



**IMPLEMENTATION PLAN**

# Hawai'i Physical Activity and Nutrition Plan 2030

# INTRODUCTION

The Hawai'i Physical Activity and Nutrition (PAN) Plan 2030 Implementation Plan, or Hawai'i Social Determinants of Health Accelerator Plan (SDOH AP), presents activities that will accelerate progress and lead to the completion of the PAN Plan 2030 objectives.

The SDOH AP was created with Centers for Disease Control and Prevention (CDC) funding, titled Closing the Gap with Social Determinants of Health Accelerator Plans (DP21-2111), which supported the convening of community partners to prioritize existing and anticipated resources towards completion of the PAN Plan 2030 objectives. The statewide implementation-ready, culturally informed SDOH AP focuses on policy, systems, and environmental changes for the built environment, and food and nutrition security across the sectors of Community Design and Access, Education, Health Care, and Worksite. Ultimately, the SDOH AP provides a roadmap towards the implementation of the PAN Plan 2030 objectives, which will improve health, reduce the prevalence of chronic disease, and reduce health disparities among low-income residents, Native Hawaiian and Other Pacific Islander (NHOPI), and Filipinos through prevention efforts.

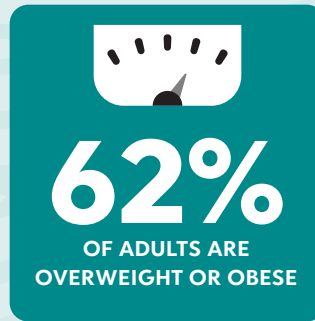


# BACKGROUND

## COMMUNITY BACKGROUND AND HEALTH ISSUES

Hawai'i is the only U.S. state that is an island archipelago. It includes six major islands that are divided into four main counties (Hawai'i, Honolulu, Kauai, and Maui). Hawai'i has no county health departments, but the State Department of Health (DOH) maintains District Health Offices in each county. Of the 1,441,553 residents, 70% reside in Honolulu County on the island of Oahu.<sup>1</sup> The four predominant ethnic groups, based on race alone or in combination, are Native Hawaiian, Japanese, Filipino, and White, with significant representation from other Asian and Pacific Islanders.<sup>2</sup> Hawai'i ranks first in the nation for multigenerational families.<sup>2</sup> Many of Hawai'i's households struggle to afford basic necessities, including housing, childcare, food, transportation, and healthcare. Recently, the United Way Asset Limited, Income Constrained, and Employed (ALICE) report found that 9% of Hawai'i households were below the Federal Poverty Level and an additional 33% of households were ALICE.

Although Hawai'i is generally seen as a "healthy state," many chronic conditions and health disparities persist across the state. In 2019, 64% of adults had one or more chronic conditions, such as diabetes, heart disease, or cancer.<sup>4,5</sup> Recent data shows that 62% of adults and 31% of high school youth are either overweight or obese.<sup>3,6</sup> Disparities in overweight/obesity are evident in most sub-populations, particularly Native Hawaiians and Other Pacific Islanders (NHOPI), and low-income households. In 2020, pre-existing inequities in the rates of chronic diseases in the NHOPI, and Filipino communities compared to other racial/ethnic communities made them disproportionately more vulnerable to severe COVID-19 symptoms leading



to hospitalization or death.<sup>7</sup>

Over the past two decades, Hawai'i has seen a significant increase in chronic disease and obesity, and environment, behavior, and lifestyle continue to

impact this trend. Just 11% of Hawai'i residents use active forms of transportation to commute to work, and only 24% of adults in the state meet national recommendations for physical activity and muscle strengthening.<sup>3,8</sup> Rates across the state are similarly low for fruit and vegetable consumption, with only 18% of adults and 14% of public high school youth meeting the nutrition guidelines for daily fruit and vegetable intake.<sup>6,9</sup> Furthermore, low-income residents continue to have less access to fresh fruits and vegetables due to the high cost and limited availability of healthy options in their communities.

## SELECTED POPULATIONS

The populations selected for Hawai'i's Social Determinants of Health Accelerator Plan (SDOH AP) are low-income individuals, NHOPI, and Filipinos. These populations were selected based on two statewide needs assessments, the 2018 State of Hawai'i Community Health Needs Assessment (CHNA) and the COVID-19 in Hawai'i, Addressing Health Equity in Diverse Population Report (AHEDP); and historical data that show these subgroups to be the most vulnerable and likely to experience health inequities.

