

State of Tobacco Control In Hawai`i
July 2005

Current Laws, Funding and Programs involved in
Tobacco Control

Created to inform the Statewide Strategic Plan
For Tobacco Control
2005-2010

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State of Tobacco Control in Hawai`i

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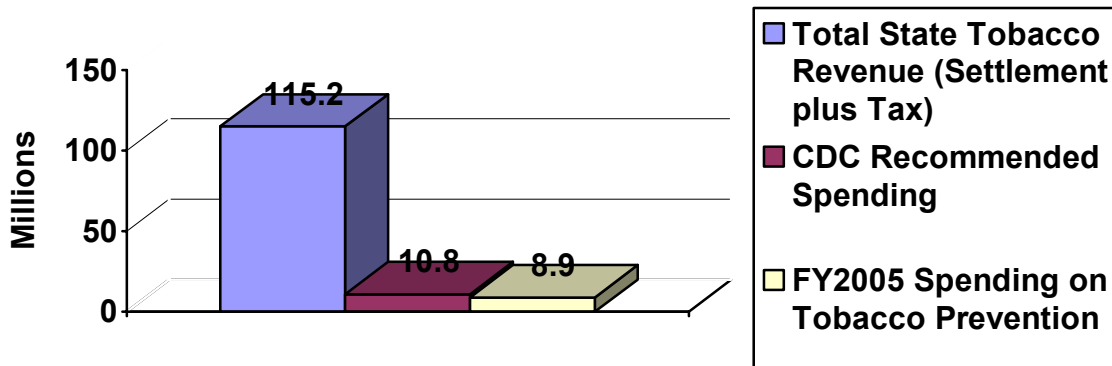
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Spending on Tobacco Control in Hawai`i

A Broken Promise to Our Children. The 1998 State Tobacco Settlement Six Years Later. December 2, 2004. Campaign for Tobacco Free Kids; American Heart Association; American Cancer Society; American Lung Association.

2005 State Ranking	FY 2005 Hawai`i Spending on Tobacco Prevention (% of CDC Recommended Spending)	2004 State Ranking	FY 2004 Hawai`i Spending on Tobacco Prevention (% of CDC Recommended Spending)
7 th	\$8.9 Million (82.6%)	6 th	\$8.9 Million (82.6%)

Summary: The US Centers for Disease Control and Prevention (CDC) recommends that the state of Hawai`i spend between \$10.8 million and \$23.4 million a year to have an effective, comprehensive tobacco prevention and control program. Hawai`i currently spends \$8.9 million a year from tobacco settlement revenue for tobacco prevention and control. This is 82.6% of the CDC's minimum recommendation and ranks Hawai`i 7th among the states in funding of tobacco prevention and control programs. Hawai`i's spending on tobacco prevention and control amounts to 7.7% of the \$115.2 million in tobacco-generated revenue the state collects each year in tobacco settlement payments and tobacco taxes.



Current Status: Hawai`i's tobacco prevention programs are funded through the Tobacco Prevention and Control Trust Fund, which was created with tobacco settlement dollars, and through funds allocated to the Department of Health and other state agencies for tobacco prevention programs. Total anticipated allocation for FY2005 tobacco prevention and control is \$8.9 million, the same as was spent in FY2004, but down from the \$10.25 million allocated in FY2003.

As it decides how to fund tobacco prevention in the future, Hawai`i is receiving more tobacco-generated revenue than ever before as a result of a cigarette tax increase that took effect July 1, 2004, raising the state cigarette tax by 10 cents to \$1.40 per pack.

Background: Hawai`i tobacco settlement funds are governed by a 1999 law approved by the Legislature and then-Governor Benjamin Cayetano (D) that originally allocated 25 percent of the funds to a Tobacco Prevention and Control Trust Fund. The law also

Spending on Tobacco Control in Hawai`i

distributed 40 percent of the funds to the state's Emergency and Budget Reserve Fund and 35 percent of the Department of Health for health promotion and disease prevention.

When the 1999 law was passed, it was initially interpreted to allow expenditure of only the interest and earnings on the trust fund for tobacco prevention and cessation in order to preserve and grow the endowment. Subsequently the law was amended in a 2001 special legislative session to permit expenditure of up to 50 percent of the fair market value of the trust fund. In October 2002, the Trust Fund Advisory Board approved a policy to expend interest and earnings and a portion of the principal. As such, the Board approved an allocation of at least \$6.1 million of the Tobacco Prevention and Control Trust Fund to be spent in FY2003.

In a special session in Fall 2001, Governor Cayetano proposed and the Legislature amended the tobacco settlement law modifying the allocation percentages set by the 1999 law. The amended law created a new 28 percent allocation to the University of Hawai`i (UH) for debt service on \$150 million in revenue bonds issued for construction of a new medical school. In order to create the 28 percent UH allocation, the percentage of settlement funds going to the Tobacco Prevention and Control Trust Fund was cut in half to 12.5 percent and the percentage allocated to the Emergency and Budget Reserve Fund was reduced from 40 percent to 24.5 percent.

In FY2002, the Tobacco Prevention and Control Trust Fund received \$11.2 million in settlement money – the 25 percent allocated by the 1999 law before it was changed. The Trust Fund released \$1.8 million in grants for tobacco prevention and cessation. In addition, the Department of Health allocated an additional \$2.4 million for tobacco prevention and control for a total of \$4.19 million in tobacco prevention and control funding in FY2002.

The 2003 Legislature imposed new assessments on Hawai`i's Tobacco Settlement Special Fund, effective FY2004. All of the state's tobacco settlement revenue is deposited into a special fund under the purview of the Department of Health (DOH) and allocated by percentage according to law. The tobacco settlement law also allocated tobacco settlement money to the Emergency and Budget Reserve Fund, children's health insurance programs, and paying debt service on revenue bonds for the construction of the University of Hawai`i Health and Wellness Center, including a biomedical research center and a new medical school.

Also in 2003, the Legislature transferred the interest earned by the tobacco settlement special fund from the state investment pool, \$1.9 million, to the general treasury.

Master Settlement Agreement

What is the MSA?

