

Form 2
MCH Budget/Expenditure Details

State: Hawaii

	FY 27 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 2,311,646	
A. Preventive and Primary Care for Children	\$ 838,630	(36.2%)
B. Children with Special Health Care Needs	\$ 1,157,572	(50%)
C. Title V Administrative Costs	\$ 0	(%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 1,996,202	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 45,601,469	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 17,965,804	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 63,567,273	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 11,910,549		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 65,878,919	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	\$ 47,417,018	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 113,295,937	

OTHER FEDERAL FUNDS	FY 27 Application Budgeted
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Community-Based Child Abuse Prevention Program (CBCAP)	\$ 385,857
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	\$ 250,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	\$ 175,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	\$ 40,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	\$ 297,425
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State and Local Healthy Homes and Childhood Lead Poisoning Prevention Programs (CLPPPs)	\$ 534,995
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Rural Health	\$ 223,410
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)	\$ 165,669
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	\$ 100,000
Department of Health and Human Services (DHHS) > Substance Abuse and Mental Health Services Administration > Project LAUNCH	\$ 800,000
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	\$ 34,367,197
US Department of Education > Office of Special Education Programs > Early Identification and Intervention for Infants and Toddlers with Disabilities (Part C of IDEA)	\$ 2,587,723
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	\$ 4,969,638
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Community-Based Integrated Service Systems (CISS)	\$ 300,600
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC Breastfeeding Peer Counselor	\$ 321,650

OTHER FEDERAL FUNDS	FY 27 Application Budgeted
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Medicare Rural Hospital Flexibility	\$ 513,575
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Maternal Mortality Review	\$ 295,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Small Rural Hospital Improvement Grant Program	\$ 135,280
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > ARPA Pediatric Mental Health Care Access New Area Expansion	\$ 718,999
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening	\$ 235,000

	FY 25 Annual Report Budgeted		FY 25 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 2,249,007 (FY 25 Federal Award: \$ 2,311,646)		\$ 2,264,270	
A. Preventive and Primary Care for Children	\$ 838,726	(37.3%)	\$ 692,513	(30.5%)
B. Children with Special Health Care Needs	\$ 1,091,841	(48.5%)	\$ 1,303,827	(57.5%)
C. Title V Administrative Costs	\$ 0	(%)	\$ 0	(%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 1,930,567		\$ 1,996,340	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 35,134,031		\$ 39,169,275	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 0		\$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 0		\$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 18,324,188		\$ 9,010,827	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 53,458,219		\$ 48,180,102	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 11,910,549				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 55,707,226		\$ 50,444,372	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	\$ 46,960,259		\$ 43,587,369	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 102,902,485		\$ 94,031,741	

OTHER FEDERAL FUNDS	FY 25 Annual Report Budgeted	FY 25 Annual Report Expended
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Community-Based Child Abuse Prevention Program (CBCAP)	\$ 470,902	\$ 316,802
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	\$ 250,000	\$ 250,079
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	\$ 175,000	\$ 167,946
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	\$ 40,000	\$ 8,822
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	\$ 297,425	\$ 134,430
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State and Local Healthy Homes and Childhood Lead Poisoning Prevention Programs (CLPPPs)	\$ 592,273	\$ 388,034
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Community-Based Integrated Service Systems (CISS)	\$ 255,600	\$ 342,531
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	\$ 4,132,355	\$ 3,839,597
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	\$ 300,000	\$ 174,976
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Rural Health	\$ 223,410	\$ 207,662
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)	\$ 165,669	\$ 220,118
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	\$ 100,000	\$ 86,803

OTHER FEDERAL FUNDS	FY 25 Annual Report Budgeted	FY 25 Annual Report Expended
Department of Health and Human Services (DHHS) > Substance Abuse and Mental Health Services Administration > Project LAUNCH	\$ 800,000	\$ 562,249
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	\$ 30,307,887	\$ 31,786,684
US Department of Education > Office of Special Education Programs > Early Identification and Intervention for Infants and Toddlers with Disabilities (Part C of IDEA)	\$ 2,587,723	\$ 2,094,884
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > ARPA Pediatric Mental Health Care Access New Area Expansion	\$ 2,250,000	\$ 708,312
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Home Visiting MIECHV - ARPA	\$ 690,314	\$ 491
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC ARPA	\$ 887,323	\$ 7,643
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Maternal Mortality Review	\$ 295,000	\$ 276,690
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC Breastfeeding Peer Counselor	\$ 598,057	\$ 160,550
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Medicare Rural Hospital Flexibility	\$ 364,059	\$ 348,045
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Small Rural Hospital Improvement Grant Program	\$ 177,083	\$ 138,320
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Community-Based Child Abuse Prevention Grant - ARPA	\$ 1,000,179	\$ 339,421
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Regional Genetics Networks		\$ 158,039
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC TECHNOLOGY FOR A BETTER EXPERIENCE		\$ 200,135

OTHER FEDERAL FUNDS	FY 25 Annual Report Budgeted	FY 25 Annual Report Expended
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Hawaii Newborn Hearing Screening Data Project		\$ 349,469
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening		\$ 318,637

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	Field Name:	1.FEDERAL ALLOCATION
	Fiscal Year:	2025
	Column Name:	Annual Report Expended
	Field Note: The annual expended amount is based on transactions recorded between 10/1/2024 - 9/30/2025. Because Title V awards overlap, this amount will include transactions from various Title V budget periods therefore the annual expended amount and budgeted amount will likely never equal. The budgeted amount represents the latest Title V award.	
2.	Field Name:	Federal Allocation, A. Preventive and Primary Care for Children:
	Fiscal Year:	2025
	Column Name:	Annual Report Expended
	Field Note: The 21.1% budget variance is primarily due to two unfilled positions: the Epidemiologist II and Physician roles. Because these positions were vacant, no salary expenditures were incurred, resulting in the projected budget surplus.	
3.	Field Name:	Federal Allocation, B. Children with Special Health Care Needs:
	Fiscal Year:	2025
	Column Name:	Annual Report Expended
	Field Note: The budgeted category reflects the official state personnel budget. The 11.2% variance stems from differences between the official BJ1 salary tables and actual expenditures. Additionally, several positions funded under Title V in FFY 2025 are no longer budgtd under this stream for FFY 2027.	
4.	Field Name:	3. STATE MCH FUNDS
	Fiscal Year:	2025
	Column Name:	Annual Report Expended
	Field Note: The Program Income and State General Funds budget reflects the legislatively authorized ceiling for the Family Health Services Division (FHSD). Conversely, expenditures capture actual special fund utilization during the period. This variance remains consistent year-over-year.	
5.	Field Name:	6. PROGRAM INCOME
	Fiscal Year:	2025

	Column Name:	Annual Report Expended
	Field Note:	The budget for Program Income is a reflection of the legislatively authorized ceiling for the FHSD special funds. The expenditures are a true reflection of the special fund program expenditures during a given period of time. This variance is consistent from year-to-year.
6.	Field Name:	Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program
	Fiscal Year:	2025
	Column Name:	Annual Report Expended
	Field Note:	The corresponding budget period for this and many other grants is not recorded due to the reporting period of 10/1/26 - 9/30/27. The expenditures reflect an earlier period.
7.	Field Name:	Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > ARPA Pediatric Mental Health Care Access New Area Expansion
	Fiscal Year:	2025
	Column Name:	Annual Report Expended
	Field Note:	The reported budget encompasses the entire multi-year project period (9/30/22 - 9/29/26), whereas expenditures capture only the active reporting period (10/1/24 - 9/30/25). This reporting mismatch occurs across several grant budgets in this application. To ensure consistency, future applications will strictly report the current period's budget.
8.	Field Name:	Other Federal Funds, US Department of Agriculture (USDA) > Food and Nutrition Services > WIC ARPA
	Fiscal Year:	2025
	Column Name:	Annual Report Expended
	Field Note:	The entire grant budget was recorded in FFY 2025 (\$887,323). This is a multi-year grant from 5/23-23 - 9/30-27. Moving forward, HDOH/FHSD will budget for a single year of the award only for multiple year budgets. The WIC program only started spending this grant recently even though it was received in 2023.
9.	Field Name:	Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Regional Genetics Networks
	Fiscal Year:	2025
	Column Name:	Annual Report Expended

Field Note:

Grants are typically included in the budget year if they were active in the year prior to the Title V reporting period. Although the FFY 2027 budget period runs from 10/1/2026 to 9/30/2027, the Regional Genetics Network grant concluded in FFY 2025. However, an approved no-cost extension allowed for trailing expenditures to be processed well past the original project end date.

10.	Field Name:	Other Federal Funds, US Department of Agriculture (USDA) > Food and Nutrition Services > WIC TECHNOLOGY FOR A BETTER EXPERIENCE
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Fiscal Year:	2025
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Column Name:	Annual Report Expended
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Field Note:

Because the grant's budget period ended prior to FFY 2027, no funds were allocated for the upcoming cycle. However, trailing expenditures were still processed past the closing date. This structural timing difference explains all line items showing expenditures without an active budget.

Data Alerts: None

Form 3a
Budget and Expenditure Details by Types of Individuals Served
State: Hawaii

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 27 Application Budgeted	FY 25 Annual Report Expended
1. Pregnant Women	\$ 107,298	\$ 88,317
2. Infants < 1 year	\$ 107,298	\$ 88,317
3. Children 1 through 21 Years	\$ 838,630	\$ 692,513
4. CSHCN	\$ 1,157,572	\$ 1,303,827
5. All Others	\$ 100,848	\$ 91,296
Federal Total of Individuals Served	\$ 2,311,646	\$ 2,264,270

IB. Non-Federal MCH Block Grant	FY 27 Application Budgeted	FY 25 Annual Report Expended
1. Pregnant Women	\$ 2,950,560	\$ 1,879,239
2. Infants < 1 year	\$ 2,950,560	\$ 1,879,239
3. Children 1 through 21 Years	\$ 23,061,251	\$ 14,735,577
4. CSHCN	\$ 31,831,713	\$ 27,743,396
5. All Others	\$ 2,773,189	\$ 1,942,651
Non-Federal Total of Individuals Served	\$ 63,567,273	\$ 48,180,102
Federal State MCH Block Grant Partnership Total	\$ 65,878,919	\$ 50,444,372

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

None

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services
State: Hawaii

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 27 Application Budgeted	FY 25 Annual Report Expended
1. Direct Services	\$ 0	\$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 0	\$ 0
B. Preventive and Primary Care Services for Children	\$ 0	\$ 0
C. Services for CSHCN	\$ 0	\$ 0
2. Enabling Services	\$ 92,811	\$ 52,659
3. Public Health Services and Systems	\$ 2,218,835	\$ 2,211,611
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		\$ 0
Physician/Office Services		\$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		\$ 0
Dental Care (Does Not Include Orthodontic Services)		\$ 0
Durable Medical Equipment and Supplies		\$ 0
Laboratory Services		\$ 0
Direct Services Line 4 Expended Total		\$ 0
Federal Total	\$ 2,311,646	\$ 2,264,270

IIB. Non-Federal MCH Block Grant	FY 27 Application Budgeted	FY 25 Annual Report Expended
1. Direct Services	\$ 38,550,979	\$ 27,364,020
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 7,174,025	\$ 4,382,303
B. Preventive and Primary Care Services for Children	\$ 3,587,013	\$ 2,191,151
C. Services for CSHCN	\$ 27,789,941	\$ 20,790,566
2. Enabling Services	\$ 13,694,168	\$ 11,433,785
3. Public Health Services and Systems	\$ 11,322,127	\$ 9,382,297
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		\$ 116,195
Physician/Office Services		\$ 1,292,850
Hospital Charges (Includes Inpatient and Outpatient Services)		\$ 0
Dental Care (Does Not Include Orthodontic Services)		\$ 424,050
Durable Medical Equipment and Supplies		\$ 0
Laboratory Services		\$ 0
Other		
Primary and Urgent Care in Hana		\$ 2,044,250
Waianae Coast Emergency Room Services		\$ 2,250,000
Early Intervention Services (POS)		\$ 18,599,415
Molokai General Hospital		\$ 2,637,260
Direct Services Line 4 Expended Total		\$ 27,364,020
Non-Federal Total	\$ 63,567,274	\$ 48,180,102

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

None

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated
State: Hawaii

Total Births by Occurrence: 14,534

Data Source Year: 2025

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	14,534 (100.0%)	1,317	24	24 (100.0%)

Program Name(s)				
3-Hydroxy-3-Methylglutaric Aciduria	3-Methylcrotonyl-CoA Carboxylase Deficiency	Argininosuccinic Aciduria	Biotinidase Deficiency	Carnitine Uptake Defect/Carnitine Transport Defect
Citrullinemia, Type I	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Critical Congenital Heart Disease
Cystic Fibrosis	Duchenne Muscular Dystrophy (DMD)	Glutaric Acidemia Type I	Glycogen Storage Disease Type II (Pompe)	Guanidinoacetate Methyltransferase (GAMT) Deficiency
Hearing Loss	Holocarboxylase Synthase Deficiency	Homocystinuria	Infantile Krabbe Disease (Low Galactocerebrosidase [GALC] And Psychosine $\geq 10\text{Nm}$)	Isovaleric Acidemia
Long-Chain L-3 Hydroxyacyl-CoA Dehydrogenase Deficiency	Maple Syrup Urine Disease	Medium-Chain Acyl-CoA Dehydrogenase Deficiency	Metachromatic Leukodystrophy (MLD)	Methylmalonic Acidemia (Cobalamin Disorders)
Methylmalonic Acidemia (Methylmalonyl-CoA Mutase)	Mucopolysaccharidosis Type I (MPS I)	Mucopolysaccharidosis Type II (MPS II)	Primary Congenital Hypothyroidism	Propionic Acidemia
S, β -Thalassemia	S,C Disease	S,S Disease (Sickle Cell Anemia)	Severe Combined Immunodeficiencies	Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1
β -Ketothiolase Deficiency	Trifunctional Protein Deficiency	Tyrosinemia, Type I	Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	X-Linked Adrenoleukodystrophy

2. Other Newborn Screening Tests

None

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

Children are monitored for at least a year or longer (up to 21 years old) if needed. Length of time depends on medical condition, health status of child, and social or other issues. This is done by the NBMS staff; CSHNB nurses, nutritionist, or social workers, or public health nurses.

