



Nursing Advocates & Mentors, Inc.

... a non-profit organization with a mission to address the global nursing shortage by providing guidance and assistance for nursing colleagues to obtain their professional license in nursing.

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Testimony in Strong Oppositon of HB 2887

Feb. 17, 2010, 10 a.m., Hawai'i State Capitol, Room 308 (Agenda #1)

To: House Finance Committee
Rep. Marcus Oshiro, Chair & Rep. Marilyn Lee, Vice Chair
House Finance Committee Members

From: Beatrice Ramos-Razon, RN, FACDONA
President, Nursing Advocates and Mentors, Inc.
Executive Director, Philippine Nurses Association Hawaii

RE: Relating to Tobacco Settlement Money

My name is Beatrice Ramos-Razon. As the founder and president of NAMI (Nursing Advocates & Mentors, Inc.), I am proud to offer strong support of this bill. NAMI's membership is comprised of over 75 volunteer nurses, instructors, allied health care professionals, and Filipino leaders, who are dedicated to improve the health of Hawai'i's people by training and mentoring foreign graduate nurses, many of whom come from underprivileged backgrounds, to pass Hawai'i's nurses board exams.

It is important to oppose this bill in order to maintain the gains made in tobacco prevention and quit-smoking programs. Still, more than 153,000 Hawai'i residents smoke. Please do not undo this progress of changing social norms to develop healthy communities. California and Massachusetts have already seen a worsening of health outcomes when their tobacco funds were cut.

Thank you for the opportunity to submit this testimony by email.

Sincerely,

Beatrice Ramos-Razon, RN, FACDONA
President, Nursing Advocates and Mentors, Inc
Executive Director, Philippine Nurses Association Hawaii



TESTIMONY IN STRONG OPPOSITION TO HB 2887

House Committee on Finance
Feb. 17, 2010, 10 a.m., Hawai'i State Capital, Conference Rm. 308

Dear Rep. Marcus Oshiro, Chair; Rep. Marilyn Lee, and House Finance
Committee Members,

The Asian American Network for Cancer Awareness Research and Training (AANCART) strongly opposes this bill. My name is Reginald Ho, co-principal investigator with Amy Agbayani, PhD. AANCART is a Community Network Program of the National Cancer Institute established to address cancer disparities among Asian Americans through research, education, training, and advocacy. I am an oncologist at Straub Clinic and Hospital. I also served as the first national president of Asian descent for the American Cancer Society.

AANCART is in strong opposition because one third of cancer deaths can be prevented with smoke free measures. Please consider the grave consequences of undoing an exemplary tobacco prevention and quit-smoking program that has demonstrated its effectiveness in reducing smoking rates from 21.2% in 2002 to 15.4% in 2008. Youth smoking has declined from 1 in 4 youth to 1 in 10 youth from 2000 to 2007. AANCART has assisted in focus groups with Imi Hale to help understand why Filipino high school girls, in particular, had among the highest smoking rate in Hawai'i's public schools. Among Filipino smokers, 18 to 24-year olds and 45 to 54-year olds had smoking rates higher than the state average. Lung cancer is the leading cancer for Filipinos in Hawai'i.

AANCART appreciates the opportunity to provide you with this cancer information and testimony. Please oppose this bill and protect the successes achieved with the Hawai'i Tobacco Settlement funds. However, should any of these funds be redirected, they should be repaid with interest within five years.

Very Sincerely,

Reginald Ho, MD
Amy Agbayani, PhD
Miles Muraoka, PhD
Reuben Guerrero, MD
Charlene Cuaresma, MPH



Testimony in strong opposition to HB 2887
RELATING TO TOBACCO SETTLEMENT MONEY
HOUSE FINANCE COMMITTEE
Feb. 17, 2010, 10 a.m., Hawai`i State Capitol Rm. 308

TO: Chair, Rep. Marcus M. Oshiro, Committee on Finance
Vice Chair, Rep. Marilyn B. Lee, Committee on Finance
Members, Committee on Finance

FROM: Ron Menor, Chair, National Federation of Filipino American Associations Region XII

Dear Chair, Rep. Oshiro; Vice Chair, Rep. Lee; and Finance Committee Members,

My name is Ron Menor. As Chair of the National Federation of Filipino American Associations Region XII, I submit strong opposition to this bill. Hawai`i Tobacco Settlement funds should be protected to safeguard the public health of Hawai`i's people from the harmful and costly effects of tobacco products. But should any money be taken from this fund, it should be repaid with interest in five years. Hawai`i cannot afford to succumb to the profit making cigarette industry at the expense of our people. Your help is greatly appreciated, as Filipinos have been identified as having a disproportionate burden of lung cancer and high smoking rates among teen girls and adult males.

NaFFAA appreciates the challenge of our state generating other revenue streams. We urge you to consider health-oriented business models, like more marathons, diversified agriculture, development of green energy industries in film, music, dance, eco-tourism, supporting the capacity for education that leads to cutting edge research in our institutions of higher learning, and more.

NaFFAA Region XII represents the interests of Filipinos in Hawai`i, Guam, and the Commonwealth of Northern Marianas Islands. NaFFAA Region XII is an affiliate of the National NaFFAA. Washington policy-makers, private industry and national advocacy groups recognize NaFFAA as the Voice of Filipinos and Filipino Americans throughout the United States. We are a non-partisan, non-profit national affiliation of more than five hundred Filipino-American institutions and umbrella organizations that span twelve regions throughout the continental United States and U.S. Pacific territories.

Apologies for this late submission. Thank you for the opportunity to offer testimony in opposition to this bill. Please do not take away a successful program that works and saves the state money.

Sincerely,

Ron Menor, Chair, NaFFAA Region XII

LINDA LINGLE
GOVERNOR OF HAWAII



LATE TESTIMONY

CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

HOUSE COMMITTEE ON FINANCE

HB2887, RELATING TO TOBACCO SETTLEMENT MONEYS

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

February 17, 2010, 10:00 AM

1 **Department's Position:** The Department of Health is sensitive to the State's economic situation;
2 however, we oppose HB2887 which eliminates the tobacco settlement special fund portion to the
3 tobacco prevention and control trust fund.

4 **Fiscal Implications:** The Tobacco Prevention and Control Trust Fund would be without any new
5 revenue from the Tobacco Settlement Special Fund (TSSF) through June, 30, 2015, which is projected
6 to be roughly about \$16.7 million for the five year period.

7 **Purpose and Justification:** The Department of Health (DOH) is very concerned about further erosion
8 of the TSSF for public health purposes. The historic master tobacco settlement by 46 state attorneys
9 generals was to recoup costs and to stanch the continued health and economic cost of tobacco in their
10 states. In 1999 the Hawaii Legislature passed Act 304 and provided 25% of the TSSF to establish the
11 Tobacco Prevention and Control Trust Fund. 25% was also designated to the DOH for health promotion
12 and disease prevention programs. As of the 2009 legislative session, the public health portion of the
13 funding has been eroded to 6.5% for the trust fund, and 15% for the DOH. The majority of the
14 settlement money or 78.5% that comes from the profit of the tobacco industry companies now goes to
15 the general fund, University of Hawaii medical school, and the emergency and budget reserve fund.

1 The Tobacco Prevention and Control Trust Fund has been well used. The smoking prevalence
2 for youth decreased 54% from 1999 to 2007 (27.9% in 1999 to 12.8% in 2007). The smoking
3 prevalence for adults decreased 14% from 2000 to 2007 (19.7% in 2000 to 17% in 2007). By 2008, the
4 smoking prevalence for adults went down to 15.2%. From calendar years 2000 to 2009 \$40,000,000 of
5 the trust fund has been used to develop a comprehensive program to address tobacco prevention and
6 control that follows the Centers for Disease Control and Prevention recommendations. The Tobacco
7 Prevention and Control Advisory Board in January 21, 2010 voted to support the comprehensive
8 framework that includes the components of: 1) state and community interventions, 2) health
9 communications interventions, 3) cessation interventions, 4) surveillance and evaluation, and 5)
10 administration and management. The reduction of yearly revenue while spending and diminishing the
11 principal of the trust fund will severely undermine the ability to continue the public health efforts of
12 reducing the burden of tobacco in our state.