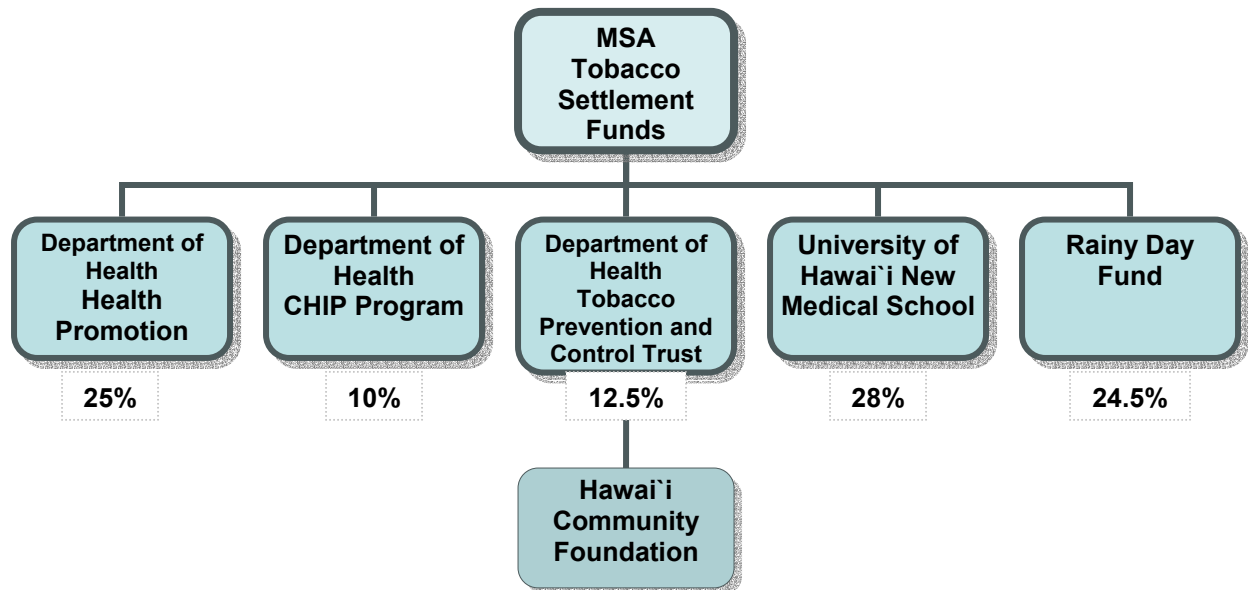
The MSA is a result of a joint lawsuit to recover healthcare costs for tobacco-related illnesses that were being paid for by the taxpayers. In addition to the tobacco companies having to pay approximately \$246 billion over 25 years, numerous restrictions were included in the agreement such as bans on cartoons in tobacco advertisements, free cigarette samples at events attended by youth, most outdoor advertising, most tobacco merchandise (e.g. hats, t-shirts), and sponsorship of concerts and certain sporting events.

What is the money intended for?

Many states, including Hawai'i, initially intended to direct substantial portions of the settlement funds towards tobacco prevention and education. However, the MSA does not place any restrictions on how states spend the money from the settlement.

What does Hawai'i do with its portion of the settlement funds?

- Hawai'i's first payment was received in December 1999.
- Hawai'i expects to receive approximately \$1.24 billion over 25 years.
- Through December 2004, Hawai'i received \$213 million.
- Payments to Hawai'i each year are determined by Act 304 codified as Hawai'i Revised Statute Chapter 328L.



Tobacco Trust Fund

A Discussion Paper

To Assist the Tobacco Trust Fund Advisory Board and the State of Hawai'i Department of Health develop funding recommendations for the 2005 Tobacco Trust Fund

Prepared by Hawai'i Community Foundation

November 2004

Summary of 2004 Allocated Funding and Estimated Expenditures

Categories of Funds Distribution	Recommended 2004 Allocation	Planned 2004 Allocation	Estimate of Funds Encumbered or spent by 12/31/2004
Community Grants	\$2,530,000	\$2,710,000	\$2,500,000
Comprehensive Cessation Program	\$1,400,000	\$1,400,000	\$114,000
Media Campaign	\$1,200,000	\$1,200,000	\$1,200,000
Training and Technical Assistance	\$500,000	\$350,000	\$360,000
Policy and Social Norm Change	\$150,000	\$150,000	\$150,000
Infrastructure	\$750,000	\$100,000	\$100,000
Evaluation	\$460,000	\$317,000	\$126,000
Total	\$6,990,000	\$6,167,000	\$4,550,000

Proposed Allocations for 2005

Categories of Funds Distribution	Recommended 2004 Allocation	Planned 2004 Allocation	Proposed 2005 Allocations
Community Grants	\$2,530,000	\$2,500,000	\$2,900,000
Comprehensive Cessation Program	\$1,400,000	\$114,000	\$1,500,000**
Media Campaign	\$1,200,000	\$1,200,000	\$1,100,000
Training and Technical Assistance	\$500,000	\$360,000	\$850,000
Policy and Social Norm Change	\$150,000	\$150,000*	\$250,000
Infrastructure	\$750,000	\$100,000	\$500,000
Evaluation	\$460,000	\$126,000	\$500,000
Total	\$6,990,000	\$4,550,000	\$7,600,000

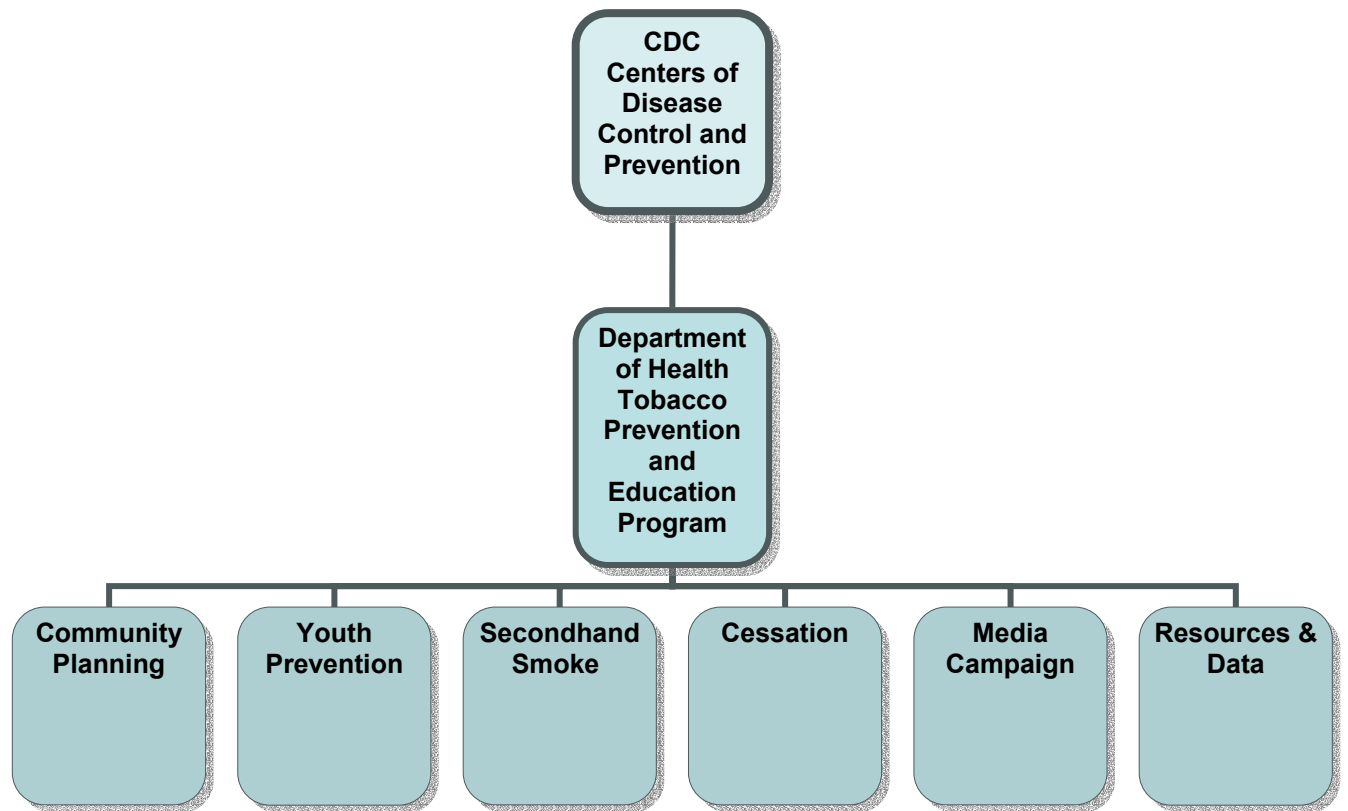
*portions of this funding will carryover into 2005