Form Notes for Form 4:

None

Field Level Notes for Form 4:

None

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Hawaii

Annual Report Year 2025

Form 5a – Count of Individuals Served by Title V
(Direct & Enabling Services Only)

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	1,833	34.0	0.0	62.0	4.0	0.0
2. Infants < 1 Year of Age	1,211	34.0	0.0	62.0	4.0	0.0
3. Children 1 through 21 Years of Age	15,428	35.0	0.0	62.0	3.0	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	8,998	25.0	0.0	74.0	1.0	0.0
4. Others	26,364	14.0	0.0	82.0	0.0	4.0
Total	44,836					

Form 5b – Total Percentage of Populations Served by Title V
(Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	14,917	No	14,534	99.0	14,389	1,833
2. Infants < 1 Year of Age	14,945	No	14,534	100.0	14,534	1,211
3. Children 1 through 21 Years of Age	342,905	Yes	342,905	25.5	87,441	15,428
3a. Children with Special Health Care Needs 0 through 21 years of age^	74,728	Yes	74,728	41.4	30,937	8,998
4. Others	1,088,597	Yes	1,088,597	97.2	1,058,116	26,364

^Represents a subset of all infants and children.

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	Field Name:	Pregnant Women Total Served
	Fiscal Year:	2025
Field Note: Programs that contributed to the 2025 count include pregnant women who received Reproductive Health Care and Support Services which provides a seamless continuum of care for uninsured and under-insured adolescents, women, and men who seek clinical reproductive health care, perinatal support, information, education, and counseling in reproductive health care. Total served 1,580. The Safe Sleep program which provides safe sleep education and play yards to promote safe sleep practices consistent with the American Academy of Pediatric guidelines to decrease infant mortality related to unsafe sleeping conditions. Total served: 253. Percentages for the primary source of coverage are based on 2024 National Vital Statistics System for pregnant women and infants. Overall, the number of pregnant women served increased from 1732 in 2024 to 1,833 in 2025 driven primarily by growth in participation in the reproductive health care program.		
2.	Field Name:	Infants Less Than One YearTotal Served
	Fiscal Year:	2025
Field Note: Programs that contributed to the 2025 count of infants < 1 year of age include the Primary Care Contracts (955) which are state funded for safely net providers including Federally Qualified Health Centers to provide services for the uninsured/underinsured individuals that are at or below 250% of the Federal poverty level. The community health center contracts provide comprehensive medical and health care services (perinatal, pediatric, adult primary care) and support services. Increasing access to primary health services reduces morbidity and mortality by ensuring timely, appropriate, and less expensive care; preventing the development and worsening of serious health conditions. The primary source of coverage could not be identified for individuals served through the underinsured program due to the limited access to the necessary data. Another program that contributed to this count include Safe Sleep, which provides education and play yards to promote practices consistent with the American Academy of Pediatric guidelines, aiming to reduce infant mortality related to unsafe sleeping environments. Total served: 256. Percentages for the primary source of coverage are based on 2024 National Vital Statistics System for pregnant women and infants. Overall, the number of infants served increased from 933 in 2024 to 1211 in 2025, driven by a rise in infants receiving services through primary care contracts.		
3.	Field Name:	Children 1 through 21 Years of Age
	Fiscal Year:	2025

Field Note:

Programs that contributed to the 2025 count include the Primary Care Contracts (Total served: 3,691); the Reproductive Health Care and Support Services program which provides a seamless continuum of care for uninsured and under-insured adolescents, women, and men who seek clinical reproductive health care, perinatal support, information, education, and counseling in reproductive health care (Total served 2,549); Kauai District Health Office which direct services include flu vaccinations, virtual dental home services (Total served: 190); and Children with Special Health Care Needs in 3a (Total served: 8,998). The percentages of primary source of coverage are based on 2024 American Community Survey for Children age 1-21 years.

Overall, the number of children served increased from 13,500 in 2024 to 15,428 in 2025, driven by increases in children served through the primary care and reproductive health contracts. The increase in children served by primary care-from 2024 (2,269) to 2025 (3,691)-may be related to Medicaid redeterminations who may have lost coverage. The rise in children served through Reproductive Health-from 2024 (948) to 2025 (2,549)-was due to improved data capture and expanded access to services from the Hawaii Island Community Health Center (HCHC).

4.	Field Name:	Children with Special Health Care Needs 0 through 21 Years of Age
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Fiscal Year:	2025
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Field Note:

The 2025 data included the Children with Special Health Needs Section (which provides care coordination and other services for children age 0-21 with chronic health conditions; 533); Newborn Metabolic Screening Program follow-up (which detect rare disorders that can cause serious health and development problems; 1,317); Newborn Hearing Screening Program follow-up (to identify hearing loss early so children can receive timely early intervention services; 533); Early Intervention Referral Line (number of calls received; 3,179); Early Intervention Section (which provides care coordination, family training, etc., for children age 0-3 with developmental delay or with biological risk; 3,094); Hi'ilei Developmental Screening Program (which provides developmental screening via mail or online, and supports connecting children with likely developmental needs to subsequent support; 37); Hawaii Childhood Lead Poisoning Prevention Program (HI-CLPPP; which aims to reduce children's exposure to lead by strengthening blood lead testing; 305 families). The source for the distribution of coverage is based on National Survey of Children's Health – CSHCN, 2022-2024.

Note that there is no reporting from the genetics program due to funding loss since the retirement of the genetic staff. Also note that the decline in the total number served by CSHCN from 2024 (10,158) to 2025 (8,998) was mainly due to the decline in number served by the Early Intervention referral line from 2024 (3,942) to 2025 (3,179) from fewer referrals in 2025.

5.	Field Name:	Others
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Fiscal Year:	2025
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Field Note:

Programs that contributed to the 2025 count of Others served include the Primary Care Contracts (16,320). The count also includes the Reproductive Health Care and Support Services which provides a seamless continuum of care for uninsured and under-insured adolescents, women, and men who seek clinical reproductive health care, perinatal support, information, education, and counseling in reproductive health care (Total served: 9,457); Parent Line serves as the State MCH Hotline and provides comprehensive parenting education, training, and support through a telephone warmline, a website, and printed and electronic educational resources (Total served: 487); and Kauai District Health Office which included navigation services provided by an MCH Community Health Worker contractor and the Kauai Planning and Action program contractor (Total served: 100). Percentages for the primary source of coverage are based on the 2024 American Community Survey for adults ages 22 and older.

Overall, the total number served increased from 19,412 in 2024 to 26,364 in 2025. This rise was primarily driven by growth in the Primary Care Contracts, which increased from 11,408 in 2024 to 16,320 in 2025, potentially related to Medicaid redeterminations. The increase was also influenced by growth in Reproductive Health services, which rose from 7,331 in 2024 to 9,457 in 2025, due to improved data capture and expanded access to services through the Hawaii Island Community Health Center (HICHC).

Field Level Notes for Form 5b:

1.	Field Name:	Pregnant Women Total % Served
	Fiscal Year:	2025
	Field Note: Overall estimate: Based on the largest reach from the percentage of pregnant women who received safe sleep education messages at the hospital (99%). The second largest reach was from the Maternal Mortality Warning Signs and Symptoms Paid Media Campaign, which reached 90.1% of women 18-44 years old. Individual program report: Other programs that served pregnant women included 5a number (1,833), women who receive mailout resources from PRAMS program (January-December, 2025; 2,400), Reproductive Health (outreach activities to share family planning and reproductive health information; 575), WIC Program (state provided administrative support, 5,482), and Home Visiting Program (a family support program for pregnant women, mothers, and children under the age of 5 providing regular visits to families to encourage maternal and child health; prevention of child abuse and neglect; promotion of child development and school readiness; promotion of positive parenting practices; and information/referrals to healthcare and community resources; 22), Kauai District Health Office (outreach activities and education for pregnant women; 400).	
2.	Field Name:	Pregnant Women Denominator
	Fiscal Year:	2025
	Field Note: Based on 2025 number of live births from Vital Statistics.	
3.	Field Name:	Infants Less Than One Year Total % Served
	Fiscal Year:	2025

Field Note:

Overall estimation:

The largest reach was estimated by the 2025 percentage of newborn metabolic screening (100%). The other largest reach was by the Early Intervention Services Paid Media Campaign, in which cable TV reached 66.0% of families, with children (0-2 years old) present in households.

Individual program report:

Other programs that served infants included 5a number (1,211), Kauai District Health Office (outreach activities, 2,200), Home Visiting (a family support program for pregnant women, mothers, and children under the age of 5 providing regular visits to families to encourage maternal and child health; prevention of child abuse and neglect; promotion of child development and school readiness; promotion of positive parenting practices; and information/referrals to healthcare and community resources; 134), Reproductive Health (outreach activities; 519), and WIC (state provided administrative support, 11,166).

4.	Field Name:	Infants Less Than One Year Denominator
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Fiscal Year:	2025
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Field Note:

Based on 2025 number of live births from Vital Statistics.

5.	Field Name:	Children 1 through 21 Years of Age Total % Served
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Fiscal Year:	2025
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Field Note:

Programs that contributed to the numerator included 5a number (15,428), participation in WIC Program (state provided administrative support, 17,985), Adolescent Health (workforce development training for teen-serving staff, and by engaging teen and young adult voices to inform the DOH's efforts to support Hawaii's families and positive youth development programs, 1,774); Kauai District Health Office (outreach activities; 7,000), Home Visiting (outreach activities; 387), Safe Sleep (safe sleep education and outreach activities; 812), Reproductive Health (outreach activities including media, education, and community-based events; 520); Sexual Violence Prevention Program (provides primary prevention services through statewide partnerships to prevent all forms of sexual violence and promote healthy, respectful relationships; 12,571), Domestic Violence Prevention Program (outreach activities, 140) and Children with Special Health Care Needs (outreach activities; 30,973). The denominator was based on the reference data provided.

Please note the increase in Adolescent Health number served from 2024 (549) to 2025 (1,774) was due to partnership with Boys and Girls Club Hawaii. Also note the decline in number served by Reproductive Health from 2024 (9,465) to 2025 (520) was due to the lack of age stratification in the submitted data and thus could not estimate the number served for this demographic accurately. For number served by Kauai District Health Office, there was a decline from 2024 (10,875) to 2025 (7,000) due to a video placed on DOH website that reached 8000 youth in 2024 but no such video was played in 2025.

6.	Field Name:	Children with Special Health Care Needs 0 through 21 Years of Age Total % Served
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Fiscal Year:	2025
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Field Note:

Overall estimation:

The largest reach by the Children with Special Health Needs Section was achieved through social media (30,973) as a key strategy for one of our outreach activities. The second largest reach was from the distribution of materials by the Newborn Hearing Screening Program to an estimated of 17,000 new mothers.

Individual Program Report:

Other individual programs included outreach activities as well, such as the Children with Special Health Needs Section's activities such as on transition (855), community outreach (2,678), advisory groups (977), policy (110), legislation (400), and materials (6,047). The Early Intervention Section distributed 9,500 brochures and conducted 84 outreach activities that reached approximately 3,760 families, professionals, and community members. The Hawaii Childhood Lead Poisoning Prevention Program (HI-CLPPP) had 1,489 total contacts made with families and health care providers, distributed about 4,398 educational materials, held 3 coalition meetings (60), had outreach event participants (920), and had 4,158 unique website views. The Newborn Hearing Screening Program distributed about 17,000 educational materials and conducted training and workgroups (15).

The denominator was based on the reference data provided for CSHCN.

7.	Field Name:	Others Total % Served
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Fiscal Year:	2025
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Field Note:

Overall estimation:

Based on the largest reach by the Early Intervention Services Paid Media Campaign, in which broadcast TV reached 97.2% of adults 18-54. The other largest reach was the Maternal Mortality Warning Signs and Symptoms Paid Media Campaign, in which broadcast TV reached 97.0% of adults 18 years and older.

Individual Program Report:

Other programs included 5a number (26,364), Safe Sleep (outreach activities; 2,324), Sexual Violence Prevention Program (meetings and trainings; 2,994), Adolescent Health (training and education programs; 362); WIC services for postpartum women (5,704); Home Visiting (448), Hawaii Public Health Training Hui (education to promote health and well-being; 1,099), Parent Leadership Training Institute (PLTI) Hawaii (increases the number and skill level of parents and community leaders; 10), Project ECHO Hawaii Pediatric Series (a guided-practice model that reduces health disparities in underserved and rural areas through the use of a hub-and-spoke approach where expert teams lead virtual clinics; 440), Kauai District Health Office (outreach activities; 6,000), Oral Health (meetings, 95), Domestic Violence Prevention Program (workforce trainings and outreach activities, 4,000), and Reproductive Health (social media, education and outreach activities; 40,289).

Please note that the increase in number served by Reproductive Health from 2024 (18,052) to 2025 (40,289) was due to increased outreach activities and improved internal data reporting as well as improved visitor tracking for online resources. The increase in number served by Safe Sleep Program from 2024 (1,442) to 2025 (2,324) was due to increased people who received services at outreach activities.

Data Alerts:

- | | |
|----|--|
| 1. | Reported percentage for Others on Form 5b is greater than or equal to 50%. The Others denominator includes both women and men ages 22 and over. Please double check and justify with a field note. |
|----|--|

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Hawaii

Annual Report Year 2025

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non- Hispanic White	(C) Non- Hispanic Black or African American	(D) Hispanic	(E) Non- Hispanic American Indian or Native Alaskan	(F) Non- Hispanic Asian	(G) Non- Hispanic Native Hawaiian or Other Pacific Islander	(H) Non- Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	14,233	3,765	262	2,579	8	3,241	1,439	2,724	215
Title V Served	14,233	3,765	262	2,579	8	3,241	1,439	2,724	215
Eligible for Title XIX	9,905	1,178	138	476	289	3,450	2,242	0	2,132
2. Total Infants in State	14,643	3,116	288	1,498	33	5,321	1,421	2,966	0
Title V Served	14,643	3,116	288	1,498	33	5,321	1,421	2,966	0
Eligible for Title XIX	8,325	122	33	122	28	368	134	0	7,518

Form Notes for Form 6:

None

Field Level Notes for Form 6:

1.	Field Name:	1. Total Deliveries in State
	Fiscal Year:	2025
	Column Name:	Total
	Field Note: Information obtained from maternal race as reported in 2025 vital statistics birth certificate data. The number of more than single birth (twin, triplet) is subtracted from the number of births.	
2.	Field Name:	1. Title V Served
	Fiscal Year:	2025
	Column Name:	Total
	Field Note: Used overall estimate of newborn metabolic screening percentage (100%) in 2025 applied to overall total and each race group.	
3.	Field Name:	1. Eligible for Title XIX
	Fiscal Year:	2025
	Column Name:	Total
	Field Note: Data Source: Data from Hawaii Medicaid program in 2025 and reflects unduplicated clients served. Note. Collection of race differs between that reported for Title V served and those reported for Title XIX so are not directly comparable.	
4.	Field Name:	2. Total Infants in State
	Fiscal Year:	2025
	Column Name:	Total
	Field Note: In previous years, total infants in state was estimated by 2020 CDC, NCHS, Bridged-Race population estimates. Since there was no further updates by CDC beyond 2020, the total number of infants was estimated based on 2024 Census estimates. As requested race groups were not available for single year age estimates or by age group, the distribution of race based on 2024 Census estimates for Hawaii population (across all ages) was applied to total infants in state to determine race estimates for infants in State. Note: Collection of race varies from that reported from vital statistics so not directly comparable.	
5.	Field Name:	2. Title V Served
	Fiscal Year:	2025

	Column Name:	Total
	Field Note:	
	Used overall estimate of newborn metabolic screening percentage (100%) in 2025 applied to overall total and each race group.	
6.	Field Name:	2. Eligible for Title XIX
	Fiscal Year:	2025
	Column Name:	Total
	Field Note:	
	Data Source: Data from Hawaii Medicaid program in 2025 and reflects unduplicated clients served. Note. Collection of race differs between that reported for Title V served and those reported for Title XIX so are not directly comparable. For example, the number of clients of more than one race was not provided by the Hawaii Medicaid Program. Note that the number of infants exceeds the number of pregnant women. This is because infants are defined as all children <1 year old in 2025, which will include most or all births over a period of two years.	

