Asian American Pacific Islander Tobacco Coalition

Of Washington State

Tobacco Assessment Report of

AAPI Community Key-Informants

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METHODS:

AAPI community members began meeting together in the fall of 1997 to address the issues of tobacco use and prevention in the AAPI community and formed the AAPI tobacco coalition. In the summer of 1999 the AAPI tobacco coalition grew to include representation in King and Pierce County with the purpose of continuing to further these efforts and to develop capacity with in the AAPI community. Members of the coalition are from both King and Pierce County and work with the AAPI community either in their jobs and/or through their community involvement. Several of the members also address tobacco prevention in their daily work as part of their job description. Many of the members have participated in the Asian Pacific Partners for Empowerment and Leadership (APPEAL) Program, which has further strengthened their commitment to work on the issue of tobacco prevention in the AAPI community. Organizations represented on the AAPI Tobacco Coalition include: Indochinese Cultural and Services Center (ICSC), International Community Health Services (ICHS), Korean Community Counseling Center (KCCC), Korean Women's Association (KWA), My Service Mind (MSM), Neighborhood House, Public Health Seattle King County (PHSKC), Tacoma Pierce County Health Department, University of Washington School of Public Health, and Washington Asian Pacific Families Against Substance Abuse (WAPIFASA).

When the Washington State Department of Health (WA DOH) decided that each of the priority of populations conduct a community assessment, this project was brought to the AAPI tobacco coalition. Members of the AAPI Tobacco Coalition were asked if they would like to participate in the AAPI community tobacco assessment. Nine members volunteered to serve on this work group, and it was this group that determined the method used for conducting the AAPI community tobacco assessment. After reviewing the 40 "Basic Field Questions" proposed by the Cross Cultural Health Care Program, members of the committee selected their top 10 question choices. It was felt that in order to obtain valuable in depth information regarding tobacco use in the AAPI community, while maintaining the richness of the interviews, it would be inappropriate to ask all 40 questions that had been proposed. The individual choices were recorded, and the questions that received the majority of the votes were tallied. Additional questions were added to address the AAPI community's needs, and the 15 draft questions were placed under one of five categories that addressed the major tobacco issues: tobacco and community, tobacco prevention, tobacco cessation, tobacco media, and tobacco policy. Committee members met to discuss the 15 draft questions, and these questions were revised, reworded, edited, and combined in order that they would be more understandable to the interviewees. From these revisions, the committee came up with the final 12 interview questions (see Appendix).

Due to limited funding for this project, only key community leaders who were fluent in English were selected to be interview. Significantly more financial resources would have been required to train bilingual individuals to conduct the interviews, to transcribed the interview tapes in the native languages, and to then back translate into English for accuracy. The committee identified seven AAPI ethnic groups that they felt should be interviewed, however the decision to interview only seven groups was based on financial constraints. These groups were selected based on multiple factors: size of the ethnic community in Washington, large immigrant population, limited fluency in English, decreased likelihood of accessing mainstream organizations, and the client population currently being served by many of the AAPI community organizations. The seven AAPI ethnic communities interviewed were the Cambodian, Chinese, Filipino, Korean, Lao, Samoan, and Vietnamese. A category called "other" was also created for key tobacco informants in the AAPI community who did not belong to one of the seven ethnic groups. A decision was made to conduct three interviews in each ethnic community, except for the "other" group. Ideally, additional interviews would have been conducted in each ethnic community in order to obtain the viewpoints and opinions of more community members, however due to limiting funding only three interviews

Two respondents replied that it did not appear to them that the members of their community wanted to quit smoking. One said that this reluctance may be because, *"I think it's a way for them to relieve stress or they use it as an excuse for them to reduce the stress – like a relaxation medicine for them."* Another said that yes, the community does want to quit,

> *"...but for the adult population - they tend to be shy in a group or classroom setting, to talk about private life. When it comes to the class - maybe they don't want to see allot of other people from the community when they talk about their problems, so they don't show up. As for the youth, most youths, if they have allot of information about quitting - especially API information that they are comfortable looking at - then, most teenagers I talk to want to come (to classes). They understand it's for their health and it's getting too expensive. Some say they don't want to come because most of their peers smoke. When most of their peers smoke, then they tend to stay away from a non-smoking environment."*

Each of the interviewees named only zero to two individuals that were working in the community toward tobacco prevention efforts. Two identified the Cambodian New Years Festival as an important event that needed to be included in tobacco education efforts since so much smoking occurs at this festival. The New Year celebrations are held on or near the temple grounds. Two people mentioned that involving the monks from the Cambodian temples in making changes in the community's perception of tobacco would be crucial in gaining acceptance among the Cambodian community that tobacco is harmful:

> *"I see that the Cambodian temple needs to be involved to make some changes. Most every event, especially Cambodian New Years - a large number of our population that attend the Festival, they tend to gather in groups and meet at those times of year to socialize and then they tend to smoke. People look up to the monk with respect and when the monk smokes, they think, 'It must be okay for me to smoke.' So, if we can get the monks involved, educate them about tobacco, then maybe people will realize that tobacco is not such a good thing."*

Other key individual's that were identified as needing to be involved. The teen respondent stated, *"Party club promoters need to be involved because people in clubs smoke allot."* Also, the adult interviewees thought that workers in Khmer Community agencies needed to be involved in tobacco prevention.

The Indo-Chinese Cultural and Services Center (ICSC) was the only agency that was named in the area as specifically working with Cambodians in tobacco prevention. Regarding AAPI's involved in general tobacco prevention, two local agencies, Korean Woman's Association (KWA) and My Service Mind (MSM), were mentioned. The call was loud and clear that more community agencies and groups were needed to be involved in making changes regarding the tobacco problems, especially at community events like the Cambodian New Years Festival or to bring special events to the community like Kick Butts Day for youth. Specific agencies that are influential in the Cambodian community were identified as important to be involved, such as: Asian Counseling Services, Khmer Community of Tacoma, Hilltop Action Coalition, Youth Cambodian Classical Folkdance Group and the United Cambodian Association for Development.

Two respondents firmly stated that the attitude of the Cambodian community was that tobacco prevention efforts were not a priority. The youth interviewee said that it might be in the top five but certainly not at the top. One person replied,

> *"There is no support I guess. Time and space, I think, would be offered, but money and then staff time from small agencies would be hard – tobacco is not so important or relevant to them. They prioritize what's most important to them. In a social*

pictures for getting across a "smoking is bad for you" message. Video rental "trailers" with tobacco prevention messages were recommended. It was suggested that low-income families in the Cambodian community needed incentives such as free meals or prizes, before they would attend informational meetings about tobacco. Curriculums need to be translated into the language in which the smoking cessation or tobacco prevention class is being taught. It was suggested that more community agencies needed to be involved in this work and easier access to nicotine patches should be made available for the community. When one interviewee was asked how to make these changes in the community, the response was:

> *"I'm struggling with that myself. I'm still having problems with how to get this into my community. I'm still in the learning process. More money needs to be given to different communities who have different needs - without money, we can't get people to do the work."*

None of those interviewed felt that the Cambodian community was being specifically targeted, but two said that the AAPI community was targeted by the images chosen for ads or by the neighborhoods where the ads were placed. There was also concern about the targeting happening in Cambodia and how this encourages the Cambodians that visit there to purchase cheap cigarettes and bring them back to the United States.

Two respondents as a media method that would reach Cambodian families suggested advertisements on videos. Also, the Cambodian newspaper and "word of mouth" were named as the best ways to get the word out in the community. For youth, school newspapers were identified as an important source for reaching youth and teaching the parents to change their behavior was listed as important steps toward convincing the teens to change their tobacco habits.

No smoking on: school campus, inside public buildings, in designated restaurants, at the workplace, in an airplane, or in bars in California were all given as examples of tobacco regulations. Also listed were the laws concerning needing to be 18 years old to be able to buy tobacco products and that it is illegal for stores to sell tobacco products to minors.

While some thought that the smokers in the community know where they can and can't smoke - they also thought that perhaps most of the Cambodian community did not understand all of the tobacco rules and regulations, such as youth tobacco possession laws. The teen interviewee stated that if a teen is seen smoking, community members will *"tell you to put it out!"*

CHINESE ASSESSMENT

Three Chinese interviews were conducted. Interviewees consisted of one female young adult, one adult female, and one adult male. All interviewees were born outside the United States (both women were born in Taiwan and the male was born in Vietnam) but all have been in the US for over twenty years. All of the participants are involved in the Chinese community both through work and participation in community groups and activities.