The CHNA revealed statewide community health needs in many areas, including physical activity and built environment, and nutrition and food systems.<sup>3</sup> The report found that NHOPI had one of the highest poverty rates in the state and experienced greater health problems than other populations. The CHNA also found that Native Hawaiians

<sup>1</sup> U.S. Census Bureau, Hawaii Population Characteristics, (2019).

<sup>2</sup> HHDW. DOH. BRFSS. (2017).

<sup>3</sup> Community Health Needs Assessment. Healthcare Association of Hawaii (2020)

<sup>4</sup> United Health Foundation. America's Health Rankings Annual Report. (2017).

<sup>5</sup> HHDW.DOH.BRFSS. (2019)

<sup>6</sup> HHDW.DOH.YRBS. (2019)

<sup>7</sup> DOH (2021). COVID-19 in Hawai'i: Addressing Health Equity in Diverse Populations. Disease Outbreak Control Division: Special Report. Honolulu, Hawai'i.

<sup>8</sup> U.S. Census Bureau. 2015-2019 American Community Survey 5-Year Estimates.

<sup>9</sup> HHDW.DOH.BRFSS. (2019)

more likely to live in poverty, have the shortest life expectancy, and have higher mortality rates than the rest of the population. They have a higher prevalence of heart disease and stroke, and the highest overall cancer mortality. When actual screenings were used and not self-reporting, Native Hawaiians have nearly double the prevalence of diabetes than the general population.<sup>3</sup>

The AHEDP focused on racial and ethnic disparities and inequities in COVID-19 infections and deaths. The study found that the most vulnerable racial and ethnic groups during the pandemic were those with significant pre-existing health disparities and inequitable representation across the SDOH.<sup>7</sup> In Hawai'i, the racial and ethnic communities most adversely impacted by COVID-19 have been NHOPI and Filipinos.<sup>7</sup> NHOPI and Filipinos are more likely than other racial/ethnic groups to work and live in environments, large multigenerational households and denser neighborhoods, which increase their risk of exposure to COVID-19.<sup>7</sup> Across all racial/ethnic groups, persons with severe obesity, hypertension, diabetes, respiratory illnesses, kidney disease, and cardiovascular disease are among the most susceptible to severe symptoms and hospitalization due to COVID-19.<sup>10</sup> NHOPI and Filipinos have higher rates of these chronic diseases than any other racial/ethnic group in Hawai'i. 43% of adult NHOPI have obesity compared to 25% of the overall state population.<sup>2,8</sup> Native Hawaiians and Filipinos have the highest rates of chronic kidney disease compared to other racial/ethnic groups in Hawai'i.<sup>11</sup> Additionally, their rates of diabetes, asthma, and cardiovascular disease are considerably higher than any other racial/ethnic group in Hawai'i.<sup>2,11</sup>



<sup>10</sup> Moazzami, B., et al., Metabolic Risk Factors and risk of Covid-19: A Systematic review and meta-analysis. PLoS One, 2020. 15(12): p.E0234600

<sup>11</sup> Kataoka-Yahiro, M.R., et al., Racial/Ethnic Differences in early Detection and Screening for Chronic Disease Among Adults in Hawai'i: A 10-Year Population Health Study. Prev Chronic Dis, 2020. 17: p.E84.

# APPROACH



## SDOH PRIORITY AREAS

Hawai'i's SDOH AP focused on health equity and the social determinants of health, recognizing that conditions where people live, learn, work, and play are major contributing factors for health risks and outcomes. The SDOH AP prioritizes the Built Environment, and Food and Nutrition Security, which were chosen based on the following state data:

- Only 11% of Hawai'i's residents use active forms of transportation, such as walking and public transit, to commute to work.<sup>8</sup>
- Hawai'i has a 61% higher food cost than the rest of the country.
- 48% of families report experiencing food insecurity.<sup>3</sup>
- Only 20% of adults and 14% of public high school youth meet federal nutrition guidelines for daily fruit and vegetable consumption.<sup>5,6</sup>
- Obesity is disproportionately concentrated in the Native Hawaiian (44%) and Other Pacific Islander (42%) populations.
- More than 75% of adults do not meet the recommended guideline for physical activity.<sup>5</sup>
- 85% of Hawai'i's high school students and 80% of middle school students do not get the recommended amount of physical activity for youth.<sup>6</sup>

The SDOH AP focuses on policy, systems, and environmental change, and integrates current data, best practices, and the principles of the Social Ecological Model. The objectives are categorized into five sectors (Community Design and Access: Nutrition; Community Design and Access: Physical Activity; Education; Health Care; and Worksite), and reflect one or more of the following cross-cutting themes: Epidemiology, Surveillance, and Evaluation; Quality of Life; Community Clinical Linkages; Health Equity; Public Education and Communications; and Coordination.

