Eliminating Tobacco Disparities through a National Network for Asian Americans, Native Hawaiians and Pacific Islanders

APA Tobacco Disparities Meeting
Rod Lew, M.P.H.
Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)
December 11, 2012
Overview

- APPEAL as an Organization
- Context for Developing National Networks
- 4-Prong Policy Change Model
- Elements of Change
- Recommendations
Our Mission

To champion social justice and achieve parity and empowerment for Asian Americans, Native Hawaiians and other Pacific Islanders by supporting and mobilizing community-led movements through advocacy and leadership development on critical public health issues.
The APPEAL Network
Pacific Islanders

- Pacific Islanders include diverse populations who differ in language and culture. They are of Polynesian, Micronesian and Melanesian backgrounds:

- **Polynesian** - largest group, includes Native Hawaiians, Samoans, Tongans and Tahitians.

- **Micronesian** - second largest, includes primarily Chamoru from Guam but also includes other Chamoru and Carolinian from the Mariana Islands, Marshallese, Palauans and various others which include but is not limited to Pohnpeian, Chuukese, Kosraen, and Yapese from the Federated States of Micronesia.

- **Melanesian** group - include Papua New Guinea, the Solomon Islands and Fiji, Fijian-Americans are the largest in this group.
Technical Assistance Network
APPEAL’s CLEAN AIR

- Capacity building
- Leadership development
- Education
- Advocacy
- Needs Assessment
- Appropriateness
- Impact
- Relationships
Value Added of National Networks

- National Networks Website - centralized resources linking all to all national networks
  www.tobaccopreventionnetworks.org
- Capacity Building: local, state, tribal and national levels
- Provide Technical Assistance and Training
- Culturally-tailored promising practices
- Policy Change: participate, facilitate and lead on local, state, tribal, national and international levels
- Model of cross cultural collaboration
At least 80% of premature heart disease, stroke, and type 2 diabetes could be prevented through healthy diet, regular physical activity and avoidance of tobacco products.

- WHO, 2009
Data Deception for Native Hawaiians and Pacific Islanders and Asian Americans- Is this Accurate?

Cigarette Smoking in U.S.

*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

Lew R and Tanjasiri SP, AJPH 2003; 93: 764-768
Tobacco Use among Native Hawaiians/Pacific Islanders
What else do we know about AA and NHPI tobacco use?

- NHPIs have high use of mentholated cigarettes
- Saliva cotinine test reveals higher rate of smoking among Southeast Asian women smokers (Chen 1993)
- High prevalence of low and intermittent smokers among Asian American subgroups (Tong 2009)
- High use of tobacco among AAs with SMI
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

Muggli, Pollay, Lew and Joseph 2002
“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
1999-Post Tobacco Settlement-Philip Morris Launches “Find Your Voice” Campaign
Tobacco as a health disparities and social justice issue

- 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
Distribution of U.S. Population by Race/Ethnicity, 2010 and 2050

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2010</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>64.7%</td>
<td>46.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>16.0%</td>
<td>30.2%</td>
</tr>
<tr>
<td>African-American, Non-Hispanic</td>
<td>12.2%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Native Hawaiian and Pacific Islander</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>4.5%</td>
<td>7.6%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1.5%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Total = 310.2 million
Total = 439.0 million

NOTES: All racial groups non-Hispanic. Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands. Totals may not add to 100%.
1989: How We Began Tobacco Control

- Health Fairs and Poster Contests
- Letters to Fathers
- Cessation Classes
- All Dependent on Local Funding
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
Impact of Tobacco Control Policies and Tobacco Tax

- Youth are most sensitive to tobacco price change: every 10% price increase decreases youth smoking by 6.5% and adult smoking by 2% (CTFK)
- Tobacco tax has impact on tobacco prevention and treatment (Chaloupka 1999) but needs to be paired with tobacco control spending (Rice 1999)
- Scenario: tax increase by $1, tc spending increase by 20 cents = smoking prevalence decrease from 12.2% to 11.2% in 5 years. (Max 2011). This results in $2.3 billion less in health care expenditures, 2367 lives saved and 46,000 years of life gained.
Figure 2: Strategic Framework for Tobacco Control among Asian Americans

- Inputs
  - Advocates
  - Communities
  - Coalitions
  - Leaders
  - Partnerships
  - Resources
  - Time

- Guiding Principles
  - Community Participation
  - Community Competence
  - Community Empowerment

