



## The Hawaii Leadership Academy for Wellness and Tobacco Cessation Summit

Honolulu, HI  
December 17–18, 2014

### ACTION PLAN

#### Background & Introduction

On the evening of December 17 and all day December 18, 2014, forty-eight leaders and advocates in public health, behavioral health, and tobacco control came together for the first-ever initiative focused on reducing smoking prevalence among people with behavioral health disorders in the State of Hawaii. The summit was held by the Hawaii State Department of Health, in partnership with Substance Abuse and Mental Health Services Administration (SAMHSA) and the Smoking Cessation Leadership Center (SCLC), continuing work from the SAMHSA 2014 State Policy Academy on Tobacco Control in Behavioral Health. The purpose of the summit was to design an action plan for Hawaii to reduce smoking and nicotine addiction among individuals with mental illness and addictions, and to create an environment of collaboration and integration among the fields of public health (including tobacco control and prevention), mental health, and substance abuse services.

The first evening of the Summit consisted of introductions, and recognizing existing and new connections with fellow attendees of the Hawaii Leadership Summit. With an impressive Gallery Walk that provided empirical and thorough data, attendees browsed and discussed the display among each other. The conclusion of the gallery walk led to a powerful message by Dr. Mark Fridovich, from the Hawaii Department of Health Mental Health Division, affirming the reason why everyone is here together in the same room, “You are here because you have been selected to be part of a small group of partners to work together with us to address the single greatest cause of premature death and disability: smoking. Each of you is key to helping to make this happen. Your knowledge, input and leadership are essential to creating a successful action plan and partnership. We bring together different skill sets- the policy making and on-the-ground expertise of the public sector and the delivery capabilities and behavior change knowledge of others in the field.”

Participants represented state, and local agencies, including mental health, addictions, consumer, community services, non-profit, academic, and chronic disease prevention organizations (*see Appendix A*). Leaders at the summit were well-aware that people with behavioral health disorders are disproportionately burdened by the harmful effects of smoking and tobacco use, and each partner committed to the strategies they established at the summit. In a discussion led by facilitator, Raj Chawla, each partner expressed their interests in the Academy summit. Themes that emerged from the groups’ interests in being at the summit were collaboration, consumer-focused strategies, and gaining a clear understanding of the mental health population (*see Appendix C*).

On the morning of December 18, 2014, participants began the day with overnight reflections. They were excited to move forward and felt optimistic about the day ahead. One of the participants noted, “We are going to get this done.” Along with the development of coalitions and action items, Dr. Judith Prochaska from Stanford University presented on “*What Works*” with tobacco use and behavioral health populations. She also provided insight of other innovations in treatment for this population and delivered an essential message, that people with mental illnesses and substance use disorders who want to quit smoking can quit at rates similar to the general population. She continued, “This is your state and you are the experts when it comes to working with your populations.”

By the end of the summit, Hawaii partners answered the following questions that framed the Action Plan:

1. **Where are we now? (baseline)**
2. **Where do we want to be? (target)**
3. **How will we get there? (multiple strategies)**
4. **How will we know if we are getting there? (evaluation)**

This Action Plan details the baseline, target, recommended strategies, and next steps for the partnership.

