

REPORT TO THE TWENTY-FOURTH LEGISLATURE  
STATE OF HAWAII  
2007

PURSUANT TO ACT 178, SECTION 25,  
SESSION LAWS OF HAWAII 2005, REQUIRING THE  
DEPARTMENT OF HEALTH TO PREPARE A YEARLY  
DETAILED PROGRESS REPORT ON THE STATUS OF THE  
HEALTHY HAWAII INITIATIVE AND TO IDENTIFY THE IMPACT  
ON ANY ASPECT OF THE HEALTHY HAWAII INITIATIVE  
SUCCESS DUE TO THE REALLOCATION OF FUNDS FROM  
THE TOBACCO SETTLEMENT FUND TO THE HEALTHY  
START PURCHASE OF SERVICE CONTRACTS

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State of Hawaii  
Department of Health  
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The Healthy Hawaii Initiative  
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## **A Brief Overview of the Tobacco Settlement Special Fund and the Healthy Hawaii Initiative**

### Tobacco Settlement Special Fund

Hawaii was one of 46 states and several U.S. Territories that settled a multi-billion dollar lawsuit against the five largest tobacco manufacturers in the United States under the “Master Settlement Agreement” (MSA) in November 1998. Among its many provisions, the MSA obligates the tobacco manufacturers to pay substantial sums to the settling states annually. The MSA payments are subject to certain nationally calculated adjustments, reductions and offsets that apply to each year’s payment.

Act 304, SLH 1999 created the Tobacco Settlement Special Fund (TSSF) to receive and hold Hawaii’s tobacco settlement revenue payments. In addition, Act 304, SLH 1999 placed the special fund under the purview of the Department of Health (DOH) and outlined how the tobacco settlement money was to be directed. Codified as Chapter 328L, HRS, the statute has been amended four times since its inception and now specifies that the TSSF be allocated as follows:

- ❖ 24.5% to the Emergency and Budget Reserve Fund;
- ❖ 35.0% to the Department of Health for chronic disease prevention-oriented public health programs, with up to 10% of total revenue for children’s health insurance programs;
- ❖ 12.5% to the Tobacco Prevention and Control Trust Fund;
- ❖ 28.0% to the University of Hawaii to pay debt service on revenue bonds to support the construction of the Kakaako campus medical school and bioresearch center.

Tobacco settlement payments, initially disbursed twice a year, in January and April, are now disbursed once a year in April. Actual payment amounts have been lower than the estimated, projected revenues by 12%-18% due to the adjustments, reductions and offsets per the MSA terms.

### Background on Reallocation of Funds

The DOH receives a net 25% of the tobacco settlement money statutorily for health promotion and disease prevention-oriented public health programs. Using its allocation of tobacco settlement funds, the Healthy Hawai‘i Initiative (HHI) was created by the DOH to prevent and reduce the personal and societal burden of chronic diseases, such as diabetes, heart disease, and cancer. During some very challenging fiscal times for our state, a decision was made for the fiscal biennium of 2004 and 2005 to replace \$10 million of general funding for Healthy Start (a domestic violence prevention home visitation program) Purchase of Service contracts with tobacco settlement money. HHI, as a result, refocused and realigned its efforts, updated the HHI strategic plan, and reconfigured internal teams and strategies based on lessons learned and available funds.

With the tobacco settlement money once again fully available to the HHI in FY 05-07, this nationally recognized program has moved forward to address the concerns of childhood and adult overweight and obesity, physical activity, healthy eating, and tobacco prevention and cessation.

#### Healthy Hawaii Initiative Award and Recognition

The Healthy Hawaii Initiative has been recognized several times as a model comprehensive public sector prevention program. **Most recently, on October 26, 2006, the Healthy Hawaii Initiative received the prestigious 2006 Secretary's Innovation in Prevention Award.** Secretary of Health and Human Services, Mike Leavitt, recognized nine organizations and businesses that have implemented creative approaches to health promotion and chronic disease prevention. With the growing concern that Americans are now spending 75 percent of their healthcare costs on the treatment of chronic disease and 66 million people each year are overweight and obese, HHI was recognized as an effective program that is making a difference. The HHI was selected for the public sector category award that encompasses local, county, state, territorial and tribal government-based agencies or entities that currently receive the Department of Health and Human Services (DHHS) Steps to a HealthierUS grant. The DHHS initiative is exposing creative approaches that work to expand the development and replication of successful strategies.

Earlier, the Centers for Disease Control and Prevention (CDC) cited HHI as a model for using tobacco settlement funds to provide substantial funding for a comprehensive state health department effort to address chronic disease prevention by leveraging resources through strategic partnerships. The citation found in *Promising Practices in Chronic Disease Prevention and Control: A public health framework for action, 2003*, encourages other states to consider their unique opportunity to reach the broader population. The CDC explains how the Healthy Hawaii Initiative reflects creative use of funding and collaboration. Again, in 2003, the DHHS in their publication, *A Program and Policy Perspective: Prevention Programs in Action, 2003*, referred to the Healthy Hawaii Initiative as a successful state framework for addressing nutrition and physical activity that was developed collaboratively between federal, state and higher education.

