Hawai‘i Coordinated Chronic Disease Framework

Hawai‘i State Department of Health
Chronic Disease Prevention and Health Promotion Division
March 2014

2014
TO
2020

We dedicate this work to the lasting memory of the late Director of Health Loretta ‘Deliana’ Fuddy who lost her life in a plane crash on December 11, 2013.

Deliana had high expectations and set lofty goals for those of us working in public health. She was open, honest, and thoughtful. She led with her heart and strived to foster a spirit of collaboration in building bridges of understanding and respect among us all. On the day before she lost her life, Hawai‘i was nationally recognized as being the healthiest state in 2013. Deliana responded by echoing the themes of the Department’s “Five Foundations For Healthy Generations,” stating “Even with our top ranking, there are serious public health challenges ahead of us and we cannot afford to be complacent with the issues of childhood obesity, chronic disease, mental health, and protecting our environment.”

Going forward, we who serve will continue to use Deliana’s ideals as our vision and her words to inspire our work.

Aloha Kākou,

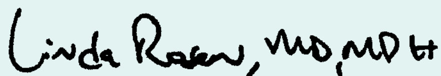
The Hawaiʻi State Department of Health is pleased to present the 2014-2020 Hawaiʻi Coordinated Chronic Disease Framework, a plan for preventing and reducing the burden of chronic disease in the state.

Hawaiʻi, when compared with other states, scores well on morbidity and mortality indicators. However, the state has followed the general trends for obesity and chronic disease. About one-fourth of adults and 13.2% of high school students are obese. According to data from the Department's *Chronic Disease Disparities Report 2011: Social Determinants,* 82% of adults have at least one chronic disease and over half (53%) have two or more chronic diseases. Hawaiʻi spends an estimated $470 million dollars annually on obesity-related medical costs, and about $770 million on diabetes-related medical costs. The facts underscore the need for synergy and coordination between chronic disease prevention and management.

The Framework document identifies an integrated approach and is meant to be used as a guide to enable coordination of multiple programs across common risk factors, interventions, and strategies. The document represents the work of individuals, organizations, and stakeholders from communities across the state in the public, private, non-profit and volunteer sectors. The Framework was initially informed through a series of community town hall meetings across the state; these meetings identified health priorities for the following settings: worksite, education, community, and health care.

Our collective vision, goals, and objectives are set forth. These, along with the strategies to both prevent and manage the individual and societal factors that contribute to chronic disease are identified. Moving forward, it is important to focus on those populations most affected and most at-risk for chronic disease. This is a living document, and I both thank and welcome our partners—present and future—in working together to achieve the vision of "Healthy People, Healthy Communities, Healthy Hawaiʻi."

Sincerely,



Linda Rosen, M.D., M.P.H.
Director of Health
Hawaiʻi State Department of Health

Chronic Disease and Health Promotion: A Framework for Coordination

In Hawaiʻi, 82 percent of adults have at least one of the following chronic diseases or conditions: heart disease, heart attack, stroke, diabetes, asthma, disability, cancer, chronic obstructive pulmonary disease, high blood pressure, high blood cholesterol, or obesity.[1] Additionally, cardiovascular disease and cancer are the leading causes of death in the state, and deaths due to other chronic diseases such as chronic lower respiratory disease and diabetes are also very prevalent.[2] In 2010, the cost of treating chronic disease in Hawaiʻi totaled $3.6 billion and worker absenteeism contributed to an additional $221 million in costs for an annual economic loss of $3.8 billion. The cost of medical treatment alone is projected to increase to $6.7 billion by 2020.[3]

Tobacco use is the single most preventable cause of death and disease in Hawaiʻi, followed by physical inactivity and poor nutrition.[4,5] These three risk factors are the major contributors to the development of chronic diseases such as asthma, diabetes, many types of cancer, heart disease and stroke.[6]

Many social, economic, and environmental factors influence the health of individuals and populations. For example, people with a quality education, stable employment, safe homes and neighborhoods, and access to high quality preventive health services tend to be healthier throughout their lives and live longer. Health disparities exist when there is a major difference in a health outcome between population groups. This framework recognizes the importance of addressing health disparities and will prioritize population groups that are more likely to experience poor health outcomes.