### **Question #1: Where are we now (baseline)?**

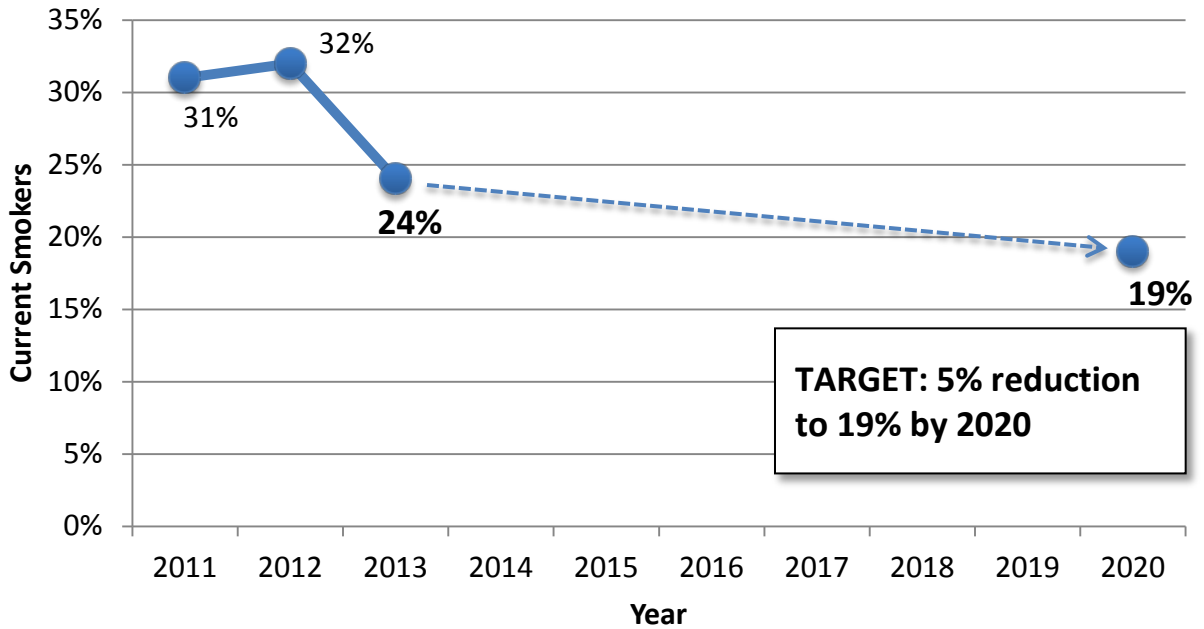
Partners adopted three baseline measures on the following data:

1. **The smoking rate (2013) of adult population in Hawaii with Frequent Mental Distress is 24%.**
  - Source: Hawaii State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2013
  - Frequent Mental Distress is defined by having 14+ days with bad mental health in the past 30 days; self-reported.
2. **The smoking rate (1/2014–10/2014) of adult population in Hawaii with Severe and Persistent Mental Illness (SPMI), is 40.8%**
  - Source: Hawaii State Department of Health, Adult Mental Health Division (AMHD), Quality of Life Interview Survey, 2013-2014
  - Caveat: Only includes clients served by AMHD
3. **The smoking rate (2013) of adult population in Hawaii who are Heavy Drinkers is 33%.**
  - Source: Hawaii State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2013
  - Heavy Drinking is defined by having *more* than two drinks per day (men) or *more* than one drink per day (women) at least once in the past 30 days; self-reported.

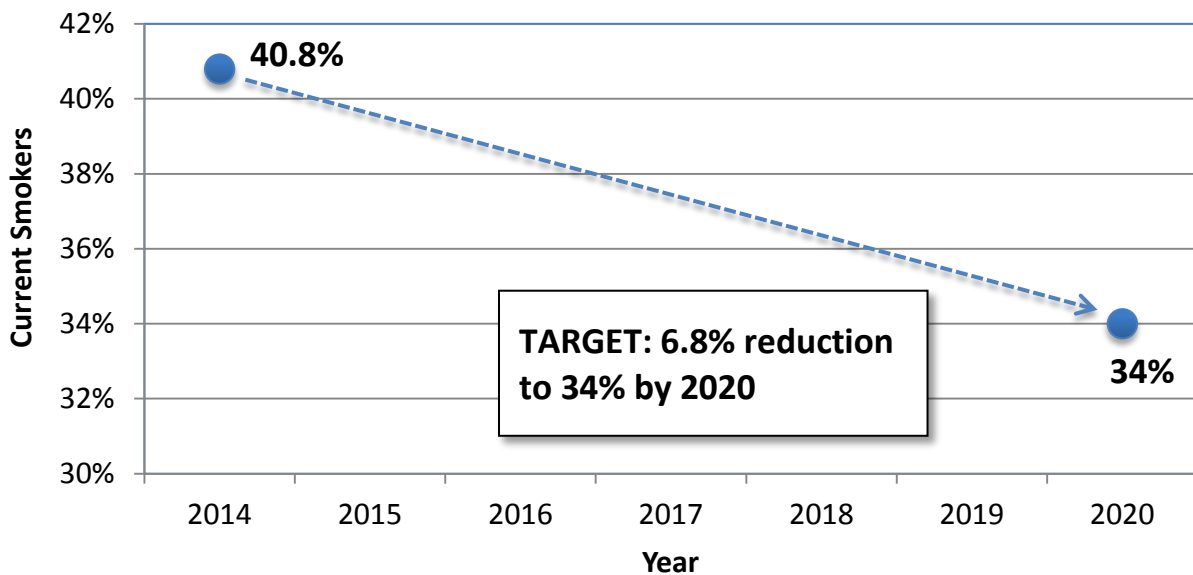
### **Question #2: Where do we want to be (target)?**

