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The Hawaii Profile : A review of Hawaii 's tobacco prevention and control program

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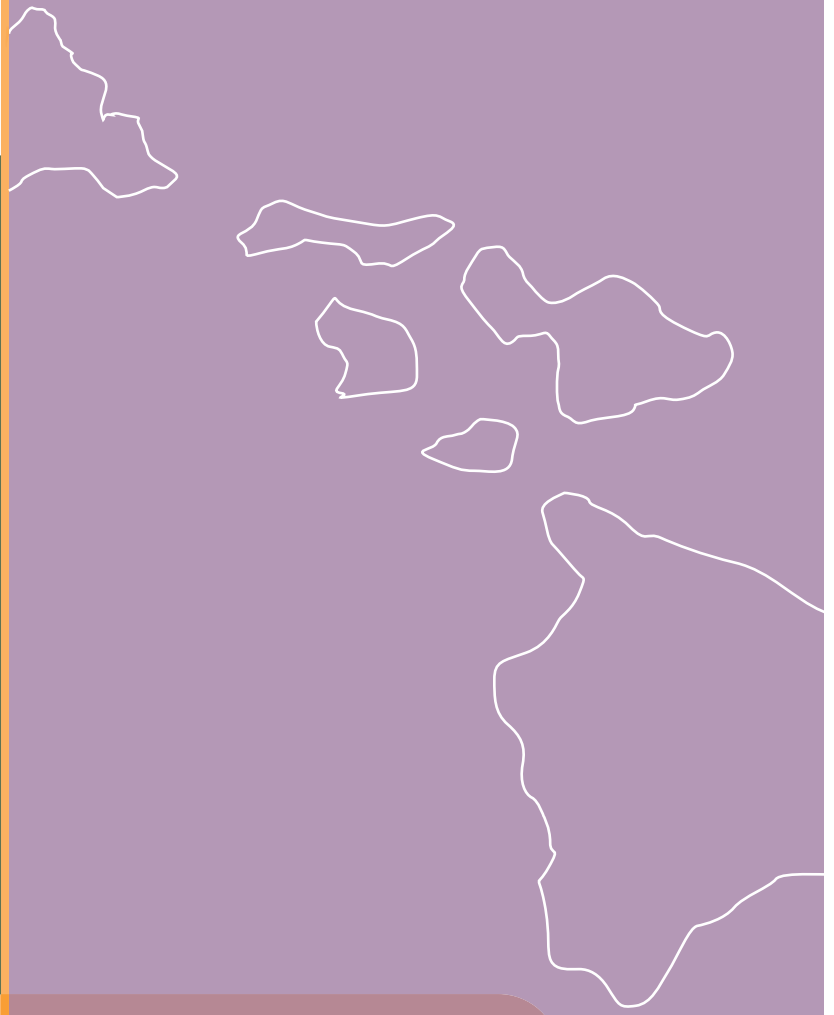
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The Hawaii

PROFILE

A review of Hawaii's
tobacco prevention and
control program
June 2003

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Executive Summary

Project Overview

The Center for Tobacco Policy Research at the Saint Louis University Prevention Research Center is conducting a three-year project examining the current status of 10-12 state tobacco control programs. The project aims to: 1) develop a comprehensive picture of a state's tobacco control program; 2) examine the effects of political, organizational, and financial factors on state tobacco control programs; and 3) learn how the states are using the CDC's *Best Practices for Comprehensive Tobacco Control Programs*. This Profile has been developed as a resource for tobacco control partners and policymakers to use in their planning and advocacy efforts. It presents both quantitative and qualitative results collected in June 2003. However, due to the evaluation taking place at the close of FY 03, Hawaii reported FY 04 financial information.

Summary

Dedicated tobacco control partners and a comprehensive program contributed to Hawaii's tobacco control program experiencing several successes, including the adoption of clean indoor air ordinances in all of the counties and a high cigarette excise tax. State budget shortfalls and prioritization of other issues in the Legislature have been a challenge for the program, but with the leadership of the State Department of Health Tobacco Prevention and Education Program (DOH TPEP) and a coordinated effort among partners, Hawaii's program will continue to grow and thrive.

Financial Climate

In 1999, former Governor Cayetano established a law that allocated Hawaii's tobacco settlement money to the Tobacco Settlement Special Fund. Soon after, in 2001, Governor Cayetano readjusted the allocation of Hawaii's tobacco settlement money to provide funding for the University of Hawaii's new medical school. The redistribution of funds is as

follows: Department of Health 35%, University of Hawaii 28%, Emergency Reserve Fund 24.5%, and 12.5% to the Tobacco Prevention and Control Trust Fund. Hawaii dedicated approximately \$9 million to tobacco control in FY 04, meeting 83% of the CDC's minimum recommendation for an effective tobacco control program. Counter-marketing and community programs received the majority of funding. Four categories met or exceeded the CDC's recommended minimum funding level: counter-marketing, surveillance and evaluation, enforcement programs, and administration and management. Partners felt that Hawaii's current tobacco control funding was sufficient to maintain a successful tobacco control program. However, Hawaii's budget crisis was seen as a threat to the tobacco control funds. Partners believed that the diversion of funds from the Tobacco Control and Prevention Trust Fund to help finance construction of the new medical school was hurtful to the program.

Political Climate

Partners felt there were some challenges regarding the political climate, but in general it was favorable to tobacco control. Due to Governor Lingle's short time in office, most felt it was too early to tell how supportive she would be towards tobacco control. The Legislature was viewed to be somewhat supportive of tobacco control activities. Some partners felt Hawaii lacked strong political champions with regard to tobacco control. The strong presence of the tobacco industry, other priority public health and economic issues, and the Legislature were identified as challenges for the program.

Capacity & Relationships

Partners received a lot of support from their supervisors for their tobacco control efforts.

Staffing levels and experience were adequate, but partners felt that they could use additional staff who had experience in tobacco control. The DOH TPEP was highly regarded due to their dedicated staff. Although some felt there should be increased coordination of activities within DOH. Hawaii's tobacco control network was viewed as somewhat effective. Some partners felt the program lacked a designated coordinating agency to oversee the entire program.

Best Practices

Hawaii used the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP) as a framework for their program, to determine appropriate funding levels, and advocate for funding. The majority of partners were at least somewhat familiar with the BP. They felt community and counter-marketing programs should be high priorities for their state, while chronic disease programs were viewed as a lower priority. Identified strengths of the BP were that it serves as a framework for program development, emphasizes a comprehensive approach, and was developed by the CDC. Partners suggested some improvements for the BP, including listing specific strategies for each category, providing guidance for how to prioritize funding with a limited budget, and increasing the emphasis on community programs.

Program Goals

For this evaluation DOH TPEP identified their top two goals for FY 2003 as youth initiation and prevention and environmental tobacco smoke. Partners believed these goals were appropriate priority goals for Hawaii emphasizing that preventing youth initiation was important because it was more cost efficient than cessation efforts. Environmental tobacco smoke was viewed as a priority because it would reach a large number of people through smoke-free legislation. Some partners recommended adding cessation efforts to the list of priority goals. Youth programs involving youth as major contributors to the design and implementation were viewed as successful. County level smoke-free ordinances had been successful due to the support and persistence of

the community tobacco control partners. Partners felt that increasing staff and volunteer levels, as well as more training would assist their agencies in meeting the two priority goals.

Disparate Populations

The DOH TPEP identified Native and part Hawaiians, teenage girls, and South East Asian adults as populations experiencing significant tobacco-related disparities. Partners agreed that the three populations identified were high priorities for Hawaii. However, several additional populations were suggested, including young adults (18-24 years old), youth (boys and girls), immigrants, low-income and less educated individuals, and pregnant mothers. Several partners felt that Hawaii had not yet fully developed strategies to reach the disparate populations. Partners believed the *Best Practices* needed a framework for addressing disparate populations that could be tailored to each state. It was also frequently mentioned that the *Best Practices* needed to recognize that Hawaii's population composition is vastly different than in other states.

Program Strengths & Challenges

Partners identified the following strengths and challenges of Hawaii's tobacco control program:

- The dedication of the professionals working in tobacco control was viewed as a major strength of the program. Some partners also specifically mentioned the DOH TPEP staff as being highly committed.
- The ability to sustain the tobacco control program funding was viewed as a challenge due to the state's difficult economic situation.
- Partners also felt that there was a need for more coordination and infrastructure. Some felt that there was no designated coordinating agency to oversee the entire program.



Introduction

Methods

Information about Hawaii's tobacco control program was obtained in the following ways: 1) a survey completed by the State Department of Health Tobacco Prevention and Education Program (DOH TPEP) that provided background information about the program; and 2) key informant interviews conducted with 16 tobacco control partners in Hawaii. The DOH TPEP was asked to identify partner agencies that played a key role in the state tobacco control program and would provide a unique perspective about the program. Each partner participated in a single interview (in-person or telephone), lasting approximately one hour and 15 minutes. The interview participants also had an opportunity to recommend additional agencies or individuals for the interviews. The following partners participated in the interviews:

- HI State Department of Health Tobacco Prevention and Education Program
- American Cancer Society
- American Lung Association
- American Heart Association
- Coalition for a Tobacco-Free Hawaii
- Department of the Attorney General
- East Hawaii Tobacco-Free
- Hawaii Community Foundation
- HI State Department of Health Alcohol and Drug Abuse Division
- Maui Tobacco-Free Partnership
- Omnitrak Group, Inc.
- Tobacco-Free Kauai
- Tobacco Settlement Special Fund
- University of Hawaii

- Ward Research
- West Hawaii Tobacco-Free

Results of this Profile are based on an extensive content analysis of qualitative data as well as statistical analysis of quantitative data.

