

SUMMARY OF ASIAN AMERICAN PACIFIC ISLANDER NEEDS ASSESSMENT

EXECUTIVE SUMMARY

There is a common misperception that Asian American Pacific Islanders (AAPI) are at lower risk of tobacco initiation, life-time use and tobacco-related diseases than other racial ethnic groups in the United States (NAWHO, 1998). Despite the fact that lung cancer is the leading cause of death among AAPIs (Chen and Hawks in Grace et. al., 2002), AAPI tobacco use has not been the subject of much research until recently.¹ Recent studies have revealed "[t]he lack of quantitative and qualitative data on the health and the health care practices of APIAs" (Ro, 2001), the instability of small sample size estimates (Grace et. al., 2002), and the need for culturally appropriate measurement of smoking behavior (Grace et. al., 2002; Yi et. al., 2002).

The purpose of this needs assessment was to initiate culturally appropriate information-gathering processes, to improve upon the current state of knowledge concerning AAPI tobacco use. Specifically, the Colorado State Tobacco Education and Prevention Partnership (STEPP) contracted with the Asian Pacific Development Center to conduct a statewide needs assessment of AAPI tobacco control needs. The purpose of the needs assessment was to inform the development and implementation of AAPI targeted tobacco control efforts in STEPP's three goal areas: Reduce initiation of tobacco use by youth, Reduce exposure to environmental tobacco smoke, and Promote quitting among youth and adults. To accomplish this the needs assessment was designed to address two fundamental questions about AAPI tobacco use:

1. What are the social meanings and practices that surround tobacco use by Asian American and Pacific Islanders (AAPI)?
2. In what ways can cultural information about AAPIs and tobacco use build a base from which to address prevention, environmental tobacco smoke (ETS) and cessation?

Agency Partnership for the Needs Assessment

The Asian Pacific Development Center (APDC) of Colorado has a twenty-two year history of providing community-based clinical services and programs to Asians and Pacific Islanders (AAPIs) throughout the state. Offices in Denver, Aurora and Colorado Springs have enabled APDC to tap AAPI networks and to respond to needs statewide. The mission of APDC is to empower AAPIs and all Coloradoans through the promotion of understanding and the appreciation of cultural diversity.

The tobacco control needs assessment conducted for STEPP, and described in this report, has provided APDC with the opportunity to further enhance its AAPI networks and to begin capacity building around tobacco issues within AAPI communities. APDC's role in this study was manifold: 1) to ensure culturally appropriate and relevant instrumentation and interpretation of findings, 2) to recruit and support bicultural, bilingual *peer-to-peer researchers* from among the nine largest Asian ethnic communities in Colorado, 3) to represent the tobacco needs assessment within Asian communities, and 4) to convene key stakeholders to begin a dialogue about tobacco issues within Asian communities.

¹ Please see the June 2002 issue of the American Journal of Public Health.

The needs assessment was designed and carried out in partnership with OMNI Research and Training, Inc. OMNI is an applied social science research firm that has been working with foundations, government and non-profit agencies in the areas of youth development, substance abuse prevention and treatment, juvenile and criminal justice, and community health and development, for over twenty-five years. Over the past several years, OMNI has worked with APDC in variety of capacities, including program evaluation and technical assistance. For the statewide tobacco needs assessment, OMNI played an important role in the development of the study and instruments, training and debriefing peer-to-peer researchers, conducting Asian health practitioner interviews, and analyzing and reporting the data.

The AAPI Population in Colorado

In Colorado, there is a small, but growing population of Asian American Pacific Islanders. With new Census categories, individuals identifying as an AAPI singly or in combination with another racial ethnic group now make up a little of 3% of the Colorado population. The City of Denver is the city with the largest number of AAPI residents (16,259). Denver is followed by the City of Aurora and Colorado Springs, respectively, in having the second and third largest AAPI populations. Altogether, nearly 40% of Colorado AAPIs live in one of these three cities.

Korean Americans represent the largest Asian ethnic group, followed closely by Chinese Americans and Vietnamese Americans. Nearly 64% of AAPIs speak an Asian or Pacific Island language in the home, and 32% of all Colorado AAPIs "speak English less than 'very well'" (Census category). According to the 2000 Census, nearly 20% of Coloradoans born outside the U.S. emigrated from an Asian country.

Needs Assessment Process

This needs assessment was designed as a qualitative research study of the knowledge, attitudes, beliefs and values of AAPIs in Colorado. Four distinct and iterative stages of research were built into the needs assessment: AAPI health practitioner interview, AAPI community member interviews, a peer-to-peer research debrief, and the formation of a Colorado AAPI Tobacco Advisory Board to help guide culturally appropriate data interpretation. At each stage, AAPIs assumed significant roles in providing interview guide feedback, recruiting research participants, collecting and translating data, debriefing the research process, and assessing the cultural appropriateness of data interpretation. The provision of interpretation services was a key consideration during data collection activities. For additional information, please contact either APDC or OMNI Research and Training, Inc.

