-2022 data for the personal doctor or nurse component show that for all children, the Hawaii estimate (76.3%) was significantly higher than the national estimate (71.2%). There was no significant change in the estimate when compared to the 2019-2020 estimate. The state objectives through 2025 are set to be the same as the baseline data over the next 2 years.

**4) Component: Referrals if needed**

CSHCN

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  |  | 66.0 | 68.0 |
| Annual Indicator |  |  |  |  | 86.9 | 73.3 | 64.9 |  |  |
| Numerator |  |  |  |  | 14,174 | 10,671 | 11,101 |  |  |
| Denominator |  |  |  |  | 16,314 | 14,554 | 17,096 |  |  |
| Data Source |  |  |  |  | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN |  |  |
| Data Source Year |  |  |  |  | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

The 2021-2022 data for the referrals if needed component show that for CSHCN, the Hawaii estimate (64.9%) was similar to the national estimate (70.3%). The decline in estimate since 2019-2020 (86.9%) was significant. The state objectives through 2025 are set to be the same as the baseline data over the next 2 years. No subgroup data was available for the components.

All children

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  |  | 79.1 | 79.1 |
| Annual Indicator |  |  |  |  | 85.7 | 81.8 | 79.1 |  |  |
| Numerator |  |  |  |  | 40,865 | 36,277 | 36,420 |  |  |
| Denominator |  |  |  |  | 47,687 | 44,332 | 46,044 |  |  |
| Data Source |  |  |  |  | NSCH-all children | NSCH-all children | NSCH-all children |  |  |
| Data Source Year |  |  |  |  | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

The 2021-2022 data for the referrals if needed component show that for all children, the Hawaii estimate (79.1%) was similar to the national estimate (78.3%). There was no significant change in the estimate when compared to the 2019-2020 estimate. The state objectives through 2025 are set to be the same as the baseline data over the next 2 years.

**5) Component: Usual Source of Care**

CSHCN

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  |  | 86.2 | 86.2 |
| Annual Indicator |  |  |  |  | 80.0 | 81.1 | 86.2 |  |  |
| Numerator |  |  |  |  | 34,056 | 29,293 | 35,306 |  |  |
| Denominator |  |  |  |  | 42,569 | 36,105 | 40,975 |  |  |
| Data Source |  |  |  |  | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN |  |  |
| Data Source Year |  |  |  |  | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

The 2021-2022 data for the usual source of care component show that for CSHCN, the Hawaii estimate (86.2%) was similar to the national estimate (81.1%). The increase in estimate since 2019-2020 (80.0%) was non-significant. The state objectives through 2025 are set to be the same as the baseline data over the next 2 years. No subgroup data was available for the components.

All children

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  |  | 71.6 | 71.6 |
| Annual Indicator |  |  |  |  | 73.3 | 71.6 | 71.6 |  |  |
| Numerator |  |  |  |  | 217,057 | 209,889 | 209,612 |  |  |
| Denominator |  |  |  |  | 296,300 | 293,189 | 292,758 |  |  |
| Data Source |  |  |  |  | NSCH-all children | NSCH-all children | NSCH-all children |  |  |
| Data Source Year |  |  |  |  | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

The 2021-2022 data for the usual source of care component show that for all children, the Hawaii estimate (71.6%) was similar to the national estimate (75.0%). There was no significant change in the estimate when compared to the 2019-2020 estimate. The state objectives through 2025 are set to be the same as the baseline data over the next 2 years

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  | 23.0 | 23.0 | 25.0 | 25.0 | 26.0 | 26.0 | 27.0 | 27.0 |
| Annual Indicator |  | 20.9 | 25.5 | 17.9 | 15.4 | 21.6 | 18.1 |  |  |
| Numerator |  | 3,512 | 4,622 | 3,508 | 2,939 | 3,746 | 3,025 |  |  |
| Denominator |  | 16,767 | 18,125 | 19,648 | 19,083 | 17,328 | 16,749 |  |  |
| Data Source |  | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN | NSCH-CSHCN |  |  |
| Data Source Year |  | 2016\_20172 | 2017\_20182 | 2018\_20192 | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

Although the measure includes services for BOTH all adolescents and adolescents with special health care needs, the data reported for this measure is data for adolescents with special health care needs. The aggregated 2021-2022 data show that the estimate for Hawaii (18.1%) did not meet the 2023 state objective (26.0%) but was similar to the national estimate of 22.1% in those with special health care needs. The decrease from 2020-2021 (21.6%) was non-significant. The related HP 2030 objective for this measure is to increase the proportion of children and adolescents with special health care needs who have a system of care to 19.5%. This objective has not been met. With this baseline data, the state objectives through 2025 reflect an approximate 5% improvement over 2 years. The sample size was too small to perform a subgroup analysis to determine risk factors.

For all adolescents, the aggregated 2021-2022 data show that the estimates for Hawaii (19.5%) was similar to the national estimate (17.8%) for this measure. No significant differences were found in subgroup analyses based on 2021-2022 data.

**Preventive Dental Visit - Pregnancy (PDV-Pregnancy): Percent of women who had a dental visit during pregnancy**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 46.9 | 46.7 | 46.7 | 45.4 | 46.9 | 42.4 | 44.6 | 47.2 |  |  |
| Numerator | 8,363 | 8,384 | 8,384 | 7,943 | 3,904 | 6,506 | 6,813 | 7,144 |  |  |
| Denominator | 17,831 | 17,963 | 17,963 | 17,511 | 8,317 | 15,343 | 15,266 | 15,151 |  |  |
| Data Source | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS |  |  |
| Data Source Year | 2014 | 2015 | 2015 | 2016 | 20191 | 2020 | 2021 | 2022 |  |  |

In 2022, the estimate for Hawaii (47.2%) was similar to the national estimate (47.9%). The increase from 2020 (42.4%) was non-significant. The percent of women who had a dental visit during pregnancy has not changed significantly since 2015 (46.7%). Based on the 2019-2022 aggregated data, Native Hawaiians (39.6%), Blacks (34.6%), and other Pacific Islanders (20.1%) were significantly less likely to have a dental visit during pregnancy than Whites (50.5%) or Japanese (67.7%). Women who were 35 or more years of age (51.4%) were more likely to have a dental visit during pregnancy than those between 20-34 years of age (43.0%). Women below 100% of the FPL (28.3%), or at 101%-199% of the FPL (32.5%) were less likely to have a dental visit during pregnancy than those at 186-300% of the FPL (45.7%) or those at or above 301% of the FPL (61.4%)**.**

**Preventive Dental Visit – Child (PDV-Child): Percent of children, ages 1 through 17, who had a preventive dental visit in the past year**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  | 84.0 | 85.0 | 86.0 |  |  |  |  |  |
| Annual Indicator | 83.1 | 84.9 | 85.6 | 85.5 | 85.6 | 84.9 | 82.7 |  |  |
| Numerator | 243,681 | 242,790 | 234,467 | 239,545 | 246,313 | 235,838 | 231,208 |  |  |
| Denominator | 293,312 | 285,950 | 273,914 | 280,315 | 287,667 | 277,720 | 279,665 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_20172 | 2017\_20182 | 2018\_20192 | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

