

# Women/Maternal Health

## Population Domain Overview – Quantitative Data Indicators

### Working Document – Intermediate Product

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

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

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

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

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

### A. Data Sources

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

### B. Indicator Selection for Inclusion

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

## C. Methodology

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

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

### Step 1. Trends

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

### Step 2: Disparities

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

## D. Limitations of the Data and Analyses Caveats

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

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

## II. Population at a Glance

### A. Population Estimates

Females represent 49.7% of Hawaii’s population, while an estimated 261,931 women, aged 15-44 years, are women of reproductive age (WRA).<sup>1</sup> There were 15,570 births in 2022 – the fewest number of births in the past 22 years.<sup>2</sup> The crude birth rate in Hawaii in 2022 was 10.8 births per 1000 persons, which is lower compared to the nation. This value is decreasing over time, most notably since 2008. Birth rates are significantly higher for the following racial groups: AIAN (17.1), Black/African American (16.0), Chinese (12.7), Other Asian (17.4), Native Hawaiian (14.0), and Other Pacific Islanders (25.1). Birth rates are significantly lower for the following racial groups: Japanese (5.9) and Other races (1.7).<sup>3</sup> The fertility rate was consistent in 2022, at 58.9 births per 1000 women ages 15-44. In 2022, Kauai County had the highest rate (63.1 per 1000), while Maui County had the lowest rate (55.6 per 1000).<sup>4</sup>

### B. Race/Ethnicity

According to 2022 U.S. Census Bureau updates, the total population in Hawaii includes higher percentages of individuals who identify as Asian (37.1%), Native Hawaiian and Other Pacific Islander (10.3%), and Two or More Races (24.7%) compared to the nation; lower percentages identify as White (25.2%), Black/African American (2.2%), American Indian/Alaska Native (0.4%), and Hispanic/Latino (11.1%).<sup>5</sup> Women ages 18-44 living in Hawaii identify as Native Hawaiian (25.5%), White (21.0%), Filipino (19.2%), Japanese (9.0%), Other Pacific Islander (8.0%), Chinese (5.8%), Other Asian (5.2%), Black (4.1%), and American Indian or Alaska Native (2.1%).<sup>6</sup>

### C. Economic Well-Being

The median family income for households with children in Hawaii is \$103,000 – higher than the national median of \$91,100.<sup>7</sup> During 2018-2022 (average), 9.6% of the total population and 10.2% of women in Hawaii had incomes below the federal poverty level.<sup>8</sup> This is lower than the national population average of 12.5%. However, these measures may not account for Hawaii’s higher cost of living. Most women in Hawaii have health insurance coverage (97.5%).<sup>9</sup> In 2020, 78.8% of WRA were reported having private insurance, 9.5% were reported having Medicare, and 11.7% Medicaid.<sup>10</sup>

### III. Women/Maternal Health Data at a Glance

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

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

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

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

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

<p><b>Positive trends (HI vs. US and/or HI over time), no disparities observable based on available data</b></p> <p><i>NOTE: This does not necessarily mean that no disparities exist.</i></p> <p>4. Heart disease (Coronary Artery Disease) 6. High cholesterol 15. Breast cancer exam</p>	<p><b>Positive trends (HI vs. US and/or HI over time), but disparities observable in available data</b></p> <p>1. Women’s health status (Good or better) 11. Overweight 26. Low-risk cesarean delivery (first births) 27. Preterm birth 13. Well-woman visit* 14. Preventive dental visit 31. Took folic acid/vitamins prior to pregnancy* 32. Postpartum visit 18. Current drinker 21. Current tobacco user* 37. Smoking during pregnancy 38. Drinking during pregnancy</p>
<p><b>Negative trends (HI vs. US and/or HI over time), no disparities observable based on available data</b></p> <p><i>NOTE: This does not necessarily mean that no disparities exist.</i></p> <p>23. Maternal mortality* 24. Severe maternal morbidity* 19. Heavy or binge drinking</p> <p>* = trends are statistically significant</p>	<p><b>Negative trends (HI vs. US and/or HI over time), and disparities observable in available data</b></p> <p>3. Diabetes* 5. High blood pressure 7. Two or more chronic conditions 8. Depressive disorder 9. Mental/physical disability, at least 1* 12. Obesity* 34. Depression before pregnancy 35. Postpartum depression* 28. Early prenatal care 29. Early and adequate prenatal care 30. Preventive dental visit during pregnancy 22. Current e-cigarette user*</p>

