Summary of National Outcome and Performance Measures for Hawaii Title V Application (August 2026 submission)

Hawaii reviewed the FY 2025 federally available data (FAD) for National Performance Measures (NPMs), Standardized Measures (SMs) and National Outcome Measures (NOMs). This document is organized based the measure categories provided on 2025 FAD, and provides a report on all the NPM, SM, and NOM data as well as a summary of the review findings. The order of the measures is based on the current FAD release that focuses on FY 2026-2030 measures. For measures that report PRAMS data, the latest PRAMS data available is 2023, as 2024 data is not available yet.

Hawaii National Performance Measures (NPMs) for Closing 5-Year Project period 2021-2025

Of the 20 NPMs, Hawaii selected seven as priorities.

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

Safe sleep measures have more than one measure.

Hawaii Selected NPM for new 5-Year Project Period (2026-2030)

These measures were selected last year based on the 2025 needs assessment. The priorities also include two required *universal* measures that were added last year: Postpartum Care and Medical Home for all children and children with special health care needs.

- Postpartum Visits (PPV) has two parts:
  - Postpartum Visit (PPV-A): Percent of women who attended a postpartum checkup within 12 weeks after giving birth, and
  - Postpartum Visit (PPV-B): Percent of women who attended a postpartum checkup and received recommended care components
- Safe Sleep (SS) is a continuing NPM
- Developmental Screening (DS) is a continuing NPM
- Food Sufficiency (FS): Percent of children, ages 0 through 11, whose households were food sufficient in the past year
- Medical Home (MH): Percent of children with and without special health care

needs, ages 0-17, who have a medical home
- Bullying (BLY): Percent of adolescents, with and without special health care needs, ages 12-17, who are bullied or who bully other

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

The list of NPM for 2026-2030 also includes the following additional NPM that were added last year. Also a safe sleep measure was added last year to the existing 3 SS measures (for a total of 4 safe sleep measures):

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

State Objectives Met for 2021-2025 NPM

State objectives are set only for the seven NPMs Hawaii selected as priorities. The following NPMs met the 2025 state objectives:

- Safe Sleep - No Soft Bedding (SS-C): Percent of infants placed to sleep without soft objects or loose bedding
- Transition to Adult Healthcare (TR): Percent of adolescents with special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care

The following measures (three are related to Safe sleep) did not meet the 2025 objectives:

- Postpartum Visit (PPV-A): Percent of women who attended a postpartum checkup within 12 weeks after giving birth
- Postpartum Visit (PPV-B): Percent of women who attended a postpartum checkup and received recommended care components
- Well-Woman Visit (WWV): Percent of women, ages 18 through 44, with a

preventive medical visit in the past year
- Safe Sleep - Back Sleep Position (SS-A): Percent of infants placed to sleep on their backs
- Safe Sleep - Separate Approved Sleep Surface (SS-B): Percent of infants placed to sleep on a separate approved sleep surface
- Safe Sleep – Room Sharing (SS-D): Percent of infants room-sharing with an adult during sleep
- Developmental Screening (DS): Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
- Food Sufficiency (FS): Percent of children, ages 0 through 11, whose households were food sufficient in the past year
- Adolescent Well-Visit (AWV): Percent of adolescents, ages 12 through 17 years, with a preventive medical visit in the past year
- Medical Home (MH): Percent of children with and without special health care needs, ages 0-17, who have a medical home (overall measure; CSHCN and all children)

The latest Pregnancy Risk Assessment Monitoring System (PRAMS) data used for Safe Sleep is from 2023. 2024 PRAMS data is not available yet.

Concerning Trends

There was one NPM that raised concern in trends:

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

For food sufficiency, the 2023-2024 Hawaii estimate (62.7%) did not meet the 2025 state objective (63.1%) and was significantly lower than the national estimate (67.7%). There has also been a significant decline in the percent of children whose households were food sufficient since 2016-2017 (71.9%).

National Averages Met or Exceeded (Improved Outcomes)

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

- Well-Woman Visit (WWV): Percent of women, ages 18 through 44, with a preventive medical visit in the past year
- Postpartum Visit (PPV-A): Percent of women who attended a postpartum checkup within 12 weeks after giving birth
- Postpartum Visit (PPV-B): Percent of women who attended a postpartum checkup and received recommended care components
- Postpartum Mental Health Screening (MHS): Percent of women who were screened for depression or anxiety following a recent live birth
- Perinatal Care Discrimination (DSR): Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care
- Breastfeeding (BF-A): Percent of infants who are ever breastfed
- Breastfeeding (BF-B): Percent of infants breastfed exclusively through 6 months

- Housing Instability-Pregnancy (HI-Pregnancy): Percent of women with a recent live birth who experienced housing instability in the 12 months
- Housing Instability-Child (HI-Child): Percent of children, ages 0 through 11, who experienced housing instability in the past year
- Developmental Screening (DS): Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
- Childhood Vaccination (VAX-Child): Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months
- Preventive Dental Visit-Pregnancy (PDV-Pregnancy): Percent of women who had a preventive dental visit during pregnancy
- Preventive Dental Visit-Child (PDV-Child): Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
- Adult Mentor (ADM): Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance
- Medical Home (MH): Percent of children with and without special health care needs, ages 0-17, who have a medical home (selected components)
    - Overall (all children), Family-Centered Care Component (CSHCN and all children), Personal Doctor or Nurse Component (CSHCN and all children)
- Transition (TR): Percent of all adolescents ages 12 through 17, who received services to prepare for the transition to adult health care (CSHCN and all adolescents)
- Bullying-Perpetuation (BLY): Percent of adolescents, ages 12-17, who bullied other (all adolescents)
- Bullying-Victimization (BLY): Percent of adolescents, ages 12-17, who are bullied (all adolescents and CSHCN)

Disparities

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

- Well-Woman Visit (WWV): Those with less than a high school education (69.3%) and non-Hispanic Native Hawaiians/Other Pacific Islanders alone (hereafter referred to as “Native Hawaiian/Other Pacific Islander”; 71.3%) did not meet the national estimate (73.6%).
- Postpartum Visit (PPV-A) – Those with less than a high school education (87.2%), those on Medicaid (87.5%), those unmarried (89.1%), those under 20 years old (81.2%) or between 20-24 years old (86.5%); Native Hawaiian/Other Pacific Islander (78.1%), non-Hispanic Native Hawaiian/Other Pacific Islander alone or in combination (hereafter referred to as “Native Hawaiian/Other Pacific Islander alone or in combination”; 82.3%); those who participated in WIC (88.1%) did not meet the national estimate (90.3%).
- Postpartum Visit (PPV-B): High school graduates (70.5%) or college graduates (69.7%); those who had private insurance (70.3%) or those uninsured (71.6%),

those who were married (70.6%), those between 30-34 years old (69.5%) or 35 years old and above (70.6%); non-Hispanic Asians alone (hereafter referred to as "Asians"; 67.5%) or non-Hispanic Whites alone (hereafter referred to as "Whites"; 67.5%) did not meet the national estimate (72.8%).

- Postpartum Mental Health Screening (MHS) – those under 20 years old (69.4%) did not meet the national estimate (82.9%) of women who were screened for depression or anxiety following a recent live birth.
- Perinatal Care Discrimination (DSR) – Those 35 years and older (2.2%) did not meet the national estimate (2.1%). All other subgroups met the national estimate.
- Breastfeeding (BF-A) – Those with less than a high school education (69.3%), those on Medicaid (81.2%), those unmarried (84.1%), those under 20 years old (81.2%); Native Hawaiians/Other Pacific Islanders (71.3%), Native Hawaiians/Other Pacific Islanders alone or in combination (83.2%), or Asians (83.0%) did not meet the national estimate (85.5%) of infants who were ever breastfed.
- Breastfeeding (BF-B) – Asians (22.3%) did not meet the national estimate (28.3%) of infants breastfed exclusively through 6 months.
- Housing Instability-Pregnancy (HI-Pregnancy) – Those on Medicaid (8.8%) and those who participated in the Women, Infants and Children (WIC) program (8.3%) did not meet the national estimate (7.9%) in housing instability.
- Housing Instability-Child (HI-Child) – Those who had one adverse childhood experience (ACE; 24.5%), or two or more ACEs (47.1%); CSHCNs (20.8%), those whose parents were high school graduates (28.1%) or had some college education (30.3%); those on Medicaid (36.1%), those who were at federal poverty level (FPL) of less than 100% (22.4%), or between 100-199% of the FPL (26.3%), or between 200-399% of the FPL (20.2%); those unmarried (19.9%) or single parent households (30.1%), American Indians/Alaska Natives alone or in combination (24.2%), Hispanics (19.8%), Native Hawaiians/Other Pacific Islanders (33.0%), Native Hawaiians/other Pacific Islanders alone or in combination (23.2%), and females (17.6%) did not meet the national estimate (16.8%) in housing instability.
- Developmental Screening (DS): Those whose parents had some college education (25.3%), those on Medicaid (35.1%), or between 100-199% of the FPL (30.8%), single parent households (22.8%), Hispanics (29.6%), and Native Hawaiians/Other Pacific Islanders alone or in combination (35.6%) did not meet the national estimate (36.5%) in developmental screening.
- Childhood Vaccination (VAX-Child) – those who had other public insurance (60.1%), those below 100% of the FPL (60.6%); Hispanics (61.5%) or Whites (66.2%) did not meet the national estimate (67.0%) in childhood vaccination.
- Preventive Dental Visit-Pregnancy (PDV-Pregnancy) – women with less than a high school education (29.4%), high school graduates (28.8%) or those with some college education (40.3%); Hispanics (39.9%), Native Hawaiians/Other Pacific Islanders (23.9%), Native Hawaiians/Other Pacific Islanders alone or in combination (26.4%); those under 20 years old (20.3%), between 20-24 years old (42.8%) or between 25-29 years old (32.3%); and those on Medicaid

(28.9%) did not meet the national estimate (44.1%).

- Preventive Dental Visit-Child (PDV-Child) – those 1-5 years of age (77.7%), those below 100% of the FPL (76.2%) or at 100%-199% of the FPL (79.7%); those who had some college education (78.5%), those uninsured (60.1%); and Native Hawaiians/other Pacific Islanders (76.5%) did not meet the national estimate (80.2%) of preventive dental visit in children.
- Adult Mentor (ADM) – those with two or more ACEs (87.0%), those whose parents were high school graduates (85.9%) or had some college education (85.5%), those on Medicaid (83.8%), those below 100% of the FPL (78.8); two-parent unmarried (86.0%), single parent households (83.9%), and Asians (85.2%) did not meet the national estimate (88.0%).
- Medical Home (MH): –
    - Overall:
        - All children- those with two or more ACEs (41.2%), those whose parents were high school graduates (33.3%) or had some college education (34.6%); those who had Medicaid (35.9%), below 100% of the FPL (36.3%) or at 100%-199% of the FPL (31.7%); unmarried (40.5%) or single parent householads (40.5%); American Indians/Alaska Natives (40.2%), Hispanics (44.2%), Native Hawaiians/Other Pacific Islanders alone or in combination (34.6%), and Whites (39.7%) did not meet the national estimate (45.5%).
    - Family-Centered Care Component:
        - CSHCN - those with two or more ACEs (80.2%), children who were 0-5 years old (81.1%), or those whose parents were had some college education (81.1%) did not meet the national estimate (81.6%).
        - All children – those whose parents were high school graduates (84.3%), those at 100-199% of the FPL (79.2%), and Native Hawaiians/Other Pacific Islanders (72.3%) did not meet the national estimate (84.7%).
    - Personal Doctor or Nurse Component:
        - CSHCN – those whose parents had some college education (73.0%), or those at 100-199% of the FPL (78.0%) did not meet the national estimate (78.1%).
        - All children – those with one ACE (71.4%), single parent households (71.5%) or other in household structure (64.8%); Native Hawaiians/Other Pacific Islanders (66.9%), Native Hawaiians/Other Pacific Islanders alone or in combination (71.3%); those uninsured (49.3%) or those on Medicaid (72.0%); those below 100% (64.5%) or at 100-199% (70.1%) of the FPL; those whose parents were high school graduates (67.9%) or had some college education (67.4%) did not meet the national estimate (72.2%).
- Transition (TR) –
    - CSHCN – Females (21.1%) or those who were born outside of the

U.S.(16.2%) did not meet the national estimate (21.7%).
    - All adolescents – Those with two or more ACEs (14.9%), those who had Medicaid (16.6%), those below 100% of the FPL (16.1%) or between 100-199% of the FPL (15.2%); two-parent unmarried households (14.7%), Asians (17.5%), Native Hawaiians/Other Pacific Islanders alone or in combination (17.6%) did not meet the national estimate of 19.1% of adolescents.