#### Progress Report on the Healthy Hawaii Initiative

This award winning Initiative uses a social-ecological approach, which is a multi-level, multi-faceted strategy to target the three major risk-associated behaviors that contribute to chronic disease: tobacco use, poor nutrition, and physical inactivity. The HHI model is adapted from the CDC's best practices approach to comprehensive tobacco prevention and control. It is divided into four interrelated components areas which are: (I) coordinated school-based health, (II) community-based initiatives, (III) public and professional education, and (IV) surveillance, assessment, evaluation, and research. Additionally, in fiscal year 2006, HHI prepared to participate in the United States Department of Agriculture Food Stamp Nutrition Education program to address the nutrition and physical activity education needs of Hawaii's food stamp eligible population.

There is still much to do in the prevention of chronic disease as Hawaii celebrates milestones. According to the Behavioral Risk Surveillance Study of 2005, Hawaii had the second lowest obesity rate in the nation, and the lowest combined overweight and obesity rate. The rate for youth at risk for overweight did not change significantly from 1999 to 2005 according to the Youth Risk Behavioral Surveillance Study. Youth surveyed in 2005 showed a slight increase in overweight when compared to 1999 results. Adults showed a slight but significant increase in meeting recommendations for physical activity in 2005 when compared to 2003. There has been a steady increase from 1999 to 2005 in adults reporting they have leisure time for physical activity and Hawaii's rate of 80% has met the national Healthy People 2010 objectives of 80%. The physical activity recommendations for youth have been updated. When applying the old recommendations, 65% of youth met the recommendations, but with the new interpretation, only 30% are meeting the new recommendations. There has been no significant increase in the consumption of five or more daily servings of fruits and vegetables a day for adults and youth.

This report contains a synopsis of the accomplishments of the Healthy Hawai'i Initiative from January to December 2006. Also included are projected activities for the remainder of fiscal year 2007, and the effect of the return of funds from Healthy Start to HHI.

## **I. Coordinated School-Based Health**

Schools have been identified as the most important single institution with potential to improve educational and health outcomes for young people. As a result, HHI has formed a partnership with the Department of Education (DOE), the University of Hawai'i (UH), and external partners to form the Coordinated School Health Interagency Collaborative. This group has exercised its partnership relationships to make significant strides in changing school systems to increase students' physical and educational access to physical activity and nutrition information.

### **Hawai'i's Coordinated School Health Program (CSHP) Accomplishments:**

- ❖ In partnership with DOE, health teams at six schools were trained to implement the CHSP. This pilot project produced information to develop a tool kit for statewide implementation of CHSP which was rolled out in December 2006. The training and tool kit reflect shifts in the framework for implementing CSHP from one which relies heavily on the labor of individual coordinators, to one which provides training and tools to empower teams to work on creating healthy schools.
- ❖ With HHI funding, DOE sponsored more than 2,400 days of teacher professional development focused on health and physical education, resulting in the training of a total of 1,600 teachers and other health education professionals.
- ❖ A highlight of HHI provision of ongoing professional development opportunities was the recent National Physical Education Middle School Teacher of the Year award of Gregg Agena, formerly of Mililani Middle School (now at McKinley High School) and the Southwest Division Physical Education High School Teacher of the Year award of Kay Bicoy, of Pearl City High School.
- ❖ The UH Summer Institute offered seven graduate-level teacher education courses to over 175 teachers. These trainings prepared teachers to guide students in learning the necessary skills to make healthier choices in all areas of life, from nutrition and exercise, to tobacco and drug use. Schools were given special recognition for enrolling in teams for professional development.
- ❖ More school principals and vice principals participated in conferences and workshops with their teachers. This promoted another strategy for creating systemic changes in health education and physical education by schools.
- ❖ The DOE is currently implementing Professional Learning Communities to increase teacher-to-teacher mentoring and support.
- ❖ The HHI Summer Institute system has created the venue for additional partnerships with programs such as Safe & Drug-Free Schools and Temporary Assistance to Needy Families to maximize use of different funding sources to support health-related teacher education courses.
- ❖ A joint DOE-DOH-UH committee has been established and now works collaboratively to assess key school-level health-related indicators, coordinate school surveys, establish standard survey language and practices, develop summary reports, and jointly presents findings. The resulting data provides trend information, and guidance for school policy and program development and evaluation.

### **Hawai'i Action for Healthy Kids**

HHI founded and staffs Hawai'i Action for Healthy Kids, a coalition which focuses on improving school nutrition and physical activity.

- ❖ Hawai`i Action for Healthy Kids coordinates the development of the Hawai`i Wellness Policy, in partnership with the DOE Office of Hawai`i Child Nutrition Programs, as mandated by the Child Nutrition and WIC Reauthorization Act of 2004. The Board of Education (BOE) has passed the Local Wellness Policy through its Health, Wellness and Safety Policy. Additionally, the BOE updated its Competitive Food Sales Policy to ensure only healthy beverages would be available to students in school vending machines.
- ❖ Hawai`i Action for Healthy Kids piloted the Recess-Before-Lunch program. Because many students rush through lunch to have more time for recess, changes in the school system by scheduling recess to take place *before* eating lunch rather than after was tested. The results showed the students had time for physical activity and the pressure to eat quickly was eliminated. This strategy proved successful and has been expanded to several schools on Oahu and Maui with schools on Kauai and the Big Island in the planning stages. A research project is underway to determine the impact and feasibility of implementing Recess-Before-Lunch in all Hawai`i elementary schools.

