



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

HAWAII

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Hawaii

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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SSDI Project Director	State Family Leader
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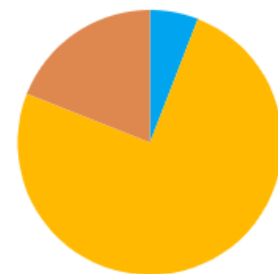
State Youth Leader
No Contact Information Provided

State Hotline: (800) 816-1222

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$2,202,574
State MCH Funds	\$28,087,784
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$7,106,191

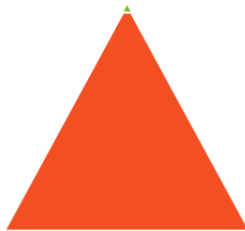
FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$19,155,754
Enabling Services	\$58,713	\$8,821,022
Public Health Services and Systems	\$2,143,861	\$7,217,200

FY 2023 Expenditures
Federal



FY 2023 Expenditures
Non-Federal



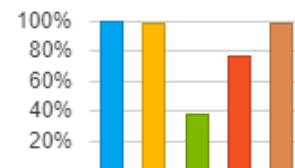
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$1,552,624
Infants < 1 Year	99.2%	\$1,552,624
Children 1 through 21 Years	37.6%	\$11,791,869
CSHCN (Subset of all infants and children)	77.1%	\$20,909,518
Others *	98.6%	\$1,589,914

FY 2023 Expenditures
Total: \$37,396,549



FY 2023 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Promote reproductive life planning with a focus on underserved populations</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Percent of births with less than 18 months spacing between birth and next conception ○ ESM WWV.2: The number of women aged 18-44 years served through the state MCH reproductive health and wellness program. 	<p>Women/Maternal Health</p>
<p>Increase the rate of infants sleeping in safe conditions</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> ○ ESM SS.1: The number of languages in which safe sleep educational materials are available for Hawaii's communities. ○ ESM SS.2: The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations and individuals, on request 	<p>Perinatal/Infant Health</p>
<p>Improve the percentage of children screened early and continuously ages 0-5 years for developmental delay</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> ○ ESM DS.1: Develop and implement Policy and Public Health Coordination rating scale to monitor developmental screening efforts around the areas of systems development, family engagement, data integration, and addressing vulnerable populations ○ ESM DS.2: The number of children screened through the Hi'iilei Developmental Screening Program using a standardized screening tool. 	<p>Child Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Reduce the rate of confirmed child abuse and neglect cases per 1,000 with special attention to children ages 0-5 years.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Rate of confirmed child abuse and neglect reports per 1,000 for children ages 0 to 5 years. 	<p>Child Health</p>
<p>Improve the percentage of youth with special health care needs ages 12-21 years who receive services necessary to make transitions to adult health care</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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 (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Degree to which the Title V Children and Youth with Special Health Needs Section promotes and/or facilitates transition to adult health care for Youth with Special Health Care Needs (YSHCN), related to Six Core Elements of Health Care Transition 2.0. 	<p>Children with Special Health Care Needs</p>
<p>Improve the healthy development, health, safety, and well-being of adolescents</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW <ul style="list-style-type: none"> ○ ESM AWW.1: Develop and disseminate a teen-centered Adolescent Informational Resource (AIR) in collaboration with community health and youth service providers to promote adolescent health and annual wellness visits 	<p>Adolescent Health</p>
<p>Reduce food insecurity for pregnant women and infants through WIC program promotion and partnerships</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Reduce the rate of food insecurity for pregnant women and infants through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services 	<p>Perinatal/Infant Health</p>
<p>Improving maternal care including postpartum care for pregnant people</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV 	<p>Women/Maternal Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Improving access to medical homes for all children including children with special health care needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH 	<p>Child Health, Children with Special Health Care Needs</p>
<p>Address health equity and disparities by expanding pediatric mental health access in rural and under-served communities</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: The number of pediatric and/or behavioral health providers receiving training and support services on pediatric mental health care in underserved communities/counties statewide. 	<p>Cross-Cutting/Systems Building</p>

Executive Summary

Program Overview

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



Hawaii is one of the most ethnically diverse states with no single majority race (39% Asian, 25% White, 11% Native Hawaiian/Pacific Islander, 1.8% Black) and a large heterogeneous Pacific Islander and Asian population. Nearly 28.7% of the population is mixed race, with indigenous Native Hawaiians comprising 22.8% (when combined with other races).

