

Synergy of a statewide quitline & community grants program to advance equity in tobacco cessation

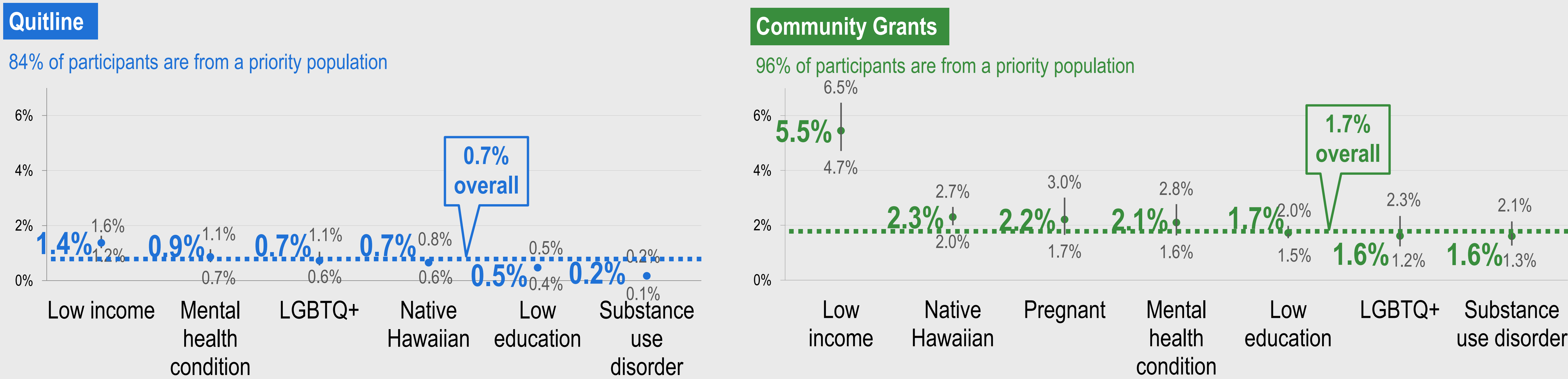
Angie Ficek, MPH¹; Emily Subialka Nowariak, MA¹; Alyce Eaton, MHR¹; Sam Friedrichsen, MPH¹; Lola Irvin, MEd²; Tricia Mabellos, DrPH³

¹ Professional Data Analysts; ² Hawai'i Department of Health; ³ Hawai'i Community Foundation

