



Prevention Status Report for Hawaii

Tobacco Use

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About the Prevention Status Reports

The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to address the following important public health problems and concerns:



PSR Framework



Each report follows a simple framework:

- Describe the public health problem using public health data
- Identify potential solutions to the problem drawn from research and expert recommendations
- Report the status of those solutions for each state and the District of Columbia

Criteria for Selection of Policies and Practices

The policies and practices reported in the PSRs were selected because they—

- Can be monitored using state-level data that are readily available for most states and the District of Columbia
- Meet one or more of the following criteria:

- Supported by systematic review(s) of scientific evidence of effectiveness (e.g., The Guide to Community Preventive Services)
- Explicitly cited in a national strategy or national action plan (e.g., Healthy People 2020)
- Recommended by a recognized expert body, panel, organization, study, or report with an evidence-based focus (e.g., Institute of Medicine)

Ratings

The PSRs use a simple, three-level rating scale—green, yellow, or red—to show the extent to which the state has implemented the policy or practice in accordance with supporting evidence and/or expert recommendations. The ratings reflect the status of policies and practices and do not reflect the status of efforts of state health departments, other state agencies, or any other organization to establish or strengthen those policies or practices.

Suggested Citations


For a state report:


Centers for Disease Control and Prevention. Prevention Status Reports: [State name]. Atlanta, GA: US Department of Health and Human Services; 2016. Accessed [month date, year].


For the National Summary:

Centers for Disease Control and Prevention. Prevention Status Reports: National Summary. Atlanta, GA: US Department of Health and Human Services; 2016. Accessed [month date, year].

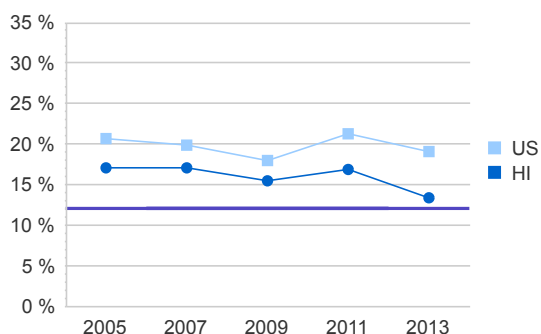
Public Health Problem

 Tobacco use is the leading cause of preventable death in Hawaii and the United States overall (1). Smoking harms nearly every organ in the body and causes cancer, heart disease, stroke, respiratory illness, and other health problems (1).

 In 2012, despite progress in reducing exposure to secondhand smoke, 1 in 4 nonsmoking adults and about 2 in 5 children aged 3–11 years in the United States were still exposed to secondhand smoke. Among black children aged 3–11 years, 7 in 10 were still exposed to secondhand smoke in 2012 (2).

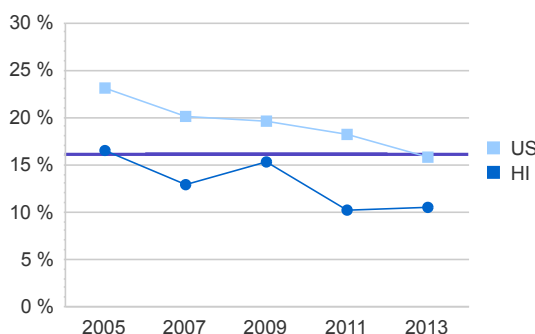
 Smoking costs the United States more than \$300 billion each year, including nearly \$170 billion for direct medical care of adults and more than \$156 billion from lost productivity (1,3). In Hawaii, smoking costs \$ 526 million a year for medical care alone (4).