The Coordinated Chronic Disease Prevention and Health Promotion Program (CCDP) at the Centers for Disease Control and Prevention (CDC) was established to build and strengthen state health department capacity and expertise to effectively prevent chronic disease and promote health.

In Hawaiʻi, the Chronic Disease Prevention and Health Promotion Division is composed of several programs: Asthma Control; Comprehensive Cancer Control; Breast and Cervical Cancer Control; Diabetes Prevention and Control; Heart Disease and Stroke Prevention; Physical Activity and Nutrition; School Health; SNAP-Ed (Supplemental Nutrition Assistance Program Education); and Tobacco Prevention and Education. These programs are supported by the Healthy Hawaiʻi Initiative (HHI), which was originally established in 2000 through input from stakeholders and experts in keeping with Chapter 328L-4, Hawaiʻi Revised Statutes, to advance health promotion and disease prevention through the use of the tobacco settlement special fund. Additionally, the division has two staff offices to support these programs: Health Policy, Communication and Planning; and Surveillance, Evaluation and Epidemiology. Coordination among these programs, coalition-building, and stakeholder involvement is crucial to most effectively meet population health needs, especially for populations at greatest risk or with the greatest burden of disease.

Purpose/Use of the Coordinated Framework

This framework for coordination is designed to focus resources and work on common areas of chronic disease prevention and control. This includes tobacco- and nicotine-free lifestyles and environments, easy access to healthy and affordable foods, easy access to physical activity, early disease detection, screening services, improved control for those under treatment, and access to self-management support for people living with chronic diseases.

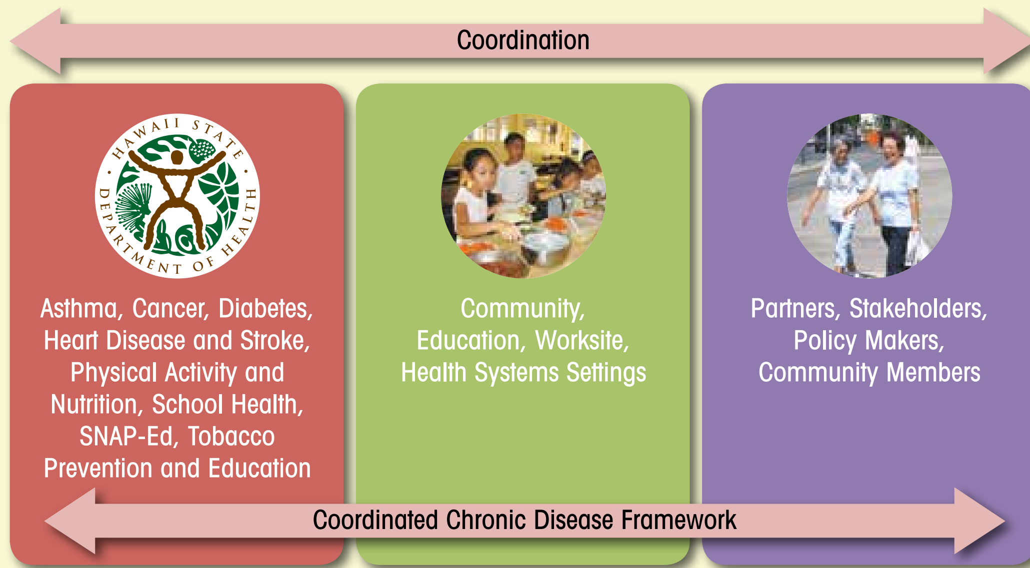
The framework identifies overarching priorities to use as a guide for coordinating multiple programs within the state. It identifies high level, broad areas in common across the programs. It is not an action plan and does not replace the individual program state plans.