The partners agreed on a 5% reduction by 2020 target for the Frequent Mental Distress and Heavy Drinking baseline measures, and a 6.8% reduction by 2020 target for the SPMI measure.

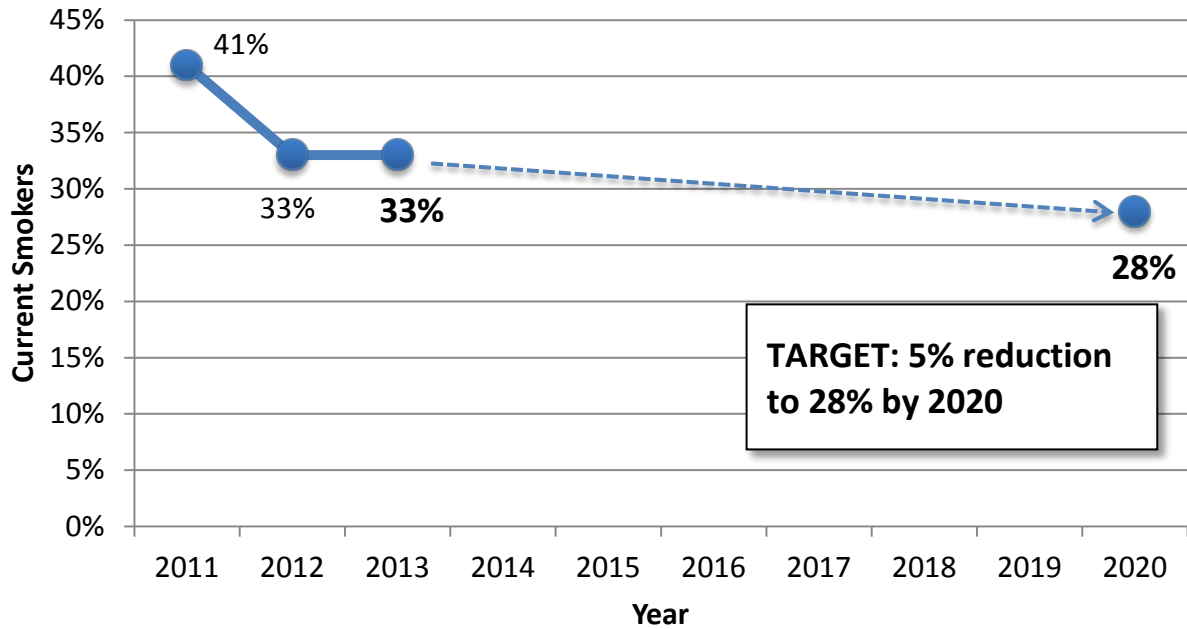
## Smoking Status of Adult Population in Hawaii with Frequent Mental Distress



## Smoking Status of Adult Population in Hawaii with Severe and Persistent Mental Illness (SPMI)



## Smoking Status of Adult Population in Hawaii who are Heavy Drinkers



**Question #3: How will we get there? (multiple strategies)**

In small groups, partners brainstormed possible strategies and identified common themes in a large group discussion:

<b>Common Strategy Themes</b>
Education and Training
Communication and Messaging
Policy Change and Development
Advocacy
Health Systems Change
Data Development
Funding Opportunities, Sustainability, Partnerships
Paradigm Shift
Consumer Driven

Partners then adopted the following strategies, acknowledging that any theme could be incorporated as part of a strategy group.

