

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

Hawaii reviewed the FY 2024 federally available data (FAD) for National Performance Measures (NPMs), Standardized Measures (SMs) and National Outcome Measures (NOMs). This document is organized based the measure categories provided on 2024 FAD, and provides a report on all the NPM, SM, and NOM data as well as a summary of the review findings. The order of the measures is based on the current FAD release that focuses on FY 2026-2030 measures.

Hawaii Selected National Performance Measures (NPMs) for FY 2024 (2021-2025)

Of the 20 NPMs, Hawaii selected seven 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.

Hawaii Selected NPM for FY 2026 (2026-2030)

These measures were newly selected based on the 2025 needs assessment and also include two new universal measures that are required reporting: Postpartum Care and Medical Home for all children and children with special health care needs.

- Postpartum Visits 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
- Safe Sleep (continuing NPM)
- Developmental Screening (continuing NPM)
- Food Sufficiency (FS): Percent of children, ages 0 through 11, whose households were food sufficient in the past year
- Medical Home (MH): Percent of children with and without special health care needs, ages 0-17, who have a medical home
- Bullying (BLY): Percent of adolescents, with and without special health care needs, ages 12-17, who are bullied or who bully other

Postpartum Visit measures have more than one measure. Medical home is for all children and for CSHN. The NPMs selected by Hawaii as priorities will include objectives through 2030.

The list of NPM for 2026-2030 also includes these additional NPM that are included in this data summary. Also a new safe sleep measure was added to the existing 3 measures (for a total of 4 safe sleep measures):

- Postpartum Mental Health Screening (MHS): Percent of women who were screened for depression or anxiety following a recent live birth
- Postpartum Contraception Use (CU): Percent of women who are using a most or moderately effective contraceptive following a recent live birth
- Housing Instability has two parts:
 - Housing Instability-Pregnancy (HI-Pregnancy): Percent of women with a recent live birth who experienced housing instability in the 12 months before a recent live birth, and
 - Housing Instability-Child (HI-Child): Percent of children, ages 0 through 11, who experienced housing instability in the past year
- Mental Health Treatment (MHT): Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling
- Tobacco Use (TU): Percent of adolescents, grades 9 through 12, who currently use tobacco products
- Adult Mentor (ADM): Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance
- Safe Sleep-Room Sharing (SS-D): Percent of infants room-sharing with an adult during sleep

State Objectives Met

State objectives are set only for the seven NPMs Hawaii selected as priorities. Since Food Sufficiency, Mental Health Treatment, and Safe Sleep-Room Sharing are newly added measures, there were no state objectives for FY 2024. For the other selected NPMs, the following NPMs met the 2024 state objectives:

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

The following measures (two are related to Safe sleep) did not meet the 2024 objectives:

- Postpartum Visit (PPV-A): Percent of women who attended a postpartum checkup within 12 weeks after giving birth
- Postpartum Visit (PPV-B): Percent of women who attended a postpartum checkup and received recommended care components
- 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
- Medical Home (MH): Percent of children with and without special health care needs, ages 0-17, who have a medical home (overall measure)
- Transition to Adult Healthcare (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 2023.

Concerning Trends

There was one NPM that raised concern in trends:

- Food Sufficiency (FS): Percent of children, ages 0 through 11, whose households were food sufficient in the past year

For food sufficiency, the 2022-2023 Hawaii estimate (63.1%) was significantly lower than the national estimate (68.6%). There has been significant decline in the percent of children whose households were food sufficient since 2016-2017 (71.9%).

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):

- Postpartum Visit (PPV-A): Percent of women who attended a postpartum checkup within 12 weeks after giving birth
- Perinatal Care Discrimination (DSR): Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care
- Breastfeeding (BF-A): Percent of infants who are ever breastfed
- Breastfeeding (BF-B): Percent of infants breastfed exclusively through 6 months
- Housing Instability-Pregnancy (HI-Pregnancy): Percent of women with a recent live birth who experienced housing instability in the 12 months
- Housing Instability-Child (HI-Child): Percent of children, ages 0 through 11, who experienced housing instability in the past year
- Childhood 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
- Preventive Dental Visit-Pregnancy (PDV-Pregnancy): Percent of women who had a preventive dental visit during pregnancy
- Preventive Dental Visit-Child (PDV-Child): Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
- Adolescent Well-Visit (AWV): Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
- Mental Health Treatment (MHT): Percent of adolescents, ages 12 through 17,

who receive needed mental health treatment or counseling

- Adult Mentor (ADM): Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance
- Medical Home (MH): Percent of children with and without special health care needs, ages 0-17, who have a medical home (selected components)
 - Family-Centered Care Component (all children), Personal Doctor or Nurse Component (With special health care needs and all children), Referrals if Needed Component (all children)
- Transition (TR): Percent of all adolescents ages 12 through 17, who received services to prepare for the transition to adult health care (all adolescents)
- Bullying-Victimization (BLY): Percent of adolescents, ages 12-17, who are bullied (all adolescents and CSHCN)

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:

- Postpartum Visit (PPV-A) – Those with less than a high school education (87.2%), those on Medicaid (87.5%), those unmarried (89.1%), those under 20 years old (81.2%) or between 20-24 years old (86.5%); non-Hispanic Native Hawaiian/Other Pacific Islander alone (hereafter referred to as “Native Hawaiian/Other Pacific Islander”; 78.1%), non-Hispanic Native Hawaiian/Other Pacific Islander alone or in combination (hereafter referred to as “Native Hawaiian/Other Pacific Islander alone or in combination”; 82.3%); those who participated in WIC (88.1%) did not meet the national estimate (90.3%).
- Postpartum Visit (PPV-B): High school graduates (70.5%) or college graduates (69.7%); those who had private insurance (70.3%) or those uninsured (71.6%), those who were married (70.6%), those between 30-34 years old (69.5%) or 35 years old and above (70.6%); non-Hispanic Asians alone (hereafter referred to as “Asians”; 67.5%) or non-Hispanic Whites alone (hereafter referred to as “Whites”; 67.5%) did not meet the national estimate (72.8%).
- Postpartum Mental Health Screening (MHS) – those under 20 years old (69.4%) did not meet the national estimate (82.9%) of women who were screened for depression or anxiety following a recent live birth.
- Perinatal Care Discrimination (DSR) – Those 35 years and older (2.2%) did not meet the national estimate (2.1%). All other subgroups met the national estimate.
- Breastfeeding (BF-A) – Those with less than a high school education (69.2%), those on Medicaid (81.0%), those unmarried (84.1%), those under 20 years old (83.7%); Native Hawaiians/Other Pacific Islanders (73.3%), Native Hawaiians/Other Pacific Islanders alone or in combination (83.5%), or Asians (82.7%) did not meet the national estimate (85.3%) of infants who were ever breastfed.
- Breastfeeding (BF-B) – those at or above 400% of the FPL (25.9%), and those identifying as non-Hispanic Multiple Races (hereafter referred to as “Multiple Races”; 13.4%) did not meet the national estimate (28.7%) of infants breastfed

exclusively through 6 months.

- Housing Instability-Pregnancy (HI-Pregnancy) – Those on Medicaid (8.8%) and those who participated in the Women, Infants and Children (WIC) program (8.3%) did not meet the national estimate (7.9%) in housing instability.
- Housing Instability-Child (HI-Child) – Those who had one adverse childhood experience (ACE; 33.3%), or two or more ACEs (41.0%); those on Medicaid (39.6%), those who were at federal poverty level (FPL) of less than 100% (22.5%), or between 100-199% of the FPL (32.3%); those unmarried (21.1%) or single parent households (24.2%), American Indians/Alaska Natives alone or in combination (31.8%), Native Hawaiians/other Pacific Islanders (39.9%), Native Hawaiians/other Pacific Islanders alone or in combination (23.7%) did not meet the national estimate (16.4%) in housing instability.
- Childhood Vaccination (VAX-Child) – those who had other public insurance (58.8%), those below 100% of the FPL (63.8%), or Hispanics (63.4%) did not meet the national estimate (67.8%) in childhood vaccination.
- Preventive Dental Visit-Pregnancy (PDV-Pregnancy) – women with less than a high school education (29.4%), high school graduates (28.8%) or those with some college education (40.3%); Hispanics (39.9%), Native Hawaiians/Other Pacific Islanders (23.9%), Native Hawaiians/Other Pacific Islanders alone or in combination (26.4%); those under 20 years old (20.3%), between 20-24 years old (42.8%) or between 25-29 years old (32.3%); and those on Medicaid (28.9%) did not meet the national estimate (44.1%).
- Preventive Dental Visit-Child (PDV-Child) – those 1-5 years of age (70.8%), those below 100% of the FPL (68.9%) or at 100%-199% of the FPL (75.9%); high school graduates (75.6%) or those who had some college education (72.7%); those uninsured (57.8%) or those who had Medicaid (75.7%); Native Hawaiians/other Pacific Islanders (69.7%), and Native Hawaiians/other Pacific Islanders alone or in combination (77.9%) did not meet the national estimate (79.2%) of preventive dental visit in children.
- Adolescent Well-Visit (AWV) – Non-CSHCNs (66.0%), females (70.0%), those whose parents were high school graduates (57.4%) or those on Medicaid (70.0%); Asians (67.0%), Native Hawaiians/other Pacific Islanders alone or in combination (66.3%); those below 100% of the FPL (61.3%) or at 100%-199% of the FPL (71.0%) did not meet the national estimate (71.4%).
- Mental Health Treatment (MHT) –those without adverse childhood experience (ACE; 75.8%) and males (80.3%) did not meet the national estimate (82.5%)
- Adult Mentor (ADM) – those with two or more ACEs (86.7%), those whose parents were high school graduates (79.8%), those on Medicaid (86.3%), those below 100% of the FPL (84.9%) or at 200-399% of the FPL (85.7%); and single parent households (81.8%) did not meet the national estimate (86.8%).
- Medical Home (MH): –
 - Family-Centered Care Component:
 - All children – those on Medicaid (83.4%), those at 100-199% of the FPL (81.8%) did not meet the national estimate (84.3%).
 - Personal Doctor or Nurse Component:
 - With special health care needs – those below 100% of the FPL

- (75.0%) did not meet the national estimate (77.1%).
 - All children – those with one ACE (71.4%), those uninsured (45.3%), those with FPL below 100% (61.5%); those whose parents were high school graduates (71.6%) or had some college education (68.2%) did not meet the national estimate (71.8%).
 - Referrals if Needed Component:
 - All children – CSHCNs (68.9%), those with two or more ACEs (70.4%), those who had Medicaid (70.5%), Native Hawaiians/other Pacific Islanders alone or in combination (62.0%), or those at 100%-199% of the FPL (67.0%) did not meet the national estimate (77.0%) for this component.
 - Transition (TR) –
 - All adolescents – Those with two or more ACEs (16.2%), those who had Medicaid (17.4%), those below 100% of the FPL (14.2%) or between 100-199% of the FPL (16.2%), Native Hawaiians/Other Pacific Islanders alone or in combination (10.5%) did not meet the national estimate of 18.1% of adolescents.
 - Bullying-Victimization (BLY)-
 - All adolescents – Those identifying as CSHCN (48.5%), or those with two or more adverse childhood experiences (44.8%) had higher estimates of being bullied compared to the national estimate (33.2%).
 - Children with special health care needs – Those with two or more ACEs (60.1%), those with private insurance (50.2%), Multiple Races (59.8%), Native Hawaiians/Other Pacific Islanders alone or in combination (55.1%) had higher estimates of being bullied compared to the national estimate (49.3%).

HP 2030 Objectives Met

The Hawaii estimates for NPMs have not met the Healthy People 2030 objectives.

Standardized Measures (SMs)

The standardized measures is a new category comprised of measures that were previously NOMs. There is one newly added measure:

- MMR Vaccination (VAX-MMR): Percent of children in kindergarten who have received two or more doses of the MMR vaccine

Concerning Trends

Federally available data for FY 2024 was reviewed for all the SMs. Some of the SMs revealed trends that raised concern including:

- Early prenatal care (PNC): Percent of pregnant women who receive prenatal care beginning in the first trimester
- Forgone Health Care (FHC): Percent of children, ages 0 through 17, who were

not able to obtain needed health care in the last year

For early prenatal care, the Hawaii percent of pregnant women who receive early prenatal care in the first trimester (66.4%) was significantly lower than the national estimate (76.1%) and showed a significant decline over time when compared to the 2015 estimate (77.2%). For forgone healthcare, although the 2022-2023 Hawaii estimate (3.5%) 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 (1.6%).

