Hawaii State Action Plan Table 2024 Application/2022 Annual Report

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Women/Maternal Health					
Promote reproductive life planning	Promote women's wellness through systems building efforts Promote pre/inter-conception health care visits Promote reproductive life planning Promote health equity	By July 2025, increase the percentage of women ages 18 through 44 who had a preventive medical visit in the past year to 87%	NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	***Inactive -*** *ESM 1.1: Percent of births with less than 18 months spacing between birth and next conception* ESM 1.2: The number of women aged 18-44 years served through the state MCH reproductive health and wellness program.	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births NOM 4: Percent of low birth weight deliveries (<2,500 grams) NOM 5: Percent of preterm births (<37 weeks) NOM 6: Percent of early term births (37, 38 weeks) NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.2: Neonatal mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.4: Preterm-related mortality rate per 100,000 live births

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					NOM 10: Percent of women who drink alcohol in the last 3 months of pregnancy NOM 11: Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females NOM 24: Percent of women who experience postpartum depressive symptoms following a recent live birth
Perinatal/Infant Health					
Increase the rate of infants sleeping in safe conditions	Increase the awareness of the importance of Safe Sleep and provide safe sleep education through public service announcements and digital media Expand outreach to non-English-speaking families and caregivers through translation of educational materials and safe sleep messages	By July 2025, increase the percent of infants placed to sleep on their backs to 86% By July 2025, increase the percent of infants placed to sleep on a separate approved sleep surface to 23% By July 2025, increase the percent of infants placed to sleep without soft objects or loose bedding to 35%	NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding	***Inactive -*** *ESM 5.1: The number of languages in which safe sleep educational materials are available for Hawaii's communities.* ESM 5.2: The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations and individuals, on request	NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births
Reduce food insecurity for pregnant women and	Partner with agency and community programs to establish a working group that is committed to improving WIC utilization Identify key barriers to WIC benefit utilization and enrollments	By 2025, increase the total number of WIC participants in Hawaii to 30,000	SPM 2: Reduce the rate of food insecurity for pregnant women and infants through the Special		

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infants through WIC program promotion and partnerships	Develop recommendations for initiatives to pursue to improve WIC utilization		Supplemental Nutrition Program for Women, Infants and Children (WIC) services		
Child Health					
Improve the percentage of children screened early and continuously ages 0-5 years for developmental delay	Systems Development - Develop infrastructure to coordinate developmental screening efforts Family Engagement & Public Awareness Data Collection and Integration Social Determinants of Health Policy and Public Health Coordination	By July 2025, increase the percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year to 45.0%	NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year	ESM 6.1: 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	NOM 13: Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) NOM 19: Percent of children, ages 0 through 17, in excellent or very good health
Reduce the rate of confirmed child abuse and neglect cases per 1,000 with special attention to children ages 0-5 years.	Support the collaboration and integration of family strengthening and child maltreatment prevention programs and activities across federal, state, local and private programs, and organizations Provide training and technical assistance to community-based, prevention programs to strengthen families and prevent child abuse and neglect Promote health equity by addressing disparities in confirmed CAN cases	By July 2025, reduce the rate of confirmed child abuse and neglect cases per 1,000 for children to 5.2 per 1,000	SPM 1: Rate of confirmed child abuse and neglect reports per 1,000 for children ages 0 to 5 years.		
Promote child wellness visits and immunizations among young children ages 0-5 years.	Collaborate with pediatric providers Conduct public awareness campaign Build capacity for pediatric champions	By July 2025, increase the percentage of Medicaid children receiving six or more well-child visits in the first 15 months of life	SPM 5: The percentage of Medicaid children receiving six or more well-child visits in the first 15 months of life		

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Adolescent Health					
Improve the healthy development, health, safety, and well-being of adolescents	Collaboration. Develop partnerships with community health and youth service providers to promote adolescent health and annual wellness visits Engagement. Work with adolescents and youth service providers to develop and disseminate informational resources to promote access to adolescent preventive health services Workforce Development. Provide resources, training, and learning opportunities for youth service providers and community health workers to promote adolescent health and wellness visits Develop self-health resources, tools, and services for Pacific Islander teens and young adults and all other Hawaii young adults to address health disparities	By July 2025, increase the percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year to 84%	NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.	ESM 10.1: 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	NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000 NOM 16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000 NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling NOM 19: Percent of children, ages 0 through 17, in excellent or very good health NOM 20: Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) NOM 22.2: Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

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					NOM 22.3: Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine NOM 22.4: Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine NOM 22.5: Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females
Children with Special Health Care Needs					
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	Incorporate transition planning into service coordination for youth enrolled in Children and Youth with Special Health Needs Section (CYSHNS) and their families. Provide education and public awareness on transition to adult health care for children/youth with and without special health care needs, and promote the incorporation of transition into planning and practices, in collaboration with state and community partners. Develop and expand efforts to address health disparities in transition services for youth	By July 2025, increase the percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care to 27%	NPM 12: 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	ESM 12.1: 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.	NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
Cross-Cutting/Systems Building					
Address	Refine, develop and implement pediatric mental health care access model	By July 2025, provide training and	SPM 3: The number of		

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health equity and disparities by expanding pediatric mental health care access in rural and under-served communities	Promote workforce development and training on pediatric mental health care Support services and linkages in communities	support services on pediatric mental health care to 80 pediatric and/or mental health care providers in underserved communities statewide.	pediatric and/or behavioral health providers receiving training and support services on pediatric mental health care in underserved communities/counties statewide.		
Address health and digital equity by expanding access to telehealth information and services in state public libraries located in underserved communities.	Telehealth Library Access Project infrastructure development Workforce development Service provision	By July 2023, establish fifteen new telehealth access points with health and digital navigators in public libraries located in underserved communities statewide.	SPM 4: Number of new telehealth access points established with health and digital navigators in public libraries located in underserved communities statewide		