- Bullying (BLY) --
    - Bullying-Perpetuation
        - All adolescents – Those with two or more ACEs (21.0%), those whose parents were college graduates (13.8%), two-parent unmarried households (31.2%); non-Hispanic Multiple Races (hereafter referred to as "Multiple Races", 13.5%) or Whites (17.5%) did not meet the national estimate (12.0%).
    - Bullying-Victimization
        - All adolescents – Those identifying as CSHCN (47.1%), or those with two or more adverse childhood experiences (47.9%), Whites (42.3%), and two-parent unmarried households (38.1%) had higher estimates of being bullied compared to the national estimate (33.7%).
        - Children with special health care needs – Those with two or more ACEs (57.9%), those whose parents were college graduates (50.5%), or Multiple Races (51.6%) had higher estimates of being bullied compared to the national estimate (50.2%).

HP 2030 Objectives Met

Hawaii also met Healthy People 2030 objectives for one measure:

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

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

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

- Developmental Screening (DS): Children whose parents had some college (25.3%), those who had Medicaid (35.1%); those between 100-199% of the FPL (30.8%), single-parent households (22.8%); Hispanics (29.6%) and Native Hawaiians/Other Pacific Islanders alone or in combination (35.6%) did not meet the HP 2030 objective to increase the proportion of children who receive a developmental screening to 35.8%.

Standardized Measures (SMs)

The standardized measures is a category developed last year, which comprised of measures that were previously NOMs. There was one added measure from last year:

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

Concerning Trends

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

- Early prenatal care (PNC): Percent of pregnant women who receive prenatal care beginning in the first trimester
- Flu Vaccination (VAX-Flu): Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

For early prenatal care, in 2024, the Hawaii percent of pregnant women who receive early prenatal care in the first trimester (66.3%) was significantly lower than the national estimate (75.5%). The 2024 estimate showed significant decline when compared to the 2022 (69.6%) and 2020 (73.0%) estimates. For flu-vaccination, although the 2024-2025 Hawaii estimate (52.1%) was similar to the national estimate (50.2%), there has been significant decline when compared to 2023-2024 (60.4%) 2019-2020 (67.0%) estimates.

National Averages Met or Exceeded (Improved Outcomes)

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

- Low-Risk Cesarean Delivery (LRC): Percent of cesarean deliveries among low-risk first births
- Drinking During Pregnancy-Any (DDP-A): Percent of women who drink any alcohol during pregnancy
- Smoking – Pregnancy (SMK-Pregnancy): Percent of women who smoke during pregnancy
- Uninsured (UI): Percent of children, ages 0 through 17, without health insurance
- Adequate Insurance (AI): Percent of children, ages 0-17, who are continuously and adequately insured
- Forgone Health Care (FHC): Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year
- Flu Vaccination (VAX-Flu): Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza
- HPV Vaccination (VAX-HPV): Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Disparities

Although the overall estimate for the above measures met the national estimates, there were certain subgroups for some measures that did not meet the estimates

and/or did not compare favorably:

- Low-Risk Cesarean Delivery (LRC)– Those identifying as Asians (27.2%), non-Hispanic Blacks (hereafter referred to as "Blacks"; 30.3%), or those who were 35 or more years of age 32.0% had higher estimates for cesarean delivery than the national estimate (26.6%).
- Drinking During Pregnancy-Any (DDP-A) – White women (29.5%), those with some college education (27.1%), or those uninsured (44.2%) did not meet the national estimate (26.2%).
- Smoking – Pregnancy (SMK-Pregnancy) – All the subgroups met the national estimates.
- Uninsured (UI) – Children whose parents had less than a high school education (15.8%) and those below 100% of the FPL (5.9%) did not meet the national estimate (5.8%).
- Adequate Insurance (AI) – All the subgroups met the national estimates (64.6%) of children, ages 0-17, who are continuously and adequately insured.
- Forgone Health Care (FHC) – CSHCNs (9.3%), those who had two or more ACEs (6.1%), and non-English speakers (4.4%) did not meet the national estimate of 3.5% for this measure.
- Flu Vaccination (VAX-Flu) – Multiple Races (47.5%), Whites (46.5%), Native Hawaiians/Other Pacific Islanders alone or in combination (48.4%); females (49.9%), or those below the poverty level (43.2%) did not meet the national estimate (50.2%).
- HPV Vaccination (VAX-HPV) – All the subgroups met the national estimate (78.2%).

HP 2030 Objectives Met

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

- Low-Risk Cesarean Delivery (LRC): Percent of cesarean deliveries among low-risk first births
- Smoking – Pregnancy (SMK-Pregnancy): Percent of women who smoke during pregnancy
- Uninsured (UI): Percent of children, ages 0 through 17, without health insurance
- HPV Vaccination (VAX-HPV): Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

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

- Low-Risk Cesarean Delivery (LRC): Those who had private insurance (26.1%), those between the ages of 30-34 years old or those 35 years and older (33.9%); Asians (27.2%), and Native Hawaiians/Other Pacific Islanders (25.3%), and Blacks (32.0%) did not meet the HP 2030 objective to reduce cesarean deliveries among low-risk first births to 23.6%.
- Smoking – Pregnancy (SMK-Pregnancy) – all subgroups met the HP 2030 objective (4.3%) of women who smoke during pregnancy.
- Uninsured (UI) – Children whose parents had less than a high school education

(15.8%) did not meet the HP 2030 objective of proportion of people with health insurance (92.1% insured or 7.9% uninsured).
- HPV Vaccination (VAX-HPV) – All subgroups met the HP 2030 objective of 80.0%

National Outcome Measures (NOMs)

There were nine NOMs that were added last year:

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

Concerning Trends

Federally available data for FY 2025 was reviewed for all the NOMs. Two of the NOMs revealed trends that raised concern including:

- Flourishing-Child Adolescent (FL-CA): For all children, though the decline in estimate from 2018-2019 (70.0%) to 2023-2024 (63.5%) was non-significant, there has been a graduate decline from 2018-2019 to 2023-2024 in the percent of children who are flourishing. For children with special health care needs, although the Hawaii estimate (39.1%) was similar to the national estimate (38.5%), there has been a graduate decline from 2018-2019 (49.1%) to 2023-2024 (39.1%).
- Low Birth Weight (LBW): The 2024 Hawaii estimate (9.0%) was significantly higher than the national estimate (8.5%). There has also been significant increase from 2020 (8.1%) in the percent of low birth weight deliveries.

Since NOMs are not used for performance measures, no objectives are set.

National Averages Met

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

- Teen Births

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

HP 2030 Objectives Met

Hawaii met Healthy People 2030 objectives for the following NOMs:

- Teen Births
- Low Birth Weight
- Perinatal Mortality
- Neonatal Mortality
- Infant Mortality
- Postneonatal Mortality
- Tooth Decay/Cavities
- Child Mortality
- Adolescent Motor Vehicle Death
- Adolescent suicide
- Obesity-Ages 2 Through 4 Years

National Performance Measures

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025

Annual Objective	62.0	63.0	67.0	70.0	77.0	79.0	82.0	84.0	86.0	88.0
Annual Indicator	63.0	66.7	69.4	76.6	78.1	81.1	69.5	74.6	69.8	79.0
Numerator	152,559	161,334	167,372	184,106	185,323	191,337	167,306	179,419	164,835	183,633
Denominator	242,088	241,941	241,254	240,287	237,398	235,933	240,808	240,472	236,206	232,447
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

The 2024 Title V state objective is to increase the number of women who had a preventive medical visit to 86.0%. The 2024 estimates indicate 79.0% of women in Hawaii received a preventive medical visit, which did not meet the state objective but was significantly higher than the national estimate of 73.6%. The increase from 2023 (69.8%) was statistically significant. The routine checkup BRFSS survey question changed in 2018 and therefore is not comparable to previous survey years. No significant differences were found based on 2024 subgroup analysis.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective									93.0	94.0
Annual Indicator	88.2	90.3	89.7	90.4	93.0	90.5	88.7	92.4	92.0	92.0
Numerator	16,287	16,320	16,146	15,667	7,709	13,770	13,381	13,947	12,735	12,735
Denominator	18,476	18,070	18,000	17,334	8,289	15,218	15,086	15,098	13,843	13,843
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2013	2014	2015	2016	2019[1]	2020	2021	2022	2023	2023

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

The goal is to increase the percent of woman who have a postpartum visit within 12 weeks after giving birth and received recommended care components. The Healthy People 2030 Objective is not available for this measure. There was no PRAMS data collection in Hawaii from 2017-2018. The latest 2023 PRAMS data show that in Hawaii, about 92.0% of women attended a postpartum checkup within 12 weeks after giving birth, which was similar to the national estimate (90.3%). There were substantive changes to the postpartum visit questions so the 2023 data could not be

compared with previous years. The state objectives through 2030 reflect an approximate 2% improvement over 5 years. Based on 2023 subgroup data, those who were on Medicaid (87.5%) were less likely to have a postpartum visit compared to those who had private insurance (95.2%). No other significant differences were found based on 2023 data.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective									81.0	82.0
Annual Indicator				77.3	75.8	82.9	83.1	80.3	73.1	73.1
Numerator				12,010	5,796	11,238	11,024	11,089	9,221	9,221
Denominator				15,541	7,641	13,562	13,259	13,802	12,605	12,605
Data Source				PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year				2016	2019[1]	2020	2021	2022	2023	2023

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

The goal is to increase the percent of woman who have a postpartum visit within 12 weeks after giving birth and received recommended care components (i.e., a healthcare provider talked to them about birth control methods and what to do if they felt depressed or anxious). The Healthy People 2030 Objective is not available for this measure. There was no PRAMS data collection in Hawaii from 2017-2018, and there was no data for this measure before 2016. The latest 2023 data show that in Hawaii, about 73.1% of women who attended a postpartum checkup received recommended care components, which was similar to the national estimate (72.8%). There were substantive changes to the postpartum visit questions so the 2023 data could not be compared with previous years. The state objectives through 2030 reflect an approximate 2% improvement over 5 years. Based on 2023 subgroup data, Asians (67.5%), Whites (67.5%), and Multiple Races (74.5%) were significantly less likely to receive recommended care components compared to Native Hawaiians/Other Pacific Islanders (91.7%). No other significant differences were found based on 2023 data.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator									86.7	86.7
Numerator									11,873	11,873
Denominator									13,693	13,693
Data Source									PRAMS	PRAMS
Data Source Year									2023	2023

This measure was added to the FAD in 2025. There was no data prior to 2023 for this measure. 2024 data is not available yet. The Healthy People 2030 Objective to increase the proportion of women who get screened for postpartum depression is under development. Data from the 2023 PRAMS survey show that the estimate for Hawaii (86.7%) was significantly higher than the 2023 national estimate (82.9%). There were no significant differences in subgroup analyses based on the 2023 data for this measure.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator					54.0	51.8	47.4	47.5	46.3	46.3
Numerator					4,297	7,659	6,967	7,043	6,157	6,157
Denominator					7,963	14,779	14,714	14,813	13,304	13,304
Data Source					PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year					2019	2020	2021	2022	2023	2023

This measure was developed last year. 2024 data is not available yet. Data from the 2023 PRAMS survey show that the estimate for Hawaii (46.3%) was similar to the 2023 national estimate (47.4%). The decline from 2019 (54.0%) was not significant. Based on the 2023 subgroup data, those who were uninsured (19.2%) had a lower estimate in postpartum contraception use than those who had private insurance (40.9%), those on Medicaid (53.4%) or had other public insurance (49.9%). No other significant differences were found for subgroup analyses based on 2023 data.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator									0.7	0.7
Numerator									102	102
Denominator									13,798	13,798
Data Source									PRAMS	PRAMS
Data Source Year									2023	2023

This measure was added to the FAD in 2025. There was no data prior to 2023, and 2024 data is not available yet. Data from the 2023 PRAMS survey show that the estimate for Hawaii (0.7%) was significantly lower than the 2023 national estimate (2.1%). Sample was too small to perform subgroup analysis based on 2023 data.

