Hawaiʻi Tobacco Prevention and Control Plan 2030

Aloha kākou,

The Hawaiʻi State Department of Health, the Tobacco Prevention and Control Trust Fund Advisory Board, and the Coalition for a Tobacco-Free Hawaiʻi are pleased to present the Hawaiʻi Tobacco Prevention and Control Plan 2030 (TPC Plan 2030). This plan is the result of the input and collaboration of many organizations and individuals, and the plan's primary focus continues to be Hawaiʻi's priority populations who are at greatest risk.

Tobacco use remains the leading cause of preventable death and disease in Hawaiʻi despite decades of policies, systems, and environmental change. Low prevalence rates among the general population conceal the fact that smoking continues to disproportionately affect populations and community groups by race and ethnicity, income and education, behavioral health disorders, sexual orientation and gender identity, and youth vulnerability.

Building on a framework of achieving health equity, the TPC Plan 2030 presents bold objectives and recommendations for strategies, outputs, and targeted outcome indicators. The priorities of the plan are to expand population-based approaches that augment social norms and behaviors that reduce tobacco use and secondhand smoke exposure; cultivate and strengthen partnerships to foster innovative, culturally-appropriate solutions with entities who know and serve communities disproportionately burdened by tobacco use; and mobilize partners to reverse the rapid onset of youth and young adult use of e-cigarettes and other emerging tobacco products.

We thank all our partners for their valuable contributions and invite new partners to join us in focusing on the shared goals of this plan to ultimately achieve tobacco-free living in Hawaiʻi.

ʻAʻohe Hana Nui Ke Alu ʻIa
No task is too big when done together by all

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The TPC Plan can be accessed, downloaded, and interacted with at the following website: **www.HHSP.hawaii.gov**

Table of Contents

The Tobacco Prevention and Control Plan represents the collaboration of many individuals and organizations who generously offered their valuable input, expertise and guidance. We appreciate the hard work and commitment by all the numerous community and state partners who contributed to the creation of this plan. For a full list of partners, contributors, and participants, please see page 41.

INTRODUCTION

Since the *2016–2020 Tobacco Use Prevention and Control in Hawai'i Five-year Strategic Plan*, there have been significant changes in the state's tobacco prevention and control landscape. Combustible tobacco prevalence and youth initiation rates declined, quit attempts increased, and influences of cigarette marketing on youth decreased.

Hawai'i has among the highest cigarette excise tax and rate of retail compliance to laws prohibiting underage tobacco sales in the nation. Numerous legislative actions around secondhand smoke protection, youth access to tobacco, and limitations on the age of sale and use of tobacco products, including e-cigarettes, have been enacted.

Despite these advances, tobacco use remains the leading cause of preventable disease and death in Hawai'i. The state's current adult smoking prevalence is 13% and is far higher than the Healthy People 2030 target of 5%.[1,2] Smoking continues to disproportionately affect Hawai'i's vulnerable populations and community groups by race and ethnicity, income and education, mental health and substance use, and lesbian, gay, bisexual, and transgender (LGBT) orientation.[1] The rapid rise in youth use of e-cigarettes and other novel products has accelerated to epidemic proportions, threatening the cumulative efforts to protect the next generation from the deadly effects of nicotine addiction. More work is needed to promote tobacco prevention

for youth and young adults and to assure that populations with higher levels of tobacco use have access to cessation programs and services. Therefore, a major focus of the TPC Plan 2030 is tobacco control for the priority and most vulnerable communities, including youth and young adults.

IN HAWAI'I, ABOUT **13% OF ADULTS** AND **5% OF HIGH SCHOOL YOUTH** CURRENTLY SMOKE CIGARETTES.

1,400
ADULTS DIE FROM SMOKING EACH YEAR

31%
of Hawai'i's public high school students use e-cigarettes

VISION

A Hawai'i free from tobacco use, nicotine addiction, and exposure to secondhand smoke.

GOALS

The tobacco prevention and control community of Hawai'i adopted the four main goals developed by the Centers for Disease Control and Prevention (CDC) to guide comprehensive tobacco control programs:[3]

» **Goal 1:** Identify and eliminate tobacco-related disparities among population groups.

» **Goal 2:** Prevent the initiation of tobacco use among youth and young adults.

» **Goal 3:** Promote quitting among adults and youth.

» **Goal 4:** Eliminate the exposure to tobacco smoke to all populations.

1 Disparities

2 Prevention

3 Cessation

4 Secondhand Smoke

HEALTHY PEOPLE 2030 TOBACCO KEY AREAS

The National Healthy People 2030 framework sets data-driven national objectives to improve the country's health and well-being over the next decade. The Healthy People 2030 Tobacco Control Goal is to reduce illness, disability, and death related to tobacco use and secondhand smoke. The TPC Plan 2030 adheres to the objectives organized into six key areas:

» **Tobacco Use-General:** Reducing prevalence, increasing tobacco cessation and access to services, and expansion of smoke-free environments.

» **Adolescents:** Reducing prevalence of cigarette, cigar, e-cigarette, and flavored tobacco product use, and elimination of smoking initiation, exposure to secondhand smoke, and tobacco marketing.

» **Cancer:** Reducing lung cancer death rate due to tobacco use.

» **Health Care:** Increasing proportion of adults who get advice about quitting smoking and increasing use of smoking cessation counseling and medication among adults who smoke.

» **Health Policy:** Elimination of policies that preempt local tobacco control policies, increasing taxes on cigarettes, increasing the legal age of sale of tobacco products, and increasing policies for smoke-free multi-unit housing.

» **Pregnancy and Childbirth:** Increasing successful quit attempts or abstinence among pregnant women.

ABOUT THE HAWAI'I TOBACCO PREVENTION AND CONTROL PLAN 2030

Purpose of the Plan

The TPC Plan 2030 provides guidance for tobacco prevention, education, and cessation program development through program implementation, legislative action, and community empowerment. The plan presents a comprehensive, tobacco control approach representing a coordinated effort between public, private, and non-profit organizations, tobacco control specialists, public health advocates, policy makers, and representative communities throughout Hawai'i.

As tobacco is a risk factor for many chronic illnesses, including heart disease, cancer, and diabetes, the TPC Plan 2030 remains closely aligned with the activities of other state chronic disease prevention and management plans, including the Healthy Hawai'i Strategic Plan 2030, the Hawai'i Asthma Plan 2030, the Hawai'i Cancer Plan 2030, the Hawai'i Diabetes Plan 2030, The Hawai'i Heart Disease and Stroke Plan 2030 and the Hawai'i Physical Activity and Nutrition Plan 2030.

Recognizing the disproportionate impact that tobacco has on certain communities, the TPC Plan 2030 expands efforts that incorporate fundamental principles of health equity.[4]

END GAME

- Be community centered
- Align with Healthy Hawai'i Strategic Plan
- Focus on health equity
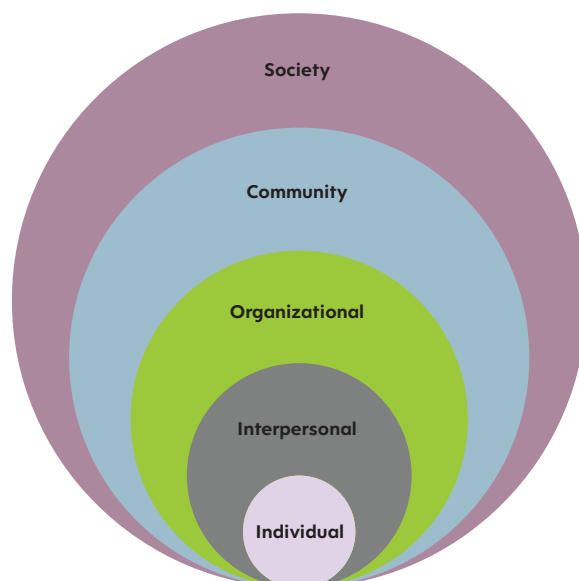
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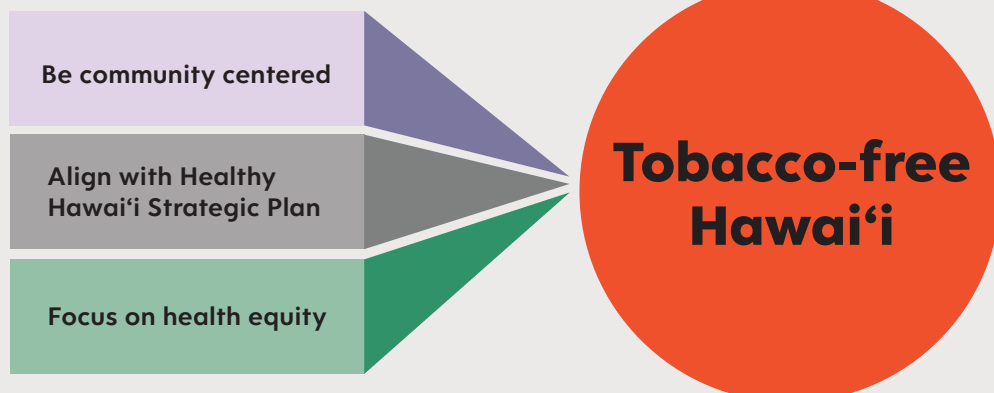
Plan Framework

The TPC Plan 2030 incorporates principles of the Social Ecological Model and is aligned with the four major national tobacco control program goal areas. The plan prioritizes goals, objectives, and strategies that lead to policy, systems, and environmental change. Objectives were developed using current data, best practices, and evidence-based science, and reflect one or more cross-cutting themes. The TPC Plan 2030 is organized into four sector areas: Community Design and Access, Education, Health Care, and Worksite.*

» SOCIAL ECOLOGICAL MODEL

To align with national priorities and work in coordination with other chronic disease plans for the state, the TPC Plan 2030 relies on the Social Ecological Model. This model recognizes the interwoven relationship that exists between the individual and his/her environment. While individuals are responsible for maintaining a healthy lifestyle, behavior can be largely determined by the environment in which they live through social norms, attitudes, and public policies. Effective chronic disease prevention programs should address multiple levels of the model with attention on policy, systems, and environmental change.