All of the interviewees saw tobacco as a problem in the AAPI community, and also felt that it was a problem in the Chinese community. Tobacco use was seen as a problem that affected men more than women. *"Most of the men do smoke, I mean Chinese men, I don't have the official numbers but roughly guessing its about, I would say 75%..."* Another interviewee commented *"It is more pronounced with males and it always has been. Culturally its always has been with business interactions and things like that. Males are just more, smoking is more likened to, linked to men."* However one interviewee felt the country of origin for women affected their smoking behavior,

Americans felt social justice issues were her organization's top priorities and tobacco wasn't seen as a big issue. She felt that this attitude stemmed from lack of knowledge about the impact of tobacco in general and how it affect the Chinese community, *"there is that mentality where people feel like it's their choice, smokers choice to smoke, if they do then it's their problem, it's not related to us, it's your right to do what you want to do."*

Strengths of the Chinese community which were identified as supporting tobacco control and prevention included the fairly high literacy rate, powerful community organizations which have a lot of sway in the Chinese community, and the fact that many of the new immigrants utilized the various social service agencies.

A number of barriers or weaknesses were identified within the Chinese community that hindered the tobacco prevention and control efforts. These included: the composition of the Chinese community in regards to country of origin (China, Taiwan, Hong Kong, SE Asia), varying languages and dialects spoken resulting in people within the Chinese community being unable to communicate with one another, a lack of awareness, unwillingness of individuals to commit their time or resources due to their demanding work schedules, a lack of resources, unwillingness of different groups together due to a fear that they will have to sacrifice some of their benefits, and the fact that tobacco was not seen as a priority in general and in the Chinese community.

When asked what tobacco prevention and control activities currently exist in the Chinese community, two of the participants mentioned tobacco prevention work being done by Alison Shigaki at ICHS. One interviewee particularly mentioning ICHS' Chinese cessation classes. The other interviewee was not aware of any activities currently existing, but hoped that ICHS would institute these activities. When asked what they felt needed to be done around tobacco prevention in the Chinese community, building capacity within the community, increasing available resources, increasing awareness of the tobacco problem, providing education, and media outreach were all mentioned. One interviewee felt that the recent Cantonese speaking immigrants should specifically be focused on due to their large numbers in the Seattle area.

When asked where those in the Chinese community would turn for help to quit using tobacco, acculturation level, age, fluency in English, and attitudes about smoking were all mentioned as factors that influence where someone would go for help. Two of the interviewees felt that the resources to support cessation were limited in the Chinese community. All three interviewee felt that those in the Chinese community would turn to their physician or medical provider to get help with quitting tobacco. One interviewee commented *"I never heard a story like, if some of the Chinese people want to quit smoking they went out to the pharmacy and buy any kind of a products or even buy chewing candies. No they usually go to the medical professional asking for help."* Another interviewee commented

> *"I did not get the sense that my patients or those people we interviewed were actively looking for resources and again I think it was the belief that they can cut back and it really depends on their personal, how did, what was the word they actually described it as, personal determination."*

ICHS and ACRS were both mentioned, as agencies that older people or those with limited English skills would go to for help. For the youth in the community, WAPIFASA, Alison Shigaki, and mainstream organizations were mentioned. However, it was felt that mainstream organizations might not be successful due to the fact that their programs would not be tailored to AAPI's.

Two of the interviewees felt that additional advertising and outreach needed to be done to help in the cessation efforts in the Chinese community. The focus of the outreach differed depending on age. For the youth, outreach needed to happen outside of the family and should incorporate both

storeowners knew that it was illegal to sell cigarettes to minors, some were willing to take a chance, as this would help their business. He felt that stiffer penalties should be enforced for those who were caught selling cigarettes to minors.

FILIPINO ASSESSMENT

Three Filipino interviews were completed. Subjects were one male elder, one female adult, and one female teen. Two of the interviewees were from Pierce County; the other interviewee was from King County. The male elder was born in the Philippines but has been in the US for 44 years, the adult female was born in the US, and the teen female was born in Germany but had been in the US for 8 years.

While all those interviewed responded that tobacco was a problem in their community, two felt that it was a danger to the whole community and one specified that teens and elders were most at risk. Negative health effects for the smoker and those breathing in second hand smoke were listed in detail. Financial and emotional costs were mentioned and one respondent felt that the tobacco companies targeted her community.

The adults replied that some community members want to quit smoking because of the financial and health costs, but have difficulty dealing with the addiction withdrawals. The Filipina youth stated "*it's not a big issue for them.*"

The adult woman who was interviewed said that among the Filipino community there were members of the API community that were actively involved in tobacco prevention and were known to work within organizations such as WAPIFASA and ICHS in Seattle. The adult male interviewee also mentioned the KWA and the Air Force Base as organizations that were focused on tobacco prevention. The youth respondent mentioned the adult Filipino male that was interviewed was working to prevent tobacco use.