National Averages Met or Exceeded (Improved Outcomes)

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

- Low-Risk Cesarean Delivery (LRC): Percent of cesarean deliveries among low-risk first births
- Drinking During Pregnancy-Any (DDP-A): Percent of women who drink any alcohol during pregnancy
- Smoking – Pregnancy (SMK-Pregnancy): Percent of women who smoke during pregnancy
- Uninsured (UI): Percent of children, ages 0 through 17, without health insurance
- Adequate Insurance (AI): Percent of children, ages 0-17, who are continuously and adequately insured
- Flu Vaccination (VAX-Flu): Percent of children, ages 6 months through 17 years, who are vaccinated annually 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

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:

- Low-Risk Cesarean Delivery (LRC)– Those identifying as Native Hawaiians/Other Pacific Islanders (27.5%), non-Hispanic Blacks (hereafter referred to as “Blacks”; 30.3%), those who were 35 or more years of age (34.8%), and those who had private insurance (27.5%) had higher estimates for cesarean delivery than the national estimate (26.6%).
- Drinking During Pregnancy-Any (DDP-A) – White women (29.5%), those with some college education (27.1%), or those uninsured (44.2%) did not meet the national estimate (26.2%).
- Smoking – Pregnancy (SMK-Pregnancy) – All the subgroups met the national estimates.
- Uninsured (UI) – All the subgroups met the national estimate.
- Adequate Insurance (AI) – All the subgroups met the national estimates (66.5%) of children, ages 0-17, who are continuously and adequately insured.

- Flu Vaccination (VAX-Flu) – Blacks (48.1%), Native Hawaiians/Other Pacific Islanders (52.5%), those below poverty level (51.6%) did not meet the national estimate (55.4%).
- HPV Vaccination (VAX-HPV) – All the subgroups met the national estimate (76.8%).

HP 2030 Objectives Met

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

- Smoking – Pregnancy (SMK-Pregnancy): Percent of women who smoke during pregnancy
- Uninsured (UI): Percent of children, ages 0 through 17, without health insurance
- HPV Vaccination (VAX-HPV): Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

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.
- Uninsured (UI) – all subgroups met the HP 2030 objective of proportion of people with health insurance (92.1% insured or 7.9% uninsured).
- HPV Vaccination (VAX-HPV) – Whites (79.2%) and those at 100-199% of the FPL (79.5%) did not meet the HP 2030 objective of 80.0%

National Outcome Measures (NOMs)

There are nine newly added NOMs this year:

- Stillbirth (SB): Stillbirth rate per 1,000 live births plus fetal deaths
- Adolescent Firearm Death (AM-Firearm): Adolescent firearm death rate, ages 10 through 19, per 100,000
- Women's Health Status (CHS): – Percent of women, ages 18 through 44, in excellent or very good health
- Postpartum Anxiety (PPA): Percent of women who experience postpartum anxiety symptoms
- Behavioral/Conduct Disorders (BCD): Percent of children, ages 6 through 11, who have a behavioral conduct disorder
- Adolescent Depression/Anxiety (ADA): Percent of adolescents, ages 12 through 17, who have depression or anxiety
- Flourishing-Young Child (FL-YC) Percent of children, ages 6 months through 5 years, who are flourishing
- Flourishing-Child Adolescent (FL-CA) Percent of children with and without special health care needs, ages 6 through 17 years, who are flourishing
- Adverse Childhood Experiences (ACE) Percent of children, ages 0 through 17, who have experienced 2 or more Adverse Childhood Experiences

Concerning Trends

Federally available data for FY 2024 was reviewed for all the NOMs. One of the NOMs revealed trends that raised concern including:

- Flourishing-Child Adolescent (FL-CA): For all children, though the decline in estimate from 2018-2019 (70.0%) to 2022-2023 (63.5%) was non-significant, there has been a graduate decline from 2018 to 2023 in the percent of children who are flourishing. For children with special health care needs, though the Hawaii estimate (36.1%) was similar to the national estimate (38.6%), and that the decline in estimate from 2018-2019 (49.1%) to 2022-2023 (36.1%) was non-significant, there has been a graduate decline from 2018 to 2023.

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):

- Teen Births
- Preterm Birth (<37 weeks)
- Postneonatal Mortality
- Neonatal Abstinence Syndrome
- Tooth Decay/Cavities
- Child Mortality
- Adolescent Mortality
- Adolescent Motor Vehicle Death
- Adolescent Firearm Death
- Injury Hospitalization-Child
- Injury Hospitalization-Adolescent
- Children's health status
- Obesity-Ages 2 Through 4 Years
- Postpartum Depression
- Behavioral/Conduct Disorders
- Adolescent Depression/Anxiety
- CSHCN systems of care
- Flourishing-Child Adolescent (all children)
- Adverse Childhood Experiences

HP 2030 Objectives Met

Hawaii met Healthy People 2030 objectives for the following NOMs:

- Teen Births
- Low Birth Weight
- Perinatal Mortality
- Neonatal Mortality
- Postneonatal Mortality
- Tooth Decay/Cavities
- Child Mortality

- Adolescent Motor Vehicle Death
- Adolescent suicide
- Obesity-Ages 2 Through 4 Years

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	69.8	
Numerator	152,559	161,334	167,372	184,106	185,323	191,337	167,306	179,419	164,835	
Denominator	242,088	241,941	241,254	240,287	237,398	235,933	240,808	240,472	236,206	
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	

The 2024 Title V state objective is to increase the number of women who had a preventive medical visit to 86.0%. The 2023 estimates indicate 69.8% of women in Hawaii received a preventive medical visit, which did not meet the state objective but was similar to the national estimate of 73.0%. The decline from 2022 (74.6%) was not significant, but the decline from 2020 (81.1%) to 2023 (69.8%) was statistically significant. The routine checkup BRFSS survey question changed in 2018 and therefore is not comparable to previous survey years. The state objective is set for an approximate 2% improvement over the next 5 years through 2030. Based on 2023 data, women with less than a high school education (40.8%) or those who were uninsured (30.4%) were less likely to have a preventive medical visit in the past year. Native Hawaiians/Other Pacific Islanders (57.0%) had a lower estimate than Asians (76.4%) in this measure. This measure will be moved to Standardized Measure next year.

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	92.0	
Numerator	16,287	16,320	16,146	15,667	7,709	13,770	13,381	13,947	12,735	

Denominator	18,476	18,070	18,000	17,334	8,289	15,218	15,086	15,098	13,843	
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	
Data Source Year	2013	2014	2015	2016	2019 ¹	2020	2021	2022	2023	

	2026	2027	2028	2029	2030
Annual Objective	94.0	95.0	95.0	96.0	96.0
Annual Indicator					

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 2023 PRAMS data show that in Hawaii, about 92.0% of women attended a postpartum checkup within 12 weeks after giving birth, which was similar to the national estimate (90.3%). There were substantive changes to the postpartum visit questions so the 2023 data could not be compared with previous years. The state objectives through 2030 reflect an approximate 2% improvement over 5 years. Based on 2023 subgroup data, those who were on Medicaid (87.5%) were less likely to have a postpartum visit compared to those who had private insurance (95.2%). No other significant differences were found based on 2023 data.

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	73.1	
Numerator				12,010	5,796	11,238	11,024	11,089	9,221	
Denominator				15,541	7,641	13,562	13,259	13,802	12,605	
Data Source				PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	
Data Source Year				2016	2019 ¹	2020	2021	2022	2023	

	2026	2027	2028	2029	2030
Annual Objective	82.0	83.0	83.0	84.0	84.0
Annual Indicator					

Numerator					
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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 2023 data show that in Hawaii, about 73.1% of women who attended a postpartum checkup received recommended care components, which was similar to the national estimate (72.8%). There were substantive changes to the postpartum visit questions so the 2023 data could not be compared with previous years. The state objectives through 2030 reflect an approximate 2% improvement over 5 years. Based on 2023 subgroup data, Asians (67.5%), Whites (67.5%), and Multiple Races (74.5%) were significantly less likely to receive recommended care components compared to Native Hawaiians/Other Pacific Islanders (91.7%). No other significant differences were found based on 2023 data.

Postpartum Mental Health Screening (MHS): Percent of women who were screened for depression or anxiety following a recent live birth

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator									86.7
Numerator									11,873
Denominator									13,693
Data Source									PRAMS
Data Source Year									2023

This is a newly developed measure. There was no data prior to 2023 for this measure. The Healthy People 2030 Objective to increase the proportion of women who get screened for postpartum depression is under development. Data from the 2023 PRAMS survey show that the estimate for Hawaii (86.7%) was significantly higher than the 2023 national estimate (82.9%). There were no significant differences in subgroup analyses based on the 2023 data for this measure.

Postpartum Contraception Use (CU): Percent of women who are using a most or moderately effective contraceptive following a recent live birth

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator					54.0	51.8	47.4	47.5	46.3
Numerator					4,297	7,659	6,967	7,043	6,157

Denominator					7,963	14,779	14,714	14,813	13,304
Data Source					PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year					2019	2020	2021	2022	2023

This is a newly developed measure. Data from the 2023 PRAMS survey show that the estimate for Hawaii (46.3%) was similar to the 2023 national estimate (47.4%). The decline from 2019 (54.0%) was not significant. Based on the 2023 subgroup data, those who were uninsured (19.2%) had a lower estimate in postpartum contraception use than those who had private insurance (40.9%), those on Medicaid (53.4%) or had other public insurance (49.9%). No other significant differences were found for subgroup analyses based on 2023 data.

Perinatal Care Discrimination (DSR): Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator									0.7
Numerator									102
Denominator									13,798
Data Source									PRAMS
Data Source Year									2023

This is a newly developed measure. There was no data prior to 2023. Data from the 2023 PRAMS survey show that the estimate for Hawaii (0.7%) was significantly lower than the 2023 national estimate (2.1%). Sample was too small to perform subgroup analysis based on 2023 data.

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
Annual Indicator	88.1	87.8	90.1	93.3	90.6	88.1	87.9	87.5
Numerator	458	423	437	416	377	385	372	337
Denominator	520	482	485	446	416	437	423	385
Data Source	Vital Statistics	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	2023-2024
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In aggregated 2023-2024 data, 87.5% 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
Annual Objective	89.0	91.0	92.0						
Annual Indicator	95.9	95.0	94.2	90.2	89.6	90.0	88.4	89.1	86.8
Numerator	15,925	16,202	16,049	15,057	29,664	14,026	13,619	13,569	12,683
Denominator	16,601	17,050	17,033	16,692	33,110	15,586	15,410	15,224	14,616
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023

The estimate from Hawaii (86.8%) was significantly higher than the national estimate of 85.3%. This current Hawaii estimate was significantly lower than the estimate in 2018 (90.2%). The decrease from 2022 (89.1%) to 2023 (86.8%) was significant. The 2023 subgroup data indicate those with less than a high school education were significantly less likely to have infants breastfed (69.2%) compared to those with more education. Those who were on Medicaid (81.0%), Native Hawaiians/Other Pacific Islanders (73.3%) and Asians (82.7%) were less likely to have infants breastfed compared to Whites (94.0%). 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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective	30.0	33.0	34.0					
Annual Indicator	31.4	33.9	26.8	27.8	32.9	33.6	34.5	
Numerator	13,581	13,194	11,688	13,135	13,998	14,113	12,244	
Denominator	43,283	38,888	43,581	47,330	42,561	41,966	35,483	
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	
Data Source Year	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	

Data from 2022-2023 showed that the estimate in Hawaii (34.5%) was similar to the national estimate of 28.7%. The 2022-2023 proportion of children breastfed exclusively through six months did not change significantly since 2018-2019 (26.8%). The 2022-2023 subgroup data did not show significant differences in race, education, and federal poverty level due to small samples. 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	68.0
Annual Indicator	78.6	81.5	81.5	77.9	84.0	80.1	83.0	80.0	66.4	
Numerator	13,855	14,376	14,376	13,251	6,895	12,016	12,363	11,938	8,877	
Denominator	17,633	17,634	17,634	17,015	8,212	15,003	14,891	14,928	13,361	
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	
Data Source Year	2014	2015	2015	2016	2019 ¹	2020	2021	2022	2023	

	2026	2027	2028	2029	2030
Annual Objective	69.0	70.0	71.0	72.0	73.0
Annual Indicator					

The 2024 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 2023 PRAMS survey (66.4%) show that Hawaii did not meet the state objective (87.0%) or the HP 2030 Objective (88.9%), but was similar to the 2023 national estimate (69.0%). There were wording changes to safe sleep measures in 2023 so the 2023 data could not be compared to data from previous years. Due to question change, the state objective for 2025 has been updated based on 2024 baseline data, and then an approximate 10% improvement over 5 years through 2030. The 2023 subgroup data show that those with less than a high school education (48.9%) were less likely to place their infants on their back to sleep, compared to those who had some college education (67.9%) or college graduates (74.5%). Other subgroup data analyses did

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.

not show significant differences, due to small samples.