Tobacco Interventions Based on the Social Ecological Model

LARGEST IMPACT	**Society** Federal, state, and local policy, systems, and environmental levels		Advocacy and legislation that creates statewide policy and environmental changes
	Community Neighborhoods, cities, and counties		Advocacy, policy, and legislation around secondhand smoke exposure, access to tobacco, marketing of tobacco products
	Organizational Schools, health care systems, businesses, government and community-based organizations		Educational campaigns about tobacco use, organizational policy around secondhand smoke or smoking cessation
	Interpersonal Relationships including those with family, friends, co-workers, support groups, social and cultural networks		Social support for quitting smoking and preventing secondhand smoke exposure
SMALLEST IMPACT	**Individual** Individual attitudes, beliefs, knowledge, and behaviors		Public health campaigns to impact awareness, knowledge, values, beliefs, and attitudes about tobacco use including secondhand smoke

*Additional information on the plan framework can be found at the following website: **www.HHSP.hawaii.gov**

» POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE

Integral to the structure and design of the TPC Plan 2030 is the focus on policy, systems, and environmental change. The plan's long-term goals, objectives, and strategies were developed to align with national guidelines and recommendations and to reflect or lead to policy, systems, or environmental change.

POLICY

Policies at the legislative or organizational level.

Institutionalizing new rules or procedures as well as passing laws, ordinances, or resolutions are examples of policy changes.

SYSTEMS

Changes made to rules within an organization.

Systems change and policy change often work hand-in-hand. Often systems change focuses on changing infrastructure within a school, park, worksite, or health setting.

ENVIRONMENTAL

Changes that are made to the physical/built environment.

Physical (structural changes or programs or service), social (a positive change in attitudes or behavior about policies that promote health) and economic factors (presence of financial disincentives or incentives to encourage a desired behavior).
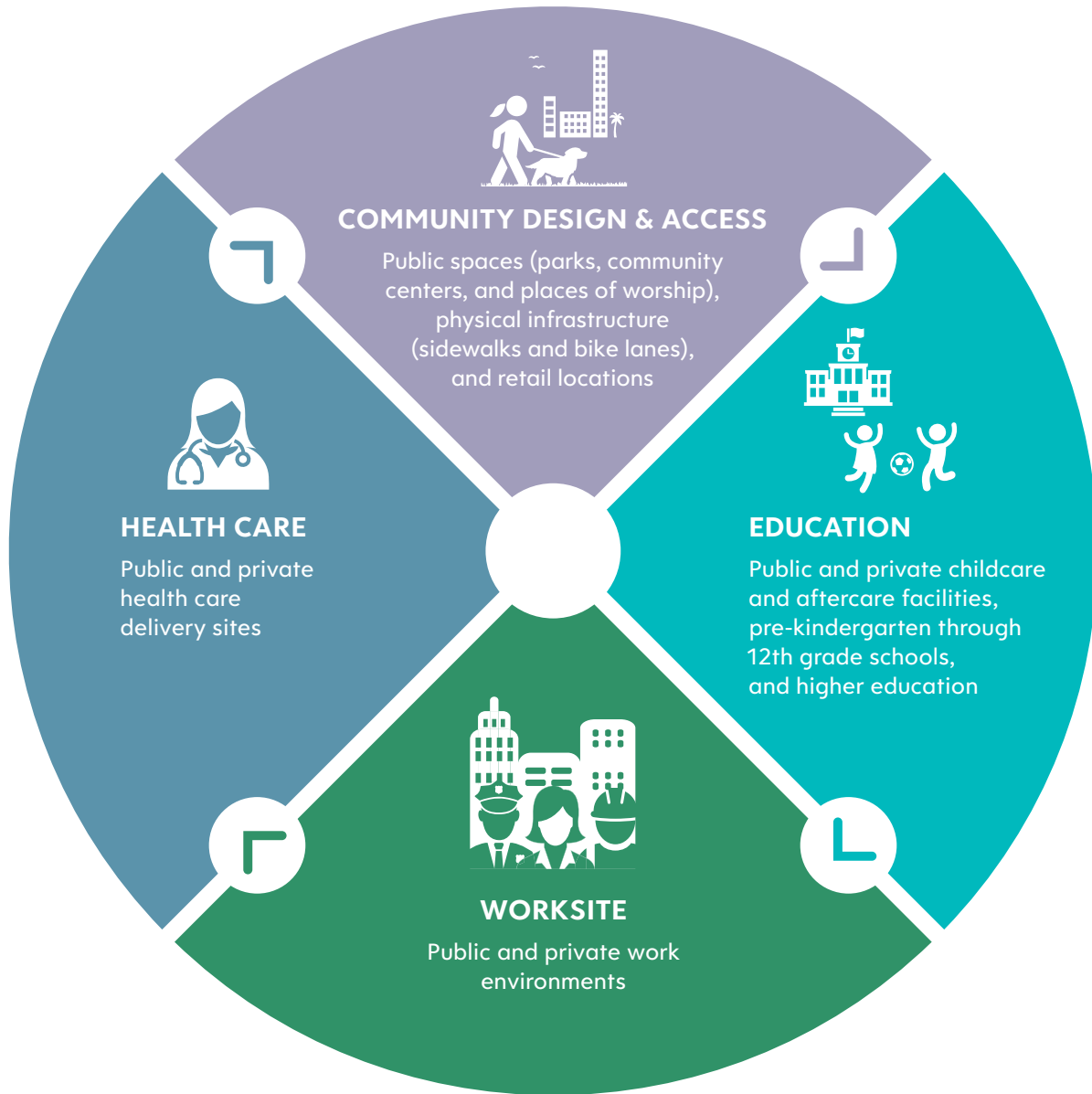
» CROSS-CUTTING THEMES

After review of evidence-based practices for chronic disease prevention, program staff and partners identified six cross-cutting themes that recur frequently throughout the plan.

Objectives in the TPC Plan 2030 were developed to reflect one or more of these cross-cutting themes:

Epidemiology, Surveillance, and Evaluation	Epidemiology, surveillance, and evaluation should be used to understand the effectiveness and progress in achieving a plan's goals and objectives. Data should be utilized to monitor progress, address gaps in health improvements, and prioritize next steps.
Quality of Life	Quality of life can encompass many areas of life, such as psychological well-being, social life, support system, health status and function, and functional or career well-being.
Community Clinical Linkages	Community clinical links help ensure that people with or at high risk of chronic diseases have access to the resources they need to prevent or manage these diseases. Improved links between the community and clinical setting offer community delivery of proven programs that clinicians can refer patients to.
Health Equity	Health disparities exist when there is a major difference in a health outcome between population groups. Chronic disease prevention and management plans should recognize the importance of addressing health equity and prioritize population groups more likely to experience poor health outcomes.
Public Education and Communications	Public education and communications can be used as strategic tools to influence people, places, and environmental conditions. Public education and communications can be prioritized to advance the goals and objectives of each chronic disease prevention and management plan.
Coordination	A coordinated approach and common vision are essential to achieving the goals and objectives of this framework. Cross-coalition collaboration, greater information sharing, and the leveraging of resources will provide a more effective approach to implementing the policy, systems, and environmental change necessary to support healthy lifestyles and reduce premature death due to chronic disease.

The TPC Plan 2030 also utilizes a framework of four sectors: Community Design and Access, Education, Health Care, and Worksite. This approach acknowledges the complexity of disease origins and promotes strategies that occur in multiple settings, e.g., where people live, learn, work, and play. Policy, systems, and environmental change in each of these settings will allow healthy options to become the easiest choice for Hawai'i residents.

COMMUNITY DESIGN & ACCESS
Public spaces (parks, community centers, and places of worship), physical infrastructure (sidewalks and bike lanes), and retail locations

EDUCATION
Public and private childcare and aftercare facilities, pre-kindergarten through 12th grade schools, and higher education

HEALTH CARE
Public and private health care delivery sites

WORKSITE
Public and private work environments

SECTOR AREAS

Places (both physical & virtual) where policy, systems, and environmental change can be established to support the formation and maintenance of healthy behaviors, achieving health equity, and maximizing chronic disease prevention, management, and treatment.