- Strategic Planning
  - Community Readiness
  - Environment Assessment and Data
  - Prioritization and Goal-Setting

- Community Capacity Building
  - Leadership Development
  - Community Mobilization and Organizing
  - Infrastructure Development

- Short Term and Intermediate Outcomes
  - 4-Prong Policy Change Model
    - Community Policy
    - Mainstream Institution Policy
    - Legislative Policy
    - Corporate Policy

- Long Term Outcomes
  - Programs
    - Cessation
    - Prevention

  - Reduced Tobacco Use

  - Health Parity and Health Justice
1. Community Stages of Readiness Model

- Adapting terms from Transtheoretical Model for Change for individual cessation (Prochaska, DiClemente 1983)
- Integrating APPEAL principles to focus on organizational and community readiness
- Community capacity index measured (RG Robinson et al 1994)
- Tailored approaches to TAT
- Uses of Readiness Matrix as assessment tool, evaluation tool and advocacy tool (Lew 2002)
Community Stages of Readiness Model

**Key Outcomes**

**Overall Movement along the Community Readiness Model**
From 2001-2005, New York region’s targeted priority areas moved from Contemplation to Action stage (see table 3).

**Table 3: Staging of CBWCHC’s Priority Areas from 2001-2005**

<table>
<thead>
<tr>
<th>Research &amp; Data</th>
<th>Infrastructure</th>
<th>Programs</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilization of Data</td>
<td>Coalition Building</td>
<td>Cessation</td>
<td>Clean Indoor Air</td>
</tr>
</tbody>
</table>

- **Pre-contemplation**
- **Contemplation** 2001 2001 2001
- **Preparation** 2002 2002 2001
- **Maintenance** 2005

* = direction of movement along the Community Readiness Model
Stages of Readiness Model

What it is...
- Tool for assessment, planning, process evaluation, advocacy
- Community Development model
- Dynamic
- Tool to tailor technical assistance & training

What it’s not...
- Prescriptive
- Generalizable to all
- A description of Quality
- Static nor Linear
- Recipe book
2. Why Community Leadership?

- Tobacco disparities among Priority Populations (Fagan et al)
- Need for local community advocates and capacity building (Robinson et al 1994)
- Historical lack of inclusion (Parity Alliance 2004)
- Limited leadership development opportunities
- Limited evaluations of community leadership programs (except Hannum et al 2005)
APPEAL Leadership Model
Philosophy and Values

1. Community assets model (not just deficits)
2. Respects diversity and inclusion of participants, learning styles
3. Experiential-based, applied training
4. Creates learning community
5. Balances 3 critical elements
APPEAL Leadership Program Core Competencies

- Collaboration
- Tobacco Control
- Advocacy
- Facilitation
- Cultural or Community Competency
“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
APPEAL’s Leadership Experience

- Oklahoma Cross Cultural Leadership Institute (2009)
- Arizona Asian American Leadership Institute (2009)
- LCAT HANDS Leadership Summit (2002)
LAAMPP Evaluation Process

Logic Model & Conceptual Framework for LAAMPP

Inputs
- Advocates
- Coalitions
- Community leaders
- Community partnerships
- Resources
  - Time
  - Staff
- Advisory Committee
- Strategic Planning Committee
- Evaluation Team

Activities
- Strategic planning development
- Coaches development
- Leadership development and training
- Technical assistance

Outputs
- Action plans to guide communities
- Increased capacity of coaches
- Increased capacity of leaders
- Increased community capacity

Short-term Outcomes
- Successful implementation of strategic tobacco control action plans
- Successful coaching relationship
- Increased knowledge, skills & motivation to do tobacco control
- Increased advocacy efforts

Intermediate & Long-term Outcomes
- New tobacco control policies
- Enhanced & new community competent tobacco control programs
- Increased mobilization of communities on tobacco issues
- Institutionalization of priority populations priorities in systemic processes
- Increased cross cultural collaborations

EVALUATION (Methods of measurement, timeline, instrument development, data collection, analysis & interpretation, report writing and dissemination)
LAAMPP Evaluation

- **Individual Level**: Development and empowerment of 32 community leaders

- **Community Level**: Mobilization of communities and movements on local and state

- **Policy and System Level**: Inclusion of parity and implementation of policy initiatives

- **Cross Cultural**: Cross cultural collaboration
LAAMPP Key Findings: Individual Level

Fellows Rating of Their Skills (n=25)

- Implementing Cross-Cultural Work
- Media
- Fundraising
- Organizing
- Advocating
- Facilitating
- Addressing Targeting

Baseline

Post Institute

% High or Very High

0 10 20 30 40 50 60 70 80 90 100
LAAMPP Key Findings: Individual Level

“. . . They motivated us to work with other ethnic communities and that built a bridge into working with all the communities. It made us become aware that we have the capacity in working in tobacco control so it helped me professionally as was as at a personal level.”