When asked who were the people in the community that need to be involved to make changes around the tobacco problem in the community, a number of professions were listed: health care workers, counselors, teachers, funders, parents, youth, and the spiritual community. The youth who was questioned suggested that teens needed to be a part of making such changes. The elder male who participated replied:

> *"I think I'm one of the few Filipinos in the community and also of the API's. I cannot think of one person in the Filipino community. In the API community – Lee Tanuvasa and Anna Thompson and others in a way… but not aggressively. Vera Weddy at Buckley too."*

Nine specific names of people and their affiliated Filipino organizations were mentioned during this interview as key people in the Filipino community of Tacoma that would be important in getting the tobacco prevention message out to the Filipino people:

Jane Domeika – Filipino American League (Fil AM League)
Ann Cristy Dudley – International Social Community Services (they reach out to people of all nations – on health, crisis and more) and her family run the adult nursing care program in the community.
Jim Tubig – UFAC, United Filipino American Community
Ruben Toledo – Filipino American Seniors
Lorna Ovena – PAYO – Philipino American Youth Organization
Elena Areno – Barranggay (organization's name is Tagalog for helping one another)

only cared about making money and had no thoughts about how their industry affected society. He stated that,

> *"They (tobacco companies) target whoever has the money, not just the Filipinos, but everybody who has the money to waste on tobacco for the industry's profit and economic gain. They don't care at all of the industry's affects to our society or our children. They care only about their income."*

Filipino videos, newspapers, TV and radio shows were all recommended as effective media formats that would reach the community with anti-tobacco messages. The youth interviewee stated that once the older Filipinos learn about tobacco from these sources, then the elders would pressure the youth to quit smoking or not start: *"The women, who are most of the shopkeepers and restaurant owners, don't like smoke. They won't allow selling cigarettes to kids - parents all know each other so they would find out about it."*

Current rules and regulation cited were: limits prohibiting access to youth, advertising restrictions such as billboards can't be close to schools, imposing tax on cigarettes that causes less availability, and restrictions on smoking in places that are public, like churches, social clubs and industry. Most Filipino families restrict or inhibit smoking in the home by going outside and putting up signs that say SALAMAT PO, which means "Thank you for not smoking." While some community members are aware of all these efforts – more awareness is needed for knowing the laws and encouraging smoke free community events.

KOREAN ASSESSMENT

Three Korean Americans were interviewed. They were one female young adult, one female adult, and one male adult. The two females work for community based agencies which serve mainly Koreans in King and Pierce Counties, and the male works in the Tacoma faith community. The young adult was born in the US, while both adults were born in Korea. The adult female had been in the US for 17 years and the adult male had been in the US for 30 years.

All three interviewees saw tobacco as a problem in the Korean community. They acknowledged that smoking has been culturally and socially acceptable in Korean culture and this, in turn, leads younger generations to more easily assume the smoking habit.

Those interviewed believed that some adult smokers want to stop smoking because they are concerned about their own and their family's health. However, younger Koreans do no seem concerned with the affects of smoking and, therefore, are not as inclined to quit as much as adults. As one female youth said *"it's socially cool for them to smoke and it's a way of fitting in."*

When asked which community members were involved or needed to be involved, in tobacco prevention efforts, answers instead focused on reasons for Korean youth smoking habits. Lack of involvement from older community members, disinterest in the topic, hypocritical stances by elders, and a weak publicity campaign were stated as reasons for the rampant smoking habits of Korean youths. All believe that more needs to be done in terms of family involvement and the Korean community's involvement. The interviewees cite parents, pastors, and community icons as sources for youths to learn the dangers of smoking. As one responded, *"even though it seems like parents are disenfranchised, that might be the most powerful source of people to get them to quit."* Organizations such as the KWA, the Department of Health, Korean radio, Korean newspapers, and churches were listed as sources from which tobacco prevention knowledge could be learned.

All three interviewees saw tobacco as a problem in the Laotian community. *"A lot of people they using tobacco, sometime they don't know that it will harm them. Many people think that it help them feel better, some people get sick, they might use that as a medication."* Two of the interviewees felt that tobacco use was a bigger problem in men, however it was mentioned that women who had been exposed to Western culture tended to smoke and that chewing tobacco was an issue in older women.