Prior to the question change, the 2019-2022 aggregated data reveal 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	23.5	
Numerator				3,306	2,245	3,565	4,047	3,383	3,208	
Denominator				16,296	7,829	14,455	14,591	14,412	13,645	
Data Source				PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	
Data Source Year				2016	2019 ¹	2020	2021	2022	2023	

	2026	2027	2028	2029	2030
Annual Objective	31.0	32.0	32.0	33.0	33.0
Annual Indicator					

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 2023 PRAMS survey (23.5%) showed that Hawaii did not meet the state objective (31.0%) and was significantly lower than the 2023 national estimate (29.1%). There were wording changes to safe sleep measures in 2023 so the 2023 data could not be compared to data from previous years. The state objectives from 2026-2030 reflect an approximate 5% improvement over 5 years. The 2023 subgroup data showed that those uninsured (9.3%) had a significantly lower estimate than those who had other public insurance (30.3%) in placing their infants on separate approved surface to sleep. Those who were unmarried (14.7%) had lower estimates than those who were married (29.8%). No other significant differences were found among subgroups due to small samples.

Prior to the question change, the 2019-2022 aggregated data reveal that 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	64.0
Annual Indicator			31.6	48.1	45.9	52.0	50.4	64.0	
Numerator			5,186	3,755	6,633	7,507	7,256	8,711	
Denominator			11,228	7,801	14,447	14,442	14,405	13,603	
Data Source			PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	
Data Source Year			2016	2019 ¹	2020	2021	2022	2023	

	2026	2027	2028	2029	2030
Annual Objective	65.0	65.0	66.0	66.0	67.0
Annual Indicator					

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 2023 PRAMS survey (64.0%) showed that the 2024 state objective of 50.0% has been met, but was significantly lower than the 2023 national estimate (71.0%). There were wording changes to safe sleep measures in 2023 so the 2023 data could not be compared to data from previous years. Due to question change, the state objective for 2025 has been updated base on 2024 baseline data, and then an approximate 5% improvement over 5 years through 2030. The 2023 subgroup data show that those who were uninsured (38.8%) had a significantly lower estimate than those who had private (69.4%) or other public (70.9%) insurance in placing their infants to sleep without soft objects or loose bedding. Those who were unmarried (54.8%) had lower estimates than those who were married (70.6%). Native Hawaiians/Other Pacific Islanders (30.0%), Asians (64.9%), and Multiple Races (56.8%) had significantly lower estimates than Whites (85.6%).

Prior to the question change, the 2019-2022 aggregated data show that 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%).

Safe Sleep – Room Sharing (SS-D): Percent of infants room-sharing with an adult during sleep

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective									80.0
Annual Indicator								79.8	
Numerator								11,015	
Denominator								13,803	
Data Source								PRAMS	
Data Source Year								2023	

	2026	2027	2028	2029	2030
Annual Objective	81.0	82.0	83.0	83.0	84.0
Annual Indicator					

This is a newly developed measure. There was no data on this measure prior to 2023. Data from the 2023 PRAMS survey show that the estimate (79.8%) was similar to the 2023 national estimate (79.9%). The state objective for 2025 is set based on the baseline data, and then an approximate 5% improvement over 5 years through 2030. The 2023 subgroup data show that those who were uninsured (54.0%) had a lower estimate than those who had private insurance (80.1%) or those on Medicaid (82.3%) in room-sharing with an adult during sleep. No other significant differences were found in subgroup analyses.

Housing Instability-Pregnancy (HI-Pregnancy): Percent of women with a recent live birth who experienced housing instability in the 12 months before a recent live birth

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator								4.3	
Numerator								609	
Denominator								14,100	
Data Source								PRAMS	

Data Source								2023	
Year									

This is a newly developed measure. There was no data on this measure prior to 2023. The related Healthy People 2030 Objective is to reduce the proportion of families that spend more than 30 percent of income on housing to 25.5%. The 2023 PRAMS estimate (4.3%) was significantly lower than the 2023 national estimate (7.9%) for this measure. The 2023 subgroup data show that those who were on Medicaid (8.8%) had a higher estimate than those who had private insurance (2.1%). Those who were unmarried (7.1%) had a higher estimate than those who were married (2.3%) in housing instability. Those who participated in WIC during pregnancy (8.3%) had a higher estimate in housing instability than those who did not (2.4%).

Housing Instability-Child (HI-Child): Percent of children, ages 0 through 11, who experienced housing instability in the past year

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator								16.4	
Numerator								31852	
Denominator								193,861	
Data Source								NSCH	
Data Source Year								2022-2023	

This is a newly developed measure. There was no data on this measure prior to 2022-2023. The related Healthy People 2030 Objective is to reduce the proportion of families that spend more than 30 percent of income on housing to 25.5%. Aggregated data from 2022-2023 show that Hawaii estimate (16.4%) was same as the 2023 national estimate (16.4%) for this measure. Subgroup analyses show that those who had one adverse childhood experience (ACE; 33.3%), or two or more ACEs (41.0%) had higher estimates than those with no ACE (6.8%). Those whose parents were high school graduates (32.7%) had a higher estimate than those whose parents were college graduates (11.7%). Native Hawaiians/other Pacific Islanders (39.9%), or Native Hawaiians/other Pacific Islanders alone or in combination (23.7%) had higher estimates than Whites (8.4%) or Asians (7.9%) in housing instability. Those whose parents were on Medicaid (39.6%) had higher estimates than those uninsured (6.6%) or those who had private insurance (7.0%). Those who were at federal poverty level (FPL) of less than 100% (22.5%), or between 100-199% of the FPL(32.3%) were more likely to have housing instability compared to those at 400% or higher of the FPL (5.7%).

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		38.5	36.8	30.9	41.7	42.9	34.6	35.1	
Numerator		14,439	12,075	12,241	17,649	15,943	12,730	11,189	
Denominator		37,496	32,848	39,590	42,317	37,200	36,781	31,851	
Data Source		NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	
Data Source Year		2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²	

	2026	2027	2028	2029	2030
Annual Objective	46.0	47.0	48.0	49.0	50.0
Annual Indicator					

Aggregated data from 2022-2023 show that the estimate for Hawaii (35.1%) did not meet the 2024 state objective (44.0%) but was similar to the national estimate of 35.6%. The decrease from 2020-2021 (42.9%) 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 2026 to 2030 show an annual increase of 1 percentage point. There were no significant differences in reported subgroups by health insurance, federal poverty level, federal race/ethnic groups, and sex based on the 2022-2023 data provided.

Childhood 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

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator	69.9	68.4	71.8	73.9	67.2	79.2	79.2	70.5	70.2
Numerator	13,000	13,000	13,000	14,000	11,000	13,000	13,000	12,000	11,000
Denominator	18,000	18,000	18,000	19,000	17,000	17,000	17,000	16,000	16,000
Data Source	NIS	NIS	NIS	NIS	NIS	NIS	NIS	NIS	NIS

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>

Data Source Year	2013	2014	2015	2016	2017	2018	2018	2019	2020
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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. In the latest 2020 data, the proportion of children 19-35 months of age who received the recommended vaccine series was 70.2%, which was similar to the national estimate (67.8%). The decrease in estimate from 2018 (79.2%) was non-significant. Based on 2018-2020 aggregated data, those who had other public insurance (58.8%) had a lower estimate in childhood vaccination than those who had private insurance (79.5%). Hispanics (63.4%) and Whites (68.0%) had lower rates of child vaccination compared to Asians (88.2%).

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
Annual Indicator	46.9	46.7	46.7	45.4	46.9	42.4	44.6	47.2	47.5
Numerator	8,363	8,384	8,384	7,943	3,904	6,506	6,813	7,144	6,793
Denominator	17,831	17,963	17,963	17,511	8,317	15,343	15,266	15,151	14,286
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2014	2015	2015	2016	2019 ¹	2020	2021	2022	2023

In 2023, the estimate for Hawaii (47.5%) was similar to the national estimate (44.1%). 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 2023 data, women with less than a high school education (29.4%) or those who were high school graduates (28.8%) were less likely to have a dental visit during pregnancy compared to college graduates (68.0%). Those who were on Medicaid (28.9%) had a lower estimate in dental visit during pregnancy than those who had private insurance (61.1%) or other public insurance (50.0%). Women under 20 years old (20.3%) were less likely to have a dental visit during pregnancy compared to those between 30-34 years old or those 35 and older (65.6%). Native Hawaiians/Other Pacific Islanders (23.9%) also had a lower estimate compared to Whites (57.5%) or Asians (55.6%) in dental visit during pregnancy.

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
Annual Objective		84.0	85.0	86.0				

Annual Indicator		84.4	86.1	85.6	84.8	84.7	82.7	83.2
Numerator		242,039	236,727	240,944	244,146	235,474	231,208	235,680
Denominator		286,668	275,064	281,317	288,054	278,147	279,665	283,206
Data Source		NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year		2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²

Aggregated data from 2022-2023 show that the estimate for Hawaii (83.2%) was significantly higher than the national estimate of 79.2% for preventive dental visits among children. Based on the aggregated 2022-2023 data, children 1-5 years of age had a lower estimate (70.8%) compared to children 6-11 years of age (89.7%) and 12-17 years of age (86.6%). Those below 100% of the FPL (68.9%) or at 100%-199% of the FPL (75.9%) were less likely to have a preventive dental visit than those at or above 400% of the FPL (88.9%). Uninsured children (57.8%) or those who had Medicaid (75.7%) were less likely to have a dental visit in the past year compared to those who had private insurance (87.7%). Native Hawaiians/Other Pacific Islanders (69.7%), Native Hawaiians/Other Pacific Islanders alone or in combination (77.9%) had lower estimates than Whites (88.9%). This performance measure has been dropped in FY 2020, so no objectives have been set beyond 2020.

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
Annual Indicator		20.8	20.7	20.0	19.5	23.6	19.9	20.3
Numerator		20,590	20,642	20,396	19,772	23,052	19,872	20,851
Denominator		99,055	99,685	101,873	101,470	97,661	99,889	102,682
Data Source		NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year		2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²

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 2022-2023 show that the estimate for Hawaii (20.3%) was similar to the national estimate of 25.6%. The decline in estimate from 2020-2021 (23.6%) was non-significant. Based on 2022-2023 data, Hispanic (13.2%), Asian (7.4%), and Multiple Race (14.4%) children were less physical active than Whites (45.5%).