13 House Bill 2887 also proposes to transfer any interest earnings from the TSSF to the general
14 fund and to reduce the portion that goes to the tobacco enforcement fund from \$350,000 to \$250,000.
15 This action is already in place through Act 79 that passed in the 2009 Session. While the Department
16 cannot speak to the expenditures of the fund that is statutorily designated to the Office of the Attorney
17 General, we are concerned about any reduction in efforts to diminish the capacity needed to remain
18 vigilant to keep the settling parties in compliance with the master tobacco settlement agreement.

19 Thank you for the opportunity to present testimony.

LATE TESTIMONY



Dear Honorable House Finance Chair Representative Marcus Oshiro, Vice-Chair Representative Marilyn Lee and Committee Members,

RE: Strong OPPOSITION to HB 2887, Hrg FIN Agenda #1, Feb. 17 @ 10am

My name is Valerie Chang. I am Executive Director of the Hawaii COPD Coalition. Our organization provides services and support to Hawaii's people affected by Chronic Obstructive Pulmonary Disease, more commonly known as emphysema, chronic bronchitis and similar conditions. COPD is the fourth leading cause of death in the US and second leading cause of disability. Hawaii statewide survey data estimates that over 30,000 (more than 3% of our Hawaii adults) have COPD! Smoking is the major cause of these health conditions. For more information to go <http://learnaboutcopd.org> or <http://hawaiicopd.org>. In Project SUCCESS (Spirometry-Urged Cessation through Counseling Education and Sustained Support), we provide free lung health clinics and screening throughout the state using registered nurses, respiratory therapists and other healthcare professionals, nursing and medical students. Our project is one of the many programs providing vital services to our community from the revenue stream dedicated to the Tobacco Prevention and Control Trust Fund.

The funding for our project also includes a support group that meets monthly, discussing topics relating to lung health. An annual COPD Education Day is also offered, with speakers and exhibitors on lung health and smoking cessation issues. We collaborate with Kapiolani Community College's Respiratory Therapy program, UH-Manoa's School of Nursing, DOH's Tobacco Prevention and Education Program, Straub, Kaiser Permanente, Longs Drugs/CVS Caremark, American Legacy, American Lung Association, American Thoracic Society, American Association for Respiratory Care, Hawaii Society for Respiratory Care, Community Links Hawaii, K-P, KKV, WCC Health Clinics, Queen's Medical Center, Hawaii Primary Care Association, Hawaii Thoracic Society, and many others.

We need to continue funding tobacco prevention and quit smoking programs to protect our children and families' health. Our efforts work. We're saving lives and improving their quality by offering free lung health clinics, providing free lung health information, providing brief intervention in smoking cessation, and referring people to community resources to help them quit smoking. We're also helping get patients with poor lung function connected with their healthcare provider to follow up! We have tested over 800 Hawaii adults all over the state (including the Big Island, Maui and Kauai, as well as Oahu), from May 2008, and referred more than 147 smokers to the QuitLine. Additionally over 68 have also been referred to additional cessation services. We have helped over 58% remain smoke-free at one month and 46% remain smoke-free at three months!

But we still have work to do. Other states such as California, Massachusetts and Indiana that have cut funding for tobacco prevention and control programs have seen a reversal in progress against tobacco use. The Hawaii COPD Coalition urges you to maintain the funding of tobacco prevention and control so that we can continue to save our State lives and money. Attached are a few stories from patients we have helped through our program.

We do appreciate the difficult financial situation the state is in but strongly feel that these funds devoted to tobacco prevention, education and cessation must remain as they are so that the good work we are doing is not undercut and the health of our people is not compromised. Smoking causes countless health, social and financial problems in addition to COPD. Thank you for carefully considering this matter. Please do not hesitate to contact me if I can provide any additional information.

Aloha,

A handwritten signature in cursive script that reads "Valerie Chang". The signature is written in black ink and is positioned above the typed name and contact information.

Valerie Chang, JD
Executive Director
Hawaii COPD Coalition
Website: <http://hawaiicopd.org>
E-mail: copd.hawaii@yahoo.com
(808)699-9839
733 Bishop Street, Suite 1550
Honolulu, HI 96813

Elizabeth's Story (as told by Elizabeth Lee, Honolulu, 96816)

I never smoked but was exposed to dad's pipe-smoking. My doctor sent me a note about Hawaii COPD Coalition's COPD Education Day in 2007 and I've been actively participating in the monthly support group and annual COPD Education Days ever since.

There are no other programs like this for COPD patients like myself. It's really hard for others to understand what it's like to have COPD and *feel like you're drowning underwater* so much of the time. I've tried to explain it to others but those who live with COPD understand without my having to always remind them. I have learned to take better care of myself, made new friends, learned lots of helpful information, eat better and exercise more to stay healthier.



Elizabeth Lee with Respiratory Therapist & Facilitator, Joan Loke



Hawaii COPD Coalition
733 Bishop Street, Suite 1550
Honolulu, HI 96813
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(808)699-9839

Roy's Story as told by Roy Omoto of Honolulu (96817)

Tobacco caused my Chronic Obstructive Pulmonary Disease (COPD), so I know first-hand about the pitfalls of smoking. I have learned about the problems of COPD, how to cope with its emergencies, and how to handle medications from attending the monthly support group meetings and the annual COPD Education Days offered by the Hawaii COPD Coalition. I found out about the Hawaii COPD Coalition from Valerie Chang, while attending the American Lung Association's Better Breathers' monthly club meetings.

Since doctors aren't always able to spend time with you to explain all you need to know on how to handle your situation, you need to help yourself because—there are so many questions in living with a serious, progressive chronic disease like COPD, which includes emphysema and chronic bronchitis. Learning how to cope with COPD from other club members and monthly expert speakers has helped me a lot. Anything I can learn to help me breath better and easier is why I attend these monthly meetings and annual conferences.



Roy Omoto



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(808)699-9839

Shirley's Story **COPD**

It is with great regret that I was a smoker for thirty-four years so I am very familiar with the consequences of smoking. Smoking is addictive! It affects our lungs, our breathing, but even worse, the addiction, can cause cancer in non-smokers exposed to cigarette smoke. It just doesn't seem fair that non-smokers must deal with the possibility of having cancer because of cigarette smoke and I beseech you to continue funding for tobacco control and prevention.

As a result of smoking, prolonged exercising became a challenge. Sports activities such as going uphill, running, and other fast paced games were difficult. As luck would have it, I received a call from a travel agent friend and during the course of our conversation, she mentioned attending a monthly Hawaii COPD Coalition support group meeting. During the first meeting I attended, I learned about a new research study conducted by the University of Hawaii at Manoa School of Nursing in which the client is taught Pursed-Lip Breathing. I learned this technique and I must say it was a tremendous help in improving my breathing.

Besides learning about the UH Study at our Hawaii COPD Coalition meetings, I have also gained valuable information from ranging from nutrition, taking supplements, oxygen equipment for traveling, a speaker from AARP, among others. I have thoroughly enjoyed attending these meetings since they provide an avenue for me to learn how I can live a healthy life and most importantly, learning techniques to strengthen my breathing.



Shirley Todd

Dear Lawmaker

Please don't cut the CDC budget and control funding for COPD research. COPD is a leading cause of death and disability in the United States. Please fund the research. Please fund the research.

Thank you for your time and effort in helping me with my COPD.

Makes people aware of COPD + teaches maintenance skills which saves on medical expenses.

Name Leighton Sakamoto

Home Email _____
(Very important to receive email alerts)

Home/Physical Address _____

47-511 Ha'anapu Way

City Kaneohe State Hi. Zip 96744

Home Phone 808-2395644

Yes, tell me what else I can do to help. (Be sure to include phone and email if you check this option.)

Dear Lawmaker

Please don't cut the CDC budget and control funding for COPD research. COPD is a leading cause of death and disability in the United States. Please fund the research. Please fund the research.

Thank you for your time and effort in helping me with my COPD.

Don't reduce or cut funding. These meetings are essential for many more years - educate the young to say I fear of tobacco the #1 cost of medical for people diagnosed w/ COPD

Name RALPH ANTONIO

Home Email RPPREWELD@aol.com
(Very important to receive email alerts)

Home/Physical Address 94-690 KAHALO

City Waiipahu State HI Zip 96797

Home Phone 676-7024

Yes, tell me what else I can do to help. (Be sure to include phone and email if you check this option.)