## II. Community-Based Initiatives

HHI is committed to community partnerships and supports social, environmental and systems changes. This commitment is put into action through its community-based initiative component. This year, the Community component has focused on the development of the Hawaii Physical Activity and Nutrition Statewide Plan, the delivery of worksite wellness initiatives and the continued implementation of community intervention projects. In 2007, HHI will fund State and County Physical Activity and Nutrition Coalitions, as well as Community Level Interventions that will focus on the promotion of increased physical activity and healthy eating.

### Hawai`i Physical Activity and Nutrition Statewide Plan

The Twenty-Third Legislature, Regular Session of 2005, passed Senate Concurrent Resolution No. 7, H.D. 1 (SCR7) requesting the Department of Health propose and develop a comprehensive statewide strategic plan addressing prevention and treatment of childhood obesity and healthy lifestyles. In October 2005, the HHI convened a workgroup in order to gather input in the development of the Hawaii Statewide Plan for Physical Activity and Nutrition (PAN Plan).

- ❖ The purpose of the plan is to provide a framework for policy makers and public and private organizations working to educate, advocate for and build environments that support Hawaii residents to be physically active and eat healthy.
- ❖ Comprehensive strategies, recommendations, policies, and action steps that were identified by state, county and community partners are incorporated into the PAN Plan.

### Worksite Wellness Initiative

One of HHI's objectives is to increase the proportion of adults who meet the recommended levels of physical activity to 60% by 2010. To work towards the objective, HHI is providing worksite wellness opportunities to Department of Health staff statewide. The results of the DOH worksite demonstration project were compiled into a Worksite Wellness Toolkit. The toolkit makes recommendations on how similar system changes and physical activity programs can be implemented in worksites throughout Hawaii. The toolkit is available online at [www.healthyhawaii.com](http://www.healthyhawaii.com).

### Active For Life

In March of 2006, HHI began a partnership with the American Cancer Society to sponsor Active For Life, a 10-week team-based program designed to increase physical activity. Using an online tracking tool, participants set personal physical activity goals, and tracked their progress for the duration of the program. Active For Life participants were given t-shirts and pedometers at registration. Team Captains

helped to keep team members motivated. Special brown bag informational sessions were conducted during lunch on topics such as yoga, healthy cooking demonstration, Tahitian aerobics, etc. In addition, participants were given access to online newsletters, health checks, sun protection and tobacco cessation information.

- ❖ Over the ten-week program, participants logged daily minutes of physical activity online.
- ❖ Bonus points were awarded for attending informational sessions. Participants also earned one bonus point for every 1,000 steps taken, to encourage them to reach the recommendation of 10,000 steps (the equivalent of five miles) per day.
- ❖ In 2006, over 500 Department of Health employees accepted the challenge and collectively exceeded their physical activity goals. Participants in Active For Life logged a total of 17,781 hours of physical activity; equal to two years of around the clock movement.

### ***President's Challenge***

To encourage physical activity beyond a 10-week program, HHI piloted the President's Challenge with all neighbor island Department of Health programs. The major advantage of the President's Challenge was the ability to log progress for an indefinite number of weeks, a feature requested by many Active For Life participants. In addition to tracking the number of physical activity minutes completed, the President's Challenge web-based tool tracks the level of exertion and allows users to specify the type of physical activity the participant engaged in.

- ❖ Currently there are 160 participants registered on the islands of Maui, Molokai, Lanai, Kauai and Hawaii.

Upon the completion of the program, the Worksite Wellness Toolkit will incorporate instructions on using the President's Challenge online tracking tool along with other electronic documents created to support the team based approach. The Worksite Wellness Toolkit is intended to be accessed by other employers and state agencies as a turnkey document for worksites to implement health promotion interventions with little or no directed technical assistance.

### ***Stairwell to Health Campaign***

In 2005, the Healthy Hawaii Initiative utilized the Centers for Disease Control toolkit as a model to encourage stairwell usage at Kinau Hale. Enhancements to the stairwell were made, including the addition of music, artwork, and colorfully painted walls. In addition, point of decision prompts were placed near the elevators encouraging staff to take the stairs. As a result of the StairWell to Health project, there has been a 20% increase in the usage of the stairs.

The most recent stairwell gallery display features photo submissions from DOH staff and family members engaging in various forms of physical activity, from swimming in a pool and at the beach, to hiking in local and international locations, Makapu'u Point and China, respectively. The spectrum of ages featured, from toddlers on playground equipment and adults parachuting hundreds of feet above ground, show that physical activity can be challenging, exhilarating and enjoyable.