Food Sufficiency (FS): Percent of children, ages 0 through 11, whose households were food sufficient in the past year

	2017	2018	2019	2020	2021	2022	2023	2024	2025
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Annual Objective									63.1
Annual Indicator		71.9	70.2	67.0	66.7	69.3	65.9	63.1	
Numerator		146,095	142,238	135,806	133,200	135,825	128,790	122,498	
Denominator		203,266	202,678	202,714	199,688	196,053	195,383	193,987	
Data Source		NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	
Data Source Year		2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²	

	2026	2027	2028	2029	2030
Annual Objective	64.0	65.0	65.0	66.0	66.0
Annual Indicator					

This is a newly developed measure. The related Healthy People 2030 Objective is to reduce the proportion of household food insecurity and hunger to 6.0%. The 2022-2023 Hawaii estimate (63.1%) was significantly lower than the national estimate (68.6%) for this measure. There has been significant decline in the percent of children whose households were food sufficient since 2016-2017 (71.9%). The state objective for 2025 is set based on 2024 baseline data, and then an approximate 5% improvement over 5 years through 2030. The 2022-2023 subgroup data show that children whose parents were high school graduates (51.2%) had a lower estimate than those whose parents were college graduates (69.9%). Those who were on Medicaid (38.1%) had a lower estimate in food sufficiency than those who had private insurance (73.1%). Those below 100% of the FPL (46.7%) or between 100-199% of the FPL (36.7%) had significantly lower estimates in food sufficiency than those at or above 400% of the FPL (85.6%). Children whose parents were unmarried (37.2%) or single parent households (54.1%) had lower estimates in food sufficiency in the past year, compared to those whose parents were married (70.9%). Native Hawaiians/Other Pacific Islanders (27.0%), Native Hawaiians/Other Pacific Islanders alone or in combination (45.4%) and Hispanics (58.5%) had lower estimates than Whites (80.1%) in food sufficiency in the past year.

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
Annual Objective		74.0	75.0	80.0	80.0	81.0	82.0	83.0
Annual Indicator		73.6	73.6	73.7	73.7	66.0	68.9	71.9
Numerator		71,155	71,155	70,019	70,019	62,830	65,633	68,202
Denominator		96,675	96,675	94,994	94,994	95,209	95,192	94,913

Data Source		NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year		2016_2017 ²	2016_2017 ²	2019_2020 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²

The 2024 Title V state objective is to increase the percent of adolescents with a preventive medical visit in the past year to 83.0%. Aggregated data from 2022-2023 show that Hawaii (71.9%) did not meet the state objective (83.0%) but was similar to the national estimate of 71.4%. This measure was affected by a 2018 wording change to the item assessing receipt of medical care in the past year with the previous wording restored in 2019; thus, 2018 data are not provided. Data prior to 2019 was not comparable. The increase from 2020-2021 (66.0%) to the 2022-2023 estimate (71.9%) was non-significant. 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%). Adolescents with Special Health Care Needs (CSHCN, 91.4%) were significantly more likely to have preventive medical visits than non-CSHCN (66.0%). No other significant differences were found in subgroup analyses based on 2022-2023 aggregated data.

Mental Health Treatment (MHT): Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling

	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator		90.3	91.8	89.8	80.0	79.7	85.4	87.9
Numerator		11,112	12,677	11,789	9,092	9,332	12,704	14,183
Denominator		12,303	13,804	13,131	11,360	11,702	14,867	16,137
Data Source		NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year		2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²

This is a newly developed measure. The related Healthy People 2030 Objective is to increase the proportion of adolescents with depression who get treatment to 44.9%. The 2022-2023 Hawaii estimate (87.9%) was similar to the national estimate (82.5%) for this measure. The decline in estimate from 2017-2018 (91.8%) was not significant. Sample was too small to conduct subgroup analysis for this measure.

Tobacco Use (TU): Percent of adolescents, grades 9 through 12, who currently use tobacco products

	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator		27.2	27.2	30.0	30.0	14.4	14.4	13.5
Numerator		11,484	11,484	14,078	14,078	7,139	7,139	6,523
Denominator		42,216	42,216	46,952	46,952	49,551	49,551	48,451

Data Source		YRBS	YRBS	YRBS	YRBS	YRBS	YRBS	YRBS
Data Source Year		2017	2017	2019	2019	2021	2021	2023

Data note: For years 2017-2023 HI, IN, MA, NJ, and NC asked only about cigarettes, electronic vapor products, and smokeless tobacco products; and NH only asked about electronic vapor products. For years 2017-2021, FL only asked about cigarettes. States who ask a subset of questions should not be compared to the US estimate.

This is a newly developed measure. The related Healthy People 2030 Objective is to reduce current cigarette smoking in adolescents to 3.4%, and to reduce current e-cigarette use in adolescents to 10.5%. The estimate from Hawaii could not be compared to the national estimate as Hawaii only included a subset of tobacco questions (i.e., cigarettes, electronic vapor products, and smokeless tobacco products) from 2017-2023. There has been a significant decline in adolescent tobacco use from 2019 (30.0%) to 2023 (13.5%). Based on 2023 data, Asians (9.8%) had a lower estimate in adolescent tobacco use compared to Native Hawaiians/Other Pacific Islanders (17.1%) or Hispanics (18.6%). No other differences were found in subgroup analyses based on 2023 data.

Adult Mentor (ADM): Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance

	2017	2018	2019	2020	2021	2022	2023	2024
Annual Objective								
Annual Indicator		92.0	90.1	89.7	90.5	86.7	87.1	89.0
Numerator		87,166	85,192	82,480	84,294	81,972	83,233	86,020
Denominator		94,768	94,502	91,959	93,143	94,531	95,513	96,632
Data Source		NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year		2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²

This is a newly developed measure. The related Healthy People 2030 Objective is to increase the proportion of adolescents who have an adult they can talk about serious problems to 78.4%. The 2022-2023 Hawaii estimate (89.0%) from NSCH data was similar to the national estimate (86.8%). There was no significant change in the estimate of adult mentor since 2016-2017 (92.0%). No significant differences were found in subgroup analyses based on 2022-2023 NSCH data.

Adult Mentor (ADM): Percent of adolescents, ages 12 through 17, who report that they have some other adult they can talk to about a serious problem

	2017	2018	2019	2020	2021	2022	2023	2024
Annual Objective								
Annual Indicator							26.5	21.4
Numerator							25,000	20,000

Denominator							94,000	93,000
Data Source							NSDUH	NSDUH
Data Source Year							2021_2022	2022_2023

This is a newly developed measure. There was no NSDUH data for this measure prior to 2021-2022. The 2022-2023 Hawaii estimate (21.4%) was similar to the national estimate (23.7%) for this measure. The decline from 2021-2022 (26.5%) was non-significant. No subgroup NSDUH data was available for this measure.

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

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							43.2	43.2
Annual Indicator	44.7	46.4	45.5	42.8	42.3	43.2	37.6	
Numerator	23,442	23,322	26,160	23,963	20,411	23,178	22,501	
Denominator	52,399	50,279	57,550	56,033	48,200	53,643	59,844	
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	
Data Source Year	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²	

	2026	2027	2028	2029	2030
Annual Objective	43.2	44.0	44.0	45.0	45.0
Annual Indicator					
Numerator					

Aggregated data from 2022-2023 show that the estimate for Hawaii (37.6%) was similar to the national estimate of 39.3% 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 2030 reflect an approximate 5% improvement over 5 years. No differences were found in subgroup analysis based on aggregated 2022-2023 data.

All Children

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective								46.6	46.6
Annual Indicator		49.5	47.5	47.5	47.7	47.3	46.6	43.1	
Numerator		151,676	143,919	143,339	143,295	140,015	138,882	128,417	
Denominator		306,314	302,849	301,757	300,109	296,153	297,934	298,004	
Data Source		NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	
Data Source Year		2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²	

	2026	2027	2028	2029	2030
Annual Objective	47.0	48.0	48.0	49.0	49.0
Annual Indicator					

Aggregated data from 2022-2023 show the estimates for all children who have a medical home in Hawaii (43.1%) was similar to the national estimate (45.3%). There was no significant change in the estimate when compared to the 2019-2020 estimate. The state objectives through 2030 reflect an approximate 5% improvement over 5 years. Based on the 2022-2023 aggregated data, those at or above 400% of the FPL (56.3%) had a significantly higher estimate to have a medical home compared to the estimates from FPL groups below 400%. Children whose parents were high school graduates (33.6%) or those with some college education (33.4%) were less likely to have a medical home compared to those whose parents were college graduates (49.7%). Those who were uninsured (17.7%) or those who had Medicaid (30.1%) were less likely than those who had private insurance (50.1%) to have a medical home.

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

1) Component: Care Coordination if needed:

CSHCN

	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator		63.9	67.6	65.5	68.5	62.3	60.4	52.2
Numerator		22,921	23,497	25,692	26,615	20,142	23,242	24,110

Denominator		35,891	34,774	39,236	38,875	32,332	38,495	46,191
Data Source		NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year		2016 2017 ²	2017 2018 ²	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²

The 2022-2023 data for the care coordination if needed component show that for CSHCN, the Hawaii estimate (52.2%) did not meet the 2024 objective (58.8%) but was similar to the national estimate (54.1%). The decline from 2019-2020 (68.5%) was non-significant. No significant differences were found in subgroup analyses based on 2022-2023 data.

All children:

	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator		71.5	75.2	72.8	74.6	74.7	71.7	65.3
Numerator		108,312	107,020	94,603	98,266	94,781	96,674	89,783
Denominator		151,415	142,323	129,960	131,744	126,938	134,852	137,525
Data Source		NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children
Data Source Year		2016 2017 ²	2017 2018 ²	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²

The 2022-2023 data for the care coordination if needed component show that for all children, the Hawaii estimate (65.3%) was similar to the national estimate (66.6%). There was no significant change in the estimate when compared to the 2019-2020 estimate. Based on 2022-2023 data, CSHCNs (52.2%) had a significantly lower estimate than non-CSHCNs (71.9%). No other differences were found in subgroup analyses for this component.

2) Component: Family-Centered Care

CSHCN:

	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator		87.2	83.8	84.7	90.5	85.2	79.1	77.9
Numerator		42,618	37,152	42,223	45,961	35,979	37,907	43,673
Denominator		48,870	44,340	49,878	50,794	42,241	47,919	56,039
Data Source		NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year		2016 2017 ²	2017 2018 ²	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²

The 2022-2023 data for the family-centered component show that for CSHCN, the Hawaii estimate (77.9%) was similar to the national estimate (81.2%). The decline in estimate since 2019-2020 (91.1%) was significant. No significant differences were found in subgroup analyses based on 2022-2023 data.

All children

	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator		88.2	87.3	89.9	91.3	89.9	88.8	88.1
Numerator		222,266	193,741	197,624	220,961	203,478	205,681	206,963
Denominator		251,968	221,799	219,922	241,939	226,224	231,668	234,834
Data Source		NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children
Data Source Year		2016 2017 ²	2017 2018 ²	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²

The 2022-2023 data for the family-centered component show that for all children, the Hawaii estimate (88.1%) did not meet the 2024 objective (88.8%) but was significantly higher than the national estimate (84.3%). There was no significant change in the estimate when compared to the 2019-2020 estimate. Based on 2022-2023 data, CSHCNs (77.9%) had a significantly lower estimate than non-CSHCNs (91.3%). No other differences were found in subgroup analyses for this component.

3) Component: Personal Doctor or Nurse CSHCN

	2018	2019	2020	2021	2022	2023	2024
Annual Indicator	76.0	83.0	84.3	83.2	85.0	87.6	86.8
Numerator	39,806	41,737	48,344	46,396	40,743	46,831	51,941
Denominator	52,399	50,279	57,376	55,754	47,917	53,464	59,844
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016 2017 ²	2017 2018 ²	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²

The 2022-2023 data for the personal doctor or nurse component show that for CSHCN, the Hawaii estimate (86.8%) was significantly higher than the national estimate (77.1%). The estimate has not changed significantly since 2019-2020 when the estimate was 83.2%. No significant differences were found in subgroup analyses based on 2022-2023 data.

All children

	2018	2019	2020	2021	2022	2023	2024
Annual Indicator	73.1	72.8	75.3	74.9	73.5	76.3	76.0

Numerator	221,758	218,625	226,896	223,546	216,403	226,759	226,329
Denominator	303,485	300,497	301,173	298,657	294,400	297,251	297,898
Data Source	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children
Data Source Year	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²

The 2022-2023 data for the personal doctor or nurse component show that for all children, the Hawaii estimate (76.0%) did not meet the 2024 objective (76.3) but was significantly higher than the national estimate (71.8%). There was no significant change in the estimate when compared to the 2019-2020 estimate. Based on 2022-2023 data, non-CSHCNs (73.3%) had a significantly lower estimate than CSHCNs (86.8%). Those uninsured (45.3%), those with FPL below 100% (61.5%), and those whose parents had some college education (68.2%) had lower estimates for this component.