Form 7
Title V Program Workforce

State: Hawaii

Form 7 was last revised in FY 2027 Application/FY 2025 Annual Report

A. Title V Program Workforce FTEs	
Title V Funded Positions	
1. Total Number of FTEs	151.40
1a. Total Number of FTEs (State Level)	151.40
1b. Total Number of FTEs (Local Level)	0
2. Total Number of MCH Epidemiology FTEs (subset of A. 1)	1
3. Total Number of FTEs eliminated in the past 12 months	0
4. Total Number of Current Vacant FTEs	40.60
4a. Total Number of Vacant MCH Epidemiology FTEs	0
5. Total Number of FTEs onboarded in the past 12 months	17.10
B. Training Needs (Optional)	
1	Budget and financial management
2	Policy engagement
3	Systems and strategic thinking
4	Change Management

Form Notes for Form 7:

None

Field Level Notes for Form 7:

1.	Field Name:	Total Number of FTEs (State Level)
	Field Note:	This number represents all FHSD Title V funded positions including state and special funded positions as reported in the official state budget. All FHSD positions are at the State Level.
2.	Field Name:	Total Number of FTEs (Local Level)
	Field Note:	FHSD does not have local level FTEs.
3.	Field Name:	Total Number of MCH Epidemiology FTEs
	Field Note:	FHSD only has 1.00 FTE Epi position.
4.	Field Name:	Total Number of FTEs eliminated in the past 12 months
	Field Note:	FHSD added 17.1 FTE from FY26 to FY27. There were 0.0 Title V Funded FTE eliminated.
5.	Field Name:	Total Number of Current Vacant FTEs
	Field Note:	There were 37.00 FTE state and special fund positions vacant plus 3.6 Title V funded positions as reported to the legislature in April 2026.
6.	Field Name:	Total Number of FTEs onboarded in the past 12 months
	Field Note:	FHSD had 17.1 total Title V funded positions added in FY 2027. FY 2026 total FTE reported was 134.3. FY 2027 is 151.4. The difference is 17.1 FTE.
7.	Field Name:	Training Needs Line 1
	Field Note:	The four training needs are based on the 2024 Public Health Workforce, Interests & Needs (PHWINS) survey.

Form 8
State MCH and CSHCN Directors Contact Information

State: Hawaii

1. Title V Maternal and Child Health (MCH) Director

Name	Matthew J. Shim, PhD, MPH
Title	Chief, Family Health Services Division
Address 1	1250 Punchbowl Street, Room 216
Address 2	
City/State/Zip	Honolulu / HI / 96813
Telephone	(808) 586-4122
Extension	
Email	matthew.shim@doh.hawaii.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director

Name	Ruben Frescas, MD, MPH
Title	Chief, Children with Special Health Needs Branch
Address 1	741 Sunset Avenue
Address 2	
City/State/Zip	Honolulu / HI / 96816
Telephone	(808) 733-9058
Extension	
Email	ruben.frescas@doh.hawaii.gov

3. State Family Leader (Optional)

Name	Leolinda Iokepa
Title	Project Director, Hilopa'a Family to Family Inc
Address 1	2604 Pauoa Road
Address 2	
City/State/Zip	Honolulu / HI / 96813
Telephone	(808) 282-6348
Extension	
Email	leo@hilopaa.org

4. State Youth Leader (Optional)

Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

5. SSDI Project Director

Name	Matthew J. Shim, PhD, MPH
Title	Chief, Family Health Services Division
Address 1	1250 Punchbowl Street, Room 216
Address 2	
City/State/Zip	Honolulu / HI / 96813
Telephone	(808) 586-4122
Extension	
Email	matthew.shim@doh.hawaii.gov

6. State MCH Toll-Free Telephone Line

State MCH Toll-Free "Hotline" Telephone Number	(808) 816-1222
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Form Notes for Form 8:

None

Form 9
List of Priority Needs – Application Year

State: Hawaii

Application Year 2027

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Improve postpartum care by promoting timely, comprehensive follow-ups that address physical, mental, and social needs, with a focus on expanding access to responsive services.	Revised
2.	Increase safe infant sleep practices by partnering with varied communities to provide education, resources, and outreach that reduce the risk of sleep-related infant deaths.	Revised
3.	Increase the percentage of children ages 0–5 who receive timely and continuous developmental screening by enhancing outreach, provider training, and coordination across early childhood systems	Revised
4.	Support food sufficiency for infants and young children by improving access to WIC services, including outreach, enrollment, and nutrition education.	Revised
5.	Increase the number of children with and without special health care needs who have a Medical Home by focusing on improving care coordination	Revised
6.	Reduce adolescent bullying by promoting prevention programs, creating safe and inclusive school environments, and supporting youth, families, and other adults.	New
7.	Increase access to culturally responsive, trauma-informed mental health services and supports for women, children, and families	New

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 9 State Priorities – Needs Assessment Year – Application Year 2026

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Improve postpartum care by promoting timely, comprehensive follow-ups that address physical, mental, and social needs, with a focus on expanding access to responsive services.	Revised
2.	Increase safe infant sleep practices by partnering with varied communities to provide education, resources, and outreach that reduce the risk of sleep-related infant deaths.	Revised
3.	Increase the percentage of children ages 0–5 who receive timely and continuous developmental screening by enhancing outreach, provider training, and coordination across early childhood systems	Revised
4.	Support food sufficiency for infants and young children by improving access to WIC services, including outreach, enrollment, and nutrition education.	Revised
5.	Increase the number of children with and without special health care needs who have a Medical Home by focusing on improving care coordination	Revised
6.	Reduce adolescent bullying by promoting prevention programs, creating safe and inclusive school environments, and supporting youth, families, and other adults.	New
7.	Increase access to culturally responsive, trauma-informed mental health services and supports for women, children, and families	New

Form 10
National Outcome Measures (NOMs)

State: Hawaii

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

None

NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations - SMM

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	110.3	9.4	139	12,602
2022	112.2	9.3	146	13,016
2021	105.8	9.1	137	12,952
2020	98.6	8.7	129	13,083
2019	104.8	8.7	146	13,934
2018	104.3	8.6	149	14,281
2017	84.7	7.6	124	14,648
2016	87.9	7.7	132	15,010
2015	66.8	7.7	76	11,376
2014	76.8	7.2	116	15,112
2013	54.8	6.0	85	15,516
2012	60.8	6.3	95	15,633
2011	59.7	6.2	93	15,567
2010	52.0	5.8	81	15,585
2009	55.6	6.0	88	15,823
2008	61.0	6.2	99	16,225

Legends:

🚫 Indicator has a numerator ≤ 10 and is not reportable

⚡ Indicator has a confidence interval width $> 160\%$ times the estimate and should be interpreted with caution

NOM SMM - Notes:

None

Data Alerts: None

NOM - Maternal mortality rate per 100,000 live births - MM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2024	15.7	4.5	12	76,665
2019_2023	16.6	4.6	13	78,545
2018_2022	16.1	4.5	13	80,709
2017_2021	16.9	4.5	14	82,691
2016_2020	12.9	3.9	11	85,130
2015_2019	14.8	4.1	13	87,765
2014_2018	13.4	3.9	12	89,518

Legends:

- Indicator has a numerator <10 and is not reportable
- Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution

State Provided Data	
	2025
Annual Indicator	17.3
Numerator	13
Denominator	75,246
Data Source	Vital Statistics
Data Source Year	2021-2025

NOM MM - Notes:

Based on the 2025 death data obtained from Vital Statistics.

Data Alerts: None

NOM - Teen birth rate, ages 15 through 19, per 1,000 females - TB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	11.0	0.5	416	37,823
2023	11.3	0.6	423	37,433
2022	11.7	0.6	432	36,972
2021	12.3	0.6	463	37,673
2020	13.0	0.6	470	36,031
2019	15.7	0.7	584	37,302
2018	17.2	0.7	643	37,345
2017	19.1	0.7	714	37,287
2016	19.2	0.7	728	37,877
2015	20.7	0.7	789	38,123
2014	23.2	0.8	893	38,413
2013	25.0	0.8	976	39,000
2012	27.9	0.8	1,108	39,717
2011	29.7	0.9	1,199	40,367
2010	32.6	0.9	1,347	41,288
2009	37.0	0.9	1,547	41,755

Legends:

🚫 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution

NOM TB - Notes:

None

Data Alerts: None

NOM - Percent of low birth weight deliveries (<2,500 grams) - LBW

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	9.0 %	0.2 %	1,341	14,913
2023	8.7 %	0.2 %	1,290	14,803
2022	8.5 %	0.2 %	1,315	15,527
2021	8.8 %	0.2 %	1,381	15,607
2020	8.1 %	0.2 %	1,281	15,783
2019	8.4 %	0.2 %	1,410	16,784
2018	8.3 %	0.2 %	1,416	16,966
2017	8.5 %	0.2 %	1,491	17,508
2016	8.5 %	0.2 %	1,537	18,045
2015	8.3 %	0.2 %	1,531	18,392
2014	7.9 %	0.2 %	1,462	18,526
2013	8.2 %	0.2 %	1,562	18,970
2012	8.1 %	0.2 %	1,542	18,975
2011	8.2 %	0.2 %	1,557	18,947
2010	8.3 %	0.2 %	1,584	18,972
2009	8.4 %	0.2 %	1,592	18,872

Legends:

🚫 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM LBW - Notes:

None

Data Alerts: None

NOM - Percent of preterm births (<37 weeks gestation) - PTB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	10.0 %	0.3 %	1,494	14,901
2023	10.1 %	0.3 %	1,488	14,800
2022	9.8 %	0.2 %	1,524	15,525
2021	10.2 %	0.2 %	1,596	15,609
2020	10.0 %	0.2 %	1,582	15,775
2019	10.6 %	0.2 %	1,775	16,785
2018	10.3 %	0.2 %	1,744	16,960
2017	10.4 %	0.2 %	1,829	17,508
2016	10.5 %	0.2 %	1,904	18,053
2015	10.1 %	0.2 %	1,861	18,409
2014	10.0 %	0.2 %	1,862	18,537
2013	10.2 %	0.2 %	1,928	18,959
2012	9.9 %	0.2 %	1,885	18,964
2011	9.9 %	0.2 %	1,880	18,938
2010	10.5 %	0.2 %	1,985	18,953
2009	11.1 %	0.2 %	2,094	18,785

Legends:

🚩 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM PTB - Notes:

None

Data Alerts: None

NOM - Stillbirth rate per 1,000 live births plus fetal deaths - SB**Data Source: National Vital Statistics System (NVSS)****Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	6.0	0.6	90	14,898
2022	6.2	0.6	97	15,632
2021	6.9	0.7	109	15,729
2020	6.5	0.6	103	15,888
2019	5.0	0.6	85	16,882
2018	7.0	0.6	120	17,092
2017	6.8	0.6	120	17,637
2016	6.5	0.6	118	18,177
2015	5.3	0.5	98	18,518
2014	5.3	0.5	99	18,649
2013	6.0	0.6	114	19,101
2012	5.2	0.5	100	19,080
2011	6.3	0.6	120	19,076
2010	7.0	0.6	134	19,122
2009	6.6	0.6	125	19,012

Legends: Indicator has a numerator <10 and is not reportable Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution**NOM SB - Notes:**

None

Data Alerts: None

NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths - PNM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	8.9	0.8	132	14,898
2022	9.5	0.8	149	15,632
2021	9.2	0.8	145	15,729
2020	8.7	0.8	139	15,888
2019	7.6	0.7	129	16,882
2018	10.4	0.8	178	17,150
2017	9.9	0.8	175	17,692
2016	9.5	0.7	173	18,232
2015	9.6	0.7	178	18,598
2014	8.1	0.7	151	18,701

Legends:

- Indicator has a numerator <10 and is not reportable
- Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution
- In 2025, NCHS expanded the definition of perinatal mortality to include all fetal deaths with stated or presumed gestation of 20 weeks or more. All historical data have been updated to account for the expanded definition.