<b>Adopted Strategies</b>
1. Policy, Development, and Advocacy
2. Data Development
3. Education and Training
4. Communications
5. Health Policy, Funding Opportunities and Sustainability

**Question #4: How will we know we are getting there?**

The following matrices outline each committee’s proposed strategies, commitments, timeline, impact measurements and immediate next steps for 2015. Committees will use these grids to track progress.

Baseline data sources will be checked each year to gain understanding of progress. Data will be shared with the partners regularly and will be used to evaluate which strategies are working. Liaisons will provide leadership and direction with regards to next steps.

## Policy, Development, and Advocacy

Committee members: Roella Foronda, Sally Ancheta, Jim Westphal, Kim Nguyen, Jessica Yamauchi, Lila Johnson, Lola Irvin, Allie Hall, Karla Filibeck, Dr. Fridovich, Kathy Koga, Stephanie Moir

*Liaison: TBD*

WHAT	HOW	WHO	WHEN	MEASURE
Refine and expand the facility-based tobacco free environment policy to include AMHD, ADAD	Internal discussion within AMHD and critical stakeholders	Mark and Jim	2016	Existence on sharepoint site that policy is delivered
Expand the tobacco treatment and assessment policy (eligibility assessment to provide cessation and tobacco intervention documented, navigator provided)	Internal discussion	Mark and Jim	2016	AMHD sharepoint
Expand AMHD policies to sibling divisions (ADAD, CAMD, DDD)	Enter into discussion	Mark, other division chiefs	2017	Implementation
Legislative proposal that all healthcare facilities campuses as defined by OHCA will be tobacco and smokefree	Propose legislatively	DOH, CFTFH, HMA, HAA, NGOs	2016	Introduced and passed by 2020
Support Age 21 legislation and the ESD proposed legislation	Obtain more data from CAMD	DOH, CFTFH and NGOs	Jan 2015 – May 2015	Provide testimony, and help to pass legislation

## Next Steps

WHAT	JAN 2015	FEB 2015	MAR 2015	Q2 2015
Refine and expand the AMHD facility-based tobacco free environment policy to include, ADAD			Review policy with key stakeholders and community providers (contractors)	Make recommendations
Expand the tobacco treatment and assessment policy (eligibility assessment to provide cessation and tobacco intervention documented, navigator provided)			Review policy with key stakeholders and community providers (contractors)	Make recommendations
Expand AMHD policies to sibling divisions (ADAD, CAMD, DDD)			Provide copies of AMHD policies to sibling divisions	Distribute, review and provide written feedback by June 2015
Legislative proposal that all healthcare facilities campuses as defined by OHCA will be tobacco and smokefree	Meet with OHCA Lila and Mark (BHA and CDPHD)			Meet with Keith Ridley to obtain list of other groups with HAH by end of June 2015

## Data Development

Committee members: Tonya Lowery St. John

*Liaison: Stacy Haituka*

WHAT	HOW	WHO	WHEN	MEASURE
Working with Common Themes	Identify the strategy each common theme is using.	Policy Academy Team	Annual Updates	Dependent on Strategies
Identifying MQD Tobacco Dependence Billable Data	Understanding the Process	DOH / DHS	Within the next 6 months	Confirming existing policy for tracking billable data.
Point in Time Provider Survey	IRB and Consumer Census	AMHD	Within the next 6 months	Identify smoking status, readiness to quit, and exposure to second hand smoke.