4) Component: Referrals if needed

CSHCN

	2018	2019	2020	2021	2022	2023	2024	2025
Numerator			17,860	18,206	13,300	13,322	17,219	
Denominator			20,074	21,506	18,136	20,117	25,000	
Data Source			NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	
Data Source Year			2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²	

There was no data prior to 2018 for this component. The 2022-2023 data for the referrals if needed component show that for CSHCN, the Hawaii estimate (68.9%) met the 2024 objective (66.0%) and was similar to the national estimate (71.4%). The decline in estimate from 2018-2019 (89.0%) to 2022-2023 (68.9%) was significant. Subgroup analyses based on 2022-2023 data revealed that those who were on Medicaid (42.1%) had a lower estimate than those with private insurance (80.9%). Those under the age of 5 years old (50.5%) had a lower estimate than those 6-11 years (87.3%) for this component.

All children

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator			88.5	85.7	81.8	79.1	78.2	
Numerator			43,198	40,865	36,277	36,420	38,666	
Denominator			48,795	47,687	44,332	46,044	49,440	
Data Source			NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	

Data Source Year			2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²	
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There was no data prior to 2018 for this component. The 2022-2023 data for the referrals if needed component show that for all children, the Hawaii estimate (78.2%) was similar to the national estimate (77.0%). There was no significant change in the estimate when compared to the 2018-2019 estimate (88.5%). Subgroup analyses based on 2022-2023 data revealed that CSHCNs (68.9%) had a significant lower estimate than non-CSHCNs (87.8%). No other differences were found in subgroup analyses for this component.

5) Component: Usual Source of Care

CSHCN

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	85.2	82.6	80.6	76.0	78.2	82.1	79.9	
Numerator	44,348	41,399	46,240	42,469	37,584	43,618	46,958	
Denominator	52,065	50,132	57,376	55,859	48,086	53,160	58,783	
Data Source	NSCH- CSHCN	NSCH- CSHCN	NSCH- CSHCN	NSCH- CSHCN	NSCH- CSHCN	NSCH- CSHCN	NSCH- CSHCN	
Data Source Year	2016 2017 ²	2017 2018 ²	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²	

The 2022-2023 data for the usual source of care component show that for CSHCN, the Hawaii estimate (79.9%) did not meet the 2024 objective (86.2%) but was similar to the national estimate (80.9%). The increase in estimate since 2019-2020 (76.0%) was non-significant. No significant differences were found in subgroup analyses based on 2022-2023 data.

All children

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	78.8	73.5	73.2	73.3	71.6	71.6	69.5	
Numerator	237,337	218,726	218,008	217,057	209,889	209,612	202,789	
Denominator	301,040	297,510	297,794	296,300	293,189	292,758	291,828	
Data Source	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	
Data Source Year	2016 2017 ²	2017 2018 ²	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²	

The 2022-2023 data for the usual source of care component show that for all children, the Hawaii estimate (69.5%) was significantly lower than the national estimate (75.7%). There has been a significant decline in the estimate from 2016-2017 (78.8%) to 2022-2023 (69.5%) for this component. Subgroup analyses based on 2022-2023 data revealed that non-CSHCNs (66.9%) had a significant lower estimate than

CSHCNs (79.9%). Those whose parents were high school graduate (55.1%) or had some college education (59.6%) had lower estimates than those whose parents were college graduates (78.5%). Those uninsured (36.7%) or on Medicaid (56.3%) had lower estimates than those who had private insurance (77.3%) for this component. Those below 100% of the FPL (47.4%) or at 100-199% of the FPL (59.6%) had lower estimates than those who were at 400% or higher of the FPL (81.3%). Native Hawaiians/other Pacific Islanders (56.7%), Native Hawaiians/other Pacific Islanders alone or in combination (68.8%), and Asians (59.7%) had lower estimates than Whites (83.6%) for the usual source of care component.

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

	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	21.6	24.4	15.3	14.4	19.2	16.8	21.3	
Numerator	4,625	5,305	3,635	3,491	4,450	3,914	5,287	
Denominator	21,410	21,742	23,753	24,241	23,144	23,305	24,832	
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	
Data Source Year	2016 2017 ²	2017 2018 ²	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²	

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 (CSHCN). The aggregated 2022-2023 data show that the estimate for Hawaii (21.3%) did not meet the 2023 state objective (27.0%) but was similar to the national estimate of 21.8% in those with special health care needs. The decrease in estimate from 2017-2018 (24.4%) to 2022-2023 (21.3%) 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 been met. With this baseline data, the state objectives through 2030 reflect an approximate 5% improvement over 5 years. The sample size was too small to perform a subgroup analysis to determine risk factors.

For all adolescents, the aggregated 2022-2023 data show that the estimates for Hawaii (21.7%) was similar to the national estimate (18.1%) for this measure. No significant differences were found in subgroup analyses based on 2022-2023 data.

Bullying (BLY): Percent of adolescents, with and without special health care needs, ages 12-17, who are bullied or who bully other

This year, the Bullying measure is reported for all adolescents as well as for those with special health care needs (CSHCN), for both bullying-perpetration and bullying-victimization.

Bullying-Perpetration (Those who bully others):

All Adolescents

	2020	2021	2022	2023	2024	2025
Annual Indicator	15.3	12.2	8.6	11.8	13.1	
Numerator	14,233	11,545	8,140	11,581	13,116	
Denominator	93,031	94,764	94,569	97,847	100,297	
Data Source	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents	
Data Source Year	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²	

For all adolescents, aggregated National Survey on Children's Health data from 2022-2023 show that the estimate for bullying others in Hawaii (13.1%) was similar to the national estimate of 11.7%. The increase from 2020-2021 (8.6%) and the decrease from 2018-2019 (15.3%) were both non-significant. The related HP 2030 Objective is to reduce bullying of sexual minority (lesbian, gay, or bisexual) high school students to 25.1%. The 2025 objective is set based on the 2024 baseline data, and then an approximate 10% improvement over 5 years through 2030. No significant differences were found in subgroup analyses based on the 2022-2023 data provided.

CSHCN

	2020	2021	2022	2023	2024	2025
Annual Indicator	32.0	23.5	14.6	16.2	23.1	
Numerator	7,559	5,649	3,350	3,760	5,725	
Denominator	23,639	24,073	22,964	23,178	24,832	
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	
Data Source Year	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²	

For CSHCNs, aggregated 2022-2023 data from show that the estimate for bullying others in Hawaii (23.1%) was similar to the national estimate (18.7%). The increase in estimate from 2020-2021 (14.6%) was non-significant. Sample was too small to perform subgroup analyses based on 2022-2023 data.

Bullying-Victimization (Those who are bullied):

All Adolescents

	2020	2021	2022	2023	2024	2025
						25.5
Annual Indicator	37.6	31.6	22.3	22.2	25.5	
Numerator	35,362	29,903	21,025	21,686	25,529	
Denominator	94,145	94,585	94,453	97,847	100,297	
Data Source	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents	
Data Source Year	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²	

	2026	2027	2028	2029	2030
Annual Objective	24.0	24.0	23.0	23.0	22.0
Annual Indicator					

For all adolescents, the estimates for being bullied in Hawaii (25.5%) was significantly lower than the national estimate (33.2%). The decline in the estimate for being bullied was not significant when compared to the 2018-2019 (37.6%) estimate. The 2025 objective is set based on the 2024 baseline data, and then an approximate 10% improvement over 5 years through 2030. Based on 2022-2023 aggregated data, children with special health care needs (CSHCN; 48.5%) were more likely to be bullied than children without special health care needs (non-CSHCN; 17.9%). Those who had two or more ACEs (44.8%) were significantly more likely to be bullied compared to those with one ACE (18.1%) or those with no ACE (21.0%). There were no other significant differences in reported subgroups in the 2022-2023 data provided.

CSHCN

	2020	2021	2022	2023	2024	2025
Annual Indicator	59.5	45.9	36.2	40.5	48.5	
Numerator	14,060	11,026	8,289	9,380	12,049	
Denominator	23,639	23,997	22,888	23,178	24,832	
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	
Data Source Year	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²	

For CSHCNs, aggregated 2022-2023 data from show that the estimate for being bullied in Hawaii (48.5%) was similar to the national estimate (49.3%). The increase in estimate from 2020-2021 (36.2%) was non-significant. Sample was too small to perform subgroup analyses based on 2022-2023 data.

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
Annual Indicator	25.4	25.4	24.1	24.1	21.9	21.9	21.9	17.3	21.8
Numerator	10,354	10,354	9,843	9,843	10,082	10,082	10,082	8,532	10,508
Denominator	40,686	40,686	40,898	40,898	46,095	46,095	46,095	49,290	48,295
Data Source	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS
Data Source Year	2015	2015	2017	2017	2019	2019	2019	2021	2023

The Youth Risk Behavior Survey System (YRBSS) also provides data on bullying. Data from 2023 YRBSS show that the estimate for being bullied in Hawaii (21.8%) was similar to the national estimate (25.0%). There was a significant increase in Hawaii's rate when compared to 2021 (17.3%), but the estimate did not change significantly since 2015 (25.4%). Among subgroups, those that reported their sexual orientation as lesbian, gay, or bisexual reported higher estimates (36.7%) were more likely to be bullied when compared to those that reported their sexual orientation as heterosexual (19.2%). Hispanics (29.4%) had significantly higher estimates of being bullied compared to Native Hawaiians/Other Pacific Islanders (19.5%). Those who were in 9th grade (26.1%) had a higher estimate of being bullied compared to those in 12th grade (17.6%).

Standardized 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
Annual Indicator	77.2	75.9	76.5	72.5	72.0	73.0	71.6	69.6	66.4
Numerator	13,650	13,232	12,515	11,920	11,377	10,790	10,338	10,168	9,234
Denominator	17,680	17,426	16,355	16,433	15,800	14,785	14,446	14,615	13,905
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023

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 2023, Hawaii did not

meet that HP 2030 objective and was significantly lower than the national estimate of 76.1%. The 2023 estimate showed significant decline when compared to the 2022 (69.6%) and 2020 (73.0%) estimates. Higher risk groups included Native Hawaiian/Other Pacific Islanders (39.0%), women under 20 years of age (44.4%), women who had less than a high school education (49.3%), women who had Medicaid (56.2%) or those uninsured (49.5%), those unmarried (60.5%), or those who participated in the WIC program during pregnancy (61.2%).

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator	20.3	19.8	20.7	22.4	23.1	23.0	22.8	24.4	23.7
Numerator	1,185	1,122	1,177	1,179	1,218	1,241	1,147	1,271	1,199
Denominator	5,850	5,671	5,683	5,265	5,276	5,407	5,039	5,211	5,066
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023

In 2023, 23.7% of low-risk first births resulted in a cesarean delivery, which is significantly below the national estimate of 26.6%. 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%) was non-significant, but the estimate was significantly higher than 2017 when 20.7% of all low-risk first births were a cesarean delivery. Based on 2023 data, Whites (20.3%) were significantly less likely to have a cesarean delivery compared to Native Hawaiians/Other Pacific Islanders (27.5%). Those 30-34 years of age (26.4%) or 35 and older (34.8%) were more likely to have a cesarean delivery among low-risk first births compared to those 20-24 years of age (17.2%) or under 20 years of age (12.9%). Those who had private insurance (27.5%) had a higher estimate than those who had Medicaid (22.9%), other public insurance (19.8%) or those uninsured (10.2%).

