



**A Framework for  
Advancing Tobacco  
Control Parity for Asian  
Americans, Native  
Hawaiians and Pacific  
Islanders**

**CDC States Tobacco Disparities Workgroup    May 9, 2009**

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# Overview

- Impact of Tobacco on Asian Americans and Native Hawaiians and Pacific Islanders (AAs & NHPIs)
- Strategic Framework of Change for AAs & NHPIs
- Stages of Readiness for States Work on Disparities
- Movement toward Parity

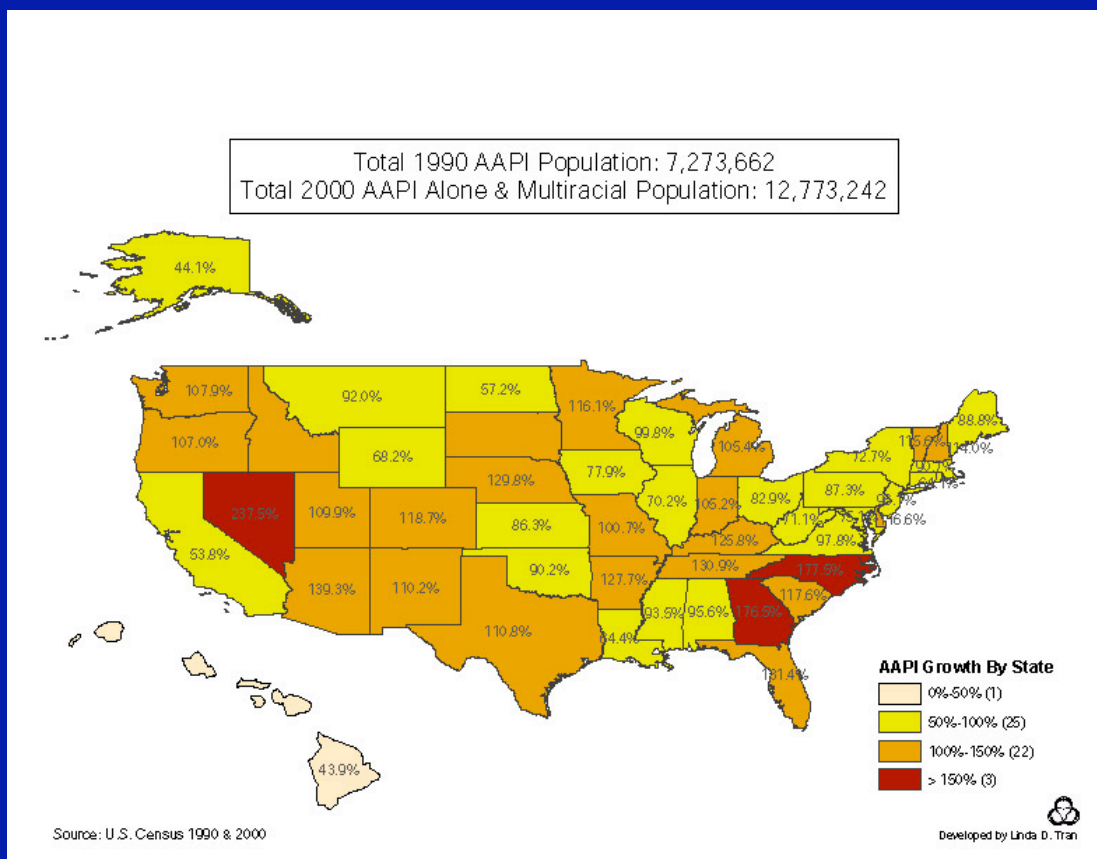




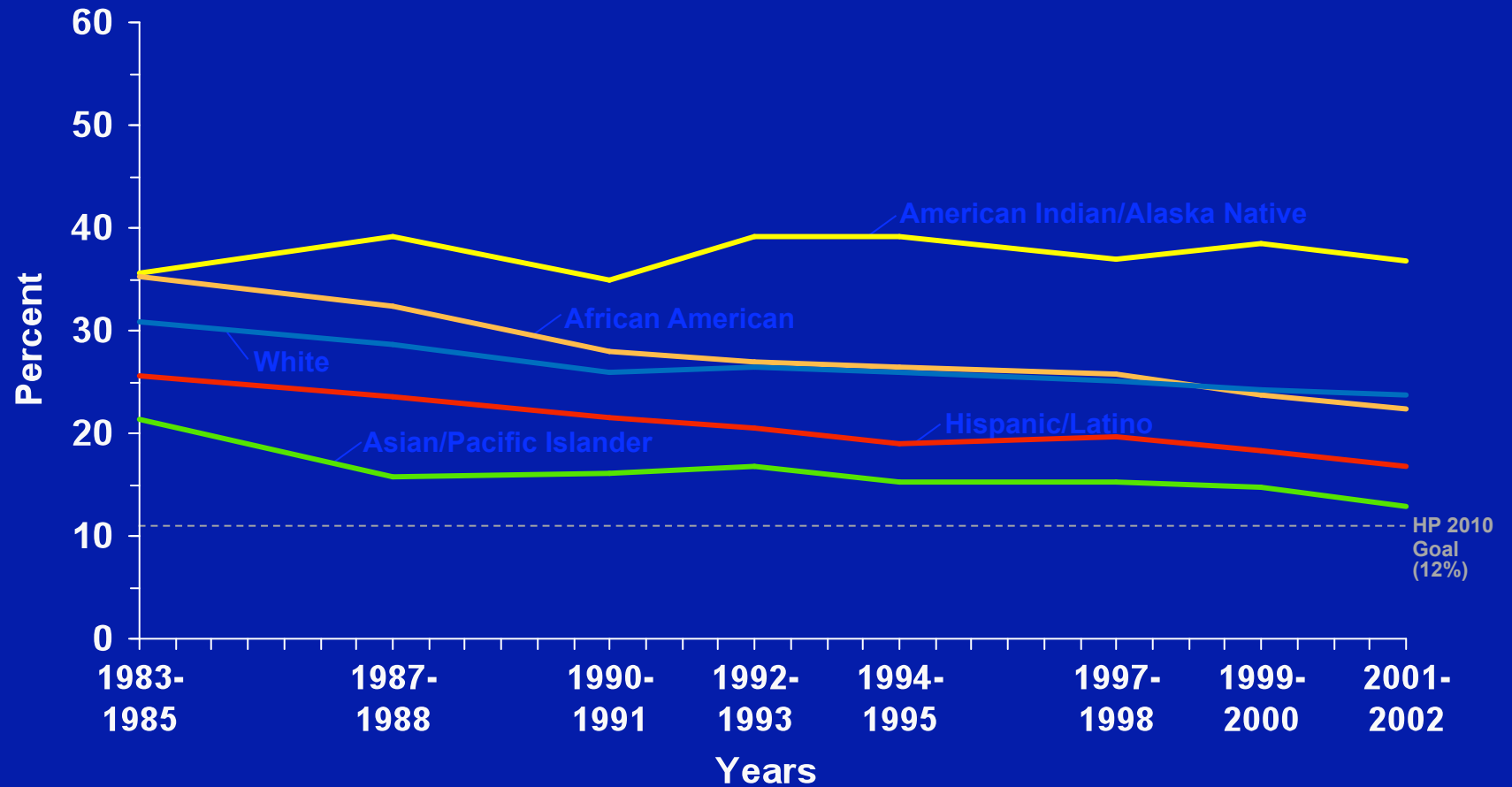
Asian Americans, Native Hawaiians and Pacific Islanders (APIs) represent more than 50 distinct ethnic and language groups residing in a geographic area spanning 12 time zones



