



# Addressing Tobacco Use in Hispanic or Latino Communities Toolkit

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## Preface

The American Lung Association uses the terminology “Hispanic or Latino” throughout this toolkit to align with the [Centers for Disease Control and Prevention \(CDC\)’s Health Equity Guiding Principles for Inclusive Communication](#). Use of the term “or” is not meant to infer that “Hispanic” and “Latino” are interchangeable, rather provide flexibility for public health professionals utilizing this toolkit to appropriately adapt language used based off how the community they serve self-identifies.

## Introduction

The American Lung Association is increasing its effort to provide culturally and linguistically appropriate resources to reduce commercial tobacco use among the Hispanic or Latino communities in the United States (U.S.). Over the past several decades, the growing understanding of tobacco-related disparities among Hispanic or Latino individuals has led the American Lung Association to prioritize the development and implementation of innovative approaches to righting historical injustices. The resources included in this toolkit will serve to strengthen the knowledge that individuals (e.g., educators, social service providers, health care providers, researchers, etc.), public officials/lawmakers and/or organizations (e.g., community-based organizations, faith-based organizations, clinics, academic centers, recreational centers, etc.) have regarding tobacco use, prevention and cessation to better serve Hispanic or Latino communities. Given the diversity of the Hispanic or Latino communities, please note that the information presented in this toolkit should not be interpreted as equally applicable to all Hispanic or Latino individuals, but as a guideline to understand common barriers to quitting tobacco and strengthen approaches that facilitate overcoming them.



**The unfairness can no longer be ignored: We must identify, modify or eradicate policies that support structural racism wherever it exists. As a nation, we need to reverse practices and norms that have blocked people and entire communities from accessing what most of us take for granted: affordable housing, quality public education, access to health care, living wage for all, job and career opportunities, equal police protection and the ability to live without fear of discrimination, harassment and violence.**

- [Eliseo J. Pérez-Stable, MD](#)

*Director of the National Institute on Minority Health and Health Disparities (NIMHD)  
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## Why Addressing Tobacco Use Matters

The terms *Hispanic* or *Latino* refer to a person of Latin American or Spanish heritage or origin regardless of race. Latinos, the largest minority group in the U.S., account for 18.5% of the current U.S. population and are projected to grow to approximately 27.5% by 2060.<sup>1,2</sup> Latinos are a heterogeneous population, with diversity related to many factors (e.g., country of origin, years living in the U.S., socioeconomic and immigration status, acculturation stressors, language and cultural values).

Of the approximately 62 million Hispanics or Latinos who reside in the U.S., 8.0% currently smoke cigarettes.<sup>3</sup> While this rate is lower than the general population (12.5%), tobacco use is the single most important preventable risk factor to premature death among Hispanics or Latinos.<sup>3</sup> In fact, of the five leading causes of death among

Hispanics or Latinos, four are directly related to smoking (heart disease, cancer, stroke and chronic respiratory diseases);<sup>4</sup> lung cancer being the **leading cause** of cancer death among Hispanics or Latinos.<sup>5</sup> Additionally, more than 43,000 Hispanics are diagnosed with a tobacco-related cancer each year and more than 18,000 die from a tobacco-related cancer each year.<sup>6</sup> Lastly, as described below, smoking rates vary by Hispanic or Latino ethnicity (e.g., Cuban, Mexican, Puerto Rican communities), highlighting the heterogenous nature of Hispanic or Latino communities.

Hispanics or Latinos are still less likely than non-Hispanic whites to have access to healthcare, to receive advice to stop tobacco use, to have knowledge of existing smoking cessation resources, to participate in tobacco cessation programs or to utilize pharmacotherapy to stop smoking.<sup>7,8,9</sup> Due to these factors, Hispanic or Latino adults who report a desire to quit smoking do not have the same opportunity as other population groups to do so.<sup>10</sup> Ultimately, these statistics draw attention to the persistent degree of systemic discrimination that warrants a restructuring of efforts to serve Hispanic or Latino communities in the U.S.

What can the U.S. do to address the alarming tobacco-related disparities faced by the Hispanic or Latino communities? This issue is evident across multiple industries when considering that cigarette smoking alone accounts for over 480,000 premature deaths per year and over \$600 billion in annual healthcare costs and lost productivity.<sup>11</sup> To understand the systemic influences on the current state of tobacco-related disparities, one must consider the marketing tactics of the tobacco industry, the historical social influences, the underrepresentation of Hispanics or Latinos in tobacco-related research, economic conditions and a variety of other contributory factors.<sup>7,12,13,14</sup> There have been national efforts to develop and implement tobacco prevention and cessation interventions, but this is only the beginning to address the tobacco-related disparities experienced by the Hispanic or Latino communities.



## What is Health Equity?

*Health equity* is the equal distribution of opportunity to attain one's full health potential in a manner in which no one is socially, economically or institutionally at a disadvantage.<sup>15</sup> Despite advances in medicine, health equity has not been achieved. Underrepresented persons in the U.S., including the Hispanic or Latino communities, are distinctly impacted as can be seen by assessing differences in life expectancy, quality of life, rates of disease and access to treatment.<sup>16</sup> To better serve the Hispanic or Latino population in the U.S., it is urgent that the concept of "one size does not fit all" is recognized. It is imperative to understand the behaviors, needs and preferences of Hispanics or Latinos of today to influence the health outcomes of tomorrow. Reducing tobacco use is important to achieving health equity within the Hispanic or Latino communities granted that everyone deserves to be as healthy as they can be and that means living free from the harmful effects of commercial tobacco use. By increasing efforts to better serve the Hispanic or Latino population, we can advance health equity.



## Barriers

The majority of Hispanic or Latino individuals experience barriers to healthcare access and treatment that result in tobacco-related disparities. Specifically, some barriers include mistrust of the healthcare system, lack of attention to cultural sensitivity and language and the disproportionate burden of a lower socio-economic status.

### Ensuring Access to the healthcare system

Creating equity in healthcare first requires ensuring that all people have access to quality and affordable healthcare. Unfortunately, federal actions, policies and other structural barriers discourage Hispanic or Latino individual from seeking the care they need.

Hispanic or Latino individuals have one of the highest uninsured rates based on race and ethnicity in the U.S. Approximately 17.7% of Hispanic or Latino individuals are uninsured. In contrast 5.7% of White, non-Hispanic people are uninsured; nationally, approximately 8.6% of people in the U.S. were uninsured. There is not one single reason the Hispanic or Latino population experiences a significantly higher rate of uninsured than the general U.S. population, but rather many factors that contribute to this disparity.