Drinking During Pregnancy-Any (DDP-A): Percent of women who drink any alcohol during pregnancy

	2021	2022	2023	2024	2025
Annual Indicator			21.3		
Numerator			2,983		
Denominator			14,033		

Data Source			PRAMS		
Data Source Year			2023		

This is a newly developed measure. There was no data prior to 2023. The related HP 2030 objective is to increase abstinence from alcohol among pregnant women to 92.2%. In data from 2023, the proportion of women who had any alcohol use during pregnancy was 21.3% which was significantly lower than the national estimate (26.2%). Based on the 2023 data, White women (29.5%), those with some college education (27.1%) or college graduates (25.7%); those uninsured (44.2%), those between 25-29 years old (25.5%) or 20-34 years old (25.2%) had higher estimates in drinking any alcohol during pregnancy.

Drinking During Pregnancy-Any Binge (DDP-B): Percent of women who binge drink alcohol during pregnancy

	2021	2022	2023	2024	2025
Annual Indicator			29.3		
Numerator			848		
Denominator			2,889		
Data Source			PRAMS		
Data Source Year			2023		

This is a newly developed measure. There was no data prior to 2023. The related HP 2030 objective is to increase abstinence from alcohol among pregnant women to 92.2%. In data from 2023, women who had binge drinking during pregnancy was 29.3%, which was similar to the national estimate (22.1%). No significant differences were found in subgroup analyses based on 2023 data due to small samples.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator	4.6	3.6	4.0	3.0	2.2	1.9	1.7	1.3	1.0
Numerator	669	642	682	492	354	291	261	197	143
Denominator	14,543	17,635	17,245	16,633	16,400	15,560	15,329	15,281	14,563
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023

The Healthy People 2030 Objective is to increase abstinence from cigarette smoking among pregnant women to 95.7%. Data from 2023 showed that Hawaii (1.0%) met that objective and was significantly below the national estimate of 3.0%. There has been a significant decline in the estimate of smoking during pregnancy since 2020 (1.9%). Based on 2023 subgroup data, high school graduates (2.8%), those on Medicaid/QUEST (2.1%). Native Hawaiians/Other Pacific Islanders alone or in combination (1.8%) or Multiple Races (1.8%); mothers who resided in non-metro areas (2.9%) or those unmarried (1.7%) were more likely to smoke during pregnancy.

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

	2018	2019	2020	2021	2022	2023	2024
Annual Indicator	16.4	15.6	15.2	14.8	14.2	14.0	12.7
Numerator	49,674	46,468	45,173	43,856	41,133	40,823	37,359
Denominator	302,448	298,770	297,854	296,640	290,044	292,484	293,471
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²

Data from 2022-2023 show that the estimate for Hawaii (12.7%) was similar to the national estimate of 11.5% for children living in households where someone smokes. There has been no significant change in the estimate since 2016-2017 (16.4%). Based on the 2022-2023 subgroup estimates, children who lived in households where someone was a high school graduate (20.1%) were more likely to live with smokers compared to those who lived in households where someone graduated college (9.6%). 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 (20.6%) compared to households at or above 400% of the FPL (7.7%). Those with Medicaid/Quest (19.1%) had higher estimates than those with private insurance (9.2%). Native Hawaiians/Other Pacific Islanders alone or in combination (13.9%) and Multiple Races (14.2%) had higher estimates of household smoking than Whites (4.6%). 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%.

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

	2018	2019	2020	2021	2022	2023	2024
Annual Indicator	12.1	14.3	13.1	12.9	14.2	12.5	11.3
Numerator	11,726	13,596	12,303	12,233	13,435	12,295	11,398

Denominator	96,730	95,394	93,970	94,769	94,761	97,991	100,465
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²

Data from 2022-2023 show that the estimate for Hawaii (11.3%) was similar to the national estimate of 13.7%. Based on 2022-2023 subgroup data, females (5.9%) were significantly less likely to be physically active compared to males (16.1%). There were no other significant differences in reported subgroups in 2022-2023 data provided.

Physical Activity – Adolescent (PA-Adolescent): Percent of adolescents, grades 9 through 12, who are physically active at least 60 minutes per day

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	20.3	20.3	19.6	19.6	17.1	17.1	23.1	23.1	22.4	
Numerator	8,016	8,016	7,888	7,888	7,351	7,351	10,760	10,760	10,240	
Denominator	39,528	39,528	40,190	40,190	42,926	42,926	46,644	46,644	45,811	
Data Source	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	
Data Source Year	2015	2015	2017	2017	2019	2019	2021	2021	2023	

The YRBSS also provides data on adolescent physical activity. Data from 2023 YRBS show that the estimate for Hawaii (22.4%) was similar to the national estimate of 24.6%. There has been a significant increase in adolescent physical activity since 2019 (17.1%). The 2023 subgroup data show that Asians (16.6%) were less likely to be physically active than Whites (27.9%) or Multiple Races (22.6%). The estimate for females (14.2%) was significantly lower than males (30.3%) in adolescent physical activity.

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	2.5	
Numerator	4,350	6,484	6,519	8,796	8,330	8,330	7,076	9,697	7,407	
Denominator	312,071	306,799	304,896	302,389	299,909	299,909	304,505	296,511	293,387	
Data Source	ACS	ACS	ACS	ACS	ACS	ACS	ACS	ACS	ACS	
Data Source Year	2015	2016	2017	2018	2019	2019	2021	2022	2023	

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 2023, the proportion of children 0-17 years of age without health insurance was 2.5%, which was significantly below the national estimate (5.2%). The decrease in children without health insurance from 2022 (3.3%) was non-significant. There were no significant differences in subgroup analyses in race, gender, and education level.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	80.8	81.6	80.4	79.9	80.5	81.0	80.3	
Numerator	247,385	248,218	241,170	237,856	237,760	240,559	238,630	
Denominator	306,275	304,034	299,901	297,742	295,210	297,056	297,191	
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	
Data Source Year	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²	

Data from 2021-2022 show that the estimate for Hawaii (80.3%) was higher than the national estimate of 66.5% for continuous and adequate insurance. Based on 2022-2023 data, those who had private insurance (79.1%) were less likely to be adequately insured than those who had Medicaid (90.3%). There were no other significant differences among subgroups based on the 2022-2023 data provided.

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	1.6	1.6	1.6	1.9	2.9	3.1	3.5	
Numerator	8,400	5,015	4,955	4,890	5,638	8,392	9,262	10,349	
Denominator	307,347	305,311	302,682	300,717	299,178	293,809	295,139	295,723	
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	
Data Source Year	2016	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²	

Aggregated data from 2022-2023 show that the estimate for Hawaii (3.5%) 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 2022-2023 data, CSHCN (13.1%) 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 (1.1%). White children (8.7%) had a higher estimate than Asian children (2.0%) in not being able to obtain needed health care in the past year.

MMR Vaccination (VAX-MMR): Percent of children in kindergarten who have received two or more doses of the MMR vaccine

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator	91.6	93.5	95.6	91.5	89.7	92.9	94.3	86.4	89.8
Numerator									
Denominator									
Data Source	ASAR	ASAR	ASAR	ASAR	ASAR	ASAR	ASAR	ASAR	ASAR
Data Source Year	2015_2016	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

This is a newly developed measure. There are no numerator or denominator provided. In data from 2023-2024, the proportion of children in kindergarten who have received two or more doses of the MMR vaccine was 89.8% which was similar to the national estimate (92.7%). No subgroup data was provided for this measure. Also no confidence intervals or numerator/denominator provided.

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
Annual Indicator	71.8	60.6	61.0	61.8	67.0	59.5	57.5	59.1	60.4
Numerator	198,006	169,771	173,982	174,145	185,940	164,292	156,933	167,388	166,734
Denominator	275,967	280,243	285,051	281,651	277,523	276,121	272,911	283,229	275,979
Data Source	NIS	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	2023_2024

The related HP 2030 objective is to increase the proportion of persons who are vaccinated annually against seasonal influenza to 70%. In data from 2023-2024, the proportion of children 6 months-17 years of age vaccinated annually against seasonal influenza was 60.4%, which was similar to the national estimate (55.4%). The 2023-2024 estimate decreased significantly when compared to the 2015-2016 estimate (71.8%). There were no significant differences in subgroup analyses based on the 2023-2024 aggregated data.

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
Annual Indicator	66.8	64.8	69.4	76.7	79.4	84.9	83.8	86.4	87.4

Numerator	52,911	51,921	55,143	60,275	62,610	66,589	64,299	70,178	70,774
Denominator	79,172	80,076	79,470	78,556	78,849	78,453	76,749	81,267	81,017
Data Source	NIS	NIS	NIS	NIS	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023

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 2023, the percentage of adolescents 13-17 years of age who had received at least one dose of the HPV vaccine was 87.4%, which was significantly higher than the national estimate (76.8%). The increase from 2021 (83.8%) was non-significant, but there has been a significant increase over time with 76.7% getting at least one dose of HPV vaccine in 2018. In data from 2021-2023, Asians (94.5%) had a significantly higher estimate than Whites (79.2%) or Native Hawaiians/Other Pacific Islanders (80.0%) in HPV vaccination.

National Outcome Measures

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator	76.8	66.8	87.9	84.7	104.3	104.8	98.6	105.8	112.2
Numerator	119	77	130	121	149	146	129	137	146
Denominator	15,112	11,376	15,010	14,647	14,281	13,934	13,083	12,952	13,016
Data Source	HCUP-SID	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	2022

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 2017-2022 were estimated based on ICD-10 codes, which might not be comparable with previous years. In data from 2022, the rate of severe maternal morbidity was 112.2 per 10,000 live births, which was similar to the national estimate of 94.7. In Hawaii, the rate of severe maternal morbidity was similar to the 2017 estimate (84.7). Based on 2022 data, those who were 35 years and older had a significantly higher estimate (164.7)

compared to those between 25-29 years old (65.7) in severe maternal morbidity. No other differences were found in subgroup analyses due to small samples.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator	12.9	13.1	13.4	12.5	11.7	16.9	16.1	16.6	18.3
Numerator	12	12	12	11	10	14	13	13	14
Denominator	93,068	91,607	89,650	87,878	85,198	82,744	80,574	78,372	76,492
Data Source	Vital Statistics	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	2020_2024

The related HP 2030 objective is to reduce maternal deaths to 15.7 per 100,000 live births. In data from 2020-2024, the rate of maternal mortality was 18.3 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 2020-2024 indicators can be attributed to the extremely small numbers of deaths per year. The sample size was too small to perform a subgroup analysis to determine risk factors.

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	11.3	
Numerator	789	728	714	643	584	470	463	432	423	
Denominator	38,123	37,877	37,287	37,345	37,302	36,031	37,673	36,972	37,433	
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	

The related Healthy People 2030 Objective is to reduce pregnancies among adolescent females to 31.4 pregnancies among 1,000 females. In 2023, the teen birth rate in Hawaii (11.3 per 1,000 females 15-19) met this objective and was significantly lower than the national rate of 13.1. There has been a significant decrease in teen birth rate when compared to the 2019 estimate (15.7). The teen birth rate among those 15-17 years of age in Hawaii (4.0) was significantly lower than the national rate for those 15-17 years of age (5.5). Over time, the rate in Hawaii and nationally has dropped significantly since 2015 (20.7 in Hawaii and 22.3 nationally). Based on 2023 single year data, the rates in Asians (2.6) and Whites (4.1) were lower than Hispanics (21.9) or Native Hawaiians/Other Pacific Islanders (16.0). Those between the age of 18 and 19 years old (23.5) had a significantly higher estimate than those between 15-

17 years old (4.0) in teen births.

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	8.7	
Numerator	1,531	1,537	1,491	1,416	1,410	1,281	1,381	1,315	1,290	
Denominator	18,392	18,045	17,508	16,966	16,784	15,783	15,607	15,527	14,803	
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	

The related HP 2030 objective is to reduce preterm birth to 9.4%. In data from 2023, Hawaii's estimate (8.7%) was similar to the national estimate (8.6%). There has been no significant change over time with 8.5% of births low birth weight in 2017. Analysis of 2023 data showed that mothers who were 35 or more years of age (10.5%), those with less than a high school education (10.9%), and those on Medicaid (9.7%) had higher low birth weight estimates. Asian (11.6%) and Black (11.5%) mothers had higher estimates of low-birth-weight deliveries than White (6.5%) 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	10.1	
Numerator	1,861	1,904	1,829	1,744	1,775	1,582	1,596	1,524	1,488	
Denominator	18,409	18,053	17,508	16,960	16,785	15,775	15,609	15,525	14,800	
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	

The Healthy People 2030 objective is to reduce total preterm births to 9.4%. In data from 2023, Hawaii did not meet that objective (10.1%) but was similar to 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 2023 data show that mothers 35 or more years of age (12.5%) had a higher estimate of preterm birth than other age groups. Native Hawaiians/Other Pacific Islanders (11.0%) and Asians (10.8%) had higher preterm delivery estimates than Whites (8.3%). Mothers with less than a high school education (13.4%) had a higher preterm delivery estimate compared to those with more education.