### ***Healthier Vending Machine Options***

The DOH supported the DOE amendment to their competitive food policy so beverage vending machines on all DOE schools are required to have a minimum of 80% healthy options and 20% other options. (The policy was revised once more by the Board of Education so in the school year beginning 2007, all beverages must be healthy.) The DOH now turns to its worksites to implement a similar policy. The vending machine options at the DOH main building, Kinau Hale, have been switched to healthier options and the Department of Health State Laboratory is the next site to change the vending machine options. The Worksite Wellness Toolkit gives details on how other government agencies can make this environmental change.



## **City and County of Honolulu, Department of Parks and Recreation**

### ***Joint Land Use Agreement***

Signed June 7, 2006, Resolution 06-159, authorized the Director of Parks and Recreation of the City and County of Honolulu to enter into an intergovernmental agreement with the Department of Education, State of Hawaii, for the joint use of Farrington High School.

- ❖ The agreement provides:
  - Accessible and affordable environments suitable for physical activity in urban Honolulu.
  - A space for community members to engage in physical activity programs directed and initiated by the Department of Parks and Recreation.
  
- ❖ The purpose of the Joint Land Use Agreement demonstration project is to show how facilities can be shared between agencies in a densely populated metropolitan area where creating new environmental resources for physical activity opportunities may be limited and provides an opportunity for replication at the seven other schools that fall within urban Honolulu.

### ***In-Motion***

Through the aforementioned Joint Land Use Agreement, Farrington High School and the Department of Parks and Recreation provides physical activity classes for faculty, students and adults who reside in the community. Offerings promote physical activity through a variety of programs. Examples of these programs include, lunch time volleyball, dance classes, after school hip hop and circuit training and evening fitness classes.

## **Statewide Physical Activity and Nutrition Coalition**

The Healthy Hawaii Initiative is establishing a Physical Activity and Nutrition Coalition for the State of Hawaii through a qualified agency selected by the competitive request for proposals process. HHI is providing funding, technical assistance and evaluation support. The coalition is a representative body comprised of members from state agencies, professional organizations, and community partners who work towards increasing the number of Hawaii's residents meeting the recommendations for physical activity and nutrition.

- ❖ The coalition will work towards achieving systems level policy and environmental changes and implement the strategies outlined in the Hawaii State Physical Activity and Nutrition Plan.

## **County Level Physical Activity and Nutrition Coalitions**

In addition to the State Coalition, three county level coalitions will be established and funded in the counties of Hawaii, Maui and Kauai. Coalition representatives will work towards achieving sustainable changes in policy, environment and systems change in their respective communities.

- ❖ Each county coalition will have representation on the State Coalition.

## **Community Level Interventions**

In 2007, HHI will fund community level interventions that support sustainable changes in programs, policies and environments. The goals are to increase physical activity and healthy eating opportunities that did not exist prior to the intervention and that will be (1) sustainable and (2) serve as a model for future replication.

### III. Public and Professional Education

The HHI public education campaigns are designed to increase knowledge, change attitudes, and provide solutions to barriers for good nutrition, increased physical activity, and living tobacco free through mass media and community events. The combined public education and social marketing campaign for HHI is based on a social-ecological model to effect behavior change at multiple levels of society (individual, interpersonal, organizational, community, and societal). This model not only addresses individual level knowledge, attitudes, and self-efficacy related to behavioral change, but also the social supports, policies and environmental barriers and facilitators to such behavioral change. The overall strategy is to create a comprehensive, multi-faceted social marketing campaign targeting the public at large, in order to encourage approaches to healthier lifestyles.



#### **Start.Living.Healthy.**

In 2003, HHI released, Start.Living.Healthy., a statewide health promotion campaign that targeted Hawaii residents who were thinking about being more physically active, eating a healthier diet, and living tobacco free toward actualization. Media included television and radio commercials, community events, and promotion on local television and radio shows, and the creation of a new website, [www.healthyhawaii.com](http://www.healthyhawaii.com). Seventy percent of people surveyed reported being aware of the HHI social marketing campaign.

This media campaign was followed by a statewide social marketing campaign called, 1% or Less is Best, designed to move Hawaii's residents to switch from whole and 2% milk to 1% or skim milk. This campaign targeted women between the ages of 35 and 55. The campaign involved television and radio commercials that were aired statewide and posting of bus cards in all city buses in Honolulu County. HHI partnered with the DOE to replace serving whole milk to non-fat and low fat milk in their cafeterias. HHI also partnered with milk distributors and grocery stores to offer coupons for 1% and non-fat milk, point of decision prompts in grocery stores and offer numerous taste testing events to help consumers overcome the perception that low fat milk does not taste good. As a result, over 65,000 people in Hawaii switched to low-fat milk.

In the fall of 2005, a booster campaign for "1% or Less" was aired to reinforce the message to over 65,000 people who switched to 1% and non-fat milk during the initial campaign. The milk campaign was a targeted message delivered under the overall HHI campaign, Start.Living.Healthy.

#### **Starting Healthy Habits**

In January through March 2006, HHI launched the Starting Healthy Habits radio campaign, designed to reach people at the beginning of the New Year when people are motivated to make healthy changes. The campaign was promoted through radio commercials, radio and web-based trivia contests, and radio remote feeds at various events throughout the state. The messages were also translated into the Filipino and Chinese dialects and aired on KDNI radio station. In addition, trivia contests were run on KDNI's popular Filipino and Chinese radio shows.