NOM PNM - Notes:

None

Data Alerts: None

NOM - Infant mortality rate per 1,000 live births - IM**Data Source: National Vital Statistics System (NVSS)****Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	4.9	0.6	72	14,808
2022	5.8	0.6	90	15,535
2021	4.7	0.6	73	15,620
2020	4.9	0.6	77	15,785
2019	5.1	0.6	86	16,797
2018	6.8	0.6	115	16,972
2017	5.4	0.6	95	17,517
2016	6.0	0.6	109	18,059
2015	5.7	0.6	105	18,420
2014	4.5	0.5	83	18,550
2013	6.4	0.6	121	18,987
2012	4.8	0.5	92	18,980
2011	5.3	0.5	100	18,956
2010	6.2	0.6	118	18,988
2009	5.9	0.6	112	18,887

Legends: Indicator has a numerator <10 and is not reportable Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution**NOM IM - Notes:**

None

Data Alerts: None

NOM - Neonatal mortality rate per 1,000 live births - IM-Neonatal**Data Source: National Vital Statistics System (NVSS)****Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	3.2	0.5	48	14,808
2022	4.1	0.5	63	15,535
2021	3.3	0.5	51	15,620
2020	2.9	0.4	46	15,785
2019	3.3	0.4	55	16,797
2018	3.9	0.5	66	16,972
2017	3.8	0.5	67	17,517
2016	3.8	0.5	68	18,059
2015	3.6	0.5	67	18,420
2014	3.3	0.4	62	18,550
2013	4.6	0.5	87	18,987
2012	3.6	0.4	68	18,980
2011	3.6	0.4	68	18,956
2010	4.0	0.5	76	18,988
2009	4.4	0.5	83	18,887

Legends: Indicator has a numerator <10 and is not reportable Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution**NOM IM-Neonatal - Notes:**

None

Data Alerts: None

NOM - Post neonatal mortality rate per 1,000 live births - IM-Postneonatal**Data Source: National Vital Statistics System (NVSS)****Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	1.6	0.3	24	14,808
2022	1.7	0.3	27	15,535
2021	1.4	0.3	22	15,620
2020	2.0	0.4	31	15,785
2019	1.8	0.3	31	16,797
2018	2.9	0.4	49	16,972
2017	1.6	0.3	28	17,517
2016	2.3	0.4	41	18,059
2015	2.1	0.3	38	18,420
2014	1.1	0.3	21	18,550
2013	1.8	0.3	34	18,987
2012	1.3	0.3	24	18,980
2011	1.7	0.3	32	18,956
2010	2.2	0.3	42	18,988
2009	1.5	0.3	29	18,887

Legends: Indicator has a numerator <10 and is not reportable Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution**NOM IM-Postneonatal - Notes:**

None

Data Alerts: None

NOM - Preterm-related mortality rate per 100,000 live births - IM-Preterm Related

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	148.6	31.7	22	14,808
2022	212.4	37.0	33	15,535
2021	166.5	32.7	26	15,620
2020	145.7	30.4	23	15,785
2019	214.3	35.8	36	16,797
2018	253.4	38.7	43	16,972
2017	222.6	35.7	39	17,517
2016	216.0	34.6	39	18,059
2015	228.0	35.2	42	18,420
2014	177.9	31.0	33	18,550
2013	258.1	36.9	49	18,987
2012	200.2	32.5	38	18,980
2011	200.5	32.6	38	18,956
2010	221.2	34.2	42	18,988
2009	233.0	35.2	44	18,887

Legends: Indicator has a numerator <10 and is not reportable Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution**NOM IM-Preterm Related - Notes:**

None

Data Alerts: None

NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births - IM-SUID**Data Source: National Vital Statistics System (NVSS)****Multi-Year Trend**

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	128.3	29.5	19	14,808
2022	148.1	30.9	23	15,535
2021	NR 	NR 	NR 	NR 
2020	63.4	20.0	10	15,785
2019	NR 	NR 	NR 	NR 
2018	111.9	25.7	19	16,972
2017	NR 	NR 	NR 	NR 
2016	94.1	22.8	17	18,059
2015	76.0	20.3	14	18,420
2014	NR 	NR 	NR 	NR 
2013	79.0	20.4	15	18,987
2012	63.2	18.3	12	18,980
2011	NR 	NR 	NR 	NR 
2010	115.9	24.7	22	18,988
2009	NR 	NR 	NR 	NR 

Legends: Indicator has a numerator <10 and is not reportable Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution**NOM IM-SUID - Notes:**

None

Data Alerts: None

NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations - NAS

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	2.1	0.4	27	12,805
2022	1.0	0.3	13	13,197
2021	1.9	0.4	25	13,126
2020	1.4	0.3	18	13,286
2019	1.1	0.3	15	14,226
2018	1.3	0.3	19	14,468
2017	2.2	0.4	32	14,879
2016	1.1	0.3	16	15,111
2015	NR 	NR 	NR 	NR 
2014	1.4	0.3	22	15,358
2013	0.8	0.2	12	15,722
2012	0.8	0.2	13	15,869
2011	0.8	0.2	13	15,757
2010	NR 	NR 	NR 	NR 
2009	NR 	NR 	NR 	NR 
2008	0.8	0.2	13	16,419

Legends:

 Indicator has a numerator ≤ 10 and is not reportable

 Indicator has a confidence interval width $>160\%$ times the estimate and should be interpreted with caution

NOM NAS - Notes:

None

Data Alerts: None

NOM - Percent of children meeting the criteria developed for school readiness - SR

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023_2024	63.3 %	4.2 %	32,032	50,600
2022_2023	57.6 %	4.4 %	28,991	50,328

Legends:

- Indicator has an unweighted denominator <30 and is not reportable
- Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM SR - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year - TDC

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023_2024	9.9 %	1.1 %	27,611	279,249
2022_2023	9.7 %	1.2 %	27,547	283,051
2021_2022	9.5 %	1.0 %	26,668	279,584
2020_2021	10.2 %	0.9 %	28,600	279,243
2019_2020	13.5 %	1.6 %	39,048	289,378
2018_2019	13.2 %	1.7 %	37,404	283,797
2017_2018	8.9 %	1.3 %	24,731	277,030
2016_2017	9.3 %	1.1 %	26,633	287,126

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM TDC - Notes:

None

Data Alerts: None

NOM - Child Mortality rate, ages 1 through 9, per 100,000 - CM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	12.4	2.9	18	145,615
2023	12.9	3.0	19	146,778
2022	21.9	3.8	33	150,378
2021	7.7	2.2	12	155,910
2020	10.3	2.6	16	155,351
2019	16.8	3.3	26	155,129
2018	13.3	2.9	21	157,349
2017	18.2	3.4	29	158,951
2016	16.8	3.2	27	160,245
2015	14.4	3.0	23	160,241
2014	14.5	3.0	23	158,910
2013	20.2	3.6	32	158,268
2012	10.9	2.7	17	155,558
2011	16.8	3.3	26	154,442
2010	14.4	3.1	22	153,004
2009	19.3	3.6	29	150,364

Legends:

🚫 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution

NOM CM - Notes:

None

Data Alerts: None

NOM - Adolescent mortality rate ages 10 through 19, per 100,000 - AM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	27.6	4.1	45	163,109
2023	22.3	3.7	36	161,548
2022	31.6	4.4	51	161,201
2021	26.3	4.0	43	163,193
2020	20.9	3.7	32	153,398
2019	31.0	4.4	49	158,163
2018	25.1	4.0	40	159,133
2017	25.8	4.0	41	159,029
2016	33.7	4.6	54	160,416
2015	27.0	4.1	44	163,073
2014	20.9	3.6	34	162,896
2013	25.2	3.9	41	162,519
2012	27.7	4.1	45	162,427
2011	30.3	4.3	50	165,114
2010	26.9	4.0	45	167,533
2009	31.5	4.3	53	168,494

Legends:

🚫 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution

NOM AM - Notes:

None

Data Alerts: None

NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 - AM-Motor Vehicle

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2024	6.8	1.7	16	233,787
2021_2023	5.6	1.5	13	233,802
2020_2022	5.6	1.6	13	230,698
2019_2021	6.1	1.6	14	230,559
2018_2020	6.1	1.6	14	229,290
2017_2019	6.5	1.7	15	231,497
2016_2018	8.6	1.9	20	232,911
2015_2017	11.0	2.2	26	235,446
2014_2016	10.9	2.1	26	238,506
2013_2015	9.6	2.0	23	240,137
2012_2014	8.3	1.9	20	242,273
2011_2013	11.4	2.2	28	245,750
2010_2012	11.1	2.1	28	251,412
2009_2011	12.5	2.2	32	256,302
2008_2010	11.6	2.1	30	259,537
2007_2009	10.8	2.0	28	260,274

Legends:

 Indicator has a numerator <10 and is not reportable

 Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution

NOM AM-Motor Vehicle - Notes:

None

Data Alerts: None

NOM - Adolescent suicide rate, ages 10 through 19 per 100,000 - AM-Suicide

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2024	6.8	1.2	33	485,858
2021_2023	6.8	1.2	33	485,942
2020_2022	6.5	1.2	31	477,792
2019_2021	6.7	1.2	32	474,754
2018_2020	6.2	1.1	29	470,694
2017_2019	6.3	1.2	30	476,325
2016_2018	5.4	1.1	26	478,578
2015_2017	7.0	1.2	34	482,518
2014_2016	6.8	1.2	33	486,385
2013_2015	6.1	1.1	30	488,488
2012_2014	4.9	1.0	24	487,842
2011_2013	5.5	1.1	27	490,060
2010_2012	5.9	1.1	29	495,074
2009_2011	6.6	1.2	33	501,141

Legends:

- Indicator has a numerator <10 and is not reportable
- Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution

NOM AM-Suicide - Notes:

None

Data Alerts: None

NOM - Adolescent firearm mortality rate, ages 10 through 19 per 100,000 - AM-Firearm

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2024	2.3	0.7	11	485,858
2021_2023	2.5	0.7	12	485,942
2020_2022	2.1	0.7	10	477,792
2019_2021	NR 	NR 	NR 	NR 
2018_2020	NR 	NR 	NR 	NR 
2017_2019	NR 	NR 	NR 	NR 
2016_2018	NR 	NR 	NR 	NR 
2015_2017	NR 	NR 	NR 	NR 
2014_2016	NR 	NR 	NR 	NR 
2013_2015	NR 	NR 	NR 	NR 
2012_2014	NR 	NR 	NR 	NR 
2011_2013	NR 	NR 	NR 	NR 
2010_2012	NR 	NR 	NR 	NR 
2009_2011	NR 	NR 	NR 	NR 
2008_2010	NR 	NR 	NR 	NR 
2007_2009	NR 	NR 	NR 	NR 

Legends:

 Indicator has a numerator <10 and is not reportable

 Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution

NOM AM-Firearm - Notes:

None

Data Alerts: None

NOM - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 - IH-Child

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	66.7	6.4	108	161,925
2022	56.6	5.8	94	166,182
2021	76.3	6.7	131	171,720
2020	61.8	6.0	106	171,595
2019	71.5	6.5	123	171,929
2018	81.3	6.8	142	174,573
2017	77.4	6.6	137	176,901
2016	99.7	7.5	178	178,621
2015	122.0	9.5	164	134,452
2014	126.0	8.4	224	177,763
2013	145.8	9.1	258	177,003
2012	149.1	9.3	259	173,664
2011	172.1	10.0	297	172,569
2010	144.6	9.2	247	170,768
2009	168.5	10.0	285	169,099
2008	144.4	9.3	239	165,528

Legends:

 Indicator has a numerator ≤ 10 and is not reportable

 Indicator has a confidence interval width $> 160\%$ times the estimate and should be interpreted with caution

NOM IH-Child - Notes:

None

Data Alerts: None

NOM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 - IH-Adolescent

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	193.1	10.9	312	161,548
2022	164.4	10.1	265	161,201
2021	177.1	10.4	289	163,193
2020	164.9	10.4	253	153,398
2019	158.7	10.0	251	158,163
2018	147.0	9.6	234	159,133
2017	180.5	10.7	287	159,029
2016	199.5	11.2	320	160,416
2015	205.2	13.0	251	122,305
2014	177.4	10.4	289	162,896
2013	216.0	11.5	351	162,519
2012	212.4	11.4	345	162,427
2011	237.4	12.0	392	165,114
2010	246.5	12.1	413	167,533
2009	252.8	12.3	426	168,494
2008	268.8	12.6	456	169,639

Legends:

 Indicator has a numerator ≤ 10 and is not reportable

 Indicator has a confidence interval width $> 160\%$ times the estimate and should be interpreted with caution

NOM IH-Adolescent - Notes:

None

Data Alerts: None

NOM - Percent of women, ages 18 through 44, in excellent or very good health - WHS

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	51.5 %	2.2 %	120,688	234,292
2023	49.3 %	2.0 %	117,206	237,672
2022	55.3 %	1.9 %	133,675	241,736
2021	64.0 %	1.7 %	155,868	243,485
2020	66.0 %	1.7 %	156,495	237,036
2019	51.8 %	1.8 %	123,821	239,002
2018	55.1 %	1.8 %	132,844	241,285
2017	54.5 %	1.9 %	132,155	242,617
2016	54.1 %	1.9 %	132,650	245,296
2015	53.3 %	2.0 %	129,550	243,219
2014	53.9 %	2.0 %	130,356	241,802
2013	56.9 %	1.9 %	137,257	241,208
2012	51.1 %	2.0 %	121,264	237,216

Legends:

🚫 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM WHS - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, in excellent or very good health - CHS

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023_2024	91.1 %	1.0 %	265,962	291,804
2022_2023	90.0 %	1.1 %	267,812	297,614
2021_2022	91.3 %	0.9 %	272,378	298,413
2020_2021	93.2 %	0.7 %	277,092	297,200
2019_2020	92.1 %	1.2 %	276,555	300,261
2018_2019	92.4 %	1.2 %	279,012	301,989
2017_2018	92.4 %	1.1 %	281,147	304,254
2016_2017	91.5 %	1.1 %	280,659	306,643

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM CHS - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 2 through 4, and adolescents, ages 6 through 17, who are obese (BMI at or above the 95th percentile) - OBS

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023_2024	16.8 %	1.8 %	31,803	189,005
2022_2023	18.5 %	2.0 %	34,770	187,797
2021_2022	19.2 %	1.8 %	35,412	184,715
2020_2021	18.1 %	1.6 %	33,378	184,051
2019_2020	16.3 %	1.9 %	29,896	182,888
2018_2019	14.6 %	2.2 %	26,215	179,231
2017_2018	17.8 %	2.3 %	31,753	178,732
2016_2017	18.2 %	1.9 %	32,632	179,649

Legends:

🚫 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	10.7 %	0.3 %	905	8,441
2018	10.7 %	0.3 %	1,158	10,871
2016	9.6 %	0.3 %	1,113	11,589
2014	10.3 %	0.3 %	1,343	12,987
2012	10.2 %	0.3 %	1,489	14,578
2010	9.7 %	0.3 %	1,413	14,504
2008	10.0 %	0.3 %	1,279	12,796

Legends:

🚩 Indicator has a denominator <20 and is not reportable

⚡ Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM OBS - Notes:

None

Data Alerts: None

NOM - Percent of women who experience postpartum depressive symptoms - PPD

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	11.5 %	1.3 %	1,590	13,767
2022	13.0 %	1.3 %	1,951	14,966
2021	14.4 %	1.3 %	2,166	15,003
2020	13.7 %	1.3 %	2,067	15,102
2019	11.1 %	1.8 %	915	8,236
2015	9.0 %	1.1 %	1,610	17,938
2014	11.0 %	1.2 %	1,974	17,970
2013	9.5 %	1.0 %	1,748	18,407
2012	10.6 %	1.0 %	1,938	18,254

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM PPD - Notes:

None

Data Alerts: None

NOM - Percent of women who experience postpartum anxiety symptoms - PPA

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	22.5 %	1.8 %	3,101	13,799

Legends:

- Indicator has an unweighted denominator <30 and is not reportable
- Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM PPA - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 6 through 11, who have a behavioral or conduct disorder - BCD

