An Equity Pathway for Engaging Marginalized Communities in Commercial Tobacco Control

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

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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

HIP! HURRAH!

CHINESE EXCLUDED

—The—

Democratic Chinese Exclusion Bill

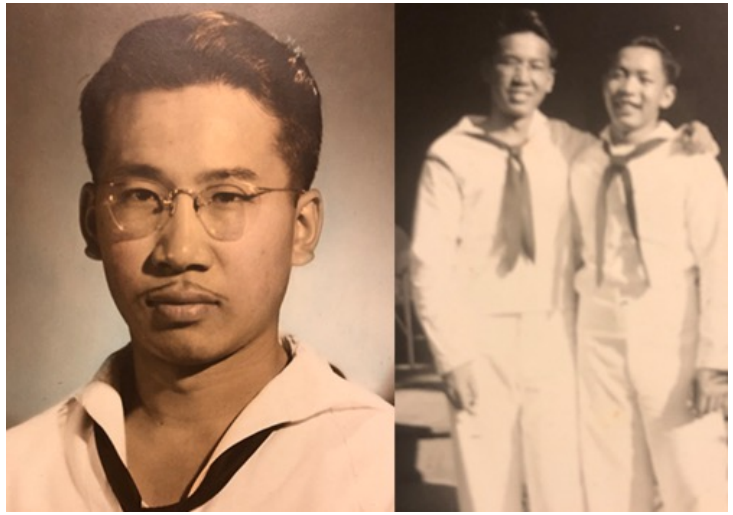
Has Been Signed by

OUR DEMOCRATIC PRESIDENT

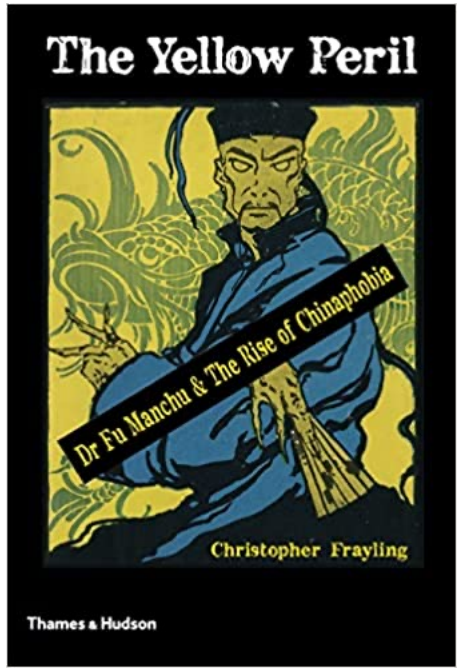
Hip! Hurrah! The White Man is on Top. Let every DEMOCRAT and all other GOOD Citizens turn out and Ratify this