Aggregated data from 2021-2022 show that the estimate for Hawaii (82.7%) was significantly higher than the national estimate of 77.0% for preventive dental visits among children. Based on the aggregated 2021-2022 data, children 1-5 years of age had a lower estimate (68.4%) compared to children 6-11 years of age (87.9%) and 12-17 years of age (89.0%). Those below 100% of the FPL (69.7%) or at 100%-199% of the FPL (74.4%) were less likely to have a preventive dental visit than those at 200-399% of the FPL (86.8%) or those at or above 400% of the FPL (87.9%)**.** Uninsured women (65.2%) were less likely to have a dental visit during pregnancy compared to women who had private insurance (86.8%). This performance measure has been dropped in FY 2020, so no objectives have been set beyond 2020

**Smoking – Pregnancy (SMK-Pregnancy): Percent of women who smoke during pregnancy**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 4.6 | 3.6 | 4.0 | 3.0 | 2.2 | 1.9 | 1.7 | 1.3 |  |  |
| Numerator | 669 | 642 | 682 | 492 | 354 | 291 | 261 | 197 |  |  |
| Denominator | 14,543 | 17,635 | 17,245 | 16,633 | 16,400 | 15,560 | 15,329 | 15281 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |  |

The Healthy People 2030 Objective is to increase abstinence from cigarette smoking among pregnant women to 95.7%. Data from 2022 showed that Hawaii (1.3%) met that objective and was significantly below the national estimate of 3.7%. High school graduates (3.0%), those with Medicaid/QUEST (2.8%). Hispanics (1.9%) or Multiple Race (2.0%); mothers who resided in non-metro areas (3.7%) or those unmarried (2.3%), and those who reported being on Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) during pregnancy (2.0%) were more likely to smoke during pregnancy.

**Smoking – Household (SMK-Household): Percent of children, ages 0-17, who live in households where someone smokes**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 16.8 | 16.0 | 15.1 | 15.0 | 14.8 | 14.7 | 14.0 |  |  |
| Numerator | 51,216 | 48,171 | 44,758 | 44,522 | 43,684 | 42,624 | 40,823 |  |  |
| Denominator | 304,410 | 301,717 | 297,284 | 297,192 | 296,134 | 290,030 | 292,484 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_20172 | 2017\_20182 | 2018\_20192 | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

Data from 2021-2022 show that the estimate for Hawaii (14.0%) was similar to the national estimate of 12.7% for children living in households where someone smokes. Based on the 2021-2022 subgroup estimates, children who lived in households where someone was a high school graduate (21.3%) were more likely to live with smokers compared to those who lived in households where someone graduated college (10.8%). Numbers were too small to report those with less than a high school education. Children were more likely to be living with a smoker if the household income was below 100% of the FPL (21.0%) or at 100%-199% of the FPL (20.1%) compared to households at or above 400% of the FPL (8.0%). Those with Medicaid/Quest (19.2%) had higher estimates than those with private insurance (11.2%). Multiple race (17.4%) had a higher estimate of household smoking than Whites (7.3%). Hawaii met the related HP 2030 objective to reduce the proportion of people who do not smoke but are exposed to secondhand smoke to 17.3%.

**Adequate Insurance (AI): Percent of children, ages 0-17, who are continuously and adequately insured**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 80.2 | 80.9 | 82.5 | 81.3 | 80.6 | 81.0 | 81.0 |  |  |
| Numerator | 247,035 | 248,592 | 250,826 | 243,580 | 239,779 | 239,091 | 240,559 |  |  |
| Denominator | 307,885 | 307,155 | 303,850 | 299,680 | 297,668 | 295,249 | 297,056 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_20172 | 2017\_20182 | 2018\_20192 | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

Data from 2021-2022 show that the estimate for Hawaii (81.0%) was higher than the national estimate of 68.0% for continuous and adequate insurance. There were no other significant differences among subgroups based on the 2021-2022 data provided.

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  |  |  | 93.0 | 94.0 |
| Annual Indicator | 88.2 | 90.3 | 89.7 | 90.4 | 93.0 | 90.5 | 88.7 | 92.4 |  |  |
| Numerator | 16,287 | 16,320 | 16,146 | 15,667 | 7,709 | 13,770 | 13,381 | 13,947 |  |  |
| Denominator | 18,476 | 18,070 | 18,000 | 17,334 | 8,289 | 15,218 | 15,086 | 15,098 |  |  |
| Data Source | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS |  |  |
| Data Source Year | 2013 | 2014 | 2015 | 2016 | 20191 | 2020 | 2021 | 2022 |  |  |

This is a newly developed measure. The goal is to increase the percent of woman who have a postpartum visit within 12 weeks after giving birth and received recommended care components. The Healthy People 2030 Objective is not available for this measure. There was no PRAMS data collection in Hawaii from 2017-2018. The latest 2022 PRAMS data show that in Hawaii, about 92.4% of women attended a postpartum checkup within 12 weeks after giving birth, which was similar to the national estimate (90.8%). There has been a significant increase in the percent of women who attended postpartum checkup since 2013 (88.2%). With this baseline data, the state objectives through 2025 reflect an approximate 2% improvement over 2 years. Based on the 2019-2022 aggregated data, other Pacific Islanders (74.8%) were less likely to attend a postpartum checkup compared to Whites (93.1%). Mothers under 20 years of age (77.8%) were less likely to attend a postpartum checkup compared to those 20-34 years of age (90.7%) or those 35 or more years of age (93.0%). Mothers at or below 100% of the FPL (85.2%) were less likely to attend a postpartum checkup compared to those at 186-300% (93.9%) of the FPL or those those at or above 301% of the FPL (95.2%).

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Objective |  |  |  |  |  |  |  |  | 81.0 | 82.0 |
| Annual Indicator |  |  |  | 77.3 | 75.8 | 82.9 | 83.1 | 80.3 |  |  |
| Numerator |  |  |  | 12,010 | 5,796 | 11,238 | 11,024 | 11,089 |  |  |
| Denominator |  |  |  | 15,541 | 7,641 | 13,562 | 13,259 | 13,802 |  |  |
| Data Source |  |  |  | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS |  |  |
| Data Source Year |  |  |  | 2016 | 20191 | 2020 | 2021 | 2022 |  |  |

This is a newly developed measure. The goal is to increase the percent of woman who have a postpartum visit within 12 weeks after giving birth and received recommended care components (i.e., a healthcare provider talked to them about birth control methods and what to do if they felt depressed or anxious). The Healthy People 2030 Objective is not available for this measure. There was no PRAMS data collection in Hawaii from 2017-2018, and there was no data for this measure before 2016. The 2022 data show that in Hawaii, about 80.3% of women who attended a postpartum checkup received recommended care components, which was similar to the national estimate (81.5%). The increase in estimate from 2019 (75.8%) was non-significant. With this baseline data, the state objectives through 2025 reflect an approximate 2% improvement over 2 years. Based on the 2019-2022 aggregated data, Japanese (72.0%) were less likely to receive recommended care components compared to Whites (84.1%). Mothers 35 or more years of age (71.6%) who attended a postpartum checkup were less likely to receive recommended care components compared to those 20-34 years of age (84.2%) or those under 20 years of age (93.4%).