Subject: COPD story
From: Bernard Loo <bernard.s.c.loo@gmail.com>
Date: Sun, 31 Jan 2010 17:31:04 -1000
To: hawaii.copd@yahoo.com

When I last had the symptoms of COPD, the word copd did not exist in my vocabulary. I was getting short of breath and I asked my doctor for help. I know that shipyard workers were candidates for asbestoses, so I asked about it. He told me that my previous chest xray shows that I have scar tissues in my lungs, but no cancer, but he thinks I should have another xray. I did and he told me that my lungs were about the same except that I have some emphysema. No therapy, no medication.

But just then Queen's was about to hold a state wide COPD seminar and a friend of my wife call her up and told her that we should attend. We did. And because of that seminar, I became informed and aware that I needed to see a specialist. The public isn't informed about COPD. It needs more publicity and information about it so that people with this condition can get help. I had to go to my doctor to ask to see a pulmonary doctor and now I am equip with oxygen for my needs.

Bernard Loo
bernard.s.c.loo@gmail.com



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented to the
House Committee on Finance
February 17, 2010 10:00 a.m.
Conference Room 308

LATE TESTIMONY

By

Virginia S. Hinshaw, Chancellor

And

Jerris R. Hedges, MD, MS, MMM
Dean and Professor of Medicine

Barry & Virginia Weinman Endowed Chair
John A. Burns School of Medicine
University of Hawai'i at Mānoa

Aloha, Chair Oshiro and members of the House Committee on Finance. Thank you for this opportunity to testify in support of House Bill 2887, which among other things would clarify the sunset date on tobacco master settlement agreement monies for continued use of funds by the John A. Burns School of Medicine.

This coming May, we will graduate 62 physicians, twelve of whom are Native Hawaiians. That gives us a great sense of pride, because we know those students – and really, all our graduates – understand the critical health care needs of Hawai'i's diverse people. Our state's Native Hawaiian citizens, in particular, are five times more likely to die from diabetes than Caucasians in Hawai'i. Other disparities exist among our citizens of Japanese and Filipino ancestry.

The legislature's investment in JABSOM is allowing us to grow MORE physicians. This year, in fact, despite a more than \$3 million dollar reduction in our state general funding, we will – without new state appropriations – increase the size of our incoming class from 62 to 64 students. This is a modest increase, to be sure, but one that required commitment from our faculty, staff and administrators, and something we would not be able to consider without the support you have given us in the tobacco settlement monies.

It is important to understand that although we graduate 62 (and soon to be 64) students per year, the school of medicine educates and trains a total of 250 medical students year-round. Through partnering with our major local hospitals, we simultaneously train another 240 medical "residents": men and women with their medical degrees who are treating patients while mastering their skills in fields including primary care, pediatrics, obstetrics and family medicine. We have another ten students who are from disadvantaged backgrounds whom we are training for a fifth year of college study, so that they may become medical students. Additionally, we have another 120 or so undergraduate and graduate students studying health sciences, including Public Health, Medical Technology and Communication Science Disorders.

We need to keep JABSOM on a course to success because we face a rapidly growing physician shortage, because we attract major funding into the community – 42 million dollars last year – that supports jobs in Hawai'i providing research and outreach to benefit our community, and because we treat Hawai'i's people for tobacco-related disease and strive to reduce the tobacco

addiction that costs our state more than 350 million dollars a year and destroys the quality of our citizens' lives.

Briefly, on workforce, our latest research shows that 40% of Hawai'i's current practicing physicians are expected to reach retirement age within 10 years. According to national standards, we are already more than 500 physicians short, based on our population. Just maintaining that underserved status will require us to graduate or recruit into the state more than 150 physicians each year.

When JABSOM's Kaka'ako campus was built, the medical school also had to assume its own expenses for electricity, security and custodial services – costs that were previously absorbed by UH Mānoa. The tobacco settlement funding allows us to meet those expenses.

We are making every effort to reduce the amount of general fund support required for JABSOM. In addition to the state-imposed budget cuts this past year, we have instituted a "green initiative" that is projected to save one million dollars this year by shortening hours of operation – and at times shutting down completely – our medical education building. As you know, that is on top of the fact that our facility already is more efficient than many other state buildings because of features, including the energy saving seawater cooling system, which allowed JABSOM to be awarded a LEED (Leadership in Energy and Environmental Design) certification in 2008.

Finally, tobacco cessation and tobacco dependence treatment for the people of Hawai'i are prominent throughout the medical school's curriculum.

Our JABSOM faculty, residents, medical students, and related healthcare professionals provide daily care for patients who smoke, and routinely offer them help in quitting through interventional counseling.

Tobacco dependence and its management are taught throughout all four years of our medical school curriculum. They are integrated with patient care responsibilities in the post-graduate residency training programs. And our faculty and students are actively involved in community education, including a variety of programs that benefit Kindergarten through 12th grade students and through hospital-based services that benefit the people of Hawai'i. Our students also voluntarily treat Hawai'i's homeless families at four state-sponsored shelters, twice per week.

Because it is well-reported in the medical literature that smokers are almost 30% more likely to quit after being counseled by their physician, it should be recognized that JABSOM provides the State with an invaluable resource that reinforces key tobacco cessation messages and contributes significantly towards helping Hawai'i smokers quit: Simply put, we *are* Hawai'i's doctors:

- JABSOM clinical faculty members (paid and volunteer) represent more than one-third of the practicing physicians in Hawai'i.
- Nearly half of all physicians practicing in Hawai'i – treating Hawai'i's people right now -- are graduates of JABSOM or its post-graduate residency training program.

In setting aside a portion of the tobacco settlement to pay construction debt, the legislature allowed the medical school's new campus to be built. In allowing us to use tobacco settlement monies for some of our operating expenses, you have allowed the medical school to survive. And we are committed to treating and training Hawai'i's people today and for the future.

Mahalo for this opportunity to testify.

Tobacco Dependence and Tobacco Dependence Management
A Summary of the Educational Programs and Their Impact at
The John A. Burns School of Medicine
University of Hawai'i Mānoa
January 2010

Overview

In Hawai'i, tobacco use accounts for 16% of deaths and annually costs the state over \$300 million in health care costs.¹ It is estimated that over 40,000 children in our state are exposed to cigarette smoke, representing almost 14% of Hawai'i's children.² Although the prevalence of smoking is only 17% in our state, our John A. Burns School of Medicine (JABSOM) faculty, residents, medical students, and healthcare professionals provide daily care for patients who smoke, and routinely offer them help in quitting through brief interventional counseling. As described in the following report, tobacco dependence and its management is taught throughout all four years of our medical school curriculum, integrated with patient care responsibilities in the post-graduate residency training programs, and continues to be taught as part of faculty development activities in our Continuing Medical Education programs.

This past academic year, an estimated 600 healthcare providers received smoking cessation counseling training, resulting in an estimated 438,000 counseling sessions provided to smokers as a result of JABSOM training (see attached tables and charts). Because it is well-reported in the medical literature that smokers are almost 30% more likely to quit after being counseled by their physician,³ it should be recognized that JABSOM provides the State with an invaluable resource that contributes significantly towards helping Hawai'i smokers quit.

**Summary of Educational Programs at JABSOM
Office of Medical Education**

Tobacco dependence, tobacco dependence management, and the impact of tobacco dependence as a risk factor for other medical conditions are covered throughout the JABSOM curriculum. These topics are covered in the following ways:

- PBL cases
- Lectures
- Standardized patient exercises
- Clinical training (clerkships, introduction to medicine preceptorships, etc.)

While inclusion of this content into the curriculum is critical, JABSOM goes further by evaluating student knowledge of this material and their ability to realistically apply this knowledge to patient care. Evaluations are conducted using a variety of methods including:

- Written exams
- Observed standardized patient exams

Tobacco-related medical student education at JABSOM

MS1	MD 1	MD 2	MD 3	MD 4
	Smoking as a risk factor for poor health	Smoking and heart and lung disease. Smoking and cancer. Smoking cessation counseling.	Smoking and diseases of the kidney.	Smoking and gastrointestinal illness
MS2	MD 6		MD 7	
	Smoking as a risk factor for neurological diseases including stroke.		Smoking and reproductive and developmental disorders.	
MS3	Clerkships			
	Direct patient evaluation and treatment of tobacco-related ailments including myocardial infarction, emphysema, asthma, pneumonia, lung cancer, peripheral vascular disease, and others.			
MS4	Electives			
	Electives on addiction medicine including nicotine addiction.			