DEMOCRATIC MEASURE

History: Chinese American WWII Vets



Story of Inequity and the Role of Stereotypes and Racism in Policy



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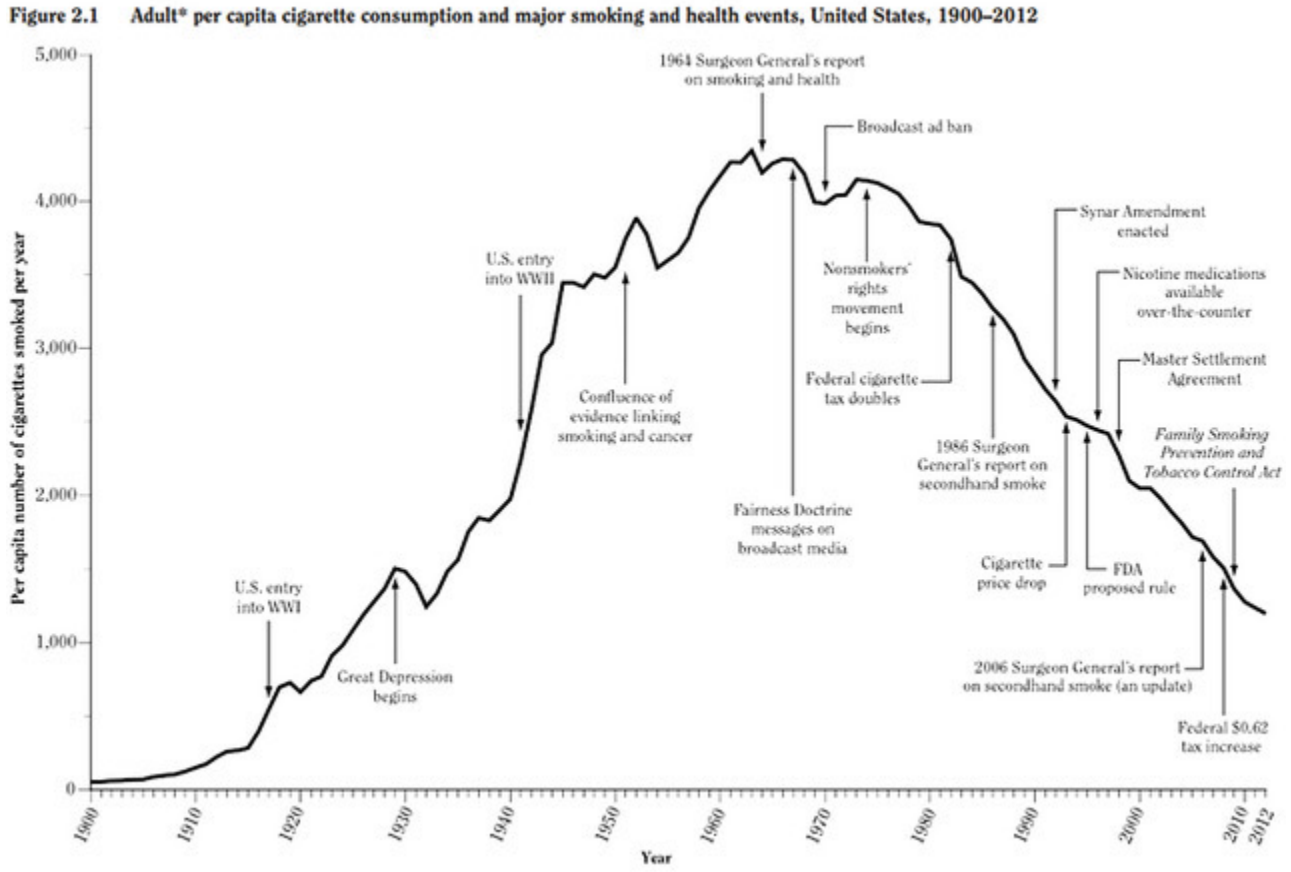
Community Engagement Principle #2:

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

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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

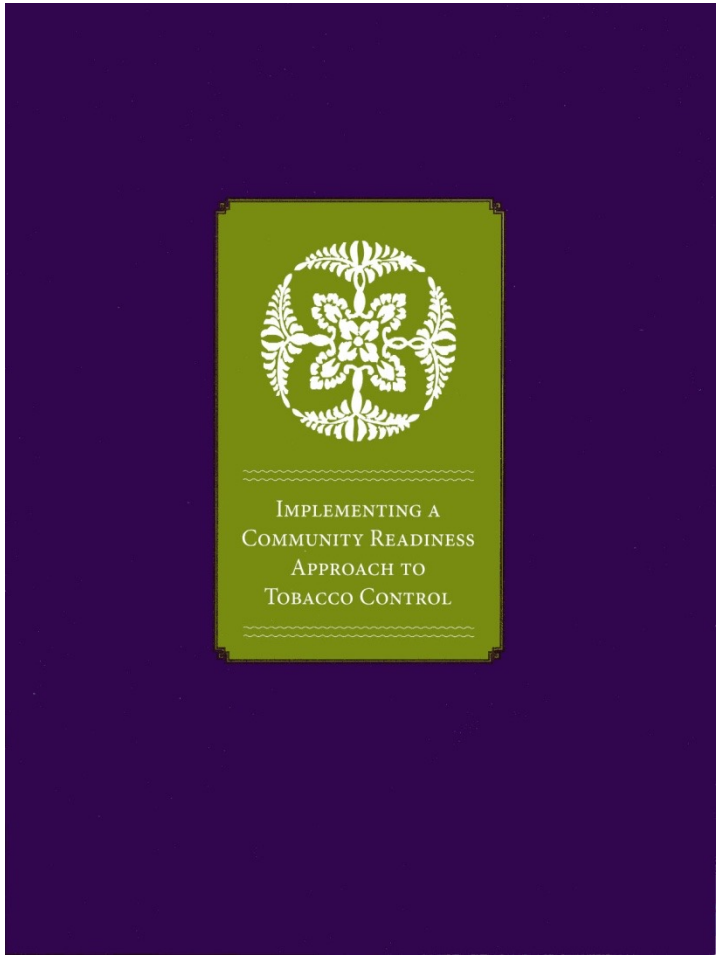
Health Equity is not about…

- 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



Key Outcomes

Overall Movement along the Community Readiness Model

From 2001-2005, New York region's targeted priority areas moved from Contemplation to Action stage (see table 3).