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

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	88.1	87.8	90.1	93.3	90.6	88.1	87,9	87.5	86.3
Numerator	458	423	437	416	377	385	372	337	339
Denominator	520	482	485	446	416	437	423	385	393
Data Source	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics
Data Source Year	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025

In aggregated 2024-2025 data, 86.3% of all very low birth weight (VLBW) infants were born in hospitals with at least a level III NICU. No nationally comparable data was available in the FAD. There is no related HP 2030 Objective for this measure.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective	89.0	91.0	92.0							
Annual Indicator	95.9	95.0	94.2	90.2	89.6	90.0	88.4	89.1	86.8	87.1
Numerator	15,925	16,202	16,049	15,057	29,664	14,026	13,619	13.569	12.683	12,795
Denominator	16,601	17,050	17,033	16,692	33,110	15,586	15,410	15,224	14,616	14,695
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS

Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

The estimate from Hawaii (87.1%) was significantly higher than the national estimate of 85.5%. This current Hawaii estimate was significantly lower than the estimate in 2022 (89.1%).The 2024 subgroup data indicate those with less than a high school education were significantly less likely to have infants breastfed (69.3%) compared to those with more education. Those who were on Medicaid (81.2%), Native Hawaiians/Other Pacific Islanders (71.3%) and Asians (83.0%) were less likely to have infants breastfed compared to Whites (95.1%). This performance measure has been dropped in FY 2020, so no objectives have been set beyond 2020.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective	30.0	33.0	34.0					
Annual Indicator	31.4	33.9	26.8	27.8	32.9	33.6	34.5	36.4
Numerator	13,581	13,194	11,688	13,135	13,998	14,113	12,244	12,377
Denominator	43,283	38,888	43,581	47,330	42,561	41,966	35,483	33,970
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024

Data from 2023-2024 showed that the estimate in Hawaii (36.4%) was similar to the national estimate of 28.3%. The 2023-2024 proportion of children breastfed exclusively through six months did not change significantly since 2018-2019 (26.8%). The 2023-2024 subgroup data did not show significant differences in race, education, and federal poverty level due to small samples. This performance measure has been dropped in FY 2020, so no objectives have been set beyond 2020.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective	79.0	79.0	79.0	82.0	82.0	85.0	86.0	87.0	87.0	68.0
Annual Indicator	78.6	81.5	81.5	77.9	84.0	80.1	83.0	80.0	66.4	66.4
Numerator	13,855	14,376	14,376	13,251	6,895	12,016	12,363	11,938	8,877	8,877
Denominator	17,633	17,634	17,634	17,015	8,212	15,003	14,891	14,928	13,361	13,361
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS

Data Source Year	2014	2015	2015	2016	2019[1]	2020	2021	2022	2023	2023

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

The 2024 Title V state objective is to increase the proportion of infants placed to sleep on their backs to 87.0%. The Healthy People 2030 Objective is to increase the proportion of infants placed to sleep on their backs to 88.9%. There was no PRAMS data collection in Hawaii from 2017 to 2018. 2024 data is not available yet. The latest data from the 2023 PRAMS survey (66.4%) show that Hawaii did not meet the state objective (87.0%) or the HP 2030 Objective (88.9%), but was similar to the 2023 national estimate (69.0%). There were wording changes to safe sleep measures in 2023 so the 2023 data could not be compared to data from previous years. Due to question change, the state objective for 2025 has been updated based on 2024 baseline data, and then an approximate 10% improvement over 5 years through 2030. The 2023 subgroup data show that those with less than a high school education (48.9%) were less likely to place their infants on their back to sleep, compared to those who had some college education (67.9%) or college graduates (74.5%). Other subgroup data analyses did not show significant differences, due to small samples.

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

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective			21.0	29.0	30.0	30.0	31.0	31.0

[1] The number of completed interviews for the 2019 survey is smaller than normal. The first 6 months of PRAMS 2019 data collection did not meet CDC's data quality standards due to issues with the data collection contractor. These issues were resolved, and the last 6 months met the CDC quality standards and the response rate requirement for weighted data. The CDC recommended only releasing the 6-month dataset containing July - December births.

Annual Indicator		20.3	28.7	24.7	27.7	23.5	23.5	23.5
Numerator		3,306	2,245	3,565	4,047	3,383	3,208	3,208
Denominator		16,296	7,829	14,455	14,591	14,412	13,645	13,645
Data Source		PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year		2016	2019[1]	2020	2021	2022	2023	2023

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

There was no PRAMS data collection in Hawaii from 2017-2018 and no data on this measure prior to 2016. 2024 data is not available yet. The latest data from the 2023 PRAMS survey (23.5%) showed that Hawaii did not meet the state objective (31.0%) and was significantly lower than the 2023 national estimate (29.1%). There were wording changes to safe sleep measures in 2023 so the 2023 data could not be compared to data from previous years. The state objectives from 2026-2030 reflect an approximate 5% improvement over 5 years. The 2023 subgroup data showed that those uninsured (9.3%) had a significantly lower estimate than those who had other public insurance (30.3%) in placing their infants on separate approved surface to sleep. Those who were unmarried (14.7%) had lower estimates than those who were married (29.8%). No other significant differences were found among subgroups due to small samples.

Prior to the question change, the 2019-2022 aggregated data reveal that Native Hawaiian (23.8%), Filipino (16.4%), Black (20.6%), and other Pacific Islander (21.7%) mothers were less likely to place their infant to sleep on an approved surface compared to White (35.7%) mothers. Mothers that were under 20 years of age (14.9%) were less likely to place their infants to sleep on an approved surface compared to mothers 20-34 years of age (26.8%). Mothers below 100% of the FPL (21.1%), at 101-185% of the FPL (22.5%), or at 186-300% of the FPL (22.7%) were less likely to place their infants on an approved surface to sleep compared to those at or above 301% of the FPL (32.1%).

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

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective				33.0	49.0	49.0	50.0	50.0	64.0
Annual Indicator			31.6	48.1	45.9	52.0	50.4	64.0	64.0
Numerator			5,186	3,755	6,633	7,507	7,256	8,711	8,711

Denominator			11,228	7,801	14,447	14,442	14,405	13,603	13,603
Data Source			PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year			2016	2019[1]	2020	2021	2022	2023	2023

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

There was no PRAMS data collection in Hawaii from 2017-2018 and no data on this measure prior to 2016. The latest data from the 2023 PRAMS survey (64.0%) showed that the 2024 state objective of 50.0% has been met, but was significantly lower than the 2023 national estimate (71.0%). There were wording changes to safe sleep measures in 2023 so the 2023 data could not be compared to data from previous years. Due to question change, the state objective for 2025 has been updated base on 2024 baseline data, and then an approximate 5% improvement over 5 years through 2030.The 2023 subgroup data show that those who were uninsured (38.8%) had a significantly lower estimate than those who had private (69.4%) or other public (70.9%) insurance in placing their infants to sleep without soft objects or loose bedding. Those who were unmarried (54.8%) had lower estimates than those who were married (70.6%). Native Hawaiians/Other Pacific Islanders (30.0%), Asians (64.9%), and Multiple Races (56.8%) had significantly lower estimates than Whites (85.6%).

Prior to the question change, the 2019-2022 aggregated data show that Native Hawaiian (34.8%), Filipino (48.0%), and other Pacific Islander (25.7%) mothers were less likely to place their infant to sleep without soft objects or loose bedding compared to White (64.7%) mothers. Mothers under 20 years of age (24.8%) or those 20-34 years of age (48.1%) were less likely to place their infants to sleep without soft objects or loose bedding compared to mothers who were 35 or more years of age (55.5%). Mothers at or below 100% of the FPL (37.2%), those at 101-185% of the FPL (42.8%), or those at 186-300% of the FPL (47.4%) were less likely to place their infants to sleep without soft objects or loose bedding compared to those at or above 301% of the FPL (62.9%).

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

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective									80.0
Annual Indicator								79.8	79.8
Numerator								11,015	11,015

Denominator								13,803	13,803
Data Source								PRAMS	PRAMS
Data Source Year								2023	2023

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

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

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

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

This is measure was developed last year. There was no data on this measure prior to 2023 and 2024 data is not available yet. The related Healthy People 2030 Objective is to reduce the proportion of families that spend more than 30 percent of income on housing to 25.5%. The 2023 PRAMS estimate (4.3%) was significantly lower than the 2023 national estimate (7.9%) for this measure. The 2023 subgroup data show that those who were on Medicaid (8.8%) had a higher estimate than those who had private insurance (2.1%). Those who were unmarried (7.1%) had a higher estimate than those who were married (2.3%) in housing instability. Those who participated in WIC during pregnancy (8.3%) had a higher estimate in housing instability than those who did not (2.4%).

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

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator								16.4	16.7
Numerator								31,852	31,320
Denominator								193,861	187,755
Data Source								NSCH	NSCH
Data Source Year								2022-2023	2023-2024

This measure was added to the FAD in 2025. There was no data on this measure prior to 2022-2023. The related Healthy People 2030 Objective is to reduce the proportion of families that spend more than 30 percent of income on housing to 25.5%. Aggregated data from 2023-2024 show that Hawaii estimate (16.7%) was similar to the national estimate (16.8%). Subgroup analyses show that those who had one adverse childhood experience (ACE; 24.5%), or two or more ACEs (47.1%) had higher estimates than those with no ACE (8.6%). Those whose parents were high school graduates (28.1%) and those with some college education (30.3%) had higher estimates than those whose parents were college graduates (10.9%). Native Hawaiians/other Pacific Islanders (33.0%) had a higher estimate than Asians (9.6%) in housing instability. Those who had Medicaid (36.1%) had higher estimates than those who had private insurance (9.8%). Those who were between 100-199% of the federal poverty level (FPL; 26.3%) or between 200-399% of the FPL (20.2%) were morely likely to have housing instability compared to those at 400% or higher of the FPL (8.1%). Those who had one ACE (24.5%) or two or more ACEs (47.1%) had higher estimates than those with no ACE (8.6%) in housing instability.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective	33.0	39.0	40.0	40.0	41.0	41.0	41.0	42.0
Annual Indicator	38.5	36.8	30.9	41.7	42.9	34.6	35.1	39.4
Numerator	14,439	12,075	12,241	17,649	15,943	12,730	11,189	12,264
Denominator	37,496	32,848	39,590	42,317	37,200	36,781	31,851	31,117
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

[2] The 2016 sample size was boosted to enable state-level estimates with only one year of data. After 2016, the annual sample size dropped in half, and therefore, the aggregated 2023-2024 data are more reliable than the single

	2026	2027	2028	2029	2030
Annual Objective	41.0	41.0	42.0	42.0	43.0
Annual Indicator					

Aggregated data from 2023-2024 show that the estimate for Hawaii (39.4%) did not meet the 2025 state objective (45.0%) but was similar to the national estimate of 36.5%. The increase from 2022-2023 (35.1%) was non-significant. The related Healthy People 2030 Objective to increase the proportion of children who receive a developmental screening to 35.8% has been met. With this baseline data and consultation with program staff, the state objectives from 2026 to 2030 have been revised based on 2025 data, and an approximate 5% improvement over 5 years. Sample size was too small for subgroup analyses based on the 2023-2024 data provided.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	69.9	68.4	71.8	73.9	67.2	79.2	79.2	70.5	70.2	69.8
Numerator	13,000	13,000	13,000	14,000	11,000	13,000	13,000	12,000	11,000	11,000
Denominator	18,000	18,000	18,000	19,000	17,000	17,000	17,000	16,000	16,000	16,000
Data Source	NIS	NIS	NIS	NIS	NIS	NIS	NIS	NIS	NIS	NIS
Data Source Year	2013	2014	2015	2016	2017	2018	2018	2019	2020	2021

The related HP 2030 objective is to increase the vaccination coverage level of 4 doses of the diphtheria-tetanus-acellular pertussis (DTaP) vaccine among children 2 years of age to 90.0%.The historical data for this measure was updated to reflect the new definition based on birth cohort. In the latest 2021 data, the proportion of children 19-35 months of age who received the recommended vaccine series was 69.8%, which was similar to the national estimate (67.0%). The decrease in estimate from 2018 (79.2%) was non-significant. Based on 2019-2021 aggregated data, those who had other public insurance (60.1%) had a lower estimate in childhood vaccination than those who had private insurance (79.7%). Hispanics (61.5%) had lower rates of child vaccination compared to Asians (80.2%).

year 2023 data. More information on the NSCH survey methodology is available at https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/methodology/2017-NSCH-Guide-to-Multi-Year-Estimates.pdf

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	46.9	46.7	46.7	45.4	46.9	42.4	44.6	47.2	47.5	47.5
Numerator	8,363	8,384	8,384	7,943	3,904	6,506	6,813	7,144	6,793	6,793
Denominator	17,831	17,963	17,963	17,511	8,317	15,343	15,266	15,151	14,286	14,286
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2014	2015	2015	2016	2019[1]	2020	2021	2022	2023	2023

In 2023, the estimate for Hawaii (47.5%) was similar to the national estimate (44.1%). The increase from 2020 (42.4%) was non-significant. The percent of women who had a dental visit during pregnancy has not changed significantly since 2015 (46.7%). Based on the 2023 data, women with less than a high school education (29.4%) or those who were high school graduates (28.8%) were less likely to have a dental visit during pregnancy compared to college graduates (68.0%). Those who were on Medicaid (28.9%) had a lower estimate in dental visit during pregnancy than those who had private insurance (61.1%) or other public insurance (50.0%). Women under 20 years old (20.3%) were less likely to have a dental visit during pregnancy compared to those between 30-34 years old or those 35 and older (65.6%). Native Hawaiians/Other Pacific Islanders (23.9%) also had a lower estimate compared to Whites (57.5%) or Asians (55.6%) in dental visit during pregnancy.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective	84.0	85.0	86.0					
Annual Indicator	84.4	86.1	85.6	84.8	84.7	82.7	83.2	87.0
Numerator	242,039	236,727	240,944	244,146	235,474	231,208	235,680	242,666
Denominator	286,668	275,064	281,317	288,054	278,147	279,665	283,206	278,793
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

Aggregated data from 2023-2024 show that the estimate for Hawaii (87.0%) was significantly higher than the national estimate of 80.2% for preventive dental visits among children. The increase from 2021-2022 (82.7%) to 2023-2024 (87.0%) was significant. Based on the aggregated 2023-2024 data, children 1-5 years of age had a

lower estimate (77.7%) compared to children 6-11 years of age (92.6%) and 12-17 years of age (89.0%). Those below 100% of the FPL (76.2%) or at 100%-199% of the FPL (79.7%) were less likely to have a preventive dental visit than those at or above 400% of the FPL (92.4%). Uninsured children (60.1%) or those who had Medicaid (80.4%) were less likely to have a dental visit in the past year compared to those who had private insurance (90.8%). This performance measure has been dropped in FY 2020, so no objectives have been set beyond 2020.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	20.8	20.7	20.0	19.5	23.6	19.9	20.3	21.7
Numerator	20,590	20,642	20,396	19,772	23,052	19,872	20,851	21,642
Denominator	99,055	99,685	101,873	101,470	97,661	99,889	102,682	999,52
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

The related Healthy People 2030 Objective is to increase the proportion of children who meet the current aerobic physical activity guideline to 30.4%. Data from 2023-2024 show that the estimate for Hawaii (21.7%) was similar to the national estimate of 25.0%. The decline in estimate from 2020-2021 (23.6%) was non-significant. Based on 2023-2024 data, Asian (8.2%) and Muliple Race (16.9%) children were less physical active than Whites (43.1%).