John A. Burns School of Medicine

Besides medical student education, JABSOM has initiated programs for resident education including:

- Didactic lectures
- Smoking Cessation Counseling Workshops
- Clinical rotations in Pulmonology Clinics

Finally, JABSOM students and faculty are actively involved educating outside groups on the dangers of cigarette smoking. Examples of this include:

- Tar Wars (visits to schools to “engage” students about the dangers of smoking.)
- School Health Education Program (SHEP)
- High School Summer Medical Problem Solving Course

Some selected detail is provided below...

A. Medical Student Curriculum

PBL (Problem-Based Learning) Cases

The JABSOM Curriculum contains PBL cases that stimulate student learning about the dangers of tobacco use; the complications of smoking, such as coronary artery disease,

emphysema, chronic bronchitis, and lung cancer; and both behavioral and pharmacological considerations in the management of tobacco dependence. JABSOM's unique PBL curriculum provides an opportunity to introduce these topics within the context of a patient story. Excerpts from selected PBL cases are provided below to give you a sense of how these topics are presented to students for discussion and study.

Excerpted Relevant Information from Selected PBL Cases

“Henry Huang”

Content Areas:

- The relationship of cigarette smoking to cardiovascular disease
- Smoking cessation strategies

Sample passage from the PBL case:

You also remind him of the relationship between smoking and vascular disease and recommend other behavioral therapies and quit-smoking programs.

“Edna Ota”

Content Areas:

- Pathophysiology of COPD
- Smoking cessation strategies
- Relationship of smoking to lung cancer

Sample passages from the PBL case:

You notice a pack of cigarettes in her shirt pocket. "What should I be worrying about?" she asks, so cheerfully that she seems not to have any worries.

She admits to smoking one to two packs of cigarettes per day since the age of 15.

When discussing smoking, Mrs. Ota mentions that she feels nervous and fidgety when she goes without cigarettes and has to “light one up” first thing each morning. You discuss the use of nicotine gum or nicotine patches with her. You perform a literature search at the library after clinic to look up the effectiveness of bupropion as a quit-smoking aid. You share the information with her, but Mrs. Ota politely refuses any new medications and promises she’ll try to quit on her own.

Mrs. Ota presents for her follow-up visit to discuss the results of her biopsy. She comes with her son as you suggested. Walking to the exam room you pause before entering. You wonder how to deliver the news sensitively and compassionately. You look at the

biopsy report again. A few phrases stand out. "Small cell lung cancer, malignant pleural effusion." You enter the room.

"Bob Coffman"

Content Areas:

- Pathophysiology of Chronic Bronchitis
- Smoking cessation strategies
- Relationship of smoking to Chronic Bronchitis

Sample passages from the PBL case:

Mr. Coffman reports his cough is productive of large amounts of yellowish-green sputum. He has had a morning cough productive of sputum for many years that he attributes to his smoking, but this current illness represents a change from his baseline symptoms.

He smokes two packs of cigarettes/day and has done so since the age of 15.

Eventually, his fever resolves and his shortness of breath improves. He no longer requires oxygen. As you prepare to discharge him you discuss his need to stop smoking because of chronic bronchitis.

"I'm looking forward to seeing you in my office next week Mr. Coffman. I hope we can talk about your smoking at that time." Mr. Coffman nods.

"Charles Browning"

Content Areas:

- Smoking as a risk factor for coronary artery disease.
- Educating patients about healthier lifestyles.

Sample passages from the PBL case:

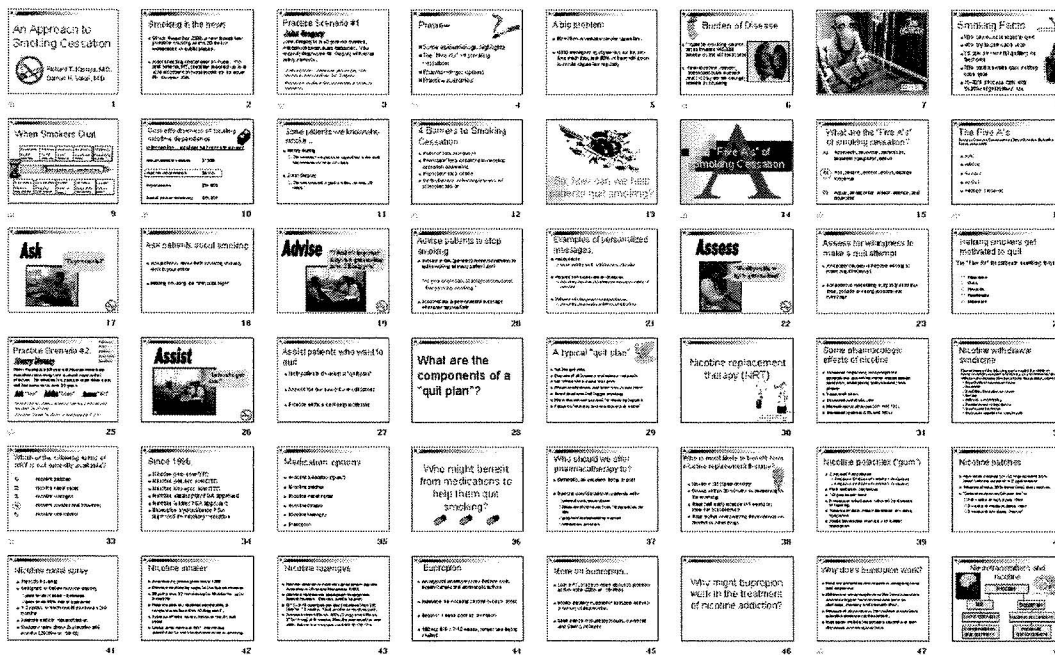
Mr. Browning's patient profile is significant as well. He gets no regular exercise, and eats a lot of "fast food" and "plate lunches." He drinks moderately, drinking 6-12 beers each week. He finds that his smoking and drinking help him unwind from the stress of his work as a warehouse foreman. He has HMSA insurance through his employer.

"I don't have anything against doctors," he tells you. "I just hate to see them. They're always telling me to do things, and never explain why."

Lectures

In addition to PBL cases and direct clinical learning experiences, JABSOM provided 6-12 hours per week of lectures throughout the first two years of the curriculum, with additional lecture series' provided throughout the third year. Here are a few examples of lectures related to tobacco dependence and the impact of cigarettes as a risk factor for other disease processes:

- “Smoking Cessation” (slide presentation attached FYI)
- “Pathophysiology, Clinical and Psychosocial Aspects of Addiction”
- “Basic Science Correlation: Pulmonary Diseases”
- “Pathology of Cancer”
- “Endothelial Function & Mechanisms of Vascular Injury”



Standardized Patient Experiences

The standardized patient center (Center for Clinical Skills) has a bank of over 20 scenarios related to smoking and smoking cessation. Some of these cases are used for standardized patient examinations that are held throughout the curriculum. Standardized patients are also used for learning (vs. testing). One example of this asks first-year students to counsel a patient about lifestyle modifications as the patient recovers from a recent myocardial infarction. As part of this exercise, the patient requires advice about remaining abstinent from smoking cigarettes. In another example, students see a child with a fever and an ear infection. They are evaluated on whether or not they ask the child's mother whether or not there is a smoker at home and whether they point out to the mother that smoking around the child increases the risk of recurrent ear infections.

Clerkships

Elements related to smoking and smoking cessation are covered across the various clerkships. As one prominent example, the Family Medicine clerkship requires students to counsel at least two patients on smoking cessation by the end of their rotation. They are also provided with reading and must complete an interactive web module on smoking cessation.

The Psychiatry clerkship includes a learning module dedicated to smoking cessation based on a chapter in a behavioral science textbook written by a JABSOM faculty member.

The Surgery clerkship routinely instructs students on the role of smoking in both peripheral vascular disease and lung cancer.

The internal Medicine Clerkship requires all students to see at least two patient smokers per rotation. In order to pass this rotation, they are observed by a faculty member who rates student performance using a standardized checklist. Smoking Cessation Counseling is considered a core competency that needs to be achieved in order to pass this course.

Evaluating Student Knowledge

Written examinations are used to assess student knowledge. Four test items are described below followed by a graphical representation of student performance on those test items. Students demonstrate that they have learned the knowledge associated with smoking and smoking cessation.

Sample questions from JABSOM examinations.