#### **STEPtember: Start Living Healthy**

HHI assisted with the coordination of Hawaii's celebration of STEPtember, a program celebrated nationwide, designed to encourage citizens to take two simple steps that make can a big health impact:

- Move More - take 2,000 additional steps each day
- Eat Smart - Choose a wise way to eat 100 fewer calories each day

Understanding that State employees and their families can play a dramatic roll in creating a culture where healthy decisions are easily made and widely supported, the state agency personnel were the targeted audience for that event.



On September 29, 2006 at 'Iolani Palace, over 500 state employees attended the Start Living Healthy event. The event featured live music, interactive physical activity demonstrations, informational booths promoting healthy lifestyle decisions and remarks from Lt. Governor James "Duke" Aiona, Jr. and Dr. Kalani Brady. The participants received materials that outlined simple approaches to making healthy lifestyle decisions personally and in the workplace.

### **Partnership with Honolulu Theatre for Youth**

On October 24, 2006, the State Department of Health and Honolulu Theatre for Youth (HTY) announced their innovative new partnership to promote public health statewide. Tobacco settlement funds were used to integrate health promotion messages into two HTY plays, *SPORT* and *The Stones*. The results are plays that provide children and families with an informed perspective on physical activity and living tobacco free.



"wave," and laughed heartily through this quick moving comedy.

*SPORT*, premiered in October 2006, was used as a communication medium to encourage children to get 60 minutes of physical activity a day. *SPORT* was an interactive, physical comedy that poked fun at friendly and not-so-friendly competition, all the while showcasing the healthy benefits of play. The hour long performance integrated messages on physical activity from the Start.Living.Healthy. campaign. The cast demonstrated team and unstructured physical activity and encouraged the audience to play along. The children contemplated physical activity trivia, yelled out cheers, joined in the

*The Stones*, to be featured later in the theatre season will be a vehicle to communicate to the young audience and their families about tobacco use. Using the characters in *The Stones*, a short original play will follow the regular performance to open discussions on peer pressure and individual responsibility.

HHI is collaborating with HTY because of their track record for reaching children statewide and existing work with schools. HTY will perform *SPORT* and *The Stones* for approximately 40,000 people. Each season it distributes its play schedule to public, private and home schools throughout the state. Each year 85% of elementary school children on the six main islands of Hawaii see at least one HTY production. Teachers who sign their classes up to watch a play, receive a study guide that includes information on increasing physical activity and tobacco prevention. Teachers are provided with suggested activities and discussion topics based on the play material. Teachers are given the opportunity to give feedback on the play, study guide and theatre experience in a feedback survey. Students take field trips to Tenney Theatre at the St. Andrew's Cathedral in downtown Honolulu to watch the plays. HTY also performs plays for schools on the neighbor islands and has public performances.

Thus far, feedback from teachers and students alike has been extremely positive. The HTY and DOH partnership has created a theatre experience that is entertaining, as well as educational. The goal of this innovative collaboration is to have live performances that effectively communicate health promotion messages to younger audiences, and influences them to form healthy habits at a young age, that will benefit their health throughout their lifetime.

### **Walking and Fruits and Vegetables Media Campaigns**

Studies have shown that media messages targeted at specific behaviors, like switching to low fat milk, are more effective than broad general health promotion messages. In moving forward, HHI is creating specific media messages on walking and increased consumption of fruits and vegetables. The media messages rely on data collected by the DOH on barriers to being regularly physically active and eating more fruits and vegetables. These messages are integrated with the community, school and professional education initiatives. This model maximizes use of resources by keeping the coordination of the social marketing campaign in-house.

The new media messages on walking and eating more fruits and vegetables is a call to action and targeted for release in January and April 2007 respectively. The messages are designed to move the target audience, adults between the ages of 35 – 55, from preparing to engage in the desired behaviors to actually doing them.

The social marketing campaign of HHI relies on the theoretical framework of the “stages of change in behavior” and on study results of Hawaii’s population. The latest survey results show that 39% of those surveyed were prepared to make changes in physical activity and of those, 56% were confident that they could walk for thirty minutes in their neighborhood. When asked about eating behaviors, 55.9% of those surveyed said they were prepared to make changes in nutrition. However, when asked about eating five or more servings of fruits and vegetables a day, almost 50% of the people said meeting the recommendations for fruit and vegetable consumption was not at all important. People cited time as the greatest barrier for making behavioral changes, and taste as a barrier to increasing their fruit and vegetable consumption. The media messages and interventions will build awareness and focus on helping people overcome barriers and perceived barriers to behavioral change.

## **Olelo Youth Xchange Video Competition**

The Olelo Youth Xchange Video Competition gives students an opportunity to voice their opinions on issues that affect them by using video production as a means to create, develop, and deliver their views. HHI is sponsoring a special category in the contest and asking students from kindergarten to grade 12 to create public service announcements (PSA) designed to influence their peers to be more active and eat more fruits and vegetables.

The competition helps to stimulate dialogue among students. The Youth Xchange Video Competition is promoted in public, charter, private and home schools throughout the state. Video submissions are due by March 2007 and will be judged by legislators, community members, and television industry professionals. Finalists will be recognized at an awards banquet and are awarded with trophies, certificates and new Sony video cameras.