Tobacco Prevention & Control Landscape

Tobacco use remains the leading cause of preventable death and disease in the U.S. and is a public health priority. Approximately 14% of adults and 6% of youth across the nation currently smoke cigarettes.[5]

Cigarette smoking leads to disease and disability, and harms nearly every organ of the body as it causes cancer, heart disease, stroke, lung diseases, type 2 diabetes, and chronic health conditions.[6] In Hawai'i, about 13% of adults and 5% of youth currently smoke cigarettes.[7] Smoking claims 1,400 adult lives each year and will contribute to 21,000 premature deaths for children and youth under 18 years old living in Hawai'i.[8] Annually, $526 million in healthcare costs are directly attributed to smoking in our state.[8]

Hawai'i has made great strides in tobacco control efforts, which have resulted in an overall decrease in tobacco use—20% adult smokers in 1998 compared to 13% in 2018.[9,1] Hawai'i was the fourteenth state to pass comprehensive smoke-free legislation and has the fifth highest cigarette excise tax in the nation. In 2014, Hawai'i enacted a state law on product placement that prohibits self-service displays and requires that all tobacco products be out of customer reach. Smoking became illegal on all state public housing properties, and some counties have prohibited smoking at beaches, parks, and bus stops. In 2015, the State banned e-cigarettes where smoking is prohibited by law. That same year Hawai'i passed groundbreaking legislation, raising the minimum legal age to purchase tobacco products, including e-cigarettes, from 18 to 21 years (Hawai'i Revised Statutes: Chapters 321, 328J, and 709–908).

In 2019 Hawai'i youth had among the highest e-cigarette use rates in the nation, with 31% of high school and 18% of middle school students reporting regular use.[10]

More recently, the state hospital system and the University of Hawai'i systems have become 100% tobacco-free. On local levels, smoking and the use of e-cigarettes in automobiles with a minor present is now prohibited in all four counties.

Despite these successes, there are groups and communities in Hawai'i that have persistently higher smoking rates. Efforts have been made to reach these priority populations with some success, but disparities remain. Compared to the overall state prevalence of 13% (2018), the smoking prevalence in the Native Hawaiian population is 22%. Smoking rates for persons with a diagnosed depressive disorder are at 26%.[1] Nearly one in four individuals who report excessive heavy drinking also smoke cigarettes, and 22% of the LGBT community smokes.[1] Among individuals in lower socioeconomic brackets, the smoking rate for those with incomes below $25,000 is 22%; the unemployed is 32%; and persons with a high school education or less is 26%.[1]

In addition to the concern over smoking rate inequities among certain subgroups, the explosion of new and novel tobacco products, such as e-cigarettes, and their adoption by non-smoking youth has overwhelmed the public health community. The major gains in reducing combustible cigarette smoking among Hawai'i's youth are being eclipsed by the vaping phenomenon. In 2019, Hawai'i youth had among the highest e-cigarette use rates in the nation, with 31% of high school and 18% of middle school students reporting regular use.[10] High school students use rates in rural, neighbor island counties were even higher, with Kaua'i at 36%, Maui at 36%, and Hawai'i at 35%.[10]
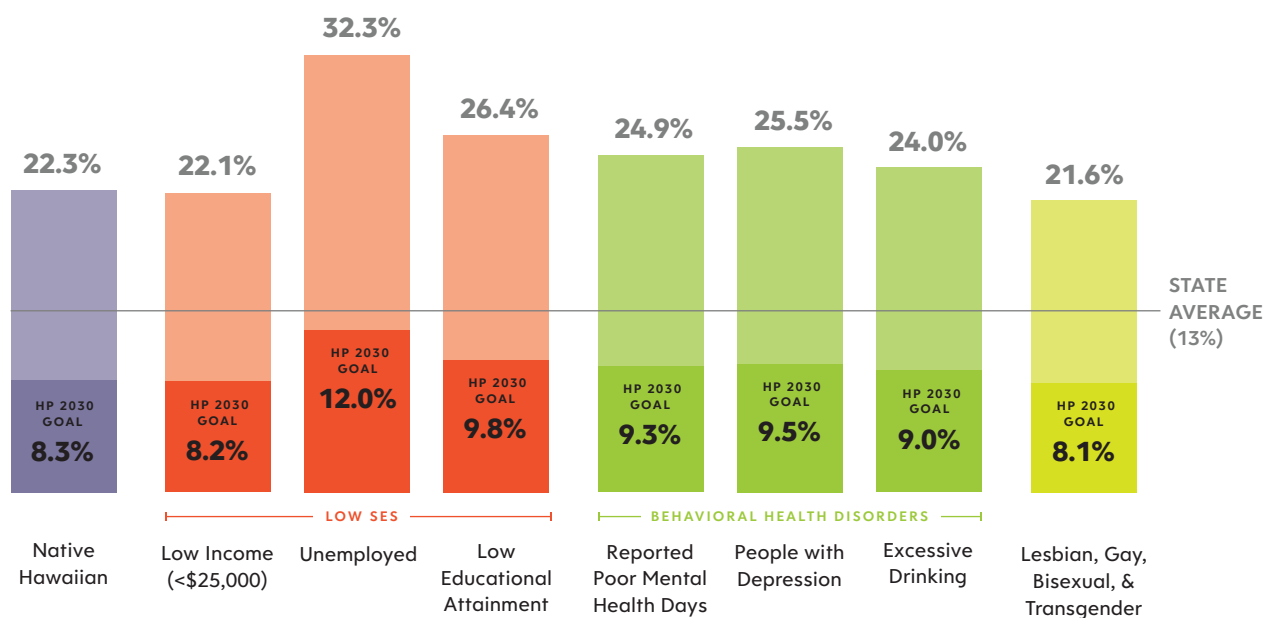
The harms associated with the rapid rise in youth use of e-cigarettes are becoming more evident. Higher numbers of students are reporting frequent use of e-cigarettes, predicting serious addiction.[10] Data show the detrimental impact of nicotine on the developing brain can include difficulty with attention, memory, and learning.[11] In the long-term, nicotine can impair decision-making and increase the risk for addiction to other substances.[12,13]

In 2019, nationally, 1.6 million high school and middle school youth reported use on at least 20 days a month (34% high school and 18% of middle school e-cigarette users).[14] One out of five high school e-cigarette users reported daily use.[14] Youth who use e-cigarettes have been unwitting casualties in the outbreak of e-cigarette or vaping product use associated lung injury (EVALI), which by January 2020 had resulted in 2,711 confirmed hospitalizations and 60 deaths.[15]

This rapid increase in youth use of e-cigarettes and the sudden outbreak of EVALI prompted the federal government to enact stricter prohibitions on tobacco products. Measures enacted in January 2020 raised the national, legal age of sale for tobacco products, including e-cigarettes, from 18 to 21. These measures also prioritized control of the sale of cartridge-based or pod-based flavored tobacco products. These regulations failed, however, to limit online sales or regulate the sales of e-liquid and other popular varieties of e-cigarettes (e.g., disposable, tank systems, and refillable e-cigarettes). Moreover, in Hawai'i e-cigarettes are only subject to general excise tax, and licensure and permitting are not required of vendors. This lack of regulation leaves youth vulnerable to an easily accessible and highly marketed (over 9 billion marketing dollars annually) product.[16] Moving forward, regulation of e-cigarettes, expansion of smoke-free policies, increases in tobacco prices, youth access policies, culturally tailored cessation services, and other innovative strategies are needed to reach our most vulnerable communities.

Current adult cigarette smoking among Hawai'i's priority populations and Healthy People 2030 targets

Population	Current smoking	HP 2030 Goal
Native Hawaiian	22.3%	8.3%
Low Income (<$25,000)	22.1%	8.2%
Unemployed	32.3%	12.0%
Low Educational Attainment	26.4%	9.8%
Reported Poor Mental Health Days	24.9%	9.3%
People with Depression	25.5%	9.5%
Excessive Drinking	24.0%	9.0%
Lesbian, Gay, Bisexual, & Transgender	21.6%	8.1%

STATE AVERAGE (13%)

LOW SES

BEHAVIORAL HEALTH DISORDERS

Priority Goals

1 Disparities

2 Prevention

3 Cessation

4 Secondhand Smoke

Centers for Disease Control and Prevention National Tobacco Control Program Goals

The tobacco prevention and control community of Hawaiʻi adopted the four main goals developed by the Centers for Disease Control and Prevention (CDC) to guide comprehensive tobacco control programs. Implementing evidence-based policy, systems, and environmental strategies within these goal areas provide a multi-pronged approach to eliminating the burden of tobacco use from the State.

1 Identify and Eliminate Tobacco-Related Disparities among Population Groups

(Behavioral Risk Factor Surveillance System 2018 and Youth Risk Behavior Survey 2019)

Identifying and eliminating the disproportionate health and economic burden of tobacco use among Hawai'i's populations is a top priority over the next ten years.

This Goal Area focuses on achieving equity and eliminating tobacco-related disparities to help accelerate the decline in the prevalence of tobacco use.[17,18] To maximize the impact of these efforts, members of disparately affected groups will be engaged to establish infrastructure and build tobacco control capacity within their communities.