**2004 quitline allocation of \$1,200,000 carried-over into 2005

Hawai'i State Department of Health

The Tobacco Prevention & Education Program (TPEP) of the Department of Health is the official state government program addressing tobacco control in Hawai'i. It is funded by the Centers for Disease Control and Prevention through the Comprehensive National Tobacco Control Program.

The purpose is to reduce tobacco consumption, and subsequently the resultant burden of disease and disability caused by its use through a comprehensive multi-strategy approach including prevention and education components.



2004-2005 Budget

- \$850,000 from CDC for comprehensive tobacco prevention and control program
- \$900,000 from MSA for media and countermarketing
- \$212,000 for quitline enhancement

Tobacco Control Legislation in Hawai`i

Youth Access

- Retail permits required for businesses selling tobacco
SB682 SD2 HD3 CD1 (2005 Legislation)
- Illegal to sell to minors
HRS 709-908 (Supp. 2002)
- Illegal for minors to purchase tobacco products
HRS 709-908
 - No state law currently exists that makes it illegal for minors to smoke tobacco.

Excise Tax

- Currently state excise tax is \$1.40 per pack of cigarettes
HRS 245-3
 - Average state excise tax is 81.7 cents per pack.
 - Rhode Island has the highest tax of \$2.46 per pack

Environmental Tobacco Smoke Legislation in Hawai`i

Laws and Ordinances	Locations Covered by Laws	Locations Not Covered by Laws
State of Hawai`i	<ul style="list-style-type: none"> • Most enclosed places <ul style="list-style-type: none"> ▪ State offices ▪ Museums ▪ Libraries ▪ Galleries ▪ Health care facilities ▪ Theaters ▪ Banks ▪ Elevators ▪ Restrooms 	<ul style="list-style-type: none"> • Workplaces • Restaurants • Bars • Individual hotel rooms
HRS 328K (Part II) Governor's Executive Memo No. 97-14		
City and County of Honolulu	<ul style="list-style-type: none"> • Most enclosed public places • Most indoor / enclosed workplaces • Restaurants - enclosed areas • Bar areas in restaurants 	<ul style="list-style-type: none"> • Restaurants – open air areas • Bars • Nightclubs • Individual hotel rooms
Chapter 41 Article 21 of Revised Ordinances of Honolulu, as amended (Bill 22, Ordinance 97-20)		
Hawai`i County	<ul style="list-style-type: none"> • Most enclosed public places • Most indoor / enclosed workplaces • Restaurants – all areas • Bar areas of restaurants • Taxicabs 	<ul style="list-style-type: none"> • Bars • Nightclubs • Individual hotel rooms
Chapter 14, Article 4 Section 14-21 Hawai`i County Code, as amended (Bill no. 260, Ordinance 03 112)		
Kaua`i County	<ul style="list-style-type: none"> • Most enclosed public places • Most indoor / enclosed workplaces • Restaurants - enclosed areas • Bar areas in restaurants 	<ul style="list-style-type: none"> • Restaurants – open air areas and when operating as a bar • Bars • Nightclubs • Individual hotel rooms • Small businesses
Chapter 22, Article 8 of Kaua`i County Code, 1987, as amended (Bill No. 2048, Ordinance 795)		
Maui County	<ul style="list-style-type: none"> • Most enclosed public places • Most indoor / enclosed workplaces • Restaurants – all areas • Bar areas of restaurants 	<ul style="list-style-type: none"> • Bars • Nightclubs • Individual hotel rooms
Chapter 8.20 Maui County Code, as amended (Bill 45, Ordinance 3078)		

Organizations Working in Tobacco Control

Coalition for a Tobacco Free Hawai`i

Founding Members of Coalition:

American Cancer Society Hawai`i Pacific, Inc.
American Heart Association of Hawai`i
American Lung Association of Hawai`i
Cancer Research Center of Hawai`i
Hawai`i Medical Association
Hawai`i State Department of Health
Hawai`i State Department of Education

Other members of the Coalition:

Boys and Girls Club of Hawai`i
Castle Medical Center
The Center
Community Clinic of Maui
Hawai`i Island Tobacco-Free Partnership East Hawai`i
Hawai`i Island Tobacco-Free Partnership West Hawai`i
Hawai`i Academy of Family Physicians
Hawai`i Medical Service Association
Hawai`i Society of Clinical Oncology
Hawai`i Youth Services Network
Healthy Mothers Health Babies Coalition of Hawai`i
`Imi Hale
Kalihi-Palama Health Center
Kaiser Permanente
Kapiolani Hospital for Women and Children
Kaua`i Rural Health Association
Kōkua Kalihi Valley Comprehensive Family Services
Laborer's Union Local 368
March of Dimes
Maui Economic Opportunity, Inc.
Maui Tobacco-Free Partnership
O`ahu Tobacco-Free Partnership
Papa Ola Lokahi
Tobacco-Free Kaua`i
Tobacco-Free Moloka`i
University of Hawai`i at Manoa
Waianae Coast Comprehensive Health Center
Wilcox Health