**National Outcome Measures**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Early Prenatal Care (PNC): Percent of pregnant women who receive prenatal care beginning in the first trimester**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 77.2 | 75.9 | 76.5 | 72.5 | 72.0 | 73.0 | 71.6 | 69.6 |  |  |
| Numerator | 13,650 | 13,232 | 12,515 | 11,920 | 11,377 | 10,790 | 10,338 | 10,168 |  |  |
| Denominator | 17,680 | 17,426 | 16,355 | 16,433 | 15,800 | 14,785 | 14,446 | 14,615 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |  |

The related Healthy People 2030 is to increase the proportion of pregnant women who receive early and adequate prenatal care to 80.5%. In data from 2022, Hawaii did not meet that HP 2030 objective and was significantly lower than the national estimate of 77.0%. The 2022 estimate showed significant decline when compared to the 2020 (73.0%) and 2015 (77.2%) estimates. Higher risk groups included Native Hawaiian/Other Pacific Islanders (41.4%), women under 20 years of age (50.4%), women who had less than a high school education (51.6%), women with Medicaid (57.3%) or uninsured (51.8%), women who were unmarried (61.6%), or those on WIC (64.6%).

**Severe Maternal Morbidity (SMM): Rate of severe maternal morbidity per 10,000 delivery hospitalizations**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 76.8 | 66.8 | 87.9 | 84.7 | 104.3 | 104.8 | 98.6 | 105.8 |  |  |
| Numerator | 119 | 77 | 130 | 121 | 149 | 146 | 129 | 137 |  |  |
| Denominator | 15,112 | 11,376 | 15,010 | 14,647 | 14,281 | 13,934 | 13,083 | 12,952 |  |  |
| Data Source | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID |  |  |
| Data Source Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |  |  |

The HP 2030 objective is to reduce severe maternal complications identified during delivery hospitalizations to 61.8 per 10,000 live births. The rates in 2017-2021 were estimated based on ICD-10 codes, which might not be comparable with previous years. In data from 2021, the rate of severe maternal morbidity was 105.8 per 10,000 live births, which was similar to the national estimate of 100.3. In Hawaii, the rate of severe maternal morbidity was significantly higher when compared to the 2015 estimate (66.8) but was similar to the 2020 estimate (98.6). The sample size was too small to perform a subgroup analysis to determine risk factors.

**Maternal Mortality (MM): Maternal mortality rate per 100,000 live births**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 12.9 | 13.1 | 13.4 | 12.5 | 11.7 | 16.9 | 16.1 | 16.6 |  |  |
| Numerator | 12 | 12 | 12 | 11 | 10 | 14 | 13 | 13 |  |  |
| Denominator | 93,068 | 91,607 | 89,650 | 87,878 | 85,198 | 82,744 | 80,574 | 78,372 |  |  |
| Data Source | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics | Vital Statistics |  |  |
| Data Source Year | 2012\_2016 | 2013\_2017 | 2014\_2018 | 2015\_2019 | 2016\_2020 | 2017\_2021 | 2018\_2022 | 2019\_2023 |  |  |

The related HP 2030 objective is to reduce maternal deaths to 15.7 per 100,000 live births. In data from 2019-2023, the rate of maternal mortality was 16.6 per 100,000 live births, which did not meet the Healthy People 2030 objective. In Hawaii, the rate of maternal mortality has not increased significantly compared to the 2015-2019 estimate (12.5). The increase in 2021-2023 indicators can be attributed to the extremely small numbers of deaths per year and the decrease in the number of births in 2021-2023. The sample size was too small to perform a subgroup analysis to determine risk factors.

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 8.3 | 8.5 | 8.5 | 8.3 | 8.4 | 8.1 | 8.8 | 8.5 |  |  |
| Numerator | 1,531 | 1,537 | 1,491 | 1,416 | 1,410 | 1,281 | 1,381 | 1,315 |  |  |
| Denominator | 18,392 | 18,045 | 17,508 | 16,966 | 16,784 | 15,783 | 15,607 | 15,527 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |  |

The related HP 2030 objective is to reduce preterm birth to 9.4%. In data from 2022, Hawaii’s estimate (8.5%) was similar to the national estimate (8.6%). There has been no significant change over time with 8.3% of births low birth weight in 2015. Analysis of 2022 data showed that mothers who were 35 of more years of age (9.8%), those with less than a high school education (10.9%), and those on Medicaid (9.5%) had higher low birth weight estimates. Hispanic (8.5%), Asian (10.9%), Native Hawaiian/Other Pacific Islander (8.5%), and Multiple Race (8.5%) mothers had higher estimates of low-birth-weight deliveries than White (5.5%) mothers.

**Preterm Birth (PTB): Percent of preterm births (<37 weeks)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 10.1 | 10.5 | 10.4 | 10.3 | 10.6 | 10.0 | 10.2 | 9.8 |  |  |
| Numerator | 1,861 | 1,904 | 1,829 | 1,744 | 1,775 | 1,582 | 1,596 | 1,524 |  |  |
| Denominator | 18,409 | 18,053 | 17,508 | 16,960 | 16,785 | 15,775 | 15,609 | 15,525 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |  |

The Healthy People 2030 objective is to reduce total preterm births to 9.4%. In data from 2022, Hawaii did not meet that objective (9.8%) but was significantly lower than the national estimate of 10.4%. The estimate for early preterm birth (<34 weeks) in Hawaii (2.5%) was similar to the national estimate (2.8%). Subgroup analyses of 2022 data show that mothers 20-24 years of age (8.7%), 25-29 years of age (8.8%) or 30-34 years of age (9.7%) had lower preterm delivery estimates compared to those 35 or more years of age (11.6%). Hispanic (10.9%), Asian (10.6%), and Multiple Race (10.2%) had higher preterm delivery estimates than White (6.6%) mothers. Mothers with less than a high school education had a higher preterm delivery estimate (13.9%) compared to those with more education.