Hawai'i will focus on decreasing the prevalence of tobacco use among the following priority populations:

	PRIORITY POPULATIONS	CURRENT	2030 TARGET
	Native Hawaiian	22.3%	**8.3%**
LOW SOCIOECONOMIC STATUS	**Low Income (<$25,000)**	22.1%	**8.2%**
	Unemployed	32.3%	**12.0%**
	Low Educational Attainment	26.4%	**9.8%**
BEHAVIORAL HEALTH CONDITIONS	**Reported Poor Mental Health Days**	24.9%	**9.3%**
	People with Depression	25.5%	**9.5%**
	Excessive Drinking	24.0%	**9.0%**
	LGBT	21.6%	**8.1%**
YOUTH	**Youth Middle School***	3.9%	**3.4%**
	Youth High School*	5.3%	**3.4%**
	Youth Middle School (E-cigarettes)*	17.7%	**10.5%**
	Youth High School (E-cigarettes)*	30.6%	**10.5%**
	OVERALL (Adult)	**13.4%**	**5.0%**

Target setting methods were derived from examples in Healthy People 2020, Tobacco Use. A methodology to achieve decreases in smoking rates in priority populations at rates that are proportionally equivalent to the overall targeted rate of change for the State of Hawai'i was used to develop targets. For the overall adult smoking rate, a 62.7% decrease in smoking rate from 13.4% in 2018 is needed to meet the Healthy People 2030 target of 5%. Therefore, targets for priority groups are set based upon a 62.7% decrease in smoking prevalence for each.

*For youth measures, target setting methods were inspired by HP 2030 targets which combined grades 6–12. The TPC 2030 Plan applies these targets to each individual measure aspirationally.

2 Prevent the Initiation of Tobacco Use among Youth and Young Adults

Cigarette smoking by young people has immediate adverse health consequences, accelerates the development of chronic diseases across the life course, and can lead to addiction later in life.[6]

Preventing the initiation of tobacco use among adolescents and young adults is a national public health priority. Comprehensive tobacco control programs have been proven effective at reducing tobacco use and initiation by adolescents and young adults.

Hawai'i will track objectives and measure progress towards decreasing youth susceptibility to experimentation with tobacco products, including e-cigarettes and other emerging products, and preventing the initiation of tobacco use among adolescents and young adults.

OUTCOME	INDICATOR	HHSP SECTOR(S)	CURRENT	2030 TARGET
Decreased exposure to tobacco marketing and availability of tobacco products	Proportion of retailers selling tobacco products to youth	**Community Design & Access** ⚅	5.3%[1] (Oct 2017)	**1.3%**
	Proportion of young people reporting that they have purchased tobacco products from the internet	**Community Design & Access** ⚅	Pending[2]	**Pending**
	Proportion of Youth reporting that they have received tobacco products from a social source	**Community Design & Access** ⚅	Pending[2]	**Pending**
Increased price of tobacco products	Amount of tobacco product taxes and fees	**Community Design & Access** ⚅	$3.20/pack[3]	**$4.10/pack** (HP 2020)
Reduced initiation of tobacco use	Proportion of young people who report never having tried a tobacco product	**Community Design & Access, Education** ⚅ ✎	**CIGARETTE:** 89.5%[2] Middle School 82.2%[2] High School	**CIGARETTE:** **99.3%** Middle School **91.2%** High School
			E-CIG: 69.4%[2] Middle School 51.7%[2] High School	**E-CIG:** **77.0%** Middle School **57.4%** High School
Reduced tobacco-use prevalence among young peoples	Prevalence of tobacco use among young people	**Community Design & Access, Education** ⚅ ✎	**CIGARETTE:** 3.9%[2] Middle School 5.3%[2] High School	**CIGARETTE:** **3.4%** Middle School **3.4%** High School (HP 2030)
			E-CIG: 17.7%[2] Middle School 30.6%[2] High School	**E-CIG:** **10.5%** Middle School **10.5%** High School (HP 2030)
	Level of tobacco use among young people	**Community Design & Access, Education** ⚅ ✎	Pending[2]	**Pending**
Increased Restriction of Tobacco Use and Enforcement of Anti-Tobacco Policies and Programs in Schools and on College/University Campuses	Proportion of Schools or colleges/ universities implementing 100% tobacco-free policies	**Education** ✎	Pending[4]	**Pending**

Data Source: 1 SYNAR Amendment, 2 Youth Risk Behavior Survey (YRBS), 3 Department of Taxation, 4 Coalition for a Tobacco-Free Hawaii – Community Assessment Tool survey

3 Promote Quitting among Adults and Youth

Promoting tobacco cessation and helping tobacco users to quit will lead to reduced tobacco-related disease, death, and health care costs. Quitting tobacco use has immediate and long-term health benefits and should be encouraged in all smokers.[6]

Promoting cessation among all populations is a core component of the comprehensive state tobacco control program to reduce tobacco use. Indicators to measure cessation efforts in Hawai'i include increasing the number, quality, and availability of tobacco cessation resources; increasing the number of quit attempts by adults and adolescents; and reducing the prevalence of cigarette and e-cigarette use.

OUTCOME	INDICATOR	HHSP SECTOR(S)	CURRENT	2030 TARGET
Increased intention to quit, perceived harm of tobacco use, and awareness of support for cessation services	Proportion of tobacco users who are aware of available cessation services	**Community Design & Access**	72.3%[1] (2018)	**81.0%**
Increased health care systems change to promote and support cessation	Proportion of health care systems that have fully implemented current evidence based cessation guidelines	**Health Care**	Pending[2]	**Pending**
	Proportion of the population that has been asked by a health care professional about tobacco use	**Health Care**	54.0%[1] (2017)	**61.0%**
	Proportion of tobacco users who have been advised to quit tobacco use by a health care professional	**Health Care**	80.3%[1] (2017)	**90.7%**
Increased policy and environmental change to support quitting, strengthen smokefree laws, and increase tobacco product price	Amount of tobacco taxes and fees	**Community Design & Access**	$3.20/ pack[3]	**$4.10/ pack** (HP 2020)
Increased quit attempts and attempts using evidence-based cessation services	Proportion of tobacco users who have made a quit attempt	**Community Design & Access, Education, Health Care, Worksite**	56.4%[1] (2018)	**63.2%**
Reduced Tobacco-Use prevalence and consumption	Tobacco use prevalence	**Community Design & Access, Education, Health Care, Worksite**	12.3%[1] (2018)	**5%** (HP 2030)

Data Source: 1 Behavioral Risk Factor Surveillance System (BRFSS), 2 Coalition for a Tobacco-Free Hawaii – Community Assessment Tool survey, 3 Department of Taxation

4 Eliminate the Exposure to Secondhand Smoke to All Populations

Although substantial progress has been made in the adoption of comprehensive smoke-free policies that prohibit smoking in all indoor areas of workplaces and public places, many of Hawaiʻi's residents are still involuntarily exposed to secondhand smoke.

Secondhand smoke exposure can cause premature death and disease in nonsmoking adults and children. There is no safe level of secondhand smoke exposure and even brief exposure can be harmful to health.[19] Secondhand smoke increases the risk for developing heart disease, stroke, or having a heart attack in nonsmokers and can cause severe asthma attacks, ear infections and other respiratory conditions in children.[19] Over the next ten years, Hawaiʻi will track the proportion of youth and adults exposed to secondhand smoke in their homes.

OUTCOME	INDICATOR	HHSP SECTOR(S)	CURRENT	2030 TARGET
Implementation and enforcement of smokefree policies	Proportion of the employed population covered by a workplace smokefree policy	Worksite	Pending[4]	**Pending**
	Proportion of jurisdictions that have enacted laws prohibiting smoking in multiunit housing	**Community Design & Access**	0[1]	**4**
	Proportion of childcare settings, schools, school districts, or college campuses with 100% tobacco-free policies	**Education**	Pending[4]	**Pending**
Reduced exposure to secondhand smoke	Proportion of the adult population exposed to secondhand smoke in vehicles	**Community Design & Access**	11.4%[3] (2018)	**10.5%**
	Proportion of the youth population exposed to secondhand smoke in vehicles	**Community Design & Access**	15.9% Middle School (2019 YTS)* 24.2% High School (2019 YTS)*	**0%** Middle School **0%** High School
	Proportion of multiunit housing residents exposed to secondhand smoke in their homes from nearby units or shared areas	**Community Design & Access**	Pending[3] (new)	**Pending**
	Proportion of the youth population exposed to secondhand smoke originating in their homes	**Community Design & Access**	27.4%[2] Middle School (2019 YTS)* 30.4%[2] High School (2019 YTS)*	**0%** Middle School **0%** High School

Data Source: 1 Revised ordinances/county codes, 2 Youth Risk Behavior Survey (YRBS), 3 Behavioral Risk Factor Surveillance System (BRFSS),
4 Coalition for a Tobacco-Free Hawaii – Community Assessment Tool survey
*This indicator will be found in YRBS 2021

Priority Populations

"We believe that further efforts in tobacco control should recognize and give priority to the well-understood fact that smoking and tobacco use, and therefore disease, affect certain specific populations within the United States differently, with some suffering disproportionately from the tobacco epidemic."

Achieving Health Equity in Tobacco Control, 2014

While there has been a general decline in smoking over the past decades, tobacco use continues to disproportionately affect population subgroups based on factors such as race/ethnicity, income, mental health and substance use, and sexual orientation.

A key focus of the TPC Plan 2030 is to eliminate tobacco-related disparities, defined as "differences in patterns, prevention and treatment of tobacco use; differences in risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among special population groups in the United States; and related difference in capacity and infrastructure, access to resources and secondhand smoke exposure."[20]

The social determinants of health, defined as "the non-medical and non-behavioral precursors of health and illness,"[21] have a significant impact on tobacco use. Examples of these factors include educational opportunities, poverty, gender identity, sexual orientation, culture, language, access to health services and insurance, racism, physical environments such as housing, community, or work environments, increased social stressors, or limited social supports.[22]

In order to effectively address tobacco use disparities and control in Hawai'i, all populations and communities must be included in the development of policies and practices designed to reduce tobacco use and increase cessation.

