

# A Policy Framework for Preventing and Reducing Tobacco Use in the Asian American and Pacific Islander Community Executive Summary



February 2002

- ✦ Tobacco disparities continue to exist in the AAPI and other communities of color due to inadequate programs and resources from the tobacco control movement.
- ✦ AAPI subgroups have some of the highest prevalence of tobacco use in the U.S. including a range of 48-72% for adult Laotian males, a range of 33-71% for Cambodian males and 42% for Native Hawaiian males.
- ✦ Tobacco mixed with betel nut is used by more than 2/3rds of all males and females in some Pacific Island jurisdictions like Palau.
- ✦ Asian American youth had the highest increase of tobacco use from 7th to 12th grades among all ethnic groups.
- ✦ Tobacco industry documents revealed an intentional marketing strategy to increase outreach and promotion to the AAPI consumer, retail and business communities to garner more smokers and build relationships with AAPI merchants and organizations.



APPEAL



**Goal:** To prevent and reduce the use of tobacco and exposure to tobacco among Asian American and Pacific Islander communities through a comprehensive, coordinated effort.

Tobacco has been a critical issue for the Asian American and Pacific Islander (AAPI) community for many years. For the past decade, local data have revealed a high prevalence of tobacco use among Asian American immigrant men and Pacific Islanders. Recent data have also shown an increasing tobacco use problem for AAPI women and youth. The tobacco industry continues to target Asians and Pacific Islanders here in the United States, the Pacific and Asia. And while there have been some successes nationally and locally for AAPI communities, capacity building and resource allocation for AAPI tobacco control remain high priorities.

Adequately addressing the tobacco epidemic depends on the ability to develop a comprehensive strategy and effort in four areas: research and data, infrastructure, programs and policy. This policy framework is intended for use by tobacco control organizations, institutions and policymakers responsible for the health and well-being of all communities. In many ways, without the understanding, support, and commitment of tobacco control organizations, institutions and policymakers to understand and implement these policy recommendations, the tobacco control movement will be unable to adequately address the devastating impact of tobacco on AAPI communities.

### APPEAL Policy Recommendations

Below is a sampling of the policy recommendations provided in the APPEAL Policy Framework:

#### ✧ Capacity Building

1. Fund capacity building and infrastructural development projects for diverse AAPI communities on the local and regional levels.
2. Increase training and technical assistance opportunities for AAPIs to coordinate and implement tobacco control efforts on the local and regional levels.
3. Fund community-based leadership development programs for AAPI tobacco control leaders.
4. Fund and support programs that provide linkage between tobacco and other social justice issues in the AAPI community.

#### ✧ Inclusion and Incorporation of AAPI and Other Communities' Issues in the Tobacco Control Movement

1. Ensure inclusion of tobacco issues impacting AAPIs and other priority populations in the strategic agenda planning and development process for mainstream tobacco control organizations.
2. Increase the representation of AAPIs on key advisory boards, task forces, strategic planning communities and staff that result in substantive tobacco control improvements for AAPIs.
3. Develop a long-term cultural and community competency plan for mainstream organizations, including the incorporation of



## o environmental tobacco smoke among the diverse Asian American and Pacific d, culturally-tailored and community-effective approach to tobacco control.

training among staff and board of national and state organizations.

4. Fund AAPIs and other priority populations to address tobacco issues comprehensively and adequately at both the national and local levels and to provide adequate staffing to assist these projects.

### ✧ **Research and Data**

1. Adopt a comprehensive AAPI tobacco control research and data agenda that includes:
  - a) all APPEAL research and data recommendations
  - b) generally accepted definitions of demographics, cultural factors, measures of tobacco control
  - c) accepted guidelines (CDC Best Practices, PHS Guidelines for Tobacco Dependency Treatment)
  - d) participatory action research (PAR) models to ensure community participation at all phases of the research process and approval of the use of data by communities being studied
  - e) community capacity building
  - f) uniqueness of the diverse AAPI populations and their tobacco use.
2. Fill data gaps on Asian American and Pacific Islander (including U.S.-associated Pacific Island jurisdictions) tobacco use for under-represented, underserved populations through geographically-relevant and appropriate local and regional surveys. Federal and funding agencies should recognize the importance of local and regional disaggregated data and

reflect such data when reporting tobacco use prevalence.

3. Increase the number and quality of studies on tobacco use prevention and interventions to understand what is effective for AAPI ethnic-specific populations.
4. Increase training and awareness for AAPI researchers (both academic and community-based) in tobacco control and prevention research.
5. Determine and monitor the extent and impact of tobacco industry influence (advertising, promotion, sponsorship, research, product development, lobbying) within AAPI communities in the U.S. and overseas.

### ✧ **Tobacco Use Prevention among Youth and Mobilization of AAPI Youth**

1. Fund culturally-tailored AAPI tobacco prevention and cessation programs for youth including programs that are youth-led, broad-focused and incorporate communication, advocacy and leadership skills.
2. Involve AAPI youth on advisory committees and boards of national, state and local tobacco control organizations.
3. Fund education programs to work with AAPI merchants, merchant associations and community leaders to support compliance of ordinances restricting sale of tobacco products to minors and elimination of tobacco advertising/promotion.
4. Implement look-back provisions which impose severe penalties on the tobacco industry for failing to reduce tobacco use among youth.



### ✧ **Adult Prevention and Cessation**

1. Fund replication of model AAPI community-based tobacco control and prevention programs.
2. Develop and fund programs that address prevention and cessation of smokeless tobacco (including the use of tobacco with betel nut).
3. Develop and implement cessation programs that address linguistic, cultural and financial barriers impeding access to health services for low-income and medically-underserved AAPIs.
4. Expand insurance coverage of evidence-based treatment for nicotine dependency.
5. Provide long-term funding for a National AAPI Tobacco Control Center for the U.S. and Pacific Islands to ensure the development of culturally and linguistically appropriate prevention programs, capacity building, technical assistance and training.

### ✧ **Clean Indoor Air/Secondhand Smoke (SHS)**

1. Develop and fund national campaign on secondhand smoke impacting AAPI communities.
2. Fund educational programs that assist AAPI restaurant owners and businesses with compliance on clean indoor air ordinances and smoke-free campaigns.

### ✧ **Countering the Tobacco Industry**

1. Fund comprehensive, culturally-tailored campaigns (including media) to counter the tobacco industry's targeted marketing in AAPI communities.
2. Eliminate all forms of tobacco advertising, promotion and sponsorship.

3. Provide partial or complete replacement funding and assistance for AAPI organizations that have previously relied on tobacco industry monies.
4. Support federal lawsuits against tobacco companies through amicus briefs, media advocacy and other venues.

### ✧ **International Tobacco Control**

1. Integrate educational activities about the Framework Convention for Tobacco Control into advocacy work targeted at Congressional representatives to assure its adoption by Congress in 2003.
2. Appropriate funds or secure funding to develop partnerships between AAPI tobacco control advocates and tobacco control advocates in Asia and the Pacific.
3. Hold U.S. tobacco companies accountable by requiring them to observe the same standards in tobacco marketing and promotion overseas as they are required to do by law in domestic markets.
4. Enforce Federal Trade Commission ruling that requires U.S. brand cigarette packs to bear warning labels in the language of the intended consumer.
5. Include as part of any compensation legislations, policy, or settlement the requirement that U.S. tobacco companies should be required to compensate foreign government health agencies for the cost of treating tobacco related diseases in an amount proportional to their market share.



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