Winning PSAs produced for the HHI category will be featured on the HHI website, [www.healthyhawaii.com](http://www.healthyhawaii.com). Footage of the awards ceremony and individual video submissions will be aired on Olelo public stations and educational channels. In addition, Olelo will house video entries in a web-based library that allows teachers to request videos and have them streamed live on the internet.

## **Tobacco Prevention & Education Program Counter-Marketing**

Counter-marketing activities have been shown to promote smoking cessation and to decrease the likelihood of youth smoking initiation. Over the past six years, the Hawaii Tobacco Prevention & Education Program (TPEP) has developed a highly successful, award-winning and well recognized statewide media initiative through use of HHI funds. HHI funds also support the state’s ongoing youth tobacco surveillance effort by funding the Hawaii Youth Tobacco Survey (2000, 2003 and 2005).

- ❖ A 2005 report by the CDC revealed that Hawaii youth (aged 12-17) see an average of 0.9 state-funded anti-tobacco television ads per month, thus ranking 17<sup>th</sup> among the 37 major media markets (*MMWR* 2005, 54(42): 1077-80.)
- ❖ Independent evaluation of the statewide youth media campaign demonstrated that over the past three years, 9 out of 10 youth surveyed (ages 11-17) were aware of the DOH/TPEP ads.
- ❖ The 2005 Hawaii Youth Tobacco Survey (YTS, 2005) revealed that 63.6% of middle school and 75.3% of high school students in public schools have seen or heard at least one anti-tobacco advertisement on the television, Internet or radio in the past month; moreover, one out of three have seen or heard anti-tobacco advertisements daily within the past month.

- ❖ Between 2000 and 2005, current cigarette smoking among Hawaii students decreased 60% in middle school and almost 50% in high school to 4.9% and 12.6%, respectively. Not only are fewer students regularly smoking, the proportion of students who have never smoked a cigarette has increased. (YTS, 2005)
- ❖ Between 2000 and 2004, Hawaii adult cigarette smoking prevalence decreased 15% to 17%. In 2005, the percentage of current smokers has not changed. It is still 17%. (Behavioral Risk Factor Surveillance System, 2005)

## Professional Education

In a recent HHI survey, almost 50% of respondents stated that if their physician recommended that they walk 30 minutes a day, it would be extremely likely they would follow this advice. With the reinstatement of funding, HHI will be turning to physicians as key stakeholders in health promotion and the prevention of overweight and obesity. HHI is funding an effort through the University of Hawai'i John A. Burns School of Medicine (JABSOM) Department of Pediatrics to institutionalize standardized physical activity and nutrition related diagnostic questions and recommendations into physicians' routine health screening protocols. Pediatric residents and a cohort of practicing physicians will be the target of the pilot professional education project. Deliverables will include physician training, tool kits for physicians and easy-to-understand informational brochures for patients. The goal is that these anticipatory guidelines and practices will be institutionalized into the JABSOM pediatric residency training.

## IV. Surveillance, Assessment, Evaluation, and Research

### The Hawaii Health Data Warehouse Project

The Hawai'i Data Warehouse Project was created through a partnership with JABSOM, to build a neutral, credible data warehouse. The purpose of the Warehouse is to process, integrate, analyze and provide communities, agencies, potential funders, legislators, and other stakeholders usable information to support informed decision-making about the health and welfare of Hawai'i's people. All data in the HHDW is purged of personal identifiers and is housed in a password protected website. The entire database can be accessed by authorized and trained technical users. A separate website, containing automated reports created from various existing public health data sets is open to the public. Formerly called the Hawaii Outcomes Institute, the HHDW Project was renamed and realigned in response to assessments conducted on information needs and change management. As a result, HHI has developed a staged approach to increase data collection by the HHDW. Findings also reveal that DOH work needs necessitate automated reports, DOH does not currently have adequate capacity to conduct epidemiological analysis and development of these reports across its divisions to optimally utilize the HHDW, and that standards need to be established to govern the collection, transfer, reporting and application of health information.

The HHDW Project has made significant contributions in two important areas:

#### *Data Management Training*

- ❖ Data management training funded by HHI was implemented to enhance the DOH staff's capacity to use data for program planning and evaluation.
  - Training was provided using a collaborative, multi-disciplinary approach, incorporating the most recent advances in education and technology. The purpose was to update DOH public health worker and professional data skills with contemporary problem solving strategies, through mentoring and sharing.

- In collaboration with HHDW, DOH added seven new data management-training modules to six core courses developed in 2004. The new module topics include: (1) Exploring Public Health Information Using the World Wide Web, (2) Hawai`i Survey Data, (3) Using Epidemiological Information (including GIS use), (4) Writing for Public Health (including private consultation training), (5) Transforming Raw Public Health Data into Useful Products, (6) Reading and Interpreting Public Health Publications, and, (7) Hawaii Health Data Warehouse Training.
- Six of the seven training modules were presented by expert instructors from John Hopkins School of Medicine, JABSOM, and CDC. A total 162 hours of classroom instructions or 23 training sessions were provided.
- The training program was attended by 113 participants, of which thirty-five (35%) percent attended three or more modules.
- Participants came from a broad range of job categories within DOH, including but not limited to, planners, epidemiologists, researchers, biostatisticians, health educators, administrators, registered nurses, and public health analysts.
- Non-classroom based training is now available, encompassing mediums using self-directed and team-learning videos, workbooks, audiotapes, Web-based instruction with e-mail support, web casting, and coaching. Resources come from DOH, UH, and the community.