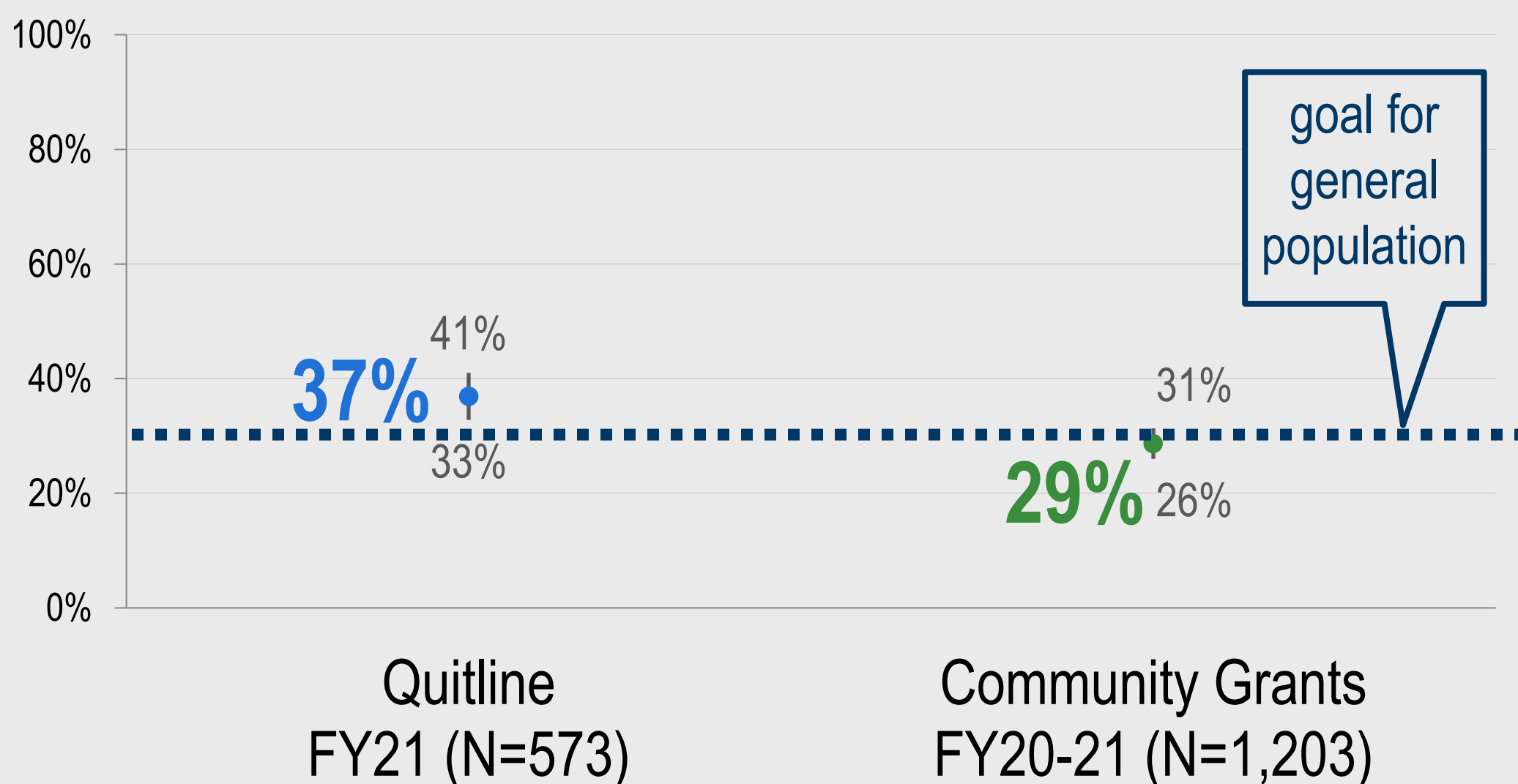


Overall, both programs do well at reaching underserved populations & are achieving strong outcomes. Opportunities exist for future integration & coordination.

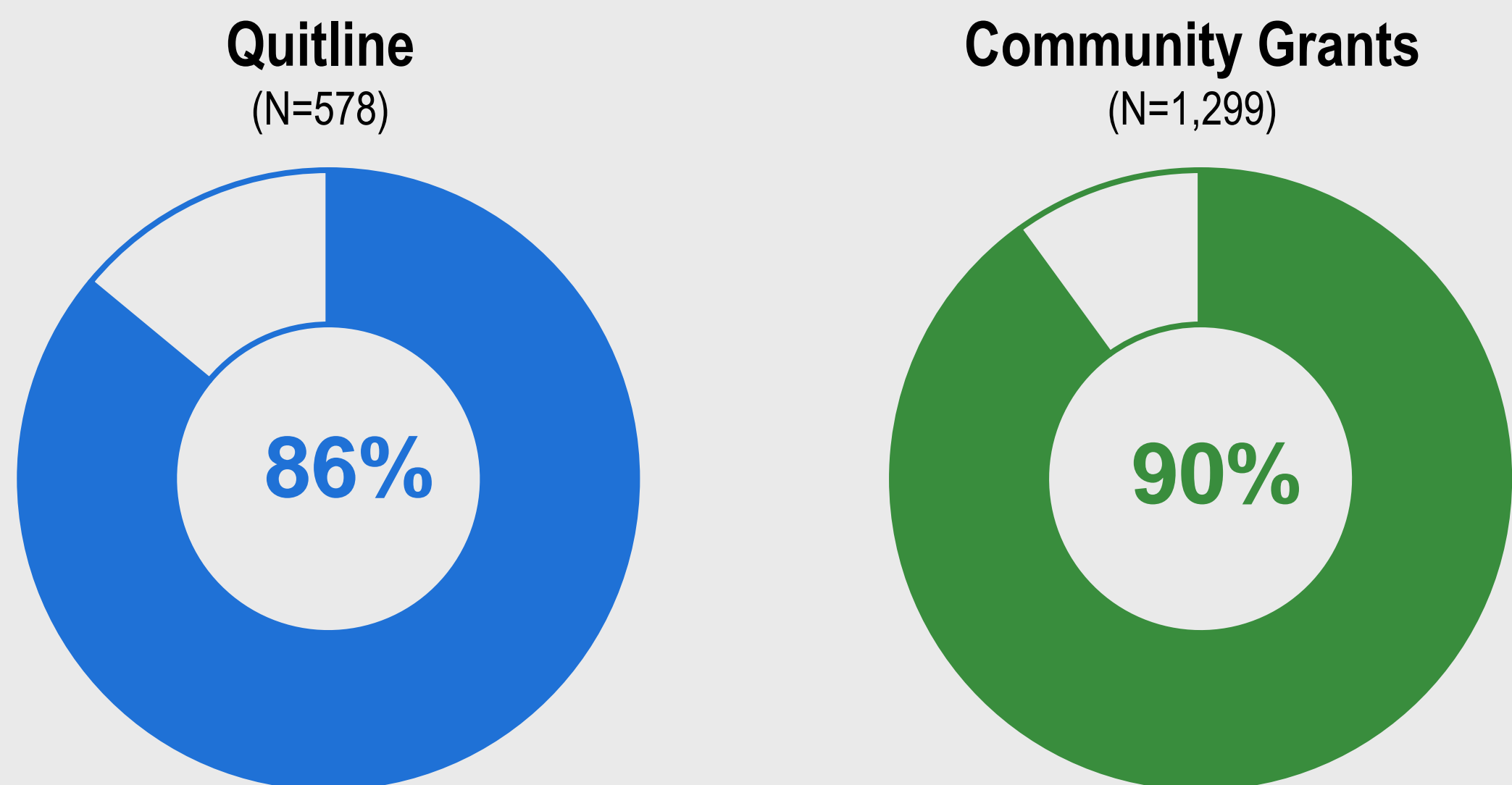
Percent of adult tobacco users statewide who received treatment from the program, FY21



