

State policies that promote health, education, and strong families can help the early development and school readiness of America's youngest citizens. This profile highlights Hawaii's policy choices alongside other data related to the well-being of young children.

### Health and Nutrition<sup>1</sup>

Hawaii maintained eligibility levels for public health insurance for children birth to age 5 at 300 percent of the federal poverty level (FPL). The public health insurance eligibility level for pregnant women remained at 185 percent FPL. Hawaii was allocated nearly \$2.4M in 2009 American Recovery and Reinvestment Act (ARRA) federal funding for statewide IDEA Part C initiatives for infants and toddlers with disabilities and developmental delays.

### Early Care and Education<sup>1</sup>

Hawaii was allocated \$6.4M in ARRA funds to supplement child care for low-income families, with \$533,000 to increase overall child care quality and \$308,000 for use in infant/toddler care quality initiatives. Hawaii does not have an infant/toddler credential for child care providers.

### Parenting and Economic Supports<sup>1</sup>

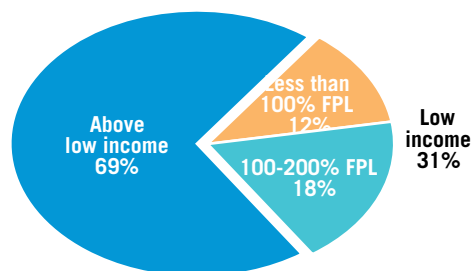
Hawaii was allocated \$49.4M in ARRA funds for Temporary Assistance for Needy Families (TANF) through FY 2010, and \$66M for the Supplemental Nutrition Assistance Program (SNAP) through FY 2013. Hawaii offers extensions from the 60-month TANF time limit to parents of young children.

Updated: March 23, 2010

Send updates on your state's profile to : [ITO@nccp.org](mailto:ITO@nccp.org)

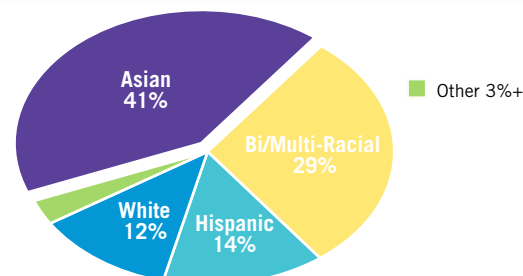
### Young children (under age 6)<sup>2</sup>: 101,675

#### Young children by income, 2008<sup>2</sup>



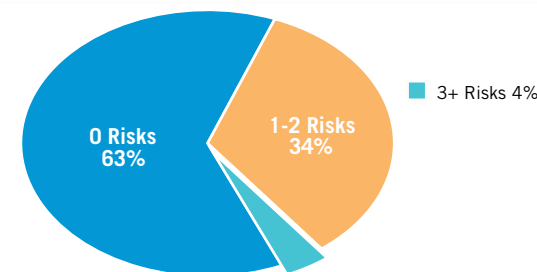
Among young low-income children, 5% live in extreme poverty (less than 50% FPL).

#### Young children by race/ethnicity, 2008<sup>2</sup>



+ "Other" represents all racial/ethnic groups with very small sample sizes

#### Exposure to multiple risk factors\* among young children, 2008<sup>3</sup>



\* Risk factors include any combination of the following: single parent, living in poverty, linguistically isolated, parents have less than a high school education, and parents have no paid employment.

## HEALTH AND NUTRITION

### State Choices to Promote Access

Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2009]<sup>4</sup>

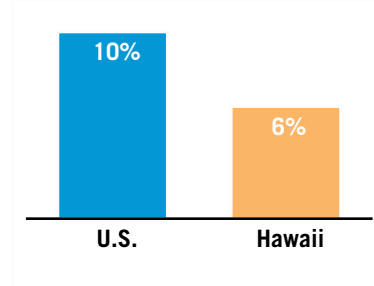
- Children <1 year  
*Set eligibility at 300% (Medicaid and CHIP)*
- Children ages 1-5 years  
*Set eligibility at 300% (Medicaid and CHIP)*
- Pregnant women  
*Set eligibility at 185%*
- Immigrant children <1 year  
*300% FPL - covers all or most legal immigrants*
- Immigrant children 1-5 years  
*300% FPL - covers all or most legal immigrants*
- Immigrant pregnant women  
*185% FPL - covers all or most legal immigrants*
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2009]<sup>4</sup>
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2009]<sup>4</sup>
- Include at-risk children in the definition of eligibility for IDEA Part C. [2009]<sup>5</sup>  
*Meets the broad eligibility standard, and meets or exceeds serving the national average of children ages 0-2 participating in Part C.*
- Do not require redetermination of eligibility for Medicaid/CHIP more than once a year [2009]<sup>4</sup>