One factor contributing to the uninsured rate in the Hispanic or Latino population is the lack of Medicaid expansion in 11 states. The Hispanic population living below the poverty level in the U.S. is 17.6%, higher than the overall rate of 12.8%. All but two (Florida and Wyoming) of the non-expansion states have a higher percentage of their Hispanic populations living below the poverty level and thus are more likely to fall into the coverage gap.

Approximately a third of the Hispanic population in the U.S. is foreign-born and about 20% are not U.S. citizens. While immigrants with qualified immigration status can enroll in Medicaid and CHIP, they are subject to a five-year waiting period, meaning they cannot access the program until they have been legally present in the U.S. for five years. In 2018, new regulations were proposed, which would have barred any immigrant from ever obtaining citizenship if they used public benefits including the Supplemental Nutritional Assistance Program (SNAP), Medicaid or housing assistance. This is colloquially referred to as public charge. While this rule was never implemented and has since been repealed, it has caused a documented

chilling effect associated with public programs including Medicaid. The Urban Institute found that over 16% of low-income immigrant families avoided Medicaid enrollment or enrollment in another health program.

Seventy-five percent of Hispanic adults say “communications problems from language, cultural differences” are a reason why Hispanic people have worse health outcomes than other adults in the U.S.<sup>16</sup> A 2018 AP-NORC poll found 57% of Hispanic adults have experienced language or cultural barriers when interacting with the healthcare system getting care for themselves or a family member. Additionally, half of Hispanic or Latino adults say they have had at least one or several negative experiences with healthcare providers at some point in their lives. Moreover, 14% of Hispanic adults say the recent care they received has been fair or poor.<sup>16</sup> Those with lower family incomes are somewhat less likely than middle- and upper-income families to report recent positive experiences with health care.



### Mistrust of the healthcare system

Building an efficient healthcare system relies on trust between healthcare providers and patients. However, the mistreatment of patients, historical events (e.g., medical research misconduct), lack of Hispanic or Latino healthcare professionals and lack of insurance can all stand in the way of patients seeking the care they need or being properly treated when they do seek care. Mistrust in healthcare can have big repercussions and can perpetuate ongoing health disparities.

Half of Hispanic or Latino adults say they have had at least one or several negative experiences with healthcare providers at some point in their lives with 14% of Hispanic or Latino adults saying the recent care they received has been fair or poor.<sup>17</sup> Moreover, more than half (57%) of Hispanic adults say that medical research misconduct is at least a moderately big problem, with 20% saying it is a very big problem. Notably, those with lower family incomes are somewhat less likely than middle- and upper-income families to report recent positive experiences with health care.<sup>18</sup> Additionally, an underrepresentation of Hispanics or Latinos in healthcare professions is associated with the mistrust and lack of use of the healthcare system.<sup>19</sup> Lastly, 28.7% of Hispanic or Latino adults aged 18-64 and 7.7% of children under 18 lack health insurance coverage.<sup>20</sup> The lack of insurance coverage is due to a multitude of complex factors, including immigration status and difficulty navigating the healthcare system (e.g., difficulty in navigating complex phone scheduling systems).<sup>21</sup> These factors take a toll on the mistrust of the healthcare system among Hispanic or Latino communities and further influence the impact of tobacco use.

### Cultural sensitivity and language

In recent years, there has been a steady increase in proficiency with the English language among Hispanic or Latino individuals in the U.S. Although, according to 2019 U.S. Census Data, 39% of the population who speak Spanish at home reports that they “speak English less than very well.”<sup>22</sup> Additionally, it is important to note that other languages are spoken within the Hispanic or Latino communities of the U.S. For example, Portuguese is commonly spoken among Brazilian individuals in the U.S. It is estimated that over 700,000 individuals in the U.S. primarily speak Portuguese.<sup>23,24</sup> Moreover, some indigenous languages (e.g., Akateko, Amuzgos, Ayuujk, Chinanteco, Chontal, Kaqchikel, K’iche’, Mam,

Mayan, Mixteco, Nahuatl, Purépecha, Q’anjob’al, Tacuate, Zapoteco and Zeltal) are spoken among Hispanic or Latino individuals. It is estimated that over 15,000 individuals in the U.S. speak an indigenous language.<sup>23,24</sup> Addressing this reality is of utmost importance considering that one third of Hispanic or Latino adults say they prefer to see a Spanish-speaking provider.<sup>18</sup> It is necessary to increase the number of tobacco prevention and cessation interventions that are culturally and linguistically appropriate for the Hispanic or Latino communities. To develop culturally and linguistically appropriate interventions, it is recommended to implement transcreation methods (i.e., translation and cultural adaptation), integrating Hispanic or Latino cultural sentiments such as familism, religion/spirituality, personalism, respect and fatalism.<sup>25</sup>

### Low socio-economic status

The Hispanic or Latino communities are more likely to have a lower socioeconomic status than non-Hispanic whites.<sup>26</sup> According to the Census Bureau, in 2019, Hispanics or Latinos had a poverty rate more than double (15.7%) the rate among non-Hispanic whites (7.3%).<sup>26</sup> The poverty rate mentioned culminates in an undue amount of stress which increases the probability of initiating tobacco use and gives way to the development of multiple health problems such as high blood pressure, diabetes, etc.<sup>27,28</sup> Low socio-economic status may also mean they lack access to healthcare coverage, especially in states that have not expanded Medicaid. This would result in a lack of access to evidence-based tobacco cessation services, including pharmacotherapy and counseling.