Profile Organization

The project logic model used to guide the development of this Profile is organized into three areas: 1) facilitating conditions; 2) planning; and 3) activities.

Rationale for Specific Components

Area 1: Facilitating Conditions

Money, politics, and capacity are three important influences on the efficiency and efficacy of a state's tobacco control program. The unstable financial climates in states have a significant impact on the tobacco control funding. Many state tobacco control programs receive little or no MSA funding for tobacco control and are adversely impacted by state budget crises and securitization. In conjunction with the financial climate, the political support from the Governor and State Legislature, and the strength of the tobacco control champions and opponents have a significant effect on the program. Finally, the organizational capacity of tobacco control partners and the inter-agency relationships are also important characteristics to evaluate. While states can have adequate funding and political support, if the partners' capacity and the cohesiveness of tobacco control network are not evident then the success of the program could be impaired.

Area 2: Planning

Tobacco control professionals have a variety of resources available to them. Partners may find it helpful to learn what resources their colleagues are utilizing. The *CDC Best Practices for Comprehensive Tobacco Control Programs* (BP) is evaluated extensively due to its prominent role as the planning guide for states. Learning how the BP guidelines are being implemented and identifying the strengths and weaknesses will aid in future resource development.

Area 3: Activities

Finally, the outcome of the areas 1 and 2 is the actual activities implemented by the states. The breadth and depth of state program activities and the constraints of the project precluded an extensive analysis of the actual program activities. Instead, two specific areas were chosen to provide an introduction to the types of activities being implemented. These two areas were: the state's top two priority programmatic or policy goals for the current fiscal year

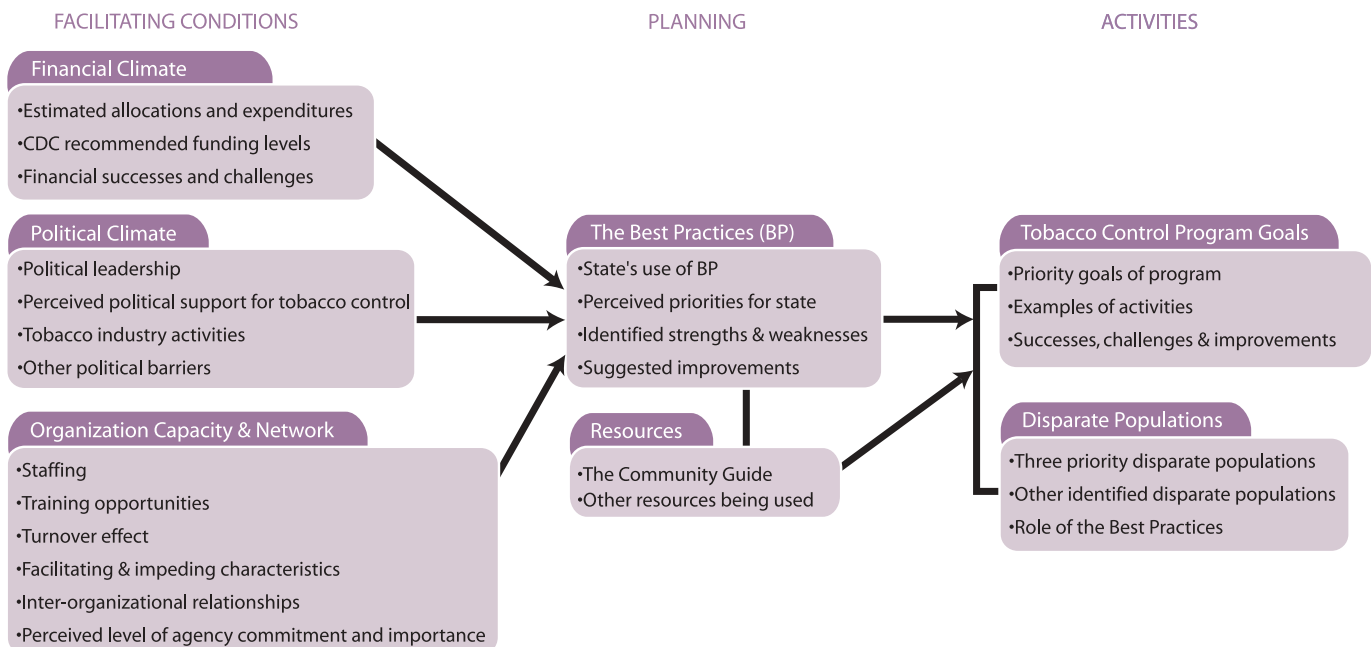
(e.g. passing ETS legislation, implementing cessation programs) and the emphasis on disparate populations (e.g. identifying and addressing disparate populations).

Additional Information

Quotes from participants (offset in green) were chosen to be representative examples of broader findings and provide the reader with additional detail. To protect participants' confidentiality, all identifying phrases or remarks have been removed. At the end of each section, the project team has included a set of suggested approaches. These suggestions are meant to provide the partners with ideas for continuing and/or strengthening their current tobacco control efforts.

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The Best Practices Project Conceptual Framework



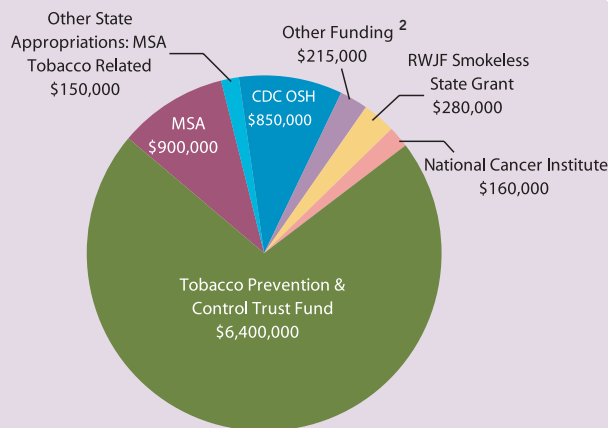


Financial Climate

Section Highlights

- ▶ Under the former Governor Cayetano the allocation of Hawaii's tobacco settlement money was established as follows: Department of Health 35%, University of Hawaii 28%, Emergency Reserve Fund 24.5%, and 12.5% to the Tobacco Prevention and Control Trust Fund.
- ▶ Hawaii dedicated approximately \$9 million to tobacco control in FY 04, meeting 83% of the CDC's minimum recommended funding level for an effective tobacco control program in Hawaii.
- ▶ Counter-marketing and community programs received the highest funding at 21% and 17% respectively. Hawaii met or exceeded the CDC's funding allocation recommendations for counter-marketing, surveillance and evaluation, enforcement, and administration and management.
- ▶ Partners felt that Hawaii's current tobacco control funding was sufficient to maintain a successful tobacco control program. However, Hawaii's budget crisis was seen as a threat to the tobacco control funds.
- ▶ Partners believed that the diversion of funds from the Tobacco Control and Prevention Trust Fund to help build the new medical school was hurtful to the tobacco control program.

Tobacco control funding sources, FY 2004¹



¹The evaluation was conducted at the close of FY 03. Therefore, Hawaii reported FY 04 financial information.

²Other Funding is a combination of funding from SAMHSA (\$30,000), American Cancer Society (\$25,000), other State funding (\$85,000), and American Legacy Foundation (\$75,000).

CDC funding recommendations & DOH TPEP estimated expenditures, FY 2004

Best Practices Category	CDC Lower Recommendation	Estimated Expenditures	Status (+/-) ^a
Chronic Disease Programs	\$2,797,000	\$268,650	-
Community Programs	\$1,681,000	\$1,522,350	-
School Programs	\$1,357,000	\$895,500	-
Cessation Programs	\$1,216,000	\$895,500	-
Counter-Marketing	\$1,187,000	\$1,880,550	+
Surveillance & Evaluation	\$938,000	\$985,050	+
Enforcement	\$661,000	\$1,164,150	+
Statewide Programs	\$475,000	\$268,650	-
Administration & Management	\$469,000	\$1,074,600	+
Total	\$10,778,000	\$8,955,000	-

^a(-) = below CDC recommendation
(+) = meets CDC recommendation

Hawaii's Tobacco Settlement

In 1999, former Governor Cayetano and the Legislature passed a law that allocated Hawaii's tobacco settlement money to the Tobacco Settlement Special Fund, which was to be administered by the Hawaii State Department of Health. The law originally allocated 40% of the tobacco settlement funds to Hawaii's Emergency Reserve Fund, 35% to

the Department of Health, and 25% to the Tobacco Prevention and Control Trust Fund. However, in 2001 the former Governor modified the distributions to include payment for the University of Hawaii’s new medical school. As a result the Tobacco Prevention and Control Trust Fund was reduced to 12.5% and the Emergency Reserve Fund was cut to 24.5%.

FY 2004 Funding

Since the evaluation took place at the close of FY 03, Hawaii reported FY 04 financial information. In FY 04, Hawaii dedicated approximately \$9 million (\$7.39 per capita) to tobacco control, meeting 83% of the CDC’s minimum recommendation for an effective tobacco control program in Hawaii. The main source of funding, \$6,400,000 (71%), was received from the Tobacco Prevention and Control Trust Fund. Additional funding was provided by a number of other sources, including other tobacco-related MSA funding, the CDC Office on Smoking and Health, the Robert Wood Johnson Foundation Smokeless States grant, National Cancer Institute, other state funding, American Legacy Foundation, SAMHSA, and American Cancer Society.