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective								63.1
Annual Indicator	71.9	70.2	67.0	66.7	69.3	65.9	63.1	62.7
Numerator	146,095	142,238	135,806	133,200	135,825	128,790	122,498	117,771
Denominator	203,266	202,678	202,714	199,688	196,053	195,383	193,987	187,922
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

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

Annual Indicator					

This measure was added to the FAD in 2025. The related Healthy People 2030 Objective is to reduce the proportion of household food insecurity and hunger to 6.0%. The 2023-2024 Hawaii estimate (62.7%) did not meet the 2025 state objective (63.1%) and was significantly lower than the national estimate (67.7%) for this measure. There has been significant decline in the percent of children whose households were food sufficient since 2016-2017 (71.9%). The state objective for 2026-2030 reflects an approximate 5% improvement over 5 years. The 2023-2024 subgroup data show that children whose parents were high school graduates (40.7%) and those with some college education (52.5%) had lower estimates than those whose parents were college graduates (71.1%). Those who were on Medicaid (36.4%) had a lower estimate in food sufficiency than those who had private insurance (71.7%). Those below 100% of the FPL (46.2%), between 100-199% of the FPL (36.7%), or between 200-399% of the FPL (58.7%) had significantly lower estimates in food sufficiency than those at or above 400% of the FPL (81.7%). Single parent households (50.7%) had lower estimates in food sufficiency in the past year, compared to those whose parents were married (69.1%). Native Hawaiians/Other Pacific Islanders (23.8%), Native Hawaiians/Other Pacific Islanders alone or in combination (43.2%), Mutiple Races (63.2%) and Hispanics (63.6%) had lower estimates than Whites (83.4%) in food sufficiency in the past year.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective	74.0	75.0	80.0	80.0	81.0	82.0	83.0	84.0
Annual Indicator	73.6	73.6	73.7	73.7	66.0	68.9	71.9	68.7
Numerator	71,155	71,155	70,019	70,019	62,830	65,633	68,202	65,329
Denominator	96,675	96,675	94,994	94,994	95,209	95,192	94,913	95,085
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017[2]	2016_2017[2]	2019_2020[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

The 2025 Title V state objective is to increase the percent of adolescents with a preventive medical visit in the past year to 84.0%. Aggregated data from 2023-2024 show that Hawaii (68.7%) did not meet the state objective (84.0%) but was similar to the national estimate of 73.3%. This measure was affected by a 2018 wording change to the item assessing receipt of medical care in the past year with the previous wording restored in 2019; thus, 2018 data are not provided. Data prior to 2019 was not comparable. There has been no significant change in the estimate since 2019-2020 (73.7%). The Hawaii estimate did not meet the related Healthy People 2030 Objective

to increase the proportion of adolescents who had a preventive health care visit in the past year (82.6%). Based on 2023-2024 aggregated data, adolescents with Special Health Care Needs (CSHCN, 88.3%) were significantly more likely to have preventive medical visits than non-CSHCN (62.3%). Children whose parents were high school graduates (49.6%) were significantly less likely than college graduates (77.8%) to have preventive medical visits. No other significant differences were found in subgroup analyses based on 2023-2024 aggregated data.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	90.3	91.8	89.8	80.0	79.7	85.4	87.9	79.9
Numerator	11,112	12,677	11,789	9,092	9,332	12,704	14,183	12,031
Denominator	12,303	13,804	13,131	11,360	11,702	14,867	16,137	15,061
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

This measure was added to the FAD in 2025. The related Healthy People 2030 Objective is to increase the proportion of adolescents with depression who get treatment to 44.9%. The 2023-2024 Hawaii estimate (79.9%) was similar to the national estimate (83.3%) for this measure. The decline in estimates from 2022-2023 (87.9%) and from 2017-2018 (91.8%) were not significant. Sample was too small to conduct subgroup analysis for this measure.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	27.2	27.2	30.0	30.0	14.4	14.4	13.5	13.5
Numerator	11,484	11,484	14,078	14,078	7,139	7,139	6,523	6,523
Denominator	42,216	42,216	46,952	46,952	49,551	49,551	48,451	48,451
Data Source	YRBS	YRBS	YRBS	YRBS	YRBS	YRBS	YRBS	YRBS
Data Source Year	2017	2017	2019	2019	2021	2021	2023	2023

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

The related Healthy People 2030 Objective is to reduce current cigarette smoking in adolescents to 3.4%, and to reduce current e-cigarette use in adolescents to 10.5%. The estimate from Hawaii could not be compared to the national estimate as Hawaii only included a subset of tobacco questions (i.e., cigarettes, electronic vapor products,

and smokeless tobacco products) from 2017-2023. There has been a significant decline in adolescent tobacco use from 2019 (30.0%) to 2023 (13.5%). Based on the latest data from 2023, Asians (9.8%) had a lower estimate in adolescent tobacco use compared to Native Hawaiians/Other Pacific Islanders (17.1%) or Hispanics (18.6%). No other differences were found in subgroup analyses based on 2023 data.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	92.0	90.1	89.7	90.5	86.7	87.1	89.0	89.0
Numerator	87,166	85,192	82,480	84,294	81,972	83,233	86,020	85,821
Denominator	94,768	94,502	91,959	93,143	94,531	95,513	96,632	96,464
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

This measure was added to the FAD in 2025. The related Healthy People 2030 Objective is to increase the proportion of adolescents who have an adult they can talk about serious problems to 78.4%. The 2023-2024 Hawaii estimate (89.0%) from NSCH data was similar to the national estimate (88.0%). There was no significant change in the estimate of adult mentor since 2016-2017 (92.0%). No significant differences were found in subgroup analyses based on 2023-2024 NSCH data.

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

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator							26.5	21.4	23.5
Numerator							25,000	20,000	22,000
Denominator							94,000	93,000	94,000
Data Source							NSDUH	NSDUH	NSDUH
Data Source Year							2021_2022	2022_2023	2023_2024

This measure was added to the FAD in 2025. There was no NSDUH data for this measure prior to 2021-2022. The 2023-2024 Hawaii estimate (23.5%) was similar to the national estimate (23.9%) for this measure. The decline from 2021-2022 (26.5%) was non-significant. No subgroup NSDUH data was available for this measure.

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

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

Medical Home Overall Measure:

CSHCN

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective							43.2	43.2
Annual Indicator	44.7	46.4	45.5	42.8	42.3	43.2	37.6	39.9
Numerator	23,442	23,322	26,160	23,963	20,411	23,178	22,501	24,462
Denominator	52,399	50,279	57,550	56,033	48,200	53,643	59,844	61,342
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

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

Aggregated data from 2023-2024 show that the estimate for Hawaii (39.9%) was similar to the national estimate of 40.1% for those with special health care needs. Note that there was a minor change in question from “how much of problem was it to get referrals?” in 2016 and 2017 to “how difficult was it to get referrals” in 2018. The related HP 2030 Objective for the proportion of children and adolescents who receive care in a medical home (53.6%) has not been met. The state objectives through 2030 reflect an approximate 5% improvement over 5 years. Based on the 2023-2024 subgroup data, children whose parents who had some college education (21.7%) were less likely to have a medical home compared to those whose parents were college graduates (46.5%). No other significant differences were found based on 2023-2024 subgroup data.

All Children

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective							46.6	46.6
Annual Indicator	49.5	47.5	47.5	47.7	47.3	46.6	43.1	46.0
Numerator	151,676	143,919	143,339	143,295	140,015	138,882	128,417	134,847

Denominator	306,314	302,849	301,757	300,109	296,153	297,934	298,004	293,114
Data Source	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

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

Aggregated data from 2023-2024 show the estimates for all children who have a medical home in Hawaii (46.0%) was similar to the national estimate (45.5%). The increase from 2022-2023 (43.1%) was non-significant. There was no significant change in the estimate when compared to the 2016-2017 estimate (49.5%). The state objectives through 2030 reflect an approximate 5% improvement over 5 years. Based on the 2023-2024 aggregated data, those at or above 400% of the FPL (56.3%) had a significantly higher estimate to have a medical home compared to the estimates from those below 100% (36.3%) or those at 100-199% of the FPL (31.7%). Children whose parents were high school graduates (33.3%) or those with some college education (34.6%) were less likely to have a medical home compared to those whose parents were college graduates (53.3%). Those who were uninsured (15.0%) or those who had Medicaid (35.9%) were less likely than those who had private insurance (51.6%) to have a medical home.

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

1) Component: Care Coordination if needed:

CSHCN

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	63.9	67.6	65.5	68.5	62.3	60.4	52.2	50.0
Numerator	22,921	23,497	25,692	26,615	20,142	23,242	24,110	23,872
Denominator	35,891	34,774	39,236	38,875	32,332	38,495	46,191	47,769
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

The 2023-2024 data for the care coordination if needed component show that for CSHCN, the Hawaii estimate (50.0%) was similar to the national estimate (54.2%). The decline from 2021-2022 (60.4%) was non-significant but the decline from 2019-2020 (68.5%) to 2023-2024 (50.0%) was significant. Hispanics (35.9%) had a

significantly lower estimate than Asians (70.0%) in this measure. No other significant differences were found in subgroup analyses based on 2023-2024 data.

All children:

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	71.5	75.2	72.8	74.6	74.7	71.7	65.3	63.1
Numerator	108,312	107,020	94,603	98,266	94,781	96,674	89,783	87,232
Denominator	151,415	142,323	129,960	131,744	126,938	134,852	137,525	138,349
Data Source	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

The 2023-2024 data for the care coordination if needed component show that for all children, the Hawaii estimate (63.1%) was similar to the national estimate (66.3%). There has been a significant decline in the estimate when compared to 2021-2022 (71.7%). Based on 2023-2024 data, CSHCNs (50.0%) had a significantly lower estimate than non-CSHCNs (69.9%). No other differences were found in subgroup analyses for this component.

2) Component: Family-Centered Care

CSHCN:

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	87.2	83.8	84.7	90.5	85.2	79.1	77.9	87.0
Numerator	42,618	37,152	42,223	45,961	35,979	37,907	43,673	49,398
Denominator	48,870	44,340	49,878	50,794	42,241	47,919	56,039	56,772
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

The 2023-2024 data for the family-centered component show that for CSHCN, the Hawaii estimate (87.0%) was similar to the national estimate (81.6%). The increase in estimate since 2022-2023 (77.9%) was not significant. No significant differences were found in subgroup analyses based on 2023-2024 data.

All children

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	88.2	87.3	89.9	91.3	89.9	88.8	88.1	89.9
Numerator	222,266	193,741	197,624	220,961	203,478	205,681	206,963	205,147

Denominator	251,968	221,799	219,922	241,939	226,224	231,668	234,834	228,254
Data Source	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

The 2023-2024 data for the family-centered component show that for all children, the Hawaii estimate (89.9%) was significantly higher than the national estimate (84.7%). There was no significant change in the estimate when compared to the 2019-2020 estimate (91.3%). Based on 2023-2024 data, those who had two or more adverse childhood experiences (ACEs; 79.8%) had a significantly lower estimate than those with one ACE (92.9%) or those with no ACE (91.4%). Those who are at 100-199% of the FPL (79.2%) had a lower estimate than those who are at or above 400% of the FPL (94.5%). Native Hawaiians/other Pacific Islanders had a lower estimate (72.3%) when compared to Whites (91.9%), Asians (91.4%) or Hispanics (94.1%).

3) Component: Personal Doctor or Nurse

CSHCN

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	76.0	83.0	84.3	83.2	85.0	87.6	86.8	86.0
Numerator	39,806	41,737	48,344	46,396	40,743	46,831	51,941	52,680
Denominator	52,399	50,279	57,376	55,754	47,917	53,464	59,844	61,278
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

The 2023-2024 data for the personal doctor or nurse component show that for CSHCN, the Hawaii estimate (86.0%) was significantly higher than the national estimate (78.1%). The estimate has not changed significantly since 2019-2020 when the estimate was 83.2%, but has increased significantly since 2016-2017 (76.0%). No significant differences were found in subgroup analyses based on 2023-2024 data.