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023_2024	7.6 %	1.7 %	7,564	100,026
2022_2023	7.8 %	2.0 %	8,025	102,585
2021_2022	7.5 %	1.8 %	7,551	101,200
2020_2021	6.9 %	1.3 %	6,729	98,194
2019_2020	6.5 %	1.8 %	6,594	101,612
2018_2019	5.0 % ⚡	1.8 % ⚡	5,098 ⚡	102,509 ⚡
2017_2018	3.5 % ⚡	1.1 % ⚡	3,459 ⚡	100,113 ⚡
2016_2017	4.4 %	1.0 %	4,428	100,491

Legends:

🚫 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM BCD - Notes:

None

Data Alerts: None

NOM - Percent of adolescents, ages 12 through 17, who have depression or anxiety - ADA

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023_2024	8.5 %	1.3 %	8,519	100,475
2022_2023	10.5 %	1.8 %	10,507	100,461
2021_2022	10.7 %	1.7 %	10,478	98,245
2020_2021	9.0 %	1.2 %	8,566	95,569
2019_2020	6.2 %	1.2 %	5,901	95,209
2018_2019	7.4 %	1.8 %	6,966	94,454
2017_2018	9.1 %	1.9 %	8,734	95,771
2016_2017	6.4 %	1.3 %	6,250	97,183

Legends:

🚫 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM ADA - Notes:

None

Data Alerts: None

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system - SOC

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023_2024	16.9 %	2.7 %	10,361	61,342
2022_2023	15.9 %	2.8 %	9,513	59,844
2021_2022	18.1 %	2.7 %	9,720	53,643
2020_2021	18.6 %	2.6 %	8,951	48,200
2019_2020	17.7 %	3.3 %	9,910	56,033
2018_2019	16.9 %	3.5 %	9,720	57,550
2017_2018	17.9 %	3.6 %	8,975	50,279
2016_2017	19.9 %	3.2 %	10,425	52,399

Legends:

🚫 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM SOC - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 6 months through 5, who are flourishing - FL-YC

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023_2024	78.3 %	2.8 %	65,716	83,894
2022_2023	78.3 %	2.9 %	67,368	86,030
2021_2022	80.4 %	2.6 %	71,210	88,550
2020_2021	84.2 %	2.0 %	78,099	92,775
2019_2020	84.4 %	2.5 %	82,486	97,684
2018_2019	86.0 %	2.7 %	80,279	93,371

Legends:

- Indicator has an unweighted denominator <30 and is not reportable
- Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM FL-YC - Notes:

None

Data Alerts: None

NOM - Percent of children with and without special health care needs, ages 6 through 17, who are flourishing - FL-CA

Data Source: National Survey of Children's Health (NSCH)-CSHCN

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023_2024	39.1 %	3.9 %	19,309	49,432
2022_2023	36.1 %	4.3 %	16,750	46,389
2021_2022	40.8 %	4.1 %	17,514	42,893
2020_2021	44.1 %	3.8 %	17,229	39,094
2019_2020	45.3 %	4.9 %	19,723	43,571
2018_2019	49.1 % ⚡	5.3 % ⚡	22,578 ⚡	45,964 ⚡

Legends:

- 🚩 Indicator has an unweighted denominator <30 and is not reportable
- ⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM FL-CA - Notes:

None

Data Alerts: None

NOM - Percent of children with and without special health care needs, ages 6 through 17, who are flourishing - FL-Child Adolescent

Data Source: National Survey of Children's Health (NSCH)-All Children

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023_2024	63.5 %	2.1 %	125,762	198,107
2022_2023	63.5 %	2.2 %	128,543	202,548
2021_2022	65.5 %	1.9 %	130,245	198,815
2020_2021	67.3 %	1.7 %	129,912	192,922
2019_2020	68.3 %	2.2 %	134,829	197,265
2018_2019	70.0 %	2.5 %	138,035	197,298

Legends:

- Indicator has an unweighted denominator <30 and is not reportable
- Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM FL-Child Adolescent - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, who have experienced 2 or more Adverse Childhood Experiences - ACE

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023_2024	15.9 %	1.3 %	45,740	288,115
2022_2023	16.0 %	1.4 %	47,200	294,396
2021_2022	15.4 %	1.3 %	45,572	295,248
2020_2021	14.1 %	1.1 %	41,154	292,735
2019_2020	14.4 %	1.3 %	42,535	294,563
2018_2019	16.3 %	1.5 %	48,291	296,472
2017_2018	16.2 %	1.6 %	48,684	300,602
2016_2017	18.3 %	1.5 %	55,762	304,095

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM ACE - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)
State: Hawaii

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth - PPV

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2023	2024	2025
Annual Objective			
Annual Indicator	92.4	92.0	92.0
Numerator	13,947	12,735	12,735
Denominator	15,098	13,843	13,843
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2022	2023	2023

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

Field Level Notes for Form 10 NPMs:

None

NPM - B) Percent of women who attended a postpartum checkup and received recommended care components - PPV

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2023	2024	2025
Annual Objective			
Annual Indicator	80.3	73.1	73.1
Numerator	11,089	9,221	9,221
Denominator	13,802	12,605	12,605
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2022	2023	2023

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

Field Level Notes for Form 10 NPMs:

None

NPM - A) Percent of infants placed to sleep on their backs - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2021	2022	2023	2024	2025
Annual Objective	85	86	87	87	88
Annual Indicator	80.1	83.0	80.0	66.4	66.4
Numerator	12,016	12,363	11,938	8,877	8,877
Denominator	15,003	14,891	14,928	13,361	13,361
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2020	2021	2022	2023	2023

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

Field Level Notes for Form 10 NPMs:

None

NPM - B) Percent of infants placed to sleep on a separate approved sleep surface - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2021	2022	2023	2024	2025
Annual Objective	29	30	30	31	31
Annual Indicator	24.7	27.7	23.5	23.5	23.5
Numerator	3,565	4,047	3,383	3,208	3,208
Denominator	14,455	14,591	14,412	13,645	13,645
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2020	2021	2022	2023	2023

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

Field Level Notes for Form 10 NPMs:

None

NPM - C) Percent of infants placed to sleep without soft objects or loose bedding - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2021	2022	2023	2024	2025
Annual Objective	49.0	49	50	50	51
Annual Indicator	45.9	52.0	50.4	64.0	64.0
Numerator	6,633	7,507	7,256	8,711	8,711
Denominator	14,477	14,422	14,405	13,603	13,603
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2020	2021	2022	2023	2023

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

Field Level Notes for Form 10 NPMs:

None

NPM - D) Percent of infants room-sharing with an adult during sleep - SS

Federally Available Data		
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)		
	2024	2025
Annual Objective		
Annual Indicator	79.8	79.8
Numerator	11,015	11,015
Denominator	13,803	13,803
Data Source	PRAMS	PRAMS
Data Source Year	2023	2023

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

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2021	2022	2023	2024	2025
Annual Objective	40	40	41	41	42
Annual Indicator	41.2	41.0	34.6	35.1	39.4
Numerator	16,334	15,213	12,730	11,189	12,264
Denominator	39,621	37,098	36,781	31,851	31,117
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

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

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH)		
	2024	2025
Annual Objective		
Annual Indicator	63.1	62.7
Numerator	122,498	117,771
Denominator	193,987	187,922
Data Source	NSCH	NSCH
Data Source Year	2022_2023	2023_2024

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

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH - Children with Special Health Care Needs

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - CSHCN			
	2023	2024	2025
Annual Objective			
Annual Indicator	43.1	37.6	39.9
Numerator	17,813	22,501	24,462
Denominator	41,372	59,844	61,342
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2021_2022	2022_2023	2023_2024

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	43.0	44.0	44.0	45.0	45.0

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH - Child Health - All Children

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - All Children			
	2023	2024	2025
Annual Objective			
Annual Indicator	46.6	43.1	46.0
Numerator	138,882	128,417	134,847
Denominator	297,934	298,004	293,114
Data Source	NSCH-All Children	NSCH-All Children	NSCH-All Children
Data Source Year	2021_2022	2022_2023	2023_2024

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

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others
-BLY - Adolescent Health

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH) - Perpetration - All Adolescents		
	2024	2025
Annual Objective		
Annual Indicator	13.1	10.5
Numerator	13,116	10,525
Denominator	100,297	100,218
Data Source	NSCHP-All Adolescents	NSCHP-All Adolescents
Data Source Year	2022_2023	2023_2024
Federally Available Data		
Data Source: National Survey of Children's Health (NSCH) - Victimization		
	2024	2025
Annual Objective		
Annual Indicator	25.5	28.1
Numerator	25,529	28,158
Denominator	100,297	100,218
Data Source	NSCHV-All Adolescents	NSCHV-All Adolescents
Data Source Year	2022_2023	2023_2024

Federally Available Data		
Data Source: Youth Risk Behavior Surveillance System (YRBSS)		
	2024	2025
Annual Objective		
Annual Indicator	21.8	21.8
Numerator	10,508	10,508
Denominator	48,295	48,295
Data Source	YRBSS	YRBSS
Data Source Year	2023	2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	25.0	24.0	23.0	23.0	22.0

Field Level Notes for Form 10 NPMs:

None

Form 10
National Performance Measures (NPMs) (2021-2025 Needs Assessment Cycle)

State: Hawaii

2021-2025: NPM - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2021	2022	2023	2024	2025
Annual Objective	80	81	82	84	86
Annual Indicator	73.4	66.3	68.9	71.9	68.7
Numerator	71,318	63,067	65,633	68,202	65,329
Denominator	97,099	95,187	95,192	94,913	95,085
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - 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 - TAHC - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2021	2022	2023	2024	2025
Annual Objective	25	26	26	27	27
Annual Indicator	15.9	21.9	18.1	21.3	30.6
Numerator	3,171	4,086	3,025	5,287	7,635
Denominator	19,924	18,629	16,749	24,832	24,964
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year - WWV

Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2021	2022	2023	2024	2025
Annual Objective	79	81	83	85	87
Annual Indicator	81.1	69.5	74.6	69.8	79.0
Numerator	191,337	167,306	179,419	164,835	183,633
Denominator	235,933	240,808	240,472	236,206	232,447
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2020	2021	2022	2023	2024

Field Level Notes for Form 10 NPMs:

None

Form 10
State Performance Measures (SPMs)

State: Hawaii

SPM 1 - The number of direct and enabling health providers receiving training and support services on maternal and child mental health care in underserved communities/counties statewide across all five population domains.

Measure Status:	Active	
State Provided Data		
	2024	2025
Annual Objective		
Annual Indicator	172	152
Numerator		
Denominator		
Data Source	Pediatric Mental Health Access grant program	Pediatric Mental Health Access grant program
Data Source Year	2024	2025
Provisional or Final ?	Final	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	190.0	200.0	210.0	220.0	230.0

Field Level Notes for Form 10 SPMs:

None

Form 10
State Performance Measures (SPMs) (2021-2025 Needs Assessment Cycle)

2021-2025: SPM 1 - Rate of confirmed child abuse and neglect reports per 1,000 for children ages 0 to 5 years.

Measure Status:		Active			
State Provided Data					
	2021	2022	2023	2024	2025
Annual Objective	5.4	5	4.9	4.9	4.8
Annual Indicator	5	5.8	5	3.3	3.6
Numerator	508	587	481	306	334
Denominator	101,271	100,421	96,580	93,878	92,815
Data Source	DHS CAN annual report	DHS CAN annual report	DHS CAN annual report	DHS CAN annual report	DHS CAN annual report
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2019
	Column Name:	State Provided Data
	Field Note: Baseline Data from 2019 DHS CAN annual report (http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/) represents a rate of 5.7 per 1,000 children 0-5 years of age (Numerator: 591 unique children confirmed victims; Denominator: 2019 Census Estimate 0-5 years: 104,141).	
2.	Field Name:	2020
	Column Name:	State Provided Data
	Field Note: Baseline Data from 2019 DHS CAN annual report (http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/) represents a rate of 5.7 per 1,000 children 0-5 years of age (Numerator: 591 unique children confirmed victims; Denominator: 2019 Census Estimate 0-5 years: 104,141).	
3.	Field Name:	2021

	Column Name:	State Provided Data
	Field Note: Baseline Data from 2020 DHS CAN annual report (p.8) http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/ represents a rate of 5.0 per 1,000 children 0-5 years of age (Numerator: 508 unique children confirmed victims; Denominator: 2020 Census Estimate 0-5 years: 101,271)	
4.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note: Baseline Data from 2021 DHS CAN annual report (p.8) http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/ represents a rate of 5.8 per 1,000 children 0-5 years of age (Numerator: 587 unique children confirmed victims; Denominator: 2021 Census Estimate 0-5 years: 100,421)	
5.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note: Baseline Data from 2022 DHS CAN annual report (p.8) http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/ represents a rate of 4.98 per 1,000 children 0-5 years of age (Numerator: 481 unique children confirmed victims; Denominator: 2022 Census Estimate 0-5 years: 96,580)	
6.	Field Name:	2024
	Column Name:	State Provided Data
	Field Note: Baseline Data from 2023 DHS CAN annual report (p.8) http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/ represents a rate of 3.3 per 1,000 children 0-5 years of age (Numerator: 306 unique children confirmed victims; Denominator: 2023 Census Estimate 0-5 years: 93,878)	
7.	Field Name:	2025
	Column Name:	State Provided Data
	Field Note: Baseline Data from 2024 DHS CAN annual report (p.8) http://humanservices.hawaii.gov/reports/child-abuse-and-neglect-reports/ represents a rate of 3.6 per 1,000 children 0-5 years of age (Numerator: 334 unique children confirmed victims; Denominator: 2024 Census Estimate 0-5 years: 92,815). This measure will be discontinued after this year, so no objectives are set for 2026-2030.	

2021-2025: SPM 2 - Reduce the rate of food insecurity for pregnant women and infants through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services

Measure Status:		Active			
State Provided Data					
	2021	2022	2023	2024	2025
Annual Objective		27,000	28,000	29,000	30,000
Annual Indicator	25,907	25,855	26,116	25,264	25,111
Numerator					
Denominator					
Data Source	Hawaii WIC Services	Hawaii WIC Services	Hawaii WIC Services	Hawaii WIC Services	Hawaii WIC Services
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2020
	Column Name:	State Provided Data
	Field Note:	Indicator is number of WIC enrollments for 2020
2.	Field Name:	2021
	Column Name:	State Provided Data
	Field Note:	Indicator is number of WIC enrollments for 2021
3.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	Indicator is number of WIC enrollments for 2022
4.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note:	Indicator is number of WIC enrollments for 2023
5.	Field Name:	2024
	Column Name:	State Provided Data
	Field Note:	Indicator is number of WIC enrollments for 2024
6.	Field Name:	2025
	Column Name:	State Provided Data
	Field Note:	Indicator is number of WIC enrollments for 2025

2021-2025: SPM 3 - The number of pediatric and/or behavioral health providers receiving training and support services on pediatric mental health care in underserved communities/counties statewide.

