Members Present: Sharlene Chun-Lum, Dr. Robert Hirokawa, Darrin Sato, Danette Wong -Tomiyasu, Dr. Anthea Wang (Chair), Dr. Hye-

Ryeon Lee; Jennifer Ryan, Dr. Sheri Daniels

Members Absent:

Dept. of Health: Lola Irvin, Heidi Hansen-Smith, Lila Johnson, Anuhea Amian, Jill Tamashiro, Daniel de Gracia; Dennis Kondo, Sarah

Brostrom, Melody Kimura,

Dept. of Attorney General: Blair Goto

Guests (Public): Tom Matsuda, HCF; Cynthia Au; Jessica Yamauchi, Peggy Mierzwa, Julian Lipsher, Pedro Haro, Public, KITV4

Agenda	Discussion	Decision	Outcome
Call to Order	 Meeting was called to order at 2:00 p.m. by Chair Wang Review of remote meeting requirements. Minutes of 7/14/22 review – noting comments received from members after there was no quorum of the members. Minutes of 10/04/22 review - 	7/14/22 minutes – revise comments by Lee in row "No Quorum," to, "HCF to adjust interventions based on youth needs."	7/14/22 –Minutes approved unanimous affirmative vote with amendments by Lee, with 7 members present. 10/04/22 – Minutes approved by unanimous affirmative vote, with 7 members present.
Update on Health Communica- tions Campaign Presenter: Dennis Kondo	 Review of communications campaign presented on 10/04/22. Request for highlights of major changes made (Sato). Hawaii Tobacco Quitline (HTQL) communication strategy was not meeting goal, implementation delayed due to contract negotiations to change the marketing strategy. Campaign performing well and strategic changes seem to be working with HTQL. Hoping to continue the momentum in 2023. In calendar year (CY) 2022 MLMQ youth cessation marketing is combined with adult HTQL services. Shifting MLMQ as separate marketing focus based on recommendations received from the Tobacco Prevention and Control Advisory Board (TPCAB) and external organizations. Will continue separate youth prevention campaign which is exceeding expectations. Increase in budget is mainly due to separating MLMQ. Will have separate goals for the separate marketing strategies. (Lee) Makes sense to have separate marketing strategy for MLMQ because of the different population and marketing channel needs. 		3 separate campaigns: 1. HTQL for adults, 2. MyLifeMyQuit (MLMQ) youth cessation; 3. Escape the Vape (ETV) youth prevention. Will have different strategies between adults and youth. Strengths from current successful youth campaign to be capitalized for MLMQ. 20 other states using MLMQ. MLMQ to rely on partnerships to promote youth cessation.

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	 (Chun-Lum) Separating the 2 campaigns makes evaluation cleaner. (Wang) How local is the strategy? (Kondo) Hawaii has locally created materials, and evaluation results are indicating these are effective. (Wang) Looking forward to response to MLMQ. (Kondo) Historically it takes 3 years for build out and are hopeful. (Chun-Lum) – Hiki No has student created materials and it would be interesting to see if challenged, they could create useful materials. 		
Review of Proposed 2023 TPCTF Budget Presenter: Tom Matsuda	 Request from HCF on minor adjustment to agenda to review slightly amended presentation today. Since the agenda lists the budget presentation from 10/04/22, to review a revised presentation, a 2/3 vote of all TPCAB members is needed. Presentation of slide view with revised CY2023 budget that added a new column comparing 10/04/22 and 11/03/22 versions of the budget proposal. Changes proposed between CY2022 and CY2023 Health Communications – biggest change in budget for ongoing contract negotiations with the vendor to increase by \$500,000 marketing for MLMQ based on TPCAB guidance. Unchanged in 11/03/22 version. Cessation Interventions- negotiating to add some service packages to increase referrals into the quitline: e-referrals by healthcare providers, and other enhancements to increase enrollments. Unchanged in 11/03/22 version. Administration and Management – reduced by \$25,000 and adding equal amount to State and Community Interventions for in-person training for new Youth ESD Prevention (YEP) grantees that start in CY23 quarter 1. Surveillance and Evaluation – increase \$42,000 for cessation grant program evaluation. Current cessation grant program ends June 2023, but DOH-HCF contract ends June 2024, so HCF will extend current grants for one year, and extend evaluation of the grants to match. 	Lee moved to accept the revised presentation to the agenda.	Change in agenda to review the revised 11/03/22 revised budget presentation approved by 2/3 affirmative vote of the board, with 8 members present. 11/03/22 CY2023 Budget Proposal approved by unanimous affirmative vote of the board, with 8 members present.

	Nemote weeting
	 State and Community Interventions – increase by \$145,000 of which \$25,000 transferred in for training and \$120,000 is for YEP grants to be funded for 15-months to June 30, 2024. \$162,000 total budget proposal difference between 10/04/22 and 11/03/22 versions. Budget approval process: TPCAB reviews and makes recommendations, and HCF takes this budget to present to the HCF Board of Governors (BOG) on December 14. TPCTF budget request will be reviewed and approved by the BOG as part of the overall budget of the HCF. (Sato) What happens if grantee does not spend all the funding. (Matsuda) Often a no-cost extension is submitted and approved. HCF is always tracking through grantee progress reports on how grant funds are being spent. Grantees may be asked to return funds if they cannot spend the funds. (Sato) Can grantee get NCE that extends beyond 6/2024? (Matsuda) DOH-HCF has wind-down that would allow the NCE should another organization get the DOH contract. (Lee) Is DOH preparing the request for proposals? (Irvin) RFP is posted and applications are due in early December. (Wang) How is the stock market volatility affecting the Trust Fund? (Matsuda) Trust Fund is affected, and HCF is tracking investments. HCF receives a portion of the MSA payments each year which can be used combined with the investment revenues for the tobacco prevention program.
Request for Public Comment	 Pedro Haro-Arvizu, American Lung Association received grant from C&C for youth cessation and would like to partner with MLMQ. (Lee) Expressed appreciation since youth approach may require approaches other than one-on-one counseling. Julian Lipsher –How should we address policymaker questions about effectiveness? (Kondo) Youth cessation is very different from adult cessation and needs more and varied resources, but few youth cessation services are available, and states are sharing their results. (Sato) Youth like the flavors, perceive vaping as cool and perceive themselves as indestructible and need to know the

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	 health consequences. Strong youth education is needed, and case needs to be made to legislature. (Daniels) Recommended looking broader; need to reach parents and communities, peer groups are vaping. Need to capture people who are not vaping to influence others. (Chun-Lum) There will be new legislators. Give information to people who are less critical, work with new people. Provide parents with tools that are supportive and not confrontational, and referrals to providers. Be creative with evaluation. (Wang) Agree that we need creative evaluation to show effectiveness of the work. (Lee) Children are sensitive when adults say one thing and do something else. Need to change the general social norm because a lot of parents are also vaping. Need "full court press," to address youth vaping. (Irvin) Offered future presentation on formative evaluation and evaluation of youth prevention and cessation campaigns. Agreed with comments, and that effective policies are part of the mix which historically helped reduce cigarette use. Hawaii still has no youth vaping prevention laws in place compared to cigarette regulations that include high taxes and do not allow flavored cigarettes. 	(Wang) Affirmed having a future presentation on youth prevention and cessation campaign evaluations and would like the opportunity for the TPCAB to provide input.
Adjournment	Meeting was adjourned by Chair at 3:04 p.m.	
Respectfully sub	mitted, Approved:	0

Approved:

Approved:

Anthea Wang

Lola Irvin,

Dr. Anthea Wang, Chair

Chronic Disease Prevention and Health Promotion Division Department of Health