APPEAL: fighting for social justice in tobacco control among Native Hawaiians and Pacific Islanders through leadership and capacity building

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Early beginnings

In 1995, the motto of the first Pacific regional tobacco control conference was “Tobacco is not Pacific-ly Correct.” Nearly a decade later, that statement remains critically important and particularly timely.

APPEAL (Asian Pacific Partners for Empowerment and Leadership), a national tobacco control network for Pacific Islander and Asian American (AAPI) communities, has continued to work toward achieving the vision of this motto since its inception in 1994. In September 2004, APPEAL will celebrate its 10th anniversary—a decade of work dedicated to supporting efforts to build capacity and leadership on tobacco control in Native Hawaiian and Pacific Islander communities locally and nationally.

APPEAL is a national social justice network whose mission is to prevent tobacco use in the diverse AAPI community through the following five priority areas:
- Network Development
- Education
- Capacity Building
- Leadership Development
- Advocacy/Policy

Network development

Growing to nearly 500 network individual and agency members, APPEAL’s goal is to advance the national AAPI tobacco control movement through advocacy, activism, community development and empowerment.

Education

Recent articles have shown the impact of tobacco on Pacific Islanders. Smoking prevalence among Native Hawaiians has always been high compared to other ethnic groups in Hawai‘i. Data from the 2002 Hawai‘i Behavioral Risk Factor survey report that 33.8% of Native Hawaiians are current smokers. Other studies have shown high smoking prevalence among other Pacific Islander groups including 50% for Samoan men in American Samoa and 53% for Chuukese men in Weno, Chuuk. The Centers for Disease Control and Prevention (CDC) reported that in 2002-2003, Guam had the second highest overall smoking prevalence (32.1%) among all U.S. states and territories (Table 1). Only Kentucky, a tobacco growing state, had a higher smoking rate. However, recent data for adult smoking in other Pacific Island jurisdictions remain limited.

Equally alarming is tobacco use among Native Hawaiian and Pacific Islander youth (Table 2). The 2000 American Legacy study revealed that Native Hawaiian and Pacific Islander girls in middle school had the highest smoking rates compared to their peers in other ethnic groups. In addition, the World Health Organization and CDC have launched the Global Youth Tobacco Survey (GYTS) in more than 80 countries and regions including Guam, Palau, and the Federated States of Micronesia states of Pohnpei and Kosrae. Preliminary data have revealed that a high percentage of middle school students (58% in Palau, 35.1% in Pohnpei, 41.2% in Kosrae, 23.3% in Guam) and high school students (71% in Palau, 56.8% in Pohnpe, 31.6% in Guam) are current tobacco users. Many of these tobacco users, particularly in Palau, are users of smokeless tobacco including tobacco mixed with betel nut. In addition, the GYTS in these countries revealed that most of the youth had been exposed to tobacco industry marketing, while a low percentage had actually seen anti-tobacco messages.

Most recently, APPEAL has collaborated with California State University at Fullerton and Guam Communications Network to conduct a community survey and focus groups...
on tobacco use in the Chamorro community in Long Beach. Findings showed the normalization of smoking in the culture and a high susceptibility to tobacco marketing in this group. A youth from one focus group observed, “I think the culture in Guam for cigarette smokers is so accepted that even the younger kids go buy cigarettes for their older aunties…it opens up a gateway to the kids to start smoking.”

Tobacco use is more than just smoking cigarettes. Particularly in the Pacific, smokeless tobacco and mixing tobacco with betel nut have been accepted as social customs. A few studies have shown high rates of tobacco use with betel nut in Palau, although data are still lacking on the use of smokeless tobacco. The data on the impact of secondhand exposure and tobacco-related diseases for Pacific Islanders are also lacking. And while some studies have revealed the tobacco industry’s role in targeting Pacific Islanders and Asian Americans, additional research is needed on the role of the tobacco industry in normalizing tobacco products and contributing to tobacco use among Pacific Islanders.

**Capacity building**

APPEAL recognizes that before a community can fully and comprehensively address tobacco, it needs to develop community readiness and capacity on tobacco control. Utilizing APPEAL’s Stages of Readiness model, Papa Ola Lōkahi has partnered with APPEAL to de-normalize tobacco use among Native Hawaiians in Hawai‘i. Papa Ola Lōkahi has successfully developed community-competent cessation materials and has begun organizing tobacco control speakers bureau of Native Hawaiian physicians and community leaders.

In February 2004, APPEAL collaborated with the Federated States of Micronesia (FSM) to develop a strategic plan on tobacco control for the four FSM states working together nationally. This strategic planning process was similar to a process that APPEAL and STUN (Stop Tobacco Use Now) launched in the Republic of Palau in 2000. Combining strategic planning with solid leadership will result in a greater potential of successfully implementing tobacco control programs and policy in the Pacific.

In the continental U.S., APPEAL has collaborated with Pacific Island communities in addressing tobacco. These activities have included conducting community-based participatory research studies in the Chamorro community, offering capacity-building trainings in Utah, and supporting youth leadership and mobilization in the states of California and Washington.