## Next Steps

WHAT	JAN 2015	FEB 2015	MAR 2015	Q2 2015
Working with Common Themes	Review the data provided by the strategy groups	Recommend potential data points	Request Feedback from Leadership Academy	Confirm data points for each common theme.
Identifying MQD Tobacco Dependence Billable Data	Schedule meeting with DOH / DHS	Meet with DOH / DHS	Identifying areas for improvement	Working to address improvement.
Point in Time Provider Survey	Resolve IRB	Confirm Census Questions	Create survey	Inform Providers, implement, collect and analyze (Q3).



## Education and Training

Committee members: Stephanie Moir, Helen Barrow, Mae Lynne Swoboda, Jennifer Griffith, Lisa, Kehl, Debbie Apolo, Kassel Taeza, Meilei Requilman, Leimomi Shearer, Serenity Chambers, Kathleen Kempker, Kathryn Akioka, Christy Gray

*Liaison: TBD*

WHAT	HOW	WHO	WHEN	MEASURE
Train PCP/Hospital Providers in 2As and R or Brief Intervention Training	Brief intervention; 2As and R; Research Summaries; Evidence Based programs; existing resources; via Face to Face, online videos, phone facilitation for consumer, use consumers to direct content  Provide fact sheet; resources; motivational interviewing; CEU, CME credits;	DOH TPEP	End of 3 <sup>rd</sup> Quarter 2015	One training completed per island
Train Consumers/Peer Support – Brief Intervention Training	solicit to lead consumer groups; written material in consumer vernacular; organizing, educating, supporting peer support consumer groups; open, honest policy;	Clubhouses, Debbie Apolo – American Lung Association	End of 2 <sup>nd</sup> Quarter 2015	Training 2 members from each clubhouse statewide
Formation of Mental Health/Tobacco Cessation Training Hui	Identify stakeholders through community contacts and networking; soliciting; Identify training resources and accessibility	Debbie Apolo, <b>DOH TPEP</b> , Leimomi Shearer, Helen Barrow, Hawaii Community Foundation, UH Public Health, Mental Health Kokua, Tobacco, Kaiser, Castle Medical, Consumer, Kathleen Kempker Clubhouse, HPCA, Psychiatric/Mental	End of 1 <sup>st</sup> Quarter of 2015	Formation of the Mental Health/Tobacco Cessation Training Hui

## Next Steps

WHAT	JAN 2015	FEB 2015	MAR 2015	Q2 2015
Working with Common Themes	Review the data provided by the strategy groups	Recommend potential data points	Request Feedback from Leadership Academy	Confirm data points for each common theme.
Identifying MQD Tobacco Dependence Billable Data	Schedule meeting with DOH / DHS	Meet with DOH / DHS	Identifying areas for improvement	Working to address improvement.
Point in Time Provider Survey	Resolve IRB	Confirm Census Questions	Create survey	Inform Providers, implement, collect and analyze (Q3).

## Communications

Committee members: Jennifer Kattau, Kanani Kilbey, Donny Lane, Libby Pyo, Catherine Saucedo

*Liaison: Donny Lane*

WHAT	HOW	WHO	WHEN	MEASURE
Draw attention to the work of the Leadership Academy	Various online and in person media and awareness events outlined below	Lead is Donny but many of the existing Tier 1 team to help along with over all participation from partnership members	Begin in January/on-going	
Create an online press packet	<p>Press release event and press conference (contact = Stacy Haitsuka)</p> <p>Fact Sheet for all to use (include e-cigs among BH and Youth)</p> <p>QL resources</p>	<p>Collaborative effort with Tier 1 and Communications committee</p> <p>Catherine can share SCLC fact sheets</p> <p>Use existing QL resources from State</p>	February 2015	Online packet created and shared with partnership members
Stage Press Conference	<p>Lola Irvin and Dr. Fridovich to do so together.</p> <p>Find a consumer to share story</p>	<p>Libby to talk to Lola/Mark</p> <p>Lola agreed</p>	<p>January if possible around 51<sup>st</sup> Anniversary Surgeon General Report activities and/or wait till Kick Butts Day</p> <p>March 18, 2015 or sooner</p>	Conference completed

