An Equity Pathway for Engaging Marginalized Communities in Commercial Tobacco Control

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Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)

CDC Kick Off Meeting
August 19, 2020
Story of Community

• Each community has a history to be learned... and a story to be told...
Community Engagement Principle #1:

Understand “Community” Context
History: Chinese Exclusion Act of 1882
History: Chinese American WWII Vets
Story of Inequity and the Role of Stereotypes and Racism in Policy
Community Engagement Principle #2:

It’s about Trust (or overcoming Mistrust)
Where the Story of Tobacco and then Commercialization Begins
Story of Commercial Tobacco Control
Policy Change
Story of Inequity in Commercial Tobacco Control

• Unintended Consequences
• Struggle for a voice in the movement
• 2002 National Conference on Tobacco or Health theme was “Parity”
• Defunding of ethnic networks, reduction in community funding and budget cuts
• Continued systemic barriers to health equity
Community Engagement Principle #3
What do you mean by Health Equity?
Health Equity Principles

• Health equity as defined by systems change or building community power
• Address institutional racism, homophobia and transphobia (including implicit bias, institutional and explicit)
• Strengthen efforts to build local community capacity and power
• Engage and empower communities all along the spectrum of tobacco control

ADEPT 2019
Health Equity is not about…

• Cultural competency
• Outside entities developing strategies for marginalized communities
• Funding communities with only short term goals in mind
• Accountability for success placed solely on marginalized communities
Community Engagement Principle #4:

Start Where Community Is
APPEAL Community Readiness Model

- Engages at appropriate readiness levels
- Tailors TAT
- Acknowledges movement

R Lew, SP Tanjasiri, M Kagawa-Singer, JH Yu 2001
Community Engagement Principle #5:

Invest in Building Community Power
"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
LAAMPP Leadership Institute (Minnesota)
African/African American LAAMPP Fellows
Passing Smoke-free Foster Care Policy
What is an Equity Pathway that Engages Communities in Commercial Tobacco Control Policy Change?
Com-PLEAT Project

• Funding from NIMHD for CBPR Planning Grant

• **Community-led Policy and Leadership to Eliminate Disparities among Asian Americans and Pacific Islanders on Tobacco** (*Com-PLEAT*)

• Specific Aims
  
  • 1. To develop and test 4-prong policy change framework to mobilize Cambodian and Pacific Islander communities
  
  • 2. To study the pathways to engage Cambodian and Pacific Islander communities in becoming successful in commercial tobacco policy change
Principles of Community-Based Participatory Research (CBPR)

1. Recognizes community as unit of identity
2. Builds on strengths and resources of community
3. Facilitates collaborative, equitable partnership in all research phases
4. Promotes co-learning and capacity building
5. Integrates and achieves balance between research and action
6. Emphasizes public health of local relevance and ecological model of health
7. Involves systems development through cyclical process
8. Involves partners in dissemination process
9. Requires long term process and commitment to sustainability

BA Israel 2005
Acknowledgements

Community Partners
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Scientific Partners
• Elisa Tong, MD, MA, University of California, Davis
• Paula Palmer, PhD, Claremont Graduate University

Com-PLEAT Advisory Committee

Staff
• Rod Lew MPH, Lisa Fu MPH, Emily Makini
  (Asian Pacific Partners for Empowerment, Advocacy and Leadership)
Methods

1. Key Informant Interviews (n=22)
2. Baseline Community Readiness Measure (coalitions)
3. Intervention- 4 Prong Policy Change (leadership and TAT)
4. Policy Change Initiatives (smoke-free parks, tobacco-free pledges)
5. Post-Intervention Community Readiness (coalitions)
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 change within the industry.

LEGISLATIVE POLICY: Policy change on a local, state or federal legislative level.

MAINSTREAM INSTITUTION POLICY: Policy change within mainstream institutions that do not prioritize our communities.

COMMUNITY POLICY: Policy change within AANHPI communities.
Strategic Framework for Commercial Tobacco Control among Priority Populations

- Advocates
- Communities
- Coalitions
- Leaders
- Partnerships
- Resources
- Time

- Community Participation
- Community Competence
- Community Empowerment

- Community Readiness
- Environment Assessment and Data
- Prioritization and Goal-Setting

- Leadership Development
- Community Mobilization and Organizing
- Infrastructure Development

- 4-Prong Policy Change Model
  - Community Policy
  - Mainstream Institution Policy
  - Legislative Policy
  - Corporate Policy

- Programs
  - Cessation
  - Prevention

- Reduced Tobacco Use
- Health Parity and Health Justice
The Journey To
tobacco control policy change

Assessment
- Coalitions readiness assessment
- Coalition assessment
- Key informant interviews
- Political landscaping
- Leadership summit and trainings

Capacity building
- Policy project development
- Coalition refinement

Policy change
- Technical assistance and coaching
- Community assessment
- Community dissemination
- Policy change

Corporate policy

Legislative policy

Mainstream policy

Community policy

VISION OF A COMMUNITY WITHOUT TOBACCO DISPARITIES

The ship that is sailing toward the goal of policy change has a crew of diverse community, scientific and tobacco control partners. Through a CRP process, the crew is working collaboratively together to successfully navigate the rapids and other barriers to make it successfully downstream to their destination of a community free of tobacco disparities.

