

Hawai'i Tobacco Cessation Grant Program Achievements through Year 2



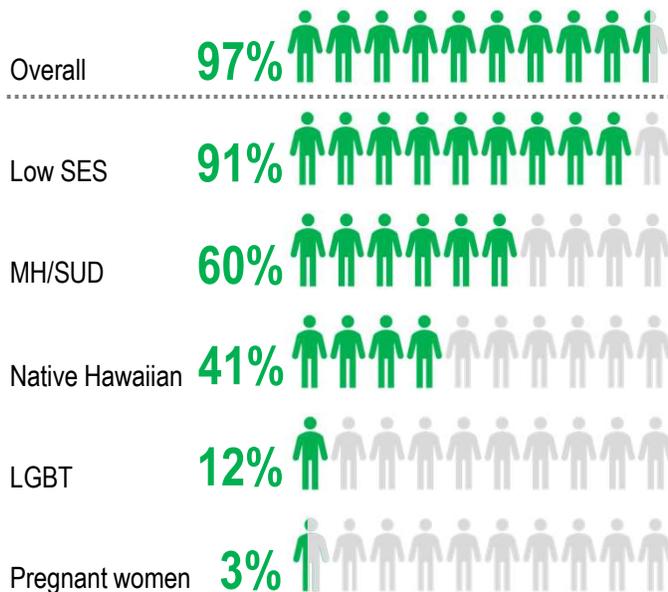
4,510 unique tobacco users received tobacco treatment in the first two years of the grant (Jul 2016 – Jun 2018).

Year 1 = 2,145

Year 2 = 2,365

Year 3

The program continues to reach strong proportions of tobacco users from **priority populations**.

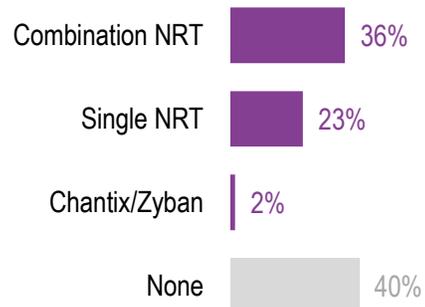


Per the Public Health Service Guideline, participants receive a sufficient amount of counseling with a median of...

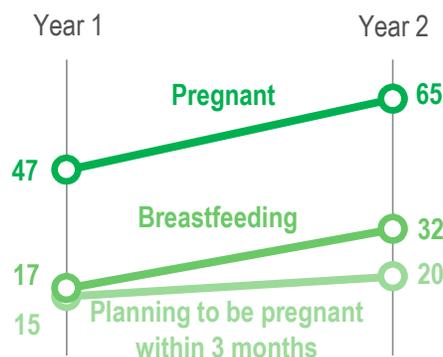


A strong proportion of participants (74%) **receive stop-smoking medication for free through the grant or assistance** to get it from another source, such as their health insurance. Participants **most often receive combination NRT**.

Stop-smoking medications provided, out of all participants



The number of pregnant women served **increased** from Year 1 to Year 2.

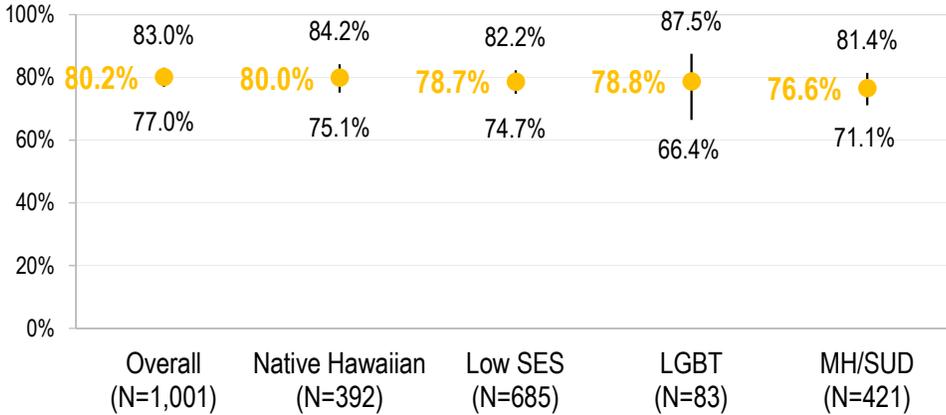




Quit outcomes are strong across priority populations
& are similar to outcome goals of other cessation programs.