Compared to the population above the federal poverty line, individuals that fall below it report significantly higher rates of tobacco use. Among men and women below the annual household income of \$35,000, the tobacco product use rate is 25.2%. The rate of usage continually decreases as income increases to \$35,000-74,999, \$75,000-99,999 and ≥\$100,000 (20.3%, 18.4% and 13.7% respectively).<sup>3</sup>

**Reducing commercial tobacco use among the Hispanic or Latino communities demands innovative, affordable, accessible and culturally and linguistically appropriate solutions.**

# Understanding Hispanic or Latino Tobacco Use Behaviors and Biophysiological Differences

The biopsychosocial model of nicotine addiction conceptualizes nicotine addiction and tobacco use as multifactorial in nature and influenced by biological, psychological and social factors.<sup>29</sup> By following this model, behaviors and biopsychosocial factors associated with **tobacco use** among the Hispanic or Latino communities can be understood. Key findings to grow a community that is more understanding are:

Characteristics and behaviors common among Hispanic or Latino adults compared to the general population:

- Lower age of initiation to smoking when compared to non-Hispanic Black and other non-Hispanic youth<sup>30</sup>
- Smoking on a non-daily basis, especially among the Mexican/Mexican American population<sup>25</sup>
- Smoking less than 10 cigarettes a day<sup>31</sup>
- Less likely to receive advice to quit from a healthcare professional than non-Hispanic white adults<sup>32, 33</sup>
- Similar quit attempts as the general population<sup>34, 35, 36</sup>
- Lower utilization of counseling and pharmacotherapy for smoking cessation<sup>37</sup>
- Smoking among Latinos is complex and differs by country of origin and acculturation to the U.S.:
  - Smoking prevalence among U.S. Hispanic or Latino adults varies nearly three-fold when comparing different national backgrounds considering the highest versus the lowest cigarette use; ultimately depicting the need for customizable cessation treatments guided by cultural background<sup>38</sup>
    - For example, the daily current smoking rate for Dominican men is reported to be 8%, while Cuban men reported much higher rates at 26.2%<sup>38</sup>
  - Smoking is more common among individuals who were U.S.-born and who have a higher level of acculturation (adoption of the values, beliefs, language and customs) to the host U.S. culture, particularly among women<sup>38</sup>

Biopsychosocial characteristics of Hispanics or Latinos who smoke:

- Few research studies have been conducted to understand the biological/physiological characteristics of Hispanics or Latinos who smoke
  - When considering nicotine metabolism, there seems to be no difference between white and Hispanic or Latino individuals<sup>39</sup>
  - More research is needed to understand the influence of genes, epigenetics, hormones (e.g., cortisol), comorbidities, etc. on tobacco use and cessation
  - A greater understanding can guide a targeted approach for smoking cessation treatment
  - Severe stress due to daily events (e.g., discrimination) leads to an increase in the development of health problems<sup>40</sup>
- Many Hispanics or Latinos hold perceptual misconceptions about smoking cessation treatment, even viewing it as a weakness<sup>25, 41, 42</sup>
- Hispanic or Latino culture may encourage people to keep personal problems in the family rather than ask outsiders for help as seeking help outside the family could bring a degree of shame<sup>41</sup>
- The values of familism (familismo) and compassion (simpatía) remain the greatest motivators for tobacco cessation among Hispanic or Latino groups and should be utilized for the effective implementation of targeted interventions<sup>42</sup>
- The importance of religion/spirituality should be noted as a source of support for some in the Hispanic or Latino communities attempting to quit. A 2019 study of the religiosity of Hispanic or Latino Americans determined that 73% identify as either Catholic or Protestant.<sup>43v</sup>



## Public Policy

Public policy is fundamental to the prevention and cessation of commercial tobacco use. The Lung Association is cognizant of its role in influencing policies that work to end the disproportionate effects of tobacco in the U.S. The Lung Association is committed to advocating for policies that work to eliminate tobacco-caused health disparities.

In the U.S., policy change has led to a reduction in tobacco use among some groups but disparities among ethnic and racial groups and other individuals including those with behavioral health or mental health conditions remain. For instance, discriminatory processes such as residential segregation, housing discrimination and zoning regulations result in racial, ethnic and socioeconomic groups being sorted into neighborhoods.<sup>44, 45</sup> The tobacco industry purposely focuses on marginalized communities.

There is an unequal distribution of tobacco retailers with a lack of regulation regarding the density of points of sales, promotional efforts and product availability.<sup>46</sup> In fact, researchers for the San Francisco Tobacco-Free Project found that the lowest income neighborhood in

supervisory districts in San Francisco had 180 tobacco retailers whereas the highest income neighborhood had just 37 tobacco retailers.<sup>47</sup> Another example is how the tobacco industry uses price promotions such as discounts on products like cigarillos and little cigars in neighborhoods with a higher concentration of Hispanic or Latino people.<sup>48</sup> Additional policy change is needed at the federal, state and local levels to end the inequitable targeting of the Hispanic or Latino communities.

The Lung Association recognizes a lack of political will is the primary reason policy change has yet to occur. It will require individuals to speak up and advocate at the local, state and national level for policies to reduce the disproportion burden caused by tobacco. Inaction will lead to a continued ripple effect of harm that will affect the Hispanic or Latino and other underrepresented communities unequally. To learn more and understand the measures required for change to eliminate the death and disease caused by tobacco use, review our annual [State of Tobacco Control](#) report.

## Tobacco Industry Marketing Techniques

Since the 1980s, the tobacco industry has intentionally targeted the Hispanic or Latino communities. Researchers have unearthed the dubious nature of the tobacco industry in documents that reflect its early enthusiasm for the Hispanic market, as a young, growing, geographically concentrated and brand loyal market. As R.J. Reynolds noted, “Second only to [the] growth [of this population], the reason for targeting Hispanics lies in their geographic concentration.”<sup>49</sup>

The tobacco industry’s success is founded upon its industrious marketing across all channels. In 2021, \$8.6 billion was spent on advertising and promotion of cigarettes and smokeless tobacco combined.<sup>50, 51</sup> This amounts to over \$23.5 million expended every day and nearly \$1 million every hour. When considering the marketing budget, price discounts to retailers and wholesalers, which ultimately reduce the price point for customers, account for 86% of all cigarette marketing (over \$6.9 billion)<sup>50, 51</sup> The overarching goal of industry marketing techniques

are aimed at increasing product engagement rates, brand loyalty and addiction to their products.

Unfortunately, industry spending far outweighs the tobacco prevention and control program budgets that states employ annually. In fiscal year 2023, states collected \$26.7 billion from tobacco taxes and the tobacco Master Settlement Agreement, but only spent \$733 million of the total collections on tobacco prevention and cessation programs.<sup>52</sup> States should use these funds for the cessation, prevention and control of tobacco in the U.S, including to address tobacco use in the Hispanic or Latino community.

Public health advocates have transformed the playing field; however, these actions have only reduced rather than eradicated the products or the industry. Industry efforts to target marginalized communities must be stopped by advocating for and implementing community-driven initiatives, policies and prevention and cessation programs to protect the Hispanic or Latino communities.

