



Priority Populations Initiative:
**Breaking New Ground
and Building Capacity
in Cultural Tailoring**



Legacy's Commitment to Dissemination

The American Legacy Foundation® (Legacy) is committed to building a world where young people reject tobacco and anyone can quit. To further this mission, Legacy has engaged in a comprehensive dissemination plan to share information about the replicable, sustainable tobacco control projects being created around the nation with the assistance of Legacy funding.

Priority Populations Initiative: Building Capacity in Cultural Tailoring, the second in Legacy's series of dissemination publications, explores strategies used by Legacy grant recipients to tailor tobacco control programs to meet the unique cultural needs of the target population. Upcoming publications in this series will report on lessons learned from other Legacy grant initiatives, including the *Youth Empowerment Initiative* and the *Community Voices Initiative*.

Table of Contents

Breaking New Ground and Building Capacity in Cultural Tailoring 5

History of the Priority Populations Initiative 5

Guidance on Delivering Culturally Competent Services 6

Key Cultural Tailoring Strategies 7

 Hiring Culturally Competent Staff. 9

 Conducting Formative Research to Identify Community Needs10

 Piloting and Field-Testing the Program.11

 Collaborating with Key Stakeholders and Community Organizations11

Conclusions13

Highlights of the Priority Populations Initiative14

Legacy’s PPI Criteria for Assessing Programmatic Cultural Competency18

Priority Populations Initiative Grantees20

Appendix21

Breaking New Ground and Building Capacity in Cultural Tailoring

Since 2001, the American Legacy Foundation (Legacy) has provided \$25 million through its Priority Populations Initiative (PPI) to address disparities in tobacco use and related illness. This historic infusion of funds has provided traditionally underserved communities with tobacco education, prevention, and cessation programs tailored to their specific populations. It has also allowed grant recipients the opportunity to build organizational capacity to design and implement culturally tailored programs.

In sharing the lessons learned from the experiences of PPI grant recipients, Legacy hopes to highlight the importance of

cultural tailoring to the successful servicing of traditionally underserved populations. While this publication does not endeavor to provide a complete roadmap to creating cultural competency, it does lay out specific strategies and practices that have proven successful for PPI grantees. Legacy encourages community-based groups around the nation to learn from and replicate these practices. Legacy hopes these lessons will strengthen the ability of organizations to devise culturally competent programs at the grassroots level, a critical step in reducing current disparities in tobacco use and related illness.

History of the Priority Populations Initiative

Tobacco is not an equal-opportunity killer. Certain communities bear a disproportionate burden of smoking-related disease and death. Socio-economic differences, historical factors, and cultural practices—as well as aggressive marketing by the tobacco industry targeted at particular groups—have all contributed to a higher rate of tobacco use and related disease in certain populations. For example, 32 percent of Native American and Alaska Native adults smoke—the

highest adult rate among all racial and ethnic groups.¹ Nearly 30 percent of Americans below the poverty line smoke, compared with over 20 percent of those above the poverty line.² Poor smokers are also less likely to successfully quit smoking, although they attempt to quit at the same rate as others.³ These problems are compounded by the fact that people of color and/or low socio-economic status often have less access to smoking cessation and other preventative health and treatment services.⁴

In 2001, Legacy developed its PPI, a \$25 million grant initiative aimed at reducing disparities in tobacco use and related disease in six traditionally underserved populations:

1. African American;
2. Asian American/Pacific Islander;
3. Hispanic/Latino;
4. Native American/Alaska Native;
5. Lesbian, Gay, Bisexual & Transgender (LGBT); and
6. Low Socio-Economic Status (LSES).

Between 2002 and 2005, Legacy awarded three types of PPI grants:

- (a) one-year planning grants to build organizational capacity;
- (b) two-year conversion grants to worthy capacity-building grantees for project implementation; and
- (c) three-year innovative or applied research program grants to organizations with established track records.

In November 2001, Legacy awarded its first round of PPI funding to 31 organizations in 17 states. In May 2002, the foundation

awarded an additional round of grants to 51 organizations in 29 states.