Create a web page for the partnership	List goals of initiative, Statistics, action plan, resources, partners, (show example of NC or MS website)  Host on existing department site.	Ask state department to host	February?	A webpage dedicated to the Leadership Academy work of HI
All Partners engage around kick butts and/or surgeon general report	Create awareness  Use general materials created from press conference	All existing partners	Gain buy in from organizations on this partnership and beyond by Mid January	All partners from Leadership Academy know and are ready to promote during kick butts
Pitch stories to press	Grassroots approach-getting former-smokers to tell their stories  Reach out to Hawaii News Now  Public television  Daily and print publications	Donny	Starting in January – end of year	Two major publications and 8-10 electronic media, plus 4 radio stations, 1 magazine
Social Media	Use existing tobacco control posts from FB/Twitter etc. <ul style="list-style-type: none"> <li>ask to share posts so all partners can re-post</li> <li>Create an event for people to join on FB</li> <li>Join each other's/partners facebook pages</li> <li>Include #hashtags</li> </ul>	DPH/Tobacco Control to share ALL of the Partners Koolau Clubhouse Mental Health Kokua Waikiki Health Castle Medical Mental Health America existing post to repost	Begin now, ongoing	All orgs post on topic but also event page has at least 60-100 people join in 1 year

Leverage Community Events/conferences	<p>Use existing agencies and their scheduled conferences or events to add resources on tobacco/bh.</p> <p>Ask group to send calendar of events to Donny.</p> <p>Have a booth with cessation services, fliers, live music, etc.</p> <p>Specifically, reach out to the following:</p> <ul style="list-style-type: none"> <li>• Mental Health Kokua events on all islands</li> <li>• HI clubhouse coalition</li> <li>• NAMI -</li> <li>• MHA – Luncheon</li> <li>• Clubhouse Annual Fundraisers</li> <li>• United Self Help</li> <li>• Castle Medical Center</li> </ul>	Donny to follow up with group agencies conference/events and work with Tobacco Control to get resources for events	Starting June 5 at Kokua	5 conference booths or events
Proclamation	Search existing proclamations	Donny	TBD	One proclamation for the topic
TV spot on Sickness and in Health KHON2 and Castle Medical Center	Engage leadership to see if the topic of BH and tobacco can be added to get attention	Kanani Kilbey to ask in January	February/ March	One spot on KHON2
Communication Outreach	Representatives from agencies to hand out fliers to homeless and others in public places	Jennifer Kattau and others here	Now and on going	4 or more outreach events
HI Leadership Academy Listserv	Create a group e-mail/listserv for participants to pose questions and/or update each other on progress	SCLC can create the group e-mail when action plan is sent.	Tuesday, December 23	e-mail list created and group communicating shared

***\*Next steps for the Communications committee are incorporated in the table above.***

# Health Policy, Funding Opportunities, Sustainability

Committee members: Vicky Hanes, Alison Welch, Pynky Austria, Tami MacAller, Karen Teshima, Judith Clarke

*Liaison: Naomi Crozier*

WHAT	HOW	WHO	WHEN	MEASURE
<p>General Statewide meeting to introduce three baseline targets for mental health/tobacco use/heavy drinking. Identify; identify key stakeholders for future quarterly workgroup meetings re: these topics. Share resources within each organization, identify champions.</p>	<p>DOH? SAMSHA? AMHD? Sponsorship/ownership. Grant?</p> <p>Creating partnerships proposing MOAs; creating resource guides prior to meeting re: organization specific initiatives/program measures/internal and external benchmarks, etc.</p>	<p>Initial Hawaii state leadership group (DOH, AMHD)</p> <p>Invite these groups: Federal Qualified Health Centers, BISAC, AMHD, Substance Abuse Groups, County Hospitals, Public Housing – HOPE Services, Mayor’s Office, Primary Care Providers, Advocacy Groups, Clubhouse Coalitions, Mental Health America, NAMI, Women’s Health Groups, AAAs, NAs, Youth Groups, Drug Courts, Schools, Medicaid/Medicare; Veterans Administration, Homeless groups</p>	<p>Initial Information meetings.</p> <p>Possible annual update meeting, invite new stakeholders.</p>	<p>Goal is to provide healthy workplace. Need buy-in from all stakeholders. Maintaining accreditation; working collaboratively e.g. HEDIS and JACHO, Grant Targets, Benchmark measures;</p>
<p>Quarterly meetings with stakeholders. Communication meeting.</p>	<p>Integrate/share tools from other summit workgroups to reach target baseline.</p>	<p>Champions from above group</p>	<p>Quarterly meeting</p>	<p>Same as above.</p>