Development of the Framework

In early 2012, a group with representatives from each of the program areas was formed. This group developed documents of best practices for community, education, worksites, and health system settings. These documents were presented to stakeholders in town hall meetings across the state in the spring of 2012 to gather input on what should be incorporated into a state coordinated chronic disease prevention and control plan. There were seven town hall meetings on Oʻahu, Maui, Molokaʻi, Lānaʻi, Kauaʻi and Hawaiʻi Island (Kona and Hilo) with over 300 participants (see appendix A for participant list). Key informant interviews were also conducted with sixteen community leaders in the field of public health throughout the state. The main recommendations from the town hall meetings and key informant interviews were incorporated into this framework. Additionally, existing state plans and priorities were reviewed for Asthma Control, Comprehensive Cancer Control, Diabetes, Heart Disease and Stroke Prevention, Physical Activity and Nutrition, and Tobacco Prevention and Education. These state plans were previously developed with program stakeholders and coalitions and represented the state's priority objectives and strategies for each risk factor and chronic disease.

In July 2013, staff from all of the programs came together to decide on the priorities for this framework and identify areas for coordination based on individual program priorities, town hall feedback, existing state plans, and expectations at the community, state and federal levels. It was decided that approaching chronic disease according to the settings of **community, education, worksites, and health systems** would broaden the reach of current chronic disease efforts by focusing priorities and strategies on the places where people spend most of their time. Another area, **coordination**, was identified as a priority, both within the health department's numerous programs and externally, where partners, stakeholders, and community members are involved. By focusing on these four settings and improving coordination, a comprehensive, population-based approach can be achieved for people at-risk or living with chronic disease, including an emphasis on disparate and underserved populations. A final round of community feedback was solicited by sending out an electronic survey to assess the importance of each draft objective and to incorporate additional recommendations. Of the 550 people who were emailed a survey in February 2014, one hundred seventy three (173) provided feedback that was incorporated into the final version of this document. Respondent comments will also be incorporated into implementation planning.

The graphic below depicts how the Coordinated Chronic Disease Framework cuts across programs, settings and stakeholder groups. Implementation will require both internal and external coordination.



This framework also incorporates elements of the four key chronic disease and health promotion domains as required by the CDC:

1. Epidemiology and surveillance;
2. Environmental, policy, and system improvements that promote health and support and reinforce healthful behaviors (statewide in schools, worksites, and communities);
3. Health system interventions that improve the effective delivery and use of clinical and other preventive services to prevent disease, detect diseases early, reduce or eliminate risk factors, and mitigate or manage complications; and
4. Strategies to improve community-clinical linkages ensuring that communities support and clinics refer patients to programs that improve management of chronic conditions.

The following sections of this framework are presented by setting, listing objectives, and strategies that incorporate the four CDC domains, evidence-based practices, program priorities, and stakeholder feedback from town hall meetings.

Overall Vision, Mission and Goals

Vision: *Healthy People, Healthy Communities, Healthy Hawai'i*

Mission: *Promote wellness and improve the quality and years of life for Hawaii's people through effective prevention, detection, and management of chronic diseases.*

Goals

- Improve health and wellness;
- Decrease premature death and disability from chronic disease;
- Increase quality of life years among Hawai'i residents; and
- Reduce health disparities.

Community

There are many factors that influence the health of populations, including the environment where people live. For the purpose of the Hawaiʻi Coordinated Chronic Disease Framework, community efforts require collaboration between state and county initiatives, local organizations, the private sector, educational settings, worksites, and health systems. Best and promising practices can include land use or environmental policies, parks, transportation, housing, and the availability of products and goods that facilitate healthy choices and discourage unhealthy ones. Specific strategies need to be adapted to meet the various language and cultural needs of populations with health disparities.