According to the DOH TPEP’s estimated expenditures for FY 04, counter-marketing and community programs received the highest funding at 21% and 17% respectively. Enforcement programs, administration and management, and surveillance and evaluation programs received 13%, 12% and 11% respectively, while school programs and cessation programs each received 10%. When comparing these estimated expenditures to CDC’s funding allocation recommendations, Hawaii met or exceeded the recommendations for counter-marketing, surveillance and evaluation, enforcement, and administration and management.

Successes & Challenges

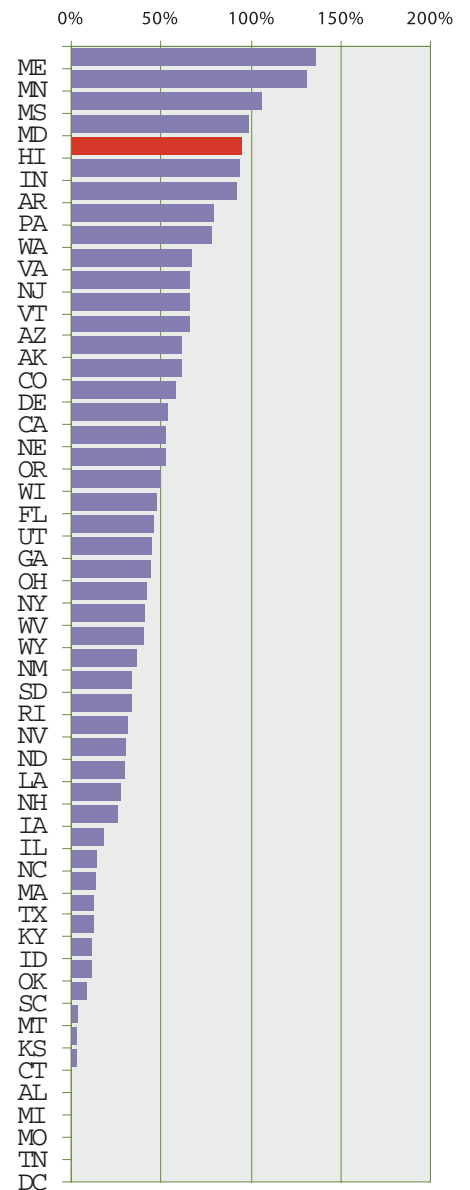
The following influences on the financial climate of tobacco control were identified:

Tobacco Control Program Funding

The tobacco settlement was viewed as a great success for Hawaii’s tobacco control program because it increased the available resources and provided an opportunity to expand the program.

The tobacco settlement dollars offer the state an opportunity to re-establish health promotion and prevention. It came with no strings; it came with no guidelines from the feds about what the money could be used for and what it couldn’t, so it permitted Hawaii to really step up to the plate and have money to design programs around the *Best Practices* in prevention.

Where does Hawaii rank?
The percentage of CDC lower estimate funding allocated for tobacco control in FY 2003



Source: Campaign for Tobacco-Free Kids, 1/03

Cigarette excise tax rates
2003

State	Excise Tax
CT	\$1.510
MA	\$1.510
NJ	\$1.500
NY	\$1.500
RI	\$1.500
WA	\$1.425
HI	\$1.300
OR	\$1.280
MI	\$1.250
VT	\$1.190
AZ	\$1.180
AK	\$1.000
DC	\$1.000
MD	\$1.000
ME	\$1.000
PA	\$1.000
IL	\$0.980
NM	\$0.910
CA	\$0.870
KS	\$0.790
WI	\$0.770
UT	\$0.695
NE	\$0.640
WY	\$0.600
IN	\$0.555
OH	\$0.550
WV	\$0.550
SD	\$0.530
NH	\$0.520
MN	\$0.480
ND	\$0.440
TX	\$0.410
IA	\$0.360
LA	\$0.360
NV	\$0.350
AR	\$0.340
FL	\$0.339
ID	\$0.280
DE	\$0.240
OK	\$0.230
CO	\$0.200
TN	\$0.200
MS	\$0.180
MT	\$0.180
MO	\$0.170
AL	\$0.165
GA	\$0.120
SC	\$0.070
NC	\$0.050
KY	\$0.030
VA	\$0.025

Source: Campaign for Tobacco-Free Kids

Many partners believed that Hawaii had appropriate funding to maintain its tobacco control and prevention program.

I think there's lots of tobacco settlement money, I really do, provided nobody takes it away. I think with the tobacco settlement is money you have to always watch, so nobody takes it away. I think there's enough money.

Hawaii's budget crisis

In FY 03, Hawaii experienced a budget shortfall of approximately \$162 million. Partners discussed the fear of future tobacco control funds being reallocated due to the budget deficit and the poor economic state of Hawaii since September 11th.

Money is always going to be under attack by other groups looking for funding. And of course, 9/11 had a big impact on funding for tobacco control, and the resulting drop in tourism and things like that...SARS. All that influences the state economic situation, so that affects tobacco control spending.

I think it's [the tobacco settlement fund] in jeopardy every minute the Legislature is in session. We've managed to hold them off pretty much. This last session looked to be fairly benign and then it got very heated...

Partners also felt the diversion of funds from the Tobacco Control and Prevention Trust Fund in order to help finance the University of Hawaii's new medical school was hurtful to the program.

We lost some of our designated funds to the Tobacco Trust Fund to build a medical school. It's hard to say how that affected us. I think it set a bad precedent; that probably was the worst thing it did, because we hadn't really been utilizing the funds as we hoped they would be utilized. We had to fight off that again this year taking some moneys away, and we know it's going to come probably big time again next legislative session.

Suggested Approaches

1. Work to identify tobacco control political champions to publicly support the program and its funding levels.
2. Continue to educate the Legislature on the economic benefits of the tobacco prevention and control program.
3. Investigate ways to maintain the funding level for the program if current resources cannot be sustained.



Political Climate

Section Highlights

- ▶ Partners felt there were some challenges regarding the political climate, but in general it was favorable to tobacco control.
- ▶ Due to her short time in office, most partners felt it was too early to tell how much support Governor Lingle would give to tobacco control.
- ▶ The Legislature was considered to be somewhat supportive.
- ▶ Some partners felt there were not enough strong political champions in tobacco control.
- ▶ The strong presence of the tobacco industry, other priority public health and economic issues, and the Legislature were viewed as challenges for the program.

Political Climate

Several partners described Hawaii's political climate as favorable to tobacco control. They described Hawaii as a progressive public health state in which tobacco control had grown more prominent publicly and politically. An increase in the excise tax, youth access laws, and local clean indoor air ordinances were results of this support.

For the most part we are a fairly progressive public health state in terms of being concerned about the welfare of the community. The Legislature has been fairly supportive in tobacco control in terms of overall legislation. Up until now we have been fortunate to enjoy more support than opposition.

**Hawaii's political composition,
2003 legislative session**

Governor Linda Lingle	Republican
Attorney General Mark Bennett	Republican
<i>Senate</i>	
President Robet Bunda	Democrat
Party Breakdown	20 Democrats 5 Republicans
<i>House of Representatives</i>	
Speaker Calvin Say	Democrat
Party Breakdown	36 Democrats 15 Republicans

Partners felt there was a difference in support for tobacco control at the state and county levels. Hawaii’s island make-up led to partners working more on a community level and they felt tobacco control received more support from county councils than at the state level. Partners mentioned the adoption of stringent smoke-free workplace laws in the counties as an example of this support.

The county councils on all of the islands have been wonderful. They understand tobacco control, they see it as an important issue, and they are willing to pass ETS and other issues on the county level. The state is not as friendly for tobacco control. Again, this year they shot down a smoke-free Capitol.

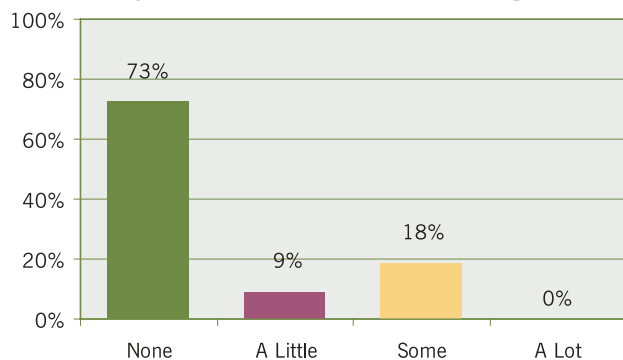
Regarding the state level, partners mentioned some challenges in the political climate. The state was dealing with a number of competing public health issues (*e.g.*, crystal methamphetamine use) and as a result tobacco was lower on the priority list. Hawaii’s budget shortfall was also mentioned as a challenge. Partners were concerned that tobacco control funds might be diverted to cover the shortfall.

We have a lot of demands on the dollars that are there, and it is very difficult to maintain dollars in any kind of fund that are not being used fully each year. It is not just the Tobacco Control Trust Fund, but there are other departments that have had funds and they are all being looked at very, very carefully for other dollars that might be better used to support the police, the fire department, the educational system, or whatever is coming along.

Political Support for Tobacco Control and Public Health

In 2002, former Maui County Mayor Linda Lingle (R) was elected Governor over Lieutenant Governor Mazie Hirono to replace Governor Benjamin Cayetano (D). Lingle was only the second Republican to lead Hawaii since its statehood in 1959.

How much support for tobacco control do you receive from Governor Lingle?



Seventy-three percent of partners felt that Governor Lingle offered no support for tobacco control. Due to her short time in office, many partners felt it was too early to tell how supportive she was of tobacco control. In addition, some partners were unsure of how the Governor viewed this issue because they had never heard her speak publicly about it. Others felt issues, such as the budget deficit, were taking precedence at the time. (Note: Governor Lingle has recently accepted an appointment to the American Legacy Foundation Board of Directors.)