Traditional prevention programs and services must be socially, culturally, and linguistically tailored to reach these priority populations. The TPC Plan 2030 will focus on five populations that have a high smoking prevalence in Hawai'i.

» Native Hawaiians

PREVALENCE: For Native Hawaiian adults in Hawai'i, smoking (22%) and e-cigarette use (12%) is almost double the prevalence of other ethnic groups.[1] Tobacco use rates for Native Hawaiians with household incomes below $25,000 is 31%, with less than high school education is 46%, and who are unemployed is 44%.[1] Those who are between 35-44 years of age (33%) show the highest smoking rates.[1] Smoking prevalence for Native Hawaiian high school students was 6.4% in 2019, down from 13% in 2013.[23]

E-cigarette use was significantly higher among this sub-population (42%) than any other ethnic group.[10] Current (39.5%) and ever (57.2%) use rates of e-cigarettes for Native Hawaiian/other Pacific Islander youth were among the highest in the country during 2014 and 2019.[24]

It is clear that Native Hawaiians in Hawai'i have not benefited equitably from the population-based tobacco control strategies that have positively impacted the state at large. This demonstrates a need for innovative ideas and programs tailored specifically to address smoking among the Native Hawaiian population.

CESSATION: Native Hawaiians often access cessation services through the Hawai'i Tobacco Quitline, the Native Hawaiian Healthcare Systems, regional community health centers, or other programs offering individual or group counseling cessation services. The Hawai'i Tobacco Quitline

reports that 27% of callers identify as Native Hawaiian/part-Hawaiian.[25] When these cessation services are used, the quit rate for Native Hawaiians is similar to other ethnic groups.[26] However, the continued high rate of smoking among Native Hawaiians suggests that the traditional cessation services of counseling and nicotine replacement therapy alone are not adequate.

UNIQUE HEALTH IMPACTS: Before contact with foreigners from Europe and the U.S., Native Hawaiians were a healthy people for 500 years.[27] Having withstood the historical impacts of colonization, Native Hawaiians today face complex health and socioeconomic issues, including higher rates of smoking. This has led to increased prevalence of cancer, heart disease, stroke, and diabetes compared to other ethnic populations.[1,28] Native Hawaiian adults also have the highest rate of asthma (24%) and the second highest rates of COPD (5%) as compared to other ethnicities in the

state.[29] The next generation of Native Hawaiians also demonstrated high tobacco use rates. Native Hawaiian high school student current e-cigarette use was 42% as compared to the state average of 31% for that same age category.[10] Current use of e-cigarettes for middle schoolers of Native Hawaiian ancestry was 28% as compared to the state average of 18%.[30]

» People with Low Socio-Economic Status (SES)

PREVALENCE: In the U.S., tobacco-related disparities persist for those who are of low socioeconomic status.[31] The CDC often classifies those who have lower levels of educational attainment, who are unemployed, or who live at, near, or below the U.S. federal poverty level as having low socioeconomic status.[32] Smoking prevalence is higher among those with lower levels of income, who are uninsured or publicly insured, or who have a General Education Development (GED) certificate, than for wealthier or more educated counterparts.[33] Adults under 65 years old, who are either enrolled in Medicaid (Med-QUEST in Hawai'i) or are uninsured, are almost twice as likely to smoke compared to those with private insurance (30% versus 15%).[34] National estimates show that approximately 75% of people who are homeless smoke.[35] Those who are enrolled in Medicaid smoke at over twice the rate as those who are privately insured (24% compared to 11%).[36] According to a study conducted in 2017, those representing low socioeconomic categories comprised roughly 72% of all smokers in the country.[37]

Making a living can be especially challenging in Hawai'i, as it ranks highest in the nation for cost of living with average home prices, food, and energy expenses far exceeding other states.[38] Additionally, Hawai'i's rate of homelessness has consistently ranked among the uppermost in the country since 2011.[39,40] According to a report produced by the U.S. Department of Housing and Urban Development, Hawai'i's rate (57%) of unsheltered homeless persons was listed third highest in 2019.[40]

In Hawai'i, smoking rates among those with low SES are high. The smoking prevalence for individuals with incomes below $25,000 is 22%, 32% for unemployed adults, and 26% for persons with a high school education or less.[1] A pattern of higher smoking rates among those with the lowest educational levels and lowest annual household incomes has persisted in Hawai'i for more than 10 years.[41]

CESSATION: People of low SES have a desire to quit, and studies show that those who did not complete high school have similar levels of motivation to quit as those who complete college.[42] The difficulty in attaining or maintaining abstinence for this population may be a result of underuse of evidence-based cessation resources, chronic psychosocial stressors without adequate support, or a lack of other effective coping resources.[42]

Data from the Hawai'i Tobacco Quitline (HTQL) reveal that 59% of callers had a household income of less than $25,000, 41% had a high school education or less, and approximately 26% were unemployed.[43] Twelve percent of the callers were uninsured, 36% were enrolled in Med-QUEST/Medicaid, and 12% had Medicare.[43]

The Health Equity and Accountability Act (HEAA) of 2020 is legislation that requires comprehensive tobacco cessation coverage, without cost-sharing or preauthorization, for all Medicaid beneficiaries. This expansion of cessation services is critical because those who receive Medicaid benefits smoke at higher rates than the average adult prevalence.[44] Additionally, a recent study found that if general adult smoking prevalence in Hawai'i were to be reduced by one percent, approximately 16 million dollars of Medicaid spending would be saved by the State.[45]

UNIQUE HEALTH IMPACTS: Chronic obstructive pulmonary disease (COPD) and lung cancer are most prevalent in the low SES population.[46,47] Occupational exposure to secondhand smoke, often in combination with chemical agents related to blue collar or working class positions, is high in this population and often leads to smoking-related diseases.[48] According to the National Survey of Children's Health, rates of

household smoking increase as income declines.[49] Approximately 34% of children nationwide live in households below the poverty level where someone smokes.[49] This can compromise the health of children through exposure to secondhand smoke.[49]

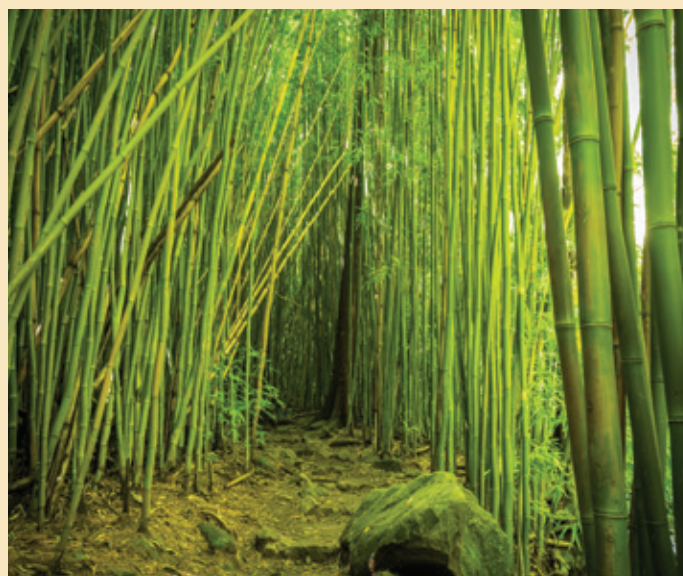## » People with Behavioral Health Conditions
(Mental Health and Substance Use Disorders)

PREVALENCE: Adults with mental health or substance use disorders smoke more cigarettes than those who do not have these disorders.[50] Approximately one in four U.S. adults has a behavioral health condition, and these individuals consume nearly 40% of all cigarettes smoked in the nation.[50] Rates of ever trying and current use of e-cigarettes are higher among those with chronic mental illness.[51]

In Hawai'i, 26% of adult smokers report having a diagnosed depressive disorder, and 25% report that their mental health was "not good" in the past 30 days.[1] Among binge drinkers, 25% are current smokers, while 28% of heavy drinkers smoke.[1] Heavy drinking is defined as males having more than two drinks per day and females having more than one drink per day.[1]

Data from the 2014 Quality of Life Interview Survey (QOLI) administered by the Hawai'i State Department of Health, Adult Mental Health Division (AMHD) to the severely and persistently mentally ill population in treatment programs reported that 40% of those surveyed were smokers.[52] The Hawai'i Department of Health, Alcohol and Drug Abuse Division reports that 44% of clients that they serve are smokers.[53]

CESSATION: Individuals with a mental health or substance use disorder are less likely to quit smoking and have less access to cessation services compared to those without a mental illness or substance abuse disorders.[54,55,56] This population often faces additional challenges to quitting, and treatment can be complicated by factors such as low incomes, stressful living conditions, and lack of access to health insurance and healthcare.[57,58,59]

The national prevalence of smokers with a mental illness who have quit is only 35% compared with 53% among individuals without a mental illness.[60] The Hawai'i 2014 QOLI revealed that only 17% of participants reported trying to quit smoking, compared to 61% of the general population in that same year.[61,62]

In general, most individuals with a mental health or substance use disorder typically want to quit smoking, are interested in information on cessation services and resources, and can successfully quit using tobacco.[63] However, in Hawai'i less than half of substance use treatment centers (42%) offer tobacco cessation services.[64]