Objective 1:

Every community has access to tobacco- and nicotine-free settings, healthy food choices, physical activity opportunities, and minimizes exposure to unhealthy options.

- Promote and implement public policy that assures tobacco and nicotine are not available or readily accessible to youth.
- Promote and implement policies that establish places such as beaches, parks, recreation areas, and multi-unit housing as tobacco-free.
- Implement healthy community design and land use policies and practices that promote access to physical activity and healthy food.
- Improve community access to affordable, preferably locally grown, fruits and vegetables.
- Implement policies and programs (e.g., Complete Streets, Safe Routes to School, bike sharing) that increase active transportation and transit use.
- Emphasize *Health in All Policies*[8] (e.g., in relation to the built environment, land use and zoning, and food/beverage taxes or incentives).
- Develop culturally appropriate information and educational tools specifically designed to influence social norms and attitudes by promoting healthy living, wellness, and disease prevention.

Objective 2:

Every community has optimal availability of and access to evidence-based, chronic disease self-management programs.

- Establish and assure accessibility to evidence-based self-management programs.
- Provide people living with chronic disease(s) with tools, training, and information to improve their health behavior and self-management practices.
- Utilize Community Health Workers and health extenders to assist community members with health education and connections to the health care system, including community clinics and pharmacies.
- Develop strategies for increased reimbursement for evidence-based self-management programs.

Educational Settings

Because many children spend more waking hours at school than anywhere else,[9] educational settings can provide the ideal environment for children to develop and maintain healthy habits. Tobacco-free lifestyles, physical activity, good nutrition, and oral health help prevent many chronic conditions seen in adolescence and adulthood, including obesity, cancer, high blood pressure, asthma, and diabetes. Health and wellbeing are correlated with higher academic achievement; healthy students are better learners.[10] For the purpose of this plan, educational settings will include public and private childcare and aftercare facilities, pre-kindergarten through 12th grade schools, colleges, and universities.

Objective 1:
Educational settings establish comprehensive policies and environments that support tobacco- and nicotine-free lifestyles, healthy eating, daily physical activity, and health management for all students and staff.

- Implement policies that require all property, facilities, and school-related events to be tobacco- and nicotine-free at all hours of the day, every day of the year.
- Ensure that nutritious and appealing foods and beverages are provided on school campuses.
- Prohibit sugar-sweetened beverages on school campuses during instructional time.
- Promote and provide daily opportunities for physical activity, including activities for students with chronic diseases and other special needs.
- Implement policies that require quality, comprehensive health and physical education.
- Develop and enact child care license requirements that establish minimum standards based on national recommendations for childhood obesity prevention (e.g., physical activity, healthy foods, breastfeeding support, and screen time).
- Develop and implement asthma-friendly school environments.
- Implement health services management policies that support students in managing their chronic disease with referrals to primary care or specialists as needed.
- Coordinate with community providers to enhance health services in schools to include preventive care, health screenings, required immunizations, Human Papillomavirus (HPV) vaccinations, behavioral health, and oral health care.

Objective 2:
Educational settings assess and monitor policies and student behavior in support of tobacco- and nicotine-free lifestyles, healthy eating, daily physical activity, and health management.

- Utilize assessment tools on an annual basis to monitor and evaluate strategies in educational settings that support student health and well-being.
- Collaborate with education leaders and health care providers to develop a data collection system to measure, track, and report student health data on a regular basis.

Worksite

While children spend the majority of their waking hours at school, employed adults spend most of their time at work. Worksites are ideal places to institute and support opportunities to engage in healthy lifestyles and to participate in risk reduction and self-management programs. Worksite health promotion programs can have a positive effect on health status, reduce absenteeism, improve productivity, and increase morale.[11]

Objective 1:
Increase the number of worksites that offer comprehensive worksite wellness programs and policies.