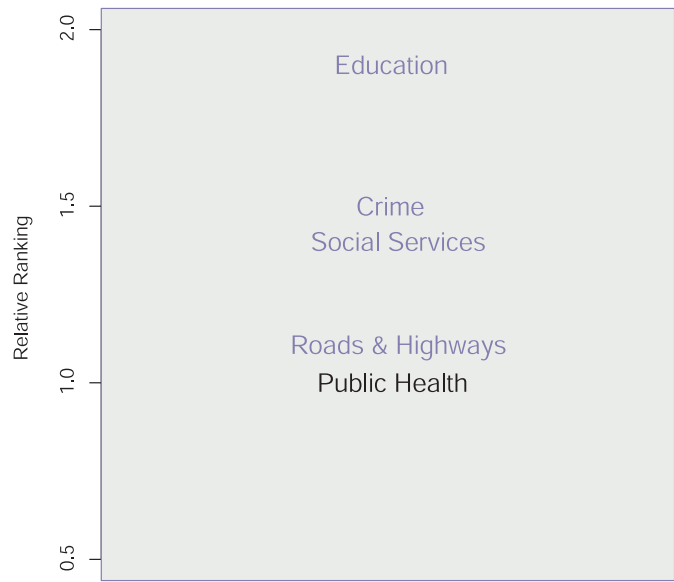
I do not know that I have ever heard her speak on it [tobacco control]. That's probably because she has been in for such a short time and there are so many other topics that have been more pressing in the past legislative session.

Partners believed other issues such as education and crime were of higher priority for the Governor than public health. Tobacco control was also ranked as the lowest priority, below other public health issues such as mental health, bioterrorism, and medical care.

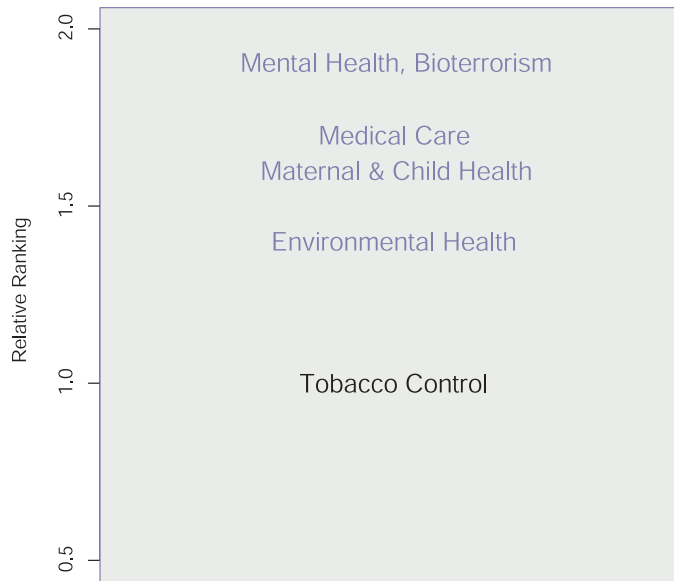
Partners' comments regarding the importance of tobacco control to the Legislature ranged from a lot to a little support with most partners feeling the Legislature was somewhat supportive. There were some Legislators that supported tobacco control and others that did not. Examples of support were the excise tax increase and youth access laws. The failure of passing a clean indoor air law in the Capitol and statewide were viewed as examples of a lack of support.

It [importance of tobacco control in the Legislature] is sort of moderate. It depends on who you are talking to. There are some people who are extremely wonderful, strong supporters of it, and there are other people that are heavy smokers and they are totally against any kind of smoking regulations. So it is split.

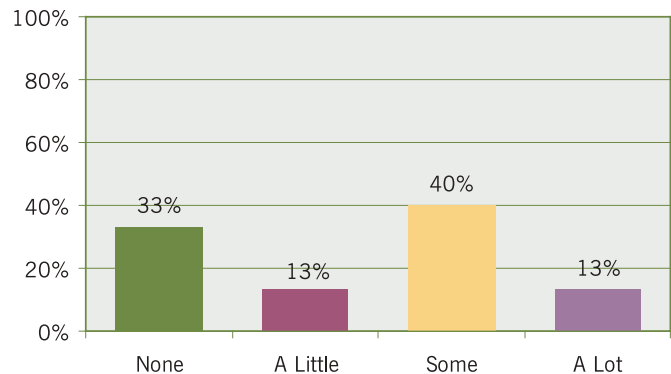
Perceptions of Governor Lingle's prioritization of public health



Perceptions of Governor Lingle's prioritization of tobacco control



How much support for tobacco control do you receive from the Legislature?



Tobacco Control Champions

Some partners were unsure of whom the key political leaders in tobacco control were and that they did not have enough strong political champions.

There may be a lack of political leadership in this area [tobacco control]. We do not have a champion for this. We do not have one leader who we can say let's call him up; he is working on this. That does not help us at all.

However, past directors of DOH were mentioned as key players in tobacco control. They were viewed having been supportive of tobacco control and influential in the Legislature. Partners were unsure of how supportive the current director, Dr. Chiyome Fukino, would be due to her short time as director.

The Department of Health is the most important [in tobacco control]. They will have the greatest leverage. Past directors have been very vocal, and I think they are very influential at the Legislature. Especially when they can talk about it [tobacco control] in terms of fiscal impacts down the road.

Other groups or individuals mentioned as key players were:

- Julian Lipsher, DOH TPEP program director
- Coalition for a Tobacco-Free Hawaii
- Health Committee Chairs in Legislature
- County Councils

Political Barriers

The tobacco industry was viewed as having a strong presence in Hawaii, though partners considered Hawaii to be less of a priority for the industry compared to other states due to their geographic isolation. The tobacco industry's influence in the State Legislature led to partners believing the industry had been somewhat effective in inhibiting the tobacco control program. They felt tobacco control groups had more influence at the local level and as a result they considered the industry to be more influential at the state level than the local.

I would say fairly strong [presence]. I think compared to some other states it is less, because we do get off the radar screen by being so far away. They definitely have an influence and there is a lot of restaurateurs, etc., that will come in with the arguments that come from the tobacco companies. So it is sort of an under-the-table kind of presence where they are not overt about it.

The tobacco industry invests its campaign spending at the state level. I think grassroots influence is stronger at the county level. So basically the tobacco industry controls the State Legislature and State administration, and they do not have that same influence at the county level.

Partners mentioned several activities conducted by the tobacco industry in the state. The activities most frequently mentioned were lobbying of the Legislature and heavy marketing of specific cigarette brands.

Some partners felt other priority issues (*e.g.*, Hawaii’s budget shortfall, illegal drugs, homeland security) and the Legislature posed major political barriers that impacted the tobacco control program.

The state is trying to balance out a number of public health priorities, and tobacco control is not always seen, in our view, as high a priority as we would like to see it be.

Budget shortfalls encourage the Legislature to take money from tobacco control and apply it to other things.

Significant Event

Partners identified the following political events as having an impact on the tobacco control landscape in Hawaii:

- Dedication of MSA money to tobacco control
- Passage of smoke-free workplace ordinances in the counties
- Hawaii’s budget shortfall

Suggested Approaches

1. Continue to educate legislators about the importance of tobacco control to increase the number of influential tobacco control champions.
2. Continue using county-level policy initiatives to lay the groundwork for statewide initiatives.

Policy Watch: SCLD Ratings

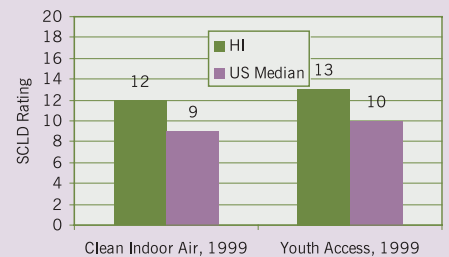
Rating systems have been developed to measure the extensiveness of youth access and clean indoor air (CIA) legislation, collected by The NCI’s State Cancer Legislative Database (SCLD). States with higher scores have more extensive tobacco control legislation. Scores are reduced when state preemption is present.

For youth access, nine areas were measured: six addressed specific tobacco control provisions, and three related to enforcement provisions. Nine areas were also measured for CIA: seven related to controlling smoke in indoor locations, and two addressed enforcement. The maximum scores for youth access and CIA are 36 and 42, respectively.

Hawaii’s SCLD ratings for clean indoor air and youth access were both above the national medians. In 1999, Hawaii’s clean indoor air rating was twelve. The passage of statewide smoke-free workplace legislation, including the Capitol, would increase the score.

Hawaii’s ratings

Clean Indoor Air: **12**
 Youth Access: **13**



Source: www.sclد-nci.net

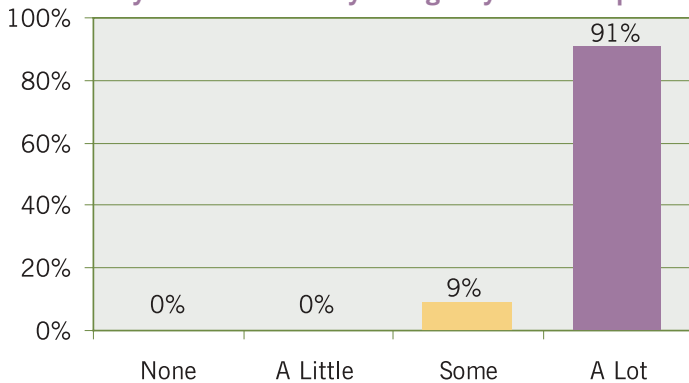


Capacity & Relationships

Section Highlights

- ▶ The partners received a lot of support from their supervisors for their tobacco control efforts.
- ▶ Staffing levels and experience were adequate but partners felt they could use additional staff who are experienced in tobacco control.
- ▶ The DOH TPEP was highly regarded due to their dedicated staff. Some partners felt there should be an increased coordination of activities within DOH.
- ▶ Partners felt the tobacco control network was somewhat effective. A lack of a coordinating agency for the entire program was identified as an impediment to the program.