## Next Steps

WHAT	JAN 2015	FEB 2015	MAR 2015	Q2 2015
General Statewide meeting to introduce three baseline targets for mental health/tobacco use/heavy drinking. Identify key stakeholders for future quarterly workgroup meetings re: these topics. Share resources within each organization, identify champions.	Identify ownership/sponsorship/funding of meeting (annual and quarterly) - DOH? AMHD? Grant (for coordinator)?	Identify potential invitees (see “who” from previous page).  Create template for invite letter and resource guide questionnaire (similar to “Clear The Air”).	Set target date for initial meeting.  Send out invite letter.  Send out resource guide questionnaire.	Create resource guide.  Convene meeting.  Plan quarterly stakeholder workgroup meeting based on Jan attendees.

## Closing Comments

Name	Short phrase on how you feel about the day
Alison	Thank you
Vicky	More fun than thought
Judith	Learned a lot; education
Nicki	Glad I came
Naomi	Grateful
Kanani	Useful information
Janice	Made new friends
Donny	New collaboration
Catherine	Role model for the nation
Libby	Right people here to succeed
Lisa	Inspired and exhausted
Jen G.	Same as Lisa: inspired exhausted
Helen	Ditto; excited and thank you
Steph	Collaboration
Jim	We have a lot to do
Leslie	Very informative thank you
Valerie	Great leadership; waiting to get consensus on strategy plan
Kathleen	Yes we can! We can do it!
Kathy	Inspired we're taking next steps
MeiLei	Moving forward in HI
Kasella	Motivated
Randy	Thank you
Roella	Optimistic
Mark	Moving forward
Stacie	Informative
Stacy H.	I'm good
Tonya	Hopeful
Kim	Impressed
Karla	Looking forward to progress next year
Jennifer M.	Happy to be a part of it
Sally	Committed
Lila	Issue is compelling
Jodi	Grateful to be here
Roxana	Excited to be a part of this
Gil	Exciting and dynamic

## Conclusion

"You all worked so hard, and are so committed, I know we will all succeed. You traveled hours and were only here for 24 hours, so thank you. You can have confidence in your tier 1 leadership that we will carry this forward with your help and liaisons."- Dr. Mark Fridovich



“Let’s continue the conversation -- by phone and email -- and let’s invite more partners to help us achieve our target.” - Lila Johnson

In the coming months, SCLC will be providing technical assistance to support the work of the summit and help bring the action plan to fruition. Also, SAMHSA and SCLC would like to thank all the participants for their time and energy at the summit and during the ongoing collaboration.

## Appendices

### Appendix A – Participant List

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## Appendix B – Call to Action