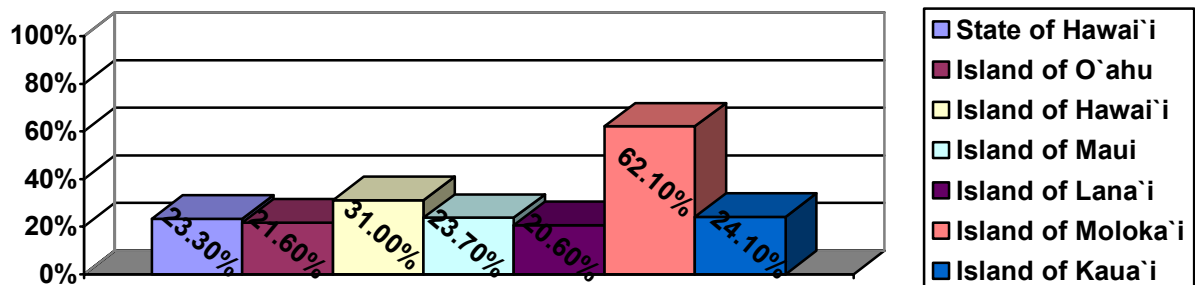
Hawai`i Demographics

US Census Bureau, 2000

Population by Race/Ethnicity and County, Hawai`i, 2000

	Total	African-American %	Caucasian %	Chinese %	Filipino %	Hawaiian %	Japanese %	Korean %	Other Races %
Hawai`i County	148,678	0.9%	31.6%	3.5%	11.8%	28.9%	15.4%	0.9%	7.1%
Honolulu County	876,157	3.0%	21.3%	9.0%	16.5%	17.5%	20.8%	3.0%	9.0%
Kaua`i	58,461	0.7%	29.5%	3.1%	22.6%	23.1%	15.1%	0.5%	5.4%
Maui	128,094	0.8%	33.9%	2.9%	19.4%	23.4%	11.7%	0.9%	7.0%
State	1,211,537	2.4%	24.3%	7.4%	16.5%	19.8%	18.9%	2.4%	8.4%

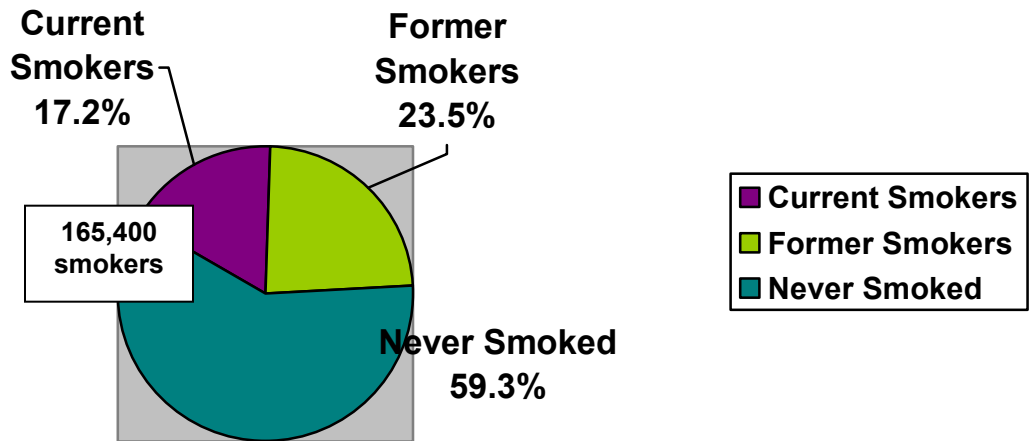
Native Hawaiians and Other Pacific Islanders by County*



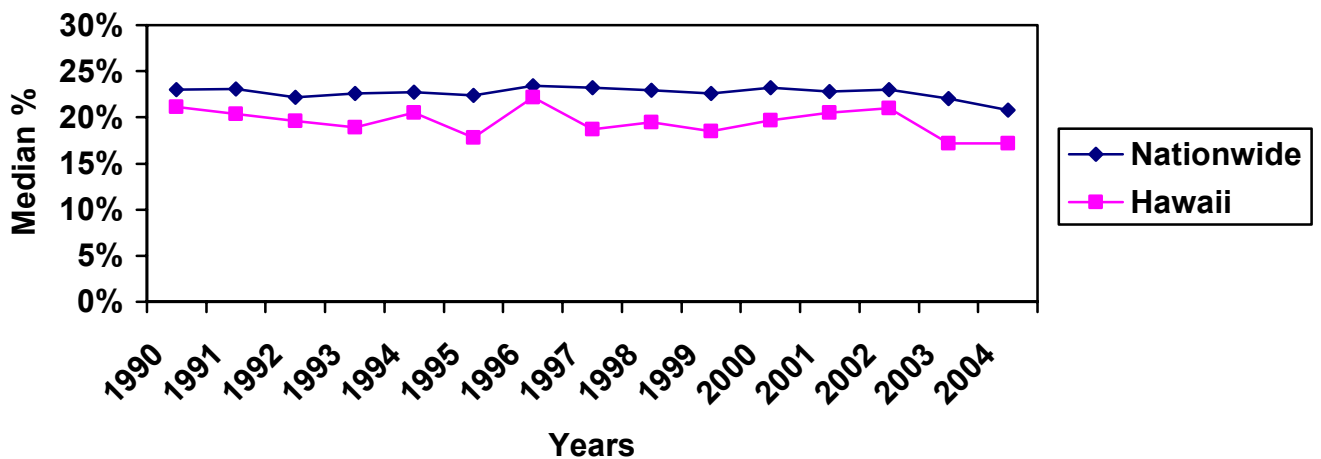
* percentage includes Race Alone plus Race in Combination

Current Statistics on Smoking Status in Hawai`i*

Current Smoking Status in Hawai`i



Current Smokers Nationwide vs. Hawai`i



*Based on BRFSS 2004, unless otherwise noted

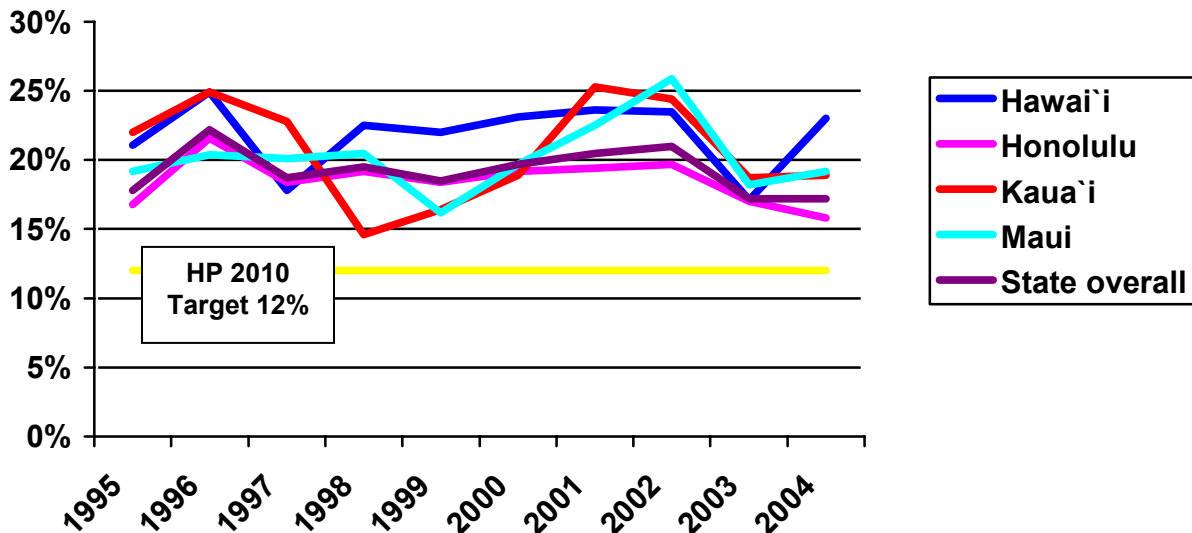
Current Statistics on Smoking Status in Hawai`i*