### Table 1. Current adult smokers, by gender, for selected Native Hawaiian and Pacific Islander populations

<table>
<thead>
<tr>
<th>Aggregate</th>
<th>Men (%)</th>
<th>Women (%)</th>
<th>Sample and Sampling Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Hawaiians (2002)</td>
<td>33.8</td>
<td>41.6</td>
<td>25.6</td>
</tr>
<tr>
<td>American Samoans (1989)</td>
<td>50.0</td>
<td>14.0</td>
<td></td>
</tr>
<tr>
<td>Chuukese (1985)</td>
<td>53.0</td>
<td>11.0</td>
<td></td>
</tr>
<tr>
<td>Guam (2002)</td>
<td>32.1</td>
<td>40.9</td>
<td>22.1</td>
</tr>
<tr>
<td>Palauan (1995)</td>
<td><strong>58.3</strong></td>
<td><strong>67.2</strong></td>
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</tbody>
</table>

**Data inclusive of all ethnic groups in Guam. Approximately 40% are Chamorros**

**This study only reported use of tobacco use with betel nut.**

### Table 2. Current youth smokers, by gender, for selected Native Hawaiian and Pacific Islander populations

<table>
<thead>
<tr>
<th>Aggregate</th>
<th>Men (%)</th>
<th>Women (%)</th>
<th>Sample and Sampling Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Hawaiians and Pacific Islanders (2001)</td>
<td>20.2</td>
<td>15.8</td>
<td>25.4</td>
</tr>
<tr>
<td></td>
<td>31.6</td>
<td>37.9</td>
<td>24.4</td>
</tr>
<tr>
<td>Guam (2003)</td>
<td>23.3</td>
<td>24.0</td>
<td>22.4</td>
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<tr>
<td></td>
<td>31.6</td>
<td>33.1</td>
<td>30.0</td>
</tr>
<tr>
<td>Kosrae (FSM) (2001)</td>
<td><strong>41.2</strong></td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td></td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Pohnpei (FSM) (2001)</td>
<td><strong>35.1</strong></td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td></td>
<td><strong>56.8</strong></td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Palau (2001)</td>
<td><strong>57.9</strong></td>
<td><strong>57.4</strong></td>
<td><strong>58.6</strong></td>
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<tr>
<td></td>
<td><strong>71.0</strong></td>
<td><strong>72.2</strong></td>
<td><strong>69.5</strong></td>
</tr>
</tbody>
</table>

* Data inclusive of all ethnic groups in Guam. Approximately 40% are Chamorros

** This includes use of any tobacco product.

n/a – data not available at this time
Leadership development

Another aspect of capacity building is leadership development. Why develop leaders? With competing health problems and limited infrastructure to respond to tobacco and the tobacco industry in Pacific Islander communities, it becomes even more critical to build leadership with the capacity to respond to tobacco use and tobacco marketing. Leadership has been an integral component to APPEAL’s work to build a national Pacific Islander and Asian American tobacco-control movement. APPEAL will convene four leadership summits in 2004 that will involve Native Hawaiians and Pacific Islanders, including the Cross Cultural Leadership Institute in Washington State, the Guam Leadership Summit, the APPEAL Youth Leadership Summit, and the APPEAL Policy Leadership Summit. The Guam Tobacco Control Leadership Summit, an inclusive collaboration with representation from government, schools, churches, community-based organizations, youth groups, and legislative staff, is the first time a leadership initiative specifically focuses on tobacco control in Guam.

Previous participants in APPEAL’s leadership summits have successfully implemented tobacco control activities as part of their fellowships. These activities have included expanding youth tobacco activities, establishing tobacco use surveillance, passing clean indoor air policy, countering tobacco industry sponsorship and building capacity on tobacco control in the Pacific.

Advocacy/Policy

APPEAL has continued to support the efforts to implement strong tobacco-free policies in and for Pacific Island communities. APPEAL has continued to advocate for the recognition of tobacco as a critical issue for Pacific Islanders and to advocate for tobacco-control funding and resources for the Pacific. While focusing on the local community level, we also recognize the need to address global tobacco issues. Several Pacific Island jurisdictions have shown leadership by supporting the first global treaty on tobacco control, and hopes are that there will be initiatives to ratify this treaty within Pacific Island nations. Global partnerships between Asia and the Pacific will also strengthen the capacity to, 1) assist one another with tobacco control strategies and 2) voice our concerns about the devastating impact of U.S. (and other) tobacco companies worldwide.

Despite the successes, there still needs to be additional resources, leadership and strategic planning, implementation of tobacco control prevention, cessation programs and policy toward achieving community norm changes around tobacco.

Conclusion

There remains a critical need for additional resources to assess, build capacity, develop leadership, and establish policy as we move toward achieving community norm changes on tobacco.

Building on 10 years of advocacy, APPEAL continues to commit to its mission of preventing tobacco use among Pacific Islanders and eliminating tobacco-related disparities. We hope to come to a point in time when we no longer need to remind ourselves that “Tobacco is not Pacific-ly Correct.”

Acknowledgements

The author would like to acknowledge all of our many Native Hawaiian and Pacific Islander partners who have made APPEAL’s tobacco control work possible and successful. In particular, I would like to acknowledge our colleagues in Hawai‘i (JoAnn Tsark, Kim Birnie); Guam (Barbara Benavente, Justin Benavente, Kikue Cepeda, Dr. Annette David, Gayle Osborne, Youth 4 Youth); Republic of Palau (Valerie Whipps, Annabel Lyman, Dr. Caleb Otto); Federated States of Micronesia (Midion Iohp, Brenda Eperiam, Kerio Walliby); Washington (Lee Tanuvasa); and California (Lola Sablan Santos, Sarah Mesa, Tana Lepule, Percival Leha‘uli). We would also like to thank the CDC Office on Smoking and Health, The Robert Wood Johnson Foundation and the American Legacy Foundation for their support of our work in the Pacific.

References


Where there is kindness, there is life.

Marshallese proverb