### State Choices to Promote Quality

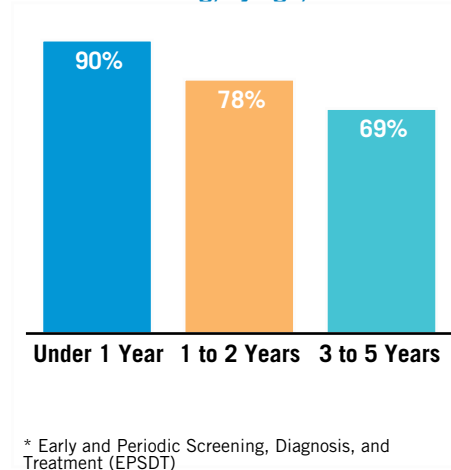
EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [FY 2008]<sup>6</sup>

- 7 Screenings for children <1 year  
*State requires 5 screens. 100% of eligible screens were completed in 2008.*
- 4 Screenings for children 1-2 years  
*State requires 4 screens. 100% of eligible screens were completed in 2008.*
- 3 Screenings for children 3-5 years  
*State requires 3 screens. 76% of eligible screens were completed in 2008.*
- Require newborn screening for hearing deficiencies. [2009]<sup>8</sup>
- Require newborn screening for the 28 metabolic deficiencies/disorders recommended by the March of Dimes. [2009]<sup>8</sup>

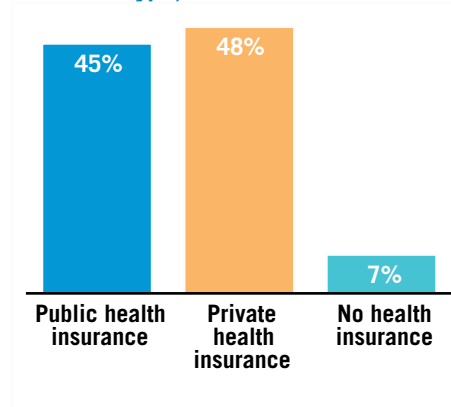
Young children who lack health insurance, 2008<sup>2</sup>



Percent of eligible children who received at least one EPSDT\* screening, by age, 2008<sup>6</sup>



Percent of low-income children with a medical home, by insurance type, 2007<sup>7</sup>



## EARLY CARE AND EDUCATION

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### State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2009]<sup>9</sup>  
*Families of three are eligible up to \$47,124, or 224% FPL. This is a decline from 233% FPL in 2008.*
- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate for two consecutive years [2009]<sup>9</sup>  
*Did not meet rate in 2008; currently reimburses at 100% for licensed center-based care, 75% for other types*
- Redetermine the eligibility for child care subsidies no more than once per year [2008]<sup>10</sup>  
*Eligibility redetermined every six months.*
- Supplement Early Head Start with state or other federal funds. [2008]<sup>11</sup>
- Fund a pre-kindergarten program and/or supplement Head Start. [2008]<sup>12</sup>

### State choices to promote quality

- Require one adult for every 10 4-year-olds, and a maximum class size of 20 in child care centers. [2007]<sup>13</sup>  
*Child care regulations require one adult for every 16 children, and the maximum class size is not regulated.*
- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2007]<sup>13</sup>  
*Child care regulations require one adult for every 6 children, and a maximum class size of 12.*
- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2009]<sup>14</sup>
- Have early learning standards or developmental guidelines for infants and toddlers. [2009]<sup>15</sup>
- Have an infant/toddler credential. [2009]<sup>16</sup>
- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]<sup>17</sup>
- Have implemented a statewide Quality Rating Improvement System (QRIS) [2009]<sup>18</sup>