Research indicates that smoking cessation treatment can be associated with improvements in mental health, such as decreases in anxiety, depression, or Post-Traumatic Stress Disorder (PTSD) symptoms.[65] A study showed that continued smoking and initiation of smoking for non-smokers was associated with greater odds of substance use disorder relapse in survey respondents,[66] whereas another review

found that smoking cessation had a positive effect on improving substance use outcomes.[67] Smoking cessation interventions, particularly group support in tandem with pharmacologic therapy, were found to be cost-effective when applied to the substance use disorder population.[68]

UNIQUE HEALTH IMPACTS: People with mental illness carry a disproportionate share of the medical burden related to tobacco use.[69] Nicotine has mood-altering effects that put persons with mental illness at a higher risk for cigarette use and nicotine addiction.[70] There is a significantly increased risk of developing a range of chronic respiratory conditions, including COPD, chronic bronchitis, and asthma, in this population.[71] Studies reveal higher hospitalization rates, higher medication doses, and more severe psychiatric symptoms among patients with schizophrenia who smoke than among those who do not.[72]

Individuals with mental illness may develop cancer at up to a 2.6 times higher rate due to late stage diagnosis, and inadequate screening and treatment.[73] They also have an increased risk for diabetes, and experience high blood pressure and elevated levels of stress hormones and adrenaline.[74,75] Those with serious mental illness are more likely to die 25 years earlier than the general population, and individuals in treatment from alcohol dependence are more likely to die from tobacco use than from their alcohol use.[76,77,78] It is estimated that 200,000 smokers in the U.S. with a mental health or substance abuse disorder die from tobacco-related disease each year.[79]

» Lesbian, Gay, Bisexual, and Transgender (LGBT)

PREVALENCE: Predisposition to smoking in the LGBT community may be a result of higher stress associated with societal discrimination and marginalization; frequent patronage of bars and clubs; and higher rates of alcohol and drug use.[80,81,82,83] Individuals from the LGBT communities are 1.5 to 2.5 times more likely to smoke cigarettes compared to their heterosexual counterparts.[84]

National data report that the smoking rate is at least 50% higher among the LGBT community.[85] Although smoking data on LGBT youth are limited, smoking rates are estimated to be 38% to 59% higher than the general adolescent population.[86] In Hawai'i, 22% of LGBT adults report current smoking.[1]

CESSATION: Data on LGBT interest in quitting, quit attempts, and successful smoking cessation are very limited, but, in 2019, approximately 10.8% of callers to the Hawai'i Tobacco Quitline identified as LGBTQ+.[43]

UNIQUE HEALTH IMPACTS: The high prevalence of tobacco use among this community has led to an increased risk for lung cancer, breast cancer in women, and COPD compared to heterosexual

» Youth and Young Adults

PREVALENCE: The state of Hawai'i has made tremendous strides reducing cigarette smoking among youth. However, the use of electronic cigarettes (e-cigarettes) and vaping devices, has exponentially increased and become an epidemic among Hawai'i's youth and young adults.

In 2018, U.S. high school current use of e-cigarettes rose 70% from rates in 2017. One in five high school students and one in 20 middle school students currently use e-cigarettes.[94] High school cigarette smoking prevalence in Hawai'i is 5%, which is among the lowest in the nation, but e-cigarette use in the state is higher than the national average, as 31% of Hawai'i's public high school students and 18% of public middle school students reported currently using e-cigarettes.[10]

CESSATION: Data from the 2019 Hawai'i Youth Tobacco Survey show that about 57% of middle school and 60% of high school students tried to stop and want to quit smoking or vaping.[95] While there is a need to improve evidence-based cessation programs to increase quit attempts and successful cessation among youth and young adults, telephone-based cessation services have limited attraction. HTQL numbers show that youth and young adults are either not aware, or not interested in Quitline services: in 2019, there were only 8 enrollees under age 18.[43] Also in 2019, 21% of HTQL enrollees reported e-cigarette use within the past 30 days of intake, and the highest prevalence (69%) was seen among 18–21 year old enrollees.[43]

Advances in new digital-based quit support services including texting, web, chat, and apps, show great promise in expanding the reach of tobacco use and dependence treatment systems for youth audiences. With a new quitline vendor, starting January 2021, the youth cessation program will provide access to youth-tailored resources, designed to help youth younger than 17. Participants receive personalized counseling from specially trained youth coaches via phone, text or e-chat. Additional information

counterparts.[81,87] Estrogen use in women who smoke has demonstrated a relationship to conditions such as pulmonary embolism, heart disease, stroke, and adverse liver effects. It is likely that these effects are also present in transsexual women.[88]

Smoking weakens the immune system and makes it harder to fight off infections associated with human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS). Smoking also increases the risk of HIV-associated malignancies and other cancers found among people living with HIV/AIDS.[89] HIV positive individuals, who are at greater risk for heart disease because of lipodystrophy, significantly compound that risk by smoking.[90,91] These risks are further exacerbated by lack of access to health care in this community: 23% lack health care access.[92,93]
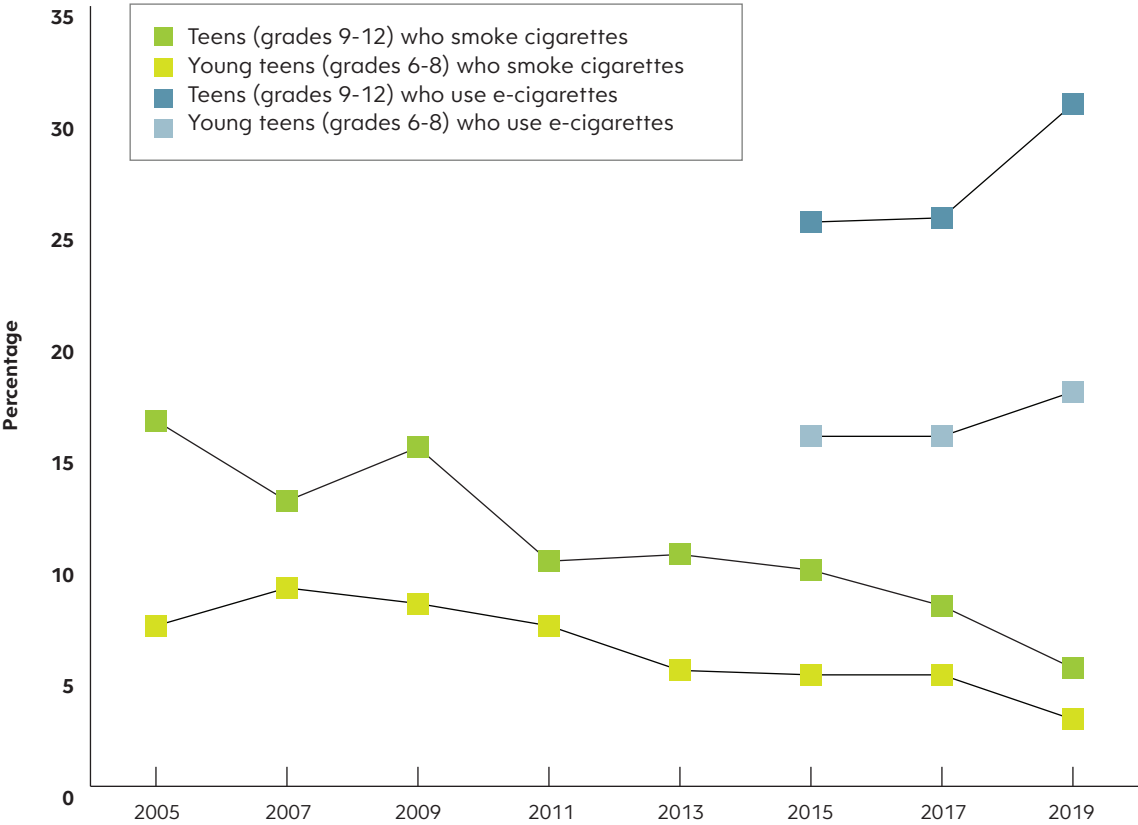
and motivational support can be obtained by visiting the website, *My Life My Quit*, designed for youth audience with input from youth, to access educational materials and interactive activities.

UNIQUE HEALTH IMPACTS: Preventing the initiation of tobacco use among adolescents and young adults is a national public health priority. Cigarette smoking by young people has immediate adverse health consequences, accelerates the development of chronic diseases across the life course, and can lead to addiction later in life.[6] Research has indicated that e-cigarettes threaten to addict a new generation to nicotine.[96] Among adolescent non-smokers, e-cigarette use is associated with willingness to smoke, a predictor of future cigarette smoking.[97] Studies have shown that nicotine exposure during adolescence can negatively impact brain development, cause serious addiction, and lead to persistent tobacco use.[6,98]

Recent public health crises, such as the 2019 EVALI outbreak and the COVID-19 pandemic, have highlighted the importance of maintaining healthy respiratory and immune systems. Smoking and vaping increase susceptibility to infections and disease, which can ultimately decrease community resilience as a whole.