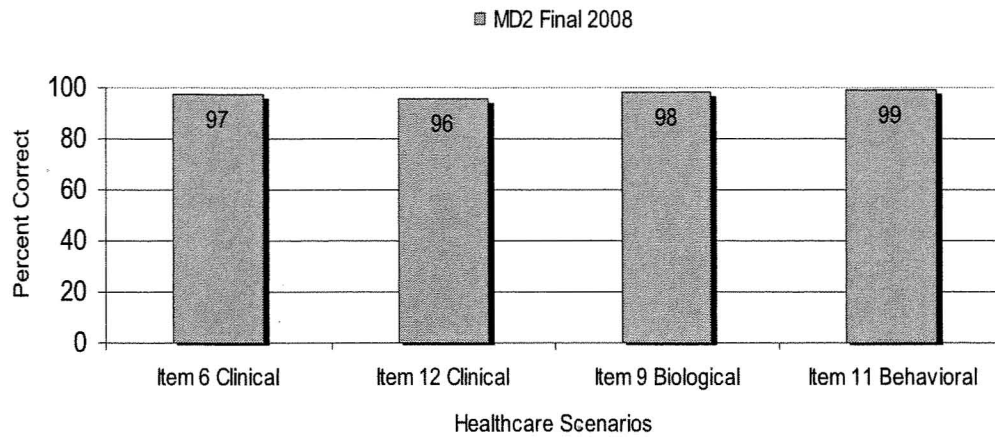
Item 6: The learning objective is to state the pulmonary function abnormalities associated with long-term smoking.

Item 12: The learning objective is to be able to explain the pharmacological therapies for tobacco addiction.

Item 9: The learning objective is to be able to explain the mechanism of action of medications used to treat smoking related ailments.

Item 11: The learning objective is to list behavioral methods that aid in smoking cessation.

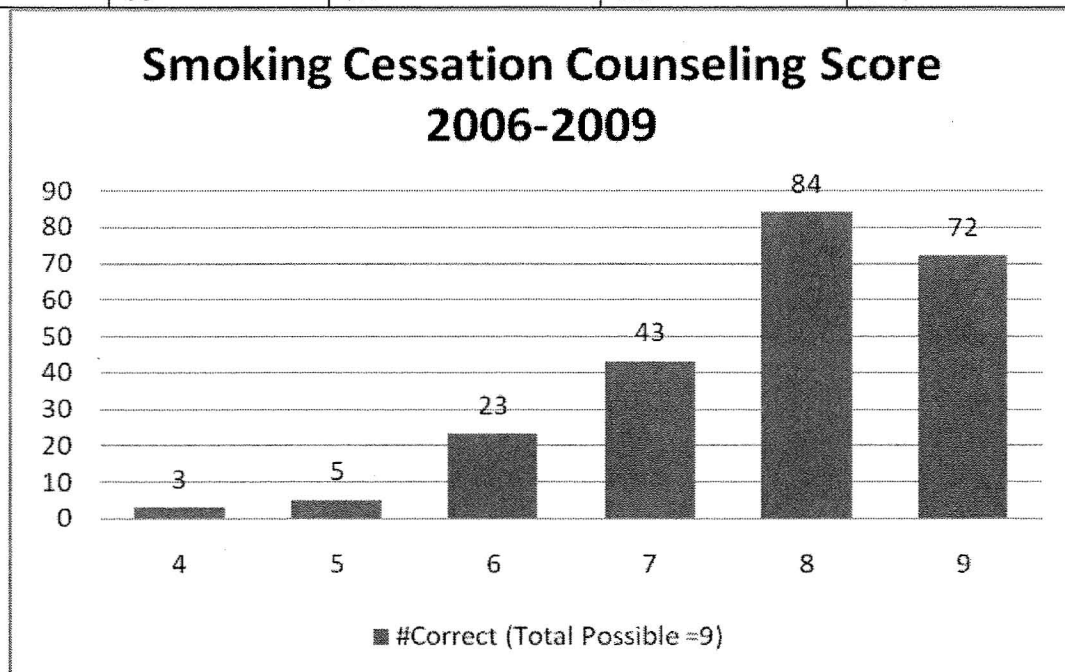
Student performance on these items are shown below. Between 96-99% of students answered each question correctly.



Student application of knowledge to patient care situations are evaluated by assessing their competence at identifying smokers and providing cessation counseling using standardized patients.

In one such evaluation, students see a young male who presents to an outpatient clinic for “help with quitting smoking.” Each student’s ability to counsel the patient on smoking cessation is evaluated based on a 9 item checklist which included 3 data collection items and 6 counseling items. The average scores on this checklist are shown below:

Graduating Class	N	AVERAGE (Max =9)	STANDARD DEV	RANGE
2006	64	7.8	1.1	5 - 9
2007	55	7.5	1.1	4 - 9
2008	50	8.3	0.9	5 - 9
2009	60	7.6	1.2	4 - 9



B. Residency Education

JABSOM faculty members spend a great deal of time teaching residents (graduate MDs in post-MD training) how to screen, counsel, and provide guidance and treatment for all patients who are smokers. Residents are graduate medical students seeking discipline-specific training in one of the following core disciplines: Internal Medicine, Family Medicine, Surgery, Pediatrics, Psychiatry, and Obstetrics and Gynecology. There are an estimated 180 residents in JABSOM's affiliated residency programs. Training within these programs are discipline-specific, to meet the needs of the patient population served by each specialty. The various teaching methods include:

- Didactic Lectures
- Web-based teaching modules
- Smoking Cessation Counseling workshops
- Seminars on Nicotine Addiction, Management, and Treatment
- Direct Observation of resident performance with feedback
- Standardized patient encounters

Below are a few articles describing the impact of smoking cessation programs on residents in the University of Hawai'i Residency Programs:

Lee MT. "Tobacco reduction advocacy and education for Hawaii's physicians-in-training." *Hawaii Med J.* 2003 May;62(5):107-8.

Lee MT, Hishinuma ES, Derauf C, Guerrero AP, Iwaishi LK, Kasuya RT. "Smoking cessation counseling training for pediatric residents in the continuity clinic setting." *Ambul Pediatr.* 2004 Jul-Aug;4(4):289-94.

Steinemann, S, Roytman T, Chang J, Holzman J, Hishinuma E, Nagoshi M, Tam E, Murakami S, Wong J. "Impact of Education on Smoking Cessation Counseling by Surgical Residents." *Am J Surgery*, 189(1):44-46, January 2005.

C. Community Outreach

Hospital-based Smoking Cessation Program

The Kapi'olani Medical Center for Women and Children (KMCWC) is a women and children's hospital that serves as Hawai'i's only referral center for high-risk pregnancies and seriously ill children. JABSOM faculty recently initiated a hospital-based smoking cessation program at this site by establishing a comprehensive "quit program" for parents and smokers living in households with children. This past year, over 170 medical providers have been trained on how to provide smoking cessation counseling to parent and household smokers who put children at serious risk for illness. Physicians, residents, medical students, nurses, social workers, psychologists, and counselors were trained through this program. During this period, over 1,100 smokers were referred to

this program, 200 smokers enrolled, resulting in a 40% quit rate at 2 weeks, 4 weeks, and 6 months.

Tar Wars

Tar Wars is a national smoking prevention program that is sponsored by the American Academy of Family Physicians (AAFP). In Hawai'i, the JABSOM Family Medicine Student Interest Group has assumed responsibility for organizing and implementing this program. To support and recognize the value of these activities, students can receive academic credit for their participation in this program. The students (and faculty advisors) organize delivery this educational program to 5th grade students at various schools across O'ahu. With the financial support of the local chapter of the AAFP, the JABSOM Family Medicine Interest Group also coordinates a state poster contest for elementary school children and sends the winner to the national competition in Washington, D.C.

School Health Education Program (SHEP)

Another educational outreach/service-learning program for medical students is the School Health Education Program. In existence for almost 10 years, this program pairs medical students and premedical students (under the supervision of OME faculty) with high school health education and health careers classes at three public high schools. The medical students and premedical students regularly deliver health education content in these classrooms over the course of a year. One of the popular sessions focuses on the importance of not smoking and the serious consequences of smoking.

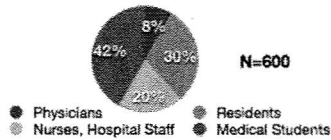
High School Summer Medical Problem Solving Course

In the Medical Problem Solving Course offered by JABSOM to select high school students, these students actually learn how to counsel others about smoking cessation and counsel a standardized patient at the Center for Clinical Skills. This encounter is recorded and reviewed with them by faculty.