## Menthol and the Hispanic or Latino Communities

The tobacco industry is shrewd in creating generations of adults with nicotine dependence amongst the average consumer. Undoubtedly, part of their success for many decades is attributed to the marketing and distribution of menthol as a flavoring agent in cigarettes. Menthol, a chemical naturally found in peppermint and other mint plants, reduces the harshness of cigarette smoke and the irritation from nicotine.<sup>53</sup> Consequently, mentholated tobacco products have the potential to be more addictive compared to non-menthol cigarettes.<sup>54</sup> In fact, evidence suggests that people who smoke menthol cigarettes are less likely to quit when compared to individuals that smoke non-menthol cigarettes.<sup>55</sup> Unfortunately, when focusing on the Hispanic or Latino communities, menthol cigarettes account for approximately 48% of the product type used.<sup>40</sup> Recognizing the disproportionate burden caused by menthol cigarettes, in April 2022 the Food and Drug Administration proposed rules to end the sale of all menthol cigarettes and flavored cigars.

## Youth and Young Adult Tobacco Prevention and Cessation

Adolescence (ages 12 to 18) and young adulthood (ages 18 to 25) are periods characterized by nicotine and tobacco use initiation and progression to long-term addiction. Furthermore, these periods are also critical windows for prevention and cessation interventions to produce long-term reductions in tobacco use, morbidity and mortality.

The rapidly increasing popularity of electronic cigarettes (e-cigarettes) has reversed decades of decreasing tobacco use, especially among youth and young adults. E-cigarettes are the most commonly used tobacco product among high school students, with levels of current use reaching 14.1% as reported by the 2022 U.S. National Youth Tobacco Survey (NYTS).<sup>56</sup> When assessing Hispanic or Latino high school students in the NYTS 2022 specifically, we find a rate of 12.2% reporting use in the past month.<sup>56</sup>

What do we know about vaping among youths and young adults? E-cigarettes have completely transformed the landscape of tobacco use in youth, combining advanced technology and attractive design, fueled by aggressive marketing and social media promotion. There is sufficient evidence that e-cigarette use (vaping) during adolescence is associated with future initiation of cigarette, marijuana and alcohol use.<sup>57, 58, 59</sup> Early nicotine also puts Hispanic or Latino youth at risk for a lifetime of vaping addiction and unknown health risks of long-term e-cigarette use. Lastly, chemical and heavy metal exposure from e-cigarettes and risk of toxicity and injuries are also a public health concern.

To reduce e-cigarette use among Hispanic or Latino youth and young adults, evidence-based innovative, affordable, accessible and culturally and linguistically appropriate interventions for prevention and cessation are urgently needed.



## Helping Teens Quit Smoking and Vaping

### Professional Development Training

#### Advanced: Ask-Counsel-Treat (ACT) for Youth Cessation

This no cost Ask-Counsel-Treat (ACT) for Youth Cessation training is a one-hour course that provides an overview for healthcare professionals, school personnel and community members in youth-supportive roles to conduct a brief intervention for teens who use tobacco. Based on the [American Academy of Pediatrics' Youth Tobacco Cessation: Considerations for Clinicians](#), the course outlines the steps of Ask-Counsel-Treat and provides guidance, support and best practices for effectively delivering ACT as a brief intervention for adolescents who identify as tobacco users, including e-cigarettes.



[Not On Tobacco® \(N-O-T\)](#) is the American Lung Association's voluntary quit smoking program for teens ages 14 – 19. Over the 10-week program, participants learn to identify their reasons for smoking, healthy alternatives to tobacco use and people who will support them in their efforts to quit. [Learn more about N-O-T](#) and how you can become a facilitator today.

*Additional Not On Tobacco promotional and educational information can be found in the [resource section](#).*



The American Lung Association's Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health ([INDEPTH®](#)) is an alternative for students who face suspension for violation of school tobacco, vaping or nicotine use policies. Students participate in a series of interactive educational sessions administered by an adult facilitator in either a one-on-one or group format in a school or community-based setting. [Learn more about INDEPTH®](#) and how you can start a program.

*Additional INDEPTH promotional and educational information can be found in the [resource section](#).*

### Teen Cessation Program Referral



[NOT For Me](#) is a self-guided, online program that leverages the American Lung Association's evidence-based N-O-T Not On Tobacco® program to help teens break nicotine dependency, no matter what tobacco products they use. To register please visit our website [NotForMe.org](#).

*Additional NOT for Me promotional information can be found in the [resource section](#).*

## Local Youth Tobacco Initiatives

Across the country, teens are gathering to keep their own communities tobacco-free. These youth leaders are working to educate their peers about the dangers of nicotine and tobacco addiction. Contact your local American Lung Association office for information on youth leadership groups and other youth tobacco initiatives near you. Call 1-800-LUNGUSA. A few notable organizations are:

- [DANTE](#) — Delawareans Against Nicotine and Tobacco Exposure on college campuses
- [FACT](#) — Wisconsin's Youth Empowerment Movement
- [Kick Butts Generation \(KBG\)](#) — Delaware
- [RAZE](#) — West Virginia
- [Reality Check of New York State](#) — New York
- [Spark](#) — Igniting change on college campuses across Wisconsin
- [Tobacco Free Rhode Island \(tobaccofree-ri.org\)](#) — Tobacco-Free Youth Advisors in Rhode Island
- [Tobacco Resistance Unit \(TRU\)](#) — Pennsylvania

### #DoTheVapeTalk

#DoTheVape Talk is a youth vaping awareness campaign from the American Lung Association and the Ad Council. To provide parents with a simple roadmap to addressing the dangers of vaping with their kids, it provides free educational resources including a conversation guide on our website, [TalkAboutVaping.org](#).

#### Additional Partner Resources

- [Youth Voice, One Vision](#)
- [Campaign for Tobacco Free Kids](#)







## Best Practices

Discussing tobacco use, prevention and cessation with the Hispanic or Latino communities can be a unique experience compared to other populations. To facilitate conversations and generate a meaningful and sustainable impact, the American Lung Association has compiled a list of best practices to reduce commercial tobacco use among the Hispanic or Latino communities.