Measure Status:		Active			
State Provided Data					
	2021	2022	2023	2024	2025
Annual Objective		20	40	60	80
Annual Indicator	0	98	108	172	152
Numerator					
Denominator					
Data Source	Hawaii Pediatric Mental Health Care Access grant	Hawaii Pediatric Mental Health Care Access grant	Hawaii Pediatric Mental Health Care Access grant	Hawaii Pediatric Mental Health Care Access grant	Hawaii Pediatric Mental Health Care Access grant
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2020
	Column Name:	State Provided Data
	Field Note:	The number of pediatric/mental health providers trained on Pediatric Mental Health Care is 0 for 2020.
2.	Field Name:	2021
	Column Name:	State Provided Data
	Field Note:	The number of pediatric/mental health providers trained on Pediatric Mental Health Care is 0 for 2021.
3.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	The number of pediatric/mental health providers trained on Pediatric Mental Health Care is 98 for 2022.
4.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note:	The number of pediatric/mental health providers trained on Pediatric Mental Health Care is 108 for 2023.
5.	Field Name:	2024
	Column Name:	State Provided Data
	Field Note:	The number of pediatric/mental health providers trained on Pediatric Mental Health Care is 172 for 2024.
6.	Field Name:	2025
	Column Name:	State Provided Data
	Field Note:	The number of pediatric/mental health providers trained on Pediatric Mental Health Care is 152 for 2025.

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Hawaii

ESM PPV.1 - Completion of environmental scan of organizations and partners to facilitate determination of Title V's role in improving postpartum care across the state.

Measure Status:	Active	
State Provided Data		
	2024	2025
Annual Objective		
Annual Indicator	No	No
Numerator		
Denominator		
Data Source	The Women’s Reproductive Health Section of MCH	The Women’s Reproductive Health Section of MCH
Data Source Year	2024	2025
Provisional or Final ?	Final	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	Yes	Yes	Yes	Yes	Yes

Field Level Notes for Form 10 ESMs:

None

ESM SS.1 - The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations and individuals, on request.

Measure Status:	Active			
State Provided Data				
	2022	2023	2024	2025
Annual Objective			9,000	10,000
Annual Indicator	7,839	1,464	1,464	5,000
Numerator				
Denominator				
Data Source	Hawaii Title V Safe Sleep program	Hawaii Title V Safe Sleep program	Hawaii Title V Safe Sleep program	Hawaii Title V Safe Sleep program
Data Source Year	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	2,000.0	2,000.0	2,000.0	2,000.0	2,000.0

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2024
	Column Name:	State Provided Data

Field Note:

2024 data was not available, so 2023 data is reported again.

ESM DS.1 - The number of children screened through the Hi'ilei Developmental Screening Program using a standardized screening tool.

Measure Status:	Active		
State Provided Data			
	2023	2024	2025
Annual Objective			50
Annual Indicator	30	35	37
Numerator			
Denominator			
Data Source	Title V CSHN Branch H'ilei program	Title V CSHN Branch H'ilei program	Title V CSHN Branch H'ilei program
Data Source Year	2023	2024	2025
Provisional or Final ?	Final	Final	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	60.0	70.0	80.0	90.0	100.0

Field Level Notes for Form 10 ESMs:

None

ESM FS.1 - The number of infants and children birth to 5 years of age enrolled in the WIC program.

Measure Status:	Active	
State Provided Data		
	2024	2025
Annual Objective		
Annual Indicator	31,012	28,112
Numerator		
Denominator		
Data Source	Hawaii WIC Services Program	Hawaii WIC Services Program
Data Source Year	2024	2025
Provisional or Final ?	Final	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	31,400.0	31,600.0	31,800.0	32,000.0	32,200.0

Field Level Notes for Form 10 ESMs:

None

ESM MH.1 - Completion of formative research on the status of care coordination efforts in Hawaii to inform the design of the Family Health Services Division/Children with Special Health Needs Branch Care Coordination strategy.

Measure Status:	Active	
State Provided Data		
	2024	2025
Annual Objective		
Annual Indicator	No	No
Numerator		
Denominator		
Data Source	Title V Children with Special Health Needs Branch	Title V Children with Special Health Needs Branch
Data Source Year	2024	2025
Provisional or Final ?	Final	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	Yes	Yes	Yes	Yes	Yes

Field Level Notes for Form 10 ESMs:

None

ESM BLY.1 - Completion of formative research on status of bullying prevention efforts in Hawaii to inform design of Title V's bullying prevention role and strategy.

Measure Status:	Active	
State Provided Data		
	2024	2025
Annual Objective		
Annual Indicator	No	No
Numerator		
Denominator		
Data Source	The Adolescent Health program of the MCH	The Adolescent Health program of the MCH
Data Source Year	2024	2025
Provisional or Final ?	Final	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	Yes	Yes	Yes	Yes	Yes

Field Level Notes for Form 10 ESMs:

None

Form 10
Evidence-Based or -Informed Strategy Measures (ESMs) (2021-2025 Needs Assessment Cycle)

2021-2025: ESM AWV.1 - Develop and disseminate a teen-centered Adolescent Informational Resource (AIR) in collaboration with community health and youth service providers to promote adolescent health and annual wellness visits

Measure Status:		Active			
State Provided Data					
	2021	2022	2023	2024	2025
Annual Objective	23	25	28	30	30
Annual Indicator					
Numerator	26	27	27	27	28
Denominator	30	30	30	30	30
Data Source	ART and Science Workgroup	ART and Science Workgroup	ART and Science Workgroup	ART and Science Workgroup	ART and Science Workgroup
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2019
	Column Name:	State Provided Data
	Field Note: Converting to percentage $13/30 = 43.3\%$	
2.	Field Name:	2020
	Column Name:	State Provided Data
	Field Note: Converting to percentage $20/30 = 66.7\%$	
3.	Field Name:	2021
	Column Name:	State Provided Data
	Field Note: Converting to percentage $26/30 = 86.7\%$	
4.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note: Converting to percentage $27/30 = 90.0\%$	
5.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note: Converting to percentage $27/30 = 90.0\%$	
6.	Field Name:	2024
	Column Name:	State Provided Data
	Field Note: Converting to percentage $27/30 = 90.0\%$	
7.	Field Name:	2025
	Column Name:	State Provided Data
	Field Note: Converting to percentage $28/30 = 93.3\%$	

2021-2025: ESM TAHC.1 - Degree to which the Title V Children and Youth with Special Health Needs Section promotes and/or facilitates transition to adult health care for Youth with Special Health Care Needs (YSHCN), related to Six Core Elements of Health Care Transition 2.0.

Measure Status:		Active			
State Provided Data					
	2021	2022	2023	2024	2025
Annual Objective	26	28	30	33	33
Annual Indicator					
Numerator	26	31	32	32	32
Denominator	33	33	33	33	33
Data Source	Title V Transition Workgroup	Title V Transition Workgroup	Title V Transition Workgroup	Title V Transition Workgroup	Title V Transition Workgroup
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2019
	Column Name:	State Provided Data
	Field Note:	The measure is a scale and the annual indicator for 2019 is 22. Converting into percentage $22/33 = 66.7\%$
2.	Field Name:	2020
	Column Name:	State Provided Data
	Field Note:	The measure is a scale and the annual indicator for 2020 is 24.5. Converting into percentage $24.5/33 = 74.2\%$
3.	Field Name:	2021
	Column Name:	State Provided Data
	Field Note:	The measure is a scale and the annual indicator for 2021 is 26. Converting into percentage $26/33 = 78.8\%$
4.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	The measure is a scale and the annual indicator for 2022 is 31. Converting into percentage $31/33 = 93.9\%$
5.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note:	The measure is a scale and the annual indicator for 2023 is 32. Converting into percentage $32/33 = 97.0\%$
6.	Field Name:	2024
	Column Name:	State Provided Data
	Field Note:	The measure is a scale and the annual indicator for 2023 is 32. Converting into percentage $32/33 = 97.0\%$
7.	Field Name:	2025
	Column Name:	State Provided Data
	Field Note:	The measure is a scale and the annual indicator for 2024 is 32. Converting into percentage $32/33 = 97.0\%$

2021-2025: ESM WWV.2 - The number of women aged 18-44 years served through the state MCH reproductive health and wellness program.

Measure Status:	Active			
State Provided Data				
	2022	2023	2024	2025
Annual Objective				
Annual Indicator	3,681	2,698	9,775	9,457
Numerator				
Denominator				
Data Source	Family Planning and Reproductive Health program	Family Planning and Reproductive Health program	Family Planning and Reproductive Health program	Family Planning and Reproductive Health program
Data Source Year	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

Form 10
State Performance Measure (SPM) Detail Sheets

State: Hawaii

SPM 1 - The number of direct and enabling health providers receiving training and support services on maternal and child mental health care in underserved communities/counties statewide across all five population domains.

Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active								
Goal:	Increase the number of direct and enabling health providers in underserved communities and counties statewide who receive training and support in maternal and child mental health care across all five population domains.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Count</td></tr> <tr> <td>Unit Number:</td><td>1,000</td></tr> <tr> <td>Numerator:</td><td>Number direct and enabling providers trained through Hawaii Title V programs.</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Count	Unit Number:	1,000	Numerator:	Number direct and enabling providers trained through Hawaii Title V programs.	Denominator:	
Unit Type:	Count								
Unit Number:	1,000								
Numerator:	Number direct and enabling providers trained through Hawaii Title V programs.								
Denominator:									
Healthy People 2030 Objective:	Increase the proportion of children with mental health problems who get treatment (MHMD-03). (Baseline: 70.7% Target: 79.3%) Increase the proportion of children and adolescents who get appropriate treatment for behavior problems (EMC-D05). (Developmental objective, does not have baseline and target data) Increase the proportion of women who get screened for postpartum depression (MICH-D01) (Developmental objective, does not have baseline and target data)								
Data Sources and Data Issues:	Hawaii Department of Health Family Health Services program including Hawaii Pediatric Mental Health Care Access grant, Early Intervention Services, Project LAUNCH, MCH Branch programs & Early Childhood Comprehensive Systems grant								
Population Health Significance:	Mental health is a critical issue for the Maternal and Child Health (MCH) population because it profoundly influences the health, development, and well-being of women, children, and families. Mental health conditions such as perinatal depression, anxiety, and trauma are highly prevalent among women of reproductive age, yet they often go undiagnosed and untreated due to stigma, inadequate screening, and limited access to culturally responsive care. The impact of untreated mental health conditions extends beyond the individual, affecting parent-child bonding, child development, and long-term health outcomes. Children exposed to chronic stress or parental mental health challenges are at greater risk for developmental delays, behavioral problems, and future mental health issues. These challenges are compounded by disparities. Families in rural communities and those with low incomes face greater barriers to care and are more likely to experience unaddressed mental health needs. Moreover, mental health is closely tied to physical health. During pregnancy, poor mental health increases the risk of complications such as preterm birth and low birth weight, while also limiting a mother's ability to engage in preventive care and self-care. For children with poor mental health and increased stress, they are at increased risk of developing chronic health conditions in adolescence and adulthood. Despite this, many MCH-serving systems lack adequate behavioral health integration or workforce capacity to meet these needs. Strengthening mental health support within MCH programs is not only vital to improving outcomes today—it is also a powerful prevention strategy that can interrupt cycles of trauma, promote resilience, and foster healthier families across generations.								

Form 10
State Performance Measure (SPM) Detail Sheets (2021-2025 Needs Assessment Cycle)

2021-2025: SPM 1 - Rate of confirmed child abuse and neglect reports per 1,000 for children ages 0 to 5 years.
Population Domain(s) – Child Health

Measure Status:	Active	
Goal:	Reduce the rate of child abuse and neglect with special attention on ages 0-5 years.	
Definition:	Unit Type:	Rate
	Unit Number:	1,000
	Numerator:	Number of confirmed Child Protective Services reports of abuse and neglect for children aged 0 to 5 years
	Denominator:	Number of children aged 0 to 5 years in the state based on decennial census (2010 data reported 104,333 children)
Healthy People 2030 Objective:	Related to: IPV-37 Reduce child maltreatment deaths to 2.1 deaths per 100,000 children under age 18 years. Baseline: 2.3 child maltreatment deaths per 100,000 children under age 18 years occurred in 2008. IPV-38: Reduce nonfatal child maltreatment to 8.5 maltreatment victims per 1,000 children under age 18 years. Baseline: 9.4 victims of nonfatal child maltreatment per 1,000 children under age 18 years were reported in 2008.	
Data Sources and Data Issues:	Hawaii Department of Human Services, Management Services Office. Child Abuse and Neglect Annual reports	
Population Health Significance:	Child abuse and neglect has pervasive effects over a person's lifetime. Abuse has negative effects not only on physical health but also on mental, emotional and social health of individuals.	

2021-2025: SPM 2 - Reduce the rate of food insecurity for pregnant women and infants through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active									
Goal:	Reduce the rate food insecurity for pregnant women and infants through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>50,000</td></tr><tr><td>Numerator:</td><td>Number of WIC enrollments</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	50,000	Numerator:	Number of WIC enrollments	Denominator:	
Unit Type:	Count									
Unit Number:	50,000									
Numerator:	Number of WIC enrollments									
Denominator:										
Data Sources and Data Issues:	Hawaii WIC Services									
Population Health Significance:	It has long been recognized that children living in poverty lag behind other children on a wide range of indicators of physical, mental, academic, and economic well-being. They are more likely to have health, behavioral, learning, and emotional problems. This is especially true of children whose families experience deep poverty, those who are poor during early childhood, and those who are poor for a long time. Children living in poverty are also more likely to be food insecure, and food insecurity in households with children is associated with inadequate intake of several important nutrients, deficits in cognitive development, behavioral problems, and poor health. Over more than four decades, researchers have investigated WIC’s effects on key measures of child health such as birth weight, infant mortality, diet quality and nutrient intake, initiation and duration of breastfeeding, cognitive development and learning, immunization, use of health services, and childhood anemia. Taken as a whole, the evidence demonstrates WIC’s effectiveness.									

2021-2025: SPM 3 - The number of pediatric and/or behavioral health providers receiving training and support services on pediatric mental health care in underserved communities/counties statewide.

Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active	
Goal:	Address health equity and disparities by addressing children's mental health and services in rural and under-served communities.	
Definition:	Unit Type:	Count
	Unit Number:	300
	Numerator:	Number pediatric/mental health providers trained on Pediatric Mental Health Care.
	Denominator:	
Data Sources and Data Issues:	Hawaii Pediatric Mental Health Care Access grant.	
Population Health Significance:	The COVID pandemic highlighted the mental health needs of children and primary care and mental health provider shortages. The MCH Evidence Center has ample evidence to show telehealth services can improve access to healthcare to underserved MCH populations.	