With the contribution of experts and representatives from many sectors, evidence-based research was referenced to develop strategies that promote sustainable, long-term changes specifically related to the built environment and food and nutrition security. Activities include changing ordinances at the state and local level, improving policies within organizations, and providing more opportunities for healthy choices at the individual level. The following are examples of evidence-based strategies integrated in the SDOH AP:

1. Using an evidence-based social media messaging campaign toolkit in development of a statewide Sugar-Sweetened Beverage counter-marketing campaign
2. Establishing Medicaid coverage for produce prescription programs
3. Developing culturally relevant food bank/pantry guidelines that are based on the Supporting Wellness at Pantries spotlight nutrition system and the Healthy Eating Research Nutrition Guidelines
4. Promoting the adoption of National Physical Education Standards in schools.
5. Increasing Safe Routes to School and Safe Routes to Parks programs and projects

## RESPONSIBLE PARTIES

- CDPHPD continues to lead the ongoing implementation and promotion of the SDOH AP. Together with SEEO, CDPHPD will have primary responsibility for data collection, management, and reporting. They will also convene partners, and provide technical assistance and guidance when necessary.
- Partners identified as “champions” of each objective will spearhead the selected activities and contribute resources when possible.
- The LT and the Sector Area Workgroups will work collaboratively to accomplish activities and meet the SDOH AP and PAN Plan 2030 goals. These groups will meet regularly, coordinate efforts, and share data on the performance measures and long-term goals.

## OUTCOME OBJECTIVES AND ACTIVITIES

The broad outcomes of the SDOH AP are twofold: improve food and nutrition security and access to healthier foods; and, through the implementation of master plans and land use interventions, increase physical activity by connecting sidewalks, paths, bicycle routes, and public transit with homes, early care and education settings, schools, worksites, parks, or recreation centers. To achieve these goals, the SDOH AP includes nineteen Outcome Objectives with corresponding activities. The activities, responsible parties, and completion dates for each objective are described in the table below. The total budget of \$3,595,000 is the approximate cost for implementing the strategies and activities through the year 2025.



## SDOH AP WORK PLAN AND BUDGET



### Community Design and Access Sector Objectives

**GOAL** >> All of Hawai'i's people will live in communities that have access to healthy food choices and physical activity opportunities, and minimal exposure to unhealthy options through policy, programs, communications, and environmental supports.

OBJECTIVE

BASELINE: 62 TARGET: 93

PHYSICAL ACTIVITY AND NUTRITION-01

**Increase by 50%, the number of food outlets that participate in a statewide healthy food incentive program(s).**

Performance Measures: secured funding for program; # institutions trained on Produce Rx; % of food procured by government; and # of farmers' markets with technology to accept SNAP,WIC, EBT.

Champions: American Heart Association (AHA); Hawai'i Public Health Institute (HIPHI); Kokua Kalihi Valley Comprehensive (KKV); Maui Nui Food Alliance (MNFA)

Proposed Budget: \$1,000,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Secure long-term funding for Hawai'i's DA BUX program (\$500,000)	AHA; HIPHI; The Food Basket	2024
2. Provide technical assistance to support the implementation of Produce Prescription Programs (\$50,000)	KKV; UH Department of Human Nutrition, Food and Animal Sciences	2023
3. Implement Local Institutional Purchasing Hui Oahu Good Food Purchasing Program (Act 175,176) in schools and hospitals (\$350,000)	Department of Education (DOE); Department of Health (DOH); Department of Public Safety (DPS); Department of Defense (DOD); University of Hawai'i (UH)	Ongoing
4. Implement Local Institutional Purchasing Hui Oahu Good Food Purchasing Program (Act 175,176) in schools and hospitals (\$350,000)	MNFA; DOH; DOH, Women, Infants and Children (WIC)	2024

**Enact at least two statewide policies to increase access to healthy food and/or decrease access to unhealthy food/beverages.**

Performance Measures: # of certified restaurants; # of partners; changes in knowledge of SSBs; assessment of garden-based education; and a robust waiver application.