Table 3: Staging of CBWCHC's Priority Areas from 2001-2005

	Research & Data	Infrastructure	Programs	Policy
	Utilization of Data	Coalition Building	Cessation	Clean Indoor Air
Pre-contemplation				
Contemplation	2001	2001	2001	
Preparation	2002		2002	2001
Action	2003-2005	2002-2005	2003-2005	2003-2004
Maintenance				2005

→ = direction of movement along the Community Readiness Model

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

R Lew, SP Tanjasiri, M Kagawa-Singer, JH Yu 2001

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Community Engagement Principle #5:

Invest in Building Community Power

Building Community Power through Leadership

"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)

R Lew, J Martinez 2011
LM Bosma, Vacca, Boyle, Martinez and Lew 2015

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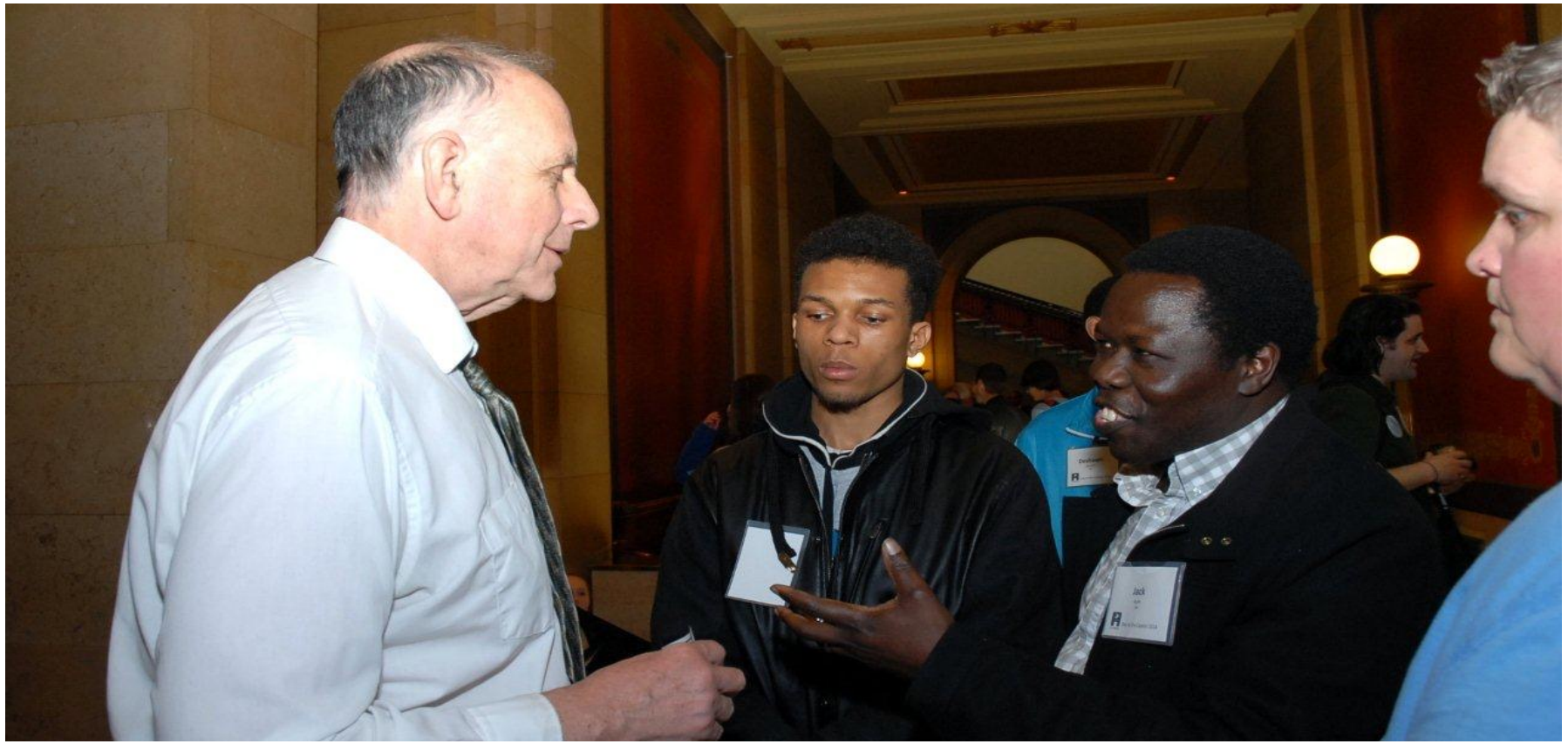
African/African American LAAMPP Fellows Passing Smoke-free Foster Care Policy