Prevalence of Smoking

America's Health: State Health Rankings – 2004 Edition
United Health Foundation

Year	Ranking	Percent of Population
2004	3 rd in US	17.2 percent of population
2003	8 th in US	21 percent of population
2002	10 th in US	27.6 percent of population

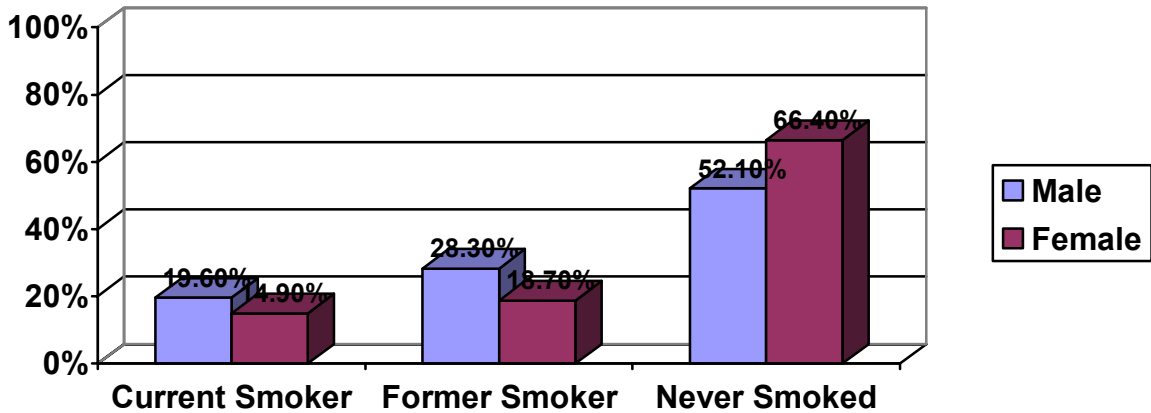
Adult Smoking Prevalence by County 1995-2004



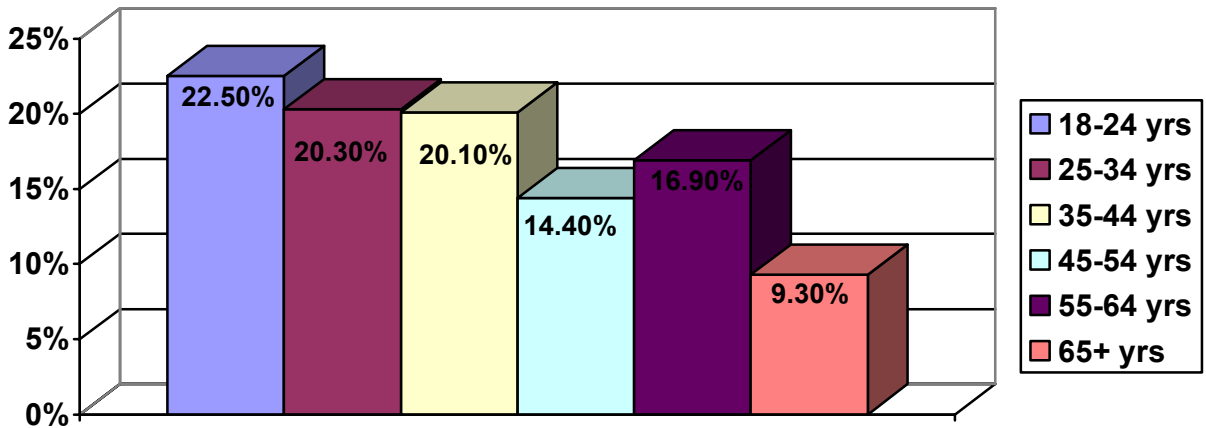
*Based on BRFSS 2004, unless otherwise noted