Legacy deliberately included among its 82 PPI grantees a number of organizations not traditionally involved with tobacco control activities. This provided the opportunity for groups with established community ties to integrate tobacco control activities into existing programming. PPI grant recipients included health care consortiums, substance abuse service providers, universities, local health departments, and a range of other community-based organizations. A full list of grantees can be found on Pg. 20 of this report and at www.americanlegacy.org.

In addition to funding, Legacy provided grantees with technical assistance, training opportunities, and ongoing support from program officers. These resources allowed grantees to both build organizational capacity and provide direct services in the form of prevention education, cessation assistance, and guidance on reducing second-hand smoke exposure.

Guidance on Delivering Culturally Competent Services

Research demonstrates that tailoring health care initiatives to account for the culture of program participants improves the program's effectiveness.⁵ When Legacy started its PPI in 2001,

little adequate guidance existed on how to devise a culturally competent tobacco control program.⁶ Most of the research on successful tobacco control approaches had been tested on predominantly

Cultural competence is the integration of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes to increase the quality of services. Cultural may include customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

Cultural tailoring is the application of cultural competence to programmatic efforts by anticipating and planning for the needs, preferences or circumstances of particular cultural groups.

white, middle-class populations.⁷ While standards on culturally and linguistically appropriate health care services had been published, there was little direction on how to achieve those standards in the tobacco control context.

Given this dearth of direction, Legacy gave broad discretion to its initial set of PPI grantees to craft their own methods for achieving cultural competency. Relying on their own experience, and with support from Legacy-funded technical assistance, these organizations either adapted existing practices and materials or created new ones that were culturally appropriate for their respective populations. Once a mid-course evaluation was completed

in 2005, certain commonalities began to emerge among programs that were effective in recruiting and retaining clients and in delivering high-quality education, prevention, and cessation services. These features were incorporated as part of Legacy's review criteria for assessing the capacity of future grant applicants.

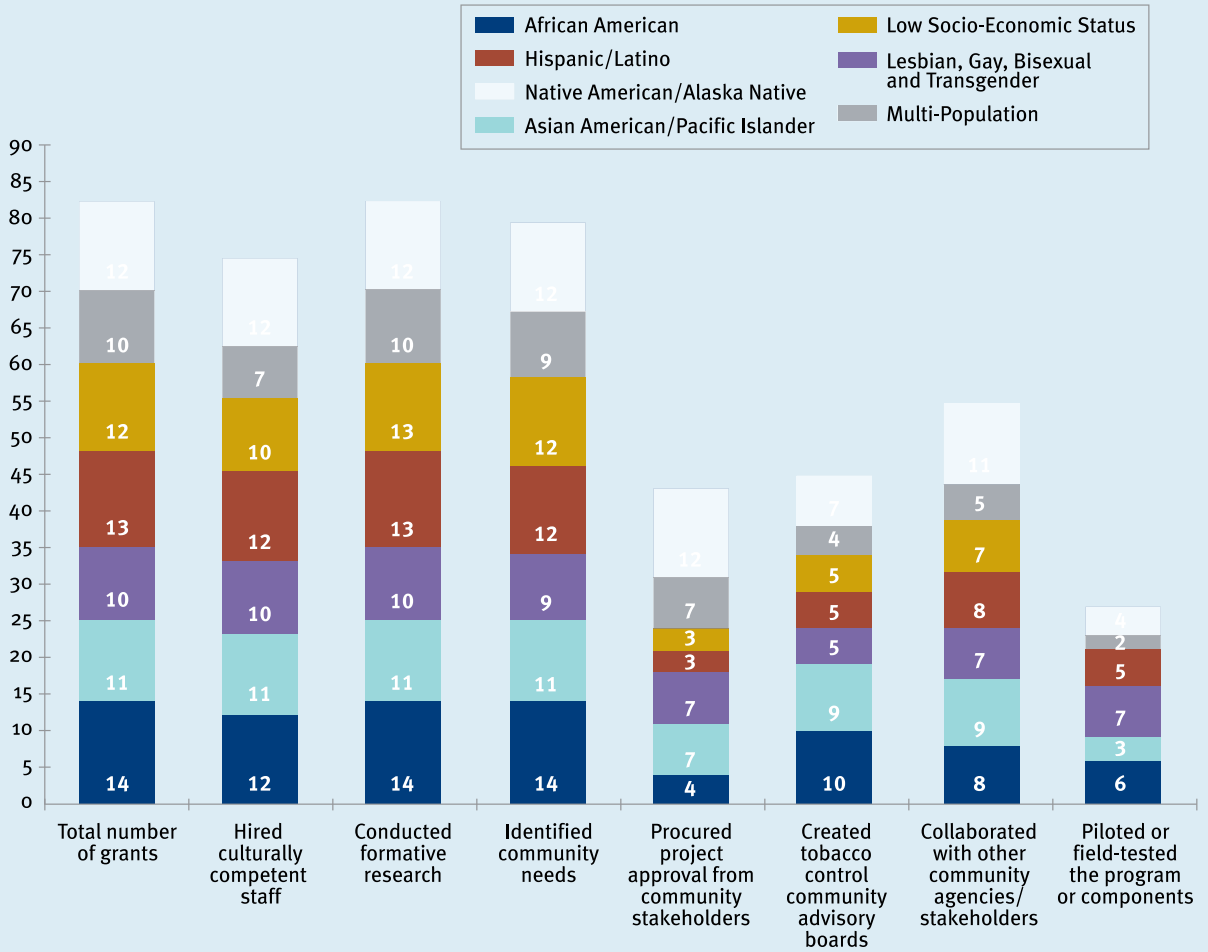
Legacy then set out to fill the existing research gap on cultural tailoring techniques by hiring Research Triangle Institute (RTI) to conduct an in-depth evaluation of the cultural tailoring work conducted by PPI grantees. This evaluation revealed common strategies that grantees used to culturally tailor their program to their target population.

