

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

Hawaii is the only island state in the U.S., comprised of seven populated islands organized into four major counties: Hawaii, Maui, Honolulu (Oahu), and Kauai. With a land mass of 6,422 square miles that span nearly 11,000 square miles, the state is home to 1.4 million residents—70% living in Honolulu, the most populous county.



Hawaii is one of the most ethnically varied states with no single racial majority. The population includes 36.7% Asian, 21.9% White, 9.4% Native Hawaiian and other Pacific Islander, and less than 2% Black. The state has a large heterogeneous Pacific Islander and Asian population. Nearly 28.2% identify as multiracial, with indigenous Native Hawaiians comprising 22.4% (when combined with other races). About 17.8% of residents are immigrant, mainly from Asia and the Pacific.

The state government is responsible for functions usually performed by counties or cities in other states. For example, Hawaii is the only state with a single unified public school system. Similarly, Hawaii has no local health departments but has county health offices on the neighbor islands to ensure services statewide.

The Hawaii State Department of Health (HDOH) works to protect and improve the health and environment for all people in the state. The HDOH Family Health Services Division (FHSD) administers the federal Title V Maternal and Child Health (MCH) Block Grant (Title V) to improve the health of women, infants, and children, including those with special healthcare needs. The four guiding pillars of MCH are: 1) Delivery of services using the 10 Essential Public Health Services framework; 2) Data-driven performance accountability; 3) Partnerships with agencies, community providers, and individual families/youth; and 4) Working to achieve optimal health for all MCH populations. To help expand its capacity and reach, FHSD leverages state and federal grant funds with community partners.

To set priorities for the state MCH program, a comprehensive needs assessment is conducted every five years. Hawaii completed a new 5-year needs assessment and selected the following priorities for the 2026-2030 project period.

Population Domain	Topic	State Priority Need
Women's/ Maternal Health	Postpartum Visits	Increase the rate and improve the quality of postpartum care by promoting timely, comprehensive follow-up visits that address physical recovery, mental health, family planning, and social support needs, with a focus on optimal access and coordinated responsive care.
Perinatal/ Infant Health	Safe Sleep	Increase the prevalence of safe infant sleep practices by partnering with communities to promote relevant education, resources, and outreach that support safe sleep environments and reduce the risk of sleep-related infant deaths.
Child Health	Developmental Screening	Increase the percentage of children ages 0–5 years who receive timely and continuous developmental screening by enhancing outreach, provider training, and coordination across early childhood systems to ensure early identification and connection to appropriate supports.
	Food Sufficiency	Ensure food sufficiency for infants and young children by strengthening access to WIC nutrition services and supports, including outreach, enrollment assistance, and appropriate nutrition education for eligible families.
Adolescent Health	Bullying Prevention	Reduce the percentage of adolescents who experience or engage in bullying by promoting evidence-based prevention programs; fostering resilience; creating safe school environments; and supporting youth, families, and other adults in addressing bullying behaviors.
Children with Special Health Care Needs	Medical Home	Increase the number of children with special health care needs who have a Medical Home by focusing on improving care coordination
Cross-Cutting	Mental Health	Increase access to responsive, trauma-informed mental health services and supports for birthing people, children, and families

Needs Assessment Methodology. Community partners and agencies were engaged early in the needs assessment planning process to help design the methodology, including selecting data sources, identifying community concerns, guiding community engagement efforts, and prioritizing health topics. An Advisory Committee provided ongoing guidance throughout the needs assessment process. In response to community input, qualitative data collection was expanded by working in partnership with community-based organizations serving priority MCH populations. This approach ensured the inclusion of more varied family and youth voices.

The assessment included the following components:

- *Environmental Scan:* Reviewed over 80 community assessments, studies, and plans to align efforts and avoid duplication.
- *Review of Existing Data Sources:* Analyzed key surveillance and survey data, MCH indicators, demographic and socioeconomic data, and national Healthy People 2030 measures.
- *Community Data Collection:* Administered a translated community survey with 941 responses and conducted 22 focus groups in all counties, hosted by community-based organizations directly serving MCH populations.
- *Capacity Assessment:* Conducted a review of FHSD programs including a workforce staffing survey.
- *Priority-setting:* Drawing on needs assessment findings, FHSD selected priorities for each of the five MCH Population Domains based on program capacity and national MCH performance measures. Strategies and performance/process measures were developed in collaboration with community partners to align resources and support collective impact.

