

A Plan for Addressing Tobacco Issues in Asian American & Pacific Islander Communities in Colorado

October 2008

A community report of the Metro Denver Asian American / Pacific Islander Tobacco Control Advisory Board, the Asian Pacific Development Center (APDC), and OMNI Institute

Mission

The Asian Pacific Development Center's (APDC) AAPI Tobacco Control Advisory Board seeks to reduce the number of Colorado Asian American and Pacific Islander community members affected by tobacco-related diseases through the education of community members and the promotion of tobacco-free lifestyles.

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Participating communities

Cambodian · Mainland Chinese · Hmong · Indian · Filipino · Japanese · Korean · Laotian · Mongolian · Pacific Islander · Taiwanese · Thai · Vietnamese

If you have any questions or comments, please contact us.
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A Community Profile

TOBACCO FREE LIVING IS ACHIEVABLE

By Silvino V. Simsiman - Filipino, Filipino American Community of Colorado

I quit smoking and I am glad. After four years of tobacco free living, I can point to definite improvement in my current life.



First and foremost is self-confidence. I no longer fear smelling tobacco when I speak, nor fear my clothes and or car will be smelling like tobacco. I can freely mingle in gatherings without fear of contributing to second hand smoke, or fear of being ostracized as a smoker in an increasingly tobacco-free society.

"I only regret that I did not stop smoking earlier in my life."

Second, my general health situation has improved. As an example, I have less incidences of colds and coughing or shortness of breath, and seemingly feeling more energetic. While I do not claim that tobacco free living will fully protect me from contracting old age diseases, or prolong my life, my non-smoking experience so far has been most satisfying. I only regret that I did not stop smoking earlier in my life. (Continued on page 2)

Problem Statement

Tobacco use among Asian American and Pacific Islander (AAPI)* Communities

- Tobacco companies aggressively market their products to AAPI communities both in the U.S. and overseas.
- Tobacco is the number one preventable cause of death for all groups, including AAPIs.
- Smoking prevalence is highest in the U.S among males in certain AAPI ethnic groups (e.g., Laotian,

- Samoan, Cambodian).
 - Tobacco use is high among both male and female Native Hawaiians and other Pacific Islanders. In some Pacific Island jurisdictions, chewing tobacco is commonly mixed with betel nut.
 - The smoking rate for Asian Americans increases seven-fold from middle school (4.4%) to high school (33.1%), the highest increase for any ethnic group.
- *More information available at www.tobaccopreventionnetworks.org, AAPI Network

Take One!

A Community Profile

(Continues from Page 1)

I started and became addicted to smoking cigarettes at a very young age. It was at the end of World War II in the Philippines that I came in contact with the liberating American soldiers who were encouraging smoking by passing out free packs of Camel and Lucky Strike cigarettes to the villagers, even to young boys like me. Soon in my world, smoking became the “in thing” and no matter how much I struggled to kick the habit (let alone being able to afford the cost), I somehow managed to continue on smoking through adulthood.

The pressure and allure to conform with society -smoking advertising and messages featuring movie stars and famous and important personalities were everywhere: smoking at the workplace, smoking in social gatherings or at sports events- were irresistible and so compelling. I witnessed the height of the great advertising media duels of the Marlboro and Winston brands, with the “Marlboro Man” eventually becoming the dominant icon for cigarette smoking all over the world, during the time I was an

immigrant college student, and through my early professional career.

With the constant nagging from family members, especially my wife and children, I tried several times to quit smoking. In a couple instances I managed not to smoke for as long as two weeks, but I always ended up going back to the habit. Finally in August 2004, after smoking for almost 60 years, I quit smoking. Since then, I have not touched a cigarette nor used any tobacco products of any kind. I accomplished this by going through Kaiser Permanente’s Tobacco Free Living program. I was motivated and determined to fulfill my commitment to quit smoking because of: (1) Some personal health reasons like a pre-diabetic condition; (2) the encouragement of my own two older brothers, who successfully kicked the habit after smoking all their adult lives just like myself; and (3) the desire to help advance the current progressive attitude towards tobacco free living.

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Board Members

(Past & Present)

Mikako Bonath · Angela Cho · Saijai Choy · Patty Coutts · Kim Crespín · Shanwen Gao · Binh Hang · Onechanh Inthamanivong · Patti Iwasaki · Masayo Iwate · Frank Kim · Greg Lee · Jeong Lee · Lih-Hwa Lin · Maha Mahalingam · Ravi Mahalingam · Johanna Matsuda · Victor Nguyen · Susan Paran · Tim (Felino) Paran · Tofaaga La’a · Sherry Peng · Suegie Park · Minh Phi · Vanny Prark · Alok Sarwal · Silvino V. Simsiman · Ken Singh · Era Singh · Lynda Sipanya · Shirley Tafoya · Ge Thao · Marilyn Ung · Chad Vu · Evan Xiong · Pakuo Xiong · Txheng Yang · Batbayar Yanjiv · Xiaoli Yu · Lourdes Yun

The Plan

1. Educate communities about AAPI-specific tobacco issues and information:

Inform both the mainstream and the AAPI media about issues particular to the AAPIs. By doing this, we will guarantee an increase the awareness of tobacco control issues among AAPIs and establish positive relationships between AAPI communities and media. Action steps include: conducting AAPI media focus groups to inform mainstream media of how to reduce misinterpretation and misunderstandings

among the AAPI community; selecting effective AAPI leaders to interact with mainstream media as needed; and creating culturally-appropriate media materials on tobacco prevention and interventions.