All children

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	73.1	72.8	75.3	74.9	73.5	76.3	76.0	76.5
Numerator	221,758	218,625	226,896	223,546	216,403	226,759	226,329	223,835
Denominator	303,485	300,497	301,173	298,657	294,400	297,251	297,898	292,564
Data Source	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children

Data Source Year	2016_ 2017[2]	2017_ 2018[2]	2018_ 2019[2]	2019_ 2020[2]	2020_ 2021[2]	2021_ 2022[2]	2022_ 2023[2]	2023_ 2024[2]

The 2023-2024 data for the personal doctor or nurse component show that for all children, the Hawaii estimate (76.5%) was significantly higher than the national estimate (72.2%). There was no significant change in the estimate when compared to the 2019-2020 estimate (74.9%). Based on 2023-2024 data, non-CSHCNs (74.0%) had a significantly lower estimate than CSHCNs (86.0%). Those uninsured (49.3%), those with FPL below 100% (64.5%), and those whose parents had some college education (67.4%) had lower estimates for this component.

4) Component: Referrals if needed

CSHCN

	2018	2019	2020	2021	2022	2023	2024	2025
			89.0	84.7	73.3	66.2	68.9	67.4
Numerator			17,860	18,206	13,300	13,322	17,219	17,304
Denominator			20,074	21,506	18,136	20,117	25,000	25,692
Data Source			NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year			2018_ 2019[2]	2019_ 2020[2]	2020_ 2021[2]	2021_ 2022[2]	2022_ 2023[2]	2023_ 2024[2]

There was no data prior to 2018 for this component. The 2023-2024 data for the referrals if needed component show that for CSHCN, the Hawaii estimate (67.4%) was similar to the national estimate (70.4%). The decline in estimate from 2020-2021 (73.3%) was non-significant but the decline from 2019-2020 (84.7%) to 2023-2024 (67.4%) was significant. Sample was too small for subgroup analyses based on 2023-2024 data.

All children

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator			88.5	85.7	81.8	79.1	78.2	73.6
Numerator			43,198	40,865	36,277	36,420	38,666	36,788
Denominator			48,795	47,687	44,332	46,044	49,440	49,969
Data Source			NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children
Data Source Year			2018_ 2019[2]	2019_ 2020[2]	2020_ 2021[2]	2021_ 2022[2]	2022_ 2023[2]	2023_ 2024[2]

There was no data prior to 2018 for this component. The 2023-2024 data for the referrals if needed component show that for all children, the Hawaii estimate (73.6%) was similar to the national estimate (76.6%). The decline in estimate from 2022-2023

(78.2%) was non-significant, but the decline from 2019-2020 (85.7%) to 2023-2024 (73.6%) was significant. No significant differences were found in subgroup analyses for this component.

5) Component: Usual Source of Care

CSHCN

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	85.2	82.6	80.6	76.0	78.2	82.1	79.9	79.4
Numerator	44,348	41,399	46,240	42,469	37,584	43,618	46,958	47,956
Denominator	52,065	50,132	57,376	55,859	48,086	53,160	58,783	60,387
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

The 2023-2024 data for the usual source of care component show that for CSHCN, the Hawaii estimate (79.4%) was similar to the national estimate (81.8%). The increase in estimate since 2019-2020 (76.0%) was non-significant. Based on 2023-2024 data, those whose parents were high school graduates had a lower estimate (55.9%) than those whose parents were college graduates in this component. Asians (72.4%) had lower estimates compared to Whites (95.2%).

All children

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	78.8	73.5	73.2	73.3	71.6	71.6	69.5	72.4
Numerator	237,337	218,726	218,008	217,057	209,889	209,612	202,789	208,977
Denominator	301,040	297,510	297,794	296,300	293,189	292,758	291,828	288,773
Data Source	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children	NSCH-all children
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

The 2023-2024 data for the usual source of care component show that for all children, the Hawaii estimate (72.4%) was significantly lower than the national estimate (76.6%). The increase from 2022-2023 (69.5%) was non-significant. Although the decline from 2016-2017 (78.8%) to 2023-2024 (72.4%) was significant, there has been no significant change since 2017-2018 (73.5%) for this component. Subgroup analyses based on 2023-2024 data revealed that those whose parents were high school graduates (54.9%) or had some college education (61.3%) had lower estimates than those whose parents were college graduates (81.4%). Those uninsured (49.1%) or on Medicaid (61.8%) had lower estimates than those who had private insurance (78.0%) for this component. Those below 100% of the FPL (55.4%) or at 100-199% of

the FPL (58.7%) had lower estimates than those who were at 400% or higher of the FPL (81.0%). Native Hawaiians/other Pacific Islanders (53.4%), Native Hawaiians/other Pacific Islanders alone or in combination (68.6%), and Asians (64.6%) had lower estimates than Whites (86.2%) for the usual source of care component.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective	23.0	23.0	25.0	25.0	26.0	26.0	27.0	27.0
Annual Indicator	21.6	24.4	15.3	14.4	19.2	16.8	21.3	30.6
Numerator	4,625	5,305	3,635	3,491	4,450	3,914	5,287	7,635
Denominator	21,410	21,742	23,753	24,241	23,144	23,305	24,832	24,964
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

Although the measure includes services for BOTH all adolescents and adolescents with special health care needs, the data reported for this measure is data for adolescents with special health care needs (CSHCN). The aggregated 2023-2024 data show that the estimate for Hawaii (30.6%) met the 2025 state objective (27.0%) and was similar to the national estimate of 21.7% in those with special health care needs. The increase in estimate from 2022-2023 (21.3%) was non-significant but the increase from 2021-2022 (16.8%) to 2023-2024 (30.6%) was significant. The related HP 2030 objective for this measure is to increase the proportion of children and adolescents with special health care needs who have a system of care to 19.5%. This objective has been met. The sample size was too small to perform a subgroup analysis to determine risk factors.

For all adolescents, the aggregated 2023-2024 data show that the estimates for Hawaii (20.6%) was similar to the national estimate (19.1%) for this measure. No significant differences were found in subgroup analyses based on 2023-2024 data.

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

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

Bullying-Perpetration (Those who bully others):

All Adolescents

	2020	2021	2022	2023	2024	2025
Annual Indicator	15.3	12.2	8.6	11.8	13.1	10.5
Numerator	14,233	11,545	8,140	11,581	13,116	10,525
Denominator	93,031	94,764	94,569	97,847	100,297	100,218
Data Source	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents
Data Source Year	2018_ 2019[2]	2019_ 2020[2]	2020_ 2021[2]	2021_ 2022[2]	2022_ 2023[2]	2023_ 2024[2]

For all adolescents, aggregated National Survey on Children's Health data from 2023-2024 show that the estimate for bullying others in Hawaii (10.5%) was similar to the national estimate of 12.0%. The decline from 2022-2023 (13.1%). and the decrease from 2018-2019 (15.3%) were both non-significant. The related HP 2030 Objective is to reduce bullying of sexual minority (lesbian, gay, or bisexual) high school students to 25.1%. CSHCN (19.0%) had a significantly higher estimate than non-CSHCN (7.7%). Two-parent unmarried households (31.2%) had a significantly higher estimate than two-parent married households (8.3%) in bullying-perpetration. No other significant differences were found in subgroup analyses based on the 2023-2024 data provided.

CSHCN

	2020	2021	2022	2023	2024	2025
Annual Indicator	32.0	23.5	14.6	16.2	23.1	19.0
Numerator	7,559	5,649	3,350	3,760	5,725	4,745
Denominator	23,639	24,073	22,964	23,178	24,832	24,964
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2018_ 2019[2]	2019_ 2020[2]	2020_ 2021[2]	2021_ 2022[2]	2022_ 2023[2]	2023_ 2024[2]

For CSHCNs, aggregated 2023-2024 data show that the estimate for bullying others in Hawaii (19.0%) was similar to the national estimate (18.7%). The decline in estimate from 2022-2023 (23.1%) was not significant. No significant differences were found based on 2023-2024 data.

Bullying-Victimization (Those who are bullied):

All Adolescents

	2020	2021	2022	2023	2024	2025
						25.5

Annual Indicator	37.6	31.6	22.3	22.2	25.5	28.1
Numerator	35,362	29,903	21,025	21,686	25,529	28,158
Denominator	94,145	94,585	94,453	97,847	100,297	100,218
Data Source	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents	NSCH-All Adolescents
Data Source Year	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

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

For all adolescents, the estimates for being bullied in Hawaii (28.1%) was significantly lower than the national estimate (33.7%). The increase in the estimate for being bullied was not significant when compared to the 2022-2023 (25.5%) estimate. The 2025 objective is set based on the 2024 baseline data, and then an approximate 10% improvement over 5 years through 2030. Based on 2023-2024 aggregated data, children with special health care needs (CSHCN; 47.1%) were more likely to be bullied than children without special health care needs (non-CSHCN; 21.8%). Those who had two or more ACEs (47.9%) were significantly more likely to be bullied compared to those with no ACE (19.2%). Asians (17.6%) were significantly less likely to be bullied compared to Whites (42.3%) based on 2023-2024 data.

CSHCN

	2020	2021	2022	2023	2024	2025
Annual Indicator	59.5	45.9	36.2	40.5	48.5	47.1
Numerator	14,060	11,026	8,289	9,380	12,049	11,755
Denominator	23,639	23,997	22,888	23,178	24,832	24,964
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

For CSHCNs, aggregated 2023-2024 data show that the estimate for being bullied in Hawaii (47.1%) was similar to the national estimate (50.2%). The increase in estimate from 2020-2021 (36.2%) was non-significant. No significant differences were found based on 2023-2024 data.

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

Those who are bullied:

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	25.4	25.4	24.1	24.1	21.9	21.9	21.9	17.3	21.8	21.8
Numerator	10,354	10,354	9,843	9,843	10,082	10,082	10,082	8,532	10,508	10,508
Denominator	40,686	40,686	40,898	40,898	46,095	46,095	46,095	49,290	48,295	48,295
Data Source	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS	YRBSS
Data Source Year	2015	2015	2017	2017	2019	2019	2019	2021	2023	2023

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

Standardized Measures

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	77.2	75.9	76.5	72.5	72.0	73.0	71.6	69.6	66.4	66.3
Numerator	13,650	13,232	12,515	11,920	11,377	10,790	10,338	10,168	9,234	9,218
Denominator	17,680	17,426	16,355	16,433	15,800	14,785	14,446	14,615	13,905	13,911
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

The related Healthy People 2030 is to increase the proportion of pregnant women who receive early and adequate prenatal care to 80.5%. In data from 2024, Hawaii did not meet that HP 2030 objective and was significantly lower than the national estimate of 75.5%. The 2024 estimate showed significant decline when compared to the 2022 (69.6%) and 2020 (73.0%) estimates. Higher risk groups included Native

Hawaiian/Other Pacific Islanders (39.7%), women under 20 years of age (48.1%), women who had less than a high school education (47.7%), women who had Medicaid (56.3%) or those uninsured (44.3%), those unmarried (59.7%), or those who participated in the WIC program during pregnancy (61.3%).

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	20.3	19.8	20.7	22.4	23.1	23.0	22.8	24.4	23.7	23.1
Numerator	1,185	1,122	1,177	1,179	1,218	1,241	1,147	1,271	1,199	1,156
Denominator	5,850	5,671	5,683	5,265	5,276	5,407	5,039	5,211	5,066	4,995
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

In 2024, 23.1% of low-risk first births resulted in a cesarean delivery, which is significantly below the national estimate of 26.6%. The related 2030 Objective (23.6%) to reduce cesarean deliveries among low-risk first births has been met.The estimate was significantly higher than 2017 when 20.7% of all low-risk first births were a cesarean delivery. Based on 2024 data, Whites (19.4%) were significantly less likely to have a cesarean delivery compared to Asians (27.2%) or Blacks (32.0%). Those 30-34 years of age (26.6%) or 35 and older (33.9%) were more likely to have a cesarean delivery among low-risk first births compared to those 20-24 years of age (17.5%) or under 20 years of age (10.7%). Those who had private insurance (26.1%) had a higher estimate than those who had Medicaid (21.0%), or those uninsured (7.4%). College graduates (25.1%) had a higher estimate than those who had less than a high school education (15.9%).

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

	2021	2022	2023	2024	2025
Annual Indicator				21.3	21.3
Numerator				2,983	2,983
Denominator				14,033	14,033
Data Source				PRAMS	PRAMS
Data Source Year				2023	2023

This measure was added to the FAD in 2025. There was no data prior to 2023. 2024

data is not available yet The related HP 2030 objective is to increase abstinence from alcohol among pregnant women to 92.2%. In data from 2023, the proportion of women who had any alcohol use during pregnancy was 21.3% which was significantly lower than the national estimate (26.2%). Based on the 2023 data, White women (29.5%), those with some college education (27.1%) or college graduates (25.7%); those uninsured (44.2%), those between 25-29 years old (25.5%) or 20-34 years old (25.2%) had higher estimates in drinking any alcohol during pregnancy.