### ***Hawai`i Health Data Warehouse (HHDW)***

- ❖ To further develop and enhance Hawai`i's public health infrastructure, DOH and UHJABSOM jointly developed the HHDW as a central data bank for the collection and utilization of essential public health data. Key tasks include establishing community health indicators which support surveillance and research activities.
  - HHDW collects data from eight DOH public health datasets, which includes 110 community indicators. The information is made available over the internet and uses standard commercial products for statistical analysis and reporting.
  - Warehouse data capabilities include the ability to extract specific reports based on parameters determined by HHDW authorized users; reports providing information about health status, risk factors and health resources; and comparisons between community, county, state, and national benchmarks. Where possible, indicators are stratified by key demographic and socioeconomic cohorts.
  - The Healthy Hawaii 2010 website,, open to DOH and community health agencies, serves as a key access to health information; and a means to monitor and assess disease trends, identify issues needing public health research, guide prevention and intervention programs, to monitor population-based health status progress; as well as a database for community and program planning.

### **Science and Research Workgroup (SRW)**

To enhance DOH public health staff abilities to utilize data from HHDW to align practice and policy, the Science and Research Workgroup (SRW) is being established to complement and augment the usefulness of HHDW. The SRW will push the department forward in the arena of public health science by bringing together the policy, expertise and data bank together to empower scientific inquiry and in-depth study of the data that this agency already collects.

- ❖ The SRW will be responsible for future assessment of staff competencies and needs, and determination of tools, practices and policies that should be implemented. The assessment will identify strategies for optimizing data collection, analysis, and sharing. These changes will enable more efficient assessment of the health status of Hawai`i's population.

- ❖ The SRW will facilitate the DOH's ability to publish original findings from Hawaii public health data and enable it to contribute to the general body of public health knowledge.
- ❖ The SRW will provide greater knowledge of the status of the health of Hawaii's people by conducting more in-depth study of the surveillance data currently being collected. The study of the data will also allow the department to address gaps in understanding community health problems.
- ❖ A plan to provide guidance on information governance and utilization is being developed.

## **Social Epidemiology Project**

In conjunction with the HHDW Project, the Social Epidemiology Project was instituted to coordinate and support the development and implementation of epidemiological research related to planning and evaluating public health interventions that promote healthy lifestyles among the general population of Hawai'i. Objectives include designing behavioral interventions to reduce the risk factors of chronic diseases, calculating standardized and adjusted rates, and conducting survey research. The HHI Evaluation Team is a major component of the Social Epidemiology project.

- ❖ The Social Epidemiology Project assisted in rebuilding the University of Hawai'i Department of Public Health Sciences. Jay Maddock, PhD, Chair of the UH Public Health Sciences Department and principal investigator, led the re-establishment of the Master's degree program in Public Health and the Master of Science degree program in Social and Behavioral Health Sciences. These programs have been awarded national accreditation.
- ❖ To date, 23 students have entered this program. This program is vital to meeting Hawaii's critical need to build and maintain an adequate public health workforce. Future plans include the developing a Ph.D. program and expanding training in areas which include environmental health, health policy and administration, and biostatistics.
- ❖ Over the past four years, fourteen fellows have been trained under the HHI Evaluation team. These individuals are positioned to take leadership roles in program evaluation in the future.
- ❖ Each strategic area of the HHI framework has a HHI Evaluation Team member assigned to evaluate the interventions funded by the Tobacco Settlement Project.

## **Surveillance**

Surveillance systems are funded in a variety of arrangements, many of which are supplemented by HHI Tobacco Settlement funds:

- The Hawaii School Health Surveys (HSHS) is funded by HHI Tobacco Settlement funds and DOE funding from a CDC cooperative agreement to support the Coordinated School Health Program
- The Youth Risk Behavioral Survey are administered with CDC and HHI funds.
- The Youth Tobacco Survey is funded by HHI solely
- HHI also provides additional funds for the purpose of adding survey questions or increasing the sample size for the Behavioral Risk Factors Surveillance System, the CDC survey conducted through the Department of Health to monitor adult health behaviors

Planning, administration, and reporting of the school surveys are coordinated through an interagency group called the HSHS Committee.

## **Tobacco Retailer Inspections**

HHI funds the tobacco retailer inspections for enforcement of the tobacco control law prohibiting sales to minors through the Alcohol and Drug Abuse Division.



- ❖ Retailer violation rate 5.6% (weighted) in 2005; was 44.5% in 1996.
- ❖ Hawaii's violation rate is the fourth-lowest in the nation, behind Delaware, Mississippi and Iowa.