2. Create education and prevention efforts targeting AAPI youth:

Efforts to increase quitting and reduce initiation among youth will lead to future tobacco-free lifestyles within the AAPI community.

Action steps include: developing a Youth Committee comprised of youth, parents, and AAPI Tobacco Control Advisory Board members; creating AAPI youth-friendly media that promotes tobacco-free lifestyles; increasing communication among stakeholders; participating in school district meetings to discuss AAPI youth and tobacco; requesting schools to include and enforce tobacco-free policies; and developing youth access to tobacco cessation resources. Successful efforts will lead to effective modes of message delivery for youth, more communication and support for youth to be tobacco-free, and clarification of the benefits of enforcing tobacco-free lifestyles in school districts.

3. Provide outreach to AAPI communities around tobacco control issues:

Action steps include: utilizing community members to disseminate and discuss AAPI-specific tobacco control materials; promoting tobacco-free messages at AAPI-specific activities; collaborating with the Colorado Quitline; establishing rapport with members of AAPI communities; recruiting volunteers from each of the AAPI communities; and creating DVDs, educational programs, and testimonials that are culturally relevant. Successful outreach

"Successful outreach efforts will culminate in greater awareness of the harmful effects of smoking among Colorado AAPI community members."

efforts will culminate in greater awareness of the harmful effects of smoking among Colorado AAPI community members, as well as greater knowledge among tobacco control organizations of culturally-appropriate approaches to addressing tobacco use among AAPIs. Different modes of communication will address the diversity of AAPI communities and create effective messages to counter tobacco industry advertising.

4. Represent AAPI tobacco-control interests in legislative processes:

Partnering with other tobacco and health advocacy groups is an effective strategy for influencing state and federal legislators to adopt tobacco control measures that promote health among affected communities. Action steps include: reviewing existing legislation to identify ways to address AAPI needs; establishing ongoing meetings with politicians and AAPI experts to present AAPI needs and concerns; targeting various levels of government for dissemination of AAPI tobacco data; and informing AAPI communities about tobacco control policies.

Challenges

While addressing tobacco use among all communities can present challenges, the AAPI Tobacco Control Advisory Board has identified a number of challenges unique to the Colorado AAPI community.

- AAPI communities are diverse in language, culture, age and acculturation levels, thus creating barriers to forming targeted efforts
- Health effects of tobacco use are not widely understood among all AAPI ethnic communities, and tobacco use may not be perceived as problematic
- Perceptions of smoking as an aid to assimilation and higher status may contribute to increased

tobacco use, especially among youth

- Messages about tobacco-free lifestyles do not target AAPI communities and are not framed in ways to which AAPI communities can relate
- Efforts designed to stop tobacco use do not address cultural and ethnic issues, nor are AAPIs represented
- Absence of set timetables and consistent, ongoing messages about tobacco control contribute to a lack of continuity in educating the AAPI community



Thanks to Our Partners

Cambodian Organization of Colorado · Colorado Asian Health Education and Promotion · Colorado Asian Roundtable · Colorado Chinese Language School · Colorado Cambodian Relief Association · Denver Chinese School · Evangelical Formosan Church of Colorado · Filipino-American Community of Colorado · Formosan Association for Public Affairs · Hindu Temple and Cultural Center of the Rockies · Hmong American Association of Colorado · Hmong Mennonite Church · India Association of Colorado · International Society for Krishna Consciousness ·

Korean First Baptist Church · Lao Roam Mit Association · Mongolian Community Association of Colorado · Philippine American Association of Colorado · National Asian American Pacific Islander Mental Health Association · Ranum High School Multicultural Club · Rocky Mountain Chinese Society for Science and Engineering · Tamil Association of CO · United Beauty College · Vietnamese American Community of Colorado Vietnamese Elderly Association · Wat Buddhawararam of Denver · Young Hak Presbyterian Church of Denver

About APDC

The Asian Pacific Development Center (APDC) is a community-based, nonprofit 501(c)(3) organization founded in 1980 to serve the needs of Asian American and Pacific Islander residents throughout Colorado. APDC operates a licensed Community Mental Health Clinic designated by the Colorado Department of Human Services Division of Mental Health, youth programs, a multicultural Interpreters Bank, and other culturally and linguistically appropriate programs and services that promote AAPI health and well being.

About the Community Advisory Board

Since 2001, APDC and OMNI Institute have conducted research activities to assess tobacco's impacts on the Colorado AAPI community. The resulting efforts have revealed the need for a data-driven, community-informed approach to addressing the gaps in AAPI tobacco prevention efforts. The Metro Denver AAPI Tobacco Control Advisory Board was formed in 2006 and recruited from 13 Asian and Pacific Islander ethnic communities to guide needs assessment activities, participate in tobacco control training, and advise programmatic strategies to address problem tobacco use among AAPI community members in Colorado. The strategic plan outlined in this brief is the culmination of their efforts.

About OMNI

OMNI Institute is a non-profit social science agency that provides research, evaluation, technical assistance and training services to a wide range of clients, including non-profit agencies, governmental agencies, and foundations. For more information, please visit www.omni.org.



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