Youth rise in e-cigarette use compared with cigarette smoking in Hawai'i (Youth Risk Behavior Survey)

Legend:
- Teens (grades 9-12) who smoke cigarettes
- Young teens (grades 6-8) who smoke cigarettes
- Teens (grades 9-12) who use e-cigarettes
- Young teens (grades 6-8) who use e-cigarettes

Y-axis: Percentage (0 to 35)
X-axis: 2005, 2007, 2009, 2011, 2013, 2015, 2017, 2019

Objectives and Strategies

The TPC Plan 2030 objectives strive to create sustainable change that will transform our communities, schools, health care, and worksites to establish tobacco-free policies, tobacco cessation assistance, and prevention of tobacco initiation. Stakeholders developed the TPC Plan 2030 objectives to shape policy, systems and environmental change in the four sector areas: Community Design and Access; Education; Health Care; and Worksite. The objectives are showcased by sector area and include key strategies, baseline, and target measures. This comprehensive approach combines educational, clinical, regulatory, economic, and community strategies that aim to strengthen and fully implement current proven tobacco control measures; change the regulatory landscape to permit policy innovations; and empower communities to determine the best solutions regarding tobacco-related health.

The TPC Plan 2030 is meant to be a living document that is reviewed and updated throughout the plan's timeframe. Implementation of the plan will be a collective effort by individuals and organizations across the state.

*Additional background information, including definitions of some terminology used in the objectives and strategies, can be found at the following website: **www.HHSP.hawaii.gov**

Objectives with this icon are being worked on by multiple program areas.

Community Design and Access Sector Objectives

GOAL ›› All of Hawai'i's people will live in communities that have access to tobacco- and nicotine-free settings, healthy food choices, physical activity opportunities, evidence-based chronic disease self-management programs, and minimal exposure to unhealthy options through policy, programs, communications, and environmental supports.

OBJECTIVE   BASELINE: **0** TARGET: **5**   **TOBACCO-01**

Enact at least five more county or state policies to decrease access to all tobacco products, including electronic smoking devices or other novel, emerging tobacco products.

STRATEGIES
- Establish regulatory parity for cigarettes, electronic smoking devices (ESDs), and emerging products, etc (e.g. impose taxes, licensing/permitting/restricting online sales, etc)
- Prohibit the sale of all flavored tobacco products including menthol

OBJECTIVE
BASELINE: **0** TARGET: **2** **TOBACCO-02**

Establish at least two more statewide policies that increase access to cessation services.

STRATEGIES

- Establish a MedQUEST policy that requires health plans to offer expanded evidence-based cessation service options
- Establish a policy to formally coordinate services between the Hawai'i Tobacco Quitline (HTQL), community cessation providers, and a private or public insurance provider to promote access to services to consumers
- Establish a policy that requires insurance companies to expand reimbursement for youth cessation

OBJECTIVE
BASELINE: **0** TARGET: **2** **TOBACCO-03**

Establish at least two more county or state policies that eliminate exposure to secondhand smoke.

STRATEGIES

- Enact a smoke-free multi-unit housing ordinance in all four major counties
- Establish policies that increase resources for smoke-free policy enforcement (at parks, beaches, public housing, etc)

Education Sector Objectives

GOAL ›› All of Hawai'i's educational settings will promote tobacco- and nicotine-free lifestyles, healthy eating, daily physical activity, and health management through programs, policies, environmental supports, and professional development opportunities.

OBJECTIVE
BASELINE: **Pending** TARGET: **All colleges and universities in Hawai'i** **TOBACCO-04**

All colleges and universities in the State of Hawai'i will provide tobacco-free education and offer cessation services to their students, staff and faculty.

STRATEGIES

- Provide tobacco prevention and cessation information at incoming student orientation sessions
- Support student health groups to conduct peer-led tobacco cessation and prevention promotion throughout all campuses
- Create linkages between community tobacco treatment specialists, the Hawai'i Tobacco Quitline and universities to tailor promotions to students and increase access to cessation services for young adults

BASELINE: **0** TARGET: **1**

TOBACCO-05

Develop and adopt at least one "alternative to suspension" model policy for youth vaping or tobacco offenses in Department of Education schools.

STRATEGIES

- Develop and adopt best practice enforcement responses/guidelines for youth vaping/tobacco offenses to guide law enforcement or Department of Education (DOE) school officials
- Pilot test a model alternative to suspension policy at a public or private school in Hawai'i and use results to inform expansion into other schools

OBJECTIVE

BASELINE: **Pending** TARGET: **All colleges and universities in Hawai'i**

TOBACCO-06

All colleges and universities in the State of Hawai'i will have a 100% smoke-free or tobacco-free campus policy.

STRATEGIES

- Conduct outreach to universities and colleges without tobacco-free policies to provide education and information about the benefits of implementing a tobacco-free campus
- Provide technical support to individual private colleges and universities to encourage adoption of tobacco-free campus policies

OBJECTIVE

BASELINE: **0** TARGET: **10**

TOBACCO-07

Conduct at least ten more educational campaigns for parents or youth influencers to provide information about tobacco/vaping prevention or cessation statewide.

STRATEGIES

- Develop culturally appropriate educational campaigns for use in school systems such as, the Hawai'i Association of Independent Schools, Charter School Commission, and Hawai'i State Department of Education
- Develop education campaigns that can be used in a variety of media types (radio, television, mall ads, social media, etc)

Health Care Sector Objectives

GOAL ›› All of Hawai'i's health care systems will promote health equity and maximize utilization of prevention, early detection, and evidence-based chronic disease self-management services by improving coverage, health information technology, programs, practices, and guidelines.

OBJECTIVE   BASELINE: **0** TARGET: **5**   **TOBACCO-08**

Implement at least five more health systems change policies or projects for tobacco cessation per the Clinical Practice Guidelines and Million Hearts Tobacco Cessation Change Package.

STRATEGIES

- Integrate assessment, referral, and treatment interventions for tobacco/nicotine use in routine care in health care systems using electronic health records
- Provide staff and clinician education about cessation services to increase referral to treatment after identifying patients with tobacco/nicotine addiction

	BASELINE	TARGET
Professional training programs	**Pending**	**5**
Health specialty organizations	**Pending**	**2**

OBJECTIVE   **TOBACCO-09**

Integrate brief intervention education into at least five more health professional training programs as a graduation requirement, and into at least two health specialty organizations (e.g. American Academy of Pediatrics, American College of Surgeons, American Physical Therapy Association) as continuing education offerings.

STRATEGIES

- Identify relevant "health professional training programs"—such as pharmacy, nursing, medicine, dental hygiene, respiratory therapists, psychology, and other related allied health programs, where brief intervention education can be incorporated
- Coordinate brief intervention trainings with the behavioral health and substance use treatment communities

Worksite Sector Objectives

GOAL ›> All of Hawai'i's worksites will create a culture of wellness through supportive programs and policies that promote tobacco-and nicotine-free workplaces; breastfeeding; healthy food and beverage choices; physical activity and active commuter opportunities; health screenings; and early detection, risk reduction, and self-management of chronic diseases.

OBJECTIVE   BASELINE: **0**   TARGET: **5**   **TOBACCO-10**

At least five more large employers (including the State and Counties) will offer health plans that promote tobacco treatment coverage per U.S. Preventive Task Force recommendations.

STRATEGIES
- Engage unions to make changes to provide cessation coverage with no co-pay in insurance plans
- Facilitate employers' capacity to offer programs or insurance plans that incentivize cessation or offers cessation services with no co-pay

OBJECTIVE   BASELINE: **0**   TARGET: **15**   **TOBACCO-11**

At least fifteen more worksites in the State of Hawai'i will have 100% tobacco-free policies.

STRATEGIES
- Develop and define criteria for 100% tobacco-free worksite campuses
- Develop tobacco-free campus policies for state and county departments

OBJECTIVE   **TOBACCO-12**

ASTHMA-11 · CANCER-13 · DIABETES-07 · HEART DISEASE AND STROKE-09
PHYSICAL ACTIVITY AND NUTRITION-19

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.

STRATEGIES
- Identify stakeholders and convene an advisory group to develop a Hawai'i-specific, evidence-based worksite wellness recognition program that includes the following areas:
  - Asthma
  - Cancer
  - Diabetes
  - Heart Disease and Stroke
  - Physical Activity and Nutrition
  - Tobacco
- Pilot the recognition program with a group of diverse employers and modify the program based on their feedback.

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

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

HOW THE PLAN WAS DEVELOPED

PLANNING PROCESS

The TPC Plan 2030 update and planning process began in June 2019. At that time, a small planning committee reviewed progress and performance measures of the previous strategic plan; looked at current and trending smoking prevalence data; and assessed programmatic and policy accomplishments.

A representative Steering Committee was convened to oversee the update process. Through facilitated discussions, the Committee acknowledged the complexity of tobacco control and agreed that solutions must occur at all levels of the Social Ecological Model (see page 9). The four sector areas (Community Design and Access, Education, Health Care and Worksite) of the Coordinated Chronic Disease Framework were incorporated and stratified into the best practice strategies for prevention, cessation, and secondhand smoke elimination. Theoretical frameworks that acknowledge the role of social determinants in exacerbating health disparities were also integrated to introduce new ways of engaging at-risk communities.

Throughout the plan development process, the Steering Committee shared their progress with other stakeholders and the Hawai'i Community Foundation (HCF), the non-profit entity statutorily selected to manage, invest, and administer the Hawai'i Tobacco Prevention and Control Trust Fund.