## HHI Nutrition Network

Recognizing that nutrition education is an essential element in the campaign to reduce the high risk of obesity and chronic disease in low-income populations, HHI is contracting with the Department of Human Services Food Stamp Program to implement the USDA Food Stamp Nutrition Education Network (the Network) program in Hawaii. The Network is a federal reimbursement program which provides expanded funding to programs providing nutrition education to the food stamp program eligible population. Specifically, the program provides federal match dollars for each non-federal dollar spent on nutrition education for the poor.

HHI has successfully submitted and received approval of its plan to implement the HHI Nutrition Network for the Federal Fiscal Year 2007 (FFY07) from the United States Department of Agriculture (USDA). In FFY 07, the Network will develop and establish the infrastructure to administer the Network program; establish data, research, surveillance and evaluation systems specific to the nutrition styles of the low-income population; and research and develop key nutrition messages which will resonate with the Food Stamp Program population. HHI projects are based on the social ecological model and social marketing theory. In addition, the Network is being launched on the island of Kauai with pilot projects ranging from nutrition education at local schools to programs at the local food bank.

Specifically, the first year of the Network program will include:

- Establishing an infrastructure within HHI to administer the Network program and to assist programs providing nutrition education to Food Stamp populations obtain USDA federal reimbursement funds.
- Establishing and developing research and surveillance systems to collect data and monitor the behaviors and barriers of low-income families as related to good nutrition.
- Developing evaluation of nutrition education programs implemented.
- Developing, conducting, and evaluating statewide mass and targeted media campaigns on healthy eating which are tailored and directed towards low-income populations.
- Piloting a project integrating school gardens and healthy nutrition at Waimanalo Elementary & Intermediate Schools to develop nutrition education curriculum for the DOE..
- Collaborating with KTA Super Stores on the Big Island to develop a model program for delivering nutrition education to the Food Stamp eligible population in grocery stores .
- Launching the Network on the island of Kauai with a variety of pilot projects, which involve agencies such as local schools, persons with developmental disabilities and special health needs, WIC, and grocery stores. In the future, the Network program will also be launched on the islands of Maui and the Big Island.



## Attachment 1:

### The Healthy Hawai'i Initiative: Goals and Objectives

<b>Vision:</b>	Healthy Communities, Healthy People, Healthy Islands
<b>Mission:</b>	Ensure that people in Hawaii have healthy beginnings in early childhood, healthy growth and development through childhood, and healthy adult lifestyles based on good nutrition, regular physical activity, and freedom from tobacco use.
<b>Goal:</b>	Increase years of healthy life for all and reduce existing health disparities in Hawaii.

Health Status Objectives	Risk and Protective Factor Objectives
<ol style="list-style-type: none"> <li>By 2020, reduce coronary heart disease deaths to no more than 166 per 100,000 in all populations.</li> <li>By 2020, reduce stroke deaths to no more than 48 per 100,000 in all populations.</li> <li>By 2020, reduce the incidence of Type 2 diabetes to no more than 2.5 per 1,000 in all populations.</li> </ol>	<ol style="list-style-type: none"> <li>By 2010, increase the proportion of adults who are of healthy weight to 60%.</li> <li>By 2010, reduce the proportion of youth who are at-risk and overweight to 15 percent.</li> <li>By 2010, increase the proportion of adults who consume at least five daily servings of vegetables and fruits to 30 percent.</li> <li>By 2010, increase the proportion of youth who consume at least five daily servings of vegetables and fruit to 25 percent.</li> <li>By 2010, increase the proportion of adults who meet the recommended levels of physical activity to 60 percent.</li> <li>By 2010, reduce the proportion of adults who engage in no leisure-time physical activity to 10 percent.*</li> <li>By 2010, increase the proportion of youth who meet the recommended levels of physical activity to 75 percent.</li> <li>By 2010, decrease the prevalence of smoking among adults to less than 15 percent.</li> <li>By 2010, decrease the prevalence of smoking among high school students to less than 13 percent. **</li> </ol>

#### Short Term Outcomes

- By 2008, tobacco sales rates to minors will maintain to no more than 10%
- By 2008, 60% of secondary health education and physical education and 25% of elementary school teachers will have participated in professional development in HE and PE
- By 2006, a recognition program to acknowledge schools that reach standards for healthy schools will be developed
- By 2008, 20% of schools statewide will reach the criteria set by the healthy schools recognition program
- By 2006, a comprehensive media campaign consistent with HP 2010 objectives will be developed and implemented
- By 2008, 80% of the population will recognize the media campaign
- By 2008, reduce the percentage of adults in pre-contemplation for adequate physical activity to no more than 15%
- By 2008, reduce the percentage of adults in pre-contemplation for eating five fruits and vegetables a day to no more than 25%
- By 2006, the state physical activity and nutrition plan will be developed and in implementation
- By 2008, state buildings will have an increase in healthy vending options in cafeterias
- By 2008, 75% of pediatric and family practice medical residents currently enrolled will be trained in nutrition and physical activity curriculum
- By 2008, a cohort of 80 community health and primary health care center physicians for children and youth will be trained in the implementation of pediatric interventions for overweight in their practices

\*Original HP 2010 objective of 20% was met. \*\*HP2010 objective of 16% was met