Statewide Pacific Islander Asian American Resource and Coordinating Center - SPARC

Rod Lew MPH, Executive Director
Beatriz Aurelio MPH, Program Manager
Cassandra Park, Program Associate
Allison Barcelon, Communications Associate

APPEAL

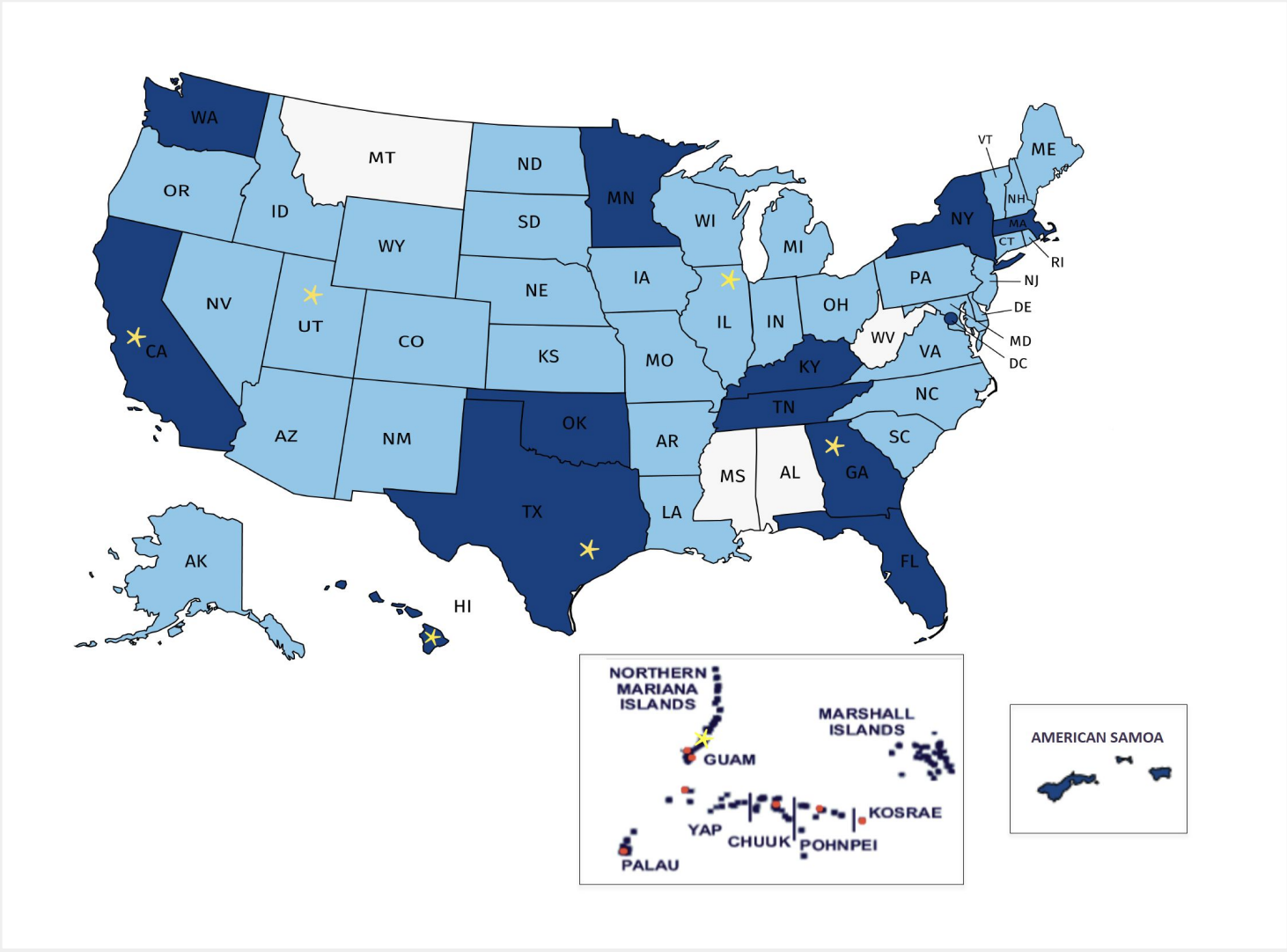
Housekeeping

- Webinar will be recorded and sent to emails provided in login
- Participants will be muted throughout webinar
- If you have a question please use the Q&A box and we will answer them at the end of the presentation

Mission

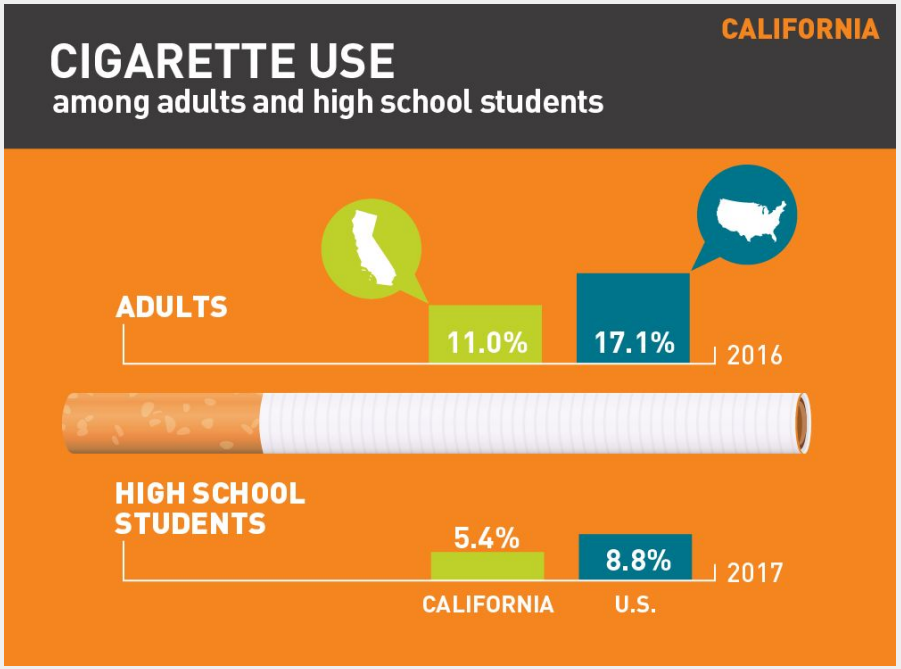
To champion social justice and achieve equity and empowerment for Asian Americans, Native Hawaiians, and other Pacific Islanders by supporting and mobilizing community-led movements through advocacy and leadership development on critical public health issues.