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

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

This measure was added to the FAD in 2025. There was no data prior to 2023. 2024 data is not available yet. The related HP 2030 objective is to increase abstinence from alcohol among pregnant women to 92.2%. In data from 2023, women who had binge drinking during pregnancy was 29.3%, which was similar to the national estimate (22.1%). No significant differences were found in subgroup analyses based on 2023 data due to small samples.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	4.6	3.6	4.0	3.0	2.2	1.9	1.7	1.3	1.0	0.8
Numerator	669	642	682	492	354	291	261	197	143	115
Denominator	14,543	17,635	17,245	16,633	16,400	15,560	15,329	15281	14,563	14,665
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

The Healthy People 2030 Objective is to increase abstinence from cigarette smoking among pregnant women to 95.7%. Data from 2024 showed that Hawaii (0.8%) met that objective and was significantly below the national estimate of 2.4%. There has been a significant decline in the estimate of smoking during pregnancy since 2020 (1.9%). Based on 2024 subgroup data, Native Hawaiians/Other Pacific Islanders alone

or in combination (1.4%) and Multiple Races (1.6%); mothers who resided in non-metro areas (2.0%), those unmarried (1.5%), or those who had Medicaid (1.8%) were more likely to smoke during pregnancy.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	16.4	15.6	15.2	14.8	14.2	14.0	12.7	10.6
Numerator	49,674	46,468	45,173	43,856	41,133	40,823	37,359	30,338
Denominator	302,448	298,770	297,854	296,640	290,044	292,484	293,471	286,240
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

Data from 2023-2024 show that the estimate for Hawaii (10.6%) was similar to the national estimate of 10.3% for children living in households where someone smokes.There has been a significant decrease in the estimate since 2021-2022 (14.0%). Based on the 2023-2024 subgroup estimates, children who lived in households where someone was a high school graduate (16.3%) were more likely to live with smokers compared to those who lived in households where someone graduated college (7.2%). Numbers were too small to report those with less than a high school education. Children were more likely to be living with a smoker if the household income was below 100% of the FPL (18.6%) compared to households at or above 400% of the FPL (7.0%). Those with Medicaid/Quest (15.6%) had higher estimates than those with private insurance (7.9%). Native Hawaiians/Other Pacific Islanders alone or in combination (12.7%), Asians (12.0%) and Multiple Races (11.8%) had higher estimates of household smoking than Whites (4.1%). Hawaii met the related HP 2030 objective to reduce the proportion of people who do not smoke but are exposed to secondhand smoke to 17.3%.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	12.1	14.3	13.1	12.9	14.2	12.5	11.3	12.4
Numerator	11,726	13,596	12,303	12,233	13,435	12,295	11,398	12,484
Denominator	96,730	95,394	93,970	94,769	94,761	97,991	100,465	100,434
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

Data from 2023-2024 show that the estimate for Hawaii (12.4%) was similar to the national estimate of 14.7%. The decline in estimate from 2020-2021 (14.2%) was not significant. Based on 2023-2024 subgroup data, There were no significant differences in reported subgroups in 2023-2024 data provided.

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

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

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

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	1.4	2.1	2.1	2.9	2.8	2.8	2.3	3.3	2.5	2.7
Numerator	4,350	6,484	6,519	8,796	8,330	8,330	7,076	9,697	7,407	7,993
Denominator	312,071	306,799	304,896	302,389	299,909	299,909	304,505	296,511	293,387	292,882
Data Source	ACS	ACS	ACS	ACS	ACS	ACS	ACS	ACS	ACS	ACS
Data Source Year	2015	2016	2017	2018	2019	2019	2021	2022	2023	2024

The similar Healthy People 2030 Objective is to increase the proportion of people with health insurance to 92.1%. There is no 2020 data available for this measure. In data from 2024, the proportion of children 0-17 years of age without health insurance was 2.7%, which was significantly below the national estimate (5.8%). There has been a significant increase in the estimate since 2015 (1.4%). There were no significant differences in subgroup analyses based on 2024 data.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	80.8	81.6	80.4	79.9	80.5	81.0	80.3	78.7
Numerator	247,385	248,218	241,170	237,856	237,760	240,559	238,630	229,878
Denominator	306,275	304,034	299,901	297,742	295,210	297,056	297,191	292,261
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

Data from 2023-2024 show that the estimate for Hawaii (78.7%) was higher than the national estimate of 64.6% for continuous and adequate insurance. Based on 2023-2024 data, those who had private insurance (78.4%) were less likely to be adequately insured than those who had Medicaid (87.6%). There were no other significant differences among subgroups based on the 2023-2024 data provided.

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

	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	2.7	1.6	1.6	1.6	1.9	2.9	3.1	3.5	2.4
Numerator	8,400	5,015	4,955	4,890	5,638	8,392	9,262	10,349	7,103
Denominator	307,347	305,311	302,682	300,717	299,178	293,809	295,139	295,723	290,554
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

Aggregated data from 2023-2024 show that the estimate for Hawaii (2.4%) was significantly lower than the national estimate of 3.5%. The increase in the estimate from 2016-2017 (1.6%) was non-significant. Based on 2023-2024 data, CSHCN (9.3%) had significantly higher estimates of not being able to obtain needed health care in the past year compared to those without special health care needs (0.6%). Whites (8.7%) had a higher estimate than Asians (1.3%) or Native Hawaiians/other Pacific Islanders alone or in combination (1.3%) in not being able to obtain needed health care in the past year.

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

	2017	2018	2019	2020	2021	2022	2023	2024	2025

Annual Indicator	93.5	95.6	91.5	89.7	92.9	94.3	86.4	89.8	89.8
Numerator									
Denominator									
Data Source	ASAR	ASAR	ASAR	ASAR	ASAR	ASAR	ASAR	ASAR	ASAR
Data Source Year	2016_ 2017	2017_ 2018	2018_ 2019	2019_ 2020	2020_ 2021	2021_ 2022	2022_ 2023	2023_ 2024	2024_ 2025

This is measure was developed last year. There are no numerator or denominator provided. In data from 2024-2025, the proportion of children in kindergarten who have received two or more doses of the MMR vaccine was 89.8% which was similar to the national estimate (92.5%). No subgroup data was provided for this measure. Also no confidence intervals or numerator/denominator provided.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	71.8	60.6	61.0	61.8	67.0	59.5	57.5	59.1	60.4	52.1
Numerator	198,006	169,771	173,982	174,145	185,940	164,292	156,933	167,388	166,734	14,6851
Denominator	275,967	280,243	285,051	281,651	277,523	276,121	272,911	283,229	275,979	282,096
Data Source	NIS	NIS	NIS	NIS	NIS	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015_ 2016	2016_ 2017	2017_ 2018	2018_ 2019	2019_ 2020	2020_ 2021	2021_ 2022	2022_ 2023	2023_ 2024	2024_ 2025

The related HP 2030 objective is to increase the proportion of persons who are vaccinated annually against seasonal influenza to 70%. In data from 2024-2025, the proportion of children 6 months-17 years of age vaccinated annually against seasonal influenza was 52.1%, which was similar to the national estimate (50.2%). The 2024-2025 estimate decreased significantly when compared to the 2023-2024 estimate (60.4%). There were no significant differences in subgroup analyses based on the 2024-2025 aggregated data.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	66.8	64.8	69.4	76.7	79.4	84.9	83.8	86.4	87.4	89.2
Numerator	52,911	51,921	55,143	60,275	62,610	66,589	64,299	70,178	70,774	72,890
Denominator	79,172	80,076	79,470	78,556	78,849	78,453	76,749	81,267	81,017	81,742
Data Source	NIS	NIS	NIS	NIS	NIS	NIS	NIS	NIS	NIS	NIS

Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

The related Healthy People 2030 objective is to increase the proportion of adolescents who receive recommended doses of the HPV vaccine to 80%. In data from 2024, the percentage of adolescents 13-17 years of age who had received at least one dose of the HPV vaccine was 89.2%, which was significantly higher than the national estimate (78.2%). The increase from 2021 (83.8%) was non-significant, but there has been a significant increase over time with 79.4% getting at least one dose of HPV vaccine in 2019. In data from 2022-2024, Asians (96.5%) had a significantly higher estimate than Whites (83.5%) or Multiple Races (84.2%) in HPV vaccination.

National Outcome Measures

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	76.8	66.8	87.9	84.7	104.3	104.8	98.6	105.8	112.2	110.3
Numerator	119	77	130	121	149	146	129	137	146	139
Denominator	15,112	11,376	15,010	14,647	14,281	13,934	13,083	12,952	13,016	12,602
Data Source	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID
Data Source Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023

The HP 2030 objective is to reduce severe maternal complications identified during delivery hospitalizations to 61.8 per 10,000 live births. The rates in 2017-2022 were estimated based on ICD-10 codes, which might not be comparable with previous years. In data from 2023, the rate of severe maternal morbidity was 110.3 per 10,000 live births, which was similar to the national estimate of 97.8. In Hawaii, though the rate of severe maternal morbidity was similar to the 2020 estimate (98.6), it increased significantly since 2015 (66.8). Based on 2023 data, those who were 35 years and older had a significantly higher estimate (173.0) compared to those between 20-24 years old (59.9) or 25-29 years old (81.) in severe maternal morbidity. No other differences were found in subgroup analyses due to small samples.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	12.9	13.1	13.4	12.5	11.7	16.9	16.1	16.6	18.3	17.3
Numerator	12	12	12	11	10	14	13	13	14	13

Denominator	93,068	91,607	89,650	87,878	85,198	82,744	80,574	78,372	76,492	75,246
Data Source	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics	Vital Statistics
Data Source Year	2012_ 2016	2013_ 2017	2014_ 2018	2015_ 2019	2016_ 2020	2017_ 2021	2018_ 2022	2019_ 2023	2020_ 2024	2021_ 2025

The related HP 2030 objective is to reduce maternal deaths to 15.7 per 100,000 live births. In data from 2021-2025, the rate of maternal mortality was 17.3 per 100,000 live births, which did not meet the Healthy People 2030 objective. In Hawaii, the rate of maternal mortality has not increased significantly compared to the 2015-2019 estimate (12.5). The increase in 2021-2025 indicators can be attributed to the extremely small numbers of deaths per year. The sample size was too small to perform a subgroup analysis to determine risk factors.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	20.7	19.2	19.1	17.2	15.7	13.0	12.3	11.7	11.3	11.0
Numerator	789	728	714	643	584	470	463	432	423	416
Denominator	38,123	37,877	37,287	37,345	37,302	36,031	37,673	36,972	37,433	37,823
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

The related Healthy People 2030 Objective is to reduce pregnancies among adolescent females to 31.4 pregnancies among 1,000 females. In 2024, the teen birth rate in Hawaii (11.0 per 1,000 females 15-19) met this objective and was significantly lower than the national rate of 12.6. There has been a significant decrease in teen birth rate when compared to the 2019 estimate (15.7). The teen birth rate among those 15-17 years of age in Hawaii (3.2) was significantly lower than the national rate for those 15-17 years of age (5.3). Over time, the rate in Hawaii and nationally has dropped significantly since 2015 (20.7 in Hawaii and 22.3 nationally). Based on 2023 single year data, the rates in Asians (2.8) and Whites (5.5) were lower than Hispanics (21.3) or Native Hawaiians/Other Pacific Islanders (17.1). Those between the age of 18 and 19 years old (24.2) had a significantly higher estimate than those between 15-17 years old (3.2) in teen births.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	8.3	8.5	8.5	8.3	8.4	8.1	8.8	8.5	8.7	9.0
Numerator	1,531	1,537	1,491	1,416	1,410	1,281	1,381	1,315	1,290	1,341
Denominator	18,392	18,045	17,508	16,966	16,784	15,783	15,607	15,527	14,803	14,913

Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

The related HP 2030 objective is to reduce preterm birth to 9.4%. In data from 2024, Hawaii's estimate (9.0%) was significantly higher than the national estimate (8.5%). There has been significant increase from 2020 (8.1%) in the percent of low birth weight deliveries. Analysis of 2024 data showed that mothers had less than a high school education (12.2%) and those on Medicaid (9.7%) had higher low birth weight estimates. Asian (10.7%), Multiple Race (8.9%), and Native Hawaiian/other Pacific Islander (10.6%) mothers had higher estimates of low-birth-weight deliveries than White (5.3%) mothers.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	10.1	10.5	10.4	10.3	10.6	10.0	10.2	9.8	10.1	10.0
Numerator	1,861	1,904	1,829	1,744	1,775	1,582	1,596	1,524	1,488	1,494
Denominator	18,409	18,053	17,508	16,960	16,785	15,775	15,609	15,525	14,800	14,901
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