How much support for tobacco control do you receive from your agency leadership?



How does each of the following characteristics affect your agency's tobacco control program?

Organizational Characteristic	Helps	Hurts	Both	Neither
Physical resources	79%	0%	14%	7%
Training opportunities	73%	13%	7%	7%
Size of agency	53%	20%	13%	13%
Internal decision-making process	53%	13%	27%	7%
Internal communication network	47%	7%	33%	13%
Reporting requirements	47%	0%	27%	8%
Organizational structure of agency	40%	20%	27%	13%
Number of tobacco control staff	39%	46%	8%	8%
Staff turnover	14%	43%	7%	36%

Organizational Capacity

Partners identified a number of characteristics that influenced their tobacco control efforts. The large majority felt that they received a lot of support for their tobacco control efforts from their supervisors. Partners identified several characteristics that facilitated their efforts including opportunities for training, their own agencies' internal communication network and decision-making process, and the availability of resources (*e.g.* computers, office space).

The majority of the partners felt staffing levels and their staff's experience were adequate. However, many felt there was a need for additional staff who had strong tobacco control expertise in order to continue to make progress with the program.

There's a need for more staff...Just more bodies committed to tobacco control. Expertise, you know, I think there is not a whole lot of folk in Hawaii interested in tobacco, and who has the expertise around tobacco.

Additionally, staff turnover was not seen a challenge for partners, since very few had experienced any turnover within their own agencies.

Turnover hasn't [affected our efforts]. We've been pretty stable in that area. [How has turnover effected the Hawaii's program as a whole?] Minimally, if at all. We've had some minor changes, but on the whole, the players have stayed the same.

In the past year, partners attended a variety of tobacco control trainings. Partners frequently attended national, state, and local level trainings. Most felt that the trainings they attended were at least moderately adequate.

Perceptions of the DOH TPEP

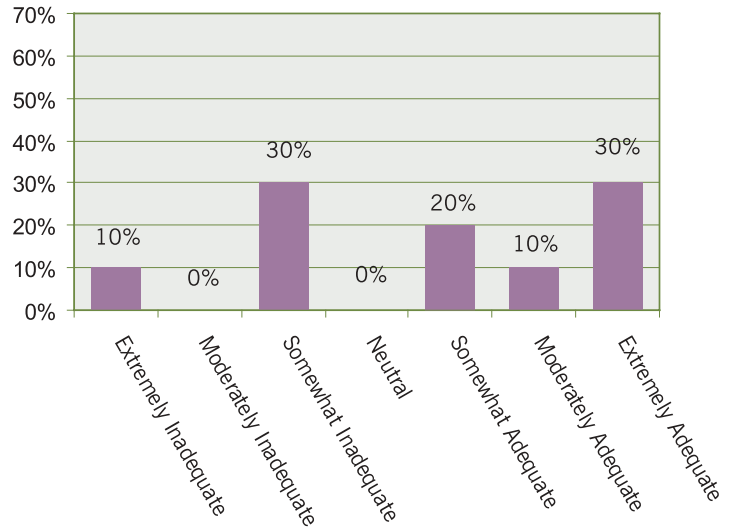
Partners viewed the DOH TPEP staff as highly dedicated and well-respected. The staff did a good job at providing assistance and keeping the partners informed. A few mentioned that the DOH TPEP program manager, Julian Lipsher, was an asset to Hawaii's program.

I think that they [DOH TPEP] are extremely dedicated to the cause [tobacco control]. They don't have the attitude of administrators; they feel truly committed to the issue.

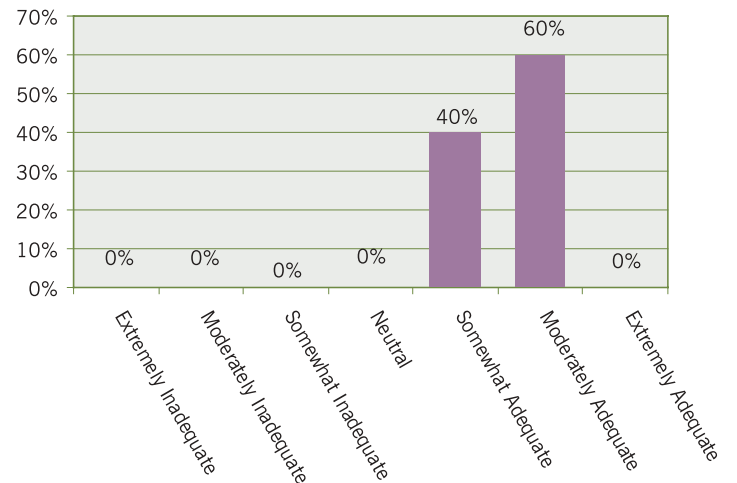
Their [DOH TPEP] biggest strength is being on top of legislation and keeping us informed on the direction the administration and the legislation are going. They are very in tune and willing to share information with us so that we have a good grasp of where we can make inroads and where we would be ineffectual.

Partners felt that the DOH TPEP needed additional funding for the program and that the state bureaucracy hindered efforts.

How adequate is your tobacco control staffing level?



How adequate is your staff's tobacco control experience?



Partners of Hawaii's tobacco control network

Agency	Abbreviation	Agency Type
DOH Tobacco Prevention and Education Program	• DOH TPEP	• Lead Agency
American Cancer Society	• ACS	• Voluntary
American Lung Association	• ALA	• Voluntary
American Heart Association	• AHA	• Voluntary
Coalition for a Tobacco-Free Hawaii	• TF Hawaii	• Statewide Coalition
Tobacco-Free Kauai	• Kauai	• Regional Coalition
Maui Tobacco-Free Partnership	• Maui	• Regional Coalition
Ward Research	• Ward	• Contractor
Omnitrak Group, Inc.	• Omnitrak	• Contractor
Department of the Attorney General	• HI AG	• State Agency
HI State DOH, Alcohol & Drug Abuse Division	• DOH ADA	• State Agency
East Hawaii Tobacco-Free	• E. Hawaii	• Regional Coalition
West Hawaii Tobacco-Free	• W. Hawaii	• Regional Coalition
University of Hawaii	• U of HI	• Contractor
Tobacco Settlement Special Fund	• Special Fund	• State Agency
Hawaii Community Foundation	• Foundation	• Foundation

What impedes it [DOH TPEP] is the state system. It's a huge bureaucracy so things just take time to go through the different channels of the department.

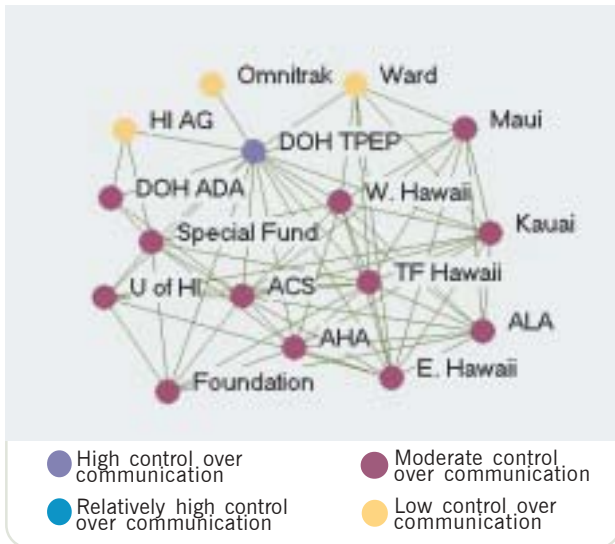
Additionally, a need for increased coordination of program activities within DOH and stronger leadership from DOH TPEP was also identified.

I think there needs to be more leadership by the Department of Health in order to be more clear about what their goals are; what the state's goals are; and then really move the agenda forward.

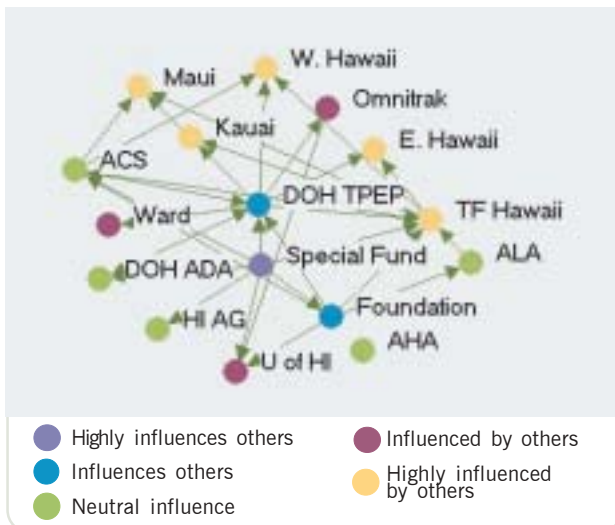
Tobacco Control Network

Sixteen tobacco control partners were identified as core members of Hawaii's tobacco control program (see adjacent table) and were invited to participate in the interviews. The list of partners included a variety of agency types, including media firms, the Attorney General's office, local coalitions, and voluntary health agencies.

Monthly contact among network partners



Money flow among network partners



Contact Frequency

In the adjacent figure, a line connects two partners who had contact with each other *at least* once a month. Hawaii had a relatively centralized communication structure where members of the network frequently had contact with DOH TPEP and less frequent contact with other agencies. The peripheral agencies (indicated by the yellow dots) had infrequent contact with other agencies and the least control over information flow.