Needs Assessment Findings. Coming out of the global pandemic and Maui Wildfires, FHSD adopted a comprehensive approach to the five-year needs assessment, rather than focusing solely on the 15 national priorities in the federal Title V grant. The assessment identified over 70 preliminary findings (see supporting documents), highlighting the profound impact of community-level factors of health. These include increased stress on families due to the high cost of living and lack of affordable housing across the state; a growing need for mental health services;

diminished social support and connection; rising concerns about family and community violence; inconsistent access to healthcare and social services; and a clear need for more relevant care.

FHSD Updates. As Hawaii continues to emerge from the pandemic and the Maui wildfires, FHSD responded by recalibrating and revising programs and initiatives to serve those disproportionately impacted communities. Federal policy shifts also signal the potential for further program changes. Although hampered by mounting vacancies, FHSD staff demonstrate strength and resiliency, creating new partnerships and managing expectations to address service gaps and ever-growing needs.

Federal Policy Impacts. As of June 2025, FHSD has not experienced any loss of federal funding. However, layoffs of federal employees and other federal actions have disrupted some services, including a temporary suspension of PRAMS data collection. Of the 24 federal grants FHSD administers, approximately one-fourth maybe proposed for elimination in the Federal FY 2026 budget.

Clients Served/Programs Reach. As reported in Form 5a, Title V programs continued to see an increase in direct client services in 2024 with a 4.2% rise over 2023. However, this was still 13.5% below 2019 service levels. The 2024 increase was not consistent across all program and population groups. The reach of other public health services, as reported in Form 5b, was similar to 2023 but reflected a 93.3% increase in outreach to adults and an 8.4% increase in outreach to children compared to 2019 due to increased media initiatives.

5-Year Highlights for 2021-2025 Priorities

This FY 2024 report marks the fourth year of the Title V 5-year project period. FHSD recognizes that systematic disparities impact physical and mental well-being in an interconnected way. The current 11 Hawaii Title V priorities are listed below across the six Title V MCH population domains.

Population Domain	State Priority Need
Women’s/Maternal Health	Promote reproductive life planning
	Improving postpartum care
Perinatal/Infant Health	Promote food security through WIC services
	Increase infant safe sleep conditions
Child Health	Improve the percentage of children ages 0-5 years screened early and continuously for developmental delay
	Reduce the rate of child abuse and neglect, with special attention to children ages 0-5 years
	Increase the number of children who have a Medical Home
Adolescent Health	Improve the healthy development, health, safety, and well-being of adolescents
Children with Special Health Care Needs	Improve the percentage of youth with special health care needs ages 14-21 years who receive services necessary to transition to adult healthcare
	Increase the number of children with special health care needs who have a Medical Home
Cross-Cutting	Reduce disparities by expanding pediatric mental health care access in rural and at-risk communities

DOMAIN: WOMEN'S/MATERNAL HEALTH

Promote reproductive life planning

- Partnered with the Hawaii Maternal Infant Health Collaborative (HMIHC) and the Healthcare Association of Hawaii to implement the federal Maternal Health Innovation grant; established a state Maternal Health (MH) Steering Committee; drafted a state MH Strategic Plan; and collaborated on needs assessment.
- The Title V MCH Branch continued to provide reproductive health services to at-risk communities.

DOMAIN: PERINATAL/INFANT HEALTH

Promote safe sleep practices

- Conducted media messaging campaigns to promote safe sleep and resources available through the state toll-free warmline, The Parent Line. Information materials are now available in 11 languages.
- Shared Safe Sleep data, practices, and research through the annual Safe Sleep Summit.

Address Food Insecurity through Improving WIC services

- Published data on WIC enrollment demographics and retention rates to strengthen program planning/evaluation.
- Focused on workforce development to expand training opportunities for existing staff and recruitment for new staff.

DOMAIN: CHILD HEALTH

Improve early and continuous screening for developmental delay

- Began planning to expand free developmental screening services offered by the Children with Special Health Needs Hi'iilei program.
- Continued training for service providers on screening tools to support integration into family-serving organizations and practices.