What is an Equity Pathway that Engages Communities in Commercial Tobacco Control Policy Change?

Com-PLEAT Project

- Funding from NIMHD for CBPR Planning Grant
- **Com**munity-led **P**olicy and **L**eadership to **E**liminate Disparities among **A**sian Americans and Pacific Islanders on **T**obacco (**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

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(Empowering Pacific Islander Communities, Guam Communications Network, and Pacific Islander Health Coalition)

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)

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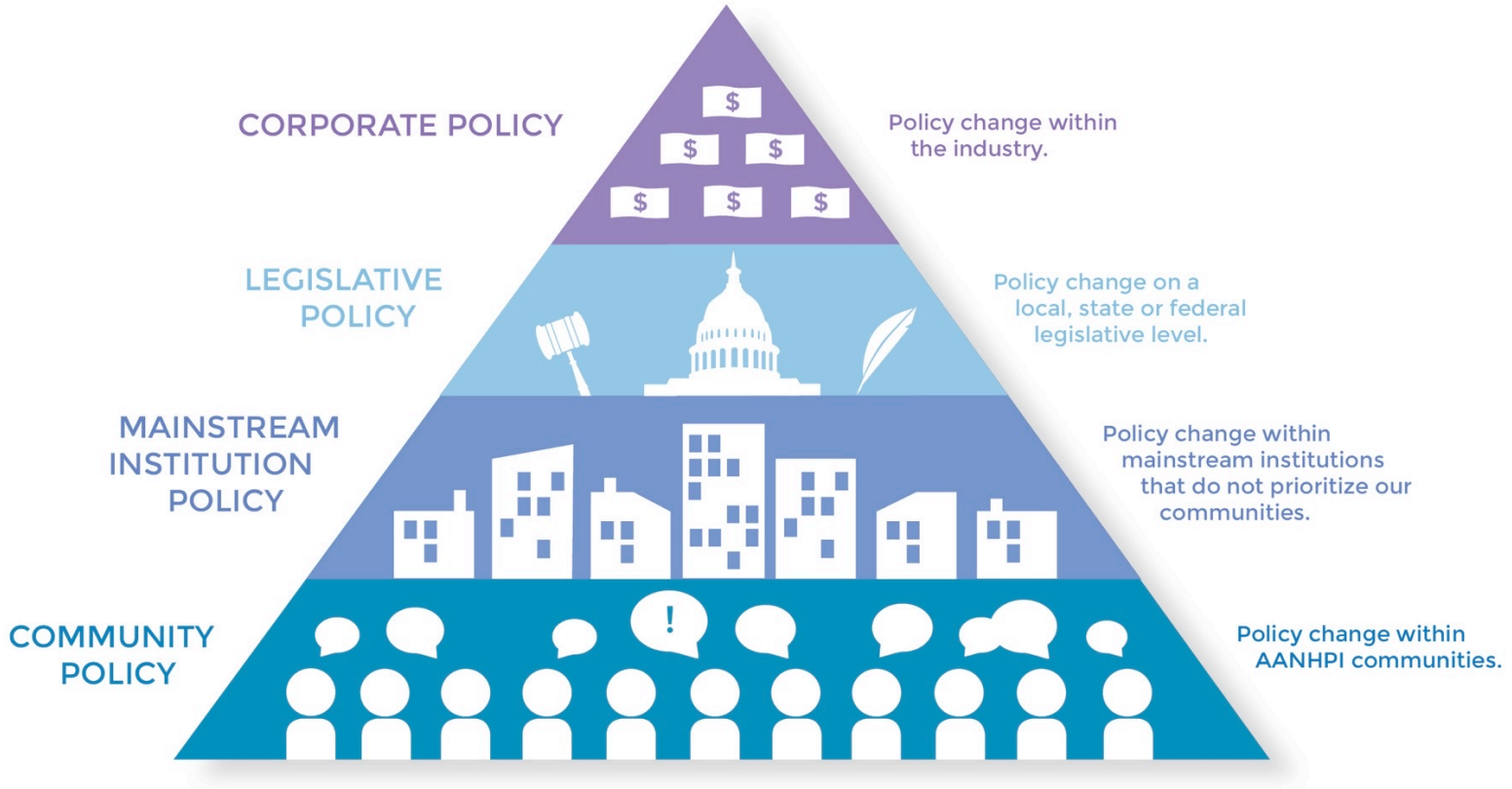
Methods