> *"I'm not saying women don't smoke, women do smoke, but it's less than men because men, when you smoke people would ask, "you have a smoke?"- it's a way of social thing when you sitting in coffee or something or in school, here's a cigarette, it's a sharing thing, it's a way of kinship. I got offered many time to smoke but I refused and I politely turn them down and sometime it doesn't do well with them because they feel I'm being social outcast or not accepting them."*

The other interviewee felt that tobacco was a problem that equally affected men and women, however women could not be as open about their tobacco use.

> *"…I see women that smoke but they don't really show people that they are smoking, they have to hiding it for women, but for men they smoke openly because in our community when women smoke, it's not appropriate. In terms of traditional you can chew tobacco as elder as you grow older … But woman still smoke, I mean I'm not saying they cannot smoke, but they are hiding it, not openly you know, let people seeing them smoke, like men have freedom smoke anytime they want."*

Two of the interviewees also saw tobacco as a problem in the youth. "I see young teens smoking a lot and I think that they need to feel like an adult and so forth, supposedly they say it's cause of stress, so I see a lot of young Asian teens smoking". One interviewee commented on how tobacco use has become ingrained into the way of thinking about health,

> *"…They believe in tobacco that it make them feel better, some of them may have that feeling because when they sniff the smoke they feel better, when they chew tobacco they feel better, like they have fever or they don't feel good a little bit and they have that they feel stronger and they think that kind of helping them instead of because in our country we don't have a lot physician, we don't have a lot of doctor. You have to go find some herb that help yourself to cure whenever you sick…"*

Two of the interviewees felt that people in the Lao community wanted to quit using tobacco, the other interviewee was unsure. They all felt that it was difficult for people to actually stop quitting. One interviewee reported that although his father had stopped smoking for 13 years, he had started smoking again due to stress, but was trying to cut back. One interviewee commented, *"With the Laotians you can't just give them the education, you have to give them the example which means somebody dying of cancer for example…tell them why they die, what cause it, and that clicks."*

None of the interviewees could identify individuals in the Lao community who were involved in tobacco prevention efforts. Community leaders, presidents of the various Lao organizations (there are over 54 Lao organizations which all fall under the umbrella of the Lao Mutual Association), monks, and current or former Laotian smokers were identified as key individuals who needed to be involved in the tobacco issue.

The interviewees were unable to identify any organizations that were involved in tobacco prevention. Organizations that needed to be involved in the efforts included the Lao Mutual Association, ICSC, and ICHS. When discussing the role of the Lao Mutual Association, one interviewee commented *"If you go talk to the president or board of directors they can maybe help*

The media formats that were felt to be effective in reaching the Lao community differed for each interviewee. The adult female felt that television commercials with pictures would be effective even if someone did not understand English, along with anti-tobacco advertising at the beginning of Thai or Lao movies. The adult male felt that brochures, which were placed in the temples, local markets and at the meeting place of different organizations, would be an option. He felt that the project needed to involve the community leadership so that they could pass the message on to their members. The youth felt that billboards and newspaper articles would be the best format, however the message would vary depending on the age group. For the youth, graphic pictures (i.e. lung cancer, lung changes), as well as pictures that show how smoking affected your physical appearance was important. For middle age people the focus needs to be family oriented, such as how smoking shortens your life span, and how this would impact the family if you die. For older adults, the physical manifestations of smoking and how this impacts one's day to day life needs to be emphasized.

Rules and regulations mentioned were the age requirement of 18 years old to buy cigarettes, non-smoking sections in restaurants, no advertising in schools, and the new tobacco tax. When asked if those in the Lao community were aware of these rules, one interviewee noted *"...I remember when I first came here with my parents. My father sent me to buy cigarettes and alcohol, I was only 13, I don't think he was aware."*

SAMOAN ASSESSMENT

Three Samoan interviews were completed. They were one male adult, one female adult and one female young adult. Two of the three interviewees resided in Pierce County and one in King County. The young adult and the male adult were born in the US, while the female adult was born in America Samoa and had been living in the continental US for 16 years.

All of the respondents saw tobacco as an increasing problem in the Samoan community due to an increasing number of smokers on the rise. One respondent mentioned that the Church leadership should take the lead in helping the community to become smoke free and ministers should not promote smoking tobacco as a norm in the lives of the community, especially among the youths and smoking should not be an ok thing to do. He stated that, *"when you have a Pastor who smokes...it sends us that kind of a message that it is ok to smoke, it's a norm."*

When asked about the community wanting to quit smoking, all three respondents felt that the Samoan community is more conscious and concerned about their health, and the elders see it as a need to quit. One adult respondent noted that, *"Yes, we want to stop using tobacco because we are concerned about the health of our children."* The youth respondent felt that since there is a small percentage of Samoans that wants to quit, it has played an important role in the community by becoming more aware of the hazards of smoking, and the need to quit is at hand.