**Tobacco Prevention Education Provided at the John A. Burns School of Medicine (JABSOM)
with Corresponding Number of Smokers and Potential Smokers Reached
Academic Year: 2008-2009**

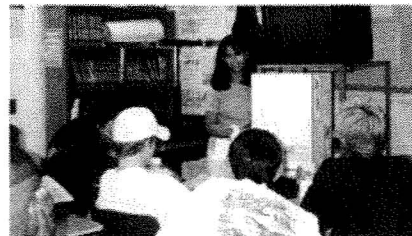
Type of Healthcare Provider	Number Trained
Physicians	50
Residents	180
Nurses, Hospital Staff	120
Medical Students	250
TOTAL # WORKFORCE TRAINED	600

HEALTHCARE WORKFORCE TRAINED



JABSOM doctor providing counseling to quit smoking

Target Audience	Number Educated
High School Students	
# Schools visited	4
# Students per school	45
TOTAL # HIGH SCHOOL STUDENTS HELPED	180



JABSOM Student Teaching High School Students about Nicotine

Target Audience	Estimated Number Affected
Smokers Reached by Our Trainees	
# Smokers counseled by each healthcare provider daily	2 smokers/day
600 providers x 2 smokers/day	1,200 smokers/day
1,200 smokers counseled/day x 365 days/year	438,000 smokers/year
TOTAL # COUNSELING SESSIONS PROVIDED	438,000

Summary

Tobacco dependence and tobacco dependence treatment are prominent throughout the JABSOM curriculum. In addition to traditional lectures and in the context of supervised patient care, JABSOM utilizes innovative approaches to the teaching and learning of these important content areas. These methods include problem-based learning case discussions, standardized patient learning experiences, computer-assisted instruction and meaningful service-learning community education opportunities. JABSOM faculty and students are also actively and directly involved in community education, including a variety of programs that benefit K-12 students and hospital-based services that benefit the people of Hawai'i.

References

1. CDC. Smoking caused health expenditures, productivity losses, tax burdens. In: <http://www.cdc.gov/tobacco/datahighlights/index.htm>
2. Salvail. Hawaii Behavioral Risk Factor Surveillance System: Exposure to Second Hand Smoke at Home. Health Hawaii State Department of Health 2003.
3. Fiore et al. Treating tobacco use and dependence: 2008 update. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service; 2008 May.

For your additional information: specific departments within JABSOM also emphasize smoking cessation and treatment. They include:

Department of Geriatrics:

Curriculum for fellows in training includes- includes tobacco cessation counseling under various sections of our board review and book review series in Prevention (tobacco use and cessation counseling), Osteoporosis, Alcohol and Drug Use, Respiratory Diseases and Disorders, Cardiovascular Diseases and Disorders, Diabetes Mellitus, "Five A's approach to smoking cessation" from the Agency for Health Care Policy and Research ("Ask, Advise, Assess, Assist, and Arrange").

In training our fellows, we offer:








- Primary care clinics (once a week for each first year fellow) at various sites where the curriculum includes preventive care and smoking cessation counseling for all patients.
 - Graduate Entry Medical Clinics at the Veteran's Administration, where we routinely include evaluation of tobacco abuse and counseling for cessation (seven clinics per week) and providing the quit line phone number
 - Every geriatric consult and admission physical we perform with our partners at Kapi'olani Medical Center, The Queen's Medical Center and Kaiser Medicine Center includes evaluation of tobacco abuse and counseling for cessation if indicated.
-
- Medical Student (All 4th-year students are required to undergo a rotation in geriatric medicine). Smoking cessation is discussed during the "Preventive Health" didactic session.
 - Continuing Education (physicians + allied health workers) - we have invited the COPD Coalition to speak about chronic obstructive pulmonary disease care and smoking cessation during a lunch breakout session for our Long-Term Care Conference on April 16, 2010.
 - Kalihi-Palama Clinic - one of our clinical faculty (Dr. Ritabelle Fernandes) runs the Asthma/Emphysema Group Visit once a month which is closely linked with tobacco cessation. The Asthma Educator is a tobacco cessation specialist. (See the colorful questionnaire we have attached.)
 - Research - The Honolulu Heart Program and Honolulu-Asia Aging Study and Women's Health Initiative have compiled information on smoking and papers have been written about various negative outcomes of smoking by our faculty.

**Kalihi-Palama Health Center
COMPLICATIONS OF SMOKING**

Name: _____

Date of visit: _____

I or someone I know has the following complications of smoking:

Complication	Me	Someone I know
1. Cancer 		
2. Breathing problems 		
3. Skin problems – early aging 		
4. Stomach problems – acidity 		
5. Heart problems 		
6. Stroke 		
7. Circulation problems – amputation 		

1. Which one are you? Smoker Smoke Sometimes Former Smoker Never Smoked

2. If smoker or smoke sometimes: How many cigarettes per day do you smoke? _____

How soon after awake do you smoke 1st cigarette? __ Mins __ Hours

3. Do you know health effects from secondhand smoke? YES NO

4. Choose who you feel wants information about quitting tobacco (Circle all that apply.)?

Myself

Family Member

Friend

Department of Medicine:

Smoking cessation is a line item in the pulmonary level-specific curriculum. The department partners with a specialty rotation at the Veteran's Administration, which is very aggressive about tobacco cessation. At least two Grand Rounds per year address different aspects about tobacco.

- **The Center for Cardiovascular Research (CCR)** has studied the effects of tobacco smoke on the lining of blood vessels in order to understand the toxic effects (published in a leading journal of the field, Maresh JG, Xu H, Jiang N, Gairola CG, Shohet RV. Environmental tobacco smoke dysregulates endothelial vasoregulatory transcripts in vivo. *Physiological Genomics*, 21:308-313, 2005). It continues to investigate the effects of other environmental toxins and diseases that synergistically affect the vascular system with smoking (these include air pollution, diabetes, and high cholesterol). CCR Director Ralph Shohet, President of the local affiliate of the American Heart Association (AHA), is active in supporting or approving the activities that the AHA pursues in this regard (for example speaking at the "healthy Keiki" day about the dangers of smoking at the Bishop Museum this past year). In his clinical role at The Queen's Medical Center, supervising exercising testing, Dr. Shohet has the opportunity to directly encourage patients to stop smoking, and also provided Grand Rounds to the Medicine Department in 2009 on the cardiovascular hazards of air pollution and emphasized the role of concomitant smoking in this presentation.

Department of Obstetrics, Gynecology and Women's Health:

The PATH (Perinatal Addiction Treatment of Hawai'i) Clinic, founded by OB-GYN Professor Tricia Wright, exists to help pregnant women become drug free. An important aspect of its work is freeing the women from addiction to tobacco because of its harmful affects on both mother and baby. Research has shown smoking affects women in ways that may be more adverse than the use of illegal drugs. Dr. Wright is researching the role of genetics in smoking addiction.

Department of Pediatrics:

Through a grant from The Hawai'i Tobacco Settlement and Control Trust Fund, a professor of Pediatrics put a team together to teach residents, faculty, nurses and social workers about brief interventional counseling and the importance of eliminating second-hand smoke exposure in households. As of December 2009, the program trained over 130 of these health care workers at Kapi'olani Medical Center. The department also started a new hospital-based smoking cessation program targeted at parent smokers and pregnant women. This intervention involves an initial in-house counseling session with a Certified Tobacco Cessation Treatment Specialist and 2 follow-up telephone counseling sessions. To date, we have almost 150 enrolled smokers, and recorded a two-week quit rate of 61%, four-week quit rate of 57% and a six-month quit rate of 62%.

Department of Psychiatry:

The Department of Psychiatry is engaging in ground-breaking research (with several publications) that looks at risk factors for tobacco use and other substance use disorders among Hawai'i's youth. In addition, the Department of Psychiatry has integrated teaching modules on tobacco use and other addictions into medical student, resident, and continuing medical education curricula; of interest, a student-oriented textbook co-edited and authored by various Department of Psychiatry faculty (Guerrero and M Piasecki, Problem-based Behavioral Science and Psychiatry. New York: Springer) includes a problem-based learning case that includes smoking cessation and covers other relevant supplemental issues.



