

APPEAL

Asian Pacific Partners for Empowerment, Advocacy and Leadership

2021 Policy Platform

September 2021

For more information about our initiatives on tobacco control, health equity, and other programs, please visit www.appealforhealth.org.

TABLE OF CONTENTS

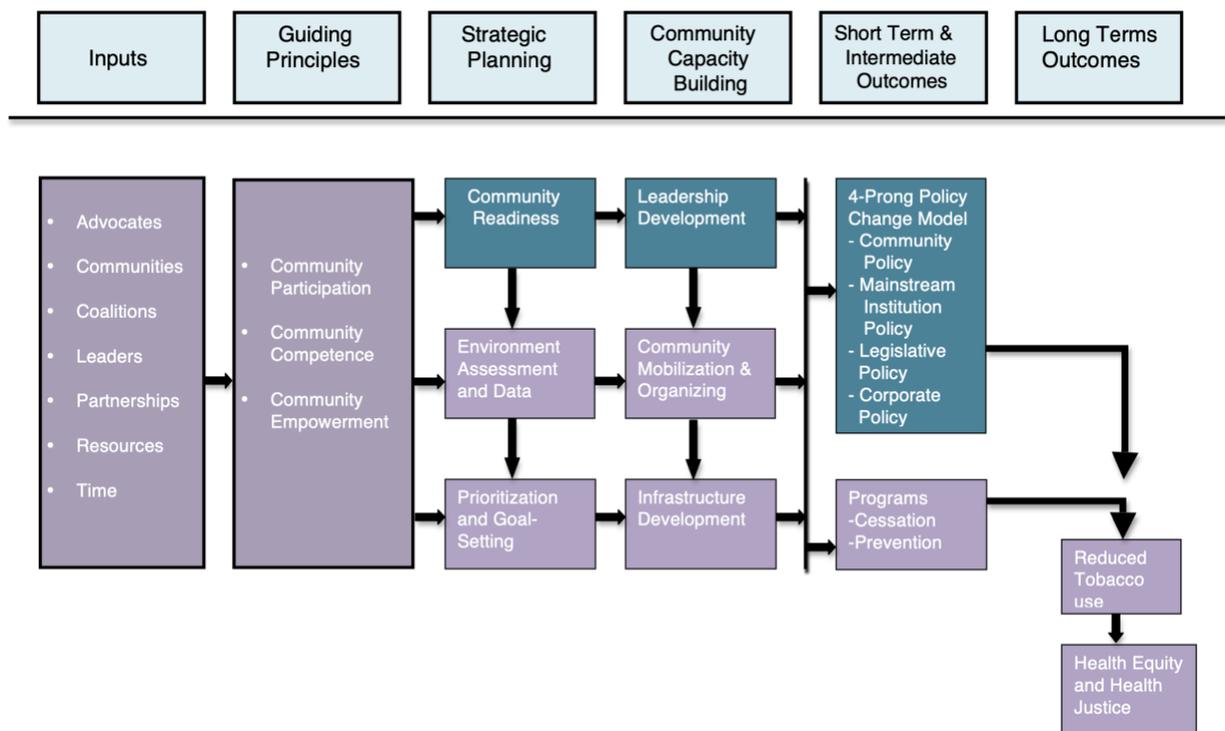
- 3 Introduction
- 4 Overview of Policy Platform Recommendations
- 5 Recommendations at the Mainstream Institution Level for All Priority Populations
- 9 Recommendations at the Mainstream Institution Level for Native Hawaiians/Pacific Islanders
- 10 Recommendations at the Mainstream Institution Level for Native Hawaiians/Pacific Islanders and Asian Americans
- 11 Legislative Level Recommendations
- 13 Community (Asian American and Native Hawaiian/Pacific Islander) Level Recommendations

INTRODUCTION

Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL) is a national health justice organization working to achieve health equity for Asian Americans and Native Hawaiians/Pacific Islanders. APPEAL serves as the Statewide Pacific Islander Asian American Resource and Coordinating Center (SPARC) under the California Tobacco Control Program.

APPEAL prioritizes culturally-tailored approaches to work for and with Asian American and Native Hawaiian/Pacific Islander communities to build capacity and community-led leadership to drive policy change from within.

Our Strategic Framework for Tobacco Control is as follows:



Because effective policy change happens at several levels, we have organized our recommendations under several categories, addressing what can be done at the level of mainstream institutions, legislatively, and at the community level. For each recommendation, we also outline historical and sociopolitical context, the community impact if implemented, and relevance to equity as it pertains to our mission to achieve health justice for our communities. Altogether, we recognize the need for ongoing collaboration with our communities and partners and envision a tobacco-free and healthier future for all.

