

SPRING INTO THE NEW YEAR
WITH A HEALTHY MINDSET
LIVE SMOKEFREE!

ASK ABOUT CESSATION FOR A HEALTHY LIVING CELEBRATION

Because ... Everyone deserves a fair and just opportunity to be as healthy as possible, no matter where people live, work, or learn.







Asian Americans (AAs), Native Hawaiians (NHs), and Pacific Islanders (PIs) communities deserve strong protections against the harmful effects of commercial tobacco and smoking.

Smoking increases your chance of getting lung cancer.

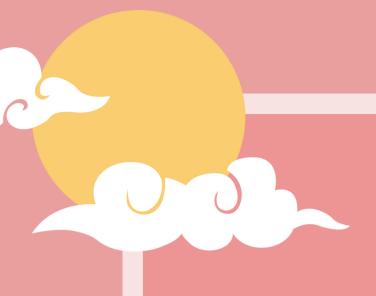
Cancer is the leading cause of death among Asian Americans,
Native Hawaiians, and Pacific
Islanders (AANHPIs) living in the United States, accounting for
27.2% of all deaths. [1] [2]

Lung cancer is the most common cancer for both AANHPI men and women.

Between 80-90% of lung cancer deaths in the U.S. are caused by cigarette smoking [3]

Ask Your Healthcare Provider About Tobacco Cessation and Lung Cancer Screening Today





Lower Your Risk for Lung Cancer



Active smoking and secondhand smoke increase lung cancer risk. Talk about quitting to reduce risks

Talk to your healthcare provider about lung cancer screening and early detection



Screening Saves Lives

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Screening Saves Lives

LUNG CANCER SCREENING

Annual screening for lung cancer with low-dose computed tomography (LDCT) is recommended in adults aged 50 - 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. [4]

Early detection may help treatment work better. Since the LDCT involves exposure to a low-dose of radiation, patients should speak with their doctors about risks.

To learn more about tobacco risks to Asian Americans, Native Hawaiians, and Pacific Islanders, please visit https://www.cdc.gov/tobacco/health-equity/anhpi/index.html

To find more information on lung cancer, visit https://www.cdc.gov/cancer/lung/basic_info/



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Having comprehensive smoke-free policies (multi-unit housing, buildings, work and school campuses, and events)



Encouraging healthcare systems to adopt cessation measures and tobacco screening during patient visits and in the electronic medical record



Creating health provider policies around lung cancer prevention, screening, and treatment



Increasing availability and access to culturally and linguistically appropriate quitline and cessation materials and counseling



Providing funding for leadership development in tobacco control and tobacco surveillance and disaggregated data research for AAs, NHs, and PIs

Talk to your community leaders about embedding policy.



Help us promote better commercial tobacco prevention and control through interventions, policies, and programming that uplifts community rights to protection and health.







Sources:

[1] Torre, L.A.; Golding Sauer, A.M.; Chen, M.S.; Kagawa-Singer, M.; Jemel, A.; and Siegel, R.L. Cancer Statistics for Asian Americans, Native Hawaiians, and Pacific Islanders,

2016: Converging Incidence in Males and Females. CA Cancer J Clin 2016;66:182-202. American Cancer Society.

[2] Data is from A customized database from the SEER 11 registries https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5325676/ [3] CDC website site. https://www.cdc.gov/cancer/lung/basic_info/prevention.htm Accessed 10 January 2023.

[4] USPSTF website. https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening Accessed 10 January 2023.

[5] CDC website site. https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/comprehensive.pdf Accessed 10 January 2023

[6] CDC website site. https://www.cdc.gov/policy/opaph/hi5/tobaccointerventions/ Accessed 10 January 2023

This publication was supported by the Grant or Cooperative Agreement Number, NU58DP006490, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.



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