- Develop messaging that promotes the benefits of worksite wellness programs for the employer.
- Provide employer tax credit for worksite wellness programs.
- Create an infrastructure for and training about worksite wellness that includes toolkits, best practices, technical assistance, and local resources.

Objective 2:
All worksite wellness programs promote health screening, early detection, risk reduction and self-management of chronic diseases.

- Promote tobacco cessation, healthy eating, physical activity and self-management of chronic diseases.
- Provide health benefits, such as health risk assessments and/or chronic disease screening, with risk factor and early detection education.

Objective 3:
Worksite policies and programs support tobacco- and nicotine-free workplaces and outdoor spaces, tobacco cessation, healthy food and beverage choices, physical activity opportunities, and promote breastfeeding.

- Adopt tobacco- and nicotine-free environment policies.
- Adopt and promote breastfeeding friendly policies.
- Assure the availability of healthy foods in vending machines and cafeterias.
- Promote policies to assure availability of physical activity opportunities, including flex time policies, accessible and attractive stairwells, and incentives or discounts for fitness center memberships and bus ridership.

Health Systems

The health system setting includes all public and private health care delivery sites, as well as health plans and Medicare and Medicaid. It is essential that health care systems prioritize reducing health disparities, and maximize the utilization of prevention, early detection, and evidence-based chronic disease self-management services.

Objective 1:
Increase the involvement of health care professionals in health promotion, including healthy eating, regular physical activity, alcohol moderation, and tobacco and nicotine cessation.

- Incentivize health promotion and disease prevention through a combination of mechanisms, including but not limited to:
  a) paying for performance;
  b) adopting patient-centered medical home approaches;
  c) maximizing use of community care network; and
  d) offering shared savings.
- Promote insurance coverage for evidence-based interventions that promote tobacco and nicotine cessation as well as chronic disease self-management.
- Ensure that health care providers have access to available community resources for patient education and referrals for lifestyle changes.

Objective 2:
Promote a comprehensive system of care for chronic disease prevention, early detection, and management.

- Promote screening and early detection according to the U.S. Preventive Services Task Force recommendations.
- Promote evidence-based guidelines for prevention, early detection, evaluation, and treatment of chronic diseases.
- Ensure that health care providers have the resources to refer patients to evidence-based programs within their system or in the community.
- Encourage hospitals to adopt policies and practices that:
  - Support exclusive breastfeeding
  - Institutionalize tobacco and nicotine cessation programs
- Promote the use of electronic health records and the standards for meaningful use.
- Encourage the use of data systems like the Hawaiʻi Health Information Exchange that facilitate sharing of clinical data between health systems, including clinics, community health centers, hospitals, pharmacies and labs.

Objective 3:
Reduce barriers to health care for disparate populations.

- Support policies that provide all Hawaiʻi residents access to the health care system regardless of ability to pay.
- Promote the Hawaiʻi Health Connector as a resource for uninsured Hawaiʻi residents to access affordable health insurance.
- Promote the expansion and availability of quality care in rural and remote areas.
- Support the development and implementation of strategies and technologies to address health professional shortage areas.
- Promote the utilization and reimbursement of Community Health Workers and health extenders.

Coordination

A coordinated approach and common vision is essential to achieving the goals and objectives of this framework. Effective internal coordination among the Chronic Disease Prevention and Health Promotion Division staff is crucial as components of this framework are translated into implementation plans. Additionally, cross-coalition collaboration, greater information sharing, and the leveraging of resources will provide a more effective approach to implementing policy, systems and environmental changes necessary to support healthy lifestyles and reduce premature death due to chronic disease.

Objective 1:
Develop and implement a coordinated plan for communications and social marketing.

- Implement communication campaigns, press events, and other media opportunities to deliver effective messages that impact social norms and promote healthy lifestyles.
- Develop and implement a process to inform partners and stakeholders, both internal and external, of program updates.