OVERVIEW OF POLICY RECOMMENDATIONS

MAINSTREAM INSTITUTIONS LEVEL: All Priority Populations

1. Mandate development of a Strategic Health Equity Plan (including Implementation Plan) at the State and Local Lead Agency levels with health equity policy goals that are aligned with ADEPT's health equity definition, principles and recommendations.
2. Mandate and fund and conduct surveillance studies to monitor tobacco use for NH/PIs and also for AA subgroups and other demographics related to intersectionality.
3. Mandate "community friendly" funding mechanisms to provide easy meaningful access to commercial tobacco control funds.
4. Mandate funding for building community engagement and power among the next generation of COCs and LGBTQ+ in commercial tobacco control through community leadership programs.
5. Mandate that tobacco control funding and programming be provided to recognize the significance of COVID-19 and the current sociopolitical climate impacting NH/PIs, Asian Americans and other priority populations.

MAINSTREAM INSTITUTIONS LEVEL: Native Hawaiian/Pacific Islander-specific

6. Recognize the racial group distinction of Native Hawaiians and Pacific Islanders (from Asian Americans) and mandate separate funding and programming opportunities unique for NH/PIs (state health departments, CDC).

MAINSTREAM INSTITUTIONS LEVEL: Native Hawaiian/Pacific Islander and Asian American-specific

7. Fund and sustain a national Asian Smokers' Quitline and expand accessibility to other AA and NH/PI languages and cultural groups (UCSD, CTCP, CDC).

LEGISLATIVE LEVEL

8. Support local clean air policies; specifically, smoke-free multi-unit housing.
9. Support regulation of flavored and menthol tobacco products.

COMMUNITY (ASIAN AMERICAN AND NH/PI) LEVEL

10. Mandate smoke-free policies at cultural events and festivals sponsored by Asian American and NH/PI communities.

RECOMMENDATIONS AT THE MAINSTREAM INSTITUTION LEVEL FOR ALL PRIORITY POPULATIONS

1. Mandate development of a Strategic Health Equity Plan (including Implementation Plan) at the State and Local Lead Agency levels with health equity policy goals that are aligned with ADEPT's health equity definition, principles and recommendations.
 - a. **Context (Why is this policy important?)**

Health equity is a buzzword that is defined in many ways; but not much has been done institutionally to address systems change. ADEPT has defined the key elements of health equity to focus on systems change and building community power. More concentrated efforts to build capacity in health departments (both state and local lead agencies) are key to moving the bar on equity. This includes having a health equity plan that addresses systems change and built-in accountability factors to ensure progress is made.
 - b. **Impact (What will result if this policy is implemented?)**

A strategic plan will provide a roadmap for advancing equity in tobacco control and the implementation plan will provide key benchmarks for making progress. This is the first step in ensuring that there is a greater potential for addressing institutionalized racism, homophobia and other systems barriers. This will build internal institutional capacity to address diverse equity needs.
 - c. **Equity (How do we ensure that this policy is equity-centered?)**

The focus should be on building the capacity of mainstream institutions to advance equity internally with the guidance of key representatives from marginalized communities; but this will only happen if there are concrete process measures of equity and accountability for following through.
2. Mandate and fund and conduct surveillance studies to monitor tobacco use for NH/PIs and also for AA subgroups and other demographics related to intersectionality.
 - a. **Context**

Data disaggregation is a key equity issue to ensure the granular data collection of key subgroups for both racial categories of NH/PIs and Asian

Americans. Historically, CHIS collects data on NH/PIs and some Asian American subgroups but often does not have a large enough sample size and minimal information on commercial tobacco use patterns. In addition, analyzing the data by other key demographic variables like gender and nativity (birthplace) are important for identifying high risk segments of our NH/PI and Asian American populations related to commercial tobacco use.

b. **Impact**

Good quality granular data will help to identify the highest risk segments of the population and help inform planning and programming for commercial tobacco control. Furthermore, as policy change has become the driving force for tobacco control, more data on how marginalized communities engage in and respond to tobacco policies becomes ever more important.

c. **Equity**

Success in accomplishing the Endgame requires the ability to reach the most marginalized of communities. Access to data and data disaggregation are equity issues.