Money Flow

In the adjacent graph, an arrow indicates the direction of money flow between two partners. The Special Fund had the largest financial influence over the network because it allocates the MSA money to the different funding streams, including the Tobacco Prevention and Control Trust Fund. DOH TPEP and the Foundation had a relatively strong financial influence since they dispersed money to their contractors and coalitions. Several partners including the

voluntary health agencies, HI AG, and DOH ADA had neutral financial influence over the network.

Productive Relationships

A directional arrow (A→B) indicates that Partner A had a *very* productive relationship with Partner B. A bi-directional arrow (A↔B) indicates that both partners agreed that their relationship was very productive. DOH TPEP had many highly productive relationships with partners in the network, while the coalitions, the Foundation, and ACS had several productive relationships. The remaining partners had some productive relationships, with the exception of DOH ADA who had very few due to its narrow focus on enforcement of the cigarette tax.

Perceived Effectiveness of Network

The majority of partners felt Hawaii's tobacco control network was at least somewhat effective. Some attributed their ability to make progress in the area of clean indoor air policy as a result of the strength of the network.

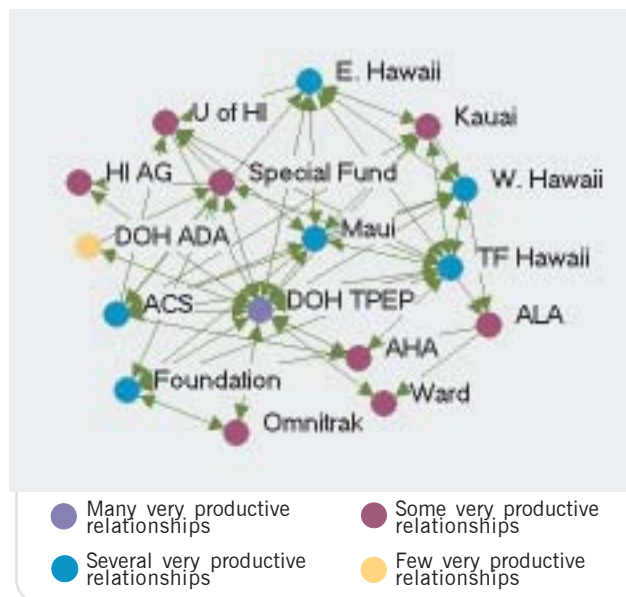
It's very effective. One of the nice things about Hawaii is you have access to anybody. We have a strong network via emails and personal connections.

I think it's somewhat effective. I think for the most part we work very well together and we really do try to collaborate and communicate. It's not perfect but we are trying.

I think we have been pretty successful in coordinating things from a policy perspective because we all sort of work towards the same goal. We can all agree on policy issues...we've had good agreement with the various agencies on what our policy goals are.

Some partners felt the program lacked infrastructure and that it was not clear which partner agency was the coordinating agency for Hawaii's program.

Productive relationships among network partners



Agency rating of importance to the program & commitment to tobacco control

Importance to the program ^a		Commitment to tobacco control ^b	
Agency	Avg. rating ^c	Agency	Avg. rating ^c
DOH TPEP	9.6	DOH TPEP	10.0
Tobacco Settlement Special Fund	9.3	Maui Tobacco-Free Partnership	9.8
Coalition for a Tobacco-Free Hawaii	8.9	Tobacco-Free Kauai	9.8
Maui Tobacco-Free Partnership	8.9	East Hawaii Tobacco-Free	9.7
Tobacco-Free Kauai	8.9	Coalition for a Tobacco-Free Hawaii	9.6
East Hawaii Tobacco-Free	8.4	West Hawaii Tobacco-Free	9.6
West Hawaii Tobacco-Free	8.4	Tobacco Settlement Special Fund	9.3
American Cancer Society	8.3	American Cancer Society	9.2
Hawaii Community Foundation	8.3	American Lung Association	8.1
American Lung Association	7.8	Univeristy of Hawaii	8.1
University of Hawaii	7.7	Hawaii State Department of Health, Alcohol & Drug Abuse Division	7.7
American Heart Association	7.0	American Heart Association	7.6
Department of the Attorney General	7.0	Department of the Attorney General	7.5
Hawaii State Department of Health, Alcohol & Drug Abuse Division	6.6	Hawaii Community Foundation	7.3
Omnitrak Group, Inc.	5.3	Ward Research	6.3
Ward Research	5.1	Omnitrak Group, Inc.	6.2

a How would you rate the importance of each agency for an effective tobacco control program in your state?
b How would you rate the level of commitment to tobacco control for each of the following agencies in your state?
c 10 = high; 1 = low

There's sort of different players in the community but there hasn't been an overarching structure that does the overall coordination of what's going on. Traditionally that's been played by health departments in other states but because the trust fund is being administered outside of the Department of Health...the infrastructure still needs to be developed.

There's no coordinating bodies. So you've got the Tobacco Prevention and Education Program, the Healthy Hawaiian Initiative, and the Tobacco Settlement; and while they do talk to each other, there really hasn't been a strong coordinated effort.

Additionally a few partners felt that the network needed improvement due to competing priorities of partners and a lack of coordination of the program.

We are not prone to move together. We just haven't been as effective in anything outside of advocacy. I think it's the pressures on each of our agencies to do what we're set out to do in our mission, and this is just one side activity- the coalition.

Trying to get all the partners to hold hands and go in the same direction [has been the biggest barrier]. What we still are working very hard on and we haven't had great success with is avoiding duplication of efforts and producing programs that are replicable so you don't have to reinvent the wheel again.

Agency Importance & Commitment

Partners were asked to rate each agency's level of importance for an effective tobacco control program and its level of commitment to tobacco control. DOH TPEP, the Tobacco Settlement Special Fund, and the coalitions were viewed as having high levels of importance and commitment to the program. Omnitrak Group and Ward Research were rated as having less importance and commitment compared to other partners, reflecting their role of independent media evaluation contractors.

Coalitions

Hawaii's statewide coalition, the Coalition for a Tobacco-Free Hawaii, was viewed as helpful in bringing the partners together. Some partners felt that while the Coalition did a good job communicating with the core group of members, it needed to continue to improve and expand its communication with community members.

The difficulty is their modes of communication could be improved...
There should be an increase in communication and timely response.

Suggestions for Improvement

Partners suggested several ways to increase the effectiveness of the entire tobacco control network, including:

- Sharing results and outcomes from the program activities with community members and key decision-makers in the programmatic and legislative arenas
- Identifying a central or lead agency to improve the infrastructure of the program and improve coordination
- Developing consistent messages for all partners to use
- Examining ways to obtain additional, stable funding

Suggested Approaches

1. Bring together all DOH partners responsible for tobacco control activities to examine ways to increase coordination within the Department.
2. Examine the organizational structure of the entire tobacco control network to define the roles of the partners and increase coordination.
3. Work to incorporate partners' suggestions for improvement listed above.



The Best Practices

Best Practices category definitions

Community programs – local educational and policy activities, often carried out by community coalitions

Chronic disease programs – collaboration with programs that address tobacco-related diseases, including activities that focus on prevention and early detection

School programs – policy, educational, and cessation activities implemented in an academic setting to reduce youth tobacco use, with links to community tobacco control efforts

Enforcement – activities that enforce or support tobacco control policies, especially in areas of youth access and clean indoor air policies

Statewide programs – activities accessible across the state and supported by the state, including statewide projects that provide technical assistance to local programs and partnerships with statewide agencies that work with diverse populations

Counter-marketing programs – activities that counter pro-tobacco influences and increase pro-health messages

Cessation programs – activities that help individuals quit using tobacco

Surveillance & evaluation – the monitoring of tobacco-related outcomes and the success of tobacco control activities

Administration & management – the coordination of the program, including its relationship with partners and fiscal oversight

Section Highlights

- ▶ Hawaii used the BP as a framework for their program, to determine appropriate funding levels, advocate for funding, and as a guideline to ensure they stay on track with their programs.
- ▶ The majority of partners were at least somewhat familiar with the BP.
- ▶ Partners felt community and counter-marketing programs should be high priorities for their state, while chronic disease program were viewed as a lower priority.
- ▶ Identified strengths of the BP were that it serves as a framework for program development, emphasizes a comprehensive approach, and was developed by the CDC.
- ▶ Some suggested improvements were to list specific strategies for each category, provide guidance for how to prioritize funding with a limited budget, and place more emphasis on community programs.

The Best Practices

Hawaii's tobacco control advocates used the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP) in the following ways: 1) as a framework from which to structure their programs; 2) to determine appropriate funding levels; 3) to advocate for funding in the Legislature; and 4) as a guideline to ensure they stay on track with their programs. Hawaii was implementing all nine categories to some degree, though partners felt some categories had a higher visibility than others. Counter-marketing and community programs were mentioned as two emphasized categories, along with

enforcement, which partners felt had a high visibility in the media.

There are some [categories] that I am not as aware of activities as I am in others. [For example] the Department of Health does a good job of working with the media to get them to report the enforcement activities; testing whether or not kids can buy cigarettes from retailers, that kind of thing. That is fairly high visibility.

The majority of partners were at least somewhat familiar with the BP. They felt that community and counter-marketing programs should be high priorities for Hawaii, while chronic disease programs were a lower priority.

High BP Priorities

Community programs were ranked as a high priority for the following reasons:

- The four-island geographic make-up of the state

Because of our unique structure, some of our community programs are extraordinarily important to have. Taken together they really are a statewide program.