Also, about 17.1% of all residents are immigrants—mainly from Asia and the Pacific.

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

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

To set priorities for the state MCH program, a comprehensive needs assessment is conducted every five years, and ongoing assessments are conducted in interim years. During the pandemic, four additional priorities were added: food insecurity, child wellness visits, child mental health, and telehealth. In 2023, two priorities were deleted: child wellness visits and telehealth. In 2024, two new 'Universal' priorities were added from the new Title V grant guidance: postpartum care and medical home for children and children with special healthcare needs. The current 11 Hawaii Title V priorities are listed below across the six Title V MCH population domains.

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

	Increasing the number of children with special health care needs who have a Medical Home
Cross-Cutting	Address health equity by expanding pediatric mental health care access in rural and underserved communities

Maui Fires. As Hawaii emerged from the COVID-19 pandemic, the state was struck with another unthinkable catastrophe. One of the deadliest natural disasters in U.S. history occurred on August 8, 2023, when a swift-moving wildfire unexpectedly destroyed the historic town of Lahaina. The fire tragically took the lives of 102 people, injuring many more, and leaving several thousand without a home or means of support. In a matter of hours, the wildfire burned 2,170 acres and destroyed more than 3,000 buildings (including schools), 5,000 cars, and 100 sea vessels. Approximately 86% were residential homes, of which nearly half were rentals. Housing on Maui, as elsewhere in the state, is very limited and costly, with the fire aftermath creating an extreme emergency for affected families and individuals. With no warning/preparation, residents escaped without basic necessities, income, and housing.

FHSD Disaster Response. FHSD Maui response efforts were extensive and included diverting funding to local agencies to provide emergency services (outreach, mobile pharmacy; mobile medical/reproductive healthcare); expansion of existing Maui service contracts to expand service areas to include Lahaina; coverage for basic necessities; and reproductive health needs. WIC expedited certification of new Maui retailers, expanded WIC food package options, and partnered with national manufacturers to ship infant formula for Maui WIC clients and the Maui Food Bank. Maui staff were engaged in initial emergency response: visiting homes surrounding the burn areas to assess needs, providing information/meals, making referrals to services if needed, and providing assistance at emergency shelters.

Funding was also redeployed to establish a new Lahaina health clinic, provide elder outreach, and support for healthcare workers and service providers (trauma supports and training). Information about water quality concerns was also shared with local area childcare facilities. Oahu staff flew to Maui to distribute resiliency kits, promote services, and conduct fun activities for families at community events. FHSD is also partnering with the Hawaii State Rural Health Association to conduct a broad healthcare assessment of the initial response and ongoing needs for West Hawaii. More specific Maui response efforts and updates are found in the population domain narratives in this report.

Economic Recovery. In the near term, the aftermath of the Maui wildfires continued to slow the state's economic recovery from COVID-19, although Maui's recovery has been better than many had predicted. Overall, the state economy has continued to grow in 2023, albeit less than forecasted. Future rebuilding efforts will fuel Maui's economic recovery, although families will continue to struggle while some have already chosen to relocate.

Prior to the Maui Wildfires, Hawaii's post-pandemic economic recovery was nearly complete. Initial COVID-19 shutdowns in 2020 resulted in the virtual closure of the Hawaii tourism market (99% decrease in travelers), causing an unprecedented collapse of the state's economy. Equally unexpected, the economy made an astounding rebound in 2022 with the return of U.S. domestic travelers, driven by healthy U.S. incomes and pent-up demand. Hawaii's real gross domestic product (GDP) for 2023 recovered to 97.6% compared to 2019.

Also critical to Hawaii's economic recovery was the unprecedented level of federal COVID-19 and stimulus spending. Direct aid to state and local governments offset significant budget shortfalls. Direct stimulus payments, expanded unemployment insurance, entitlement supports, and rent/mortgage subsidies helped maintain personal income through 2020-21. Although 2022 saw the end of many federal supports, a slight increase in average earnings was reflected in real income recovery to near pre-pandemic levels.

Labor shortages. Hawaii's labor market continues to decrease slowly, with a declining population and labor force. The outmigration of working-age residents to other, more affordable states and the increasing number of retirees leaving the workforce likely contribute to this trend.