# Rise in AA and NHPI Population By State



# Cigarette Smoking\* Trends: Adults, 1983-2002

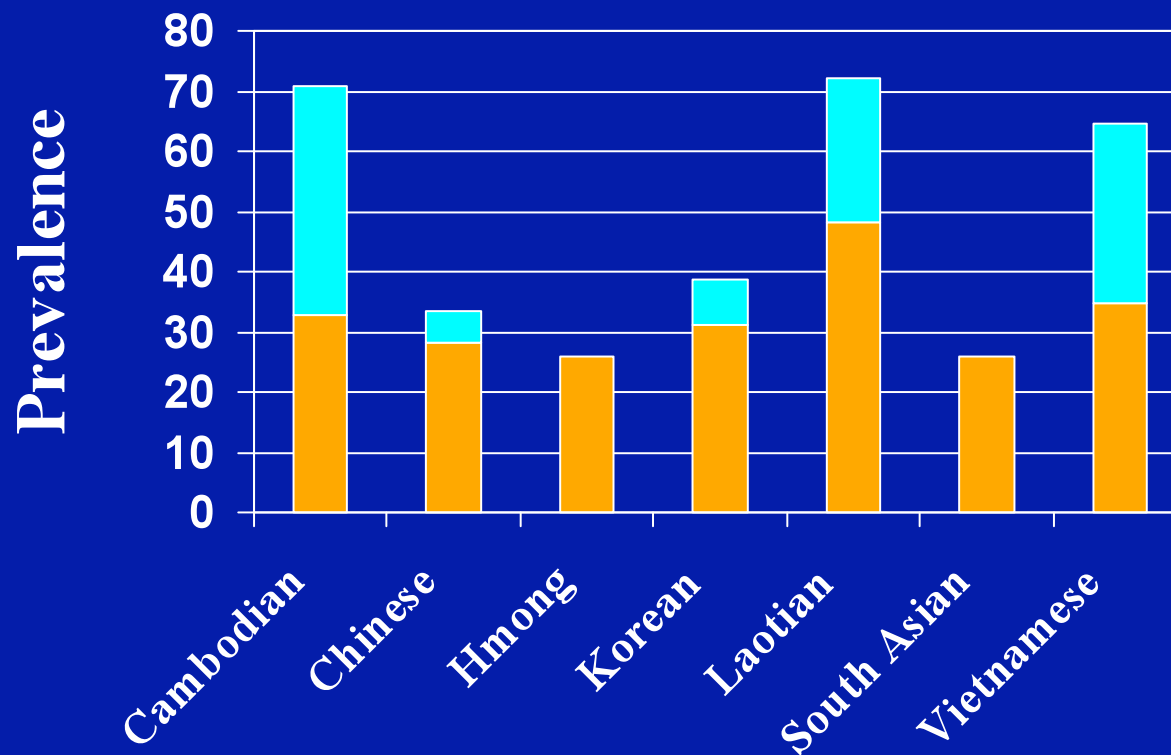


\*Smoking on 1 or more of the previous 30 days.

Source: National Health Interview Surveys, 1983-2002, selected years, aggregate data



# Smoking Prevalence Ranges for Asian American Men



# Native Hawaiians and Other Pacific Islanders

- Guam - 2<sup>nd</sup> highest smoking prevalence among U.S. states and territories (MMWR 2004)
- Smoking is high for both Native Hawaiian males (up to 42%) and females (up to 35%)
- For Pacific Islanders, tobacco use includes chewing tobacco mixed with betelnut



RESEARCH PAPER

Targeting of Asian Americans and Pacific Islanders by the tobacco industry: results from the Minnesota Tobacco Document Depository

M E Muggli, R W Polley, R Lew, A M Joseph

Tobacco Control 2002;11:201-209

Objective: The study objective was to review internal tobacco industry documents written between 1985 and 1995 regarding the Asian American and Pacific Islander (AAPI) population in the USA. These documents detail opportunities and barriers to promotion of tobacco products, as viewed by the tobacco industry and its market research firms.

Findings: A review of internal tobacco company documents reveal that during the late 1980s, the industry and its market research firms recognized the importance of the AAPI community as a potential business market. Documents describe the population growth in this community, the high prevalence of smoking in countries of origin, high purchasing power of AAPI immigrants, cultural predisposition to smoking, opportunities afforded by the high proportion of retail businesses under AAPI ownership, barriers to developing the AAPI market, comprehensive campaigns, and political and lobbying efforts.

Conclusions: The documents show that the tobacco industry developed specific promotion strategies to target the AAPI population. Tobacco control initiatives in the AAPI group have been slower to develop in other targeted ethnic groups, and may benefit by increased awareness of industry tactics to promote tobacco use.

Success in the modern cigarette market is not measured by the number of cigarettes sold, but by the number of smokers. The tobacco industry has long recognized the importance of targeting ethnic groups in its marketing efforts. This review of internal tobacco company documents tells the story of how US tobacco companies recognized the emergence of the Asian American and Pacific Islander (AAPI) segment as a potential market. The documents also detail the opportunities and barriers inherent in marketing to this diverse community and describe the wide ranging efforts put forth by the tobacco industry to target the AAPI market.

