



Tobacco Prevention & Control Needs Assessment

In 2001, the state Tobacco Program funded community needs assessments in the African American, Asian American Pacific Islander, Latino/Hispanic, Lesbian/Gay/ Bi-sexual/Transgender and urban Indian communities. Because of the diversity of populations (and languages) within the Asian Pacific Islander community and the lack of funding to adequately address the needs of each community, APICAT selected seven communities to participate in key informant interviews – Cambodian, Chinese, Filipino, Korean, Lao, Samoan and Vietnamese. Two adults and one youth from the seven groups were interviewed utilizing the same set of 12 questions.

Although it is difficult to summarize the tobacco control needs and recommendations for the entire community based on one assessment, particularly when only seven out of the 50 Asian American Pacific Islander ethnic groups were interviewed, some common themes did emerge from the separate community assessments. However, these themes may not hold true for all Asian American Pacific Islanders.

- **Lack of funding and resources for tobacco prevention and control** – Most interviewees expressed the importance of building capacity within the community, increasing available resources, providing education and media outreach. Some interviewees did not know about any resources for smokers, and did not even know about the availability of nicotine patches. These problems can be remedied by an increase in funding for local resources.
- **Lack of knowledge and awareness about the harmful effects of tobacco and second hand smoke** – Most interviewees were not aware of the harm second hand smoke causes. Most interviewees felt that their community needed education on this subject. Especially because many immigrant parents in AAPI communities unknowingly expose their children to second hand smoke.
- **The need for culturally appropriate tobacco prevention materials, education, and cessation services** – All interviewees stressed the importance of having culturally appropriate tobacco services. Many commented on how non-English speaking citizens aren't exposed to public tobacco education and materials, and therefore miss out on resources that are available. All interviewees commented on how traditional cessation classes clash with what is acceptable in most AAPI cultures. Many expressed the need for privacy and sensitivity in receiving cessation services. One-on-one interactions were suggested for effective cessation work.
- **The need for community leaders (i.e. elders, religious and community organizations) to quit smoking and be involved in community education and outreach** – All interviewees stressed the importance of involving community leaders in community education and outreach. In most AAPI cultures it is imperative to establish a trusting relationship with the community before sustainable change can be made. The diversity of the AAPI communities require the skill of someone who has intimate knowledge of the specific community they are attempting to reach.



- **Tobacco has become intertwined with cultural practices (i.e. gift giving, weddings, business transactions with men)** – Many interviewees have noted that one of the biggest obstacles in addressing tobacco with the AAPI community is that it has become culturally accepted and promoted. In order to affect and change cultural norms, one must fully understand the culture of that community. Without fully comprehending the role tobacco plays in the community’s history, changes in cultural attitude cannot be made.
- **Importance of community-based approach** – 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. All interviewees expressed the importance of community-based action. Many of the AAPI communities are relatively small and tight-knit, because the AAPI community as a whole is divided by language and culture. It is because of this infrastructure, that many of the interviewees felt that community-based programs and resources would be the most effective for creating sustainable change.

As a result of the initial community needs assessment, the planning retreats and ongoing coalition meetings, APICAT adopted the APPEAL Community Stages of Readiness four-pronged approach in addressing tobacco control issues in the Asian American Pacific Islander community: infrastructure building, programs, policy change, and research and data dissemination.