Key Cultural Tailoring Strategies

RTI's evaluation revealed that grassroots service providers intuitively understand the importance of cultural tailoring programs aimed at underserved communities. Under general guidance from Legacy to ensure community-focused, culturally tailored interventions, 90 percent of

PPI grantees engaged in some form of cultural tailoring. A number of organizations engaged in multiple tailoring exercises to account for differences in subpopulations among their target group. For example, grantees servicing the LGBT population often tailored programs for specific subsets of

Table 1: Processes Used by Grantees to Culturally Tailor Tobacco Control Programs (82 Programs Total)



that population, such as African American gay men or transgendered individuals.

The RTI evaluation identified a number of commonalities in the cultural tailoring approaches adopted by PPI grantees. The most commonly used strategies fell into the following categories:

- Hiring culturally competent staff
- Conducting research to identify the attributes and needs of the target population
- Piloting or field-testing the program
- Identifying and collaborating with key stakeholders and community organizations

These strategies are consistent with federal

guidelines developed by the U.S. Department of Health and Human Services’ Office of Minority Health (OMH) for the provision of culturally and linguistically appropriate health care services. Among other things, these guidelines require:

- (a) the hiring of a diverse staff representative of the community served;
- (b) a needs assessment of the community;
- (c) the conducting of initial and ongoing organizational self-assessments; and
- (d) the creation of collaborative partnerships with the community.⁸

Hiring Culturally Competent Staff

Recruiting and retaining staff with a thorough understanding of the target population is a critical component of building a culturally competent organization. To achieve this goal, the PPI grantees:

- advertised staff positions in community newspapers;
- required applicants to be bilingual and/or bicultural;
- probed applicants' familiarity with and involvement in the target community during interviews; and/or
- provided formal training to incoming staff.

Given the number of non-English speaking populations serviced by PPI grantees, bilingual and bicultural staff were needed both to translate and tailor existing materials and to develop new ones. PPI grantees translated materials into Khmer, Cantonese, Hmong, Korean, Laotian, Mandarin, Portuguese, Russian, Spanish (including Spanglish, a colloquial fusion of Spanish and English), Thai, Thai Dam and Vietnamese. They also created new materials taking into consideration both the language and culture of the population.

Having community members on staff often proved critical in establishing credibility with local stakeholders. A Native American staff member of a PPI grantee explained the importance of having Native Americans on staff to meet with tribal leaders:

“If you’re not Indian, I’ll just be honest with you.... They’re going to go with you just so far... it really is a credibility issue.”