Champions: AHA; HIPHI/Obesity Prevention Task Force (OPTF); MNFA

Proposed Budget: \$50,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Implement Healthy by Default policy across all counties (\$20,000)	DOH	2023-2024
2. Support DOH SSB counter-marketing campaign	AHA; HIPHI	2023
3. Educate networks on need to reduce SSB consumption and the health risks associated with consumption (\$5,000)	HIPHI; DOH; AHA	2025
4. Support School Garden Coordinator to enhance nutritious food options in schools (\$10,000)	DOE; HIPHI; DOH	2025
5. Support the establishment of Medicaid coverage for Produce Prescription Programs (\$15,000)	AlohaCare; Anti-Hunger Coalition	2025





**Establish and sustain a funded Food Access Coordinator in each county to facilitate an active coalition.**

Performance Measures: outcome harvesting conducted in each county to evaluate impact of the FAC position and action plan; completed needs assessment.

Champions: HIPHI; Malama Kaua'i; MNFA; All Counties

Proposed Budget: \$500,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Food access coalitions will create and implement county level action plans aimed at increasing access to and consumption of healthy food	DOH; Non-profit county agencies that house Food Access Coordinators (e.g., HIPHI, City and County, Malama Kaua'i)	2024
2. Secure county funding to support the activities of the coordinator and food access coalition (\$500,000)	Non-profit county agencies that house Food Access Coordinators (e.g., HIPHI, City and County, Malama Kaua'i)	2025
3. Conduct a needs assessment	Non-profit county agencies that house Food Access Coordinators (e.g., HIPHI, City and County, Malama Kaua'i); Evaluator	2023



**Establish and sustain a funded, statewide Breastfeeding Coordinator to facilitate efforts supportive of breastfeeding exclusivity and duration.**

Performance Measures: sustained funding for BC position; scope and position description completed; and gaps identified and BC established.

Champions: HIPHI; Department of Health (DOH)

Proposed Budget: \$105,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Assess statewide resources and capacity to fund and establish state-level breastfeeding coordinator position (\$35,000)	DOH; HIPHI; Statewide Breastfeeding Workgroup; Breastfeeding Hawai'i	2023-2025
2. Develop scope and position description to include knowledge of indigenous cultures and breastfeeding support needs (\$35,000)	DOH; HIPHI; Statewide Breastfeeding Workgroup; Breastfeeding Hawai'i; Hawai'i Indigenous Breastfeeding Collaborative; Papa Ola Lokahi	2023-2024
3. Identify gaps and strategically integrate the breastfeeding coordinator in a way that bridges these gaps (\$35,000)	DOH; HIPHI; Statewide Breastfeeding Workgroup; Lactation Access Transforming Communities in Hawai'i (LATCH)	2023-2024



**Develop guidelines to promote healthy food donations and purchase of healthy food to be adopted by 100% of Hawai'i food banks.**

Performance Measures: workgroup convened and guidelines developed; toolkit developed; # of guidelines distributed.

Champions: HIPHI; DOH; AHA; MNFA

Proposed Budget: \$70,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Convene a work group, with representation from Hawai'i's foodbank network, to develop guidelines for healthy food donations	DOH; HIPHI	2023
2. Develop Healthy Food Bank Guidelines toolkit for Healthy Keiki Pantry (\$60,000)	HIPHI, Healthy Eating Active Living (HEAL) Coalition Coordinators	2024
3. Distribute Healthy Food in Hawai'i: Guidelines for Food Banks, Pantries, Schools and Communities (\$10,000)	HIPHI; AHA; MNFA	2024



**Increase by 50 miles, the total miles of low-stress pedestrian infrastructure including, but not limited to, sidewalks and trails.**

Performance Measures: # of SRTS and SRTP projects; policies to promote canopy cover; county-specific tree management plans identified and updated; and tacking mechanism/dashboard developed.

Champions: City & County of Honolulu; Department of Land and Natural Resources (DLNR), Urban & Community Forestry

Proposed Budget: \$200,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Increase Safe Routes to Schools (SRTS) and Safe Routes to Parks (SRTP) programs and projects (\$100,000)	DOH; HIPHI; AlohaCare (SRTS Working Group)	2023-2025
2. Develop policies to create environments where trees can thrive, increasing and preserving canopy cover on high volume pedestrian corridors and trails	DOH; DLNR; National Park Service (NPS)	2024
3. Identify and update county-specific tree management plans	DLNR	2023-2025
4. Provide accountability and evaluate Complete Streets and VZ implementation of EIS/EA applications and other project proposals (\$100,000)	DOH; HIPHI; AlohaCare (SRTS Working Group)	2025
5. Establish a pipeline of projects from the pedestrian master plans, add to the TIP, STIP and complete necessary planning and environmental reviews for a few projects each year	Metropolitan Planning Organizations (MPOs); Department of Public Works; Planning Department; Department of Transportation	2025

OBJECTIVE

BASELINE: 0 TARGET: 100

PHYSICAL ACTIVITY AND NUTRITION-07

**Increase by 100 miles, the total miles of low-stress bicycle infrastructure including, but not limited to, protected bike lanes and off-street paths.**

Performance Measures: # of SRTS and SRTP projects; policies to promote canopy cover; county-specific tree management plans identified and updated; and tacking mechanism/dashboard developed.