### Best Practices on General Communication

- Recognize that Hispanics or Latinos are not a homogenous group and consist of very diverse communities from different national backgrounds (Puerto Rican, Cuban, Mexican, etc.), education levels, dialects, preferred languages and much more.
  - Understanding that there are cultural, linguistic and social differences within each of the different subgroups of Hispanics or Latinos will help facilitate conversations.
- Do not assume people's ethnicities and ask questions or make insensitive comments. For example, questions like "Where are you really from?" and comments like "I like your accent" might be inappropriate and can provoke others as well as widen the gap of trust.
- Respect individual differences in self-identity, cultural identity, values and customs. For example, even if a person has a Hispanic or Latino background, they may not self-identify with their community (e.g., some may have been born in the U.S. and/or have mixed backgrounds); and therefore, may not identify with any of those terms, related customs, practices, values, etc.
- Create a safe space for bidirectional communication so that all members can express themselves freely and genuinely.
- Ask for and incorporate culturally relevant values in the conversations and resources such as family, religion, spirituality and others alike.
- Capitalize on the trust motivated by a common cultural background; failing to do so would be a missed opportunity.

### Best Practices on Tobacco-related Communication

- Avoid the term "smoker" as it lacks precision, has a negative connotation and wrongly equates individuals with a behavior<sup>60</sup>
  - Understand that people are not defined by their diseases. Instead, use terminology such as: a person who uses tobacco products.
  - Understand that there is a general stigma related to tobacco use amongst Hispanics or Latinos.
  - Understand that individuals with intermittent or "light" smoking patterns could respond "No" to the question "Are you a smoker?". Focus on the behavior and ask questions such as: "Do you smoke?", "How much/how frequently do you smoke?", "Tell me about your smoking history," or "in the past month have you smoked a cigarette, even a puff?"
- Familiarize yourself with the terminology used by the population you serve
  - For Spanish speakers, avoid assumptions about wording across Hispanics or Latinos from all national backgrounds, but consider using different words or even pictures to identify the tobacco products used, as well as other tobacco-related wording. For example, cigarette could be "cigarillo" (Puerto Ricans) or "cigarro" (Mexican), depending on the subnational group<sup>61, 62</sup>
  - Always be open to discussing what terminology the individual you are serving would be most comfortable with



### Best Practices on Counseling Guidelines

- **ASK about the tobacco use history of the individual, ADVISE them to quit and REFER them to an existing service** (see resources in the toolkit)
  - It is likely that you may be the first health professional they talk to about their tobacco use history
- Make sure basic demographic and contextual characteristics are taken into account when addressing tobacco use among the Hispanic or Latino population
  - These include gender, age, preferred language, national group, acculturation, among others
- During the screening, consider the typical patterns of use among Hispanics or Latinos, which include:
  - Smoking occasionally and/or socially (i.e., not smoking every day)
  - Smoking less than 10 cigarettes per day
  - Not smoking their first cigarette after awakening within 30 minutes, which is a common marker of physiological dependence
  - Common triggers such as drinking coffee, alcohol and socializing

- Recognize and address the unique stressors that the Hispanic or Latino communities face, which may contribute to their use of tobacco
  - This can range from negative experiences with finances, language proficiency, transportation, lack of community, structural injustices and many more
- *Aim to strengthen their motivation to quit based on potential personal values (e.g., family, health, religion/spirituality).*
  - For instance, some persons might be more motivated to quit because of the health effects of smoking on their partner or children compared to themselves
    - Emphasizing to “quit for your health” may be less impactful than “quitting to be a role model for your children” or “live longer to be there for the grandchildren”
    - Similarly, for persons with strong religious faith, it may motivate them to attempt to quit to be “in communion with God”. Additionally, religious practices (e.g., praying) can be a potential coping strategy<sup>63, 64</sup>

- *Provide health education about the addictive nature of nicotine and smoking from a biopsychosocial perspective, along with information about the role of medication and nicotine replacement therapy.*
  - For example, explain that nicotine is the addictive component of cigarettes, which makes changes to the brain, that, in turn, makes quitting hard. Explaining the biological basis of addiction to nicotine in simple ways may lessen the notion that quitting is about “willpower” or just a “dirty habit”
  - Help Hispanics or Latinos who smoke to reframe their understanding of cigarette smoking dependence, when necessary
    - This improved understanding may influence better planning and openness to empirically supported treatments
- *Examine the role of family and peers.* Although family is a very important component of Hispanic or Latinos’ social support to quit smoking, there should be no assumptions about the person’s desired family involvement during a quit attempt.
  - Some individuals may want their partner or other family members to be involved, but others may not; particularly women for whom their smoking behavior is a secret

- For those whose smoking behavior is known by their family and friends, a quitting plan that involves their social network might increase the chances of success
  - For instance, examine the perceived support from both individuals who smoke and do not smoke in their social circle and assist in making a plan to ask others not to smoke in their presence, offer cigarettes or smoke inside the house and to refrain from smoking in the presence of other individuals who smoke
  - As support can take many forms, for foreign-born Hispanics or Latinos, it is relevant to consider the support received by people living in a different state or even their home country
- Hispanics or Latinos are commonly respectful of authority figures and health care professionals including tobacco cessation counselors, therefore, the professional’s advice would be taken seriously

## Best Practices on Overcoming Barriers to Quitting

As previously stated, the biopsychosocial model of nicotine addiction conceptualizes nicotine addiction and tobacco use as multifactorial in nature and influenced by biological, psychological and social factors.<sup>65</sup> By following the biopsychosocial model of nicotine addiction, the barriers that Hispanics or Latinos have to overcome to quitting tobacco can be understood.

### Biological level – Barriers to quitting are related to nicotine dependence and the presence of any physical or behavioral health comorbidities.