The whole community involvement is a must and a need, as the youth respondent believed it would create more understanding. The two adult respondents knew some people who were involved with tobacco prevention in the Samoan community. They mentioned Lua Pritchard, Loreta Dorian, Lee Tanuvasa and Moana Trammel. But they all agree that the religious community needs to be involved as well.

One adult respondent mentioned a newly formed Samoan Community Family Services in Seattle is getting involved with tobacco by attending training, available through the health clinics that serves the API community in King County. The other adult and youth respondent mentioned two agencies in Tacoma who are involved with tobacco prevention in the Samoan community, namely the Korean Women's Association and Samoan Family Support Services including some Churches. An

come through, and a lot of people are very stubborn about certain things, especially a habit that they have grown up with and grown accustomed to."

When asked about if someone in the community wants to quit tobacco where would the go, the following suggestions were made: KWA, Health clinics, quit line and services in general. One adult respondent mentioned that, *"those who are bilingual could use the quit line if they knew about it."*

"Promotion is much needed to make cessation known in the community," said one adult respondent. Lack of knowledge about the services in cessation hinders the Samoan community from participating. But a good selling ad through cultural art works would be an eye catching for the youths to participate. One adult respondent stated that, *"we need to work on more messages on the dangers of secondhand smoke and on readiness."* This respondent does not believe that the Samoan community has the same awareness of all the programs that the state has to offer around the ads on TV, billboards, newspaper and all of those things that prompt people to stop. The same view is said by the youth, who believed that promotion is a big thing for Samoans. Believing that if all people knew about cessation programs available for Samoans, they would participate if available.

When asked whether they believe that the tobacco industry is targeting their community. One of the adult respondent answered by saying, *"Oh yes, I do believe most of the companies (tobacco) are targeting the Samoan community because most of the kids are seeing it through the posters in stores and other means of advertisement."* The other adult respondent believed that the tobacco companies are targeting Samoans through the general view of being classified under the Asian Pacific Islander groups, since the Asians has a high influence in business. The youth respondent believed that the tobacco companies are targeting minority groups in which the Samoan people are under that same category.

In terms of media effectiveness, one respondent believed that all media access must be utilized to reach the Samoan community. The other adult respondent believed that poster; visual print and music would be best. The youth respondent mentioned TV as the most effective, knowing that a lot of the children watch TV everyday.

Finally, the type of tobacco rules and regulations that exist in the community, all three respondents have limited knowledge of any rules and regulations that exist within their own community other than the eighteen-year-old rule for purchasing and buying tobacco products.

VIETNAMESE ASSESSMENT

Three Vietnamese interviews were done. The interviewees included a male young adult, an adult female, and an adult male. All three interviewees were born in Vietnam, with the young adult being in the US 10 years, and the adult female and male being here 22 and 16 years respectively.

All of the interviewees saw tobacco as a problem in the Vietnamese community, especially in the male population. One interviewee commented,
"I don't see many Vietnamese women who smoke. I do know some of them, but the number of Vietnamese women who smoke is much much less than Vietnamese males... But the real problem in the Vietnamese community is the husband who smoke and smoke inside the house and the female who do not smoke but they have second hand smoking is a big problem. And that problem is much bigger than in the other, in the American group (Caucasians) because Vietnamese people they don't know the problem, they don't know that second hand smoking is a big problem."

terms of giving up their times and efforts into stop something like this, they're willing to do it for themselves but they are not willing to help other people to do the same." This interviewee felt that by developing relationships with those in the community, over time they would be willing to help. Another interviewee felt that if there were a way to compensate the volunteers it would be very helpful in getting the anti-tobacco message out to the Vietnamese community. The last interviewee felt that there were those in the community willing to contribute their time and money to help, however those he had approached up until this point had turned him down. When asked why this was, he responded that he had probably asked the wrong people.

The strengths identified in the Vietnamese community included their high literacy rates, their resilience as a refugee community, the capacity to mobilize the community, the commitment to better their children educationally, and the fact that the younger generation will be well educated and more open minded toward helping others. One interviewee commented, *"I think the Vietnamese people as a refugee community are very resilient in terms of what they have endured and then being able to overcome that. So I think that, I have to say that their spirit I think is very strong."*

The weaknesses that were identified in the Vietnamese community by the interviewees included: the language barrier, lack of belief or understanding of preventative health care, limited basic science knowledge, gender roles, long term tobacco use, and the effect of the Vietnam War. One interviewee stated,
"Whenever we have things community meetings, it's only the men that come to those meetings. Women I think get together over different stuff but I think the men are somewhat view as decision makers and so they come to the table…So how do we get the women to the table so they can sort of be our cheerleader if you will because we know behind doors they're the ones that make the decisions."