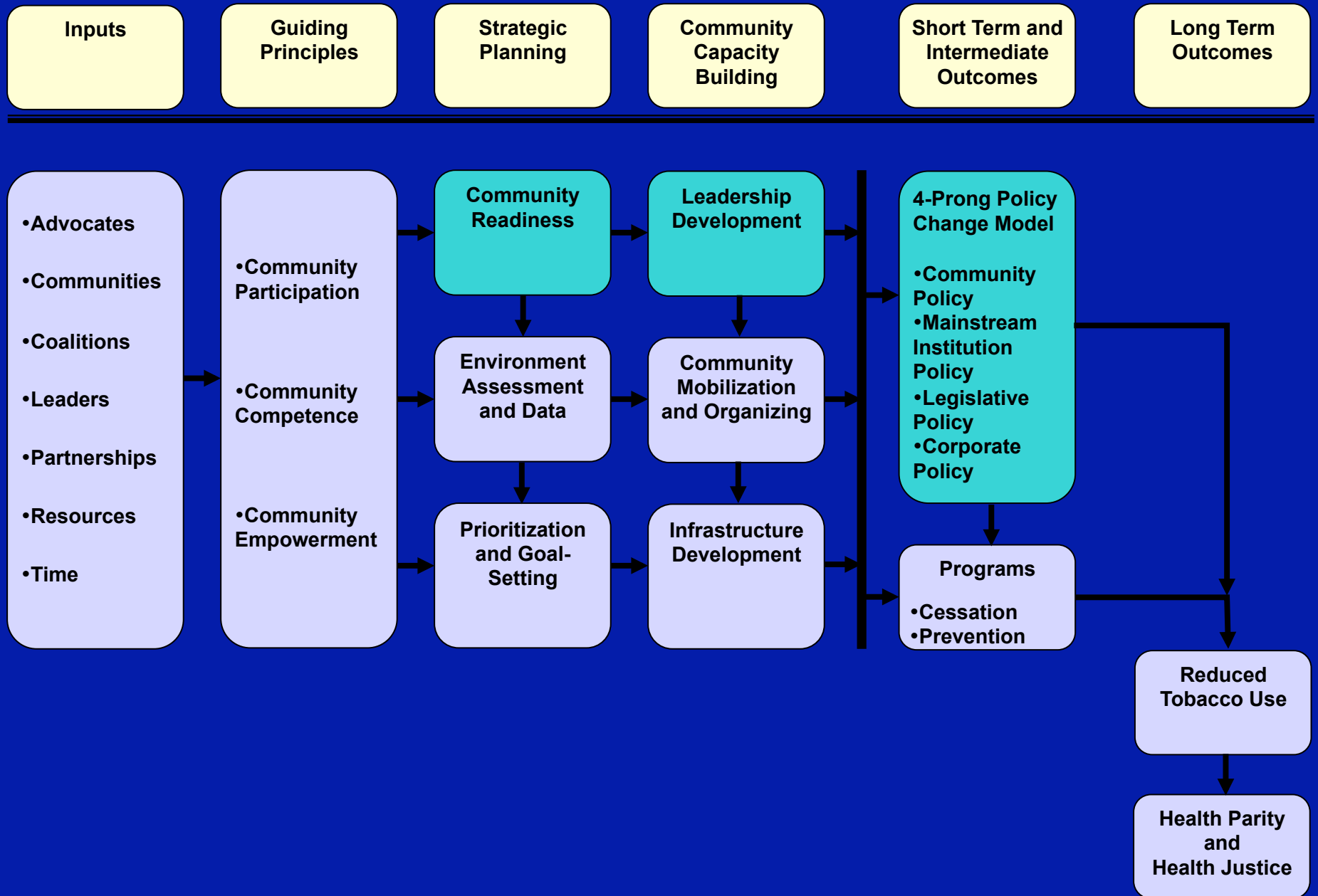
www.tobaccocontrol.com

Investigate the possibility of utilizing men and women advertising strategies...the literature suggests that Asian-American women are smoking more as they believe they should enjoy the same freedom as men."