APPEAL's Network



Impact of Tobacco

more than prevalence


CALIFORNIA
CIGARETTE USE
among adults and high school students
ADULTS
11.0%
17.1%
2016
HIGH SCHOOL STUDENTS
5.4%
8.8%
2017
CALIFORNIA
U.S.

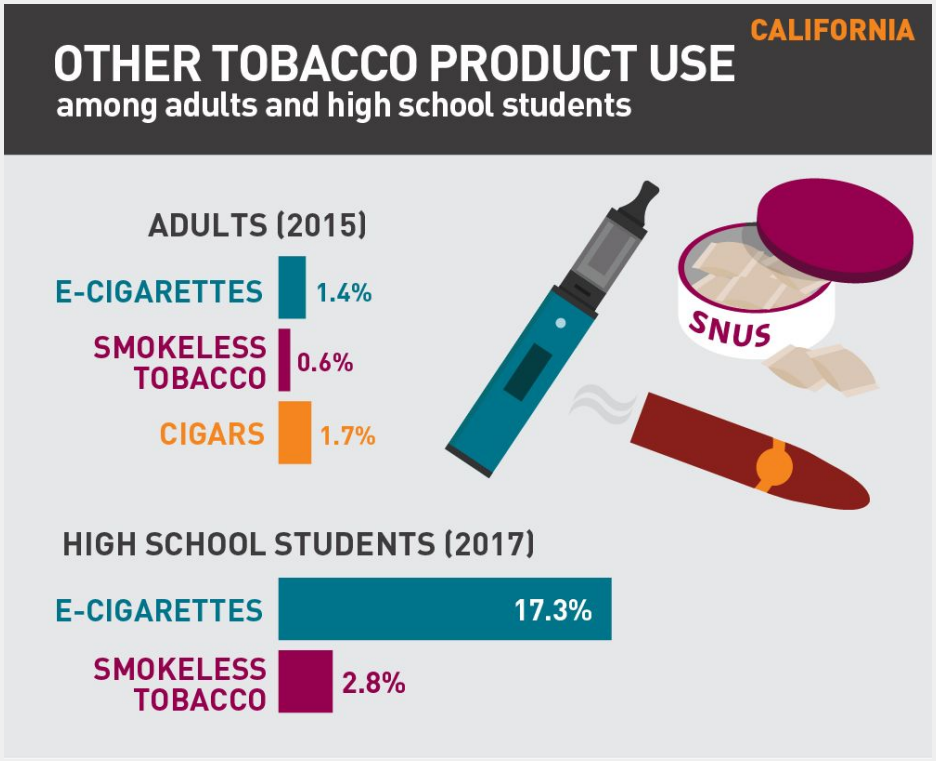
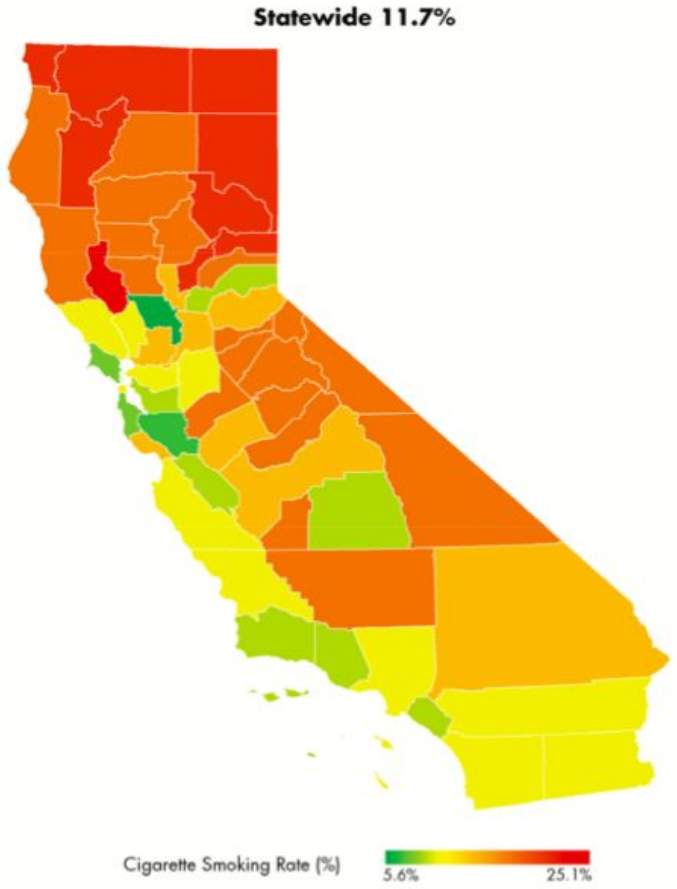