Champions: City & County of Honolulu; Department of Land and Natural Resources (DNLR), Urban & Community Forestry

Proposed Budget: \$200,000

*Activities, Responsible Parties, and Completion Dates same as Objective 6.*

	BASELINE	TARGET
State	0	1
County	0	4

OBJECTIVE

PHYSICAL ACTIVITY AND NUTRITION-08

**The state and each county will identify and adopt mode-share goals and measurements that prioritize walking and wheelchairs, bicycling, and transit use.**

Performance Measures: tracking data developed and collected; # of workshops and technical assistance provided; and existence of TDM plans.

Champions: Hawai'i State Energy Office (HSEO); Ulupono Initiative; DOH

Proposed Budget: \$100,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Develop more inclusive and comprehensive metrics for measuring active transportation beyond work and school commutes	DOH; MPOs; HSEO	2022-2025
2. Conduct statewide and county-specific TA and workshops on mode share transportation management (\$100,000)	DOH; HSEO; HIPHI; O'ahu MPO	2022-2025
3. Develop context-appropriate county-level Transportation Demand Management Plans to establish goals and baselines	All Counties	2025

**Increase by 10%, the proportion of existing urbanized land that is zoned to support walkable communities.**

Performance Measures: existence of campaign and reach of campaign; parking policy reforms adopted: planning event held and # of attendees.

Champions: Ulupono Initiative; AlohaCare

Proposed Budget: \$200,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Develop a communications campaign to promote Equitable Transit Oriented Development (ETOD), town centers, mixed-use development, and up zoning for new development and zoning updates (\$200,000)	AlohaCare; HIPHI	2025
2. Adopt parking policy reforms to reduce parking oversupply, unbundle residential parking, reduce or eliminate parking minimums, shift costs	Ulupono Initiative; AARP	2025
3. Convene stakeholders at Hawai'i Congress of Planning Officials to bring planners together and discuss zoning	Planning Department; AlohaCare; DOH	Annually





## Education Sector Objectives

**GOAL** >> All of Hawai'i's educational settings will promote healthy eating and daily physical activity, through programs, policies, environmental supports, and professional development opportunities.

	BASELINE	TARGET
Health Education courses	0	1
Physical Education courses	0	1

OBJECTIVE

PHYSICAL ACTIVITY AND NUTRITION-10

**Adopt at least one policy to require annual courses in Health Education and Physical Education from grades K-8, in the Department of Education, that are aligned with national recommendations for instructional time and teacher licensing.**

Performance Measures: National PE Standards reviewed and prepared; Wellness Guidelines updated.

Champions: Department of Education (DOE), Office of Curriculum and Instructional Design (OCID); DOH

Proposed Budget: \$80,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Review and prepare National PE Standards for adoption (\$50,000)	Department of Education (DOE), Office of Curriculum and Instructional Design (OCID)	2024-2027
2. Investigate the development of an advertisement/education campaign about the importance of PE and Health Education and that targets parents and families	DOE; DOH; AHA	2023
3. Update Wellness Guidelines to incorporate Safe Routes to School and Farm to School initiatives (\$50,000)	DOE School Food Services Branch (SFSB); DOH; State Wellness Committee; HIPHI	2025



**Develop a system to monitor and support implementation of the Early Childhood Care and Education Wellness Guidelines.**

Performance Measures: # of stakeholders and diverse representation of organizations; policy requiring monitoring and implementation of ECE Wellness Guidelines.

Champions: DOH; AHA

Proposed Budget: \$175,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Convene both public and private early learning community stakeholders to determine barriers to implementation of Hawai'i's Early Childhood Care and Education (ECE) Wellness Guidelines (\$100,000)	DOH; Early Childhood Action Strategy (ECAS)	2023
2. Create an action plan to identify strategies and leads/stakeholders of those strategies (\$50,000)	DOH; Early Childhood Action Strategy (ECAS)	2023
3. Establish a policy to require monitoring and implementation of ECE Wellness Guidelines (\$25,000)	AHA	2025





**50% of public non-charter schools participating in the Safety and Wellness Survey will meet at least 90% of the wellness guidelines.**

Performance Measures: updated guidelines; toolkit for schools; and training and technical assistance completed.