February 16, 2010

LATE TESTIMONY

Committee on Finance
Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice Chair

Hearing:

10:00 A.M., Wednesday, February 17, 2010
Hawaii State Capitol, Room 308

RE: HB2887, Relating to Tobacco Settlement Moneys

TESTIMONY IN STRONG OPPOSITION

Chair Oshiro, Vice Chair Lee, and members of the Committee on Finance, thank you for the opportunity to testify in strong opposition to HB2887, which would eliminate for five years, until 2015, moneys allocated each year to Hawaii's tobacco settlement fund, and used by the Hawaii Community Foundation to fund statewide community based tobacco prevention and cessation programs.

The American Cancer Society Hawaii Pacific Inc. is a community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. This mission also includes advocating for strong tobacco control programs that focus on prevention, education and cessation.

The American Cancer Society (ACS) was one of the leading health advocacy organizations that worked tirelessly in all 50 states to secure adequate appropriation of tobacco settlement funds for comprehensive tobacco control programs. For the past six years, this issue has dominated our public policy agenda across the country. ACS has funded and executed comprehensive campaigns nationwide with a singular message to fund and implement comprehensive community tobacco control programs that meet national standards for effectiveness, and demonstrate good stewardship of state dollars.

The Society does acknowledge that Hawaii is facing an economic downturn that could be protracted. Because of this, we need to ensure that there is adequate funding for tobacco control. Prevention does work, if we reduce program funding now we will lose all the gains we have made. Last year the Legislature reduced the allocation for the tobacco trust fund from 12.5% to 6.5%. Due to this decrease, many community based tobacco control programs had to reduce prevention and cessation services. A number of organizations had to terminate prevention and cessation specialists. Others are struggling just to maintain services at reduced levels.

Our community based programs are important as they are the key to changing the community environment to support the tobacco-free norm. Over the several years, a number of states have cut

funding to tobacco control programs including; California, Florida, Indiana, Massachusetts and Minnesota. Those cuts are now taking its toll – reductions in adult and youth smoking have stalled, and sales of tobacco to youth and youth susceptibility to smoking are on the rise.

We cannot afford to start moving backwards. As noted above, our tobacco prevention and cessation programs are working. Hawaii has made much progress in reducing our adult smoking rate from 21.2% in 2002 to 15.4% in 2008. We even made more progress in reducing our youth smoking rate from 24.5% in 2000 to 9.7% in 2008.

Mahalo for giving us the opportunity to provide testimony regarding our concerns and anxieties over this difficult issue. **We would urge the committee to hold this measure.**

Very truly yours,



George S. Massengale, JD
Director of Government Relations

Tobacco Education & Assistance Program



www.kickthenic.net

LATE TESTIMONY

*Providing Intervention and Treatment Training to Health Care Providers in Hawaii
A program of Rising Up, Inc.*

February 15, 2010

Aloha Chair Marcus R. Oshiro, Vice Chair Marilyn B. Lee, and Members of the Finance Committee,

RE: STRONG OPPOSITION to HB 2887
Hrg: FIN Agenda #1, February 17, 2010 at 10:00 a.m.

Thank you for the opportunity to testify in strong opposition to HB 2887. We need to continue funding tobacco prevention and control—it's about saving lives and the next generation.

TEAP is funded by the Trust Fund and provides much-needed services to Hawaii Island, Kauai and Oahu. We train physicians, pharmacy students and social service workers to help their patients/clients to stop smoking. HB 2887 cuts the entire revenue stream dedicated to the Tobacco Prevention and Control Trust Fund. This Trust Fund is vital to our community

We need to continue funding tobacco prevention and quit smoking programs to protect our children and families' health. Our efforts work. The training that we provide to the community truly saves lives. Our programs on Kauai and Big Island reach rural residents that desperately need the help. We have helped hundreds to stop smoking through our direct service, and thousands through our provider training. This is an extremely efficient use of money. Our program is just one example of the highly successful recipients of trust fund money: truly saving lives and taxpayer money.

But we still have work to do. Other states such as California, Massachusetts and Indiana that have cut funding for tobacco prevention and control programs have seen a reversal in progress against tobacco use.

TEAP urges you to maintain the funding of tobacco prevention and control so that we can continue to save our State lives and money. Please feel free to contact me, Cara Sadira if you have any questions. Thank you.

Sincerely,

Cara Sadira, Director
Tobacco Education & Assistance Program
(808) 557-4838
cara@kickthenic.net

Contact: Cara Sadira, Project Director, Certified Tobacco Treatment Specialist * Phone: (808) 557-4838 * Fax: 1-866-825-7496
E-mail cara@kickthenic.net * Address: 516 Pepeekeo Place, Honolulu, HI 96825

**Mark T. Grattan, M.D.
Honolulu, HI 96816**

LATE TESTIMONY

February 16, 2010

Dear Chair Oshiro, Vice Chair Lee, and Members of the House Finance Committee

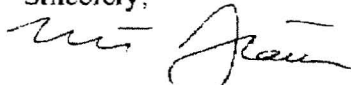
Re: Strong Opposition to HB 2887, Relating to Tobacco Settlement Moneys before House FIN (Agenda #1) on February 17, 2010 at 10:00 a.m. in Rm 308

Please do not pass HB 2887 out of committee. Protect the funding stream invested in tobacco prevention and control and the public health.

As a cardiothoracic surgeon, I care for many patients who have suffered the consequences of tobacco smoke. I support and applaud the careful deployment of monies from the Tobacco Settlement Fund to further public health through tobacco prevention and control. Our State must be firm in protecting the funds for this purpose, because every dollar spent on prevention saves many more dollars in health care costs. Every dollar spent on prevention and education saves lives.

Thank you for the opportunity to offer comment in opposition to HB 2887.

Sincerely,



Mark T. Grattan, M.D.

Elizabeth Tam
609 Ahakea Street
Honolulu, HI 96816

LATE TESTIMONY

February 16, 2010

Aloha Chair Oshiro, Vice Chair Lee, and Members of the House Finance Committee

Re: Strong Opposition to HB 2887, Relating to Tobacco Settlement Moneys before House FIN (Agenda #1) on February 17, 2010 at 10:00 a.m. in Rm 308

Please do not pass HB 2887 out of Committee. It is vital that our state continue to fund tobacco prevention and quit-smoking programs to protect the public health and economic future of everyone in Hawaii.

Our family has lost loved ones to lung cancer and heart disease related to tobacco use. As physicians, we work daily with patients and families who struggle with tobacco-related coronary, lung, and vascular disease. Tobacco smoke not only causes and aggravates disease, it can also block the actions of important medications. Even creepier, it is gene modification of the worst kind; its sinister effects can be passed on to the offspring and grandchildren of people who breathe smoke.

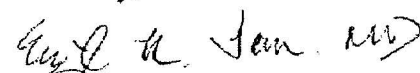
As bad as smoke is, its grip is worsened by a powerful and intelligent industry that spends \$40 million each year in Hawaii, or \$10 for every \$1 that we spend specifically on tobacco prevention and control. Against this Goliath, our recent efforts have been extraordinarily well placed and effective. The funding program wisely crafted by our legislators a decade ago builds the capacity of communities and families to combat industry tactics. It provides for clever, culturally appropriate counter messages, local style. It's building a system to monitor tobacco use and find where the industry is focusing.

As a result of resourcefully investing \$11-15 per person per year, we saw impressive declines in smoking. Between 2002 and 2008, adult smoking rates dropped from 21 to 15 percent and youth smoking rates from 25% to less than 10%! We expect to see sustained health effects of these declines early in this decade.

Please do not pass HB 2887 out of committee. Keep the funds invested in tobacco prevention and control and the public health. Build the tobacco-resistance of the underemployed, less educated, and minority groups who are targeted by the industry. Your decision today can keep saving lives. It is an investment with many priceless returns.

Thank you for the opportunity to offer comment in opposition to HB 2887.