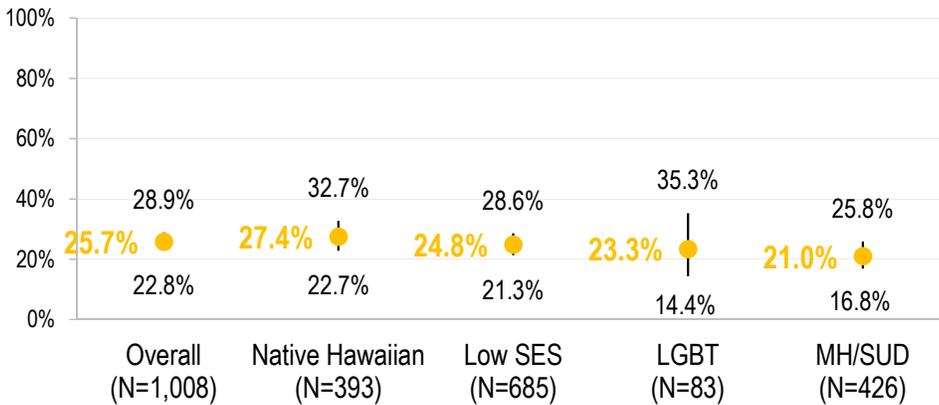
Intermediate measure of quitting

24-hour quit attempt rate: The percent who quit for at least 24 hours between intake & 7 month follow-up



Long-term measure of quitting

30-day abstinence rate: The percent who were quit for at least 30 days at the time of 7 month follow-up



Jul 2016–Nov 2017 enrollees. Consent rate = 84%, Response rate = 41%. There are not enough completed surveys to report a reliable quit rate for pregnant women.

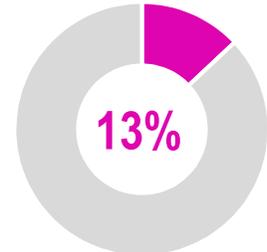
The program is **meeting participants' needs**. Among survey responders:



88% were very or mostly **satisfied** with the program

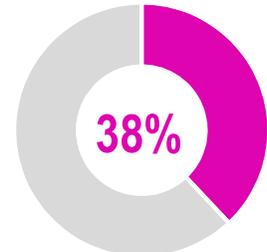
93% would **recommend** the program to a friend trying to quit

Participants are experimenting with **e-cigarettes** & want help quitting them.

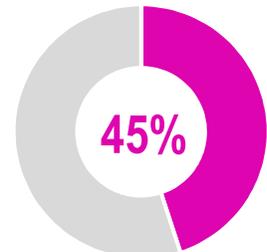


used e-cigs in the past 30 days at intake

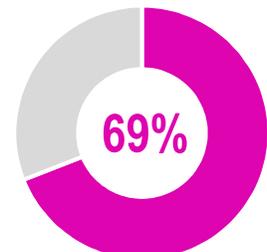
Among current e-cig users:



used e-cigs infrequently (1-5 days) in the past 30 days



are using e-cigs to quit smoking



intend to quit using e-cigs in the next 30 days





Innovations and adaptations that grantees are using to better reach and serve priority populations



Specific to priority populations

Low socioeconomic status

- Partnering with public housing sites and homeless shelters to provide counseling onsite to their clients
- Volunteering at food banks to build relationships with community members
- Conducting outreach and providing counseling via mobile units to alleviate transportation barriers

Mental health/Substance use

- Partnering with rehab facilities to provide counseling onsite to their clients
- Providing brief intervention and integrating the Learning About Healthy Living curriculum to increase readiness to quit
- Educating providers on tobacco use treatment

Native Hawaiians

- Integrating cultural values and traditions such as lā'au lapa'au and workshops rooted in Native Hawaiian practices
- Providing culturally appropriate materials, available through the Native Hawaiian Cancer Network, 'Imi Hale
- Involving family and friends in the treatment process

LGBTQ+

- Partnering with healthcare providers who serve the LGBTQ+ community to have them refer tobacco users
- Conducting outreach at LGBTQ+ related events, such as PRIDE festivals, AIDS walks, and female impersonation pageants

Pregnant women

- Partnering with local women's health providers and WIC to have them refer pregnant tobacco users
- Expanding tobacco treatment staff presence at internal women's clinics and departments
- Engaging staff to reduce stigma and ask about tobacco use appropriately and without judgment

Other innovations

Building a supportive environment

- Implementing a tobacco-free campus policy
- Offering cessation support for staff

Improving screening and referral processes

- Integrating screening, brief intervention, & referral to treatment training into new hire orientation
- Becoming trainers in brief intervention & certifying staff

Reaching more tobacco users internally

- Proactively reaching out to identified tobacco users who are in for another appointment or who are scheduled to get surgery
- Presenting to health and wellness classes, such as childbirth preparation classes and diabetes classes

Developing community partnerships

- Partnering with other health providers, rehab facilities, public housing sites, homeless shelters, veterans facilities, ag industry, hotels, retailers, churches
- Providing counseling at the partnering site, establishing referral processes, providing brief intervention training for partner site staff, conducting brief or educational intervention for partner site clients

Improving access to services

- Counseling over the phone versus in-person
- Home visits / Meeting in community spaces
- Saturday and evening hours
- App-based services

Providing incentives to increase retention & motivation to quit

- Program branded hats, t-shirts, and water bottles
- Gift cards to Longs Drugs, grocery store, or farmers' market
- "No tobacco dollars" to purchase household items or fresh produce

Saving on stop-smoking medication costs

- Cost-sharing with participants' insurance
- Using patient assistance and discount programs, such as Pfizer and 340B