3. Mandate “community friendly” funding mechanisms to provide easy meaningful access to commercial tobacco control funds.

a. **Context**

California has provided a unique opportunity for marginalized communities to access funding and resources to do work in commercial tobacco control. However other systems changes are needed to provide “community friendly” funding and reporting mechanisms to ensure that critical community organization partners representing and primarily focused on specific communities of color and LGBTQ+ can access resources and participate in commercial tobacco control at the state, regional and local levels.

b. **Impact**

“Community-friendly” funding mechanisms that enhance access of resources by organizations from COC and LGBTQ+ is a direct, impactful way to building community capacity, infrastructure and a growing network to address commercial tobacco issues comprehensively.

c. **Equity**

Equity is about empowering marginalized communities and equitable funding and reporting mechanisms are necessary. Flexibility of funding to align tobacco with other critical community issues is also key in ensuring equity-centered strategies.

4. Mandate funding for building community engagement and power among the next generation of COCs and LGBTQ+ in commercial tobacco control through community leadership programs.

a. Context

Culturally-tailored and equity-centered leadership development programs (such as the LAAMPP Leadership Institute) have been shown to be effective in mobilizing communities of color and LGBTQ+ and building capacity to engage in commercial tobacco control policy change.

b. Impact

Community leadership development programs are a proven strategy for activating community members and center on tobacco control policy change and health equity.

c. Equity

Programs must be designed and implemented by experienced organizations and facilitators from communities of color and LGBTQ+ with documented expertise in interactive community leadership programs. Adequate funding is necessary to implement a comprehensive and sustainable leadership program.

5. Mandate that tobacco control funding and programming be provided to recognize the significance of COVID and the current sociopolitical climate impacting NH/PIs, Asian Americans and other priority populations.

a. Context

Substance use, including tobacco use, is directly impacted by mental health, and mental health is strongly impacted by the sociopolitical climate. During the COVID-19 pandemic, data are already showing increased tobacco use as a means to cope with the challenges of the pandemic, which are not limited to loss of income, loss of housing, racism and xenophobia, transphobia, homophobia, anti-Asian violence and hate crimes, and death of family members and family friends. For example, NH/PIs have experienced one of the highest COVID-19 mortality rates, and the community has suffered tremendously in a wide range of social determinants of health, such as housing and food insecurity. The added pressures of essential work, much of which is done by COCs, during the pandemic has shown to be detrimental to mental health

in AA and NH/PI communities. Additionally, a significant proportion of the AA and/or NH/PI essential workforce identify as immigrants.

b. Impact

Our communities are unique in the way we engage with each other and organize, and recognizing these nuances are critical to approaching our communities with efforts to curb tobacco use. This recommendation will better reach and engage marginalized communities in commercial tobacco prevention and control.

c. Equity

Addressing our communities where they are and understanding the broad dynamic of how tobacco fits within the context of a community is important in reducing tobacco use within that community. A culturally-tailored, equity-centered approach to commercial tobacco prevention and cessation recognizes the broader context of how our communities are being impacted by current events.

RECOMMENDATIONS AT THE MAINSTREAM INSTITUTION LEVEL FOR NATIVE HAWAIIANS/PACIFIC ISLANDERS

6. Recognize the racial group distinction of Native Hawaiians and Pacific Islanders (from Asian Americans) and mandate separate funding and programming opportunities unique for NH/PIs (state health departments, CDC).

- a. **Context**

In 1997, the federal Office and Management Budget OMB 15-revised recognized NH/PIs as a distinct racial group. The problem is that this has not translated into programming and funding opportunities. Clearly, NH/PIs are a distinct set of diverse ethnic groups from the Pacific Islands that have their own cultural ties. Furthermore, when data is disaggregated for NH/PIs, they have some of the highest risks as it relates to commercial tobacco use. For example, a recent national study showed that NH/PI youth had the highest use of e-cigarettes and second highest use of cigarettes among all racial groups.

- b. **Impact**

Disaggregated data shows the great need for separate programming and funding for NH/PIs particularly on commercial tobacco use and vaping patterns. In addition, NH/PIs face the greatest need as it relates to building community infrastructure to implement programs and benefit from tobacco control policies. Providing funding opportunities as a major racial group (and separate from Asian Americans) will help to build community capacity and community readiness to engage in commercial tobacco control.

- c. **Equity**

Data is an equity issue. When data is not disaggregated, communities suffer because the health systems do not properly acknowledge the distinction and need as a racial group and provide separate funding and programming accordingly. Funding should be provided based upon the readiness of the NH/PI community and recognizes the self-identity and self-sustainability of the community.