**Early Term Birth (ETB): Percent of early term births (37, 38 weeks)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 27.9 | 27.8 | 28.2 | 28.5 | 28.9 | 28.7 | 29.0 | 29.2 |  |  |
| Numerator | 5,140 | 5,022 | 4,940 | 4,831 | 4,851 | 4,531 | 4,528 | 4,538 |  |  |
| Denominator | 18,409 | 18,053 | 17,508 | 16,960 | 16,785 | 15,775 | 15,609 | 15,525 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |  |

There is no related Healthy People 2030 objective for early term birth. In data from 2022, the proportion of early term birth was 29.2%, which was similar to the national estimate of 29.3%. The increase in estimate from 2015 (27.9%) was significant. Analysis of 2022 data showed that Asian (34.6%), Native Hawaiian/Other Pacific Islander (29.4%), Multiple Race (30.9%), and Hispanic (27.5%) mothers had higher early term delivery estimates than White (21.7%) mothers. Mothers who had completed college (27.7%) had lower early term delivery estimates than those with less than a high school education (31.4%). Those who were uninsured (15.9%) had lower early term delivery estimates than those with private insurance (30.2%) or Medicaid/QUEST (30.6%). There was no significant difference in early term delivery estimates for mothers of different age groups.

**Early Elective Deliveries (EED): Percent of non-medically indicated early elective deliveries**

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

In data from 2022/Q1-2022/Q4, 1.0% of Hawaii deliveries at 37-38 weeks gestation were non-medically indicated early elective deliveries, which was lower than the national estimate of 2.0%. There was no data available on high-risk groups.

**Perinatal Mortality (PNM): Perinatal mortality rate per 1,000 live births plus fetal deaths**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 5.0 | 4.9 | 5.6 | 6.3 | 6.4 | 4.3 | 5.2 | 5.2 |  |  |
| Numerator | 93 | 90 | 102 | 111 | 109 | 72 | 82 | 81 |  |  |
| Denominator | 18,591 | 18,452 | 18,106 | 17,573 | 17,023 | 16,825 | 15,831 | 15,665 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |  |  |

The related HP 2030 Objective is to reduce the rate of **fetal deaths at 20 or more weeks of gestation to 5.7 per 1,000 live births.** In data from 2021, the rate of perinatal mortality was 5.2 per 1,000 live births, which was similar to the national rate of 5.5. The increase from the 2019 estimate (4.3) was non-significant. The decrease from the rate in 2018 (6.4) was non-significant. Based on the aggregated 2019-2021 data, highest risk groups included those who had multiple births (20.1), those with very low birthweight (174.5), and those with gestational age less than 34 weeks (108.0).

**Infant Mortality (IM): Infant mortality rate per 1,000 live births**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 4.5 | 5.7 | 6.0 | 5.4 | 6.8 | 5.1 | 4.9 | 4.7 |  |  |
| Numerator | 83 | 105 | 109 | 95 | 115 | 86 | 77 | 73 |  |  |
| Denominator | 18,550 | 18,420 | 18,059 | 17,517 | 16,972 | 16,797 | 15,785 | 15,620 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |  |  |

The Healthy People 2030 objective is to reduce this rate to 5.0 per 1,000 live births. In data from 2021, Hawaii’s rate was 4.7 infant deaths per 1,000 live births, which met the HP 2030 objective of reducing the rate of infant deaths to 5.0 per 1,000 live births. The rate was similar to the national estimate of 5.4 infant deaths per 1,000 live births. The decrease from the 2018 estimate (6.8 infant deaths per 1,000 live births) was statistically significant. Analyses of aggregated data from 2021-2023 showed that Native Hawaiian (6.2) infants based on maternal race had significantly higher infant mortality rates than White (2.5) infants. Mothers with less than a high school education had a higher estimate (6.9) than high school graduates (3.2) or college graduates (3.1).

**Neonatal mortality (IM-Neonatal): Neonatal mortality rate per 1,000 live births**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 3.3 | 3.6 | 3.8 | 3.8 | 3.9 | 3.3 | 2.9 | 3.3 |  |  |
| Numerator | 62 | 67 | 68 | 67 | 66 | 55 | 46 | 51 |  |  |
| Denominator | 18,550 | 18,420 | 18,059 | 17,517 | 16,972 | 16,797 | 15,785 | 15,620 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |  |  |

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. In data from 2021, Hawaii exceeded that objective (3.3 neonatal deaths per 1,000 live births) and was similar to the national estimate of 3.5 neonatal deaths per 1,000 live births. Neonatal deaths in Hawaii have not changed significantly since 2015 (3.6 deaths per 1,000 live births). Subgroup analysis of 2019-2021 data showed that very low birthweight infants (<1,500 grams; 177.4) were significantly more likely to have neonatal deaths when compared to low birthweight (1,500-2,499 grams; 3.2) or normal birthweight infants (2,500+ grams; 0.6).

**Postneonatal Mortality (IM-Postneonatal): Postneonatal mortality rate per 1,000 live births**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 1.1 | 2.1 | 2.3 | 1.6 | 2.9 | 1.8 | 2.0 | 1.4 |  |  |
| Numerator | 21 | 38 | 41 | 28 | 49 | 31 | 31 | 22 |  |  |
| Denominator | 18,550 | 18,420 | 18,059 | 17,517 | 16,972 | 16,797 | 15,785 | 15,620 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |  |  |

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. In 2021, the estimate from Hawaii (1.4) was similar to the national estimate of 1.9 postneonatal deaths per 1,000 live births. The 2021 estimate was significantly lower than the 2018 (2.9) estimate but similar to the 2015 (2.1) estimate. Based on 2019-2021 aggregated data, very low birthweight infants (<1,500 grams; 15.7) and low birthweight infants (1,500-2,499 grams; 4.1) were significantly more likely to have postneonatal mortality when compared to normal birthweight infants (2,500+ grams; 1.4). Infants from mothers who with less than high school education (2.8) had a higher estimate compared to infants from mothers who were college graduates (1.0).

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 177.9 | 228.0 | 216.0 | 222.6 | 253.4 | 214.3 | 145.7 | 166.5 |  |  |
| Numerator | 33 | 42 | 39 | 39 | 43 | 36 | 23 | 26 |  |  |
| Denominator | 18,550 | 18,420 | 18,059 | 17,517 | 16,972 | 16,797 | 15,785 | 15,620 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |  |  |

In 2021, Hawaii experienced 166.5 preterm-related mortalities per 100,000 live births, which was similar to the national estimate of 173.9. The increase from 2020 (145.7 per 100,000 live births) to 2021 (166.5 per 100,000 live births) was non-significant. Preterm-related mortality in Hawaii has not changed significantly since 2018 (253.4 per 100,000 live births) or 2015 (228.0 per 100,000 live births). No significant differences were found in subgroup analysis of 2019-2021 data due to small samples.

**SUID Mortality (IM-SUID): Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births**

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

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. The 2017 and 2019 data were not reportable. The 2021 Hawaii data was not reportable for this measure. In 2020, Hawaii’s estimate (63.4) was similar to the national estimate of 92.5 deaths per 100,000 live births. The decline in SUID rate from 2018 (111.9 per 100,000 live births) was non-significant. The sample size was too small to perform a subgroup analysis to determine risk factors.