Reduce the rate of child abuse and neglect (CAN)

- Strengthen community capacity by awarding \$800,000 in federal ARPA funding to programs that meet the needs of communities by providing critical family and parenting support services.
- Continued provision of home visiting services statewide and supporting the state network of home visiting programs.

DOMAIN: ADOLESCENT HEALTH

Improve adolescent health and well-being

- Partnered with residential youth programs to provide evidence-based youth healthy development programs for youth most at risk.
- Partnered with the Department of Education to support training and develop a resource hub for teachers and staff to better support youth through puberty.

DOMAIN: CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

Improve transitions to adult healthcare

- Completed a system for transition planning for enrolled Children and Youth with Special Health Needs Section youth using the evidence-based Six Core Elements of Health Care Transition, including guidelines, educational tools, workbook, and database tracking. The system is being integrated into the Kaiser Hawaii Adolescent Health program.
- Partnered with TeenLink Hawaii, a youth-driven, empowerment program to develop web-based resources and social media messages on health issues of concern to youth, including Transition to Adult healthcare.

DOMAIN: CROSS-CUTTING/SYSTEMS BUILDING

Expand pediatric mental health care access to at-risk rural communities

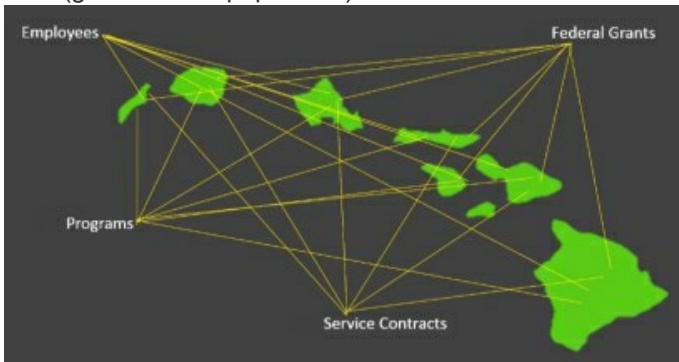
- Launched pediatric mental health warmline pilot on Maui to provide teleconsultation services and care coordination so pediatric providers can better diagnose, treat, and/or refer children and youth with behavioral health conditions to available services. The warmline was done in partnership with the Hawaii Community Foundation and Queen's Medical Center.
- Conducted mental health trainings for pediatric and family service providers through dedicated seminars, institutes, and conference presentations.
- Sponsored behavioral health networking events to help build awareness and knowledge of the mental health service system.

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

The Family Health Services Division (FHSD) provides all levels of service delivery: direct, enabling, and infrastructure building. FHSD's reach is statewide with no local health departments. One of the larger divisions in the Hawaii State Department of Health, FHSD is comprised of three branches—Maternal and Child Health Branch (MCHB); Children with Special Health Needs Branch (CSHNB); and Women, Infants, and Children (WIC) Services Branch. Together, the division has about 264.5 FTE total positions statewide, administers 30 programs, 25 federal grants, and approximately 150 service contracts—totaling approximately \$58.5 million—with community-based organizations,

Title V funds played a critical role in supporting the state's overall MCH efforts. In 2024, the FHSD budget was \$95.5 million. Nearly \$2.2 million was provided by Title V, with \$52.9 million state matching funds and an additional \$41.3 million in other federal funds. State funds support 134.3 FTE positions statewide.

Of the state's overall population, FHSD programs reached an estimated 99% of pregnant women; 99.1% of all infants; 26.4% of children 1-21 years of age, including 35.1% of children with special health needs and 97.3% of others (general adult population).



Title V funds were used for key program capacity and public health infrastructure positions needed to administer MCH programs statewide (23.9 FTE). Positions included: critical data analytics staff (epidemiologists and research statisticians); administrative, fiscal, and program management for MCHB and CSHNB; Public Information Officer; contract specialist; and a nutritionist and audiologist for CSHNB. These positions are critical to: 1) securing, leveraging, and managing a broad array of funding sources; 2) addressing statewide

surveillance needs; 3) developing critical statewide partnerships and system-building efforts; 4) improving quality to ensure services are family centered, culturally relevant, and community based; 5) ensuring a statewide system of care through provision of safety-net and gap-filling services; 6) recruiting and supporting workforce needs; and 7) ensuring development/dissemination of public health messaging.