Tobacco and Obesity Disparities As Social Justice Issues

WILL "FIXING" THE INDIVIDUAL WORK?

Historically, many public health interventions focus on individual behavior change. This includes efforts that address behavioral risk factors such as changing lifestyles to increase physical activity and improve dietary intake. While traditional behavior change interventions may have some time-limited successes, scientific literature has increasingly revealed the impact of broader social and environmental factors on health disparities.[1] Hence, advocates are expanding their attention to more sustainable policy, environmental and system change strategies, including those that counter industry targeting and push for corporate accountability.

HEALTH STARTS...WHERE WE LIVE, LEARN, WORK & PLAY

The choices we make as individuals contribute to our own health and that of our children. However, our decisions are also shaped by our environment, such as our neighborhoods, schools, work places, and recreational settings. The environment that surrounds the AA & NHPI communities developed through a history of inequitable distribution of resources and affects the health of our communities. Health is not solely a personal responsibility, but influenced by these "social determinants." The World Health Organization defines social determinants of health as:

> *"The conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels."*[2]

AFTER ALL:

- People who live near an abundance of fast-food restaurants and convenience stores, compared to grocery stores and fresh produce vendors, have higher prevalence of diabetes and obesity; and better access to healthy foods corresponds with healthier eating.[3-4]

- People who live in walkable neighborhoods are more likely to have higher levels of physical activity. Living close to parks and other recreational facilities also is consistently related to higher physical activity levels for both adults and youths.[5-6]

- Lower income neighborhoods, neighborhoods populated by communities of color, and those in rural areas often have fewer grocery stores, greater abundance of fast food outlets and convenience stores, and less access to safe spaces for physical activity.[4,7-11]

- In California, NHPIs and AAs are more likely (10% and 7% respectively) to be food insecure* compared to Whites (5%). Among AA subgroups, Laotians (26%) and Cambodians (24%) reported the highest rates of food insecurity. Among NHPI subgroups, Tongans had the highest rate (27%).[12]

*"Food insecurity" in the study was measured based on questions about "having enough money to purchase food, eating less healthy or smaller meals to stretch limited money, and frequency of going hungry".

"Growing up in the village on Guam where I was raised, villagers helped one another. Those who had gardens shared vegetables and those who raised chickens gave eggs and chickens... When I saw Guam Communications Network's garden in Long Beach... I remembered my childhood and the generations of villagers working side-by-side to sustain our community in a healthy environment...I saw the hands-on experience and physical activity being passed down from elder to youth. It's the legacy from our ancestors, the Taotao Tano (people of the land) - Teach. Grow. Survive."

                    - Chamorro Male Elder

"This empty park is just rotting and going to no use. The park is becoming an attraction for trash, fights, litter, and gangs...This situation exists because of the lack of maintenance from the city and the lack of care for the public. To change this, we can clean up the parks, make them more appealing and teach youth about physical fitness and the need for it."

                    - Ryan Brang, Educated Men
                      with Meaningful Messages
                      Program Youth Leader

TARGETING BY INDUSTRY

- Studies showed that the industry actively targeted AA communities with its marketing at least since 1980s.[13] In 2004, the tobacco industry introduced the "Kauai Kolada" cigarette brand, using Hawaiian cultural images to promote its new product. This product was later discontinued.[14]

- Tobacco industry's aggressive global marketing further exacerbates the challenge for AAs & NHPIs. It is estimated that the highest percentages of smokers 15 years and older reside in East Asia and the Pacific. As many AA immigrants are targets of tobacco marketing in their home countries and in the U.S., they experience a double dose of marketing.[13,15]

- Nearly 70% of food advertising is for convenience foods, candy, snacks, alcoholic beverages, soft drinks and desserts, whereas only 2.2% is for fruits, vegetables, grains, or beans.[16] Fast food and soda industries target communities of color, and fast food companies have been found to target youths of color for advertising, often with less healthy items.[17]

> **Communities in Hawai`i with higher proportion of Native Hawaiians have a greater abundance of fast food outlets and least number of exercise facilities.**

OUR BUILT ENVIRONMENT

- At a time, Asian American neighborhoods had some of the highest concentration of cigarette billboards and one of the most "tobacco supportive" environments among all ethnic neighborhoods.[13]

- Communities in Hawai`i with higher proportion of Native Hawaiians have a greater abundance of fast food outlets and least number of exercise facilities per 10,000 population.[18]

- In California, NHPI teenagers rank the highest in their fast food consumption, along with American Indian and Alaska Native teenagers.[12]

- In the Pacific Island countries, a shift from indigenous high-fiber local diets to imported food with low nutritional value, along with increased westernization that encourage consumption of high fat foods, are contributing to an alarming increase in obesity prevalence.[19]

- Pacific Island countries also face significant geographic isolation, rising sea levels and poor domestic transport networks which contribute to food insecurity and adverse health outcomes.[20] For an example of its geographic isolation, the Federated States of Micronesia (FSM) consists of 607 islands which span over a distance of approximately 1,000,000 square miles in the middle of the Pacific.[21]

JOIN THE APPEAL MOVEMENT!

SUPPORT STRATEGIES THAT WORK!

Culturally competent evidence and practice-based interventions can make healthier choices the easier choices for our AA & NHPI children and families.

Learn more about these strategies by:

1. Liking us on Facebook (www.facebook.com/appealforcommunities)

2. Follow us on Twitter @APPEALHEALTH

3. Becoming an APPEAL Network member (sign up on www.appealforcommunities.org)

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