Factors Influencing the Social Acceptability of Tobacco

There are a few consistent trends that emerge from research on AAPI tobacco use:

- Studies show that smoking prevalence rates among Asian Americans vary by sex, so much so that the low use by AAPI women tends to have a "masking" effect on observable trends among AAPI men. (Grace et. al., 2002: 1013).
- Smoking prevalence varies depending upon country of origin; the number of generations lived in the United States, and socioeconomic status. No consistent trend about the relationship of these variables to tobacco use has been documented, however.

- AAPIs as a group tend to initiate tobacco use at a somewhat later age than other racial ethnic groups in the U.S. (Grace et. al., 2002: 1013).²

While these trends alone do not provide a great deal of information about AAPI tobacco use, they do begin to suggest some normative patterns that should help focus future tobacco research.

Interviews conducted as a part of this needs assessment illuminate some aspects of the beliefs and practices that shape AAPI group norms. They explored *Tobacco Prevalence and Practice in Countries of Origin*, *Tobacco Prevalence and Practices Among U.S. AAPIs*, *Family Influences*, *Tobacco Issues for AAPI Women*, and *Health-Related Beliefs and Experiences*.

Cultural and Health Implications for Tobacco Control

Cultures are complex; they change over time and when introduced into new social and geographic environments. The cultural and social environments of AAPIs, like that of other racial ethnic groups in the U.S., are replete with conflicting messages about tobacco use. The recent immigration of many AAPIs complicates this picture. There are language barriers, varying levels of knowledge about the health effects of tobacco, and different cultural lenses used by these groups to derive and attribute meaning to everyday experiences. The development of culturally appropriate and responsive tobacco control strategies that target AAPIs must be grounded in this diversity of experience. Moreover, they also must recognize that AAPIs may be fully acculturated or may only relate with *some* of the following beliefs and experiences discussed in the report. This section explores the implications of *Language Barriers to an Appropriate Level of Healthcare* and *The Broader Cultural Context of AAPI Healthcare Experience*.

Recommendations

Based on research conducted to date, the Asian Pacific Development Center and OMNI Research and Training recommend that the State Tobacco Education Prevention Partnership (STEPP) prioritize funding for capacity building within AAPI communities and leadership development to promote tobacco control.³ "...[L]ower perceived risks regarding smoking-related cancers and chronic diseases and a pervasive lack of readiness for change in smoking behavior among Asian American smokers" (Grace et. al., 2002: 1019) signify the importance of capacity building for health education. Related recommendations in this section focus on community-based and culturally appropriate strategies for capacity building and the development of targeted educational messages. APDC and OMNI anticipate that outlined efforts will require infrastructural development within a centralized and existing agency that has made in-roads in local, ethnic-specific institutions, that can facilitate coalition building and resource sharing across AAPI ethnic subgroups, and that can respond to technical assistance and language service needs statewide.

- ❖ The AAPI Tobacco Advisory Board, peer researchers, and participating AAPI health practitioners advocated strongly for the delivery of health education and tobacco

² Some differences have been observed between different Asian Pacific Islander ethnic groups (e.g Cambodian...). It is also important to observe that later initiation does not equate with lower risk of future use (NAWHO)..

³ The Asian Pacific Partners for Empowerment and Leadership (APPEAL), a national AAPI network established to address tobacco control, has reached similar conclusions about prioritizing community capacity building and AAPI leadership and infrastructural development (2002: 4).

information to Asian American Pacific Islander communities. Collectively, they identified the following topics on which to focus community outreach and education efforts:

- The risks associated with tobacco use,
 - Coping mechanisms and ways to manage stress, and
 - Health-related services and resources available.
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- ❖ The AAPI Tobacco Advisory Board and participating AAPI health professionals observed that health education efforts targeting the AAPI community need to invest in the translation of materials and messages into major Asian languages represented within the State.
 - ❖ Culturally responsive tobacco-related information is needed, based on the needs assessment. Delivery of this information should come from local ethnic leadership in partnership with health experts.
 - ❖ Testimonies of other AAPIs may help create a collective sense of vulnerability to tobacco health-related problems and a desire to take action as a group.
 - ❖ Community gatherings and events provide important opportunities to share health-related information and to culturally “unmark” tobacco use in these social settings.
 - ❖ With respect to health education messages, healthcare professionals and peer researchers recommended raising awareness about the effects of second-hand smoke on the family, to appeal to AAPIs’ commitment to the family as a core strategy to promote cessation and changes in use patterns.
 - ❖ AAPI healthcare professionals recommended that AAPI newspapers become a media outlet for anti-tobacco campaigns.
 - ❖ Employing famous AAPI movie stars (such as Johnny Dep and Keanu Reeves) as advocates against smoking and tobacco use will help “break the association of smoking with success” that advertisements help create in countries of origin, while providing youth in this country with important role models and contradicting evidence about the “coolness” of tobacco use.
 - ❖ The AAPI Tobacco Advisory Board recommended that AAPIs receive consistent messages within their communities about the effects of tobacco on lifespan. Living a long and healthy life was deemed to hold particular cultural significance for AAPIs.
 - ❖ Peer researchers and the Tobacco Advisory Board indicated a growing need for culturally appropriate messages to target cigarette use among single women. Targeted messages for elder women and tobacco chew and betel nut also were indicated.