- Physiological dependence can entail intense cravings for the substance (i.e., cigarette) and uncomfortable withdrawal symptoms when smoking is reduced, which in turn, prompts the individual to smoke and continue the addiction cycle
- If the person uses alcohol or other drugs, the interaction of these substances with nicotine may make it difficult for the person to quit
- Individuals with comorbid illnesses may find it particularly difficult to quit; however, we are still lacking an understanding of the role that genes, nicotine metabolism and other variables play in impacting cessation



### Psychological level – A person's mood, beliefs and overall internal experiences

- **Belief that intermittent or occasional smoking is safe.** As many Hispanics or Latinos who smoke do not smoke every day or smoke less than a pack a day, they may mistakenly think this is a safe amount to smoke and may be less motivated to quit under the premise that they can quit “if/when they want.”
  - The truth is that there's no safe amount of smoking and even people who are not heavy smokers can develop an addiction over time
- **Belief that tobacco use is just a bad habit and people can quit if they have “willpower.”** This belief is two-fold. The belief that tobacco use is a bad habit influences people's self-perceptions and feeling of stigma by non-users. Consequently, these individuals do not share their tobacco use status with others and refrain from seeking assistance, which in turn, limit their access to evidence-based interventions and keep them struggling on their own.
  - The truth is that tobacco use is much more than a habit and that “willpower” is one component of quitting, but much more is needed to be successful. Making changes to successfully quit increase with external assistance
- **Belief that tobacco cessation medications are unnecessary and/or harmful.** Hispanics or Latinos who use tobacco may prefer to try and quit “on their own” without using medication. They may interpret the use of the medications as a “crutch” and something inconsistent with their view of autonomy.
  - There are still misconceptions about nicotine replacement therapy (NRT) products such as some people mistakenly believe that nicotine is what causes cancer; thus, they do not favor the use of NRT because of the fear of getting cancer
  - Of note, access to NRT in Latin American countries is very limited. Thus, for Hispanics or Latinos residing in the U.S., the notion of using NRT to help them quit may be relatively new



### Social level - interpersonal factors, culture and overall external circumstances

- **Lack of access to evidence-based interventions.** Research documents that Hispanics or Latinos have less access to evidence-based interventions, either because they lack the necessary health insurance to access the service or because they are not offered cessation support by health care professionals.
- **Limited counseling services in Spanish.** For monolingual or Spanish-preferred individuals, the available services seem limited; such as precluding these individuals from accessing the service in the language they feel comfortable with.
- **Limited social support.** Consider individuals who feel stigmatized because of their tobacco use and believe that they only need “willpower” to quit, they may not share their tobacco use status or intentions to quit with others and, as such, receive little support.

- **Overall contextual factors.** Research has documented the relationship between contextual factors, such as acculturation and discrimination and tobacco use behavior.<sup>31</sup>
  - For instance, acculturation among Hispanics or Latinos (especially among Hispanic or Latina women) is related to increased smoking
  - Also, financial hardship, family separation and other factors related to migration-related experiences will likely impact mood, which in turn, may become a barrier to successfully quitting<sup>65</sup>
    - Moreover, the experience of major discrimination events is related to lower cessation rates<sup>65</sup>
- **Social smoking.** For Hispanics or Latinos, smoking socially is common. Even individuals that do not typically smoke alone or on a regular basis may smoke if/when in the company of friends or family members who smoke. These individuals may not see the need to “quit” because they don't consider themselves smokers.

## Three Tips to Help Tobacco Users Quit

### Tip #1: Develop culturally and linguistically appropriate materials for Hispanic or Latino individuals who smoke

- Utilize a transcreation method to infuse culturally relevant themes (e.g., familism in the Hispanic or Latino population), images (e.g., photos of the target audience, food) and context (e.g., culturally relevant content reflecting needs and values of the target population) into the material
- It is critical that the development of Spanish-language materials include multiple bilingual individuals representing diverse countries of origin to ensure the language is understandable to individuals using tobacco products from different Spanish-speaking backgrounds

### Tip #2: Dispel the commonly believed myths amongst the Hispanic or Latino communities

- Hispanics or Latinos generally have lower access to healthcare and this can be attributed to a range of factors such as mistrust of the system, lack of education about what resources are available and a lack of programs adapted for the population
- Many individuals in the Hispanic or Latino communities hold on to beliefs about NRT
  - Doubts about its efficacy, particularly in comparison with unaided methods of quitting
  - Concern about potential side-effects
  - Concern about addiction to nicotine
  - Misconceptions about the role of nicotine in tobacco-related health problems

### Tip #3: Promote participation in research

- An absence of Hispanic or Latino individuals in research gives way to an incomplete understanding of the relationship between this population and tobacco
- Social media (e.g., Facebook) and community-based organizations have been a widely successful platform for introducing Hispanics or Latinos to research opportunities
- Engage the population we serve with the idea that an increase in representation of the Hispanic or Latino communities in research will ultimately result in better services for tobacco users and the community at large
  - A better understanding of the behaviors of the Hispanic or Latino population
  - Inform a customized approach for each individual to achieve health equity
  - Increased access to the information within the field to push for policy changes at the local, state and federal level

### End Note

Tobacco use among Hispanics or Latinos is multifactorial in nature and influenced by biological, psychological and social factors. Reducing commercial tobacco use among the Hispanic or Latino communities demands innovative, affordable, accessible and culturally and linguistically appropriate solutions. As a reminder, Hispanics or Latinos are not a homogeneous group; rather, they constitute a very diverse group of individuals, from different countries of origin, years living in the U.S., socioeconomic and immigration status, acculturation stressors, language and cultural values. As such, please note that the information presented in this toolkit should not be interpreted as equally applicable to all Hispanic or Latino individuals, but as a guideline to understand common barriers to quitting tobacco and strengthen approaches that facilitate overcoming them.



# Resources: Professional Development Trainings

## For Professionals Working with Adults

### Beginner: Tobacco Basics

The American Lung Association's Tobacco Basics is a free one-hour online course including five learning modules designed to lay the foundation in understanding the toll of commercial tobacco use in the U.S. In this course participants will learn the difference between commercial tobacco products, including e-cigarettes and vaping devices; the effects of commercial tobacco use on the human body and brain; nicotine dependence and why quitting is so challenging; proven policies that protect public health from the toll of commercial tobacco; and the programs available to help all commercial tobacco users successfully quit for good.

### Intermediate: How to Help People Quit

The American Lung Association's How To Help People Quit training is a free, one-hour online course including four interactive learning modules designed to further enhance understanding of the Lung Association's core beliefs about tobacco cessation, as well as understanding behavior changes, interventions and treatment needed to help people quit for good. Specifically, participants of this course will enhance their skill set in recognizing types of resistance to change, conducting brief interventions, utilizing principles of Motivational Interviewing to resolve uncertainty, identify FDA-approved medications to help individuals break tobacco dependency and connect quitters with American Lung Association's tobacco cessation resources for both youth and adults. Become a lung champion and complete this course to be a navigator of the cessation process, increase effective quit attempts, lead efforts towards fostering healthier tobacco-free generations and further build tobacco-free communities.