Champions: DOH; DOE SFSB; HIPHI; Farm to School Hui

Proposed Budget: \$150,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Update Wellness Guidelines (\$25,000)	DOH; DOE; HIPHI, Farm to School Hui	2024
2. Create a toolkit to share with all participating public schools that highlights resources for the four lowest scoring Wellness Guidelines (\$50,000)	DOH; DOE; HIPHI, Farm to School Hui	2024
3. Develop and implement targeted training and technical assistance for Wellness Guidelines (\$75,000)	DOH; DOE; HIPHI, Farm to School Hui	2025



**Establish and sustain a funded statewide Food Systems Education Coordinator position to support ‘āina-based education, which promotes healthy eating in preschool through grade 12 (P-12) education settings.**

Performance Measures: position description developed; funding secured and sustained.

Champions: HIPHI; Farm to School Hui; DOH; DOE

Proposed Budget: \$85,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Develop scope and position description to include knowledge of ‘āina-based education	HIPHI, Farm to School Hui	2023
2. Support policy and legislation to establish and fund the Food Systems Education Coordinator	HIPHI, Farm to School Hui	2024
3. Sustain funding for the School Garden Coordinator (\$85,000)	DOE; HIPHI, Farm to School Hui	2025





## Health Care Sector Objectives

**GOAL** >> All of Hawai'i's health care systems will promote health equity and maximize utilization of prevention by improving coverage, health information technology, programs, practices, and guidelines.

OBJECTIVE

BASELINE: Pending TARGET: Increase by 5%

PHYSICAL ACTIVITY AND NUTRITION-14

**Increase by 5%, the number of people enrolled in nutrition and physical activity programs that are offered by health system payers.**

Performance Measures: method identified to measure # of individuals enrolled; and increase in referrals to program.

Champions: HIPHI; DOH; AlohaCare

Proposed Budget: \$150,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Expand coverage for and increase enrollment in Diabetes Prevention Programs (DPPs) or evidence-based DPP-like programs (e.g., Pili 'Ohana Department of Native Hawaiian Health, bike, park, and/or produce prescriptions) (\$75,000)	HIPHI; DOH; AlohaCare; Hawaii Primary Care Association (HPCA)	2025
2. Work with providers, health system payers, and worksites to increase awareness of and referrals to covered DPPs (\$75,000)	HIPHI; DOH; AlohaCare; (HPCA)	2024



**Implement a Hawai'i-specific hospital recognition program to incentivize promotion of exclusive breastfeeding through adoption of best practices that 100% of maternity care hospitals will participate in.**

Performance Measures: hospital recognition work group convened and target hospitals identified; completed evaluation of the impact of hospital recognition program.

Champions: DOH; HIPHI; Hawai'i Maternal Infant Health Collaborative; Breastfeeding Hawai'i

Proposed Budget: \$85,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Convene a Hawai'i hospital recognition program work group to develop a statewide maternity care hospital recognition program which incentivizes the adoption of policies and standards to support exclusive breastfeeding (\$42,500)	DOH; HIPHI; Hawai'i Maternal Infant Health Collaborative; Breastfeeding Hawai'i	2024
2. Administer and evaluate the statewide maternity care hospital recognition program (\$42,500)	DOH; HIPHI; Hawai'i Maternal Infant Health Collaborative; Breastfeeding Hawai'i	2025



**Establish comprehensive coverage for lactation consultation services and lactation supplies by all health insurance companies in the State of Hawai'i.**

Performance Measures: inventory completed; sunrise study conducted; and # of new CHWs/doulas and NH health care providers offering lactation care.

Champions: Lactation Access Transforming Communities in Hawai'i (LATCH)

Proposed Budget: \$85,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Take an inventory of lactation support services that are currently covered by health insurance companies (\$15,000)	ECAS; Hawai'i Association of Health Plans	2024
2. Conduct a sunrise study to assess the needed structural changes (\$30,000)	Auditor's Office; Breastfeeding Coalition	2025
3. Incorporate CHWs, doulas, Native Hawaiian health care providers into lactation care (e.g., FQHCs and CHCs) (\$40,000)	FQHCs; Hawai'i Association of Health Plans	2025





## Worksite Sector Objectives

**GOAL** >> All of Hawai'i's worksites will create a culture of wellness through supportive programs and policies that promote breastfeeding, healthy food and beverage choices, and physical activity and active commuter opportunities.

OBJECTIVE

BASELINE: 0 TARGET: 2

PHYSICAL ACTIVITY AND NUTRITION-17

**Establish at least two statewide policies designed to increase physical activity and/or healthy food options in government worksites.**

Performance Measures: policy for worksite physical activity; policy for paid family leave; and WSW position established.