Percentage of adults who currently smoke cigarettes



Source: Behavioral Risk Factor Surveillance System (5,6)
Healthy People 2020 target: 12.0% (purple line) (7)

Percentage of high school students who currently smoke cigarettes



Source: Youth Risk Behavior Surveillance System (8)
Healthy People 2020 target: 16.0% (purple line) (7)

Solutions and Ratings

The three policies and practices in this report are recommended by the Institute of Medicine, World Health Organization, Community Preventive Services Task Force, US Surgeon General, and Centers for Disease Control and Prevention because scientific studies support their effectiveness in preventing or reducing tobacco use (1,4,9-11):

- Increasing the price of tobacco products, such as through state cigarette excise taxes
- Establishing comprehensive, statewide smoke-free policies to protect all nonsmokers from exposure to secondhand smoke
- Sustaining comprehensive tobacco control program funding

Other strategies also supported by scientific evidence include hard-hitting media campaigns and systemic changes to increase access to and use of cessation services (4).

Status of Policy and Practice Solutions

State cigarette excise tax

The amount of state excise tax, in dollars, on a pack of 20 cigarettes.

As of September 30, 2015, Hawaii's cigarette excise tax was \$3.20 per pack, compared with the highest state tax of \$4.35 (range = \$0.17–\$4.35) (12).

Rating	State excise tax
Green	≥\$2.00 per pack
Yellow	\$1.00–\$1.99 per pack
Red	<\$1.00 per pack

Healthy People 2020 target: An increased excise tax in all states and the District of Columbia by \$1.50 per pack by the year 2020 (7). This increase would generate millions of dollars in revenue annually, prevent more children from starting to smoke, help smokers quit, save lives, and save millions in long-term healthcare costs (1,9–11).

How This Rating Was Determined

The rating reflects the amount of cigarette excise tax in the state as reported by CDC's State Tobacco Activities Tracking and Evaluation (STATE) System (12). The data reflect laws in effect as of September 30, 2015; data do not reflect laws that had been enacted but had not yet taken effect.

Comprehensive state smoke-free policy

A state law that prohibits smoking in all indoor areas of private workplaces, restaurants, and bars, with no exceptions.

As of September 30, 2015, Hawaii had a statewide smoke-free policy covering workplaces, restaurants, and bars (12).

Rating	Locations covered by state smoke-free policy
Green	Workplaces, restaurants, and bars
Yellow	One or two of the three locations
Red	None of the locations

Healthy People 2020 target: A statewide prohibition on smoking in public places and worksites in all states and the District of Columbia (7). Studies have shown that smoke-free policies reduce secondhand smoke exposure, help smokers quit, and reduce heart attack and asthma hospitalizations (1,9-11,13-17).

How This Rating Was Determined

The rating reflects the comprehensiveness of the state's smoke-free policies as reported by CDC's State Tobacco Activities Tracking and Evaluation (STATE) System (12). The data reflect laws in effect as of September 30, 2015; data do not reflect laws that had been enacted but had not yet taken effect.

State funding for tobacco control

The amount of state funding allocated for state comprehensive tobacco control activities.

As of fiscal year 2015, Hawaii allocated 55.0% of the CDC-recommended funding for tobacco control (\$7.5 million of \$13.7 million) (4,18).

Rating	State funding level
Green	≥100% of CDC recommendation
Yellow	50.0%–99.9% of CDC recommendation
Red	<50.0% of CDC recommendation

CDC recommendation: Tobacco control funding at 100% of CDC's recommended annual investment in all states and the District of Columbia (4). States that have invested in comprehensive tobacco control programs at recommended levels (or above) have seen cigarette sales drop more than twice as much as sales in the United States as a whole (4). Smoking prevalence among adults and youth has also declined faster as spending for tobacco control programs has increased (1,4,19,20).

How This Rating Was Determined

The rating reflects the extent to which state tobacco control funding meets CDC's recommendations. Ratings were determined by comparing each state's FY 2015 funding for comprehensive tobacco control programs with recommendations from CDC's Best Practices for Comprehensive Tobacco Control Programs—2014 (4,18). According to the Campaign for Tobacco-Free Kids' Broken Promises report, the funding data are accurate as of each state's fiscal year 2015—which ended June 30, 2015, for most states—and do not include additional funds that might have been received later (18).

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