Additional in-person meetings were planned for the spring of 2020, but were changed due to COVID-19 precautions. Instead, new community engagement strategies were designed using virtual communication tools. Surveys and information were sent out electronically to solicit more input on the goals and objectives for the plan. In April 2020, the Hawai'i Tobacco Prevention and Control Trust Fund Advisory Board electronically participated in an overview of the strategic plan background and planning process. Their input was solicited through a survey tool and incorporated remotely. During the summer of 2020, the plan and implementation process were formalized.

STAKEHOLDER INVOLVEMENT

During the development of the TPC Plan 2030, diverse stakeholder groups were formed and included members of priority communities and recipients of the cessation and youth prevention grants. These members provided invaluable input about the best community engagement interventions. The following priority communities remain integral to shaping and implementing the strategies to achieve tobacco-free living in Hawai'i:

» Native Hawaiian
» People with Low Socioeconomic Status (SES)
» People with Behavioral Health Conditions, including Mental Health and Substance Use Disorders
» The Lesbian, Gay, Bisexual, and Transgender (LGBT) community
» Youth and Young Adults

Through facilitated discussions, the Committee acknowledged the complexity of tobacco control and agreed that solutions must occur at all levels of the Social Ecological Model.

IMPLEMENTATION

The rapidly increasing prevalence of chronic diseases and their associated risk factors in Hawaiʻi demands effective coordination of chronic disease prevention and management efforts. State-wide collaboration between stakeholders and partners reduces duplication of efforts and leverages resources to effectively address common risk factors through evidence-based policies, programs, and services. The TPC Plan 2030 works in coordination with other chronic disease prevention and management efforts in the state, specifically the Healthy Hawaiʻi Strategic Plan 2030; the Hawaiʻi Asthma Plan 2030; the Hawaiʻi Cancer Plan 2030; the Hawaiʻi Diabetes Plan 2030; the Hawaiʻi Heart Disease and Stroke Plan 2030; and the Hawaiʻi Physical Activity and Nutrition Plan 2030.

Program area stakeholders continue to meet regularly to implement the plan's objectives and strategies, and to monitor and evaluate progress. The stakeholder groups will continue to expand membership to include new, community representatives and to assure an inclusive, community-based participatory approach to realizing the plan's goals. The plan is meant for public dissemination and will be available online at **www.HHSP.hawaii.gov**.

LONG-TERM MEASURES

The long-term measures were identified to summarize and evaluate progress toward achieving the TPC Plan 2030 objectives. The long-term measures will be monitored throughout the decade to demonstrate improvements in tobacco prevention and control. Long-term measures will be reviewed and updated periodically as changes are made to the TPC Plan 2030.

LONG-TERM MEASURE	BASELINE	TARGET
Current cigarette use among adults in Hawaiʻi	13.4% (BRFSS, 2018)	5%
Current cigarette use among Native Hawaiian adults	22.3% (BRFSS, 2018)	8.3%
Current cigarette use among adults with low income	22.1% (BRFSS, 2018)	8.2%
Current cigarette use among adults who are unemployed	32.3% (BRFSS, 2018)	12%
Current cigarette use among adults with low educational attainment (less than a HS diploma/GED)	26.4% (BRFSS, 2018)	9.8%
Current cigarette use among adults with diagnosed depressive disorder	25.5% (BRFSS, 2018)	9.5%
Current cigarette use among adults who reported at least 14 poor mental health days in the last 30 days	24.9% (BRFSS, 2018)	9.3%

LONG-TERM MEASURE	BASELINE	TARGET
Current cigarette use among adults who reported excessive drinking	24.0% (BRFSS, 2018)	9%
Current cigarette use among adults who identify as lesbian, gay, bisexual, or transgender	21.6% (BRFSS, 2018)	8.1%
Current cigarette use among young teens (middle school)	3.9% (National YRBS, 2019)	3.4%
Current cigarette use among teens (high school)	5.3% (National YRBS, 2019)	3.4%
Current e-cigarette use among young teens (middle school)	17.7% (National YRBS, 2019)	10.5%
Current e-cigarette use among teens (high school)	30.6% (National YRBS, 2019)	10.5%
Young teens (middle school) who never tried smoking cigarettes	89.5% (National YRBS, 2019)	99.3%
Teens (high school) who never tried smoking cigarettes	82.2% (National YRBS, 2019)	91.2%
Young teens (middle school) who never tried e-cigarettes	69.4% (National YRBS, 2019)	77%
Teens (high school) who never tried e-cigarettes	51.7% (National YRBS, 2019)	57.4%
Adult awareness of Hawai'i Tobacco Quitline Services	72.3% (BRFSS, 2018)	81%
Insurance plan coverage for smoking cessation	62.4% (BRFSS, 2015)	71.8%
Adults who tried to quit smoking	56.4% (BRFSS, 2018)	65.7%
Young teens (middle school) who tried to quit using tobacco in the last year	57% (YTS, 2019)	63.3%
Teens (high school) who tried to quit using tobacco in the last year	60% (YTS, 2019)	66.6%
Young teens (middle school) who have been exposed to secondhand smoke (SHS) in the home	27% (YTS, 2019)	24%
Teens (high school) who have been exposed to secondhand smoke in the home	30% (YTS, 2019)	26.7%
Adult who are exposed to SHS inside their living space from somewhere else in or around their building	No baseline	TBD

STATEWIDE PARTNER AGENCIES AND PROGRAMS

THE MASTER SETTLEMENT AGREEMENT

In 1999, legislation enacted as Act 304 created the Hawai'i Tobacco Settlement Special Fund (TSSF) to receive a portion of the state's Master Settlement Agreement (MSA) with tobacco companies. The Department of Health administers the TSSF and distributes the monies to the Tobacco Prevention and Control Trust Fund.

THE HAWAI'I COMMUNITY FOUNDATION

The Hawai'i Community Foundation (HCF) is a statewide, non-profit, charitable service and grant making institution that administers the Tobacco Prevention and Control Trust Fund under a contract with the Department of Health. HCF administers the Trust Fund through investment of Trust Fund dollars to generate more revenue for tobacco prevention and control programs and manages community grants programs for tobacco cessation and youth prevention to reduce tobacco use. It also awards and manages the contracts for the statewide tobacco cessation quitline (HTQL). Additionally, HCF provides quitline marketing, communications, education, advocacy, and evaluation of the quitline and community grants. Since July 2016, HCF has funded a community cessation grants program that promotes the goals of the TPC Plan 2030 to reach and assist priority populations to quit smoking. In response to the recent increase in e-cigarette use by youth in Hawai'i, HCF has funded counter-marketing youth vaping campaigns and training for educators statewide on Youth ESD Prevention.

The **Hawai'i Tobacco Quitline (HTQL)** provides tobacco users with assistance to quit by providing telephone-based counseling and a stand-alone web-based program. Participants in both programs can choose to receive additional support via a text-based program. Free nicotine patches, lozenges, or gum (or a combination of these) are available to participants through a tiered formula based on insurance coverage. Since its inception in 2005, the HTQL has received more than 100,000 calls from tobacco users, family, and friends of tobacco users, and health care providers. In 2019, a total of 1,451 tobacco users were served by the HTQL.

THE TOBACCO PREVENTION AND CONTROL ADVISORY BOARD

The Tobacco Prevention and Control Advisory Board is composed of members appointed by the Governor, the President of the Senate, the Speaker of the House, the Director of Health, and the Superintendent of Education. The composition of the Board is set by law, and members serve without compensation for a term of three years. The Advisory Board makes recommendations to the Department of Health on the use of the Trust Fund monies and provides input on the development and evaluation of the TPC Plan 2030.

THE HAWAI'I STATE DEPARTMENT OF HEALTH

The Tobacco Prevention and Control Section (TPCS) of the Department of Health is the official, state government program addressing tobacco control in Hawai'i. It provides the infrastructure for the state's strategic efforts fostering collaboration among the state and local tobacco control community. It develops population-based prevention strategies to provide and promote opportunities for tobacco prevention and control across the state. TPC is primarily funded by the Centers for Disease Control and Prevention (CDC) through its comprehensive National Tobacco Control Program. TPC focuses on the four, major national program goals. (See page 6 for details).

The **Alcohol and Drug Abuse Division (ADAD)** of the Department of Health provides oversight for monitoring and enforcing youth tobacco access laws. ADAD is responsible for compliance inspections required by the federal Synar Amendment. It contracts with the University of Hawai'i to conduct random, unannounced inspections to determine retailer compliance with tobacco access laws prohibiting the sales or distribution of tobacco products to persons under twenty-one. ADAD has a separate cooperative agreement with police departments in each county to enforce the state law prohibiting tobacco sales to underage individuals.

THE COALITION FOR A TOBACCO-FREE HAWAI'I

The Coalition for a Tobacco-Free Hawai'i (Coalition) is a program of the Hawai'i Public Health Institute (HIPHI), a nonprofit organization. The Coalition focuses on reducing tobacco use and reducing exposure to secondhand smoke through policy, systems, and environmental change at state, local, and institutional levels. The Coalition is presently leading efforts to regulate electronic cigarettes and to end the sale of all flavored tobacco products in Hawai'i.

With major funding provided by the Department of Health (DOH) and the Tobacco Trust Fund, the Coalition staffs local coalitions on all major islands. The main Coalition office is located on Oahu with local coalition staff in East Hawai'i, West Hawai'i, Kaua'i, and Maui County (servicing Maui, Lāna'i, and Moloka'i).

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