**In times of drought (lack of resources), the river may dry up.**

**The river is highly fluctuating; to go forward, you may need to go backwards on the river.**

**The wider the policy stream is, the more people and diversity is needed to be successful.**

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Themes from Key Informant Interviews

1. POLICY CHANGE

“Khmer community isn’t too politically organized... you know, our community is still pretty young within US, so I think right now we’re at the pivotal point where we’re just starting to organize...”

“I think the Pacific Islander community at large is disengaged, not because they want to... most people don't even know that there's disenfranchisement that's happening right now”.

2. INTERGENERATIONAL DYNAMICS

“Young leaders that are ambitious that have skills that want to help and contribute... if they don't have that outlet, can often simply fall off the radar”.

“the [youth] need to know what their elders have been through, how they got them here. If they’re screaming at night, this is why. If they seem dazed and they’re having headaches, this is why. They need to know how strong those people are”.
Themes from Key Informant Interviews

3. COMMUNITY THREATS or CULTURAL TRAUMA

“So the [elders] have this saying called, ‘Stay Low, Live Long.’ So they fear actually coming out ...because they think that somebody is going to come over here and if they know who they are, that they’re survivors from the Killings Fields, that they escaped... that fear is still there. So you have to engage them in a different way”. 
Community Readiness

• Community readiness was scored based on the following values:
  • 1= Pre-contemplation
    2= Contemplation
    3= Pre-planning
    4= Preparation
    5= Action Initiating
    6= Action Ongoing
    7= Maintenance
## Community Readiness: Baseline Assessment

<table>
<thead>
<tr>
<th>Site</th>
<th>Infrastructure Capacity Bldg</th>
<th>Research And Data</th>
<th>Policy Advocacy</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Diego (NHPIs)</td>
<td>Score 2.73= Contemplation</td>
<td>Score 2.56= Contemplation</td>
<td>Score 1.55= Pre-contemp</td>
<td>Score 2.19= Contemplation</td>
</tr>
<tr>
<td>Long Beach (Cambodian)</td>
<td>Score 3.43= Pre-Planning</td>
<td>Score 2.60= Contemplation</td>
<td>Score 1.85= Pre-contemp</td>
<td>Score 2.55= Contemplation</td>
</tr>
</tbody>
</table>
Community Readiness: Post-Intervention

<table>
<thead>
<tr>
<th></th>
<th>Collaborations/Coalition Bldg</th>
<th>Community Leadership</th>
<th>Tobacco Control Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodian (baseline)</td>
<td>3.00 = Pre-Planning</td>
<td>3.20 = Pre-Planning</td>
<td>2.00 = Contemplation</td>
</tr>
<tr>
<td>Cambodian (post-intervention)</td>
<td>4.80 = Preparation/Action Initiating</td>
<td>5.00 = Action Initiating</td>
<td>2.20 = Contemplation</td>
</tr>
<tr>
<td>Difference</td>
<td>+1.80</td>
<td>+1.80</td>
<td>+0.20</td>
</tr>
<tr>
<td>NHPIs (baseline)</td>
<td>3.00 = Pre-Planning</td>
<td>2.40 = Contemplation</td>
<td>1.80 = Pre-contemplation/Contemplation</td>
</tr>
<tr>
<td>NHPIs (post-intervention)</td>
<td>4.60 = Preparation/Action Initiating</td>
<td>4.40 = Preparation</td>
<td>4.00 = Preparation</td>
</tr>
<tr>
<td>Difference</td>
<td>+1.60</td>
<td>+2.00</td>
<td>+2.20</td>
</tr>
</tbody>
</table>
Community Engagement Principle #6: Multiple Equity Pathways to Engaging Community
A New Paradigm for Commercial Tobacco Control
Moving Forward on Equity Pathway
Become Comfortable with Being Uncomfortable

I will not take "but" for an answer.

— Langston Hughes —
Thank You!!!

APPEAL ASPIRE Network

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SAVE THE DATE

Power in Unity: Achieving Racial & Health Equity in the COVID Era

SEPTEMBER 29 - 30, 2020

Keynote Speaker: Andrea Jenkins
Minneapolis City Council Vice President

“Remembering George Floyd”

Virtual Conference
Link: https://appealforhealth.org/