High Cost of Living. Affordability remains an enormous challenge for many residents. Data for 2021 shows that Hawaii goods and services were 13% higher than the U.S. average, making Hawaii the most expensive state in the country.

Legislation. Over the past three years, policymakers have utilized budget surpluses to support programs to alleviate financial hardships for families, including affordable housing development; raising the minimum wage; tax credits for low-income and working families; and major investments in public preschool, childcare, and healthcare.

FHSD Updates. As Hawaii continues to emerge from the pandemic and the Maui wildfires, FHSD responded by recalibrating and revising programs and initiatives to serve those disproportionately impacted communities. Although hampered by mounting vacancies, FHSD staff have shown strength and resiliency, creating new partnerships and managing expectations to address service gaps and ever-growing needs.

The secondary effects of these disasters on the MCH population are being reviewed through needs assessment activities. Some of the notable consequences include increased mental health needs; loss of social support and connection; concerns over family violence; childhood adversity and trauma; disrupted access to healthcare, social services, and education; and worsening family stress due to Hawaii's high cost of living.

As reported in Form 5a, Title V programs continued to see an increase in direct client services in 2023 with a 9% rise over 2022. However, this was still 16.9% below 2019 service levels. The 2023 increase was not consistent across all program and population

groups. The reach of other public health services, as reported in Form 5b, was similar to 2022 but reflected a 94.6% increase in outreach to adults and a 19.6% increase in outreach to children compared to 2019 due to increased media initiatives.

5-Year Plan Highlights for 2021-2025

FY 2023 marks the fourth year of the Title V 5-year project period. FHSD recognizes that systematic inequities impact physical and mental well-being in an interconnected way. Thus, Title V strategies/activities were developed using a health equity lens. For the new federal MCH Bureau universal priorities, plans include reviewing data and researching evidence-based strategies to inform planning activities. Key highlights are provided by domain and priority health issue.

DOMAIN: WOMEN'S/MATERNAL HEALTH

Promote reproductive life planning

- In partnership with the Hawaii Maternal Infant Health Collaborative (HMIHC) and the Healthcare Association of Hawaii, a state Maternal Health (MH) Steering Committee has been established to develop a state MH Strategic Plan and collaborate on needs assessment. The Title V MCH Branch continues to provide reproductive health services to underserved communities.

DOMAIN: PERINATAL/INFANT HEALTH

Promote safe sleep practices

- Conducted media messaging campaigns to promote safe sleep and resources available through the state toll-free warmline, The Parent Line. Information materials are now available in 11 languages.

Address Food Insecurity through Improving WIC services

- Strategies were revised to improve internal operations, including: 1) data analysis to strengthen program planning/evaluation and 2) workforce development to expand training opportunities for existing staff and recruitment for new staff.

DOMAIN: CHILD HEALTH

Improve early and continuous screening for developmental delay

- Staff was hired to expand a free developmental screening service for families sponsored by the Children with Special Health Needs program.

Reduce the rate of child abuse and neglect (CAN)

- Issued over \$800,000 in state/federal funding to community-culturally based programs to provide critical family and parenting support services.
- Continued provision of home visiting services statewide and supporting the state network of home visiting programs.

DOMAIN: ADOLESCENT HEALTH

Improve adolescent health and well-being

- Partnered with residential youth programs to provide evidence-based youth development programs.
- Partnered with TeenLink Hawaii, a youth-driven, empowerment program to develop web-based resources and social media messages on health issues of concern to youth.

DOMAIN: CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

Improve transitions to adult healthcare

- Developed a system for transition planning for enrolled Children and Youth with Special Health Needs Section youth using the evidence-based Six Core Elements of Health Care Transition, including guidelines, educational tools, workbook, and database tracking.
- Supported development of an active statewide network of agency/community partners that promote transition services, including the state DOE, Vocational Rehab, and family service organizations through popular in-person events.