Form 10
State Outcome Measure (SOM) Detail Sheets
State: Hawaii

No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets
State: Hawaii

ESM PPV.1 - Completion of environmental scan of organizations and partners to facilitate determination of Title V's role in improving postpartum care across the state.

NPM – A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV

Measure Status:	Active								
Goal:	To strengthen and clarify Title V's role in improving postpartum care by identifying existing services, unmet needs, and opportunities for coordination across programs and partners.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Text</td></tr> <tr> <td>Unit Number:</td><td>Yes/No</td></tr> <tr> <td>Numerator:</td><td>Yes/No</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Text	Unit Number:	Yes/No	Numerator:	Yes/No	Denominator:	
Unit Type:	Text								
Unit Number:	Yes/No								
Numerator:	Yes/No								
Denominator:									
Data Sources and Data Issues:	The Women's Reproductive Health Section of the Maternal and Child Health Branch, Hawaii Department of Health								
Evidence-based/informed strategy:	This strategy involves conducting an environmental scan to identify key partners, referral pathways, and current initiatives that support postpartum and well-woman care in Hawaii. The scan will help Title V assess how existing systems engage in outreach, referral, and delivery of postpartum visits, and where there are opportunities to strengthen coordination or fill gaps. This aligns with the MCHbest strategy "Engagement of Other MCH Programs to Disseminate Information and Make Referrals for Well-Women Visit." Environmental scanning is a recognized evidence-informed approach for understanding the organizational and policy landscape, particularly in complex systems of care. This strategy is essential for identifying the roles of various MCH stakeholders, improving service integration, and fostering cross-sector collaboration to improve access to preventive visits in the postpartum period. Evidence from the MCH Evidence Center and health systems literature demonstrates that effective engagement with MCH partners and care coordination efforts can significantly improve access to postpartum and preventive services, especially when programs align referral systems and information dissemination strategies (Kalavani et al., 2024; MCHbest database). Kalavani K, Mehroolhassani MH, Pedram A, Vosoogh-Moghaddam A, Dehnavieh R. Environmental Scanning Model in Health System and Implementation Steps: A Scoping Review. Iran J Public Health. 2024 Jun;53(6):1261-1271. PMID: 39430162; PMCID: PMC11488556.								
Population Health Significance:	This measure tracks whether the environmental scan has been completed (yes/no). A well-executed scan will systematically identify existing postpartum and well-woman care efforts across Hawaii, including referral networks, community-based organizations, and clinical providers. By assessing who is doing what and where, the scan helps Title V determine how it can uniquely contribute to expanding access to postpartum visits. Completion of the scan is a meaningful indicator of progress because it lays the groundwork for coordinated outreach, improved referral pathways, and ultimately greater utilization of preventive visits among postpartum women. Without this initial mapping, efforts to expand access may be fragmented or duplicative.								

ESM SS.1 - The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations and individuals, on request.

NPM – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS

Measure Status:	Active	
Goal:	Expand outreach to limited English proficiency families and care givers through distribution of translated safe sleep educational materials.	
Definition:	Unit Type:	Count
	Unit Number:	20,000
	Numerator:	Number of translated Safe Sleep Guides
	Denominator:	
Data Sources and Data Issues:	Data will be collected by Hawaii Title V Safe Sleep program as reported by the Parent Line program	
Evidence-based/informed strategy:	A review of the AMCHP and MCH Evidence Center research indicates that targeting caregivers with safe sleep education is supported by moderate evidence of effectiveness. National campaigns have focused on vulnerable subgroups as having the most significant impact on advancing health equity. In 2020, a Hawaii strategy was added specifically to address disparities in safe sleep behaviors, by targeting key ethnic groups and developing multilingual educational outreach for limited English-speaking families. The strategy was also supported by input from local service providers who workwith underserved, multicultural families.	
Population Health Significance:	The American Academy of Pediatrics (AAP) recommends a safe sleep environment to reduce the risk of all sleep-related infant deaths. AAP recommendations for a safe sleep environment include supine positioning, the use of a firm sleep surface, room-sharing without bed-sharing, and the avoidance of soft bedding and overheating. Additional recommendations for SUID reduction include the avoidance of exposure to smoke, alcohol, and illicit drugs; breastfeeding; routine immunization; and use of a pacifier. The AAP recommends education should include all who care for infants, including parents, child care providers, grandparents, foster parents, and babysitters, and should include strategies for overcoming barriers to behavior change. Research on health education and SUID outreach has found that response to safe sleep messages differed among different communities and racial/ethnic groups, which may help explain some of the lingering differences in SUID rates. Therefore, campaigns should have a special focus on getting safe sleep messages to parents and caregivers in diverse communities because of the higher incidence of SUID and other sleep-related infant deaths in these groups.	

ESM DS.1 - The number of children screened through the Hi'iilei Developmental Screening Program using a standardized screening tool.

NPM – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS

Measure Status:	Active									
Goal:	Build the internal capacity of the Children with Special Health Needs Branch to increase screening and referral efforts of young children through the Hi'ilei Developmental Screening Program.									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>300</td></tr><tr><td>Numerator:</td><td>Number of children receiving developmental screens from the CSHN Branch H'ilei program</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	300	Numerator:	Number of children receiving developmental screens from the CSHN Branch H'ilei program	Denominator:	
Unit Type:	Count									
Unit Number:	300									
Numerator:	Number of children receiving developmental screens from the CSHN Branch H'ilei program									
Denominator:										
Data Sources and Data Issues:	Program Data. A count of children receiving development screening from the Title V CSHN Branch H'ilei program.									
Evidence-based/informed strategy:	Promoting DOH Hi'ilei Developmental Screening Program to parents to complete online ASQ screenings will help raise community awareness of available resources to support parents. Studies have shown that ASQ is a reliable tool for developmental screening and have demonstrated high sensitivity and specificity in identifying children with delays when compared to professional assessments.									
Population Health Significance:	The early identification of developmental delays and disabilities is critical to provider referrals to services that can promote health and educational success. When children are not screened during medical visits, other accessible options are needed. In partnership with pediatric medical and early childhood service providers, Hawaii's Title V CSHN Branch is working to expand developmental screening options for families with young children. The measures helps track the expansion of Hawaii's Title V CSHN Branch efforts to assure developmental screening services are readily and easily accessible to families and improve the service delivery and systems development for developmental screening.									

ESM FS.1 - The number of infants and children birth to 5 years of age enrolled in the WIC program.

NPM – Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS

Measure Status:	Active								
Goal:	Reduce the rate food insecurity for pregnant women and infants through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Count</td></tr> <tr> <td>Unit Number:</td><td>60,000</td></tr> <tr> <td>Numerator:</td><td>Number of infants/children birth to 5 years of age enrolled in the WIC program</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Count	Unit Number:	60,000	Numerator:	Number of infants/children birth to 5 years of age enrolled in the WIC program	Denominator:	
Unit Type:	Count								
Unit Number:	60,000								
Numerator:	Number of infants/children birth to 5 years of age enrolled in the WIC program								
Denominator:									
Data Sources and Data Issues:	Hawaii WIC Services Program								
Evidence-based/informed strategy:	This strategy measure tracks the number of children enrolled in the Hawaii Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program to improve the rate of food sufficiency among low-income children. Enrollment in WIC is a well-documented, evidence-based strategy to improve food sufficiency and early childhood health. This strategy focuses on increasing the number of infants and children birth to age 5 who are enrolled in WIC, which provides access to nutritious food, nutrition education, and referrals to health and social services. Decades of research have demonstrated WIC's effectiveness in improving a wide range of health and developmental outcomes. Participation in WIC has been linked to higher birth weights, reduced infant mortality, initiation and sustained duration of breastfeeding, improved immunization rates, better diet quality and nutrient intake, reductions in childhood anemia, and enhanced cognitive development and learning. This strategy aligns with national best practices, as outlined in research synthesized by the Center on Budget & Policy Priorities. Increasing enrollment in WIC addresses food insufficiency directly while also functioning as a gateway to broader social and health supports. In doing so, this strategy advances progress on the NPM by supporting optimal growth and development in early childhood and reducing disparities linked to food insecurity and poverty. https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families WIC will work through expansion of partnerships with community programs to improve WIC enrollment and utilization. WIC will also collect qualitative data and analysis to further identify key barriers to WIC benefit utilization.								
Population Health Significance:	This measure tracks the number of infants and children from birth to age 5 enrolled in WIC. A well-executed implementation of this strategy would result in increased or sustained enrollment over time, especially among underserved populations. This measure is significant because it reflects the direct impact of efforts to improve food sufficiency through WIC enrollment. By capturing the number of children receiving WIC services, the measure indicates access to not only nutritious food, but also preventive health care, nutrition education, and community-based support services. As WIC is a proven strategy for improving child nutrition and mitigating the negative effects of poverty and food insecurity,								



increases in enrollment signal progress toward more stable and supportive environments for early childhood development. This measure also helps Title V monitor its role in connecting families to essential services, particularly in communities facing structural barriers to access. Tracking WIC enrollment thus provides a tangible way to evaluate progress on improving food sufficiency and reducing disparities in early childhood health outcomes.

ESM MH.1 - Completion of formative research on the status of care coordination efforts in Hawaii to inform the design of the Family Health Services Division/Children with Special Health Needs Branch Care Coordination strategy.
NPM – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH

Measure Status:	Active								
Goal:	Increase the Percent of children with and without special health care needs, ages 12 through 17, who have a medical home.								
Definition:	<table> <tr> <td>Unit Type:</td><td>Text</td></tr> <tr> <td>Unit Number:</td><td>Yes/No</td></tr> <tr> <td>Numerator:</td><td>Yes/No</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Text	Unit Number:	Yes/No	Numerator:	Yes/No	Denominator:	
Unit Type:	Text								
Unit Number:	Yes/No								
Numerator:	Yes/No								
Denominator:									
Data Sources and Data Issues:	Title V Children with Special Health Needs Branch								
Evidence-based/informed strategy:	This ESM focuses on readiness for CSHNB to develop Care Coordination Standards and Guidelines which is listed as Moderate Evidence from the MCH Evidence Center and the WWFH database calls this “somewhat evidence.” Conducting an assessment to identify service gaps and barriers aligns with the evidence-informed activity of assessing service systems to identify gaps in care coordination, workforce needs, and barriers to family-centered care. Facilitating focus groups with families incorporates family engagement in planning and quality improvement which has been identified as a key best practice supported by MCH Evidence Center. The readiness assessment component ensures that the system has the infrastructure, policies, and workforce to support care coordination effectively. This measure aligns with the American Academy of Pediatrics’ National Center for Medical Home Implementation by supporting key components of a high-functioning medical home through care coordination systems development where environmental scans help identify community-bases supports and linkages to pediatric primary care which enhances integration across systems. The AAP encourages Title V to use data-driven assessment tools to understand readiness and inform quality improvement in care coordination and conducting focus groups with families reinforces the medical home principle of shared decision-making and co-creation of care systems.								
Population Health Significance:	This preliminary work to determine Title V/CSHNB role and readiness in care coordination aligns services with family-centered, coordinated care principles of the medical home. By clarifying its role, CSHNB can ensure its services are not duplicative but complementary to other systems, improving the care experience for families of children with special health needs. By helping to standardize care coordination practices ensures families will have equitable access to appropriate services. This will also help build organizational readiness and capacity and guide workforce development and identify needed training or operational improvements. Having a clear role in care coordination allows Title V to show measurable impact in both qualitative and quantitative ways. Engaging families in this assessment ensures that services reflect their lived experiences, priorities, and cultural context. More importantly, it helps enhance trust, engagement and satisfaction which are foundational to effective care coordination. Assessing readiness ensures that CSHNB staff, infrastructure, and policies are prepared to deliver or support care coordination effectively and assist with system redesign as needed.								

ESM BLY.1 - Completion of formative research on status of bullying prevention efforts in Hawaii to inform design of Title V's bullying prevention role and strategy.

NPM – Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others - BLY

Measure Status:	Active								
Goal:	Reduce the percentage of adolescents with and without special health care needs, ages 12 through 17, who are bullied or who are bullied by others.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Text</td></tr> <tr> <td>Unit Number:</td><td>Yes/No</td></tr> <tr> <td>Numerator:</td><td>Yes/No</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Text	Unit Number:	Yes/No	Numerator:	Yes/No	Denominator:	
Unit Type:	Text								
Unit Number:	Yes/No								
Numerator:	Yes/No								
Denominator:									
Data Sources and Data Issues:	The Adolescent Health program of the Maternal and Child Health Branch, Department of Health								
Evidence-based/informed strategy:	Conducting an environmental scan is an evidence-informed strategy used in public health to identify existing programs, policies, and gaps in service delivery. Environmental scans allow organizations to assess the internal and external landscape, providing critical insight into the availability and scope of current prevention efforts. This strategy supports the selected NPM —percent of adolescents who bully or are bullied—by laying the groundwork for identifying best practices, duplication of services, and areas of unmet need. Ultimately, the information gathered from the scan informs targeted program development, strategic resource allocation, and cross-sector collaboration to address bullying more effectively. Evidence from health systems research identifies environmental scanning as a vital tool for organizational learning and responsiveness. It is associated with improved decision-making, the adoption of evidence-based practices, and enhanced public health performance ([1], [2], [3]). The environmental scan measured by this ESM will provide a foundation for a more coordinated, informed approach to reducing bullying among adolescents in Hawaii. [1] Kalavani K, Mohebbifar R, Rafiei S. (2019). Evidence based practice among healthcare providers: a cross-sectional study. <i>Int J Health Care Qual Assur</i>, 32 (5):867–78. [2] Kalavani K, Mehroolhassani MH, Pedram A, Vosoogh-Moghaddam A, Dehnavieh R. Environmental Scanning Model in Health System and Implementation Steps: A Scoping Review. <i>Iran J Public Health</i>. 2024 Jun;53(6):1261-1271. PMID: 39430162; PMCID: PMC11488556. [3] Charlton P, Doucet S, Azar R, et al. (2019). The use of the environmental scan in health services delivery research: a scoping review protocol. <i>BMJ Open</i>, 9 (9): e029805.								
Population Health Significance:	This measure tracks whether the environmental scan was completed (yes/no) and quantifies the number of existing programs addressing bullying. This is a significant first step toward understanding the current bullying prevention landscape in Hawaii. A high-quality scan would involve systematically reviewing programs across schools, community organizations, and healthcare systems, ensuring broad geographic and demographic representation. Completion of a comprehensive scan is a critical indicator that the strategy is being implemented effectively. Measuring completion ensures accountability for initiating the strategy and provides a baseline of programs that can inform future systems-level responses. By identifying what programs exist, where they operate, and what gaps remain, this measure directly supports the strategy's intent to enable more effective, coordinated, and evidence-informed action toward reducing bullying among adolescents.								