CALIFORNIA
OTHER TOBACCO PRODUCT USE
among adults and high school students
ADULTS (2015)
E-CIGARETTES 1.4%
SMOKELESS TOBACCO 0.6%
CIGARS 1.7%
SNUS
HIGH SCHOOL STUDENTS (2017)
E-CIGARETTES 17.3%
SMOKELESS TOBACCO 2.8%

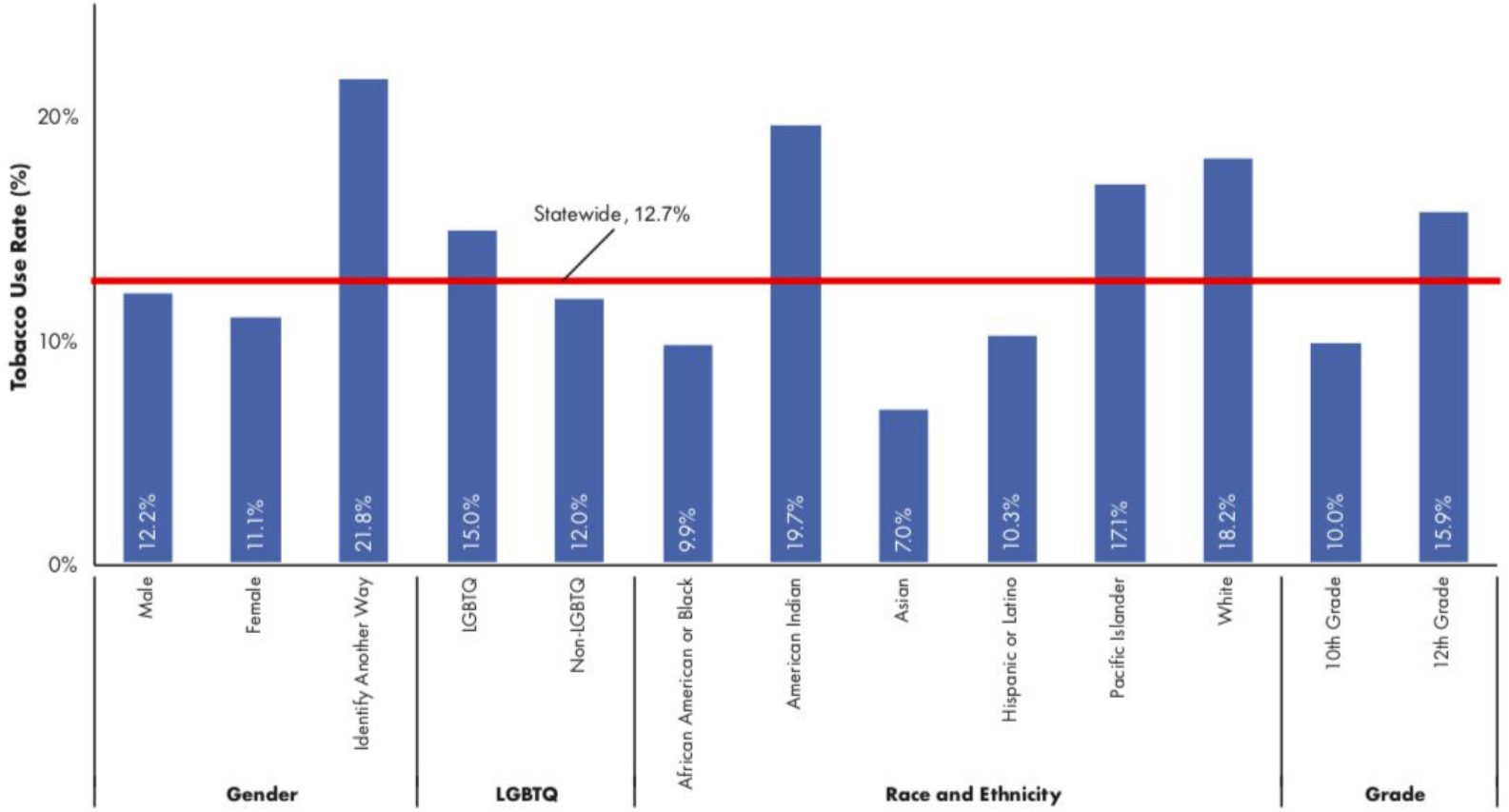
Figure 7. Cigarette smoking rate among California adults by geographic regions, 2015-17

County	Rate	County	Rate
Alameda	10.0%	Orange	10.5%
Alpine	15.3% (a)	Placer	10.2%
Amador	15.3% (a)	Plumas	20.3% (b)
Butte	17.3%	Riverside	11.8%
Calaveras	15.3% (a)	Sacramento	13.6%
Colusa	19.8% (c)	San Benito	10.6%
Contra Costa	11.8%	San Bernardino	14.4%
Del Norte	20.3% (b)	San Diego	11.1%
El Dorado	14.6%	San Francisco	11.0%
Fresno	14.9%	San Joaquin	11.6%
Glenn	19.8% (c)	San Luis Obispo	11.8%
Humboldt	16.9%	San Mateo	9.3%
Imperial	11.4%	Santa Barbara	9.6% (e)
Inyo	15.3% (a)	Santa Clara	7.8%
Kern	16.1%	Santa Cruz	13.4%
Kings	15.5%	Shasta	19.4%
Lake	25.1%	Sierra	20.3% (b)
Lassen	20.3% (b)	Siskiyou	20.3% (b)
Los Angeles	11.0%	Solano	14.5%
Madera	16.1%	Sonoma	12.3% (d)
Marin	8.7%	Stanislaus	17.1%
Mariposa	15.3% (a)	Sutter	13.9%
Mendocino	15.9%	Tehama	19.8% (c)
Merced	14.7%	Trinity	20.3% (b)
Modoc	20.3% (b)	Tulare	10.4%
Mono	15.3% (a)	Tuolumne	15.3% (a)
Monterey	11.7%	Ventura	9.6% (e)
Napa	12.3% (d)	Yolo	5.6%
Nevada	15.6%	Yuba	22.4%