Current Statistics on Smoking Status in Hawai'i*

Current Smoking Status by Gender



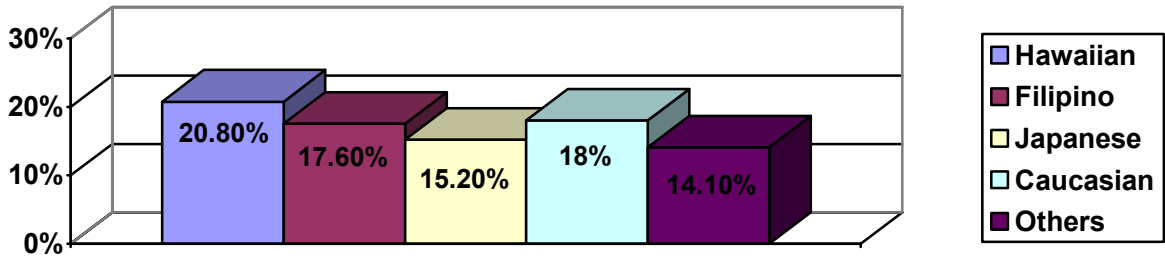
Current Smoking Status by Age



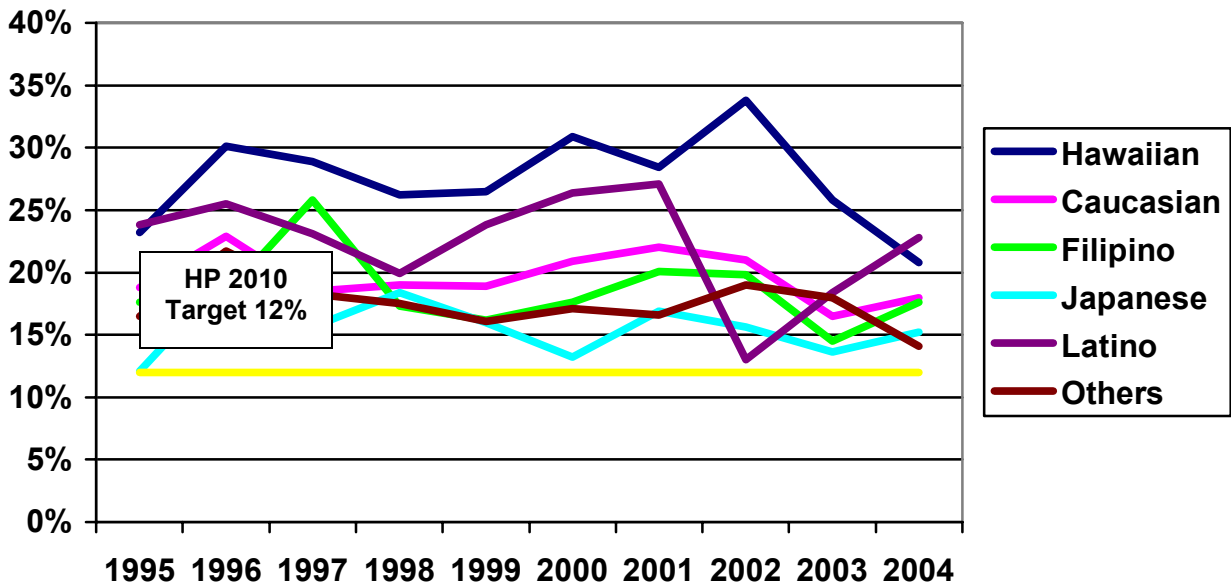
*Based on BRFSS 2004, unless otherwise noted

Current Statistics on Smoking Status in Hawai'i*

Current Smoking Status by Ethnicity based on population



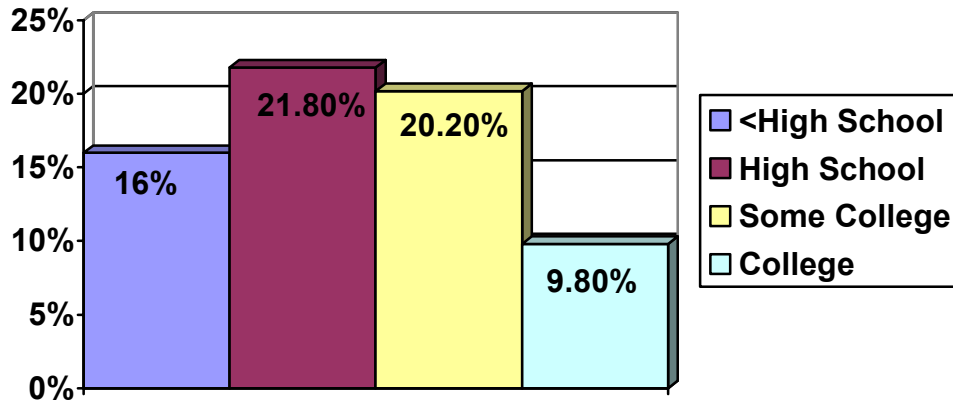
Adult Smoking Prevalence By Race/Ethnicity 1995-2004



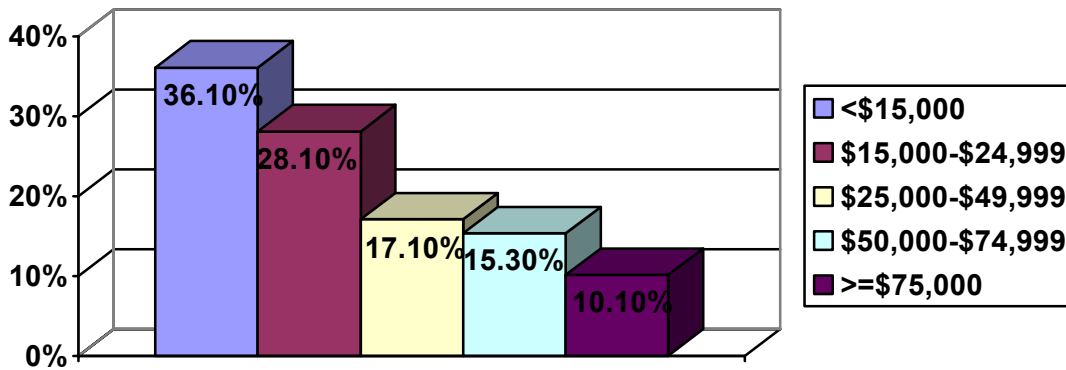
*Based on BRFSS 2004, unless otherwise noted

Current Statistics on Smoking Status in Hawai`i*

Current Smoking Status by Education



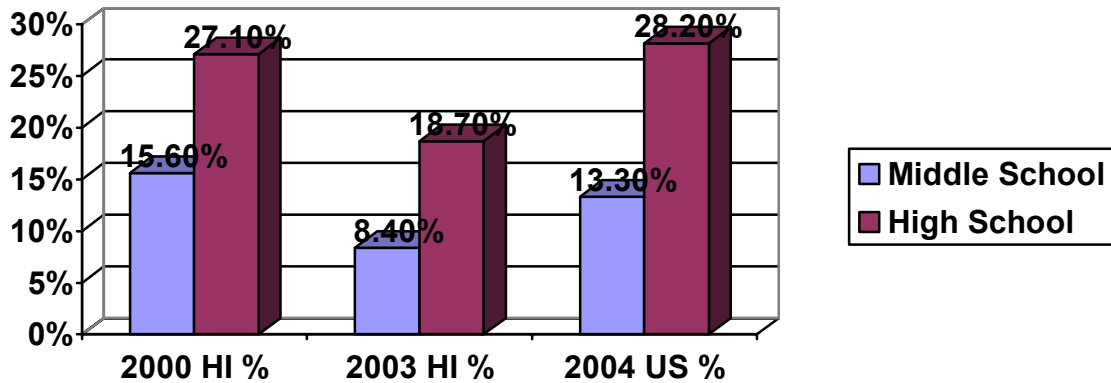
Current Smokers by Income



*Based on BRFSS 2004, unless otherwise noted

Current Statistics on Smoking Status in Hawai`i*

Use of tobacco by adolescents in past month¹



¹any form of tobacco – cigarette, cigar, smokeless tobacco, bidis (hand-rolled India cigarettes) and / or kreteks (clove cigarettes)

*Based on Hawai`i Youth Tobacco Survey, 2000 and 2003 and National Youth Tobacco Survey, 2004

Lung and Bronchus Cancer in Hawai`i

Hawai`i Cancer Facts & Figures 2003-2004
American Cancer Society; Cancer Research Center of Hawai`i;
Hawai`i State Department of Health.