**Drinking During Pregnancy (DP): Percent of women who drink alcohol in the last 3 months of pregnancy**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 8.5 | 8.7 | 8.7 | 7.8 | 6.8 | 6.6 | 7.4 | 5.5 |  |  |
| Numerator | 1,474 | 1,522 | 1,522 | 1,357 | 569 | 1,006 | 1,127 | 832 |  |  |
| Denominator | 17,402 | 17,555 | 17,555 | 15,946 | 8,360 | 15,321 | 15,238 | 15,177 |  |  |
| Data Source | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS |  |  |
| Data Source Year | 2014 | 2015 | 2015 | 2016 | 20191 | 2020 | 2021 | 2022 |  |  |

The related HP 2030 objective is to increase abstinence from alcohol among pregnant women to 92.2%. In data from 2022, the proportion of births to mothers with third trimester drinking was 5.5%, which was similar to the national estimate (7.8%). The decrease in estimate since 2015 (8.7%) was non-significant.

**Neonatal Abstinence Syndrome (NAS): The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 1.4 | 1.1 | 1.1 | 2.2 | 1.3 | 1.1 | 1.4 | 1.9 |  |  |
| Numerator | 22 | 16 | 16 | 32 | 19 | 15 | 18 | 25 |  |  |
| Denominator | 15,358 | 15,111 | 15,111 | 14,879 | 14,468 | 14,226 | 13,286 | 13,126 |  |  |
| Data Source | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID | HCUP-SID |  |  |
| Data Source Year | 2014 | 2016 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |  |  |

In 2021, Hawaii’s rate of infants born with neonatal abstinence syndrome (1.9 per 1,000 delivery hospitalizations) was significantly lower than the national estimate of 5.9 per 1,000 delivery hospitalizations. This rate was similar in Hawaii since 2016 (1.1 per 1,000 delivery hospitalizations). The sample size was too small to perform a subgroup analysis to determine risk factors.

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

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

**School Readiness (SR): Percent of children meeting the criteria developed for school readiness.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator |  |  |  |  |  |  |  | 51.6 |  |  |
| Numerator |  |  |  |  |  |  |  | 23,196 |  |  |
| Denominator |  |  |  |  |  |  |  | 44,974 |  |  |
| Data Source |  |  |  |  |  |  |  | NSCH |  |  |
| Data Source Year |  |  |  |  |  |  |  | 2022 |  |  |

There was no data for this newly developed measure before 2022. In 2022, Hawaii’s estimate (51.6%) was similar to the national estimate (63.6%) in percent of children meeting the criteria developed for school readiness. No HP 2030 objective is available yet for this measure. The sample size was too small to perform a subgroup analysis to determine risk factors.

**Tooth Decay/Cavities (TDC): Percent of children, ages 1 through 17, who have decayed teeth or cavities in past year**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 10.9 | 9.5 | 8.6 | 12.9 | 14.1 | 10.6 | 9.5 |  |  |
| Numerator | 32,106 | 27,331 | 23,601 | 36,524 | 40,887 | 29,668 | 26,668 |  |  |
| Denominator | 295,883 | 287,697 | 275,995 | 282,655 | 289,222 | 279,240 | 279,584 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_20172 | 2017\_20182 | 2018\_20192 | 2019\_20202 | 2020\_20212 | 2021\_20222 |  |  |

The related HP 2030 objective is to reduce the proportion of children and adolescents with active and currently untreated tooth decay in their primary or permanent teeth to 10.2%. In 2021-2022 aggregated data, the proportion of children with tooth decay in the past 12 months was 9.5%, which was significantly lower than the national estimate (12.3%). The decline from 2019-2020 (14.1%) in estimates were not significant. There were no significant differences among subgroups based on the 2021-2022 data provided.

**Child mortality (CM): Child mortality rate, ages 1 through 9, per 100,000**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 14.4 | 16.8 | 18.2 | 13.3 | 16.8 | 10.3 | 7.7 | 21.9 |  |  |
| Numerator | 23 | 27 | 29 | 21 | 26 | 16 | 12 | 33 |  |  |
| Denominator | 160,241 | 160,245 | 158,951 | 157,349 | 155,129 | 155,351 | 155,910 | 150,378 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |  |

The related HP 2030 objective is to reduce the rate of child and adolescent deaths (aged 1 to 19) to 18.4 per 100,000. Hawaii did not meet this objective for the overall 2022 child mortality rate for those 1-9 years of age (21.9 per 100,000), but the estimate was similar to the 2022 national estimate (19.3 per 100,000). The increase from the 2021 estimate (7.7 per 100,000) was significant. Among those 1-4 years of age, The Hawaii estimate (20.1 per 100,000) was similar to the national estimate (25.2 per 100,000) based on 2020-2022 aggregated data. Similarly, the rate of deaths among those 5-9 years of age was similar in Hawaii (8.0) and nationally (11.9).

**Adolescent Mortality (AM): Adolescent mortality rate, ages 10 through 19, per 100,000**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 27 | 33.7 | 25.8 | 25.1 | 31.0 | 20.9 | 26.3 | 31.6 |  |  |
| Numerator | 44 | 54 | 41 | 40 | 49 | 32 | 43 | 51 |  |  |
| Denominator | 163,073 | 160,416 | 159,029 | 159,133 | 158,163 | 153,398 | 163,193 | 161,201 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |  |

The related HP 2030 objective is to reduce the rate of child and adolescent deaths to 18.4 per 100,000. In data from 2022, the rate of adolescent deaths was 31.6 in Hawaii, which was similar to the national estimate (38.6 per 100,000). There has been no change over time, with a rate of 25.8 in 2017. In data from 2020-2022, the Hawaii estimate (15.8 per 100,000) was similar to the national estimate of 16.9 deaths per 100,000 among those 10-14 years of age. The rate of deaths among those 15-19 years of age was 37.7, which was significantly lower than the national estimate (59.9) in 2020-2022 data. Adolescent mortality was higher among males (35.6 per 100,000) compared to females (36.1 per 100,000). Native Hawaiians/Other Pacific Islanders (54.1) had a significantly higher estimate in adolescent mortality compared to Hispanics (22.8), Asians (14.0), or Multiple Races (25.8) based on the 2020-2022 data.

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 9.6 | 10.9 | 11.0 | 8.6 | 6.5 | 8.6 | 6.1 | 5.6 |  |  |
| Numerator | 23 | 26 | 26 | 20 | 15 | 20 | 14 | 13 |  |  |
| Denominator | 240,137 | 238,506 | 235,446 | 232,911 | 231,497 | 232,911 | 230,559 | 230,698 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2013\_ 2015 | 2014\_ 2016 | 2015\_ 2017 | 2016\_ 2018 | 2017\_ 2019 | 2018\_ 2020 | 2019\_ 2021 | 2020\_ 2022 |  |  |

The similar Healthy People 2030 objective is to reduce the rate of motor vehicle crash-related deaths (all ages) to 10.1 per 100,000. In data from 2020-2022, the rate of adolescent motor vehicle death in those 15-19 years of age was 5.6 in Hawaii, which was significantly lower than the national estimate (12.5). There has been no change over time with a rate of 10.9 in 2014-2016. The sample size was too small to perform a subgroup analysis to determine risk factors.