- Communities know best how to address issues in their own region

Each community has its own individual characteristics; community-based programs which are tailored to meet the needs of the community are really important.

One size does not fit all. Those of us in the communities know not only the agencies, but also the people. The mode of presentations or offerings of programs is specific to that community, so I think it is really important to know what the community wants and needs.

Partners felt community programs were a high priority for Hawaii. They were receiving support from DOH TPEP, along with funding for tobacco control coordinators in each community.

Best Practices ranking & the DOH TPEP estimated budget allocations, FY 2004

BP Category	Mean Rank ^a	Budget %
Community Programs	3.4	17
School Programs	3.5	10
Counter-Marketing	3.9	21
Cessation Programs	4.0	10
Statewide Programs	4.5	3
Enforcement	5.0	13
Surveillance & Evaluation	5.0	11
Chronic Disease Programs	6.7	3
Administration & Management	Not included ^b	12

^a Ranking: 1 = highest priority; 8 = lowest priority
^b Not included because not mutually exclusive with the other categories

Counter-marketing programs were also ranked as a high priority because partners felt it was necessary to counter the tobacco industry's advertising, especially its marketing targeted at youth. Partners felt attempts to counter tobacco industry marketing had been effective with teens in other states and had an influence on social norm change.

The tobacco industry is spending \$12 billion a year to market their products. You have got to counter it, especially among youth. The only way you are going to be able to stop kids from smoking is to help them to understand how they are being manipulated. You cannot force them to stop, but you can give them enough education to make the right decision.

Teenagers are heavily influenced by advertising campaigns, so with the billions of dollars that cigarette tobacco companies are spending, I think we need to have something that directly addresses that. From what we have seen, those programs that attempt to do that have been quite effective with teens.

Low BP Priorities

Chronic disease programs were ranked as a lower priority because partners felt other health programs often covered chronic disease. They also felt more progress would be made in tobacco control by focusing on the other categories.

I chose to put the tobacco prevention and control activities up front. That is not to say that chronic disease programs are not important. The way I made my priorities is how we should be spending tobacco settlement dollars; and I think we should be spending tobacco settlement dollars on tobacco prevention and control programs.

The other priorities have the best chance of making an impression... making progress.

Partners were unsure if chronic disease programs were a lower priority for Hawaii currently. Some felt chronic disease was more of a moderate priority in the state because programs dealing with diabetes, heart disease, and obesity were being funded with a portion of MSA dollars through the Healthy Hawaii Initiative.

BP Funding

For FY 04, DOH TPEP allocated the largest portion (21%) of tobacco control funding to counter-marketing programs. Community programs followed, receiving 17% of the budget (see table on page 18). Statewide and chronic disease programs received the least amount of funding with 3% allocated to each.

BP Strengths and Weaknesses

The following strengths and weaknesses of the BP were identified:

- Serves as framework through which to develop tobacco control programs
- Emphasizes a comprehensive approach
- Developed by a credible source- the CDC
- Provides funding guidelines which was considered a strength and a challenge

It [BP] sets out very ambitious goals or expectations and dollar amounts and the abilities of states to achieve those seem to be shrinking. Our range of CDC Best Practices minimum is supposed to be spending ten million a year; we're not. We are close, but in difficult economic times it is a struggle. So if we do not spend ten million are we a failure? I do not think so.

Partners had the following recommendations regarding the improvement of the BP:

- List specific strategies for each category
- Provide guidance for how to prioritize funding with a limited budget
- Put more emphasis on community programs
- Discuss policy change and advocacy in more detail
- Provide guidelines that are less technical, to promote use by less experienced tobacco control professionals

Suggested Approaches

1. Identify how current chronic disease programs are addressing tobacco control and develop new ways to increase coverage, if needed.
2. Continue to coordinate and support community programs on a statewide level.
3. Refer to other tobacco control resources to supplement the Best Practices. For example,
 - *The Guide to Community Preventive Services for Tobacco Use Prevention and Control* (www.thecommunityguide.org)
 - *The 2000 Surgeon General's Report on Reducing Tobacco Use* (www.cdc.gov/tobacco/sgr_tobacco_use.htm)
 - *The 2000 Public Health Services Clinical Cessation Guidelines* (www.surgeongeneral.gov/tobacco/smokesum.htm)
 - Resources from national tobacco control organizations (see the Resources section on page 30).
4. Take into account the strengths, weaknesses, and areas of potential improvement to the *Best Practices* guidelines identified in this Profile when developing your own tobacco control resources.



Tobacco Control Program Goals

Section Highlights

- ▶ Environmental tobacco smoke and youth initiation and prevention were seen as appropriate priority goals for Hawaii.
- ▶ Partners felt that youth initiation and prevention was an important goal because it was more cost efficient than cessation services. Environmental tobacco smoke was viewed as a priority because it would impact a large number of people.
- ▶ Some partners recommended adding cessation efforts to the list of priority goals.
- ▶ Youth programs involving youth as major contributors to the design and implementation were viewed as successful. Partners also believed that county level smoke-free ordinances had been successful due to support and persistence of the community tobacco control partners.
- ▶ Partners felt that increasing staff and volunteer levels, as well as more training would assist their agencies in meeting the two priority goals.

Top Two Goals

For this evaluation DOH TPEP was asked to identify the top two policy or programmatic goals for FY 03. The two goals identified were:

- Environmental tobacco smoke
- Youth initiation and prevention

These goals are two of the four program goals outlined by the CDC (*i.e.* preventing initiation, promoting cessation, eliminating exposure to secondhand smoke and eliminating disparities). Hawaii's goals are documented in their CDC Office on Smoking and Health grant. These goals were identified as priorities based on the prevention and policy focus of Hawaii's Tobacco Prevention and Education Program, as well as supporting data.

Partners agreed that youth initiation and prevention and environmental tobacco smoke were appropriate priorities for Hawaii. Several partners were aware that these were the goals for the program.

I agree with them, and I think they [DOH TPEP] work extremely hard on meeting those goals. We know that that's included in their expectations, and they keep their coalitions very focused on those issues. And it's also on much of their literature; those two items are always included on their list.

Partners felt that youth prevention was a good place to focus efforts because of its economic advantages. They also added that environmental tobacco smoke was important because it would reach many people through smoke-free legislation.

I think the youth one definitely. Again, because it is actually less expensive to prevent someone from starting to smoke than it is to convert them from being a smoker to a non-smoker. I think that with the youth population, particularly the ethnic segment, that's a critically important goal.

It's a social justice issue and a lot of our workers are minority lower income, lower educated; they're working in bars and the like. We want to be able to provide equal protection under law for that. So ETS is definitely one of our central issues.

Changes and Additions

Several partners believed the two priority goals were accurate and important, and would not make any changes to them. However, a few felt that the list should be expanded to include cessation efforts. It was believed that Hawaii needed to develop a more thorough cessation program.

I think what we really need to do is cessation. Cessation in Hawaii has been fairly fragmented; there are cessation programs that exist in terms of individuals... But I think in terms of any kind of structured attempt to pull cessation resources together, we really haven't done very much in that area.

Successes & Improvements

Environmental Tobacco Smoke

Several partners mentioned the success Hawaii had had in the passage of smoke-free county level ordinances. Hawaii's four counties each had smoking bans although they were all at varying levels of comprehensiveness. Partners felt that support and persistence from the community tobacco control partners were reasons for the counties' successes.

I think one of our biggest successes is in terms of ETS and just what we've been able to do in the past year and a half. We only have four counties, and three of them have passed smoke-free restaurant ordinances in the past year. And I think without the coalition and the work we did, that wouldn't have happened.

A Sampling of Hawaii's Activities

Youth initiation and prevention

- Peer tobacco prevention education
- Community organization prevention and cessation activities in schools
- Evaluation of multimedia channel teen programs
- Collaboration with youth centers and organizations
- Media literacy on youth as targets of the tobacco industry

Environmental tobacco smoke

- Advocating for smoke-free legislation in workplaces and restaurants
- Educating parents on the harms of environmental tobacco smoke

Well to various different degrees I think our success in smoke-free workplaces has been really, really successful. There's different degrees in terms of how comprehensive is the Kauai ordinance and does it have problems, and the Maui ordinance, and the Oahu ordinance. Certainly on Oahu we had some very, very strong supportive city council members. So it was a really good community based effort supporting what the council members wanted to do, and the same on Maui and Kauai.

Youth Initiation and Prevention

Partners felt that successful youth programs involved youth input in the design of the program. They also believed that youth participation in administering the programs was helpful.


Definitely the successful one would be the tobacco prevention program offered by older students. It's successful because the younger students idolize the older students... The program delivery by the teens is really well received by the younger students, and the information is accepted too. I think part of the success of that program is that younger students are lectured to all the time by adults, and so to have visitors come in and make it exciting, and these are good role models in addition to being educators...

Finally, several partners felt the following changes would help their own agencies meet the priority goals:

- Increasing staff and volunteer levels
- Providing more trainings

Suggested Approaches

1. Develop a state plan for cessation services to unify current efforts.



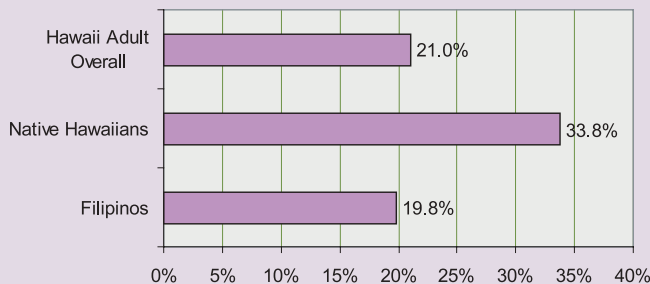
Disparate Populations

Section Highlights

- ▶ The DOH TPEP identified native and part Hawaiians, teenage girls, and South East Asian adults as experiencing significant tobacco-related disparities.
- ▶ Partners felt that Hawaii lacked a significant minority population due to the diverse make-up of the state's population. They also agreed that the three populations identified were high priorities for Hawaii.
- ▶ Several partners felt that Hawaii had not yet fully developed strategies to reach the disparate populations.
- ▶ Partners believed the BP were somewhat helpful in addressing disparate populations. They felt the BP needed a framework for addressing disparate populations that could be tailored to each state, and acknowledging that Hawaii's population composition is vastly different than in other states.