– LAAMPP Fellow
LAAMPP Key Findings: Community Level

- At the start of the Institute, 72% of the Fellows felt empowered to move their communities forward in addressing tobacco disparities.
- At the conclusion of the Institute, 100% felt empowered.
- Each of the five priority populations developed strategic action plans and community projects.
LAAMPP Key Findings: Policy and Systems Level

- “In my day job, I have used my experiences in LAAMPP (I work in mainstream populations) to have priority populations included in the implementation of our new statewide law...participating in a real and meaningful way.”
  - LAAMPP Fellow
LAAMPP Key Findings: Cross Cultural Level

“I will no longer work with my community (only) but also work with peers from other ethnic groups. This is something beautiful I learned from LAAMPP. It was important to understand that we were all there to work with our communities and to realize we were after the same goals.”

– LAAMPP Fellow
3. **APPEAL 4- Prong Policy Change Model**

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

- Smoke free community events not sponsored by tobacco companies
- Provide staff with free or low cost cessation services
- Low income multi-unit housing complexes develop smoke free policies
Mainstream Institution Policy Change

Achieving Parity (moving beyond diversity)

“If we are not strategic, explicit, persistent and vocal about moving toward parity in tobacco control and health, we risk the danger of inadequately confronting the tobacco and health disparities that will continue to plague many of our communities.”
Legislative Policy Change

- Local Level
- State or Territorial Level
- Federal Level
Study on Environmental Influences of Tobacco

- Aim was to study the relationship between environmental characteristics (both pro- and anti-tobacco influences) and tobacco use among youth using GIS mapping and Photovoice
Youth Contribute to the Passing of Tobacco Licensing Ordinance by the Long Beach City Council
Guam passes tobacco tax

- Posted: Tuesday, January 26th, 2010 4:49 AM HST

- Guam lawmakers OK bill to triple tobacco tax
  By Associated Press
  HAGATNA, Guam (AP) â€“ Smokers on Guam are waiting to see if they will be paying the second highest tobacco tax in the United States.

  The Legislature of the U.S. territory on Friday approved a bill to increase the $1 tax on a pack of cigarettes to $3.

  If signed into law by Gov. Felix Camacho, Guam would tie Connecticut for second place behind Rhode Island's tax of $3.46 a pack.

  Lawmakers say the intent of the increase is to stem the tide of smoking-related illnesses on the island.

  American Medical Center family physician Dr. Vincent Taijeron Akimoto says tobacco abuse has led to hospitals being filled with people suffering from heart and lung disease.

  If Akimoto had his way, Guam's tobacco tax would increase by $10 a pack.
Federal Legislative Policy

- Tobacco industry has been targeting racial/ethnic communities and have successfully adapted their strategies to changing markets and policies
- June 22, 2009 President Obama signed the Family Smoking Prevention and Tobacco Control Act
- Unintended consequences of Master Settlement Agreement and FDA Legislation
- CAPAC advocacy to encourage FDA to ban mentholated cigarettes
- Increase of little cigars and cigarillos
Unintended Consequences of Policy Change

- Policy change can result in some increased disparities for priority populations
- Lower educated Asian American women less likely to benefit from clean indoor air policies at home (Tong 2009)
- Importance of finding different culturally tailored pathways to policy change for AAs, NHPIs and other priority populations
Importance of Cessation

- Successful tobacco control policy change will drive need for more cessation
- Population-based strategy of cessation through quitlines (e.g. CA Smokers Helpline)
- Cessation will require culturally and linguistically tailoring
Recommendations

1. Improve data collection for priority populations including oversampling, data disaggregation
2. Support research to evaluate community based interventions including CBPR studies
3. Organize provider groups to institutionalize cessation in the clinical setting
4. Increase funding for capacity building and community leadership development in priority populations
5. Become spokespersons and advocates for creating tobacco control social norm change
Vision for the Future
Thank you !!

www.appealforcommunities.org

www.tobaccopreventionnetworks.org

...towards a tobacco-free Asian and Pacific Islander community