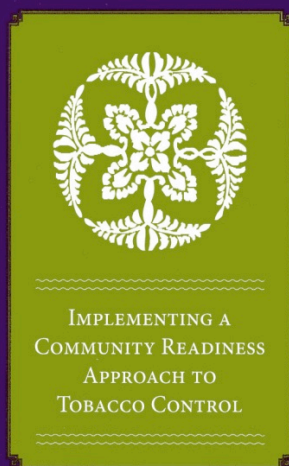
Lorillard Tobacco Company document, 1990



# Figure 2: Strategic Framework for Tobacco Control among Asian Americans



# 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

	Research & Data	Infrastructure	Programs	Policy
	Utilization of Data	Coalition Building	Cessation	Clean Indoor Air
Pre-contemplation				
Contemplation	2001	2001	2001	
Preparation	2002		2002	2001
Action	2003-2005	2002-2005	2003-2005	2003-2004
Maintenance				2005

→ = direction of movement along the Community Readiness Model





**“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*



# Why Community Leadership?

- Community advocacy requires community leaders
- Multiple community issues requires broad perspective and diverse leadership skills
- Limited community leadership opportunities for priority populations
- Facilitates cross cultural collaboration



# APPEAL's Leadership Development

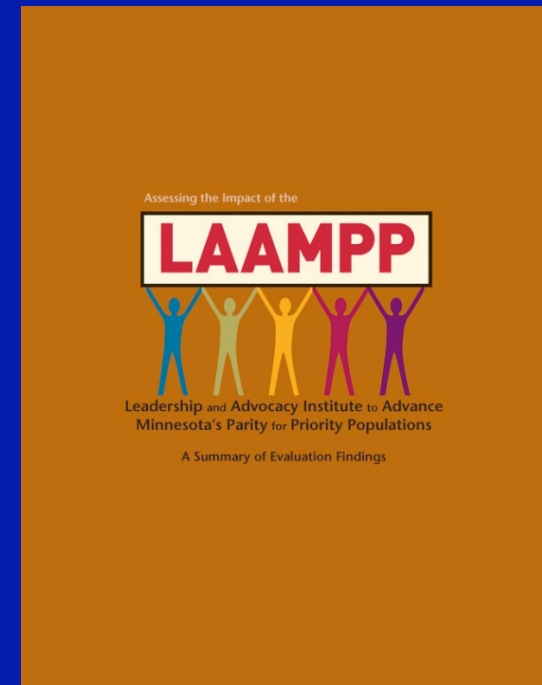
- Oklahoma and Arizona Leadership Institutes (2009)
- Leadership and Advocacy to Advance Minnesota's Parity for Priority Populations (2005-7, 2009-)
- Washington Cross Cultural Leadership Institutes (2004, 2005)
- LCAT HANDS Leadership Summit (2002)
- Guam Leadership Summit (2004)
- APPEAL Leadership Summits (1997, 1999, 2000, 2004)
- APPEAL Youth Leadership Summits (2002, 2004)

**600 Fellows Trained**



# Evaluation of LAAMPP

- **Individual:** Increased knowledge and skills in 5 core competency areas
- **Community:** Mobilization of communities on tobacco control
- **Policies and Systems:** Increased involvement of priority populations on tobacco control policy
- **Cross-Cultural:** Increased collaboration



# 4- Prongs

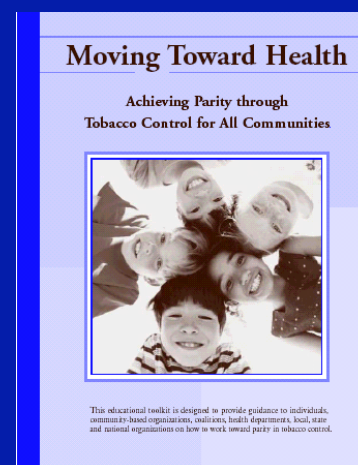
## Policy Change Model

1. Need to advocate within our AA & NHPI communities where tobacco is not a high priority
2. Within the mainstream tobacco control movement where AAs & NHPIs are not a high priority (Parity)
3. With policymakers where neither tobacco nor AA & NHPIs are a priority
4. Against the tobacco industry where priority populations are one of the highest priorities



# Why Parity?

- Parity: “being equal in the process, as well as the outcomes attained in tobacco control.”
- Concept based on inequities in history of tobacco control and institutional inequities
- Parity requires systems changes



# A Framework for Eliminating Tobacco Disparities and Achieving Parity



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# Adapting for States' Readiness

- Emphasizes dual responsibility
- Incorporates in state strategic planning process
- Focuses States' responsibility on infrastructure, community competence and parity
- Links to technical assistance & training





**“Four Friends”  
- Bhutan parable**