Sincerely,


Elizabeth K. Tam, M.D.

tameliza@earthlink.net

FINTestimony

From: mailinglist@capitol.hawaii.gov
ent: Wednesday, February 17, 2010 9:01 AM
To: FINTestimony
Cc: shawn_suzuki@notes.k12.hi.us
Subject: Testimony for HB2887 on 2/17/2010 10:00:00 AM

Testimony for FIN 2/17/2010 10:00:00 AM HB2887

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Shawn Suzuki
Organization: Konawaena High School
Address: 81-1043 Konawaena School Road Kealahou, HI 96750
Phone: 808-323-4500
E-mail: shawn_suzuki@notes.k12.hi.us
Submitted on: 2/17/2010

Comments:

I am writing to ask your reconsideration. Please do not divert these Tobacco Prevention and Control funds to the general fund. Supported grant requests through the Tobacco Prevention and Control Trust Fund positively influence many lives in a variety of areas and ways. As a fortunate recipient, Konawaena High School will be able to provide three instructors for its Peer Education Program (PEP)- supporting not only tobacco cessation, but positive educational programs campus-wide. With funding and opportunities for public school students rapidly diminishing, these sorts of partnerships and funding opportunities are becoming more and more vital to maintain a full and necessary curriculum for all students. Even for those of us in smaller schools on the neighbor islands where funding and opportunities are not as available/plentiful. Thank you for your consideration. I am certainly available by email or phone (808)895-3493.

Shawn Suzuki
Principal, Konawaena High School

LATE TESTIMONY

TO: Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice Chair
House Committee on Finance

FROM: Haaheo Mansfield
Vice President of Programs
Parents And Children Together

DATE: February 17, 2010

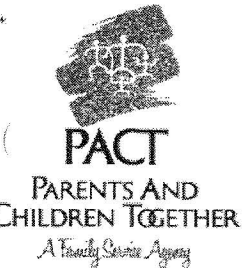
RE: In Opposition to HB 2887, Relating to Tobacco Settlement Moneys

My name is Haaheo Mansfield. I am the Vice President of Programs at Parents And Children Together. PACT is one of Hawaii's leading not-for-profit human services providers, with 14 programs statewide providing services to over 18,000 consumers annually. I strongly urge you to oppose the passage of HB 2887.

HB 2887 seeks to temporarily transfer the portion of the Tobacco Settlement designated for the Hawaii tobacco prevention and control trust fund, with a sunset date of 2015. Given the state of our economy, it would be very hard to resist the urge to use all of it to help reduce the budget shortfall, leaving the coffers empty by the year 2015.

Raiding the Tobacco Settlement Moneys through initiatives like HB 2887 is short sighted and ill advised. As we all know, the costs related to long term care are enormous. Many of the illnesses exhibited by those in long term care are the direct result of tobacco use. The Legislature made the right decision years ago when it essentially "kapu-ed" a portion of the Tobacco Settlement Moneys for prevention efforts. I urge you not to undo that visionary decision by passing HB 2887.

Thank you for the opportunity to submit, albeit late, testimony in opposition to HB 2887.



1485 Linapuni Street, Suite 105
Honolulu, Hawai'i 96819
Tel. (808) 847-3285
Fax (808) 841-1485

OAHU PROGRAMS

COMMUNITY TEEN CENTER
CPS VISITATION CENTERS
EARLY HEAD START/
HEAD START
ECONOMIC DEVELOPMENT
CENTER
FAMILY PEACE CENTER
FAMILY VISITATION CENTER
HANA LIKE HOME
VISITOR PROGRAM
INTENSIVE SUPPORT SERVICES
EOHE COMMUNITY
FAMILY CENTER
KPT FAMILY CENTER
LEHUA TRANSITIONAL SHELTER
OHIA - DOMESTIC VIOLENCE
SHELTER
RESPITE CARE

MAUI COUNTY PROGRAMS

FAMILY PEACE CENTER
INTENSIVE SUPPORT SERVICES
LANAI INTEGRATED SERVICES

KAUAI COUNTY PROGRAMS

FAMILY VISITATION CENTER
INTENSIVE SUPPORT SERVICES

HAWAII ISLAND PROGRAM

KEONEPOKO PRE-PLUS CHILD CARE

MEMBER:

CWLA
ALOHA UNITED WAY
COA

LATE TESTIMONY

Aloha: Chair, Marcus Oshiro
Vice Chair, Marilyn Lee
Members of the House Finance Committee

From: Joshua Ishikawa, M.S.W. Student
University of Hawaii, Myron B. Thompson School of Social Work

Date: February 17, 2010, 10:00 A.M. in Room 308

Subject: Opposition to HB 2887
Relating to Tobacco Settlement Moneys before House

Please do not pass HB 2887 out of Committee. I want to continue funding tobacco prevention and quit-smoking programs to protect my family's health and economic future of everyone in Hawaii.

Tobacco prevention and quit-smoking programs are important to me because they work to save lives and save our state money. We have made significant gains to reduce adult smoking rates from 21.2 percent in 2002 to 15.4 percent in 2008. And youth smoking rates have dropped from 25% to less than 10%. And smoking related health problems costs our state, businesses and economy hundreds of millions of dollars that my family and future generations can't afford.

Other states such as California and Massachusetts have seen a reversal in progress against smoking when they cut tobacco prevention program funding. I want to maintain this critical line of defense between my family and the \$42 million dollars tobacco companies spend marketing in Hawaii every year.

Please do not pass HB 2887 out of committee.

Thank you for the opportunity to offer comment in opposition to HB 2887.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 17, 2010 9:54 AM
To: FINTestimony
Cc: bevrody@aloha.net
Subject: Testimony for HB2887 on 2/17/2010 10:00:00 AM

Testimony for FIN 2/17/2010 10:00:00 AM HB2887

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Bev Brody
Organization: NPAC-Get Fit Kauai
Address: 4751 Wailapa Road Kilauea, HI
Phone: 808-212-4765
E-mail: bevrody@aloha.net
Submitted on: 2/17/2010

Comments:

I AM STRONGLY OPPOSED TO THIS BILL! Please make a WISE, EDUCATED decision and vote AGAINST HB2887!

LATE TESTIMONY

February 15, 2010

Aloha Chair Marcus R. Oshiro, Vice Chair Marilyn B. Lee, and Members of the Finance Committee,

RE: STRONG OPPOSITION to HB 2887
Hrg: FIN Agenda #1, February 17, 2010 at 10:00 a.m.

Thank you for the opportunity to testify in strong opposition to HB 2887. We need to continue funding tobacco prevention and control—it's about saving lives and the next generation.

My name is Warren W. Walker, Youth Development Specialist of Salvation Army-Family Interventions Services. I currently work under the Independent Living Skills Program, with Foster Youth, funded by the DHS and provide much-needed services to Hawaii's Youth. HB 2887 cuts the entire revenue stream dedicated to the Tobacco Prevention and Control Trust Fund. This Trust Fund is vital to our community

We need to continue funding tobacco prevention and quit smoking programs to protect our children and families' health. Our efforts work. We're saving lives by **(HELPING PEOPLE QUIT, KEEPING YOUTH FROM STARTING)**.

But we still have work to do. Other states such as California, Massachusetts and Indiana that have cut funding for tobacco prevention and control programs have seen a reversal in progress against tobacco use.

I Warren W. Walker urge you to maintain the funding of tobacco prevention and control so that we can continue to save our State lives and money. Please feel free to contact me if you have any questions. Thank you.

Sincerely,

Warren W. Walker
(808) 968-8216
warrenwa@hawaii.edu

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 17, 2010 9:49 AM
To: FINTestimony
Cc: ThomasNoyes@hawaiiintel.net
Subject: Testimony for HB2887 on 2/17/2010 10:00:00 AM

Testimony for FIN 2/17/2010 10:00:00 AM HB2887

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Thomas A. Noyes
Organization: The Friends of Kamalani and Lydgate Park
Address: 6524 Kalama Road Kapaa, HI
Phone: 808 639-1018
E-mail: ThomasNoyes@hawaiiintel.net
Submitted on: 2/17/2010

Comments:

Please do not divert the tobacco funds for purposes differing from their original intended use: improving Hawaii's overall physical health.

Mahalo,

Thomas A. Noyes
General Coordinator
The Friends of Kamalani and Lydgate Park

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 17, 2010 10:27 AM
To: FINTestimony
Cc: BCurll@aol.com
Subject: Testimony for HB2887 on 2/17/2010 10:00:00 AM

Testimony for FIN 2/17/2010 10:00:00 AM HB2887

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Brian Curll
Organization: Puuwai Outrigger Canoe club
Address: 6590-A Puupilo Road Kapaa, HI 96746
Phone: 808-635-6311
E-mail: BCurll@aol.com
Submitted on: 2/17/2010

Comments:

This is a misuse of the funds and must be stopped. I understand that there are financial issues at stake here but the future health of people's lives and the quality of life in the islands is at stake thank you.