- We tend to think of ourselves as body parts; you're lung, you're prostate. Public health addresses the wellness of the *whole* person.
- HI is the healthiest state in the nation, but you've seen the data tonight. When you peel back the onion and look at sub-groups, it's sobering. We will need this population-based data and eliminate disparities to reach our Healthy 2020 goals.
- A new crop of people is becoming addicted to nicotine by using e-cigarettes, creating a subculture. It hurts when our kids have experimented; they become addicted. We need to reach this population.
- The need to address the high prevalence of tobacco use by persons with mental illness and substance use disorders is a key priority.
- You are here because you have been selected to be part of a small group of partners to work together with us to address the single greatest cause of premature death and disability: smoking.
- Each of you is a key to helping to make this happen. Your knowledge, input and leadership are essential to creating a successful action plan and partnership.
- Looking around the room, I see familiar faces and some unfamiliar faces but all with a common goal of saving lives by reducing tobacco use.
- Never before has a group of dedicated individuals been gathered in one spot for such a cause.
- Our collective knowledge, experiences, and energy will help create a dynamic, outstanding action plan for our state. We look forward to working side by side with you.
- We are so thrilled to have you as partners, with whom we work on a daily basis, people we trust. With all of you, we can strengthen the system we have. Thank you partners, for being champions.

## Appendix C – Interest in Attending the Summit

<b>INTEREST IN ATTENDING THE SUMMIT</b>
<b>Collaboration</b>
Interested in creating new partnerships with the many specialists and resources available in this room
Looking forward to meeting everyone and learning new information to take back to my agency
Work with everyone in the room and implement new strategies
Work together to develop a modest doable policy for our state and across our programs and departments
Working with others and gaining ideas that are proven, and some that are not. That all begins here
We have a comprehensive system, and we have gaps, so we need to work to gather to close those gaps
Learn more about the partners in this room, and how we can collaborate
Work together, it is very valuable. The evidence really is better
We have a comprehensive system and we have gaps, so to work together to close those gaps
Being a part of the solution, and learn from this summit and bring it back to my colleagues
Excited to be part of the movement and change, to see it all grow
How we can help, and move forward with the information we take home from the summit
<b>Consumer Focused Strategies</b>
Interested in best practices, and finding new ways to help patients
How to help patients transition from an in-patient setting to everyday life
Educate colleagues, use as it performance indicator, and outreach to consumers
How do we create a plan to target particular sub-groups
How do we collect data, and how do we make this change with the data
Smoking rates on the big island are higher among mental health consumers, and this is a problem that we need to focus on
How to better work with the mental health community
How this process will help develop a plan of action to target the behavioral health population
To make a difference in people’s lives
<b>Understanding Mental Health Population</b>
We need to get information out there, regarding the mental health population.
Learn more about the connection between mental health and tobacco to educate colleagues
Much more complicated problem, for people to stop smoking among the MH community
I don’t know much about mental health
Gather as much info regarding the mental health community



## Appendix D – Reaction to Gallery Walk

REACTION TO GALLERY WALK
<b>Quality of Data</b>
Clearly presented
There is so much; enormous
Impressed with amount of data
Able to understand
Understanding; looking at it all made it stick
Wonderful we have all this data
Interesting and informative
Thought provoking
Various approaches to displaying problem
Educational
Eye-opening
<b>Disparities</b>
Such great disparities in the healthiest state
HI is 3 <sup>rd</sup> lowest in prevalence but just as high as the nation when it comes to Mental Illness and Substance Use Disorders
High cancer rates in Serious Mental Illness (SMI) patients
Shocking; high cancer rates among SMI
Sad to see the high cancer rates
SMI leads to other chronic diseases
This population is neglected in so many ways
Struck by the disparities
Changes in the general population makes this a disparity issue
Sad we have such a great disparity after coming so far with general population
Some sub-groups have alarming rates
Had no idea tobacco and mental illness had so much interaction
This is a social justice issue
<b>Validation</b>
Data is what we live with; it's validating to see
Validating to have there for others to see; about time we do it in HI
Confirms what I see at work
It's about time we shed light on this issue
Validates what I see at work
Made issue more real
Seeing it all laid out this way sheds a light on it
This is a real problem in our state
Great to see it all out in the open
<b>Consumer Voice</b>
Appreciated seeing the consumer voice
The data represents voices of the people

<b>Familiar Data</b>
Most of the data I know
Not really surprising
See it every day as a case manager
<b>Potential Progress</b>
We still have a long way to go
Excited to be addressing this population
A lot of work needs to be done
We've done such great work but we really need to help this population