Quit for ≥30 days at the time of follow-up



Very or mostly satisfied with the program



Offering more than one tobacco cessation program format helps provide different services to meet people's unique needs.

The Hawai'i Department of Health offers the Hawai'i Tobacco Quitline (HTQL) and a community grants program. Professional Data Analysts is the contracted evaluator for both programs. Past data have shown minimal overlap between participants of each program, indicating that these programs are reaching different groups.

	Quitline	Community grants program
Year started	2005	2009 (in its current form)
Administered by	Hawai'i Department of Health	Hawai'i Community Foundation
Services	Phone &/or online, texting, free NRT	Primarily in-person, phone & telehealth offered since the start of the pandemic; free NRT
Population served	General population, though efforts are made to reach & tailor services to underserved populations (see below)	Underserved populations (Native Hawaiian, mental health / substance use disorders, LGBTQ+, low socioeconomic status, pregnant)
Methods to reach underserved populations	Tailored media campaigns; healthcare provider outreach	9 of the 15 grantees are community health centers; many grantees partner with community organizations or conduct community outreach
Methods to tailor services	Programs of differing intensity for behavioral health & pregnant individuals; Amount of NRT varies by insurance status	Grantees are encouraged to experiment with innovative strategies, some of which include partnering with substance use treatment centers or incorporating Native Hawaiian traditions into the intervention
Strengths	Access barriers reduced since program occurs over the phone/online; Some people just need NRT, which the online program can provide with fewer resources; Possibly less intimidating than an in-person program for some	Can have closer relationships with program participants; Can connect clients to other needed services; Involved in tobacco control advocacy efforts
Challenges	Limited translation services; More work needed to build trust as a local resource; Cannot innovate as easily as the community grants program	Social & economic challenges for underserved communities were exasperated during the pandemic; Staff turnover & burnout have been high since the pandemic; Shift work / Unpredictable schedules can make set appointment times difficult

Future considerations

- How, if at all, should the programs be better integrated in terms of promotion, enrollment, and referral (e.g. a shared landing page with links to enroll in either service)?
- Given the different strengths and challenges of the two programs, should priority population goals and strategies be more differentiated across the programs?
- How can these two programs best coordinate their efforts and learn from each other?