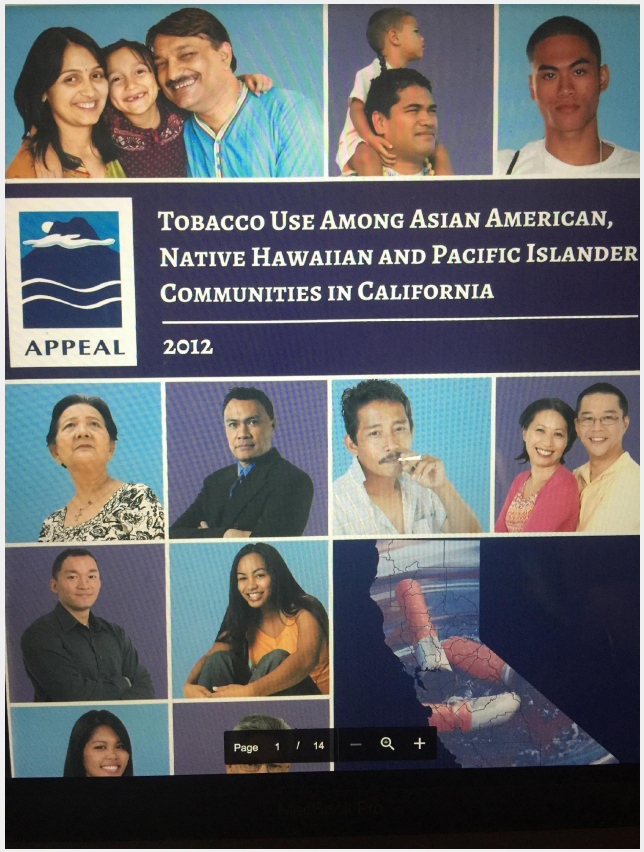
Note: Restricted to respondents aged 18 or older. Cigarette use is based on self-reported current use. Several counties were categorized together to produce stable estimates: (a) Alpine, Amador, Calaveras, Inyo, Mariposa, Mono, Tuolumne; (b) Del Norte, Lassen, Modoc, Plumas, Sierra, Siskiyou, Trinity; (c) Colusa, Glenn, Tehama; (d) Napa, Sonoma; and (e) Santa Barbara, Ventura. Source: California Health Interview Survey, 2015-17. Los Angeles, CA: UCLA Center for Health Policy Research; February 2019.

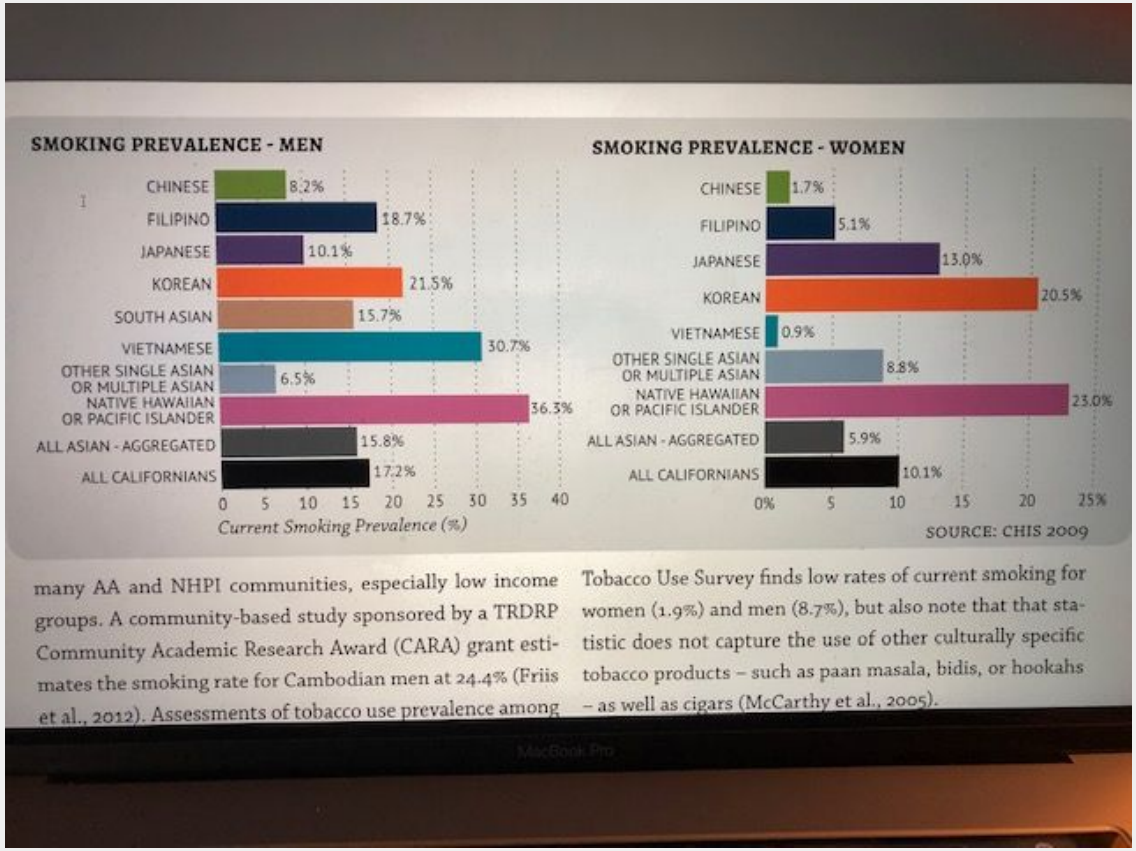
Figure 11. Tobacco use rate among California youth by demographics, 2018