Hawaii Native Hawaiians and Filipinos (approximately 6.6%¹ & 14.1% of HI's population, respectively)

Current Adult Smokers, 2002

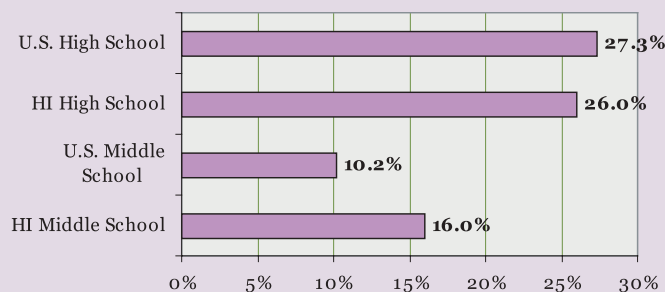


Source: BRFSS 2002 & US Census 2000

¹ Percentage is of those who reported one race, Native Hawaiian. Twenty-three percent reported themselves as Native Hawaiian or Other Pacific Islander in combination with one or more other races.

Hawaii Teenage Girls

Current Smokers 2000, Teenage Girls



Source: HI YTS 2000 & Nat'l YTS 2000

Priority Disparate Populations

The DOH TPEP identified the following populations as having tobacco-related disparities:

- Native and part Hawaiians
- Teenage girls
- South East Asian Adults

Resources used to help identify the above populations included epidemiological data, needs assessment data, and evidence based literature on both tobacco use prevalence and disparate populations.

In FY 03, DOH TPEP allocated approximately \$40,000 for tobacco control activities for populations experiencing significant tobacco-related disparities. During the planning of these activities DOH TPEP solicited input

through interactions with representatives from the identified populations and through meetings with appropriate multi-cultural agencies.

Partners' Comments

Partners frequently mentioned how Hawaii lacked a significant distinction between majority and minority populations as often seen in other states due to the diversity in cultures and ethnicities. They also agreed that the three identified populations were a high priority for Hawaii.

We're such a mixed up population culturally that ethnicity isn't as important a factor. It is to some extent; there are cultural differences, but we tend to blend better here than in other places.

In Hawaii, there is no majority-minority population. It's not the same black, white, Hispanic population mix as there is on the mainland. It just doesn't work to have to segregate.

Native and part Hawaiians

Partners agreed that Native Hawaiians were an important population to target due to their poor health outcomes.

I think the Hawaiians indeed should be in the top three, because Hawaiians also have a higher incidence of other health problems...and smoking would only exacerbate these problems. So definitely targeting them at the onset is like nipping it in the bud.

They believed that Native Hawaiians were more susceptible to tobacco industry messaging because of their lower socioeconomic status.

I feel the tobacco industry doesn't look at people by ethnicity. I think they look at them by socioeconomic group and education, and they target their marketing to those groups that they feel are most vulnerable to their message... It just happens that Native Hawaiians fall into that category.

Teenage girls

A few partners felt that epidemiological data supported the need to address teenage girls.

Teenage girls are a problem. I think that has been the fastest growing sector within the United States of youth smoking. I think that's harder... it appears that as girls become more involved in the workplace, or the suggestion is that as girls gain "independence", smoking has increased with it.

South East Asian adults

Partners were unclear who was included in the term South East Asian adults. Several assumed that South East Asian adults described the Filipino population.

South East Asian adult is generally not an ethnic sub-population that we commonly use in terms of grouping people by ethnicity.

They also frequently mentioned South East Asian immigrants as having high smoking rates and often specifically identified males.

Additional Populations

While partners agreed with the three identified populations, other populations of interest included:

- Young adults (18-24 years old)
- All youth, not just girls
- Immigrants
- Low-income and less educated individuals
- Pregnant women

Identified Strategies

Several partners believed Hawaii had not fully developed strategies to reach the identified disparate populations. Many were unable to identify strategies targeting each of the identified populations.

I think that the strategies are not terribly well developed right at this point. There are lots of pockets of efforts, but I don't believe that there is one overreaching effort that is really making a difference.

However, other partners identified the following as examples of strategies to address the identified populations in Hawaii:

- Collaboratively working with Native Hawaiian agencies to augment their services with by incorporating tobacco control and prevention programs.
- Reaching the disparate populations through community-based efforts.
- Developing culturally appropriate methods for targeting the disparate populations.

Disparate Populations & Best Practices

Some partners felt that the BP was somewhat useful for addressing tobacco-related disparities. However, the following suggestions were given to improve the guidelines:

- Develop a framework for addressing disparate populations that can be tailored to each state.

- Understand that Hawaii's population composition is vastly different than in other states.

Suggested Approaches

1. Develop more targeted strategies to address tobacco-related disparities.
2. Continue to work with disparate populations in identifying effective ways of addressing tobacco prevention and control.



Program Strengths & Challenges

At the end of each interview, partners were asked to identify the biggest strength and weakness of Hawaii's tobacco control program. Below is a list of the strengths of Hawaii's program and the challenges facing it.

- The dedication of the professionals working in tobacco control was viewed as a major strength of the program. Some partners also specifically mentioned the DOH TPEP staff as being highly committed and dedicated.

I think it's the people who are working in tobacco control. They're knowledgeable. They're effective and helpful. I think it's a very collegial atmosphere.

Dedicated people working under adverse circumstances. I mean Julian and his group and all of the other groups involved.

- The ability to sustain and protect the tobacco control program funding was viewed as a challenge due to the state's difficult economic condition.

Number one would be the state deficit because the Governor and Legislature has trouble balancing the budget. So everybody is looking for new sources of revenue and all special funds become a source of temptation.

It's the way that the tobacco settlement funds have been allocated. It leaves so much of it for general health and general funding.

- Partners also felt that there was a need for more coordination and infrastructure. Some felt that there was no designated coordinating agency to oversee the entire program.

There's a lack of coordination still. I think as we have been able to try to grow tobacco control in the state, there are pieces that still need to be developed. And that includes developing the infrastructure piece.

Probably the lack of coordination, though we're certainly trying to correct that. I just think that the scattered efforts is really the biggest weakness.

In addition to the state's budget crisis, partners felt that the progress that has been made in clean indoor air policy would significantly shape tobacco control in Hawaii in the next few years.

The implementation of the smoke-free restaurants laws, and hopefully the passage of the one on the Big Island. I think if they're shown to be successful it will pave the way to get all workplaces smoke-free down the road. That will influence people who smoke and it'll change the social acceptability of tobacco.

Note: The Big Island's clean indoor air ordinance was passed in July 2003 and was signed into law on August 1, 2003. It takes effect on February 1, 2004.



Resources

The following is a short list of available tobacco control resources identified by the partners and the project team:

National tobacco control organizations

American Cancer Society	www.cancer.org
American Heart Association	www.heart.org
American Legacy Foundation	www.americanlegacy.org
American Lung Association	www.lungusa.org
Americans' for Nonsmokers' Rights	www.no-smoke.org
Campaign for Tobacco-Free Kids	www.tobaccofreekids.org
The Centers for Disease Control & Prevention	www.cdc.gov/tobacco/
The National Cancer Institute	www.tobaccocontrol.cancer.gov
The Robert Wood Johnson Foundation	www.rwjf.org

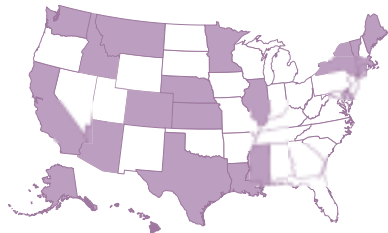
Other suggested resources

- Tobacco Technical Assistance Consortium (TTAC) www.ttac.org
- The CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction www.cdc.gov/tobacco/edumat.htm
- The CDC National Tobacco Control Program State Exchange www.cdc.gov/tobacco/ntcp_exchange/index.htm
- The CDC Media Campaign Resource Center www.cdc.gov/tobacco/mcrc/index.htm
- The CDC Guide to Community Preventive Services for Tobacco Use Prevention and Control www.thecommunityguide.org
- Cancer Control PLANET <http://cancercontrolplanet.cancer.gov/index.html>
- Hawaii Department of Health Tobacco Prevention & Education Program www.state.hi.us/health/resource/tobacco.html
- Coalition for a Tobacco-Free Hawaii www.tobaccofreehawaii.org

In addition to the evaluation data presented in this Profile, supplemental data were obtained from the following sources:

- SAMHSA, Synar Non-Compliance Rates <http://prevention.samhsa.gov/tobacco/01synartable.asp>
- NCI State Cancer Legislative Database www.sclld-nci.net
- YRBSS 2001 www.cdc.gov/nccdphp/dash/yrbs/2001/index.htm
- Show Us the Money: A Report on the States' Allocation of the Tobacco Settlement Dollars, Jan. 2003 www.tobaccofreekids.org/reports/settlements/
- 2002 State of Hawaii Behavioral Risk Factor Surveillance System www.state.hi.us/doh/stats/survey/brfss02.html

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