**Adolescent Suicide (AM-Suicide): Adolescent suicide rate, ages 10 through 19, per 100,000**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 6.1 | 6.8 | 7.0 | 5.4 | 6.3 | 6.2 | 6.7 | 6.5 |  |  |
| Numerator | 30 | 33 | 34 | 26 | 30 | 29 | 32 | 31 |  |  |
| Denominator | 488,488 | 486,385 | 482,518 | 478,578 | 476,325 | 470,694 | 474,754 | 477,792 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2013\_  2015 | 2014\_  2016 | 2015\_  2017 | 2016\_  2018 | 2017\_  2019 | 2018\_  2020 | 2019\_  2021 | 2020\_  2022 |  |  |

The Healthy People 2030 objective aims to reduce the adolescent suicide rate to 12.8 per 100,000 and to reduce the rate of suicide attempts by adolescents to 1.8 per 100. In data from 2020-2022, the rate of adolescent suicide deaths in those 10-19 was 6.5 in Hawaii, which was similar to the national estimate (6.6). The increase from 2016-2018 (5.4) was non-significant. There has been no significant change over time with a rate of 6.8 in 2014-2016. In 2018-2022 aggregated data, males had a significantly higher estimate (10.0) than females (2.9) in adolescent suicide rate.

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 13.6 | 13.4 | 13.0 | 13.8 | 14.5 | 13.2 | 13.9 |  |  |
| Numerator | 42,109 | 41,238 | 39,591 | 41,505 | 43,575 | 39320 | 41,437 |  |  |
| Denominator | 309,692 | 308,059 | 304,299 | 301,627 | 300,175 | 297,640 | 298,921 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_ 20172 | 2017\_ 20182 | 2018\_ 20192 | 2019\_ 20202 | 2020\_ 20212 | 2021\_ 20222 |  |  |

There is no related Healthy People 2030 objective for this measure. In data from 2021-2022, the proportion of CSCHN in Hawaii was 13.9%, which was significantly below the national estimate of 20.0%. The estimate has not changed significantly since 2017-2018 (13.0%). Children between 12 to 17 years old (16.9%) had a higher estimate than those between 0-5 years old (8.7%). There were no other significant differences among subgroups based on the 2021-2022 data provided.

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 16.7 | 17.4 | 16.6 | 18.6 | 18.6 | 20.1 | 18.3 |  |  |
| Numerator | 7,021 | 7,174 | 6,564 | 7,706 | 8,114 | 7,884 | 7,570 |  |  |
| Denominator | 42,109 | 41,238 | 39,591 | 41,505 | 43,575 | 39,257 | 41,372 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_ 20172 | 2017\_ 20182 | 2018\_ 20192 | 2019\_ 20202 | 2020\_ 20212 | 2021\_ 20222 |  |  |

The related HP 2030 objective is to increase the p**roportion of children and adolescents under 18 years of age with special health care needs that receive care in a family-centered, comprehensive, and coordinated system** to 19.5%. In data from 2021-2022, the proportion of CSHCN receiving care in a well-functioning system in Hawaii was 18.3%, which did not meet the HP 2030 objective but was similar to the national estimate of 13.2%. Children between 12 to 17 years old had a significantly lower estimate (6.9%) compared to those between 6 to 11 years old (31.4%) in receiving care in a well-functioning system. No other significant differences were found based on 2021-2022 data.

**Autism (ASD): Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 1.8 | 1.6 | 1.7 | 2.0 | 1.8 | 1.7 | 1.7 |  |  |
| Numerator | 4,558 | 4,022 | 4,176 | 4,822 | 4,589 | 4,185 | 4,302 |  |  |
| Denominator | 257,036 | 254,642 | 253,788 | 243,451 | 249,409 | 244,046 | 245,956 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_ 20172 | 2017\_ 20182 | 2018\_ 20192 | 2019\_ 20202 | 2020\_ 20212 | 2021\_ 20222 |  |  |

There is no related Healthy People 2030 objective for this measure. In data from 2021-2022, the proportion of children diagnosed with autism spectrum disorder was 1.7%, which was significantly below the national estimate of 3.3%. The sample size was too small to perform a subgroup analysis to determine risk factors.

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 5.0 | 5.4 | 6.4 | 6.3 | 5.4 | 5.9 | 6.8 |  |  |
| Numerator | 12,754 | 13,620 | 15,515 | 15,021 | 13,161 | 14,416 | 16,665 |  |  |
| Denominator | 254,397 | 253,200 | 241,777 | 239,185 | 245,922 | 242,480 | 243,961 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_ 20172 | 2017\_ 20182 | 2018\_ 20192 | 2019\_ 20202 | 2020\_ 20212 | 2021\_ 20222 |  |  |

There is no related Healthy People 2030 objective for this measure. In data from 2021-2022, the proportion of children diagnosed with ADD/ADHD was 6.8%, which was significantly lower than the national estimate of 10.1%. The increase from 2016 (5.0%) was non-significant. Children between 3-5 years old (0.8%) had a significantly lower estimate compared to those between 6-11 years old (7.2%) or 12-17 years of age (9.4%). No other significant differences were found based on 2021-2022 data.

**Mental Health Treatment (MHTX): Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 38.4 | 45.6 | 54.4 | 56.6 | 46.8 | 45.4 | 57.5 |  |  |
| Numerator | 8,494 | 9,601 | 10,866 | 10,655 | 9,730 | 10,507 | 14,538 |  |  |
| Denominator | 22,150 | 21,033 | 19,992 | 18,809 | 20,781 | 23,162 | 25,267 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_ 20172 | 2017\_ 20182 | 2018\_ 20192 | 2019\_ 20202 | 2020\_ 20212 | 2021\_ 20222 |  |  |

The related HP 2030 objective is to increase the proportion of children with mental health problems who receive treatment to 82.4%. In data from 2021-2022, the percent of children with a mental/behavioral condition who received treatment or counseling was 57.5% in Hawaii, which did not meet this objective but was similar to the national estimate (53.1%). The increase from 2020-2021 (45.4%) was non-significant. The sample size was too small to perform a subgroup analysis to determine risk factors.

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 91.7 | 91.3 | 92.4 | 92.9 | 92.1 | 92.5 | 91.3 |  |  |
| Numerator | 282,105 | 280,275 | 280,914 | 279,910 | 276,238 | 274,857 | 272,378 |  |  |
| Denominator | 307,798 | 307,112 | 304,114 | 301,442 | 299,934 | 297,296 | 298,413 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_ 20172 | 2017\_ 20182 | 2018\_ 20192 | 2019\_ 20202 | 2020\_ 20212 | 2021\_ 20222 |  |  |

There is no related Healthy People 2030 objective for this measure. In data from 2021-2022, the percent of children in excellent or very good health was 91.3% in Hawaii, which was similar to the national estimate (89.9%). Based on the 2021-2022 aggregated data, those below 100% of the FPL (85.6%) had a lower estimate than those at or above 400% of the FPL (94.7%). Those with two or more adverse childhood experiences (ACEs; 82.2%) had a significantly lower estimate than those with 1 ACE (89.5%) or those without any ACE (94.0%).