RECOMMENDATIONS AT THE MAINSTREAM INSTITUTION LEVEL FOR NATIVE HAWAIIANS/PACIFIC ISLANDERS AND ASIAN AMERICANS

7. Fund and sustain a national Asian Smokers' Quitline and expand accessibility to other AA and NH/PI languages and cultural groups (UCSD, CTCP, CDC).

a. **Context**

The Asian Smokers' Quitline (ASQ), initially funded as part of the California Smokers' Helpline (now rebranded as Kick It California), has been tremendously impactful for reaching and providing online cessation services for four Asian language groups (Cantonese, Mandarin, Korean and Vietnamese) particularly when paired with a rigorous media and promotional campaign.

b. **Impact**

While the ASQ has been impactful for 4 language groups, other Asian languages and NH/PIs as a racial group have been neglected. The ability to provide quitline services to NH/PIs as a trusted resource would provide critical cessation as tobacco use rises particularly among NH/PI teens and young adults. Furthermore, other groups that have high smoking rates, such as the Cambodian community, would greatly benefit from in-language services. If we are to achieve the Endgame, concerted efforts to reach the most marginalized of populations is key.

c. **Equity-based**

As more commercial tobacco control policies are enacted, there will be an increasing need for these services. The ability to provide cessations to the most marginalized of communities is an equity issue. With other culturally-tailored cessation services lacking in other modalities, quitline services become even more necessary.

LEGISLATIVE LEVEL RECOMMENDATIONS

8. Support local clean air policies; specifically, smoke-free multi-unit housing.

a. Context

Smoke-free multi-unit housing protects our communities from non-consensual secondhand and thirdhand smoke and is integral for community health and wellbeing. There is already robust data demonstrating the harms of exposure to secondhand smoke, with the U.S. Surgeon General issuing a warning that there are no safe levels of exposure to secondhand smoke. Additionally, HUD already requires all public housing to have a smoke-free policy in place. There is also a growing body of evidence indicating the harms of thirdhand smoke.

b. Impact

Smoke-free policies would result in decreased exposure to secondhand and thirdhand smoke, leading to reduced exposure to toxins that have been shown to contribute to the development of or worsen pulmonary disease, cardiovascular disease, and cancer. Exposure to secondhand smoke has also been linked to sudden infant death syndrome (SIDS).

c. Equity

Our communities should have access to clean, smoke-free air, regardless of residence in a multi- or single unit home or whether renting or owning. Care should be taken to ensure that tenants are not evicted and efforts to provide tailored education to marginalized communities

9. Support regulation of flavored and menthol tobacco products.

a. Context

Flavored and menthol tobacco products in both combustible and liquid forms are ways in which the tobacco industry continues to adapt its products for the purposes of making them more accessible and addictive for our communities. Such efforts by the tobacco industry are intentional when targeting our communities directly. Currently, the FDA is moving to restrict the sale of flavored and menthol tobacco products. There is growing concern around youth use of electronic smoking devices (ESDs) that use flavored tobacco liquids meant to be aerosolized. With the development of flavors such as taro, coconut, Matcha, lychee, milk tea, etc. for use via ESDs, our youth face a renewed epidemic in tobacco use centered around use of ESDs. NH/PIs have one of the highest uses of menthol

tobacco products.

b. **Impact**

A significant portion of our communities use flavored or menthol tobacco products. Reducing access to flavored and menthol tobacco products will reduce tobacco use and encourage cessation.

c. **Equity**

Regulating the sale of and access to flavored and menthol tobacco products at the retailer level directly impacts the tobacco industry at large without penalizing consumers.

COMMUNITY (ASIAN AMERICAN AND NATIVE HAWAIIAN/PACIFIC ISLANDER) LEVEL RECOMMENDATIONS

10. Mandate smoke-free policies at cultural events and festivals sponsored by Asian American and NH/PI communities

a. Context

Changing cultural and social norms on commercial tobacco has always been a foundation of tobacco control strategies. While smoke-free policies and excise taxes have been effective strategies for reducing smoking prevalence overall, additional “community level” policies have also been important. For example, smoke-free outside cultural events and festivals have contributed to changing community norms in the Asian American and NH/PI communities.

b. Impact

This is a critical step for building community readiness to engage in tobacco policy change.

c. Equity

Starting with “community level” policies such as this one will help to better address the readiness of communities to engage in tobacco control policies. Starting first with the event planning committee will allow for participation of key community gatekeepers. Care should be taken to ensure that smokers are supported to quit smoking and in any potential enforcement elements that may criminalize tobacco use.