DOMAIN: CROSS-CUTTING/SYSTEMS BUILDING

Expand pediatric mental health care access to underserved rural communities

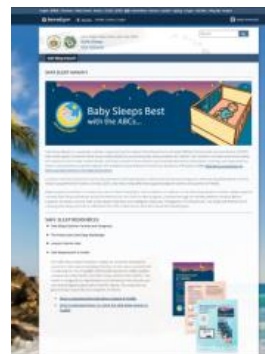
- Support behavioral health integration into pediatric primary care practice by establishing a pediatric mental health teleconsultation service, training, and care coordination so pediatric providers can better diagnose, treat, and/or refer children and youth with behavioral health conditions to available services.

How Federal Title V Funds Complement State-Supported MCH Efforts

FHSD provides all levels of service delivery: direct, enabling, and infrastructure building. FHSD's reach is statewide with no local health departments. One of the largest divisions in the Hawaii Department of Health, FHSD is comprised of three branches—Maternal and Child Health (MCH); Children with Special Health Needs (CSHN); and Women, Infants, and Children (WIC) Services. Together, the division administers 30 programs, 25 federal grants, and approximately 150 service contracts with community-based organizations, totaling roughly \$55 million with 261.5 FTE positions statewide.

Title V funds played a critical role in supporting the state's overall MCH efforts. In 2023, the FHSD budget was \$91.M million. Nearly \$2.0 million was provided by Title V, with \$48.4 million state matching funds and an additional \$41.3 million in other federal funds. Of

the state's overall population, FHSD programs reached an estimated 100% of pregnant women; 99.2% of all infants; 37.6% of children 1-21 years of age, including 77.1% of children with special health needs and 98.6% of others (general adult population).



Title V funds were used for key program capacity and public health infrastructure positions needed to administer MCH programs statewide (23.9 FTE). Positions included: critical data analytics staff (epidemiologists and research statisticians); administrative, fiscal, and program management for MCH and

CSHN; Public Information Officer; contract specialist; and a nutritionist and audiologist for CSHN. These positions are critical to: 1) securing, leveraging, and managing a broad array of funding sources; 2) addressing statewide surveillance needs; 3) developing critical statewide partnerships and system-building efforts; 4) improving quality to ensure services are family centered, culturally relevant, and community based; 5) ensuring a statewide system of care through provision of safety-net and gap-filling services; 6) recruiting and supporting workforce needs; and 7) ensuring development/dissemination of public health messaging.

MCH Success Story

In 2021, the Hawaii State Department of Health, Maternal and Child Health Branch, Family Strengthening and Violence Prevention Unit, began doing paid media campaigns to promote safe sleep messaging to reach a larger audience. The creative is based on the Safe Sleep Guide created by the HDOH, Hawaii Department of Humans Services, and Safe Sleep Hawaii Coalition—based on the ABCs of Safe Sleep approved by the American Academy of Pediatrics.

A 30-second TV spot was created using copy and graphics from the guide for consistent messaging and branding. A 30-second radio spot was also created using the audio from the TV spot.

The paid media campaign for the reported period launched with a news release in October 2022 to coincide with Safe Sleep and SIDS Awareness Month. From October-December 2022, the spots ran on KHON2, local Fox affiliate, and on iHeartMedia's 20+ radio stations across the state. The broadcast TV reach was 98.6% of households with adults ages 25-54 years statewide with an average frequency of 12 and 1.544 million impressions. For Oahu, the radio reach of adults ages 25-54 years was 70% with an average frequency of 15.6. For neighbor islands, the radio reach was 33.9% of adults ages 25-54 years with an average frequency of 14.8.



Digital ads ran on Facebook, Instagram, YouTube, Connected TV/OTT, targeted pre-roll, and targeted display for a total of two million impressions and 1,445 post/website clicks. Digital ads targeted parents of infants, households with infants, adults ages 25-54 years, and at-risk groups (Native Hawaiian, Samoan, Other Pacific Islander, Filipino, and Micronesian).

In July 2023, the FHSD Information Specialist began working on safe sleep initiatives with Karen Worthington, a children's law and policy consultant contracted to assist the SSH Coalition. Together, they planned an upcoming, sustained paid media campaign to run a full year from October 2023-September 2024. They also planned and launched a new, dedicated HDOH Safe

Sleep Hawaii webpage at health.hawaii.gov/safesleep. The page houses safe sleep information and resources, including the Safe Sleep Guide in 11 languages and a Safe Sleep Hawaii E-Toolkit for individuals and organizations that educate parents and caregivers about safe sleep for infants.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Hawaii

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.