

Tobacco Use

Health Threat to Asian and Pacific Islander Communities

By Jody Vilschick

Closing the Gap, Men's Health • September/October 2001

Tonganese Americans can take heart that their former king, King Taufa'ahau Tupou IV, is working to help improve their health by collaborating in the making of an anti-tobacco video for youth in Tongan and English. "He still has great influence among Tongans in the U.S." says Percival Leha'uli, the director of the Tobacco Control Program at the Tongan Community Center in Los Angeles.

Still, according to *Tobacco or Health: A Global Status Report*, by the World Health Organization, 1997, the smoking rate among Tongan-American men is an astounding 65%, compared with an average of 24% among other Americans. But the statistics for other Asian American/ Pacific Islander (AA/PI) groups—72% of Laotian American men and 71% of Cambodian American men smoke—underline the need for tobacco cessation and prevention programs that can appropriately communicate with the AA/PI communities.

Complicating the lack of culturally competent and translated materials and resources for the AA/PI community is the diversity among the AA/PI communities. "There are more than 50 distinct ethnic and language groups within the umbrella of the AA/PI community," says Rod Lew, founder and current executive director of the Asian Pacific Partners for Empowerment and Leadership (APPEAL). "There are very limited cessation resources even for the very large groups." Founded seven years ago, APPEAL is a national network of individuals and organizations that work to prevent tobacco use among the AA/PI community.

Yet creating such resources is critically important. "If the services are culturally competent and language appropriate, then that will build a higher trust—and ultimately have a greater effect," says Elaine Hishiwara, who runs the Washington Asian Pacific Islander Families Against Substance Abuse (WAPIFASA). WAPIFASA, located in Seattle, provides a variety of substance abuse outreach activities that incorporate anti-tobacco messages.

Tobacco Advertising—A Cause for Concern

The tobacco industry spends almost \$7 billion every year on advertising—contributing, in part, to the high incidence of smoking within the AA/PI community. "Many within the AA/PI community receive the tobacco industry's targeted messages again and again," says

Lew. He notes that many American and international tobacco companies market their products extensively in Asian countries—where many immigrants to America originate—then, these companies reach these same people again—once they assimilate into American culture.

China, for example, produces more tobacco than any other country in the world, and is also its greatest consumer of tobacco, according to the World Health Organization. And, as a true testament to advertising and marketing ingenuity, a store in Seattle's Little Saigon neighborhood cleverly integrates the Marlboro logo with Asian cultural icons like Buddha. Marlboro signs also hang adjacent to rice bags, cash registers and other high-traffic areas, Lew added. "It's a shame that until a few years ago, the tobacco companies knew more about getting their message out to the AA/PI community than the public health tobacco cessation programs," he said.

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Addressing Cultural Barriers

Alison Shigaki is a physician with International Community Health Services, a community health clinic that primarily serves members of Seattle's AA/PI community. Shigaki has come face-to-face with some of the cultural barriers to the anti-tobacco message her clinic promotes. "Smoking is a big part of some Asian cultures," she says, pointing out that men in many Asian countries use smoking to socialize and transact business. "If someone offers you a cigarette, you need to be polite and accept it. You also need your own cigarettes to offer others," she says. "Then they come to the U.S. and it takes them a long while to realize cigarettes aren't so important."

Shigaki's clinic, which is funded by grants from Seattle King County Health Department, has recently started a pilot six-week-long smoking cessation program in Vietnamese targeting Vietnamese men. "Men in the class at the beginning can bring someone else as support—even up to week five," she says. "We hadn't expected it to be this way, but it's now a rolling admission. Men who started the class later are now attending the second round of classes to catch up on what they missed in the first few meetings."

She notes however, that most of these men are already highly motivated—of the 20 that finished the first set of classes, two had already quit smoking and 12 others were starting the nicotine patch.



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APPEAL offers a tool-kit, "Making Tobacco Relevant for Asian American and Pacific Islander Communities," that recommends that community organizations follow these steps:

1. Identify the people in the community already active in cessation efforts to approach about tobacco and smoking cessation efforts.
2. Cultivate relationships with that group, or establish contacts to collaborate with them.
3. Know the community at first hand: learn about what concerns motivate them to act.
4. Find ways to relate tobacco to those concerns.

5. Provide information about tobacco control in a way that interests the community.
6. Provide opportunities for the organization to be involved in tobacco control.

AA/PI men are much more likely than AA/PI women to smoke, says Lew, although he notes that as AA/PI men become more acculturated, their rate of smoking tends to drop, while AA/PI women's rate of smoking increases with acculturation.

The good news of acculturation—according to Shigaki—is that, "now that they're in the United States, the wives are more vocal—they don't want the men to smoke in the house and they encourage the men to pay more attention to their health," she says.

For more information, contact APPEAL at <http://www.APPEALforcommunities.org> ❖

Smoking Behavior of Asian Americans and Pacific Islanders

Cigarette Smoking Behavior

Research shows an association between cigarette smoking and acculturation among Asian American and Pacific Islander adults from Southeast Asia. Those who had a higher English-language proficiency and those living in the United States longer were less likely to be smokers.

Among Chinese men, the average number of cigarettes smoked per day increased with the percentage of their lifetime spent in the United States.

Among Vietnamese, the prevalence of smoking was higher among men who immigrated to the United States in 1981 or later and who were not fluent in English.

Health Effects

Smoking is responsible for 87% of the lung cancer deaths in the United States. In 1993, lung cancer was the leading cause of cancer death (22.3%) among Asian Americans and Pacific Islanders.

The death rate for lung cancer was 27.9 per 100,000

for Asian American and Pacific Islander men and 11.4 per 100,000 for women.

Among subgroups, both Hawaiian men (88.9 per 100,000) and women (44.1 per 100,000) had the highest rate of lung cancer deaths, and Filipino men (29.8 per 100,000) and women (10.0 per 100,000) had the lowest.

Prevalence

The 1997 National Health Interview Survey data show that overall adult smoking prevalence was lower among Asian Americans and Pacific Islanders (16.9%) than among Hispanics (20.4%), whites (25.3%), African Americans (26.7%), and American Indians and Alaska Natives (34.1%).⁴

Smoking rates are much higher among Asian American and Pacific Islander men than among Asian American and Pacific Islander women, regardless of country of origin.

Quitting

Among current smokers, Asian Americans and Pacific Islanders were slightly more likely than white smokers to have quit for at

least one day during the previous year (32.0%, compared with 26.0%).

Asian Americans and Pacific Islanders (2.5%), however, are less likely than whites (3.4%) to remain abstinent for up to 90 days.

A community intervention trial for Vietnamese men conducted in San Francisco significantly increased the likelihood of quitting smoking. This program included a long-running anti-tobacco media campaign and school- and family-based components.

Tobacco Industry

Among racial/ethnic minority communities in San Diego, the highest average number of tobacco displays was found in Asian American stores (6.4), compared with Hispanic (4.6) and African American (3.7) stores.

Source: U. S. Surgeon General's Report, *Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics, 2000.* ❖