Note: Restricted to respondents in high school. Cigar, cigarette, electronic smoking device, hookah, little cigar or cigarillo, and smokeless tobacco use are based on self-reported past 30-day use. Any tobacco use is based on past 30-day use of cigar, cigarette, electronic smoking device, hookah, little cigar or cigarillo, or smokeless tobacco. The race and ethnicity categories are non-Hispanic or Latino unless otherwise noted. American Indian includes Alaska Native. Pacific Islander includes Native Hawaiian. LGBTQ refers to lesbian, gay, bisexual, transgender, or queer. Caution should be utilized when comparing previous years of the California Student Tobacco Survey due to changes to the race/ethnicity response option. Source: California Student Tobacco Survey, 2017-18. San Diego, CA: Center for Research and Intervention in Tobacco Control, University of California, San Diego; April 2019.

Disaggregated AANHPI Data in California





Develop an Enabling System to Support AANHPI Tobacco Control Activities

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


In silence I see.
With WISDOM, I speak.
我默，觀察三思而後言
VIRGINIA SLIMS
Find Your Voice
SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.
VIRGINIA SLIMS
REGULAR LIGHTS 100's

1999

2019


THE
THE
THE

Tobacco Control in California: Historical Overview

- Proposition 99 (1988) resulted in Tobacco Tax and California Tobacco Program
- Ethnic networks funded to mobilize communities of color initially and provide technical assistance (APITEN for AANHPIs!!)
- Program resulted in major decline in smoking prevalence
- Proposition 56 (2016) increased tobacco tax from $0.87 to $2.87 per pack

Statewide **P**acific Islander
Asian American **R**esource
and **C**oordinating Center

The SPARC program, funded through the California Tobacco Control Program's Statewide Coordinating Center grant, aims to foster interactive and integrative collaboration and communication among regional projects and others in the state working to reduce tobacco-related disparities among the diverse Asian American and Native Hawaiian and Pacific Islander (AANHPI) communities.

Advisory Committee Members

Harold Custodio, Waymakers

Rosalyn Moya, Bay Area Community Resources

Sambo Sak, Dignity Health

Baolia Xiong, Health Collaborative

Lolofi Soakai, Community Consultant, Motivating Action Leadership Opportunity Tongan Community Ontario, California

Jonathan "Tana" Lepule, NHPI Researcher/Advocate

Irene Linayao-Putman, **MPH**, Community Health Program Specialist, Maternal, Child and Family Health Services County of San Diego Health & Human Services Agency

Paula Palmer, PhD, Professor at Claremont Graduate University

Carol McGruder, URSA Institute, African American/Black Statewide Coordinating Center

Zul Surani, Community Outreach, Engagement and Partnerships Research Center for Health Equity

Serena Chen, Tobacco Control Policy Consultant

Janice Tsoh , PhD Professor, Department of Psychiatry, University of California San Francisco

Elisa Tong, MD, MA Associate Professor of Medicine, University of California Davis