***Toward a Healthy Hawai`i 2010:
Checking the Health of Hawai`i Statewide***
Hawai`i Outcomes Institute, 2002

- About 650 new cases of lung and bronchus cancer (referred to as lung cancer) are diagnosed each year.
- About 440 die from the disease each year.
- Lung cancer is the 2nd most common cancer diagnosed among men and 3rd most common among women in Hawai`i.
- It is the first in the number of cancer-related deaths among both men and women, all racial/ethnic groups combined.
- Lung cancer, caused primarily by smoking, leads to more deaths every year in Hawai`i than do breast, prostate, and colorectal cancers combined.
- Lung cancer is often diagnosed at a later stage and the risk increases with age.
- Nearly 90% of Hawai`i residents who develop lung cancer are diagnosed at the age of 55 or older.
- Hawai`i and national incidence rates for 1997-2000 are similar (65.1 per 100,000 vs. 64.8 per 100,000) while Hawai`i death rates are much lower (32.3 per 100,000 vs. 55.1 per 100,000)

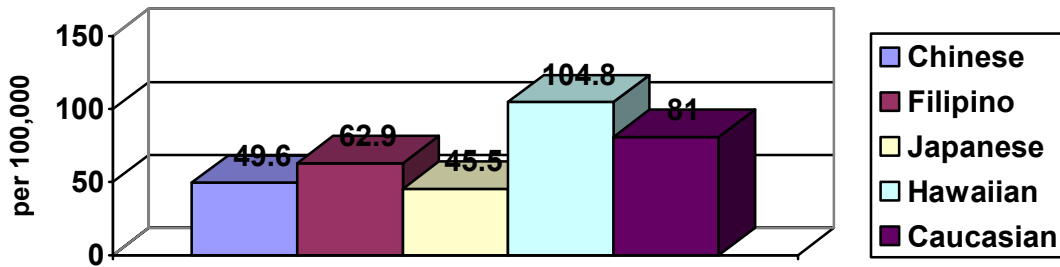
Lung and Bronchus Cancer in Hawai`i

Hawai`i Cancer Facts & Figures 2003-2004
American Cancer Society; Cancer Research Center of Hawai`i;
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*Toward a Healthy Hawai`i 2010:
Checking the Health of Hawai`i Statewide*
Hawai`i Outcomes Institute, 2002

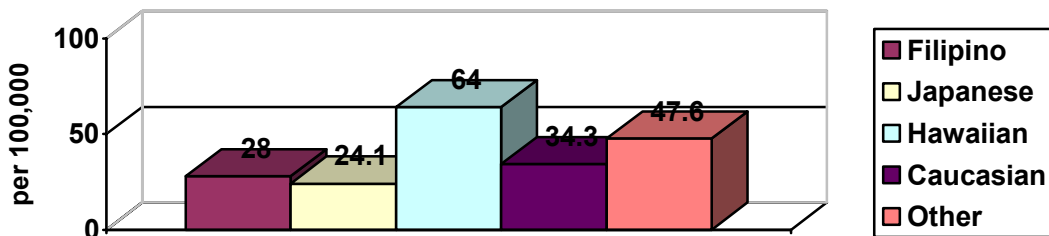
Lung Cancer Incidence (1997-2000)

number of new cases of lung cancer per 100,000
age-adjusted population, by race/ethnicity



Lung Cancer Deaths

number of deaths due to lung cancer per 100,000
age-adjusted population, by race/ethnicity*



HP2010 target death rate is 44.9 per 100,000

*Chinese death rate unavailable

Best Practices for Comprehensive Tobacco Control Programs

August 1999
CDC

Nine components of comprehensive tobacco control programs:

- I. Community Programs to Reduce Tobacco Use
- II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases
- III. School Programs
- IV. Enforcement
- V. Statewide Programs
- VI. Counter-Marketing
- VII. Cessation Programs
- VIII. Surveillance and Evaluation
- IX. Administration and Management

Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs

May 2005
CDC

Goals of Comprehensive Tobacco Control Programs are to reduce disease, disability, and death related to tobacco use by:

I. Preventing the initiation of tobacco use among young people.

Outcome Measurements:

- Increased knowledge of, improved attitudes toward, and increased support for policies to reduce youth initiation
- Increased anti-tobacco policies and programs in schools
- Increased restriction and enforcement of restrictions on tobacco sales to minors
- Reduced tobacco industry influences
- Reduced susceptibility to experimentation with tobacco products
- Decreased access to tobacco products
- Increased price of tobacco products
- Reduced initiation of tobacco use by young people
- Reduced tobacco-use prevalence among young people
- Reduced tobacco-related morbidity and mortality
- Decreased tobacco-related disparities

Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs

II. Promoting quitting among young people and adults.

Outcome Measurements:

- Establishment or increased use of cessation services
- Increased awareness, knowledge, intention to quit, and support for policies that support cessation
- Increase in the number of health care providers and health care systems following Public Health Service guidelines
- Increased insurance coverage for cessation services
- Increased number of quit attempts and quit attempts using proven cessation methods
- Increase price of tobacco products
- Increased cessation among young people and adults
- Reduced tobacco-use prevalence and consumption
- Reduced tobacco-related morbidity and mortality
- Decreased tobacco-related disparities

III. Eliminating nonsmokers' exposure to environmental tobacco smoke.

Outcome Measurements:

- Increased knowledge of, improved attitudes and increased support for the creation and active enforcement of tobacco-free policies
- Creation of tobacco-free policies
- Enforcement of tobacco-free public policies
- Compliance with tobacco-free policies
- Reduced exposure to secondhand smoke
- Reduced tobacco consumption
- Reduced tobacco-related morbidity and mortality
- Decreased tobacco-related disparities

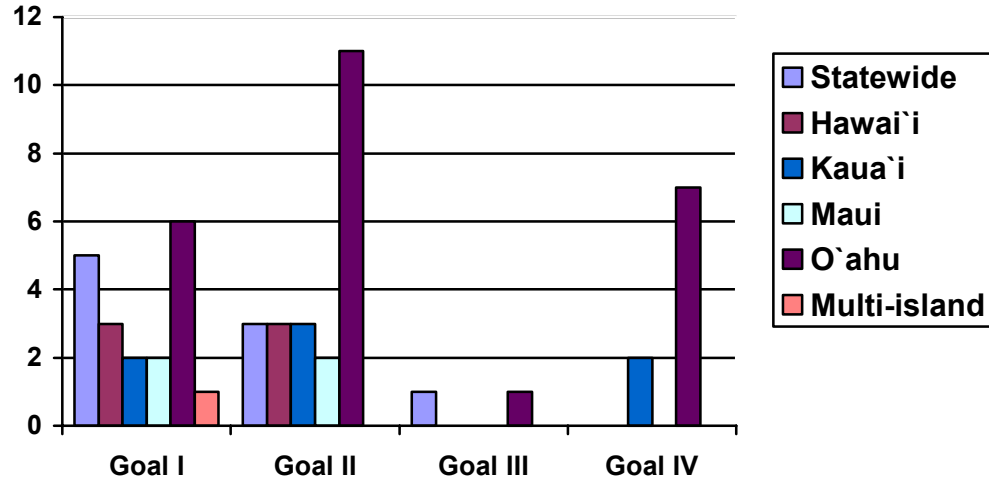
IV. Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

Outcome Measurements:

- Not included in *Key Outcome Indicators*

Tobacco Prevention and Control Trust Fund Community Grants

Addressing CDC Goals 2001-2004



Goal I 23* Grantees	To prevent youth and young adults from beginning to use tobacco
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Goal II 22 Grantees	To help people who want to quit using tobacco
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Goal III 2 Grantees	To eliminate exposure to second-hand smoke
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Goal IV 9 Grantees	To eliminate population disparities related to tobacco
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*including youth advocacy

Healthy People 2010

Goal: Reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke.