Objective 2:
Develop priorities for a statewide action plan to implement this Coordinated Chronic Disease Framework.

- Establish a Coordinated Chronic Disease Leadership Team.
- Develop an annual implementation plan.
- Prioritize disparate populations when determining implementation strategies and target areas.
- Monitor and evaluate the effectiveness of implementation of the statewide action plan.
- Identify opportunities to pool resources and coordinate funding.

Objective 3:
Develop a coordinated approach for program evaluation and surveillance.

- Present data on disparities by income, race/ethnicity, geography, and sexual orientation whenever possible.
- Coordinate data collection strategies across program areas.
- Develop data collection systems as needed to monitor progress on strategies in the framework.
- Develop internal capacity for program evaluation.

Objective 4:
Mobilize community members, stakeholders, and other partners to identify solutions that will improve chronic disease prevention, early detection, and management.

- Expand collaborative partnerships with public, private, non-profit, and volunteer sectors, while being inclusive community members.
- Jointly develop innovative and culturally appropriate interventions with priority populations and communities.

Objective 5:
Assess the need for and interest in a statewide chronic disease coalition.

Coordinated Chronic Disease Priority Health Outcomes

The following table was developed to map out the measurements, benchmarks, data sources, and targets for each of the priority health outcomes to monitor success over time. These were set to coincide with Healthy People 2020 (HP2020) targets. In some instances, Hawaiʻi has already met or exceeded the HP2020 target. In all of those circumstances, except for one, an improvement of 10 percent was set. For awareness of prediabetes, an improvement of one percent per year was set for the HP 2020 target.

Goal	Measurement	Data Source	2011 Baseline	2020 Target
Decrease obesity	% of adults and youth who are obese*	BRFSS - Adults YRBS - Youth	23.6% - Adult 13.2% - HS youth	21.2% - Adults 11.9% - HS youth
Increase physical activity	% of adults and youth that meet physical activity recommendations*	BRFSS - Adults YRBS - Youth	58.5% - Adults^ 21.0% - HS youth^ 25.0% - MS youth^	64.4% - Adults 23% - HS youth 27% - MS youth
Increase consumption of fruits and vegetables	% of adults and youth who have consumed fruits and vegetables 5 or more times per day	BRFSS - Adults YRBS - Youth	19.1% - Adults 17.5% - HS youth	21.1% - Adults 19.3% - HS youth
Increase exclusive breastfeeding	% of infants who breastfed exclusively through 6 months of age	National Immunization Survey	20.8%	25.5%
Decrease tobacco use	% of adults and youth who smoke	BRFSS - Adults YTS - Youth	16.8% - Adults 8.7% - HS youth 3.6% - MS youth	12.0% - Adults 7.8% - HS youth 3.2% - MS youth
Decrease exposure to secondhand smoke in the home	% of adults and youth who were exposed to SHS at home in the past 7 days	BRFSS - Adults YTS - Youth	11.7% - Adults TBD - HS youth TBD - MS youth	10.0% - Adults TBD - HS youth TBD - MS youth
Increase awareness of high blood pressure	% of adults aware they have HBP	BRFSS	28.7%	31.6%
Increase treatment of high blood pressure	% of adults with HBP that are taking medication	BRFSS	81.3%	88.3%
Increase awareness of prediabetes	% of adults without diabetes who have been told they have prediabetes	BRFSS	10.7%	19.7%