### Advanced: Freedom From Smoking Facilitator Training

Those trained and certified as Freedom From Smoking® Facilitators will have the ability to provide commercial tobacco users who are ready to quit with a strong proven-effective cessation program to end their addiction to nicotine and begin new tobacco-free lives in a supportive group setting, led by a trained, certified facilitator. Since it was first introduced over 40 years ago, the American Lung Association's Freedom From Smoking program has helped over one million Americans end their addiction to nicotine and begin new tobacco-free lives. Freedom From Smoking is based on proven addiction and behavior change models (including the Social Cognitive Theory, Transtheoretical Model and Motivational Interviewing). The program offers a structured, systematic approach to quitting and its positive messaging emphasizes the benefits of better health. The Freedom From Smoking facilitator training is an eight-hour interactive course designed to prepare individuals to lead FFS groups. The facilitator training explains nicotine addiction, reviews program content and implementation strategies and builds facilitator skills for conducting group processes with adults. Facilitator Training registrants will learn and experience

- How to facilitate 8 interactive group sessions
- Strategies to overcome challenges that may arise
- Equipping participants in how to address potential roadblocks.

Cost to participate in the facilitator training is \$400, which includes the 3-year Freedom From Smoking facilitator certification and recertification opportunities at no cost. All interested individuals must not have used commercial tobacco in any form for 12 months or longer.

### Advanced: Ask, Advise Refer to Quit Don't Switch

The American Lung Association's Ask, Advise, Refer to Quit Don't Switch is a free one-hour on-demand training which is based on the CDC's Ask-Advise-Refer model and utilizes updated tools and strategies for conducting an effective brief tobacco intervention with patients identified as tobacco users, including e-cigarettes. This online course seeks to target healthcare professionals who may have direct contact and may initiate a brief tobacco intervention.

## For Professionals Working with Youth

### Beginner: Tobacco Basics

The American Lung Association's Tobacco Basics is a free one-hour online course including five learning modules designed to lay the foundation in understanding the toll of commercial tobacco use in the U.S. In this course, participants will learn the difference between commercial tobacco products, including e-cigarettes and vaping devices; the effects of commercial tobacco use on the human body and brain; nicotine dependence and why quitting is so challenging; proven policies that protect public health from the toll of commercial tobacco; and the programs available to help all commercial tobacco users successfully quit for good.

### Intermediate: INDEPTH - Alternative to Suspension Facilitator Training

The American Lung Association's INDEPTH® (Intervention for Nicotine Dependence:

Education, Prevention, Tobacco and Health) program is a free on-demand alternative to suspension or citation program that is offered as an option to students who face suspension for violation of school tobacco use policies. This free three module certification training prepares adults to implement the 4-module INDEPTH course for middle and high school students. Upon successful completion of the INDEPTH training, facilitators will receive 3-year certification and access the INDEPTH Facilitator Guide and resources to plan and implement the program.

### Advanced: Not On Tobacco Facilitator Training

The American Lung Association's Not On Tobacco (N-O-T) Facilitator Training is a 6-hour course designed to prepare school and community organizations to implement the N-O-T youth tobacco cessation program delivered in a group-format cessation programming for youth ages 14-19 in a school or community-based setting. Not On Tobacco (N-O-T)® is an evidence-based approach to help middle and high school youth quit or reduce their tobacco use,

including e-cigarettes. The N-O-T Facilitator Training Course consists of three INDEPTH modules and six N-O-T modules. Upon successful completion, you will receive 3-year certification and access the N-O-T Facilitator Guide, Participant Workbook and additional program resources. The cost is \$400 per person for this behavior modification facilitator certification course.

### Advanced: Ask-Counsel-Treat (ACT) For Youth Cessation

The American Lung Association's ACT to Address Youth Cessation Training is a free one-hour on-demand, online course that provides an overview for healthcare professionals, school personnel and community members in youth/adolescent supportive roles in conducting a brief intervention for teens who use commercial tobacco. Based on the [American Academy of Pediatrics' Youth Tobacco Cessation: Considerations for Clinicians](#), the session outlines the steps of Ask, Counsel, Treat and provides guidance, support and best practices for effectively delivering ACT as a brief intervention for adolescents who identify as commercial tobacco users, including e-cigarettes.

### Advanced: Vape-Free Schools Initiative

If you are an educator committed to helping students navigate the youth vaping epidemic, we have programs to help you in your efforts. Participating in the American Lung Association Vape-Free Schools initiative means that your school is a leader in supporting students affected by e-cigarettes, offering clear guidance, education and cessation. Completion of INDEPTH or N-O-T facilitator training courses along with a school policy assessment and review supports allows schools and organizations to be recognized by the American Lung Association as a member of the Vape-Free Schools Initiative.

## Resources: General Education

American Lung Association's website is now equipped with a new translation feature making all lung health resource pages throughout available in up to ten different languages including Spanish. To activate this feature, simply visit [Lung.org](https://www.lung.org) and click the blue TRANSLATE button at the top right of the screen.

Culturally competent American Lung Association general education resources specific to tobacco cessation and lung cancer screening can be found [here](#).

- Health Benefits of Quitting Tobacco Use ([English/Spanish](#))
- Secondhand Smoke One-Pager ([English/Spanish](#))
- Secondhand Aerosol One-Pager ([English/Spanish](#))
- E-Cigarette Health Risk Fact Sheet ([English/Spanish](#))
- Thirdhand Smoke One-Pager ([English/Spanish](#))
- Is LC Screening Right for Me? ([English/Spanish](#))
- Lung Cancer Resources ([English/Spanish](#))

## Resources: Addressing E-Cigarettes & Vaping Devices

Culturally competent American Lung Association e-cigarette and vaping educational and marketing materials can be found [here](#).

- E-Cig Health Risk Fact Sheet ([English/Spanish](#))
- The Dangers of E-Cigarettes Trifold ([English/Spanish](#))
- E-Cig Teen Fact Sheet ([English/Spanish](#))
- E-Cig Parent Fact Sheet ([English/Spanish](#))
- E-cig School Fact Sheet ([English/Spanish](#))
- American Lung Association Vape-Free One Pager ([English/Spanish](#))
- [American Lung Association's Truth About E-Cigarettes Brochure](#)

## Resources: Teen Intervention and Cessation

Culturally tailored American Lung Association teen intervention and cessation marketing materials can be found [here](#).