Ryan Seng, Youth Advocate

SPARC Project Partners

Information & Education Days

SPARC Program Objectives

1. **Develop an Enabling System to support AANHPI tobacco control activities**

2. **Create educational materials on tobacco control and policy change**

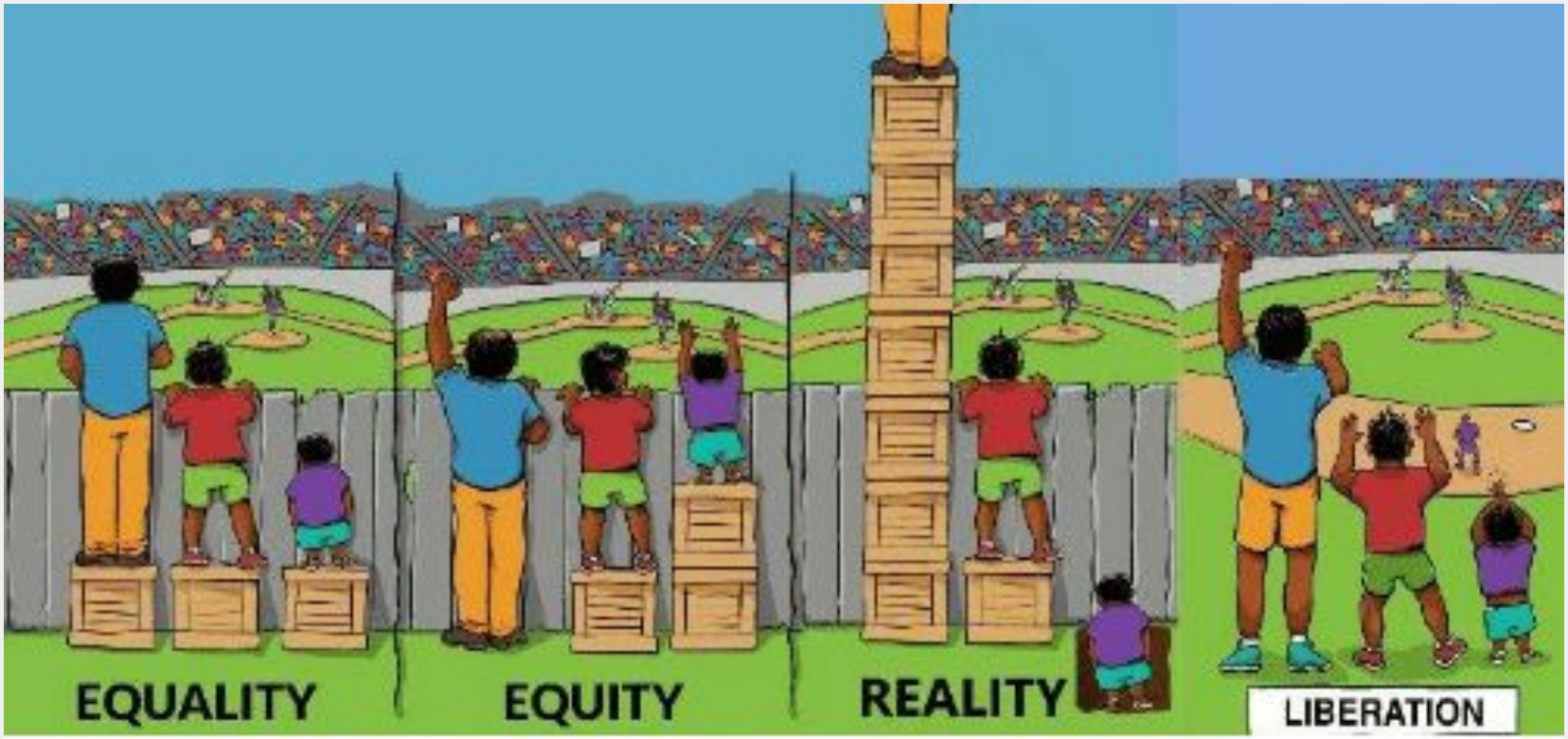
3. **Annual Leadership Summits**

4. **Strategic Plan & Tobacco Control Policy Platform**

SPARC does not:

- Direct services
- Cessation services
- Translation services
- Provide Technical Assistance
- Fund projects
- Conduct Research or Collect Research
- Implement local policy change
- Work on specific policies

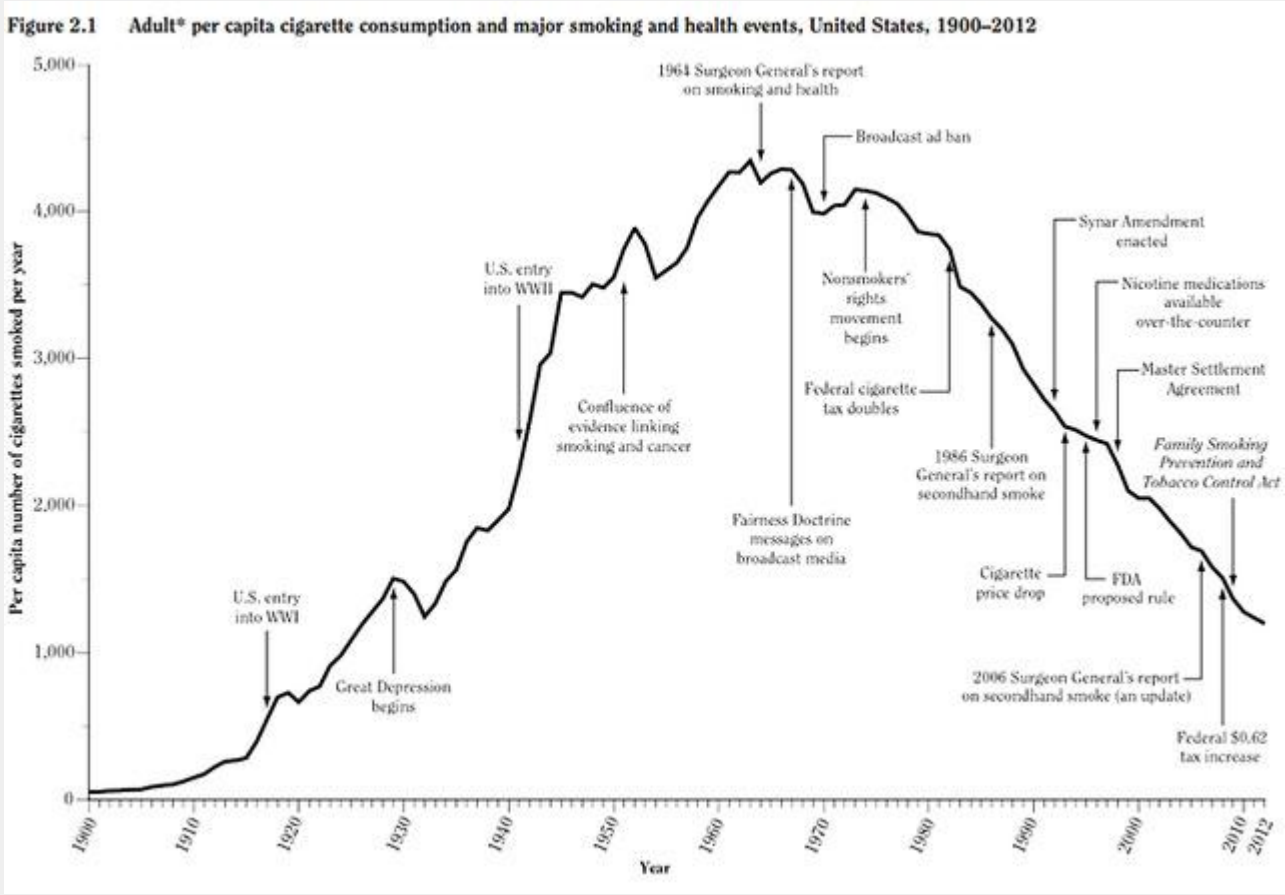
Building A Team & Infrastructure to Create Support for Others