**Synthesis:** In general, women and WRA in Hawaii fare well on most indicators when compared to the nation and in state trends over time. However, outcomes are not equal for all women across the 38 indicators reviewed. While 15 indicators had positive outcomes compared to the nation or in state trends over time, 12 of those had disparities observable in available data. Further, 15 indicators had outcomes that were worse compared to the nation or in state trends over time, and 12 of those also had disparities observable in available data. (See graphic above.)

Of the 8 additional indicators, 2 had trends similar to the nation and/or over time, but both had disparities observable in available data. The remaining 6 indicators did not have sufficient data to examine outcome trends, but 3 had disparities observable in available data. (See graphic below.)













<b>Similar trends (HI vs. US and/or HI over time)</b>
16. Cervical cancer screening # 20. Current marijuana user #
<b>Insufficient data to examine trends (HI vs. US and HI over time)</b>
2. Women’s mental health status = good # 10. Overweight or obese # 17. At least one HPV vaccine # 25. Early elective delivery 33. Postpartum contraceptive use 36. Postpartum mental health screening
# = Disparities observable in available data

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

#### **IV. Detailed Women/Maternal Health Data**



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

## Trend Comparison Key

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

## A. Women' Health Indicators











### 1. General Health Status



Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
1 Women's health status, good or better physical health; crude rate, 18-64, female (BRFSS, 2022)	87.9%			186%+ poverty level: 91.1%	Native Hawaiian: 82.2%  0-130% poverty level: 82.8%  Sexual orientation or gender minority 77.5%	None.
2 Women's mental health status, good mental health (no bad mental health days in past month); crude rate, 18-64, female (BRFSS, 2022)	55.2%	NOT AVAILABLE	NOT AVAILABLE	Filipino: 68.1%  Japanese: 68.4%	AIAN: 31.9%  White: 41.6%  Hispanic: 41.6%  Sexual orientation or gender minority: 28.1%	Composite measure. No trends or comparison available.

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







## 2. Chronic Health Conditions

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
3 Diabetes, age-adjusted, female (BRFSS, 2022)	9.2%			None in available data.	Native Hawaiian: 13.0%  OPI: 22.0%  0-130% poverty level: 15.1%	Some races suppressed.
4 Heart disease (coronary heart disease), age-adjusted, female (BRFSS, 2022)	1.8%			None in available data.		Limited data with many categories suppressed.
5 High blood pressure, age-adjusted, female (BRFSS, 2021)	22.5%			None in available data.	White: 16.1%	“Other” race suppressed.
6 High cholesterol, age-adjusted, female (BRFSS, 2021)	25.5%			None in available data.		Some races suppressed.
7 Chronic conditions (having two or more; high blood pressure, diabetes); age-adjusted, female (BRFSS, 2021)	30.6%	NOT AVAILABLE		None in available data.	AIAN: 48.8%	Composite measure. Some races suppressed.
8 Depressive disorder, age-adjusted, female (BRFSS, 2022)	16.3%			Filipino: 8.6%	AIAN: 36.3%  White: 22.9%  Hispanic: 31.8%  0-130% poverty level: 22.5%  Sexual orientation or gender minority: 35.2%	None.

Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
9	Have at least one physical or mental disability; age-adjusted, female (BRFSS, 2022)	22.4%			Chinese: 11.3%  186%+ poverty level: 15.9%	0-130% poverty level: 34.1%  Sexual orientation or gender minority: 37.6%	None.