- INDEPTH® Materials
  - INDEPTH One-Pager ([English/Spanish](#))
  - INDEPTH 728x90 Ad ([English/Spanish 1/Spanish 2](#))
  - INDEPTH 300x250 Ad ([English](#))
  - INDEPTH Postcard ([English/Spanish](#))
  - INDEPTH Rack Card ([English/Spanish](#))
- NOT® Materials
  - NOT One-Pager ([English/Spanish](#))
  - NOT Trifold ([English/Spanish](#))
- NOT for Me Materials
  - NOT for Me Postcard ([English/Spanish](#))
  - NOT for Me Rack Card ([English/Spanish](#))
- General
  - Teen Education One-Pager ([English/Spanish](#))
  - Teen Cessation One-Pager ([English/Spanish](#))

## Resources: Tobacco Treatment Quick Reference Guides for Public Health Professionals

Culturally competent American Lung Association Tobacco Treatment Quick Reference Guides for Public Health Professionals can be found [here](#).

- Advising on Cessation Medication ([English/Spanish](#))
- Getting Ready for Your Next Office Visit — Quitting Tobacco Use ([English/Spanish](#))
- Ask-Advise-Refer (AAR) ([English/Spanish](#))
- Why It's Hard to Quit ([English/Spanish](#))
- Stages of Change ([English/Spanish](#))
- Using Scaling to Assess Readiness to Quit ([English/Spanish](#))
- Motivational Interviewing ([English/Spanish](#))
- Quit Attempts ([English/Spanish](#))
- Tips to Quit ([English/Spanish](#))
- Building a Tobacco Treatment Plan ([English/Spanish](#))
- Youth Cessation: Ask-Counsel-Treat (ACT) ([English/Spanish](#))
- Should My Patient Be Screened for Lung Cancer? ([English/Spanish](#))
- Add/create new resource: Setting goals using the SMART technique (<https://www.atlassian.com/blog/productivity/how-to-write-smart-goals>)

## Resources: Program Referral for Youth and Adults

- Tobacco Programs Postcard (adults)([English/Spanish](#))
- Teen Cessation Program one-pager (youth) ([English/Spanish](#))
- NOT for Me QR Code Referral Postcard ([English/Spanish](#))



## Resources: Technical Assistance for Furthering Health Systems Change

The [American Lung Association Tobacco Cessation Technical Assistance \(TA\) Team](#) is here to provide expert support to public health professionals and their partners who are working to improve tobacco cessation efforts in their communities. If you have questions about tobacco cessation coverage and/or health systems change – please email the Team at: [CessationTA@lung.org](mailto:CessationTA@lung.org) and visit [Lung.org/CessationTA](http://Lung.org/CessationTA)



## Resources: Partner Organizations

- Adult Cessation
  - [CDC Tips From Former Smokers](#)
- Family Oriented Resources
  - [National Alliance for Hispanic Health](#)
  - [Sesame Street in Communities bilingual \(English and Spanish\)](#)
    - [Healthy Habits for All Video Loop](#)
    - [Simple Dance and Movement](#)
    - [Book Buddies Story Time](#)
    - [Rosita and Sofia](#)
    - [Big Bird's Comfy, Cozy Nest Story Time](#)
- E-Cigarettes
  - [2016 Surgeon General Report on Youth Use of E-Cigarette](#)
  - [U.S. Surgeon General's Know the Risks: E-cigarettes and Young People](#)
  - [Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion's Facts about Electronic Cigarettes](#)
  - [U.S. Food & Drug Administration's Vaporizers, E-Cigarettes and other Electronic Nicotine Delivery Systems \(ENDS\)](#)
  - ["The Real Cost" Youth E-Cigarette Prevention Campaign](#)
  - [The National Academies of Sciences Engineering Medicine Health and Medicine Division's Public Health Consequences of E-Cigarettes](#)
  - [American Nonsmokers' Rights Foundation Electronic Cigarettes](#)
  - [Public Health Law Center/Tobacco Control Legal Consortium E-Cigarettes](#)
  - [Public Health Law Center's Model for a Tobacco-free Environment in Minnesota's K-12 Schools](#)
  - [Campaign for Tobacco-Free Kids Taking Down Tobacco](#)
  - [Stanford's Tobacco Prevention Toolkit](#)
  - [CATCH My Breath E-Cigarette Prevention Program for Schools](#)
  - [Parents Against Vaping e-cigarettes \(PAVe\)](#)
  - [American Academy of Pediatrics E-Cigarette](#)

## Terminology

The tobacco industry refers to the tobacco product manufacturers, distributors, wholesalers and retailers who have historically used their significant financial resources to promote tobacco use and influence policy and public opinion around tobacco products.

Cessation interventions refer to various educational, pharmacological and behavioral strategies aimed at helping individuals addicted to tobacco and vaping products to quit their tobacco habits at a personal, interpersonal and/or community level.

Electronic Smoking Devices are devices allowing users to inhale an aerosol containing nicotine or other substances. Electronic smoking devices are tobacco products. Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs) and e-pipes are some of the many terms used to describe them.

Menthol is a chemical naturally found in peppermint and other mint plants, but it can also be made in a lab. When added to tobacco products, it reduces the harshness of cigarette smoke and the irritation from nicotine.

Nicotine is the highly addictive, colorless, odorless and toxic chemical compound. It is present in the tobacco plant and it can also be made in the laboratory. It is also used as an insecticide.

Nicotine replacement therapies (NRTs), such as gum, patches, inhalers, nasal spray and lozenges are FDA approved treatment that can help tobacco users quit. These products provide a lower level of nicotine that can help reduce recovery symptoms while the person transitions to a new tobacco-free life. Nicotine replacement therapies are not tobacco products.

Prevention interventions refer to educational strategies aimed to help prevent the initiation of tobacco use among youth and adults as well as prevent the propagation of these tobacco use behaviors within the home and in the community.

Tobacco products are any product containing, made of, or derived from tobacco or nicotine that are intended for human consumption and include cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, snus, or electronic smoking devices. They can be smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means. Tobacco products as used in this guide refers to commercial tobacco products and not the traditional practices and use of tobacco practiced in many Native communities. The Lung Association recognizes that traditional and commercial tobacco are different in the way that they are planted and grown, harvested, prepared and used. Learn more about Traditional vs. Commercial Tobacco at [KeepItSacred.ITCMI.ORG](http://KeepItSacred.ITCMI.ORG).

Tobacco-related disparities refers to socioeconomic and health disparities that are caused and/or exacerbated by tobacco and vaping product use and addiction and which can be improved or eliminated by addressing the tobacco use.

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