

A Policy Framework for Preventing and Reducing Tobacco Use, Obesity, Cardiovascular Diseases and Cancer in the Asian American, Native Hawaiian and Pacific Islander Community

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Tobacco has been a critical issue for the Asian American (AA), Native Hawaiian and Pacific Islander (NHPI) community for many years. For the past two decades, local data have revealed a high prevalence of tobacco use, particularly among Asian American immigrant men, Native Hawaiians and Pacific Islanders. Recent data have also shown an increasing tobacco use problem for AA and NHPI women and youth. The tobacco industry continues to target AA and NHPI communities here in the United States, the Pacific and Asia. While we have made progress in addressing tobacco disparities both nationally and locally, the need for capacity building, inclusion of our issues and policy change continue to remain high priorities.

In addition, the rising obesity epidemic in the United States has created a great need for healthy eating and active living (HEAL) policies. AA and NHPI communities face obesity disparities and require a comprehensive, culturally-tailored approach. This policy framework is intended for use by public health organizations, agencies, institutions and policymakers responsible for the health and well-being of all communities. In many ways, without the understanding, support and commitment of public health organizations, agencies, institutions and policymakers to understand and implement these policy recommendations, we will be unable to adequately address the devastating impact of tobacco, obesity, cardiovascular disease and cancer on AA and NHPI communities.



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Goal: To prevent and reduce the use of tobacco and exposure to environmental tobacco smoke among the diverse Asian American (AA), Native Hawaiian and Pacific Islander (NHPI) communities through a comprehensive, coordinated, culturally-tailored and community-effective approach to tobacco control.

APPEAL Tobacco Control Policy Recommendations

Research and Data

- 1 Fund and conduct surveillance studies, including local and regional surveys for AA and NHPI population groups, especially underrepresented (“hardly reached”) groups.
- 2 Use appropriate strategies to collect and represent AA and NHPI data including: disaggregating data by ethnicity and gender, using in-language methods, and appropriate sampling methods.
- 3 Include AA and NHPI populations with other priority population groups when examining the effects of key and emerging tobacco control issues, such as: menthol and novel tobacco products, light and intermittent smoking, genetics of tobacco addiction, and tobacco industry marketing.
- 4 Fund culturally appropriate research, evaluation, and intervention studies on AA and NHPI population groups that target both understanding and reducing tobacco use and related diseases.
- 5 Increase opportunities for publishing and data dissemination for research on tobacco prevention and control for AAs and NHPIs.
- 6 Increase the number of researchers working on tobacco prevention and control from underrepresented AA and NHPI communities by providing and funding research training opportunities.
- 7 Ensure that community-based participation (CBP) is incorporated in all aspects of the research process including study design, data collection, analysis, and dissemination.
- 10 Provide long-term funding for National AA and NHPI Tobacco Control Centers of Excellence for the U.S. and Pacific Islands to ensure the provision of culturally-tailored prevention programs, capacity building, technical assistance and training.
- 11 Fund validated studies to examine capacity building metrics for tobacco control in AA and NHPI communities.
- 12 Fund capacity building projects for diverse AA and NHPI communities on local and regional levels that address social determinants of health, organizational and infrastructural development.

Mobilizing Youth and Tobacco Industry Targeting

- 13 Fund culturally-tailored AA and NHPI tobacco prevention and cessation programs for youth (ages 13-17) and young adults (ages 18-24), especially ones that focus on broad youth/young adult issues, advocacy, and empowerment.
- 14 Ensure the compliance of the tobacco industry to FDA legislation (restrictions on advertising, sponsorship and promotion) and expand the list of tobacco products regulated by the FDA to include mentholated products, cigars and cigarillos.
- 15 Fund programs that counter the targeting of AA and NHPI communities with "new" tobacco products and other products such as menthol, as well as campaigns to raise youth/young adult awareness of tobacco industry targeting through media.
- 16 Fund educational activities and provide strong support of the Framework Convention for Tobacco Control to assure its adoption by the U.S. Congress.

Capacity Building (Infrastructure)

- 8 Provide continued funding for the development of AA and NHPI tobacco control leaders.
- 9 Fund the replication of model (promising and proven practices) tobacco control programs and policy initiatives for AA and NHPI communities, including those focused on youth (ages 13-17) and young adults (18-24).

Community Policy: Clean Indoor Air/Secondhand Smoke

- 17 Fund policy change initiatives within AA and NHPI communities on tobacco (e.g. multi-unit housing smoke-free policies and community norm change activities), as well as initiatives that assist AA and NHPI blue-collar service industry workers to promote clean indoor air.
- 18 Fund sustainability programs that assist AA and NHPI small merchants and restaurant owners to comply with current smoking ordinances and legislation.
- 19 Develop and fund culturally-tailored, national and local media, and communication campaigns on the impact of secondhand smoke on AA and NHPI communities.