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)

APPEAL 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.



Lew R 2009

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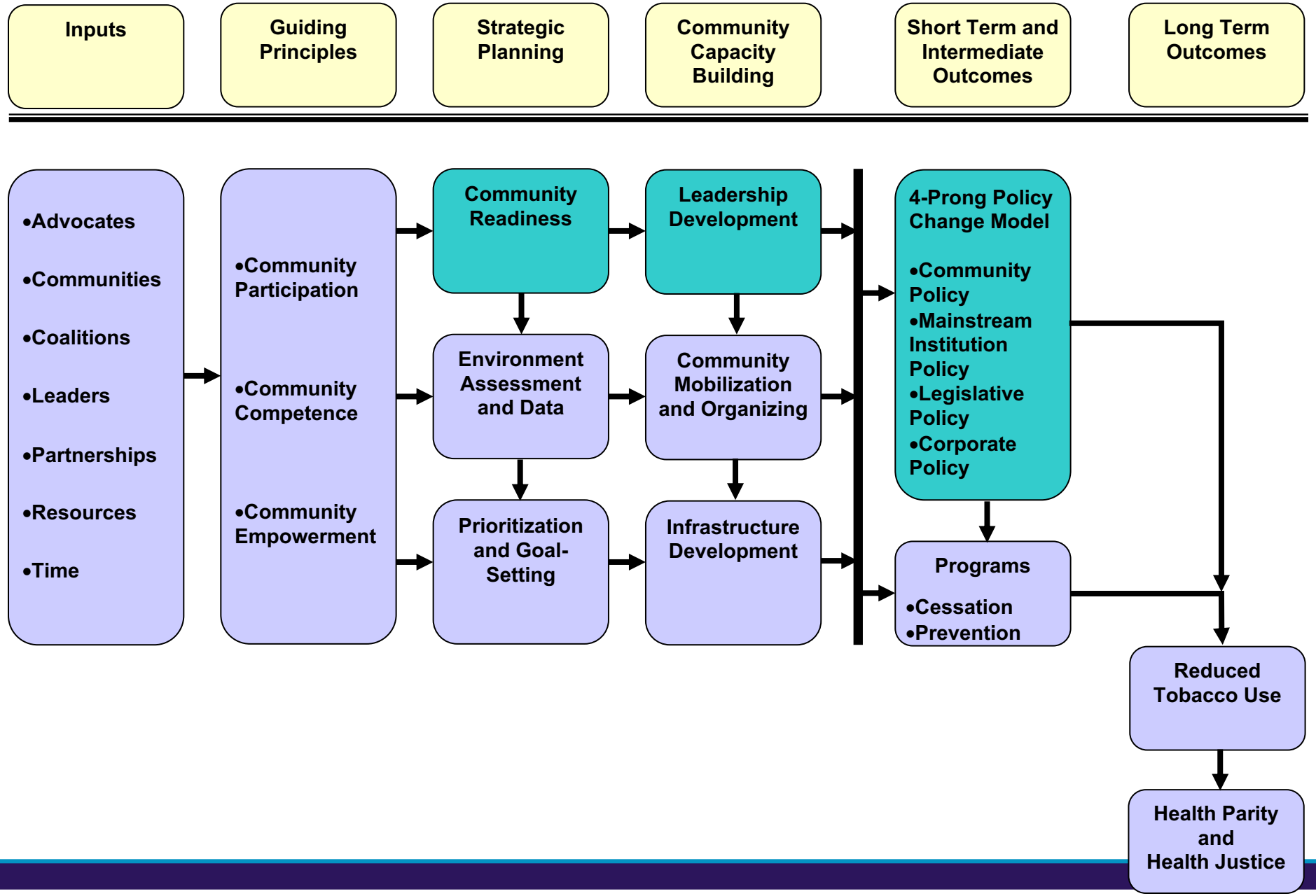
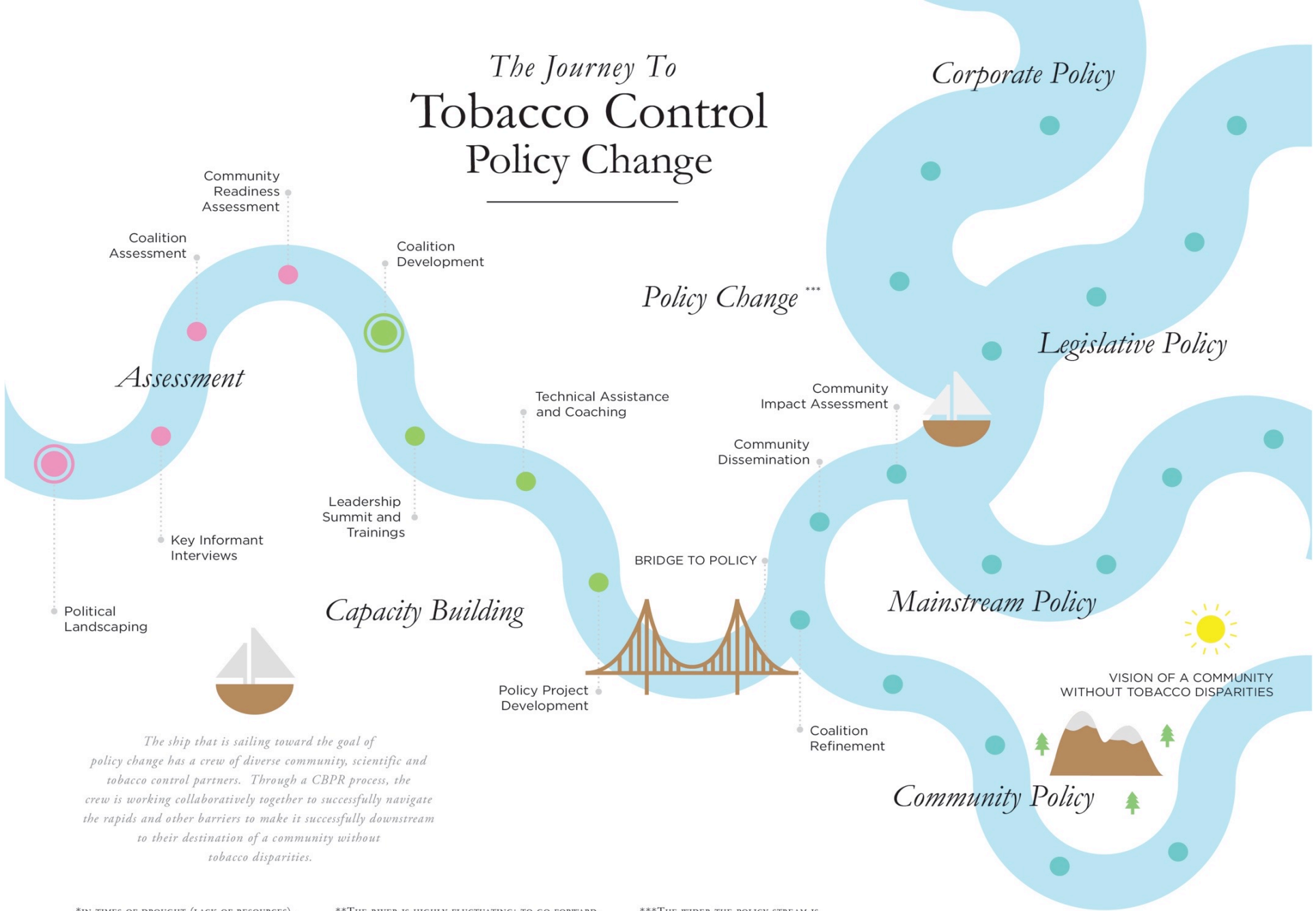
Strategic Framework for Commercial Tobacco Control among Priority Populations