## PARENTING AND ECONOMIC SUPPORTS

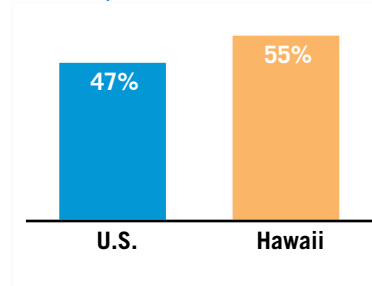
### State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2009]<sup>19</sup>
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [2008]<sup>20</sup>  
*Parent must return to work when child is 6 months; exemption limited to 2 six-month periods during lifetime*
- Reduce the TANF work requirement to 20 hours or less for single parents with children under age 6 [2008]<sup>20</sup>  
*Required to work 20 hours*
- Operate a statewide home visiting program. [2007]<sup>21</sup>

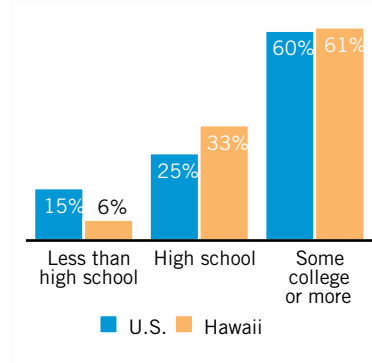
### State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage (\$7.25/hr). [2009]<sup>22</sup>  
*\$7.25*
- Exempt single-parent families of three below the poverty level from personal income tax. [2009]<sup>23</sup>  
*Up to 80%FPL*
- Offer a refundable state Earned Income Tax Credit. [2008]<sup>24</sup>
- Offer a refundable state dependent care tax credit. [2007]<sup>25</sup>
- Keep copayments for child care subsidies below 10% of family income for most families. [2008]<sup>10</sup>
- Allow families on TANF to receive some or all of their child support payment without reducing TANF cash assistance. [2009]<sup>26</sup>
- Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child under age 6. [2008]<sup>27</sup>  
*Exemption available for head of household caring for a child under 72 months of age*

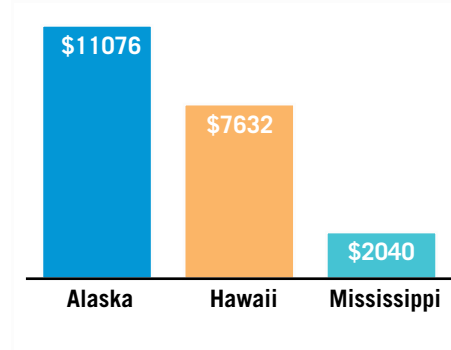
Low-income young children with a parent employed full-time, 2008<sup>2</sup>



Education levels of mothers with young children, 2008<sup>2</sup>



Maximum annual TANF benefit for a family of 3, 2008<sup>20</sup>



This profile is a product of NCCP's *Improving the Odds for Young Children* initiative. It is funded through NCCP's participation in The Birth to Five Policy Alliance, sponsored by the Buffett Early Childhood Fund. The information represents the most recent 50-state data sources and will be updated with the release of new data. See [www.nccp.org/improvingtheodds](http://www.nccp.org/improvingtheodds) for other state profiles.