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








### 3. Weight Status

Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
10	Overweight or obese; age-adjusted, female (BRFSS, 2022)	52.8%	NOT AVAILABLE	NOT AVAILABLE	Chinese: 22.2%  Japanese: 39.0%  White: 43.5%	Black: 70.8%  Native Hawaiian: 70.4%  OPI: 82.4%  Hispanic: 65.9%  0-130% poverty level: 62.9%	Composite measure. No trend or comparison available.
11	Overweight; age-adjusted, female (BRFSS, 2022)	26.2%			Chinese: 10.4%	None in available data.	None.
12	Obese, age-adjusted, female (BRFSS, 2022)	26.5%			Chinese: 11.8%  Japanese: 17.9%  White: 16.3%	Native Hawaiian: 42.4%  OPI: 54.0%	

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









## B. Women's Prevention and Health Behavior Indicators

### 1. Preventive Health Behaviors

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
13 Well-woman visit** (BRFSS, 2022)	74.6%			Hawaii: 81.6%  Hispanic: 86.1%	Maui: 63.6%  Kauai: 58.5%	Some races suppressed.
14 Preventive dental visit, visiting dentist in past year (routine oral care), crude rate, female, 18-44 (BRFSS, 2022)	70.4%			186%+ poverty level: 83.9%	0-130% poverty level: 50.5%	None.
15 Breast cancer exam (mammogram within past 2 years, 50-74), crude rate (BRFSS, 2022)	78.5%			None in available data.		Some races suppressed.
16 Cervical cancer screening (PAP in past 3 years or HPV in past 5 years), 21-65, crude rate (BRFSS, 2020)	80.5%	NOT AVAILABLE		186%+ poverty level: 87.1%	0-130% poverty level: 70.4%  Lesbian, bisexual, or something else females: 69.9%	Some races suppressed. No comparison available.
17 HPV, at least one vaccine, crude rate, 18-49 (BRFSS, 2022)	26.8%	NOT AVAILABLE	NOT AVAILABLE	Female: 36.4%	Male: 17.8%  Kauai: 15.7%  Hawaii: 16.9%	No trends or comparison available.

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





## 2. Substance Use

Indicator	Value	Comparison to U.S.	State Trend	Disparity description			
				Better Outcome	Worse Outcome	Data Notes	
18	Current drinker, crude rate, female, 18-44 (BRFSS, 2022)	51.0%			OPI: 29.3% 0-130% poverty level: 39.6%	White: 73.9% 186%+ poverty level: 61.2%	Some races suppressed.
19	Heavy or binge drinker, crude rate, female, 18-44 (BRFSS, 2022)	NOT AVAILABLE			None in available data.		Kauai suppressed. No comparison available.
20	Current marijuana user, crude rate, female, 18-44 (BRFSS, 2022)	NOT AVAILABLE			None in available data.	White: 25.4% Sexual orientation or gender minority: 38.0%	Kauai suppressed. Most races suppressed. No comparison available.
21	Current user, any tobacco use, crude rate, female, 18-44 (BRFSS, 2021)	19.1%			186%+ poverty level: 13.7% College graduates: 7.1%	0-130% poverty level: 29.2% High school/GED: 27.6%	Some races suppressed.
22	Current e-cigarette (vape) user, crude rate, female, 18-44 (BRFSS, 2021)	13.1%			College graduates: 4.6%	Sexual orientation or gender minority: 31.8% HS grad/GED: 19.2%	Kauai suppressed. Most races suppressed.

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





## C. Maternal/Pregnancy-Related Health Indicators

### 1. Morbidity and Mortality

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
23 Maternal mortality** (NVSS, 2022)	16.9 per 100,000			None in available data		Counties suppressed in recent data.
24 Severe maternal morbidity** (HCUP-SID)	98.6 per 100,000			None in available data		Limited data for subgroups.

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

### 2. Contributing Medical Factors

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
25 Early elective delivery** (HOSPITAL COMPARE)	1.0%	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE		No subgroups or trends available.
26 Low-risk cesarean delivery (first births), crude rate** (NVSS, 2022)	13.8%			Kauai: 10.5% Age: 15-19 years: 11.6% 30-34 years: 11.9%	Oahu: 14.4% Age: 0-44 years: 18.6%	Racial data unavailable.
27 Preterm birth** (NVSS, 2022)	9.8%			White: 6.9% Other Asian: 7.0% Hawaii: 7.9% Kauai: 5.2% Maui: 5.1%	Native Hawaiian: 11.9% Filipino: 11.6% Oahu: 11.1%	Some races suppressed.