Stillbirth (SB): Stillbirth rate per 1,000 live births plus fetal deaths

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	5.3	5.3	6.5	6.8	7.0	5.0	6.5	6.9	6.2	
Numerator	99	98	118	120	120	85	103	109	97	
Denominator	18,649	18,518	18,177	17,637	17,092	16,882	15,888	15,729	15,632	
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	
Data Source Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	

This is a newly developed measure. In data from 2022, The stillbirth rate in Hawaii was 6.2, which was similar to the national estimate of 5.5. There has been no significant change in the stillbirth rate in Hawaii since 2015 (5.3). Aggregated 2020-2022 data show that those with birthweight less than 1,500 grams (155.5) or gestation age less than 34 weeks (157.5) had higher estimates of stillbirth rate. Native Hawaiian/Other Pacific Islander mothers (7.8), high school graduates (6.2), or those under the age of 20 years old (12.2) had higher estimates of stillbirth delivery.

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	5.9	
Numerator	93	90	102	111	109	72	82	81	92	
Denominator	18,591	18,452	18,106	17,573	17,023	16,825	15,831	15,665	15,575	
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	
Data Source Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	

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 2022, the rate of perinatal mortality was 5.9 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 2020-2022 data, highest risk groups included those who had multiple births (20.2), those with very low birthweight (191.0), and those with gestational age less than 34 weeks (124.8).

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	5.8	
Numerator	83	105	109	95	115	86	77	73	90	

Denominator	18,550	18,420	18,059	17,517	16,972	16,797	15,785	15,620	15,535	
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	
Data Source Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	

The Healthy People 2030 objective is to reduce this rate to 5.0 per 1,000 live births. In data from 2022, Hawaii's rate was 5.8 infant deaths per 1,000 live births, which did not meet 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 5.6 infant deaths per 1,000 live births. The increase from the 2021 estimate (4.7 infant deaths per 1,000 live births) was not significant. Analyses of aggregated data from 2022-2024 show that Native Hawaiian (6.2) infants based on maternal race had significantly higher infant mortality rates than White (2.2) infants. Mothers with less than a high school education (6.8) had a higher estimate than college graduates (2.9). Infants whose mothers were under 20 years old (12.4) had a higher estimate of infant mortality.

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	4.1	
Numerator	62	67	68	67	66	55	46	51	63	
Denominator	18,550	18,420	18,059	17,517	16,972	16,797	15,785	15,620	15,535	
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	
Data Source Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. In data from 2022, Hawaii exceeded that objective (4.1 neonatal deaths per 1,000 live births) and was similar to the national estimate of 3.6 neonatal deaths per 1,000 live births. Neonatal deaths in Hawaii have not changed significantly since 2017 (3.8 deaths per 1,000 live births). Subgroup analysis of 2020-2022 data show that very low birthweight infants (<1,500 grams; 180.9) were significantly more likely to have neonatal deaths when compared to low birthweight (1,500-2,499 grams; 3.9) or normal birthweight infants (2,500+ grams; 0.8). Infants with gestation age less than 34 weeks (98.4) had a higher estimate of neonatal mortality than those with gestation age of 37-38 weeks (1.4) or 39 and more weeks (0.5).

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	1.7	

Numerator	21	38	41	28	49	31	31	22	27	
Denominator	18,550	18,420	18,059	17,517	16,972	16,797	15,785	15,620	15,535	
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	
Data Source Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. In 2022, the estimate from Hawaii (1.7) was similar to the national estimate of 2.0 postneonatal deaths per 1,000 live births. The 2022 estimate was not significantly different from the 2018 estimate (2.9). Based on 2020-2022 aggregated data, infants with gestation age less than 34 weeks (8.2) had a higher estimate of postneonatal mortality than those with gestation age of 37-38 weeks (1.7) or 39 and more weeks (1.1). Infants from mothers with less than high school education (4.1) had a higher estimate compared to infants from mothers who had more education. Those who had Medicaid (2.7) had a higher estimate of postneonatal mortality than those who had private insurance (1.1).

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	212.4	
Numerator	33	42	39	39	43	36	23	26	33	
Denominator	18,550	18,420	18,059	17,517	16,972	16,797	15,785	15,620	15,535	
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	
Data Source Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	

In 2022, Hawaii experienced 212.4 preterm-related mortalities per 100,000 live births, which was similar to the national estimate of 178.7. The increase in estimate from 2020 (145.7 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). No significant differences were found in subgroup analysis of 2020-2022 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	148.1	
Numerator	15	14	17	17	19	19	10	10	23	

Denominator	18,987	18,420	18,059	18,059	16,972	16,972	15,785	15,785	15,535	
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	
Data Source Year	2013	2015	2016	2016	2018	2018	2020	2020	2022	

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. The 2017, 2019, and 2021 data were not reportable. In 2022, Hawaii's estimate (148.1) was similar to the national estimate of 100.7 deaths per 100,000 live births. The increase in SUID rate from 2020 (63.4 per 100,000 live births), which was mostly due to a small numerator, was non-significant. The sample size was too small to perform a subgroup analysis to determine risk factors.

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	1.0	
Numerator	22	16	16	32	19	15	18	25	13	
Denominator	15,358	15,111	15,111	14,879	14,468	14,226	13,286	13,126	13,197	
Data Source	HCUP-SID	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	2022	

In 2022, Hawaii's rate of infants born with neonatal abstinence syndrome (1.0 per 1,000 delivery hospitalizations) was significantly lower than the national estimate of 5.3 per 1,000 delivery hospitalizations. This rate was similar in Hawaii since 2017 (2.2 per 1,000 delivery hospitalizations). The sample size was too small to perform a subgroup analysis to determine risk factors.

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

	2021	2022	2023	2024	2025
Annual Indicator			51.6	57.6	
Numerator			23,196	28,991	
Denominator			44,974	50,328	
Data Source			NSCH	NSCH	
Data Source Year			2022	2022-2023 ²	

There was no data for this newly developed measure before 2022. In 2022-2023, Hawaii's estimate (57.6%) was similar to the national estimate (64.6%) in percent of children meeting the criteria developed for school readiness. No HP 2030 objective is available yet for this measure. No significant differences were found in subgroup analyses based on 2022-2023 data.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	9.3	8.9	13.2	13.5	10.2	9.5	9.7	
Numerator	26,633	24,731	37,404	39,048	28,600	26,668	27,547	
Denominator	287,126	277,030	283,797	289,378	279,243	279,584	283,051	
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	
Data Source Year	2016 2017 ²	2017 2018 ²	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²	

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 2022-2023 aggregated data, the proportion of children with tooth decay in the past 12 months was 9.7%, which was similar to the national estimate (12.1%). The decline from 2019-2020 (13.5%) in estimates were not significant. There were no significant differences among subgroups based on the 2022-2023 data provided.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator	14.4	16.8	18.2	13.3	16.8	10.3	7.7	21.9	12.9
Numerator	23	27	29	21	26	16	12	33	19
Denominator	160,241	160,245	158,951	157,349	155,129	155,351	155,910	150,378	146,778
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023

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 met this objective for the overall 2023 child mortality rate for those 1-9 years of age (12.9 per 100,000). This estimate was similar to the 2023 national estimate (18.7 per 100,000). The increase from the 2021 estimate (7.7 per 100,000) was non-significant. Based on 2021-2023 aggregated data, the Hawaii estimate among those 1-4 years of age (25.9 per 100,000) was similar to the

national estimate (26.7 per 100,000). The rate of deaths among those 5-9 years of age was significantly lower in Hawaii (5.4) when compared to the national estimate (12.3).

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator	27	33.7	25.8	25.1	31.0	20.9	26.3	31.6	22.3
Numerator	44	54	41	40	49	32	43	51	36
Denominator	163,073	160,416	159,029	159,133	158,163	153,398	163,193	161,201	161,548
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023

The related HP 2030 objective is to reduce the rate of child and adolescent deaths to 18.4 per 100,000. In data from 2023, the rate of adolescent deaths was 22.3 in Hawaii, which was significantly lower than the national estimate (37.9 per 100,000). There has been no change over time, with a rate of 31.0 in 2019. In data from 2021-2023, the Hawaii estimate (16.7 per 100,000) was similar to the national estimate of 17.0 deaths per 100,000 among those 10-14 years of age. The rate of deaths among those 15-19 years of age was 37.6, which was significantly lower than the national estimate (59.6) in 2021-2023 data. Adolescent mortality was higher among males (36.2 per 100,000) compared to females (16.6 per 100,000). Native Hawaiians/Other Pacific Islanders (57.1) had a significantly higher estimate in adolescent mortality compared to Hispanics (22.2), Asians (19.0), or Multiple Races (25.8) based on the 2021-2023 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
Annual Indicator	9.6	10.9	11.0	8.6	6.5	8.6	6.1	5.6	5.6
Numerator	23	26	26	20	15	20	14	13	13
Denominator	240,137	238,506	235,446	232,911	231,497	232,911	230,559	230,698	233,802
Data Source	NVSS	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	2021_2023

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 2021-2023, 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 (12.8). There has been no change

over time with a rate of 11.0 in 2015-2017. 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
Annual Indicator	6.1	6.8	7.0	5.4	6.3	6.2	6.7	6.5	6.8
Numerator	30	33	34	26	30	29	32	31	33
Denominator	488,488	486,385	482,518	478,578	476,325	470,694	474,754	477,792	485,942
Data Source	NVSS	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	2021_2023

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 2021-2023, the rate of adolescent suicide deaths in those 10-19 was 6.8 in Hawaii, which was similar to the national estimate (6.4). The increase from 2016-2018 (5.4) to 2021-2023 (6.8) was non-significant. In 2019-2023 aggregated data, males had a significantly higher estimate (10.2) than females (3.6) in adolescent suicide rate. Those between the age of 15-19 years old (11.7) had a higher estimate than those 10-14 years old (2.7).

Adolescent Firearm Death (AM-Firearm): Adolescent firearm death rate, ages 10 through 19, per 100,000

	2021	2022	2023	2024	2025
Annual Indicator			2.1	2.5	
Numerator			10	12	
Denominator			477,792	485,942	
Data Source			NVSS	NVSS	
Data Source Year			2020_2022	2021_2023	

This is a newly developed measure, with no data prior to 2020-2022. The related Healthy People 2030 Objective is to reduce firearm-related deaths to 10.7 per 100,000. The 2021-2023 rate for adolescent firearm death in Hawaii was 2.5 per 100,000, which was significantly lower than the national estimate (10.1 per 100,000). The sample size was too small to perform a subgroup analysis to determine risk factors.

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
Annual Indicator	122.0	99.7	99.7	77.4	81.3	71.5	61.8	76.3	56.6
Numerator	164	178	178	137	142	123	106	131	94
Denominator	134,382	178,621	178,621	176,901	174,573	171,929	171,595	171,720	166,182
Data Source	HCUP-SID	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	2022

In 2022, the rate of 56.6 per 100,000 hospitalizations for non-fatal injury for children ages 0-9 in Hawaii were significantly below the national rate estimates of 110.1. There were no significant differences in reported subgroups in 2022 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. Based on the 2022 data, those under one year old (113.9) had a significantly higher rate of injury hospitalization than those between 5 to 9 years old (35.8). The sample size was too small to perform a subgroup analysis to determine risk factors.