*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

Site	Infrastructure Capacity Bldg	Research And Data	Policy Advocacy	Overall
San Diego (NHPIs)	Score 2.73= Contemplation	Score 2.56= Contemplation	Score 1.55= Pre-contemp	Score 2.19= Contemplation
Long Beach (Cambodian)	Score 3.43= Pre-Planning	Score 2.60= Contemplation	Score 1.85= Pre-contemp	Score 2.55= Contemplation

Community Readiness: Post-Intervention

	Collaborations/ Coalition Bldg	Community Leadership	Tobacco Control Knowledge
Cambodian (baseline)	3.00= *Pre-Planning*	3.20= *Pre-Planning*	2.00= *Contemplation*
Cambodian (post-intervention)	4.80= *Preparation/ Action Initiating*	5.00= *Action Initiating*	2.20= *Contemplation*
Difference	+1.80	+1.80	+0.20
NHPIs (baseline)	3.00= *Pre-Planning*	2.40= *Contemplation*	1.80=*Pre-contemplation/ Contemplation*
NHPIs (post-intervention)	4.60= *Preparation/ Action Initiating*	4.40= *Preparation*	4.00 = *Preparation*
Difference	+1.60	+2.00	+2.20

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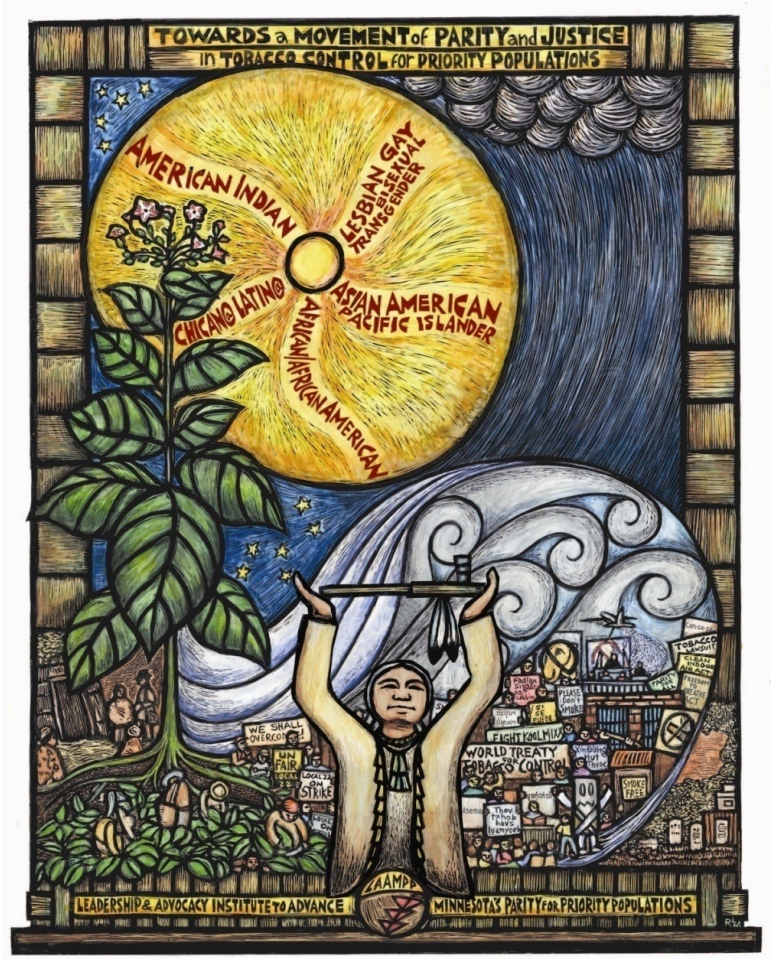
Community Engagement Principle #6:
Multiple Equity Pathways to Engaging Community

A New Paradigm for Commercial Tobacco Control



Moving Forward on Equity Pathway

Become Comfortable with Being Uncomfortable

Thank You!!!

APPEAL ASPIRE Network

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