Champions: DOH

Proposed Budget: \$150,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Establish a comprehensive worksite physical activity policy (\$25,000)	DOH	2024
2. Establish a paid family leave policy (\$25,000)	DOH; ECAS; HIPHI	2025
3. Establish and sustain a WSW position at the Department of Health (\$100,000)	DOH	2025



**Establish at least one statewide policy that supports breastfeeding exclusivity and duration.**

Performance Measures: new provision of coverage for breastfeeding pump; workplace provision of lactation consultation reviewed; and breastfeeding coordinator established.

Champions: DOH; Breastfeeding Hawai'i

Proposed Budget: \$125,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Establish provision of breastfeeding pump as a benefit from health insurance companies that are not already compliant with ACA (\$25,000.00)	HI CalMED; Breastfeeding Hawai'i	2024
2. Explore provision of workplace lactation consultation benefits	DOH; HIPHI; Breastfeeding Hawai'i	2024
3. Establish breastfeeding coordinator position at DOH to provide expertise and coordination across all sectors (\$100,000)	DOH	2025





OBJECTIVE

PHYSICAL ACTIVITY AND NUTRITION-19

ASTHMA-11 • CANCER-13 • DIABETES-07  
HEART DISEASE AND STROKE-09 • TOBACCO-12

**Implement a statewide, comprehensive worksite wellness recognition program that at least 10 very small-, 15 small-, 10 medium-, and 5 large-employers will participate in.**

**BASELINE:**  
**very small = 0      medium = 0**  
**small = 0            large = 0**

**TARGET:**  
**very small = 10      medium = 10**  
**small = 15            large = 5**

Performance Measures: advisory group convened; recognition program piloted; and infrastructure developed.

Champions: HIPHI/Healthy Eating Active Living (HEAL) Coalitions; DOH

Proposed Budget: \$85,000

ACTIVITIES	RESPONSIBLE PARTIES	COMPLETED BY
1. Convene an advisory group to develop a Hawai'i specific, comprehensive WSW recognition program that will include all aspects of health	HIPHI; AlohaCare; HMSA; Kaiser; UHA; DOH	2024
2. Pilot recognition program with a group of diverse employers (\$40,000)	HIPHI; AlohaCare; HMSA; Kaiser; UHA; DOH	2025
3. Establish infrastructure for program at the DOH, statewide (\$45,000)	DOH	2025





# EVALUATION PLAN

The evaluation plan includes an ongoing review of the performance measures for each objective (Table 2), and a long-term assessment of physical activity and nutrition improvements in the SDOH AP priority populations and state residents.

The following long-term measures were chosen to evaluate the SDOH AP impact:

HIGH LEVEL MEASURES		BASELINE	TARGET
Physical Activity (PA)	<b>Adults Reporting Health Status as 'Good', 'Very Good', or 'Excellent.'</b> (BRFSS, 2020)	89.9%	97.8%
	<b>Healthy Body Weight (BMI 18.5 - 25.0)</b>		
	<i>Adults</i> (BRFSS,2020)	39.2%	43.1%
	<i>High School students</i> (YRBS, 2019)	69.2%	76.8%
	<b>Met Aerobic PA Guidelines</b>		
	<i>Adults (150 minutes per week)</i> (BRFSS, 2019)	56.0%	62.2%
	<i>High School students (60 minutes per day)</i> (YRBS, 2019)	17.1%	30.6%
	<i>Middle School students (60 minutes per day)</i> (YRBS, 2019)	24.0%	26.6%
	<b>Met Muscle Strengthening PA Guidelines</b>		
	<i>Adults (2 or more days per week)</i> (BRFSS, 2017 2019)	37.9%	42.1%
	<i>High School students (3 or more days per week)</i> (YRBS, 2019)	40.4%	56.1%
	<i>Middle School students (3 or more days per week)</i> (YRBS, 2019)	44.0%	48.8%
Nutrition	<b>Fruit and Vegetable Consumption (5 or more servings per day)</b>		
	<i>Adults</i> (BRFSS, 2019)	17.5%	19.4%
	<i>High School students</i> (YRBS, 2019)	13.9%	15.4%
	<b>Drink Soda (Non-Diet) at Least Once/Day</b>		
	<i>Adults</i> (BRFSS, 2020)	11.4%	10.3%
	<i>High School students</i> (YRBS, 2019)	10.6%	9.4%