The Healthy People 2030 objective is to reduce total preterm births to 9.4%. In data from 2024, Hawaii did not meet that objective (10.0%) but was similar to the national estimate of 10.4%. The estimate for early preterm birth (<34 weeks) in Hawaii (2.6%) was similar to the national estimate (2.7%). Subgroup analyses of 2024 data show that mothers 35 or more years of age (12.0%) had a higher estimate of preterm birth than other age groups. Native Hawaiians/Other Pacific Islanders (13.4%), Native Hawaiians/Other Pacific Islanders alone or in combination (11.4%), Multiple Races (9.7%) and Asians (10.8%) had higher preterm delivery estimates than Whites (6.6%). Mothers with less than a high school education (13.3%) had a higher preterm delivery estimate compared to those with more education.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	5.3	5.3	6.5	6.8	7.0	5.0	6.5	6.9	6.2	6.0
Numerator	99	98	118	120	120	85	103	109	97	90
Denominator	18,649	18,518	18,177	17,637	17,092	16,882	15,888	15,729	15,632	14,898
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS

Data Source Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023

In data from 2023, the stillbirth rate in Hawaii was 6.0, which was similar to the national estimate of 5.5. There has been no significant change in the stillbirth rate in Hawaii since 2018 (7.0). Aggregated 2021-2023 data show that those with birthweight less than 1,500 grams (134.3) or gestation age less than 34 weeks (147.4) had higher estimates of stillbirth rate. Native Hawaiians/Other Pacific Islanders (7.7), Native Hawaiians/Other Pacific Islanders alone or in combination (7.9), and high school graduates (6.7) had higher estimates of stillbirth delivery.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	8.1	9.6	9.5	9.9	10.4	7.6	8.7	9.2	9.5	8.9
Numerator	151	178	173	175	178	129	139	145	149	132
Denominator	18,701	18,598	18,232	17,692	17,150	16,882	15,888	15,729	15,632	14,898
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023

In 2025, NCHS expanded the definition of perinatal mortality to include all fetal deaths with stated or presumed gestation of 20 weeks or more. The indicators from the previous years have been updated based on the new definition.The related HP 2030 Objective is to reduce the rate of fetal deaths at 20 or more weeks of gestation to 5.7 per 1,000 live births. In data from 2023, the rate of perinatal mortality was 8.9 per 1,000 live births, which was similar to the national rate of 8.4. The decline from the 2018 estimate (10.4) was non-significant. Based on the aggregated 2021-2023 data, highest risk groups included those who had multiple births (20.8), those with very low birthweight (270.0), and those with gestational age less than 34 weeks (219.7).

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	4.5	5.7	6.0	5.4	6.8	5.1	4.9	4.7	5.8	4.9
Numerator	83	105	109	95	115	86	77	73	90	72
Denominator	18,550	18,420	18,059	17,517	16,972	16,797	15,785	15,620	15,535	14,808
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023

The Healthy People 2030 objective is to reduce this rate to 5.0 per 1,000 live births. In data from 2023, Hawaii's rate was 4.9 infant deaths per 1,000 live births met the HP 2030 objective of reducing the rate of infant deaths to 5.0 per 1,000 live births. The rate was similar to the national estimate of 5.6 infant deaths per 1,000 live births. The decline in estimate from the 2018 (6.8 infant deaths per 1,000 live births) was not significant. Analyses of aggregated data from 2023-2025 show that Native Hawaiian (6.1) infants based on maternal race had significantly higher infant mortality rates than White (2.3) infants. Mothers with less than a high school education (6.9) had a higher estimate than college graduates (2.7). Infants whose mothers were under 20 years old (13.3) had a higher estimate of infant mortality.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	3.3	3.6	3.8	3.8	3.9	3.3	2.9	3.3	4.1	3.2
Numerator	62	67	68	67	66	55	46	51	63	48
Denominator	18,550	18,420	18,059	17,517	16,972	16,797	15,785	15,620	15,535	14,808
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. In data from 2023, Hawaii exceeded that objective (3.2 neonatal deaths per 1,000 live births) and was similar to the national estimate of 3.6 neonatal deaths per 1,000 live births. Neonatal deaths in Hawaii have not changed significantly since 2017 (3.8 deaths per 1,000 live births). Subgroup analysis of 2021-2023 data show that very low birthweight infants (<1,500 grams; 176.6) were significantly more likely to have neonatal deaths when compared to low birthweight (1,500-2,499 grams; 4.4) or normal birthweight infants (2,500+ grams; 0.9). Infants with gestation age less than 34 weeks (97.3) had a higher estimate of neonatal mortality than those with gestation age of 37-38 weeks (1.3) or 39 and more weeks (0.6).

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	1.1	2.1	2.3	1.6	2.9	1.8	2.0	1.4	1.7	1.6
Numerator	21	38	41	28	49	31	31	22	27	24
Denominator	18,550	18,420	18,059	17,517	16,972	16,797	15,785	15,620	15,535	14,808
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS

Data Source Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. In 2023, the estimate from Hawaii (1.6) was similar to the national estimate of 2.0 postneonatal deaths per 1,000 live births. The 2023 estimate was not significantly different from the 2018 estimate (2.9). Based on 2021-2023 aggregated data, infants with gestation age between 34-36 weeks (3.8) had a higher estimate of postneonatal mortality than those with gestation age of 39 and more weeks (1.1). Gestation age of less than 34 weeks was not reportable. Infants from mothers with less than high school education (3.9) had a higher estimate compared to infants from mothers who had some college education (0.9) or college graduates (0.8). Those who had Medicaid (2.9) had a higher estimate of postneonatal mortality than those who had private insurance (1.1). Infants from mothers who were unmarried (2.7) had a higher estimate than those who were married (0.7). Native Hawaiians/Other Pacific Islanders (3.0) had a higher estimate than Asians (1.1).

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	177.9	228.0	216.0	222.6	253.4	214.3	145.7	166.5	212.4	148.6
Numerator	33	42	39	39	43	36	23	26	33	22
Denominator	18,550	18,420	18,059	17,517	16,972	16,797	15,785	15,620	15,535	14,808
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023

In 2023, Hawaii experienced 148.6 preterm-related mortalities per 100,000 live births, which was similar to the national estimate of 178.6. The decline in estimate from 2018 (253.4 per 100,000 live births) was non-significant. No significant differences were found in subgroup analysis of 2021-2023 data due to small samples.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	79.0	76.0	94.1	94.1	111.9	111.9	63.4	63.4	148.1	128.3
Numerator	15	14	17	17	19	19	10	10	23	19
Denominator	18,987	18,420	18,059	18,059	16,972	16,972	15,785	15,785	15,535	14,808
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS

Data Source Year	2013	2015	2016	2016	2018	2018	2020	2020	2022	2023

The related HP 2030 objective is to reduce the rate of infant deaths to 5.0 per 1,000 live births. The 2017, 2019, and 2021 data were not reportable. In 2023, Hawaii's estimate (128.3) was similar to the national estimate of 98.1 deaths per 100,000 live births. The increase in SUID rate from 2020 (63.4 per 100,000 live births), which was mostly due to a small numerator, was non-significant. The sample size was too small to perform a subgroup analysis to determine risk factors.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	1.4	1.1	1.1	2.2	1.3	1.1	1.4	1.9	1.0	2.1
Numerator	22	16	16	32	19	15	18	25	13	27
Denominator	15,358	15,111	15,111	14,879	14,468	14,226	13,286	13,126	13,197	12,805
Data Source	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID
Data Source Year	2014	2016	2016	2017	2018	2019	2020	2021	2022	2023

In 2023, Hawaii's rate of infants born with neonatal abstinence syndrome (2.1 per 1,000 delivery hospitalizations) was significantly lower than the national estimate of 5.1 per 1,000 delivery hospitalizations. The increase from 2022 (1.0) to 2023 (2.1) was significant. The sample size was too small to perform a subgroup analysis to determine risk factors.

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

	2021	2022	2023	2024	2025
Annual Indicator			51.6	57.6	63.3
Numerator			23,196	28,991	32,032
Denominator			44,974	50,328	50,600
Data Source			NSCH	NSCH	NSCH
Data Source Year			2022	2022_2023[2]	2023_2024[2]

There was no data for this measure before 2022. In 2023-2024, Hawaii's estimate (63.3%) was similar to the national estimate (65.7%) in percent of children meeting the criteria developed for school readiness. No HP 2030 objective is available yet for this measure. Based on 2023-2024 aggregated data, CSHCNs (35.4%) had a significantly

lower estimate than non-CSHCNs (68.3%). No other significant differences were found in subgroup analyses based on 2023-2024 data.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	9.3	8.9	13.2	13.5	10.2	9.5	9.7	9.9
Numerator	26,633	24,731	37,404	39,048	28,600	26,668	27,547	27,611
Denominator	287,126	277,030	283,797	289,378	279,243	279,584	283,051	279,249
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

The related HP 2030 objective is to reduce the proportion of children and adolescents with active and currently untreated tooth decay in their primary or permanent teeth to 10.2%. In 2023-2024 aggregated data, the proportion of children with tooth decay in the past 12 months was 9.9%, significantly lower than the national estimate (12.3%). The decline from 2019-2020 (13.5%) in estimates were not significant. Based on 2023-2024 aggregated data, children with one ACE (15.1%) and 2 or more ACEs (15.2%) had higher estimates than those with no ACE (6.6%). CSHCNs (15.7%) had a higher estimate than non-CSHCN (8.3%) in this measure. No other significant differences were found in subgroup analyses based on 2023-2024 data.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	14.4	16.8	18.2	13.3	16.8	10.3	7.7	21.9	12.9	12.4
Numerator	23	27	29	21	26	16	12	33	19	18
Denominator	160,241	160,245	158,951	157,349	155,129	155,351	155,910	150,378	146,778	145,615
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

The related HP 2030 objective is to reduce the rate of child and adolescent deaths (aged 1 to 19) to 18.4 per 100,000. Hawaii met this objective for the overall 2024 child mortality rate for those 1-9 years of age (12.4 per 100,000). This estimate was similar to the 2024 national estimate (18.1 per 100,000). The increase from the 2021 estimate (7.7 per 100,000) was non-significant. Based on 2022-2024 aggregated data, the Hawaii estimate among those 1-4 years of age (27.6 per 100,000) was similar to the

national estimate (27.0 per 100,000).The rate of deaths among those 5-9 years of age was significantly lower in Hawaii (7.1) when compared to the national estimate (12.6).

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	27	33.7	25.8	25.1	31.0	20.9	26.3	31.6	22.3	27.6
Numerator	44	54	41	40	49	32	43	51	36	45
Denominator	163,073	160,416	159,029	159,133	158,163	153,398	163,193	161,201	161,548	163,109
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

The related HP 2030 objective is to reduce the rate of child and adolescent deaths to 18.4 per 100,000. In data from 2024, the rate of adolescent deaths was 27.6 in Hawaii, which was similar to the national estimate (34.2 per 100,000). There has been no change over time, with a rate of 20.9 in 2020. In data from 2022-2024, the Hawaii estimate (18.6 per 100,000) was similar to the national estimate of 16.9 deaths per 100,000 among those 10-14 years of age. The rate of deaths among those 15-19 years of age was 36.4, which was significantly lower than the national estimate (55.9) in 2022-2024 data. Adolescent mortality was higher among males (34.3 per 100,000) compared to females (19.6 per 100,000). No other significant differences were found based on 2022-2024 subgroup analyses.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	9.6	10.9	11.0	8.6	6.5	8.6	6.1	5.6	5.6	6.8
Numerator	23	26	26	20	15	20	14	13	13	16
Denominator	240,137	238,506	235,446	232,911	231,497	232,911	230,559	230,698	233,802	233,787
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2013_ 2015	2014_ 2016	2015_ 2017	2016_ 2018	2017_ 2019	2018_ 2020	2019_ 2021	2020_ 2022	2021_ 2023	2022_ 2024

The similar Healthy People 2030 objective is to reduce the rate of motor vehicle crash-related deaths (all ages) to 10.1 per 100,000. In data from 2022-2024, the rate of adolescent motor vehicle death in those 15-19 years of age was 6.8 in Hawaii, which was significantly lower than the national estimate (12.4). There has been no change over time with a rate of 11.0 in 2015-2017. The sample size was too small to perform a subgroup analysis to determine risk factors.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	6.1	6.8	7.0	5.4	6.3	6.2	6.7	6.5	6.8	6.8
Numerator	30	33	34	26	30	29	32	31	33	33
Denominator	488,488	486,385	482,518	478,578	476,325	470,694	474,754	477,792	485,942	485,858
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2013_ 2015	2014_ 2016	2015_ 2017	2016_ 2018	2017_ 2019	2018_ 2020	2019_ 2021	2020_ 2022	2021_ 2023	2022_ 2024

The Healthy People 2030 objective aims to reduce the adolescent suicide rate to 12.8 per 100,000 and to reduce the rate of suicide attempts by adolescents to 1.8 per 100. In data from 2022-2024, the rate of adolescent suicide deaths in those 10-19 was 6.8 in Hawaii, which was similar to the national estimate (6.1). The increase from 2016-2018 (5.4) to 2022-2024 (6.8) was non-significant. Sample was too small to perform a subgroup analysis based on 2020-2024 aggregated data.