## DATA NOTES AND SOURCES

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1. State Highlights are drawn from states' government and organization websites and reports. For more information, contact ITO@nccp.org.
2. State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2007, 2008, and 2009, representing information from calendar years 2006, 2007, and 2008. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2009 data, representing information from the previous calendar year.
3. National and state data were calculated from the 2008 American Community Survey.
4. Ross, Donna Cohen; Marks, Caryn. 2009. *A Foundation for Health Reform: Findings of a 50 State Survey of Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP during 2009*. Kaiser Commission on Medicaid and the Uninsured, The Henry J. Kaiser Family Foundation. <http://www.kff.org> (accessed February 28, 2010)
5. The Early Intervention Program for Infants and Toddlers with Disabilities (Part C) section of The Individuals with Disability Education Act (IDEA) provides early intervention services to children and families age 0-2yrs. Nationally, an average of 2.53% of children ages 0-2 are served.  
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS). 2008. *Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C*.
6. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. 2009. *The Annual EPSDT Report (Form CMS-416)*. [www.cms.hhs.gov/MedicaidEarlyPeriodicScrnrn/03\\_StateAgencyResponsibilities.asp](http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrnrn/03_StateAgencyResponsibilities.asp) (accessed November 18, 2009)
7. Child and Adolescent Health Measurement Initiative. *2007 National Survey of Children's Health*, Data Resource Center for Child and Adolescent Health. [www.nschdata.org](http://www.nschdata.org). (accessed February 28, 2010)
8. National Newborn Screening and Genetics Resource Center. 2009. *National Newborn Screening Status Report*. <http://genes-r-us.uthscsa.edu> (accessed October 23, 2009).
9. Schulman, Karen; Blank, Helen. 2009. *State Child Care Assistance Policies 2009: Most States Hold the Line, But Some Lose Ground in Hard Times*. National Women's Law Center. <http://www.nwlc.org> (accessed October 23, 2009).
10. U.S. Department of Health and Human Services, Administration for Children and Families. 2008. *Report of State and Territory Plans, FY 2008&mdash;2009*. <http://nccic.acf.hhs.gov> (Accessed February 24, 2009)
11. Schumacher, Rachel; DiLauro, Elizabeth. 2008. *Building on the Promise: State Initiatives to Expand Access to Early Head Start for Young Children and their Families*. Washington, DC: Center for Law and Social Policy and Zero to Three Policy Center.
12. Barnett, W. Steven; Epstein, Dale J.; Friedman, Allison H.; Boyd, Judi Stevenson; Hustedt, Jason T. 2008. *The State of Preschool 2008*. New Brunswick, NJ: National Institute for Early Education Research. <http://nieer.org>
13. National Child Care Information Center. 2008. *Child-Staff Ratios and Maximum Group Size Requirements in 2007*. <http://nccic.acf.hhs.gov> (accessed February 25, 2009).
14. ZERO TO THREE, personal e-mail (received March 5, 2009) based on information gathered as of February 9, 2009.
15. Heying, Karen. Zero to Three. October 30, 2009. Personal Communication.
16. U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau. 2009. *Child Care and Development Fund. Report of State and Territory Plans FY 2008-2009*. <http://nccic.acf.hhs.gov> (accessed February 28, 2010)
17. National Association for Regulatory Administration and the National Child Care Information and Technical Assistance Center. 2009. *The 2007 Child Care Licensing Study: Final Report*. <http://www.naralicensing.org> (accessed April 3, 2009)
18. Quality Rating Improvement Systems are a method to assess, improve, and communicate information about early childcare providers.  
U.S. Department of Health & Human Services, Administration for Children and Families, National Child Care Information and Technical Assistance Center. 2009. *QRIS Definition and Statewide Systems*. <http://nccic.acf.hhs.gov> (accessed November 16, 2009)
19. Guttmacher Institute. 2009. *State Policies in Brief: State Medicaid Family Planning Eligibility Expansions, as of October 19, 2009*. New York, NY: Guttmacher Institute. <http://www.guttmacher.org> (accessed through <http://www.statehealthfacts.org> on October 28, 2009)
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22. U.S. Department of Labor, Employment Standards Administration. 2009. *Minimum Wage Laws in the States, July 2009*. <http://www.dol.gov> (accessed October 28, 2009)
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24. State EITC Programs, TaxCreditResources.org. Community Resources Information, Inc. website. Accessed March 25, 2009 from [www.TaxCreditResources.org](http://www.TaxCreditResources.org).
25. National Women's Law Center. 2007. *State Child and Dependent Care Tax Provisions, Tax Year 2007*. Washington, DC: National Women's Law Center. <http://www.nwlc.org>
26. Vinson, Michelle; Turetsky, Vicky. 2009. *State Child Support Pass-Through Policies*. Center for Law and Social Policy. <http://www.clasp.org> (accessed November 10, 2009)
27. States can specify the conditions under which pregnant women and parents with young children can receive exemptions (time that does not count toward the benefit time limit) or extensions (additional months of assistance) of the TANF benefit time limit.  
Rowe, Gretchen; Murphy, Mary. 2009. *The Welfare Rules Databook: State Policies as of July 2008*. Tables IV.C.3 and IV.C.4. The Urban Institute. <http://anfdata.urban.org> (accessed February 28, 2010).