Goal	Measurement	Data Source	2011 Baseline	2020 Target
Improve monitoring of blood sugar control among people with diabetes	% of adults w/diabetes who had 2 Hgb A1c tests in the past year	BRFSS	66.3%	71.1%
Increase participation in DSME**	% of people with diabetes who took a course or class on how to manage diabetes	BRFSS	50.5%	62.5%
Decrease asthma hospitalizations	Age-specific asthma hospitalizations per 10,000	HHIC - hospital discharge data	21.4 - Under 5 yrs 5.6 - Age 5 to 64 yrs 17.2 - Age 65+yrs	18.1 - under 5 yrs 5.1 - Age 5 to 64 yrs 15.5 - Age 65+ yrs
Decrease asthma related deaths	Age-specific asthma related mortality per 100,000	Vital Statistics	0.3 Under 35 yrs (2002-2011) 2.5 Age 35-64 yrs (2009-2011) 4.8 Age 65+yrs (2009-2011)	0.3 per 100,000 Under 35 yrs 0.6 per 100,000 Age 35-64 yrs 2.3 per 100,000 Age 65+yrs:
Increase colon cancer screening rates	% of adults 50-75 years old who received colorectal cancer screenings	BRFSS	59.4%	70.5%
Increase breast cancer screening rates	% of women aged 40+ years old who have had a mammogram in the past two years	BRFSS	78.0%	81.1%
Increase cervical cancer screening rates	% of women aged 18+ years old who have had a Pap smear in the past three years	BRFSS	74.8%	93.0%

* Body mass index (BMI) of greater than or equal to 30 in adults and age/sex-specific BMI percentile greater than or equal to 95 in teens. Note: data are only available for high school youth. Physical activity recommendations: Adults: 150 minutes of aerobic physical activity per week and muscle strengthening exercises at least twice a week. Youth: 60 minutes aerobic physical activity per day and bone strengthening activities at least 3 times per week

** Diabetes Self Management Education

^ Data reported are for aerobic activity only.

Key to abbreviations: BRFSS - Behavioral Risk Factor Surveillance System
HS - High School
MS - Middle School
YRBS - Youth Risk Behavior Survey
YTS - Youth Tobacco Survey
HHIC - Hawai'i Health Information Corporation

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[3] The Chronic Disease Cost Calculator was developed by RTI International and was supported by the Centers for Disease Control and Prevention (CDC) in collaboration with the Agency for Healthcare Research and Quality (AHRQ), the National Association of Chronic Disease Directors (NACDD), and the National Pharmaceutical Council (NPC). Data here are from the Chronic Disease Cost Calculator Version 2.6.5058 build Nov 06, 2013.

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Appendix A: List of Town Hall Meeting Participants

KAUAʻI

Alu Like, Inc.
Shantel Santiago

American Cancer Society
Susan Oshiro-Taogoshi

Get Fit Kauaʻi, Nutrition and Physical Activity
Bev Brody

Health & Education Communication Consultants
Joy Osterhout

Kauaʻi District Health Office
Dileep Bal, M.D.
Evelyn Boiser
John Hunt
Pualei Kaohelaulii
Sheryl Keliipio
Laurie Makaneole
Tommy Noyes
Cora Pascual
Toni Torres

Kauaʻi Medical Clinic and Wilcox Memorial Hospital
David Sable

Liberty Dialysis
Estrella Anderson
Leslie Lane-Schwarze
Melissa-Ann Souza
Allison Stephenson

Na Lei Wili Area Health Education Center
Fran Becker

Parametrix Group, LLC
Jodi Drisko

LĀNAʻI

Adult Mental Health Division
Charleen Naomi Crozier-Llew
Susan King
Macey Luo
Mary Anne Quidilla

Helping Hands Hawaiʻi
Brenda Kosky

Individual
Ellen Awai

Ke Ola Hou O Lānaʻi
Mary Catiel
Valerie Janikowski
Jennifer Lichter

Lānaʻi Community Health Center
Serenity Chambers
Mary Francl
Diana Shaw
Jessika Smith
Marinel Yumol

