Addressing Tobacco Disparities through Data Collection, Leadership and Policy Change

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Overview

• Describe how tobacco permeates “beyond the walls”
• Describe comprehensive framework to eliminate tobacco disparities
• Give local examples of APPEAL’s data collection, leadership and policy initiatives
• How CHC’s have been and can be involved with the AAPI tobacco control movement
Cigarette Smoking* Trends: Adults, 1983-2002

*Smoking on 1 or more of the previous 30 days.
Source: National Health Interview Surveys, 1983-2002, selected years, aggregate data
Smoking Prevalence Ranges for Asian American Men

Prevalence

Cambodian  Chinese  Hmong  Korean  Laotian  South Asian  Vietnamese

Prevalence ranges are indicated by the bar colors: turquoise for lower ranges and orange for higher ranges.
Smoking Prevalence Ranges for Asian American Women
Tobacco Use among Native Hawaiians and Other Pacific Islanders (NHOPIs)

- Smoking is high for both Native Hawaiian males (up to 42%) and females (up to 35%)

- NHOPI girls had the highest smoking prevalence among middle school girls (25.4%)

- Guam - 2nd highest smoking prevalence among U.S. states and territories (MMWR 2004)

- For Pacific Islanders, tobacco use includes chewing tobacco mixed with betelnut
Tobacco’s Impact on AAPIs and other Communities of Color

- Sacred Use of Tobacco
- History of Tobacco’s Commercialization
- Heavy Targeting by the Tobacco Industry
- Disparities in Resources and Capacity
- Tobacco as a Social Justice Issue
Results from Tobacco Industry Documents 1988-1995

- AAPI market important due to population growth and geographic clustering
- AAPIs had “predisposition to smoking” and increased consumer purchasing power
- High percentage of AAPI retail business owners
- Philip Morris’ PUSH, PULL and CORPORATE GOODWILL strategies
Philip Morris Companies Inc. applauds the work of the groups listed in the 1995 National Directory of Asian Pacific American Organizations.

We are proud to join with the Organization of Chinese Americans in the production of this timely and useful directory.

“Corporate Goodwill”
“Investigate the possibility of utilizing men and women and targeting youth in advertising strategies...the literature suggests that Asian-American women are smoking more as they believe they should enjoy the same freedom as men.”

Lorillard Tobacco Company document, 1990
In silence I see, with WISDOM, I speak.

Post Tobacco Settlement Advertising

Virginia Slims
Find Your Voice

SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.
Responding to the Tobacco Crisis: The Case for Tobacco Cessation

- High tobacco prevalence among certain groups
- Patient-oriented and clinic-based opportunity
- Increased success of some cessation strategies
- Cessation - an easier concept to understand
Cessation and Beyond: Framework for Eliminating Tobacco Disparities

Inputs
- Advocates, Coalition, Community Leaders, Partnerships
- Resources, Time
- Principles

Activities
- Data Collection
- Capacity Building
- Leadership Development

Outputs

Short-term
- Communities mobilized

Long-term
- Prevention
- Cessation
- Policy

Outcomes
- Reduced tobacco use
- Decreased disparities
- Community empowerment
Why Data Collection?

• Dispels myth of nonsmoking AAPI

• Helps inform tobacco interventions

• Involves community (e.g. youth) in assessing own environment
“A smoke shop is on PCH (Pacific Coast Highway), so when people drive by they can see the smoke shop. There is a lot of advertisements on the window and it is near an Elementary School. To stop kids from using drugs, we need to start a program to tell the teens about the consequence of drugs. Someone can buy the store and make the smoke shop move.”
Why Leadership?

- AAPI tobacco control requires diverse leadership
- Multiple community issues requires basic leadership skills
- Limited leadership training opportunities for AAPIs
- A new model of leadership
“APPEAL trainings are intense, in-depth, refreshing, and understands and embraces the diversity and cultural perspectives of the participants. And most of all you feel good... because for the first time my history, cultural, and experiences -- were allowed at the table.”

- Brandie Flood, Center for Multicultural Health
Impact of Leadership Development

- **Individual**: Increased knowledge and skills
- **Community**: Mobilization, capacity building and interventions
- **Policy/Systems**: Funding, representation and legislation
- **Cross Cultural**: Increased collaboration, empowerment and parity

A Movement?
Why Policy?

- More people impacted
- Social or community norm change
- Strive for sustainable change
Per Capita Cigarette Consumption
United States 1900 to 1999

FIGURE 1. Annual adult per capita cigarette consumption and major smoking and health events — United States, 1900–1998


Source: Tobacco Use - United States, 1900-1999. MMWR November 5, 1999; 986-993
APPEAL’s 4- Prongs of Tobacco Control Policy

1. Need to advocate within our priority populations where tobacco is not a high priority
2. …within the mainstream tobacco control movement where priority populations are not a high priority
3. …with policymakers where neither tobacco nor priority populations are a priority
4. …against the tobacco industry where priority populations are one of the high priorities
Community Policy Change

- Low income housing smoke-free policy
- Merchant education to enforce policies
- Pledge to refuse all tobacco industry sponsorship
- Organizational policies to better support those staff and patients with cessation
Mainstream Tobacco Movement Policy Change

- Funding Parity
- Representation of AAPIs and priority populations in mainstream planning and decision making processes
- Cultural or community competent staff
Community Health Centers Involvement in Tobacco

- **Data Collection:**
  - Prevalence Study (Charles B. Wang CHC)
  - Community Based Participatory Research (Families in Good Health)

- **Leadership Development:**
  - Community Leadership on Cessation (Papa Ola Lokahi)
  - APA Community Health Leadership Institute (New York City)

- **Cessation:**
  - Integrating Cessation (International Community Health Services) Clinic

- **Policy:**
  - Low income Housing Smoke-free Policy (Cambodian AA)
  - Clean Indoor Air Legislation (Guam)
APPEAL Activities 2008

- **Data Collection:**
  - Analyzing Data from CBPR on Envt Tobacco Influences

- **Leadership Development:**
  - 6-8 Local Tobacco Control Leadership Forums

- **Cessation:**
  - Gathering of AAPI Tobacco Cessation Experts

- **Policy:**
  - Funding of AAPI Tobacco Control Policy Initiatives
Conclusions

1. Tobacco as a social justice issue and requires comprehensive action approach
2. Beyond just cessation
3. Policy change and cultivating traditions of wellness
4. CHC’s play a critical role
Vision without action is merely a dream.

Action without vision merely passes the time.

Vision with action can change the world.

Laraine Matusak