Healthy People 2010 Objective	2010 Target percentage	Current percentage in Hawai'i
Reduce Tobacco Use by Adults Aged 18 Years and Older	12% (122,860 based on census projection)	17.2%¹ (165,400)
Reduce Tobacco Use by Adolescents	21% (in past month)	14.9%²
Increase the average age of first use of tobacco products by adolescents and young adults	14 years of age	11 years of age³
Increase smoking cessation attempts by adults smokers	75%	59%¹
Increase smoking cessation during pregnancy	30%	13%¹
Increase tobacco use cessation attempts by adolescent smokers	84%	63.1% ms students^{2*} 68.1% hs students
Increase adolescents' disapproval of smoking	95%	47.5%⁴ Peer disapproval of ATOD, 12 th grade
Reduce the proportion of children who are regularly exposed to tobacco smoke at home	10%	40% ms students^{2*} 57.6% hs students
Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas	100%	59%⁵
Increase the average Federal and State tax on tobacco products	\$2 per pack	\$1.40 per pack⁶

¹Behavioral Risk Factor Surveillance Survey (BRFSS)

²Youth Risk Behavior Surveillance Survey (YRBSS)

³National Household Survey on Drug Abuse (NHSDA)

⁴Alcohol Tobacco and Other Drug Survey (ATOD) 2002

⁵Hawai'i Social Science Research Group

⁶The Tax Burden on Tobacco, The Tobacco Institute

*ms students – middle school students

hs students – high school students

Specific Populations Research and Recommendations

Native Hawaiian Community

<p style="text-align: center;"><i>Native Hawaiian Smokers Study</i> Participating Agencies Hui No Ke Ola Pono Hui Malama Ola Na OIwi Na Pu`uawai Ke Ola Mamo Ho`ola Lahui Hawai`i Papa Ola Lokahi Sponsored by <i>Tobacco Prevention & Control Program</i> <i>Hawai`i Department of Health</i></p>	<p>Self-administered questionnaires, about smokers attitudes towards smoking and willingness to quit, were distributed to 5 Native Hawaiian health care systems from January to April 2000 (511 questionnaires collected).</p> <ul style="list-style-type: none"> • 44% (224) would like to quit, of those 85%(189) have already tried to quit and 8% (18) have participated in a quit-smoking program. • 54% feel tobacco use has impacted their health • 83% are concerned about their children’s health due to exposure to tobacco smoke, of those, 88% have tried to quit. • 53% purchased cigarettes from a grocery store, 39% prefer KOOLS • 59% feel that cost is not a factor when purchasing a brand of cigarettes • 79% smoked their first cigarette before age 18
<p style="text-align: center;"><i>Tobacco Use Prevention and Control: Implications for Native Hawaiian Communities.</i> Henry M. Ichiho <i>Journal of Community Health and Clinical Medicine for the Pacific: Cancer in the Pacific.</i> Vol 11, No. 2, September 2004.</p>	<ul style="list-style-type: none"> • Effective strategies for reducing tobacco use focus on mainstream cultures and have not been adapted for minority populations. Little research has been done specifically for Native Hawaiian communities. • Prior to implementation of any prevention or cessation program, support from the community should be obtained and program approaches, materials and services should be adapted to be culturally and age appropriate. • Because Native Hawaiians tend to start smoking at an earlier age and almost half of those smokers report they would like to or have tried to quit, 2 strategies should be the primary focus: <ul style="list-style-type: none"> ▪ Educational strategies to prevent youth from initiating smoking ▪ Brief clinical strategies to identify smokers and assist them to quit.

Specific Populations Research and Recommendations

Filipino Community	
<p style="text-align: center;"><i>Using a Community-Based Participatory Research Model to Gather Information on Filipino-American Knowledge, Attitudes, and Behaviors Related to Tobacco Use on O`ahu, Hawai`i</i></p> <p style="text-align: center;">Elizabeth H. Fancher and Julian D. Lipsher 2004</p>	<ul style="list-style-type: none"> • Provide tobacco education messages in clear language and illustrations in Ilocano and Tagalog and use female heads of households to disseminate those messages to their families. • Hold tobacco cessation and education sessions in trusted, accessible locations, such as community health centers and churches. • Focus tobacco education and cessation efforts on young Filipinos, especially young Filipino women.
Asian Americans and Pacific Islanders (AAPIs)	
<p style="text-align: center;"><i>Moving Toward Health Achieving Parity through Tobacco Control for All Communities</i></p> <p style="text-align: center;">Task Force on Advancing Parity and Leadership for Priority Populations 2002</p>	<ul style="list-style-type: none"> • AAPIs are the fastest growing racial group in the US. A very heterogeneous group comprised of more than 50 diverse ethnic and language groups. • Lack of good data on tobacco use among AAPIs, although some local studies have revealed high prevalence of tobacco use among specific ethnic subgroups (Cambodian, Laotian and Native Hawaiian males) ranging from 33%-72%. • High smoking rates for youth among Native Hawaiian and Pacific Islander girls.

Specific Populations Research and Recommendations

Lesbian, Gay, Bisexual and Transgender Community (LGBT)

*Healthy People 2010:
Lesbian, Gay, Bisexual and
Transgender Health
Page 352-375*

- Little research available about the effectiveness of prevention and treatment strategies within LGBT populations.
- American Legacy Foundation convened forum in November 2000 of health professionals and researchers addressing tobacco use in LGBT community. Participants reported:
 - High prevalence of smoking among LGBT community, especially youth, LGBT persons with low socioeconomic status and LGBT persons with mental illness.
 - Secondhand smoke is potential health risk since LGBT people are disproportionately represented as employees and consumers in venues (bars, clubs, restaurants) with a more tolerant attitude toward smoking.
 - Increase in smoking as a cultural norm among LGBT youth, particularly rural youth, runaway/homeless youth and youth who accessed LGBT youth centers.