Lānaʻi High and Elementary School
Jessie Myers

Lānaʻi Public Health Nursing
Gloria Alonzo

Lānaʻi Union Church
Rosemarie Caberto

Legal Aid Society
Laverne Kanno

Maui County Office on Aging
Cary Valdez

Office of Hawaiʼian Affairs
Leinani Zablan

Pacific Renal Care Foundation
Melissa-Ann Souza

Straub Lānaʻi Family Health Center
John Janikowski
Shirley Samonte

Waikiki Health Center
Dina Morley

Women Helping Women/ Malama Family Recovery
Beverly Zigmond

MAUI

American Cancer Society
Anna Mayeda

Coalition for a Tobacco-Free Hawaiʻi
Sonya Niess
Deborah Zysman

Department of Education
Nathan Nanod

Hui No Ke Ola Pono
Johanna Amorin
Jillayne Ching
Suzette Kahoohanohano
Courtney-Paige Spencer

Kaiser Permanente
Josiah Sutton

Lānaʻi Community Health Center
Serenity Chambers

Liberty Dialysis
Rebecca Kushins
Shana Laririt
Nicole Salvatierra
Melissa-Ann Souza

Maui AgeWave
Robin Pilus

Maui District Health Office
Pebble Beach
Jeny Bissell
Rachel Heckscher
Audrey Inaba
Anthea Iuorno
Mae Kannel
Selene LeGare
Louise Linker
Margaret Makekau
Patricia Martin
Linda Mau
Lizbeth Olsten
Lorrin Pang, M.D.
Mary Santa Maria

Maui Memorial Medical Center
Nancy Parker

Na Pu'uwai
Napualani Spock

National Kidney Foundation of Hawai'i
Colleen Welty

Nutrition and Physical Activity Coalition
Sandra McGuinness

Path Maui
Joe Bertram III

University of Hawai'i
Kevin Cassel

MOLOKA'I

Alu Like, Inc. Kupuna Program
Anna Lu Arakaki
Sheila Awai
Debbie Benjamin
Lei Kaneakua
Deldrine Manera

Aka'ula School
Naiau Arce
Kori DeRouin
Hepua Falealii
Dara Lukonen
Talia Nakayama

Cancer Survival – Kukui Ahi
Lori-Lei Rawlins-Crivello

Center of Disease Control & Prevention
Bill Gallo

Hawai'i Centers for Independent Living
Tania Joao
Linda Liddell

Hui O Home Pumehana
Patricia Anderson
Colleen Bardeaux
Josiah Betonio
Linda Betonio
Patricia Bird
Lehua Cho
Lillian Faker
Nanoa Parsia
Ronald Sakumoto
Alice Smith
Charleen Tinao
Emma Velasco
Drake Wells
Joanne Wisinski

Individuals
Roseline Brito
Elaine Callinan
Peter Calunod, Sr.
Shirley Calunod
Carol Beth Lopez
Michael Lopez
Shirley Nanod
Kauila Reyes

KHM International
Mervin Dudoit
Kauwila Hanchett
Malcolm Mackey
Moaga Manu
Mark Naone
Noelani Yamashita
Keri Zacher

Maui District Health Office
Lorrin Pang, M.D.

Moloka'i Community Health Center
Desiree Puhi
Traci Stevenson

Moloka'i General Hospital
Jeanette Bince
MaryAnne Hill
Haunani Kamakana
Melony Parker
Avette Ponce

Moloka'i Public Health Nursin
Kenneth Gonzales
Kathryn Lapinski-Kennedy
Louise Linker
Margaret Makekau
Jacqueline Stone-He

Na Pu'uwai
William Akutagawa
Michael Kahalekulu
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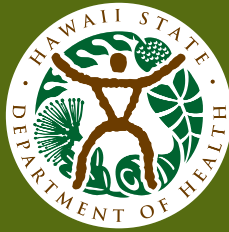

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This publication was supported by CDC Cooperative Agreement 3U58DP001962.

Its contents are solely the responsibilities of the authors and do not necessarily represent the official views of the CDC.

Funded by the Centers for Disease Control and Prevention and the

Tobacco Settlement Special Fund, Healthy Hawaiʻi Initiative, Hawaiʻi State Department of Health.