Liberation

Strategic Plan & Tobacco Control Policies

Historical View of Tobacco Control Policy Change

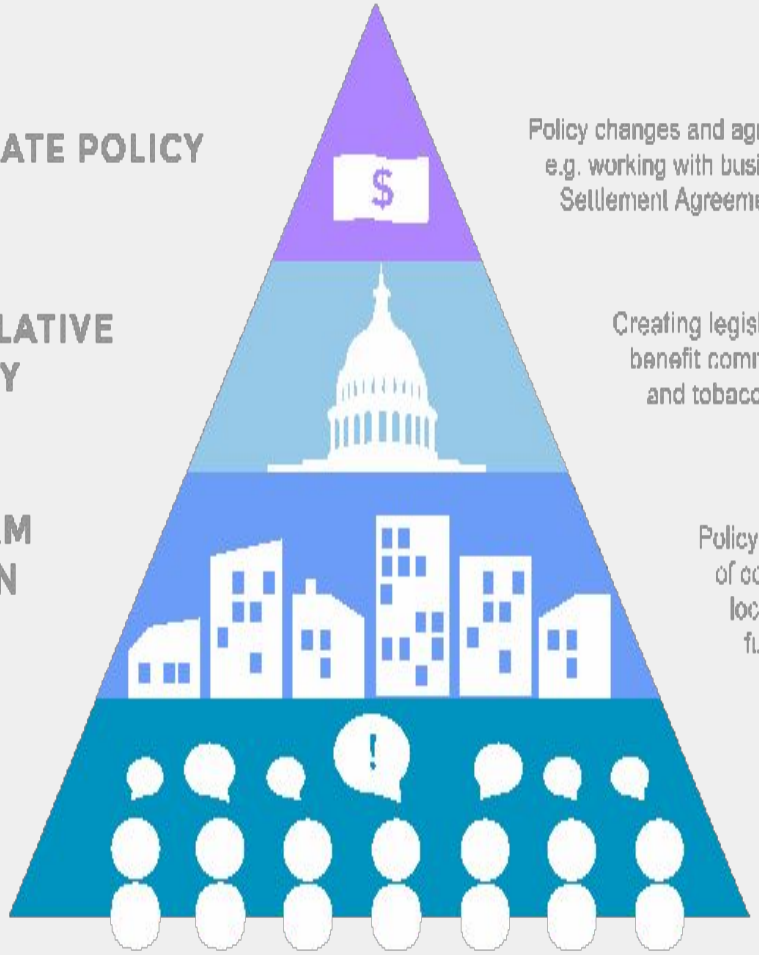


APPEAL's 4- Prong Policy Change Model

1. Need to work **within our priority populations** where Tobacco and HEAL may not be a high priority
2. **…within the mainstream Tobacco control and HEAL movement** where priority populations are not a high priority
3. **…with policymakers** where neither Tobacco/HEAL nor priority populations are a priority
4. **…against the tobacco/food industries** where priority populations is their priority

4 PRONG POLICY CHANGE MODEL

Policy change can be generally defined as the act of changing rules or regulations that govern or guide a group of people.



CORPORATE POLICY

Policy changes and agreements among the tobacco and food industries. e.g. working with businesses to ban tobacco sales and the Tobacco Master Settlement Agreement.

LEGISLATIVE POLICY

Creating legislative policies on a local, state or federal level that benefit communities of color and LGBTQs. e.g. smoke-free policies and tobacco regulation.

MAINSTREAM INSTITUTION POLICY

Policy change that advances parity and equity for communities of color and LGBTQ in mainstream institutions. e.g. state and local health departments adopting a policy to establish more funding to communities of color and LGBTQ .

COMMUNITY POLICY

Changing community norms through institutionalizing policies on a community based level, especially in communities of color and LGBTQ communities. e.g. refusing tobacco sponsorship and enforcing smoke-free policies.