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
Annual Indicator	177.4	205.2	199.5	180.5	147.0	158.7	164.9	177.1	164.4
Numerator	289	251	320	287	234	251	253	289	265
Denominator	161,855	121,051	160,416	159,029	159,133	158,163	153,398	163,193	161,201
Data Source	HCUP-SID	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	2022

In 2022, the rate of 164.4 per 100,000 hospitalizations for non-fatal injury for adolescents ages 10-19 in Hawaii was significantly below the national rate estimates of 202.6. The increase from 2018 (147.0) to 2022 (164.4) was non-significant. Analysis of the 2022 data revealed that those 10-14 years of age (94.3) were significantly less likely to be hospitalized for non-fatal injury than those 15-19 years of age (240.2). Males (207.5) had a significantly higher rate of hospitalization than females (118.2). Statewide, the rate of hospitalization for non-fatal injury in adolescents did not change significantly since 2015 when it was 205.2.

Women's Health Status (WHS): – Percent of women, ages 18 through 44, in excellent or very good health

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Annual Indicator	53.3	54.1	54.5	55.1	51.8	66.0	64.0	55.3	49.3
Numerator	129,550	132,650	132,155	132,844	123,821	156,495	155,868	133,675	117,206
Denominator	243,219	245,296	242,617	241,285	239,002	237,036	243,485	241,736	237,672
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023

This is a newly developed measure. In 2023, the Hawaii estimate of women in excellent or very good health 49.3%, which was similar to the national estimate (50.0%). There has been a significant decline in the estimate from 2021 (64.0%) to 2023 (49.3%) in the percent of women in excellent or very good health. Based on 2023 data, women with less than a high school education (29.2%) had a lower estimate in excellent or very good health when compared to college graduates (61.7%). Native Hawaiians/Other Pacific Islanders (34.1%) or Multiple Races (42.5%) had lower estimates compared to Whites (64.9%), based on 2023 data.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	91.5	92.4	92.4	92.1	93.2	91.3	90.0	
Numerator	280,659	281,147	279,012	276,555	277,092	272,378	267,812	
Denominator	306,643	304,254	301,989	300,261	297,200	298,413	297,614	
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	
Data Source Year	2016 2017 ²	2017 2018 ²	2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²	

There is no related Healthy People 2030 objective for this measure. In data from 2022-2023, the percent of children in excellent or very good health was 90.0% in Hawaii, which the same as the national estimate (90.0%). Based on the 2022-2023 aggregated data, CSHCNs (69.1%) had a lower estimate than non-CSHCNs (95.2%) in this measure. Those with two or more adverse childhood experiences (ACEs; 78.9%) had a significantly lower estimate than those without any ACE (93.1%).

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator		9.7	10.2	10.3	9.6	10.7	10.7	
Numerator		1,413	1,489	1,343	1,113	1,158	905	
Denominator		14,504	14,578	12,987	11,589	10,871	8,441	
Data Source		WIC	WIC	WIC	WIC	WIC	WIC	
Data Source Year		2010	2012	2014	2016	2018	2020	

The similar Healthy People 2030 objective is to reduce the rate of obesity in children and adolescents to 15.5%. In 2020, the Hawaii estimate of children ages 2 to 4, who were obese was 10.7%, which was significantly lower than the national estimate of 14.5%. The estimate of child obesity has not changed significantly since 2016 (9.6%). Based on 2020 data, those who were 4 years of age (12.0%) had a higher rate of obesity than those who were 2 years old (9.4%). Asians/Pacific Islanders (11.5%) had a higher estimate than Whites (4.8%) in child obesity. Males (11.9%) had a higher estimate of child obesity compared to females (9.5%). There was no data beyond 2020.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	18.2	17.8	14.6	16.3	18.1	19.2	18.5	
Numerator	32,632	31,753	26,215	29,896	33,378	35,412	34,770	
Denominator	179,649	178,732	179,231	182,888	184,051	184,715	187,797	
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	
Data Source Year	2016-2017 ²	2017-2018 ²	2018-2019 ²	2019-2020 ²	2020-2021 ²	2021-2022 ²	2022-2023 ²	

The similar Healthy People 2030 objective is to reduce the rate of obesity in children and adolescents to 15.5%. In 2022-2022 aggregated data, the percent of children 6-17 years of age who were considered obese was 18.5% in Hawaii, which was similar to the national estimate (17.0%). The increase in estimate from 2018-2019 (14.6%) was non-significant. Based on 2022-2023 aggregated data, children whose parents were high school graduates (31.7%) had a higher estimate than those whose parents were college graduates (12.4%). Native Hawaiian/Other Pacific Islanders (45.0%) had a significantly higher estimate in child obesity than Asians (13.4%), Multiple Races (14.4%), or Whites (5.6%). Those who had Medicaid (40.8%) had a higher estimate in child obesity than those who had private insurance (9.4%).

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	11.5	
Numerator	1,974	1,610	1,610	2,070	915	2,067	2,166	1,951	1,590	
Denominator	17,970	17,938	17,938	17,457	8,236	15,102	15,003	14,966	13,767	
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	
Data Source Year	2014	2015	2015	2016	2019	2020	2021	2022	2023	

There was no PRAMS data collection in Hawaii from 2017-2018. The latest data from the 2023 PRAMS survey showed that 11.5% of women reported postpartum depressive symptoms, which was similar to the 2023 national estimate (11.9%). There were no significant differences in the estimate of postpartum depression based on 2023 subgroup data.

Postpartum Anxiety (PPA): Percent of women who experience postpartum anxiety symptoms

	2021	2022	2023	2024	2025
Annual Indicator				22.5	
Numerator				3,101	
Denominator				13,799	
Data Source				PRAMS	
Data Source Year				2023	

This is a newly developed measure, with no data prior to 2023. The latest data from the 2023 PRAMS survey showed that 22.5% of women reported postpartum anxiety symptoms, which was similar to the 2023 national estimate (20.3%). Based on 2023 subgroup data, women who were under 20 years of age (48.1%) or between 20-24 years old (31.4%) had higher estimates of postpartum anxiety compared to those between 30-34 years old (13.7%). No other significant differences were found based on 2023 data.

Behavioral/Conduct Disorders (BCD): Percent of children, ages 6 through 11, who have a behavioral conduct disorder

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	4.4	3.5	5.0	6.5	6.9	7.5	7.8	

Numerator	4428	3459	5098	6,594	6,729	7,551	8,025	
Denominator	100,491	100,113	102,509	101,612	98,194	101,200	102,585	
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	
Data Source Year	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²	

This is a newly developed measure. In data from 2022-2023, the percent of children who had a behavioral conduct disorder was 7.8%, which was similar to the national estimate (9.6%). The estimate has not changed significantly since 2017-2018 (3.5%). Based on 2022-2023 subgroup data, CSHCNs had a significantly higher estimate (30.7%) than non-CSHCNs in behavioral conduct disorders. No other significant differences were found based on 2022-2023 data.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	19.9	17.9	16.9	17.7	18.6	18.1	15.9	
Numerator	10,425	8,975	9,720	9,910	8,951	9,720	9,513	
Denominator	52,399	50,279	57,550	56,033	48,200	53,643	59,844	
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	
Data Source Year	2016_2017 ²	2017_2018 ²	2018_2019 ²	2019_2020 ²	2020_2021 ²	2021_2022 ²	2022_2023 ²	

The related HP 2030 objective is to increase the proportion 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 2022-2023, the proportion of CSHCN receiving care in a well-functioning system in Hawaii was 15.9%, which did not meet the HP 2030 objective but was similar to the national estimate of 13.0%. The decline in estimate from 2020-2021 (18.6%) was non-significant. Based on 2022-2023 subgroup data, children between 12 to 17 years old had a significantly lower estimate (6.0%) compared to those between 6 to 11 years old (26.9%) in receiving care in a well-functioning system. No other significant differences were found based on 2022-2023 data.

Flourishing-Young Child (FL-YC): Percent of children, ages 6 months through 5 years, who are flourishing

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator			86.0	84.4	84.2	80.4	78.3	

Numerator			80,279	82,486	78,099	71,210	67,368	
Denominator			93,371	97,684	92,775	88,550	86,030	
Data Source			NSCH	NSCH	NSCH	NSCH	NSCH	
Data Source Year			2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²	

This is a newly developed measure, with no data prior to 2018. In data from 2022-2023, the percent of children, ages 6 months through 5 years, who are flourishing was 78.3% in Hawaii, which was similar to the national estimate (79.0%). Based on 2022-2023 subgroup data, those who were CSHCN (56.7%) had a lower estimate compared to non-CSHCNs (82.2%) in this measure. Single parent households (63.0%) had a lower estimate in young children who are flourishing, compared to two-parent married households (86.4%).

Flourishing-Child Adolescent (FL-CA): Percent of children with and without special health care needs, ages 6 through 17 years, who are flourishing

All Children

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator			70.0	68.3	67.3	65.5	63.5	
Numerator			138,035	134,829	129,912	130,245	128,543	
Denominator			197,298	197,265	192,922	198,815	202,548	
Data Source			NSCH-All Children	NSCH-All Children	NSCH-All Children	NSCH-All Children	NSCH-All Children	
Data Source Year			2018 2019 ²	2019 2020 ²	2020 2021 ²	2021 2022 ²	2022 2023 ²	

This is a newly developed measure, with no data prior to 2018. For all children, the estimate of children who are flourishing in Hawaii was 63.5%, which was similar to the national estimate (61.2%). The decline in estimate from 2018-2019 (70.0%) to 2022-2023 (63.5%) was non-significant. Based on 2022-2023 subgroup data, those with two or more ACEs (48.9%) had lower estimate in children who are flourishing, compared to those with no ACE (67.8%). Those with special health care needs (36.1%) had a lower estimate compared to those without special health care needs (71.6%). No other significant differences were found based on 2022-2023 data.

CSHCN

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator			49.1	45.3	44.1	40.8	36.1	
Numerator			22,578	19,723	17,229	17,514	16,750	
Denominator			45,964	43,571	39,094	42,893	46,389	

Data Source			NSCH- CSHCN	NSCH- CSHCN	NSCH- CSHCN	NSCH- CSHCN	NSCH- CSHCN	
Data Source Year			2018_ 2019 ²	2019_ 2020 ²	2020_ 2021 ²	2021_ 2022 ²	2022_ 2023 ²	

For children with special health care needs, the estimate of children who are flourishing was 36.1% in Hawaii, which was similar to the national estimate (38.6%). The decline in estimate from 2018-2019 (49.1%) to 2022-2023 (36.1%) was non-significant. Based on 2022-2023 subgroup data, males (25.2%) had a significantly lower estimate than females (50.3%) in this measure. No other significant differences were found based on 2022-2023 data.

Adverse Childhood Experiences (ACE): Percent of children, ages 0 through 17, who have experienced 2 or more Adverse Childhood Experiences

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	18.3	16.2	16.3	14.4	14.1	15.4	16.0	
Numerator	55,762	48,684	48,291	42,535	41,154	45,572	47,200	
Denominator	304,095	300,602	296,472	294,563	292,735	295,248	294,396	
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	
Data Source Year	2016_ 2017 ²	2017_ 2018 ²	2018_ 2019 ²	2019_ 2020 ²	2020_ 2021 ²	2021_ 2022 ²	2022_ 2023 ²	

This is a newly developed measure. The estimate of children in Hawaii who have experienced two or more adverse childhood experiences was 16.0%, which was similar to the national estimate (17.2%). Based on 2022-2023 data, those with special health care needs had a higher estimate (30.2%) in adverse childhood experiences compared to those without special health care needs (12.5%). Children whose parents were high school graduates (25.0%) or those with some college education (21.7%) had higher estimates than those whose parents were college graduates (11.6%). Those with Medicaid (29.3%) or those uninsured (29.3%) had higher estimates of children with adverse childhood experiences compared to those who had private insurance (9.8%). Those who were below 100% of the FPL (29.5%) or between 100-199% of the FPL (22.4%) had higher estimates compared to those at or above 400% of the FPL (9.3%). Children whose parents were unmarried (27.1%) or single parent households (30.9%) had higher estimates in adverse childhood experiences than those whose parents were married (6.1%). Hispanics (24.2%), Native Hawaiians/Other Pacific Islanders (23.7%), Multiple Races (15.0%) had higher estimates compared to Asians (7.4%).