**Obesity-Ages 6 Through 17 Years (OBS): Percent of children, ages 2 through 4, and adolescents, ages 6 through 17, who are obese (BMI at or above the 95th percentile)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator |  | 18.2 | 17.8 | 14.6 | 16.3 | 18.1 | 19.2 |  |  |
| Numerator |  | 32,632 | 31,753 | 26,215 | 29,896 | 33,378 | 35,412 |  |  |
| Denominator |  | 179,649 | 178,732 | 179,231 | 182,888 | 184,051 | 184,715 |  |  |
| Data Source |  | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year |  | 2016- 20172 | 2017\_ 20182 | 2018\_ 20192 | 2019\_ 20202 | 2020\_ 20212 | 2021\_ 20222 |  |  |

The similar Healthy People 2030 objective is to reduce the rate of obesity in children and adolescents to 15.5%. In 2021-2022 aggregated data, the percent of children 6-17 years of age who were considered obese was 19.2% in Hawaii, which was similar to the national estimate (18.1%). The age range in 2021-2022 has been expanded to 6 to 17 from age 10-17, and data from previous years have been updated to show this expanded age range. The increase in estimate from 2018-2019 (14.6%) was non-significant. Based on 2021-2022 aggregated data, children whose parents were high school graduates (37.3%) had a higher estimate than those whose parents were college graduates (11.5%). Native Hawaiian/Other Pacific Islanders (44.2%) had a significantly higher estimate than Asians (14.5%), Multiple Races (20.0%), Hispanics (17.2%), or Whites (4.7%). Children who had 1 ACE (28.1%) or at least 2 ACEs (26.6%) had higher estimates than those who had no ACE (13.6%) in obesity.

In data from 2020, the percent of children 2-4 years of age on WIC who are considered obese was 10.7% in Hawaii, which was significantly lower than the national estimate (14.5%). Hispanics (11.6%) and Asian/Pacific Islanders (11.5%) showed higher risk for obesity compared to Whites (4.8%). There was no data beyond 2020.

In Youth Risk Behavior Surveillance System (YRBSS) data from 2021, the percent of adolescents in grades 9-12 who were considered obese was 14.9% in Hawaii, which was similar to the national estimate (16.3%). Higher risk groups include Hispanics (14.7%), Native Hawaiians/Other Pacific Islanders (25.0%), and male adolescents (19.4%). No further YRBS data is available.

**Uninsured (UI): Percent of children, ages 0 through 17, without health insurance**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 1.4 | 2.1 | 2.1 | 2.9 | 2.8 | 2.8 | 2.3 | 3.3 |  |  |
| Numerator | 4,350 | 6,484 | 6,519 | 8,796 | 8,330 | 8,330 | 7,076 | 9,697 |  |  |
| Denominator | 312,071 | 306,799 | 304,896 | 302,389 | 299,909 | 299,909 | 304,505 | 296,511 |  |  |
| Data Source | ACS | ACS | ACS | ACS | ACS | ACS | ACS | ACS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2019 | 2021 | 2022 |  |  |

The similar Healthy People 2030 Objective is to increase the proportion of people with health insurance to 92.1%. There is no 2020 data available for this measure. In data from 2022, the proportion of children 0-17 years of age without health insurance was 3.3%, which was significantly below the national estimate (4.9%). The increase in children without health insurance from 2021 (2.3%) was non-significant but the increase from 2015 (1.4%) was significant. There were no significant differences in subgroup analyses in race, gender, and education level.

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

n

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

The related HP 2030 objective is to increase the vaccination coverage level of 4 doses of the diphtheria-tetanus-acellular pertussis (DTaP) vaccine among children 2 years of age to 90.0%.The historical data for this measure was updated to reflect the new definition based on birth cohort. There is no data for this measure beyond 2018. In data from 2018, the proportion of children 19-35 months of age who received the recommended vaccine series was 79.2%, which was significantly higher than the national estimate (70.1%). The increase from 2015 (71.8%) was non-significant, but the increase from 2017 (67.2%) was significant. Based on 2016-2018 aggregated data, those below 100% of the FPL (59.5%) had lower rates in percent of children who completed the 7-vaccine series when compared to those at or above 400% of the FPL (82.0%).

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 71.8 | 60.6 | 61.0 | 61.8 | 67.0 | 59.5 | 57.5 | 59.1 |  |  |
| Numerator | 198,006 | 169,771 | 173,982 | 174,145 | 185,940 | 164,292 | 156,933 | 167,388 |  |  |
| Denominator | 275,967 | 280,243 | 285,051 | 281,651 | 277,523 | 276,121 | 272,911 | 283,229 |  |  |
| Data Source | NIS | NIS | NIS | NIS | NIS | NIS | NIS | NIS |  |  |
| Data Source Year | 2015\_ 2016 | 2016\_ 2017 | 2017\_ 2018 | 2018\_ 2019 | 2019\_ 2020 | 2020\_ 2021 | 2021\_ 2022 | 2022\_ 2023 |  |  |

The related HP 2030 objective is to increase the proportion of persons who are vaccinated annually against seasonal influenza to 70%. In data from 2022-2023, the proportion of children 6 months-17 years of age vaccinated annually against seasonal influenza was 59.1%, which was similar to the national estimate (57.4%). The increase from 2021-2022 (57.5%) was non-significant. The 2022-2023 estimate decreased significantly when compared to the 2015-2016 estimate (71.8%). Based on the 2022-2023 aggregated data, Asian children (81.9%) had a significantly higher estimate than Hispanic (49.0%), Native Hawaiian/Other Pacific Islander (54.9%), White (52.0%), or Multiple Race (61.4%) children in annual vaccination against seasonal influenza.

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 66.8 | 64.8 | 69.4 | 76.7 | 79.4 | 84.9 | 83.8 | 86.4 |  |  |
| Numerator | 52,911 | 51,921 | 55,143 | 60,275 | 62,610 | 66,589 | 64,299 | 70,178 |  |  |
| Denominator | 79,172 | 80,076 | 79,470 | 78,556 | 78,849 | 78,453 | 76,749 | 81,267 |  |  |
| Data Source | NIS | NIS | NIS | NIS | NIS | NIS | NIS | NIS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |  |

The related Healthy People 2030 objective is to increase the proportion of adolescents who receive recommended doses of the HPV vaccine to 80%. In data from 2022, the percentage of adolescents 13-17 years of age who had received at least one dose of the HPV vaccine was 86.4%, which was significantly higher than the national estimate (76.0%). The increase from 2021 (83.8%) was non-significant, but there has been a significant increase over time with 66.8% getting at least one dose of HPV vaccine in 2015. In data from 2020-2022, Asians (92.6%) had a significantly higher estimate than Whites (76.2%) or Native Hawaiians/Other Pacific Islanders (78.4%).