When discussing the older Vietnamese one interviewee commented,

> *"The situation of the old Vietnamese people is quite different from other ethnic group. We had a big war and we lost the war. We been injured in labor camps for a long time, a lot of bitterness, very depressed and I think that most of them are still suffering of the post traumatic syndrome now. So it's hard for them to quit smoking. Because not only chemical or physical dependence, but they are strongly emotionally dependent on tobacco and alcohol."*

When asked about tobacco prevention and control activities that currently exist in the Vietnamese community, one interviewee could identify no activities while they other two reported very little activity. One interviewee reported that what he has seen deals with tobacco cessation, including articles in the Vietnamese newspaper. Another interviewee felt that tobacco prevention was not a "front burner issue" for the Vietnamese community as in the last ten years the focus has been on survival. As a result she felt that the awareness was not quite as high, and the work that is occurring is not as visible as in other areas. Suggestions to improve tobacco prevention in the Vietnamese community included: recruiting a dozen anti-tobacco Vietnamese activists who work in different areas of the community, and spreading the anti-tobacco message at major community events while honoring cultural traditions.

> *"I think we need to start where they are coming from in terms of tying in our work with their tradition and honor the traditions. So being the Vietnamese Lunar New Year, part of it is you go around you wish people a year of health and all that and so I think that would be a perfect avenue to try to have that, to try and tie our message into that and using, being strategic with how we use perhaps people like our youth to bring that message to the elder community as well as their own age group…and*

"To fight tobacco, you cannot have just one ad one day, people won't quit no. You have to have all the newspaper, day after day for year, and it will work gradually. I think that those kind of information not only reach the men who smoke, but they will reach other people in the family and the family will push them to quit smoking..."

All of the interviewees were aware of the age requirement to buy cigarettes, however they did not feel this was always enforced. Other rules and regulations mentioned were non-smoking in public places, and the increased tobacco tax.

AAPI - Other Assessment

Two female adults were interviewed for the other category. The two individuals who were interviewed identify themselves as Japanese Americans and were born in the USA. Both of the interviewees work with all API communities, specifically Southeast Asians, Korean, Samoan, Chinese, Filipino youths, families and adults. Both community providers have provided services to refugees as well as those who lived here for several generations.

According to the community leaders, tobacco is a major issue in many of the API communities. One person noted that about 80% of the youths she sees for substance abuse treatment services are tobacco users. Another leader notes that smoking is more prevalent in the API men than women, but adds that the women and children are impacted by second-hand smoke. In one instance, a woman died from cancer as a result of being exposed to her husband's smoking.

Although tobacco is identified as an important health issue, it is difficult to get API community members actively involved because many are newly-arrived refugees and are more focused on the here-and-now realities for their community while other API communities are dealing with limited resources and competing priorities. One community person notes: "These people are always the ones being asked when there is an issue. We tend to go to them when we need to organize the community. We need to value their time and compensate them for the work that they're doing."

When asked about who is involved in promoting anti-tobacco messages in the API communities, the following organizations were identified; WAPIFASA, ICHS, Pierce County Health, KC Public Health, APPEAL, API Tobacco Coalition, KWA, ICSC, Asian Counseling and Referral Services (ACRS) and Korean Community Counseling Services. The leaders were quick to point out that there are other agencies or community members who may not be currently involved but need to because of their knowledge and status in the community. The latter include health care workers, churches, ethnic community centers or associations and organizations such as Refugee Women's Association (REWA) and API Safety Center. One community member notes that there are *"a lot of untapped people...doing other really good work...have access and credibility in the community to bring the community together. Those are the people that we need to identify and provide initial leadership and training to!"*

Lack of or limited funding is also recognized as a huge barrier for many API communities. In fact, the issue of money is more important in this community than any other because of the low socioeconomic conditions in some of the API communities. One community leader explains that tobacco companies know that glossy ads will not work in ethnic communities. Instead, the industry provides monetary sponsorship with a no-question-asked approach for events such as sporting tournaments and community festivals. *"It's a very lucrative approach because how can you say "No!" to money?' We're in a difficult place because we ask them not take funds but we're not offering them any solution (neither)."*