Form 10
Evidence-Based or -Informed Strategy Measure (ESM) (2021-2025 Needs Assessment Cycle)

2021-2025: ESM AWV.1 - Develop and disseminate a teen-centered Adolescent Informational Resource (AIR) in collaboration with community health and youth service providers to promote adolescent health and annual wellness visits
2021-2025: NPM – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV

Measure Status:	Active								
Goal:	Increase resources, training and practice improvement support for adolescent health and service providers to promote wellness and healthcare visits aligned to Bright Futures.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Scale</td></tr> <tr> <td>Unit Number:</td><td>30</td></tr> <tr> <td>Numerator:</td><td>Total Actual Score from Adolescent Health Data Collection Form</td></tr> <tr> <td>Denominator:</td><td>Total Possible Score from Adolescent Health Data Collection Form (30 total)</td></tr> </table>	Unit Type:	Scale	Unit Number:	30	Numerator:	Total Actual Score from Adolescent Health Data Collection Form	Denominator:	Total Possible Score from Adolescent Health Data Collection Form (30 total)
Unit Type:	Scale								
Unit Number:	30								
Numerator:	Total Actual Score from Adolescent Health Data Collection Form								
Denominator:	Total Possible Score from Adolescent Health Data Collection Form (30 total)								
Data Sources and Data Issues:	This is a summary of the Data Collection Form that lists 10 strategy components organized by the following domains: • Collaboration • Engagement to Develop the Adolescent Resource Toolkit • Workforce Development Training for Community Stakeholders Each item is scored from 0-3 (0=not met; 1=partially met; 2=mostly met; 3=completely met), with a maximum total of 30. Scoring is completed by Adolescent Health staff, with input from key partners.								
Population Health Significance:	Adolescence is a period of major physical, psychological and social development and the initiation of risky behaviors as teens move from childhood toward adulthood. Teens assume individual responsibility for health habits. An annual preventive well visit may help teens adopt or maintain health habits and behaviors and avoid health damaging behaviors. The Bright Futures guidelines recommend that teens have an annual checkup from age 11-21 years, however many do not. Barriers include: • Lack of awareness of guidelines • Perception that the AWC lacks value • Unaware or variability of insurance coverage and follow up services • High utilization of sports physicals instead of AWC • Inconsistent practices addressing confidentiality • Lack of medical home • Lack of knowledge of community resources. The ART and collaboration with community/youth service providers will help to address many of these barriers and build the knowledge base of professionals working with youth.								

2021-2025: ESM TAHC.1 - Degree to which the Title V Children and Youth with Special Health Needs Section promotes and/or facilitates transition to adult health care for Youth with Special Health Care Needs (YSHCN), related to Six Core Elements of Health Care Transition 2.0.

2021-2025: NPM – 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 - TAHC

Measure Status:	Active									
Goal:	To increase the degree to which the Title V CYSHNS promotes and/or facilitates transition to adult health care for YSHCN.									
Definition:	<table><tr><td>Unit Type:</td><td>Scale</td></tr><tr><td>Unit Number:</td><td>33</td></tr><tr><td>Numerator:</td><td>Total Actual Score from Transition to Adult Health Care Data Collection Form</td></tr><tr><td>Denominator:</td><td>Total Possible Score from Transition to Adult Health Care Data Collection Form (33)</td></tr></table>		Unit Type:	Scale	Unit Number:	33	Numerator:	Total Actual Score from Transition to Adult Health Care Data Collection Form	Denominator:	Total Possible Score from Transition to Adult Health Care Data Collection Form (33)
Unit Type:	Scale									
Unit Number:	33									
Numerator:	Total Actual Score from Transition to Adult Health Care Data Collection Form									
Denominator:	Total Possible Score from Transition to Adult Health Care Data Collection Form (33)									
Data Sources and Data Issues:	This is a summary of the Data Collection Form that lists 11 strategy components organized by the Six Core Elements of Health Care Transition: • Transition policy • Transition tracking and monitoring • Transition readiness • Transition planning • Transfer of care • Transition completion. Each item is scored from 0-3 (0=not met; 1=partially met; 2=mostly met; 3=completely met), with a maximum total of 33. Scoring is completed by CYSHNS staff, with input from Hilopaa Family to Family Health Information Center. The data collection form is attached as a supporting document.									
Population Health Significance:	CYSHNS is addressing Got Transition's Six Core Elements of Health Care Transition 2.0. Strategy components were adapted for integration as part of CYSHNS services to support youth/families in preparing for transition to adult health care. Health and health care are important to making successful transitions. The majority of YSHCN do not receive needed support to transition from pediatric to adult health care. In addition, YSHCN, compared to those without special health care needs, are less likely to complete high school, attend college, or be employed. The Title V CYSHNS has been addressing these barriers through providing general transition information to families receiving CYSHNS /clinic services or attending transition-related community events, and leading/participating in planning Transition Fairs. The next phase is CYSHNS working to improve its direct services with youth/families related to transition to adult health care, using an evidence-informed quality improvement approach. The Six Core Elements of Health Care Transition is an evidence-informed model for transitioning youth to adult health care providers that has been developed and tested in various clinical and health plan settings. They were developed by the Got Transition/Center for Health Care Transition Improvement, based on the joint clinical recommendations from the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American College of Physicians (ACP). References: Got Transition, "Side-By-Side Version, Six Core Elements of Health Care Transition 2.0"; AAP, AAFP, ACP, "Clinical Report – Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home", Pediatrics 2011;128:182-200; McPheeters M et al., "Transition Care for Children With Special Health Needs", Technical Brief No. 15. Agency for Healthcare Research and Quality (AHRQ) Publication No. 14-EHC027-EF, June 2014.									

2021-2025: ESM WWV.2 - The number of women aged 18-44 years served through the state MCH reproductive health and wellness program.

2021-2025: NPM – Percent of women, ages 18 through 44, with a preventive medical visit in the past year - WWV

Measure Status:	Active									
Goal:	By 2025, 4200 women aged 18-44 years will be served through the state MCH reproductive health and wellness program									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>20,000</td></tr><tr><td>Numerator:</td><td>Total number of women aged 18-44 years served through the state MCH reproductive health and wellness program.</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	20,000	Numerator:	Total number of women aged 18-44 years served through the state MCH reproductive health and wellness program.	Denominator:	
Unit Type:	Count									
Unit Number:	20,000									
Numerator:	Total number of women aged 18-44 years served through the state MCH reproductive health and wellness program.									
Denominator:										
Data Sources and Data Issues:	Family Planning and Reproductive Health program									
Evidence-based/informed strategy:	Reproductive health visits not only help women to avoid unintended pregnancies, but also help a women prepare for healthy pregnancies by addressing important preventive care issues among women of reproductive age. The ESM reflects the reach of new state funded contracts to provide services to the most vulnerable population: women who are uninsured and cannot access care. Research provided by the MCH Evidence Center indicates extending services to those without insurance maybe be effective given expanding insurance coverage appears to be effective. Contracted service providers also employ a few clinical practices supported by evidence including extended clinic hours.									
Population Health Significance:	Based on the newly issued service contracts, a new Evidence based/Informed Strategy Measure (ESM) was selected for women’s preventive medical visits: the number of women age 18-44 years served by the state’s reproductive health and wellness program. This replaces the former population-based measure on birth spacing, which did not directly relate to the Title V strategies. The ESM relates to the evidence-based strategy Engagement of Other MCH Programs to Disseminate Information and Make Referrals for Well-Women Visits. Providers across the state were sought to offer critical wellness and reproductive health services to those most in need. The FFY 2022 data collected indicates that 3,681 women were served. Contractors are expected to work on increasing the reach of the program; thus, objectives now reflect an incremental increase for each year.									

Form 11
Other State Data

State: Hawaii

The Form 11 data are available for review via the link below.

[Form 11 Data](#)

Form 12
Part 1 – MCH Data Access and Linkages

State: Hawaii
Annual Report Year 2025

Data Sources	Access				Linkages	
	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	Yes	Monthly	3		
2) Vital Records Death	Yes	Yes	Monthly	3	Yes	
3) Medicaid	No	No	Never	NA	No	
4) WIC	Yes	No	Annually	6	No	
5) Newborn Bloodspot Screening	Yes	Yes	Monthly	3	Yes	
6) Newborn Hearing Screening	Yes	Yes	Monthly	3	Yes	
7) Hospital Discharge	No	No	Less Often than Annually	3	No	
8) PRAMS or PRAMS-like	Yes	Yes	Monthly	3	Yes	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

Data Source Name:	1) Vital Records Birth
	Field Note: In 2017, enforcement of a Hawaii Revised Statute related to data-sharing policies severely limited and terminated access to the Hawaii Vital Records office data. In 2018, FHSD successfully helped to advocate for legislation to amend the statute. In March 2019, FHSD regained access to the electronic vital statistics dataset upon approval by a newly established DOH Institutional Review Committee, which was required by the new statute. Access to Vital Records Birth data is through the VSS system developed by Office of Health Status Monitoring (OHSM) at the OHSM Office. Starting in April 2025, after a system update was conducted, the VSS system could be accessed online at https://vssclient.ehawaii.gov.
Data Source Name:	2) Vital Records Death
	Field Note: In 2017, enforcement of a Hawaii Revised Statute related to data-sharing policies severely limited and terminated access to the Hawaii Vital Records office data. In 2018, FHSD successfully helped to advocate for legislation to amend the statute. In March 2019, FHSD regained access to the electronic vital statistics dataset upon approval by a newly established DOH Institutional Review Committee, which was required by the new statute. Access to Vital Records Death data is through the VSS system developed by the Office of Health Status Monitoring (OHSM) at the OHSM Office. Starting in April 2025, after a system update was conducted, the VSS system could be accessed online at https://vssclient.ehawaii.gov.
Data Source Name:	3) Medicaid

Field Note:

In 2025, FHSD executed a new Memorandum of Agreement (MOA) with the state Medicaid program to comply with Title V requirements for an interagency agreement. This agreement formalizes existing agency collaborative efforts to work together to improve the health of mothers, children, and families. It includes specific provisions for FHSD to request and receive selected Medicaid data. The MOA states that the Medicaid program will respond to data requests within 90 days of submission. Currently, Medicaid provides data that is needed to complete the Title V annual report, including:

- Information for Form 6 (Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX)
- SSDI Core Measures (child immunizations)
- Medicaid enrollment data (including numbers of children and pregnant women)
- Data for several federal Medicaid quality measures used for Title V performance measures on developmental screening and child wellness visits.
- Data that will enable WIC program to identify potential new Maui families affected by the August 8, 2023 Maui wildfires. Medicaid has provided enrollment numbers for children birth to 5 years for this request.

The Medicaid MOA expires in 2030 and is anticipated to be renewed next year.

Data Source Name:**4) WIC**

Field Note:

In 2020, WIC completed installation of its new data system. A private third-party vendor now houses, analyzes, and reports data for the WIC program. While the FHSD WIC Branch no longer has direct access to the electronic dataset, it does have regular access to standard and special data reports. WIC can also request a copy of specific elements of the program dataset for analysis.

Data Source Name:**5) Newborn Bloodspot Screening**

Field Note:

FHSD successfully linked data to vital statistics birth records with the amendment to the data sharing law that now permits access to vital records for public health research. Hawaii Title V has access to the linked electronic dataset of birth and newborn metabolic screening records.

Access to Vital Records Birth data is through the VSS system developed by Office of Health Status Monitoring (OHSM) at the OHSM Office. Starting in April 2025, after a system update was conducted, the VSS system could be accessed online at <https://vssclient.ehawaii.gov>. Data linkage for newborn metabolic screening is conducted in the CSHN Branch office.

Data Source Name:**6) Newborn Hearing Screening**

Field Note:

FHSD successfully linked data to vital statistics birth records with the amendment to the data sharing law that now permits access to vital records for public health research. Hawaii Title V has access to the linked electronic dataset of birth and newborn hearing screening records.

Access to Vital Records Birth data is through the VSS system developed by Office of Health Status Monitoring (OHSM) at the OHSM Office. Starting in April 2025, after a system update was conducted, the VSS system could be accessed online at <https://vssclient.ehawaii.gov>. Data linkage for newborn hearing screening is conducted in the CSHN Branch office.

Data Source Name:**7) Hospital Discharge**

Field Note:

The Healthcare Association of Hawaii (HAH) is the new manager for all hospital data in the state. HAH is the nonprofit trade organization serving Hawaii's hospitals, skilled nursing facilities, assisted living facilities, home care companies, and hospices. The data is managed by a new subsidiary created in 2018, the Laulima Data Alliance. The Laulima Data Alliance has provided a portal for DOH users if summary results are needed. Record-level data is available for purchase. DOH established a new data governance committee which includes a representative from HAH. This committee approves and oversees/coordinates all hospital data requests.

Data Source Name:**8) PRAMS or PRAMS-like**

Field Note:

Hawaii first began collecting statewide PRAMS data in 2000. While changes were made to the data sharing statute, the Hawaii PRAMS survey operations were halted for 18 months from 2017 to 2018, lacking access to birth records to draw the survey sample. Survey operations resumed in December 2018. Additionally, issues with the 2019 sample resulted in only six months of usable data. Data for 2020 is the first full year of PRAMS data since 2016.

On January 31, 2025, the CDC paused all PRAMS data collection. States were instructed to redact the PRAMS Phase 9 survey questions to comply with the Trump Administration's Diversity, Equity and Inclusion (DEI) Executive Order which required agencies to remove or halt activities involving race, ethnicity, sexual orientation, gender identity, or other demographic-based data collection.

On April 1, 2025, the DOH was informed that the CDC's Division of Reproductive Health was eliminated, with the exception of the Maternal and Infant Health Branch, part of the Administration's Department of Government Efficiency (DOGE) efforts. The Initial impacts were:

- All affected staff receive reduction-in-force (RIF) notifications and were placed on administrative leave from April 2 through June 2, 2025.
- PRAMS grant program staff were unavailable.
- Hawaii's CDC MCH Epidemiology Assignee also received a RIF notification

During this period, only minimal CDC staffing remained to administer programs and respond to inquiries. The CDC PRAMS data system (PIDS) was unavailable for data entry.

On June 9, 2025, CDC notified Hawaii that the Hawaii PRAMS Questionnaire V9.2 had been restored in PIDS and was ready for User Acceptance Testing (UAT).

Hawaii currently contracts with Rutgers University to administer the PRAMS survey protocol/data collection. The contract is state-funded. Hawaii plans to continue PRAMS data collection through the end of the grant period (April 30, 2027).

Form 12
Part 2 – Products and Publications (Optional)

State: Hawaii
Annual Report Year 2025

Products and Publications information has not been provided by the State.