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

### 3. Preventive Health Behaviors

Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
28	Early prenatal care** (NVSS, 2022)	58.9%			Black: 70.8% Japanese: 66.2% White: 67.6% Kauai: 76.10%	OPI: 33.0% Other: 51.5% Hawaii: 46.4% Maui: 55.2%	None.
29	Early and adequate prenatal care (PRAMS, 2021)	62.1%			Maui: 77.6% Kauai: 82.7%	OPI: 24.3% 0-130% poverty level: 49.3% Hawaii: 58.1%	None.
30	Preventive dental visit – during pregnancy** (PRAMS, 2021)	47.4%	NOT AVAILABLE		Japanese: 63.1% 186%+ poverty level: 58.5%	0-130% poverty level: 31.7% 131-185% poverty level: 31.0%	Some races suppressed. No comparison available.
31	Took folic acid or vitamins prior to pregnancy (PRAMS, 2021)	45.1%			White: 58.4% 186%+ poverty level: 54.0%	Native Hawaiian: 34.3% 0-130% poverty level: 32.0%	Some races suppressed.
32	Postpartum visit** (PRAMS, 2021)	88.7%			186%+ poverty level: 94.4% Other Asian: 97.4%	OPI: 71.4%	Some races suppressed.
33	Postpartum contraceptive use (PRAMS, 2021)	70.1%	NOT AVAILABLE	NOT AVAILABLE	None in available data.		Some races suppressed. No trend or comparison available.




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

#### 4. Mental Health

Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
34	Depression before pregnancy (PRAMS, 2021)	9.1%	NOT AVAILABLE		Other Asian: 1.6% Filipino: 3.6% Chinese: 2.8%.	None in available data.	Some races suppressed. No comparison available.
35	Postpartum depression** (PRAMS, 2021)	14.4%	NOT AVAILABLE		186%+ poverty level: 10.6%	0-130% poverty level: 23.4%	Some races suppressed. No comparison available.
36	Postpartum mental health screening** (PRAMS, 2021)	90.9%	NOT AVAILABLE	NOT AVAILABLE	None in available data.		Some races suppressed. No trend or comparison available.









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

#### 5. Substance Use




Indicator		Value	Comparison to U.S.	State Trend	Disparity description		
					Better Outcome	Worse Outcome	Data Notes
37	Smoking – during pregnancy** (PRAMS, 2021)	3.7%			Filipino: 0.7% Japanese: 0.3% 186%+ poverty level: 0.9%	None in available data.	None.
38	Drinking during pregnancy** (PRAMS, 2021)	7.4%	NOT AVAILABLE		OPI: 1.0%	None in available data.	Some races suppressed. Data unstable. No comparison available.

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



## D. Social Determinants of Health Indicators

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
<b>Income</b>						
Median household income (ACS, 2018-2022)	\$94,814			Asian: \$100,945	AIAN: \$61,225 Black/African American: \$80,207 Hispanic: \$83,781 Native Hawaiian/ OPI: \$77,146 Other: \$79,084	Only race/ethnicity subgroups available.
<b>Employment</b>						
Unemployed workers in civilian labor force (U.S. Bureau of Labor Statistics, January 2024)	3.1%			NOT AVAILABLE		No subgroups available.
<b>Education</b>						
People 25+ with a HS diploma or higher (ACS, 2018-2022)	92.7%			Age: 25-34 years: 95.6% 35-44 years: 95.0% 45-64 years: 93.4%	Age: 65 and older: 88.2%	No differences between gender and race/ethnicity.
People 25+ with a Bachelor's degree or higher (ACS, 2018-2022)	34.7%			Age: 35-44 years: 39.8% Females: 36.4% Asian: 36.2% White/non-Hispanic: 46.9%	Age: 65 and older: 32.6% Males: 33.0% Native Hawaiian/ OPI: 13.2% Two or More Races: 28.0%	Age 25-65+, gender, and race/ethnicity subgroups available.



Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
<b>Poverty</b>						
People living below federal poverty level (ACS, 2018-2022)	9.6%			Age: 25-44 years: 8.8%  45-64: 8.2%  65-74 years: 8.2%  75 years and over: 8.1%  Asian: 6.4%	Age: under 6 years: 12.4%  6-11 years: 12.6%  12-17 years: 12.1%  18-24 years: 12.9%  AIAN: 20.6%  Hispanic: 12.1%  Native Hawaiian/ OPI: 18.2%	All ages, gender, and race/ethnicity subgroups available.
Below Asset Limited, Income Constrained, Employed (ALICE) threshold households (federal poverty level + ALICE), 2022	44.0%	NOT AVAILABLE		25-44 Years: 46.0%  45-64 Years: 41.0%  Married-Parent Household with Children: 30.0%  Asian: 40.0%  Two or More Races: 43.0%  White: 43.0%  Honolulu: 41.0%	Under age 25: 73.0%  Single-Female-Headed Household with Children: 79.0%  Single-Male-Headed Household with Children: 67.0%  AIAN: 62.0%  Black: 51.0%  Hispanic: 51.0%	Subgroups as presented in "ALICE in the Crosscurrents, 2024 update" except for county, which was accessed from <a href="https://www.unitedforalice.org/state-overview/Hawaii%E2%80%98i">https://www.unitedforalice.org/state-overview/Hawaii%E2%80%98i</a>

				Kauai: 46.0%	Native Hawaiian/ Pacific Islander: 57.0%	
					Maui: 49.0%	
					Hawaii: 50.0%	
Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
Households with cash public assistance income (ACS, 2018-2022)	4.0%			NOT AVAILABLE		No subgroups available.
<b>Housing</b>						
Renters spending 30% or more of household income on rent (ACS, 2018-2022)	55.8%			Age: 35-64 years: 49.9%	Age: 15-24 years: 75.5%	Age 15-65+ years available.
					25-34 years: 60.7%	
					65 years and over: 59.1%	
High housing burden (ACS, 2016-2020)	39.0%			NOT AVAILABLE		No subgroups available.
Severe housing problems (County Health Rankings, 2016-2020)	25.7%			NOT AVAILABLE		No subgroups available.
Homelessness rate (HI State Department of Human Resources, 2023)	43.2 per 10,000			NOT AVAILABLE		No subgroups available.
<b>Food Security</b>						
Food Environment Index (County Health Rankings, 2024)	7.4 (range = 0-10)			NOT AVAILABLE		No subgroups available.
Households that are food insecure (Food Security Supplement to the Current Population Survey, 2019-2021)	9.0%			NOT AVAILABLE		No subgroups available.

Indicator	Value	Comparison to U.S.	State Trend	Disparity description		
				Better Outcome	Worse Outcome	Data Notes
<b>Access to Exercise</b>						
Access to exercise opportunities (County Health Rankings, 2024)	91.7%			NOT AVAILABLE		No subgroups available.
<b>Special Populations (No positive or negative designations applied to comparisons or state trends)</b>						
Adults with a disability (BRFSS, 2022)	24.1%	Lower	Increasing significantly	Age: 25-34 years: 15.7%  35-44 years: 14.9%  Bachelor's degree or higher: 17.5%  Employed: 15.4%  186+% poverty level: 19.0%	Age: 65-74 years: 33.3%  75 years and over: 45.6%  9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma: 40.7%  0-130% of FPL: 33.2%  AIAN: 38.4%  Native Hawaiian: 28.8%  Identifies as LGBTQ: 34.5%	All ages, education level, employment status, federal poverty level, race/ethnicity, sex, and sexual orientation subgroups available.
Population age 5+ with language other than English spoken at home (ACS, 2018-2022)	25.7%	Higher	Increasing, not significantly	NOT AVAILABLE		No subgroups available.
Sexual minority adults (BRFSS, 2022)	6.1%	NOT AVAILABLE	Increasing significantly	<i>"Better" and "worse" performance is not applicable in this indicator; however, disparities are recognized in certain subgroups.</i> Age: 18-24 years: 20.4%  45-54 years: 3.4%  65-74 years: 3.2%		All ages, education level, employment status, federal poverty level, race/ethnicity, gender, and sexual orientations available.

				75 years and over: 2.4%	
				0-130% poverty level: 9.9%	
				Japanese: 2.4%	

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