The Journey To

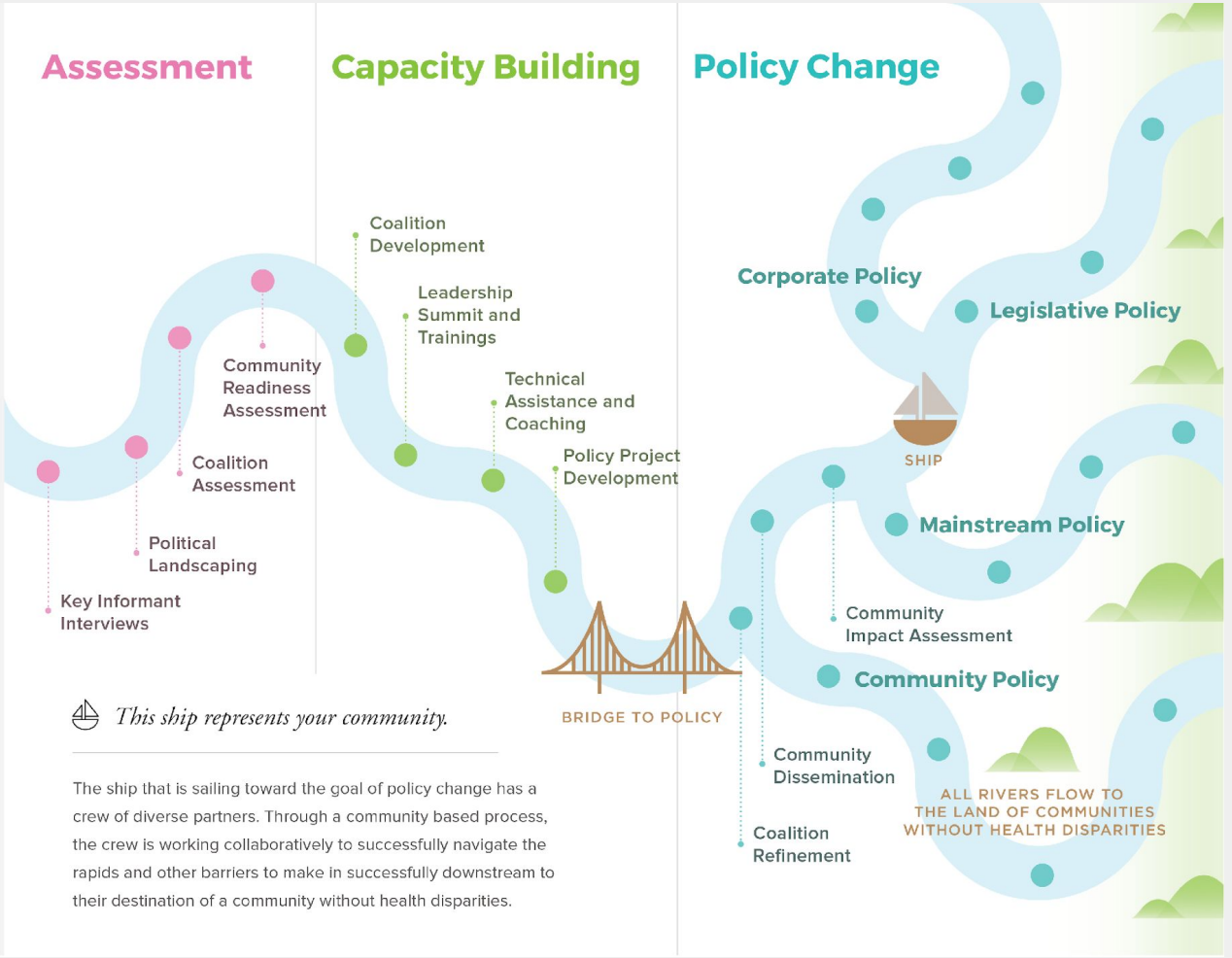
Health Policy Change

This river represents the process of creating health policy change. It is composed of three parts: Assessment, Capacity Building, and Policy Change. Breaking up each part into multiple steps can help to create a more clear campaign vision and strategy.

In part three, the one river transforms into a delta of rivers: Community, Mainstream, Legislative, and Corporate. These rivers represent the many of ways one can move towards policy making.

Policy change is always fluctuating. At times your capacity and resources may be low. During these times of "drought", in order to move forward you may need to move backward or reroute your course.

APPEAL



This ship represents your community.

The ship that is sailing toward the goal of policy change has a crew of diverse partners. Through a community based process, the crew is working collaboratively to successfully navigate the rapids and other barriers to make in successfully downstream to their destination of a community without health disparities.

Policies Change Initiatives

- Long Beach
  - Smoke-free Skate Parks
- San Diego
  - Tobacco-free Pledges from PI organization
  - Smoke-free Multi-unit Housing
- Sacramento
  - Citywide Flavors Restrictions

Building capacity and professional development through Leadership training

Leadership is the ability to **move** individuals, communities, and systems toward **positive social change.**

LAAMP Fellows help influence passage of Minnesota Tobacco Tax

Youth Advocates for Change Summit 2018

Why become an APPEAL fellow?

“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

SPARC Leadership Program

- 10 Month program
- Leadership Summit launch event June 20-22, 2019 in San Diego
- Bi-monthly webinars
- Gatherings with Coaches
- Community engagement
- Capstone Summit

SPARC Coaches Training - Emeryville, CA

- May 20-22
- Represent different regions of CA
- Will be facilitating and assisting groups of Fellows throughout the duration of Program
- Provide additional support to Fellows

From left: Tana Lepule, Sherrie Calibo, Beemy Nguyen, Sambo Sak, Jake Ryann Sumibcay, Rod Lew, Cassie Park, Baolia Xiong, Dave Nakashima

Upcoming events

- SPARC Leadership Fellows Orientation Webinar: June 15
- SPARC Leadership Summit: San Diego, CA, June 20-22
- Tobacco Control University: Long Beach, CA, June 25-26
- National Conference on Tobacco or Health: Minneapolis, Minnesota, August 27-29
- Health Equity Conference with CTCP Nov 13-14
- Local In district Information & Education days in Fall 2019

Questions??

Thank You!

For Updates and Upcoming Events

Follow us on Facebook
@appealforhealth

Visit our website
http://www.sparcapi.org

Contact:
Beatriz Aurelio MPH, Program Manager
baurelio@appealforhealth.org