CONCLUSION

It is difficult to encapsulate the needs and recommendations of the entire AAPI community regarding tobacco prevention in a single report. This is made even more difficult when only 7 of the over 50 AAPI ethnic groups were interviewed, and all of the interviews were conducted in English. In addition, many key community informants within the seven ethnic communities (Cambodian, Chinese, Filipino, Korean, Lao, Samoan, and Vietnamese) were unable to be interviewed due to language barriers, limited financial resources for this project, and the short time line given to complete the assessment. Although there are recurring themes that have emerged from the separate community assessments, it is important to remember that they may not hold true for all AAPI's. It is important to continue to implement a community-based approach when addressing the AAPI communities' needs regarding tobacco prevention. By allowing the AAPI community to create a tobacco prevention plan for their community from the bottom up, it will have a greater acceptance and in turn better success than the top down approach.

The themes which emerged across the majority of the AAPI community assessments were: 1) the lack of funding and resources for tobacco prevention, 2) the lack of knowledge and awareness about the harmful effects of tobacco and ETS, 3) the need for culturally appropriate tobacco prevention materials, education, and cessation services, 4) the need for community leaders (i.e. elders, religious leaders, heads of community organizations) to quit smoking and to be involved in community education and outreach, and 5) the fact that tobacco has become intertwined with cultural practices (i.e. gift giving, weddings, business transactions with men). The challenges faced by many of the AAPI communities interviewed that were not exclusive to tobacco prevention included the diversity seen within each community (i.e. country of origin, language or dialect spoken, varying education and literacy levels), competing priorities within the community, and the priority of day to day survival for recent immigrants over community issues. Additional challenges for many of the AAPI communities that were specific to tobacco prevention included, communities not viewing tobacco as a priority, lack of community leadership around tobacco prevention, and the need for ongoing funding for interventions in the AAPI community.

It is also important to recognize the much strength, which exist within the AAPI communities, which are viewed as assets when working on the issue of tobacco prevention. The strengths include: 1) the diversity (both in terms of ethnicity and culture) seen within the AAPI community, 2) the ability of the community to come together for cultural events (i.e. lunar new year), 3) the importance of family, 4) the importance of religious leaders (monks, priests) within the community, 5) the strong network of people within each ethnic community who can come together and are capable of making change, 6) the language specific media infrastructure which currently exists in many of the API communities (newspaper, radio, TV), 7) the existence of many AAPI community based organizations and governmental agencies which are currently working in the AAPI community, and 8) the stand many of the community based organizations have made regarding not accepting tobacco monies as well as creating workplace policies on smoking.

By acknowledging the concerns of the AAPI community that have been brought forward in this initial assessment process, we hope that the Washington State Department of Health will help the AAPI community work toward combating the tobacco problem in its communities. It is important to remember that this is only the first step, and we must continue to have input from community members from various AAPI ethnic groups, both English and non-English speaking, if the true needs of the community concerning tobacco prevention are to be met.

APPENDIX

AAPI COMMUNITY TOBACCO ASSESSMENT INTERVIEW QUESTIONS:

Tobacco and Community Issues

1. Do you see tobacco as a problem in your community? Why or why not?

2. Do you think members in your community want to stop using tobacco? Why or why not?

3. Which individuals in your community are actively involved in tobacco prevention efforts? Who are the people in your community that need to be involved to make changes around the tobacco problem in your community?

4. What organizations in your community are actively involved in tobacco prevention efforts? What organizations in your community need to be involved to make changes around the tobacco problem in your community?

Tobacco Prevention

5. What do you think your community's attitude is about supporting tobacco prevention efforts? Would they spend money, time, offer space for meetings, or donate staff time for these efforts? Are the leaders in your community involved in prevention efforts?

6. What strengths or assets does the community have to support tobacco prevention and control? What weaknesses, barriers, or obstacles does the community have that make tobacco prevention and control difficult?

7. What types of tobacco prevention and control activities already exist in your community? What suggestions do you have that would help us provide tobacco prevention and control in your community?

Tobacco Cessation

8. If someone in your community wants to quit using tobacco where would they go for help?

9. What else needs to be done around cessation in your community?

Tobacco Media

10. Do you believe the tobacco industry is targeting your community? If yes how?

11. What media format (radio, TV, newspaper etc) would be most effective in reaching your community with anti-tobacco messages?

Tobacco Policy

12. What types of tobacco rules and regulations currently exist in your neighborhood, county, state, and across the nation? Are the people in the community aware of any or all of these efforts?