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 79.6 | 82.2 | 84.8 | 85.8 | 83.4 | 83.7 | 88.6 | 90.6 |  |  |
| Numerator | 63,034 | 65,799 | 67,418 | 67,412 | 65,743 | 65,660 | 68,026 | 73,657 |  |  |
| Denominator | 79,172 | 80,076 | 79,470 | 78,556 | 78,849 | 78,453 | 76,749 | 81,267 |  |  |
| Data Source | NIS | NIS | NIS | NIS | NIS | NIS | NIS | NIS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |  |

There is no related HP 2030 objective for this measure. In data from 2021, the percentage of adolescents 13-17 years of age who had received at least one dose of the Tdap vaccine was 90.6%, which was similar to the national estimate (89.9%). The increase from 2020 (83.7%) was non-significant, but the estimate was significantly higher than the 2015 estimate (79.6%). Based on aggregated 2020-2022 data, those below 100% of the FPL (78.0%) had lower estimates in receiving at least one dose of the Tdap when compared to those above 400% of the FPL (91.3%) .

**Meningococcal Vaccination (VAX-MEN): Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal vaccine**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 78.7 | 75.9 | 85.9 | 83.6 | 82.5 | 86.0 | 88.0 | 88.9 |  |  |
| Numerator | 62,278 | 60,738 | 68,294 | 65,643 | 65,035 | 67,501 | 67,523 | 72,236 |  |  |
| Denominator | 79,172 | 80,076 | 79,470 | 78,556 | 78,849 | 78,453 | 76,749 | 81,267 |  |  |
| Data Source | NIS | NIS | NIS | NIS | NIS | NIS | NIS | NIS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |  |

There is no related HP 2030 objective for this measure. In data from 2022, the percentage of adolescents 13-17 years of age who have received at least one dose of the meningococcal conjugate vaccine was 88.9%, which was similar to the national estimate (88.6%). There was no significant change when compared to the 2020 estimate (86.0%), but there has been a significant increase over time with 78.7% getting at least one dose of the meningococcal conjugate vaccine in 2015. No significant differences were found in subgroup analyses based on 2020-2022 data.

**Teen Births (TB): Teen birth rate, ages 15 through 19, per 1,000 females**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 20.7 | 19.2 | 19.1 | 17.2 | 15.7 | 13.0 | 12.3 | 11.7 |  |  |
| Numerator | 789 | 728 | 714 | 643 | 584 | 470 | 463 | 432 |  |  |
| Denominator | 38,123 | 37,877 | 37,287 | 37,345 | 37,302 | 36,031 | 37,673 | 36,972 |  |  |
| Data Source | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS | NVSS |  |  |
| Data Source Year | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |  |  |

The related Healthy People 2030 Objective is to reduce pregnancies among adolescent females to 31.4 pregnancies among 1,000 females. In 2022, the teen birth rate in Hawaii (11.7 per 1,000 females 15-19) met this objective and was significantly lower than the national rate of 13.6. There has been a significant decrease when compared to the 2019 estimate (15.7). The teen birth rate among those 15-17 years of age in Hawaii (3.9) is significantly lower than the national rate for those 15-17 years of age (9.0). Over time, the rate in Hawaii and nationally has dropped significantly since 2015 (20.7 in Hawaii and 22.3 nationally). Based on 2022 single year data, the rates in Asians (3.1) and Whites (8.9) were lower than Hispanics (21.2), Native Hawaiians/Other Pacific Islanders (16.8).

**Postpartum Depression (PPD): Percent of women who experience postpartum depressive symptoms following a recent live birth**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 11.0 | 9.0 | 9.0 | 11.9 | 11.1 | 13.7 | 14.4 | 13.0 |  |  |
| Numerator | 1,974 | 1,610 | 1,610 | 2,070 | 915 | 2,067 | 2,166 | 1,951 |  |  |
| Denominator | 17,970 | 17,938 | 17,938 | 17,457 | 8,236 | 15,102 | 15,003 | 14,966 |  |  |
| Data Source | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS | PRAMS |  |  |
| Data Source Year | 2014 | 2015 | 2015 | 2016 | 2019 | 2020 | 2021 | 2022 |  |  |

There was no PRAMS data collection in Hawaii from 2017-2018. The latest data from the 2022 PRAMS survey showed that 13.0% of women reported postpartum depressive symptoms, which was similar to the 2022 national estimate (12.0%). There has no significant change in the rate of postpartum depressive symptoms when compared to the 2015 estimate (9.0%). Based on the 2019-2022 aggregated data, women below 100% of the FPL (21.4%) had a significantly higher estimate of postpartum depressive symptoms compared to those at 186-300% FPL (13.2%) or those at above 301% of the FPL (9.5%).

**Forgone Health Care (FHC): Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Annual Indicator | 2.7 | 1.7 | 1.6 | 1.6 | 2.1 | 3.1 | 3.1 |  |  |
| Numerator | 8,400 | 5,239 | 4,864 | 4,803 | 6,336 | 9,110 | 9,262 |  |  |
| Denominator | 307,347 | 305,190 | 301,799 | 300,123 | 298,701 | 293,852 | 295,139 |  |  |
| Data Source | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH | NSCH |  |  |
| Data Source Year | 2016 | 2016\_ 20172 | 2017\_ 20182 | 2018\_ 20192 | 2019\_ 20202 | 2020\_ 20212 | 2021\_ 20222 |  |  |

Aggregated data from 2021-2022 show that the estimate for Hawaii (3.1%) was similar to the national estimate of 3.4%. There was a significant increase in the estimate when compared to the 2018-2019 data (1.6%). Based on 2021-2022 data, CSHCN (10.4%) had significantly higher estimates of not being able to obtain needed health care in the past year compared to those without special health care needs (1.9%). There were no significant differences in other reported subgroups in the provided 2021-2022 data.

1. The number of completed interviews for the 2019 survey is smaller than normal. The first 6 months of PRAMS 2019 data collection did not meet CDC's data quality standards due to issues with the data collection contractor. These issues were resolved, and the last 6 months met the CDC quality standards and the response rate requirement for weighted data. The CDC recommended only releasing the 6-month dataset containing July - December births. [↑](#footnote-ref-2)
2. The 2016 sample size was boosted to enable state-level estimates with only one year of data.  After 2016, the annual sample size dropped in half, and therefore, the aggregated 2020-2021 data are more reliable than the single year 2021 data. The 2016 estimates are comparable with the aggregated 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, or 2021-2022 data. More information on the NSCH survey methodology is available at <https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/methodology/2017-NSCH-Guide-to-Multi-Year-Estimates.pdf>

   [↑](#footnote-ref-3)
3. This measure was affected by a 2018 wording change to the item assessing receipt of medical care in the past year that was reverted to the original wording in 2019; thus, only single year 2019 estimates are provided. [↑](#footnote-ref-4)