HIGH LEVEL MEASURES		BASELINE	TARGET
<b>Nutrition</b> <i>continued</i>	<b>SSB Consumption</b>		
	Children who drink SSBs (based on new BRFSS questions)	pending	pending
	<b>Breastfeeding</b>		
	<i>Infants breastfed exclusively through 6 months</i> (NIS, 2018)	36.6%	41.0%
	<i>Infants breastfed exclusively through 3 months</i> (NIS, 2018)	59.2%	66.3%
	<i>Infants ever breastfed</i> (NIS, 2018)	94.6%	100%
	<i>Infants still breastfeeding at 8 weeks</i> (PRAMS, 2019)	81.1%	90.0%

CDPHPD will utilize the expertise of its Surveillance, Evaluation, and Epidemiology Office (SEEO) for evaluation assistance, data management, and reporting requirements. The SDOH AP is seen as a living document, and changes goals and objectives will be made based on information gathered from the evaluation process and implementation of the SDOH AP activities.



# DATA INTEGRATION

Partners involved in the development and implementation of the plan committed to assisting with data collection and review. Data collection and monitoring for both SDOH AP and the PAN Plan 2030 is coordinated, compiled, and updated via conversations and meetings with partners. A “PAN Plan 2030 tracker” was developed and provided quick snapshots of progress towards the SDOH AP’s goals and objectives.

## Data Sources by Objective

- Obj. 1: Hawaii Food Basket DA BUX program data; Department of Health Primary Prevention Branch (PPB)
- Obj. 2: Obesity Prevention Task Force; PPB
- Obj. 3: PPB, Hawai'i Public Health Institute (HIPHI), Honolulu City and County, Mālama Kaua'i, Waianae Coast Comprehensive Health Center, and Hawaii County
- Obj. 4: CDC's Maternity Practices in Infant Nutrition and Care; PPB
- Obj. 5: Hawaii Food Bank Network
- Obj. 6 and 7: County data; Department of Transportation; Department of Land and Natural Resources; PPB
- Obj. 8: State and Counties
- Obj. 9: Counties; Hawaii Statewide GIS Program; Office of Planning; PPB
- Obj. 10: Hawaii Board of Education and Department of Education; PPB
- Obj. 11: Centers for Disease Control and Prevention ECE Licensing Scorecard; Achieving a State of Healthy Weight; State of Childhood Obesity: A Project of the Robert Wood Johnson Foundation
- Obj. 12: Annual SAWS/SEEO/DOE
- Obj. 13: PPB
- Obj. 14: Department of Commerce and Consumer Affairs (DCCA); PPB
- Obj. 15: PPB, HIPHI, Early Childhood Action Strategy (ECAS)
- Obj. 16: Reimbursement Workgroup; PPB
- Obj. 17: PPB, ECAS
- Obj. 18: PPB, HIPHI, ECAS
- Obj. 19: Chamber of Commerce Hawaii Member Directory; Hawaii Business Express Directory; PPB

# SUSTAINABILITY/ FUNDING

To sustain and increase community support of the SDOH AP, public promotion and educational activities will be conducted to raise awareness of the plan's progress and impact. Many of the plan's objectives integrate existing funding streams or support legislative changes that will provide on-going resources. For objectives that have funding gaps, CDPHPD will work with partners to identify and develop long-term strategies to meet these funding needs.



# ADDITIONAL INFORMATION

The Hawai'i Physical Activity and Nutrition Plan 2030 works in coordination with other chronic disease prevention and management plans in the state, specifically the following:

- Healthy Hawai'i Strategic Plan 2030
- Hawai'i Asthma Plan 2030
- Hawai'i Cancer Plan 2030
- Hawai'i Diabetes Plan 2030
- Hawai'i Heart Disease and Stroke Plan 2030
- Hawai'i Tobacco Prevention and Control Plan 2030





David Ige, *Governor of Hawai'i*  
Elizabeth A. Char, M.D., *Director of Health*

**For more information contact:**

Hawai'i State Department of Health  
Chronic Disease Prevention and Health Promotion Division  
1250 Punchbowl St. Room 422  
Honolulu, Hawai'i 96813  
PHONE: (808) 586-4488

The PAN Plan 2030 can be accessed, downloaded, and interacted with  
at the following website: [www.HHSP.hawaii.gov](http://www.HHSP.hawaii.gov)

**Non Discrimination in Services**

We provide access to our programs and activities without regard to race, color, national origin, language, age, sex, religion, or disability. Write or call the Chronic Disease Prevention and Health Promotion Division or our Affirmative Action Officer at P.O. Box 3378, Honolulu Hawai'i 96801-3378 or (808) 586-4110 (voice/TTY) within 180 days of a discrimination incident.