Community Policy: Cessation

- 20 Increase access to free language-appropriate and culturally competent cessation services to anyone who needs it regardless of insurance status and offer counseling in languages other than English and Spanish.
- 21 Establish a national or regional Asian and Pacific Islander language cessation hotlines (Quitlines) and provide coordination/referrals between state quitlines and the national/regional Asian and Pacific Islander Quitlines.
- 22 Develop and fund the replication of cessation prototypes for AA and NHPI communities that incorporate cultural and linguistic tailoring for low-income, medically-underserved populations.
- 23 Help make cessation a regular part of health care by encouraging health care systems to:
 - a) Institutionalize cessation via adoption of the 2A's & R (Ask, Advise, Refer) of cessation
 - b) Support the Joint Commission on Accreditation for Health Care Organization's cessation measures
 - c) Advocate for Electronic Health Records to include cessation (i.e. join other organizations in sign on letters, raise the issue with health care provider groups who are partners with APPEAL)

- 24 Help make cessation a part of mental health care by:
 - a) Including tobacco use in the substance use assessment
 - b) Referring mental health clients/patients to smoking cessation professionals to ensure the integration of mental and physical health, and include cessation referrals as part of the quality assurance measures
 - c) Supporting the Commission on Accreditation for Rehabilitation Facilities to add screening for smoking
- 25 Strengthen smoke-free laws and tobacco taxes in all states and encourage tax revenue to be dedicated to tobacco control activities, including cessation for priority populations.

Mainstream Institution Policy: Advance Parity for AA and NHPI Issues in the Tobacco Control Movement

- 26 Increase representation of AA and NHPI communities on national, state and local planning, advisory and decision-making bodies within mainstream tobacco control organizations, federal offices (e.g. creating an "Office of Disparities" within FDA), state health departments, and voluntary health associations to ensure disparate communities are being addressed.
 - 27 Equalize media/promotional dollars on the federal and state levels to educate all communities (including AAs and NHPIs and other diverse communities) about tobacco prevention and cessation that is language specific and culturally competent (i.e. FDA cigarette pack warnings).
 - 28 Fund studies to measure readiness levels of national and state organizations to work with priority populations.
 - 29 Increase and improve grant making opportunities, resources and support for AA and NHPI community-based organizations to work on tobacco control.
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Goal: To prevent and reduce cardiovascular diseases, cancer and other diseases caused by poor nutrition and a sedentary lifestyle among the diverse Asian American (AA), Native Hawaiian and Pacific Islander (NHPI) communities through a comprehensive, coordinated, culturally-tailored and community-effective healthy eating and active living (HEAL) policy approach.

APPEAL Healthy Eating and Active Living Policy Recommendations

Research and Data

- 1 Fund studies to assess food environment and built environment and their relationship to health outcomes of AA and NHPI populations (including impact of food industry).
- 2 In the Pacific Island jurisdictions, establish, improve, and fund ongoing and frequent surveillance systems that measure relevant HEAL indicators.
- 3 Fund a HEAL data platform that provides consistent and standardized organization of disaggregated local and regional AA and NHPI population data to help monitor and track trends in health behaviors, food/built environments, and chronic diseases.
- 4 Increase inclusion of HEAL data pertaining to AA and NHPI communities in existing data warehouses.
- 5 Develop and fund a comprehensive AA and NHPI HEAL research agenda, including policy research and a focus on Community-Based Participatory Research (CBPR).
- 6 Support the publishing and dissemination of existing data/research on HEAL for AA and NHPI communities.

Capacity Building (Infrastructure)

- 7 Provide funding for community-based leadership development of AA and NHPI HEAL policy leaders and advocates.
- 8 Fund the replication of model HEAL programs and policy initiatives for AA and NHPI communities, including capacity building initiatives that incorporate a strong evaluation component and multi-sector partnerships.
- 9 Facilitate national and regional policy discussions to advance AA and NHPI goals of becoming HEAL communities.
- 10 Fund capacity building on leveraging multi-sector partnerships in the development, implementation, and scaling up of HEAL policy initiatives.
- 11 Provide long-term funding for National AA and NHPI HEAL Centers of Excellence for the U.S. and Pacific Islands to ensure the provision of culturally-tailored prevention programs, capacity building, technical assistance and training.

- 12 Fund a clearinghouse of promising and best practices that addresses HEAL programs and policies.

Community Policy

- 13 Fund community policy change initiatives within AA and NHPI communities on HEAL issues (e.g. support for local agriculture).
- 14 Encourage health care systems to promote and institutionalize HEAL policies and in the Pacific Islands, establish standards of care.

Inclusion and Incorporation of AA and NHPI Issues in the HEAL Policy Change Movement

- 15 Increase the representation of AA and NHPI communities (including youth) on key national and regional advisory boards, task forces, regulatory bodies, outreach efforts and strategic planning committees on HEAL.
- 16 Ensure inclusion of AA and NHPI communities in grant writing committees, as well as in review processes related to HEAL programs and policy work at the state and federal levels.
- 17 Ensure inclusion of HEAL issues facing AA and NHPI communities and other diverse communities in mainstream HEAL organizations and their state and local affiliates.
- 18 Ensure representation of AA and NHPI communities and other diverse communities on staff of national, state and local organizations and departments.

Countering the Agri-Food Industry

- 19 Monitor and regulate the agri-food industry, including food conglomerates and fast food companies that target AA and NHPI communities with unhealthy food products.
- 20 Fund programs that counter the targeting of AA and NHPI communities by fast food companies and the food industry.