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

	2021	2022	2023	2024	2025
Annual Indicator			2.1	2.5	2.3
Numerator			10	12	11
Denominator			477,792	485,942	485,858
Data Source			NVSS	NVSS	NVSS
Data Source Year			2020_ 2022	2021_ 2023	2022_ 2024

This measure was added to the FAD in 2025, with no data prior to 2020-2022. The related Healthy People 2030 Objective is to reduce firearm-related deaths to 10.7 per 100,000. The 2022-2024 rate for adolescent firearm death in Hawaii was 2.3 per 100,000, which was significantly lower than the national estimate (9.5 per 100,000). The sample size was too small to perform a subgroup analysis to determine risk factors.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025

Annual Indicator	122.0	99.7	99.7	77.4	81.3	71.5	61.8	76.3	56.6	66.7
Numerator	164	178	178	137	142	123	106	131	94	108
Denominator	134,382	178,621	178,621	176,901	174,573	171,929	171,595	171,720	166,182	161,925
Data Source	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID
Data Source Year	2015 Q1-Q3	2016	2016	2017	2018	2019	2020	2021	2022	2023

In 2023, the rate of 66.7 per 100,000 hospitalizations for non-fatal injury for children ages 0-9 in Hawaii were significantly below the national rate estimates of 108.2. Statewide, the rates of hospitalization for non-fatal injury in children 0-9 have significantly decreased since 2015 when the rate was 122.0. Based on the 2023 data, those under one year old (138.6) had a significantly higher rate of injury hospitalization than those between 5 to 9 years old (36.8). The sample size was too small to perform a subgroup analysis to determine risk factors.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	177.4	205.2	199.5	180.5	147.0	158.7	164.9	177.1	164.4	193.1
Numerator	289	251	320	287	234	251	253	289	265	312
Denominator	161,855	121,051	160,416	159,029	159,133	158,163	153,398	163,193	161,201	161,548
Data Source	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID	HCUP-SID
Data Source Year	2014	2015 Q1-Q3	2016	2017	2018	2019	2020	2021	2022	2023

In 2023, the rate of 193.1 per 100,000 hospitalizations for non-fatal injury for adolescents ages 10-19 in Hawaii was similar to the national rate estimates of 198.9. The increase from 2022 (164.4) to 2023 (193.1) was non-significant. The rate of hospitalization for non-fatal injury in adolescents did not change significantly since 2015 when it was 205.2. Analysis of the 2023 subgroup data revealed that those 10-14 years of age (122.0) were significantly less likely to be hospitalized for non-fatal injury than those 15-19 years of age (269.5). No other significant differences were found due to small sample size.

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	53.3	54.1	54.5	55.1	51.8	66.0	64.0	55.3	49.3	51.5

Numerator	129,550	132,650	132,155	132,844	123,821	156,495	155,868	133,675	117,206	120,688
Denominator	243,219	245,296	242,617	241,285	239,002	237,036	243,485	241,736	237,672	234,292
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

This is measure was developed last year. In 2024, the Hawaii estimate of women in excellent or very good health 51.5%, which was similar to the national estimate (49.0%). There has been a significant decline in the estimate from 2021 (64.0%) to 2024 (51.5%) in the percent of women in excellent or very good health. Based on 2024 data, women who were high school graduates (43.8%) had a lower estimate in excellent or very good health when compared to college graduates (62.3%). Unmarried women (45.2%) had a lower estimate compared to married women (59.7%). Multiple Races (43.1%) had lower estimates compared to Whites (62.7%), based on 2024 data.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	91.5	92.4	92.4	92.1	93.2	91.3	90.0	91.1
Numerator	280,659	281,147	279,012	276,555	277,092	272,378	267,812	265,962
Denominator	306,643	304,254	301,989	300,261	297,200	298,413	297,614	291,804
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_ 2017[2]	2017_ 2018[2]	2018_ 2019[2]	2019_ 2020[2]	2020_ 2021[2]	2021_ 2022[2]	2022_ 2023[2]	2023_ 2024[2]

There is no related Healthy People 2030 objective for this measure. In data from 2023-2024, the percent of children in excellent or very good health was 91.1% in Hawaii, which is similar to the national estimate (89.9%). Based on the 2023-2024 aggregated data, CSHCNs (73.9%) had a lower estimate than non-CSHCNs (95.7%) in this measure. Those with two or more adverse childhood experiences (ACEs; 82.5%) had a significantly lower estimate than those without any ACE (93.6%).

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator		9.7	10.2	10.3	9.6	10.7	10.7	10.7
Numerator		1,413	1,489	1,343	1,113	1,158	905	905

Denominator		14,504	14,578	12,987	11,589	10,871	8,441	8,441
Data Source		WIC	WIC	WIC	WIC	WIC	WIC	WIC
Data Source Year		2010	2012	2014	2016	2018	2020	2020

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

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	18.2	17.8	14.6	16.3	18.1	19.2	18.5	16.8
Numerator	32,632	31,753	26,215	29,896	33,378	35,412	34,770	31,803
Denominator	179,649	178,732	179,231	182,888	184,051	184,715	187,797	189,005
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016-2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

The similar Healthy People 2030 objective is to reduce the rate of obesity in children and adolescents to 15.5%. In 2023-2024 aggregated data, the percent of children 6-17 years of age who were considered obese was 16.8% in Hawaii, which was similar to the national estimate (16.1%). The increase in estimate from 2018-2019 (14.6%) was non-significant. Based on 2023-2024 aggregated data, Native Hawaiian/Other Pacific Islanders (33.5%), Native Hawaiian/Other Pacific Islanders alone or in combination (22.3%) had significantly higher estimates in child obesity than Whites (6.4%). Those who had Medicaid (33.8%) had a higher estimate in child obesity than those who had private insurance (11.2%).

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

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	11.0	9.0	9.0	11.9	11.1	13.7	14.4	13.0	11.5	11.5

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

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

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

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

This measure was added to the FAD in 2025, with no data prior to 2023. The latest data from the 2023 PRAMS survey showed that 22.5% of women reported postpartum anxiety symptoms, which was similar to the 2023 national estimate (20.3%). Based on 2023 subgroup data, women who were under 20 years of age (48.1%) or between 20-24 years old (31.4%) had higher estimates of postpartum anxiety compared to those between 30-34 years old (13.7%). No other significant differences were found based on 2023 data.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	4.4	3.5	5.0	6.5	6.9	7.5	7.8	7.6
Numerator	4428	3459	5098	6,594	6,729	7,551	8,025	7,564
Denominator	100,491	100,113	102,509	101,612	98,194	101,200	102,585	100,026
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH

Data Source Year	2016_ 2017[2]	2017_ 2018[2]	2018_ 2019[2]	2019_ 2020[2]	2020_ 2021[2]	2021_ 2022[2]	2022_ 2023[2]	2023_ 2024[2]

This measure was added to the FAD in 2025. In data from 2023-2024, the percent of children who had a behavioral conduct disorder was 7.6%, which was similar to the national estimate (9.9%). The estimate has not changed significantly since 2017-2018 (3.5%). Based on 2023-2024 subgroup data, CSHCNs (26.7%) had a significantly higher estimate than non-CSHCNs (1.3%) in behavioral conduct disorders. No other significant differences were found based on 2023-2024 data.

Adolescent Depression/Anxiety (ADA): Percent of adolescents, ages 12 through 17, who have depression or anxiety

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	6.4	9.1	7.4	6.2	9.0	10.7	10.5	8.5
Numerator	6,250	8,734	6,966	5,901	8,566	10,478	10,507	8,519
Denominator	97,183	95,771	94,454	95,209	95,569	98,245	100,461	100,475
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_ 2017[2]	2017_ 2018[2]	2018_ 2019[2]	2019_ 2020[2]	2020_ 2021[2]	2021_ 2022[2]	2022_ 2023[2]	2023_ 2024[2]

This measure was added to the FAD in 2025. In data from 2023-2024, the percent of children who had depression or anxiety was 8.5%, which was significantly below the national estimate (17.8%). The estimate has not changed significantly since 2021-2022 (10.7%). Based on 2023-2024 subgroup data, CSHCNs (29.4%) had a significantly higher estimate than non-CSHCNs (1.7%) in adolescent depression or anxiety. No other significant differences were found based on 2023-2024 data.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	19.9	17.9	16.9	17.7	18.6	18.1	15.9	16.9
Numerator	10,425	8,975	9,720	9,910	8,951	9,720	9,513	10,361
Denominator	52,399	50,279	57,550	56,033	48,200	53,643	59,844	61,342
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_ 2017[2]	2017_ 2018[2]	2018_ 2019[2]	2019_ 2020[2]	2020_ 2021[2]	2021_ 2022[2]	2022_ 2023[2]	2023_ 2024[2]

The related HP 2030 objective is to increase the proportion of children and adolescents under 18 years of age with special health care needs that receive care in

a family-centered, comprehensive, and coordinated system to 19.5%. In data from 2023-2024, the proportion of CSHCN receiving care in a well-functioning system in Hawaii was 16.9%, which did not meet the HP 2030 objective but was similar to the national estimate of 13.7%. The decline in estimate from 2020-2021 (18.6%) was non-significant. Based on 2023-2024 subgroup data, children who had two or more ACEs (5.1%) had a lower estimate compared to those with one ACE (21.4%) or those with no ACE (21.7%) in receiving care in a well-functioning system. No other significant differences were found based on 2023-2024 data.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator			86.0	84.4	84.2	80.4	78.3	78.3
Numerator			80,279	82,486	78,099	71,210	67,368	65,716
Denominator			93,371	97,684	92,775	88,550	86,030	83,894
Data Source			NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year			2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

This measure was added to the FAD in 2025, with no data prior to 2018. In data from 2023-2024, the percent of children, ages 6 months through 5 years, who are flourishing was 78.3% in Hawaii, which was similar to the national estimate (79.7%). No significant differences were found in subgroup analyses based on 2023-2024 data.

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

All Children

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator			70.0	68.3	67.3	65.5	63.5	63.5
Numerator			138,035	134,829	129,912	130,245	128,543	125,762
Denominator			197,298	197,265	192,922	198,815	202,548	198,107
Data Source			NSCH-All Children	NSCH-All Children	NSCH-All Children	NSCH-All Children	NSCH-All Children	NSCH-All Children
Data Source Year			2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

This measure was added to the FAD in 2025, with no data prior to 2018. For all children, the estimate of children who are flourishing in Hawaii was 63.5%, which was similar to the national estimate (61.5%). The decline in estimate from 2018-2019 (70.0%) to 2022-2023 (63.5%) was non-significant. Based on 2023-2024 subgroup

data, those with two or more ACEs (53.1%) had a lower estimate in children who are flourishing, compared to those with no ACE (68.2%). Those with special health care needs (39.1%) had a lower estimate compared to those without special health care needs (71.6%). No other significant differences were found based on 2023-2024 data.

CSHCN

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator			49.1	45.3	44.1	40.8	36.1	39.1
Numerator			22,578	19,723	17,229	17,514	16,750	19,309
Denominator			45,964	43,571	39,094	42,893	46,389	49,432
Data Source			NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year			2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

For children with special health care needs, the estimate of children who are flourishing was 39.1% in Hawaii, which was similar to the national estimate (38.5%). The decline in estimate from 2018-2019 (49.1%) to 2023-2024 (39.1%) was non-significant. No significant differences were found in subgroup data based on 2023-2024 data.

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

	2018	2019	2020	2021	2022	2023	2024	2025
Annual Indicator	18.3	16.2	16.3	14.4	14.1	15.4	16.0	15.9
Numerator	55,762	48,684	48,291	42,535	41,154	45,572	47,200	45,740
Denominator	304,095	300,602	296,472	294,563	292,735	295,248	294,396	288,115
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017[2]	2017_2018[2]	2018_2019[2]	2019_2020[2]	2020_2021[2]	2021_2022[2]	2022_2023[2]	2023_2024[2]

This measure was added to the FAD in 2025. The estimate of children in Hawaii who have experienced two or more adverse childhood experiences was 15.9%, which was similar to the national estimate (17.1%). Based on 2023-2024 data, those with special health care needs had a higher estimate (26.8%) in adverse childhood experiences compared to those without special health care needs (13.0%). Children whose parents were high school graduates (28.6%) or those with some college education (24.3%) had higher estimates than those whose parents were college graduates (9.9%). Those with Medicaid (29.9%) had higher estimates of children with adverse childhood experiences compared to those who had private insurance (10.7%). Those who were below 100% of the FPL (25.1%) or between 100-199% of the FPL (24.6%) had higher estimates compared to those at or above 400% of the FPL (8.7%). Children whose

parents were unmarried (32.6%) or single parent households (32.0%) had higher estimates in adverse childhood experiences than those whose parents were married (6.7%). American Indian/Alaska Natives (20.8%), Hispanics (20.3%), Native Hawaiians/Other Pacific Islanders (27.1%), Native Hawaiians/Other Pacific Islanders alone or in combination (22.2%), Multiple Races (17.4%) had higher estimates compared to Asians (6.4%).