As part of assembling a culturally competent staff, many grantees used community health workers (CHWs) or promotoras to interface directly with program participants. Because CHWs are themselves community members, they are intimately familiar with the population's unique needs, an asset during both program design and implementation. The preexisting relationships of CHWs also allow them unique access to program participants, facilitating delivery of services. For example, two grantees working with Korean Americans delivered one-on-one cessation services at the worksites of program participants. Similarly, some grantees working with the Hispanic/Latino communities provide tobacco control education in the fields to migrant farm workers.

Promotoras' personal relationships with service recipients often proved invaluable in the recruitment and retention of program participants. A participant in one grantee's relapse prevention program explained:

“I had the desire [to smoke] but got the support from the promotoras... promotoras were interested in me quitting. They paid attention. They would ask each class: ‘How is it going? How are the patches going?’ There would be hugs; people would applaud others that quit.... The promotoras give us the support to be able to succeed at quit.... They would call me at home to remind me to pick up the patches, to come to the meetings, etc.”

Conducting Formative Research to Identify Community Needs

Nearly all PPI grantees (96%) conducted needs assessments to identify ways to culturally tailor their program curricula and messages. This research sometimes took the form of formal surveys, focus groups, and/or stakeholder interviews, but also included more informal data collection methods, such as telephone conversations without a written questionnaire or informal gatherings without a specific agenda.

One grantee serving the Hispanic/Latino population explained the importance of understanding a community’s unique needs:

“You don’t go... into a community saying this is what we have for you... you don’t prescribe a program for people; but you build it from the ground up around those particular people.”

Grantees discovered a myriad of community-specific needs that impacted program design. For example, because members of LSES communities often have a number of their basic needs unmet, many grantees servicing LSES populations learned it was essential to provide tobacco control programming along with—or after—the provision of housing, financial, substance abuse, or other assistance. As one grantee explained,

“The fact that people are living in poverty, there is a high domestic violence rate, there is a high birth rate... lots of substance abuse... for some of these people not smoking is not even on the radar as far as their immediate needs. A lot of the people may not know how, or when, they’re going to feed their kids tomorrow... people have to take care of the other needs first before they think about quitting smoking.”

In addition, many LSES individuals depend on public transportation and lack available, accessible, affordable child care, which prevents them from participating in cessation services. Once these needs were recognized, the majority of grantees provided services and interventions in settings near public transportation along with free childcare.

Of course, identifying a community’s needs requires understanding the population’s literacy and language rates. This

knowledge allowed grantees to tailor their programs and materials accordingly, for example, by creating materials that primarily used pictures to reach low-literacy populations or translating and tailoring materials into the native language of program participants.

The level of acculturation in a particular community—how much its members had acclimated to the dominant culture—was another important cultural component for grantees to recognize. For example, some grantees developed different sets of materials for older and younger generations once they understood that younger members of the community had a higher level of acculturation.

In some cases, grantees had to weigh their desire to develop messages that would work with acculturated teens against the fact that they might not be well received by older members of the community. For example, one grantee explained why they used a public service announcement with an open casket of a Hmong man, content that was not appreciated by elders in a community where death is a sacred subject:

“Here in American culture, we can tell teens that they can get in their parents’ faces if they smoke and be a thorn in their side. You can’t do that in the Hmong culture. The kids are not allowed to be like that; but some of them want to be like that... so this was their kind of way to do that.”

Piloting and Field-Testing the Program

Many grantees piloted or field-tested their program in whole or part prior to implementation. Testing methods ranged from formal pilot programs to organized focus groups to more informal attempts to secure feedback from program participants. Testing allowed grantees to alter components of the program that did not work as expected to make them more appropriate and appealing to program participants.

A number of grantees continued testing throughout the life of the project, which provided the opportunity for mid-course corrections. One grantee working with a Hispanic/Latino population, for example, discovered that a summer program had to be altered to take into account seasonal farm schedules. Another grantee working with an in-house population at a substance abuse facility had to build flexibility into the program to take into account participants’ personal appointments and job interviews.

Collaborating With Key Stakeholders and Community Organizations

Recognizing the importance of “buy-in” from key stakeholders, most grantees sought early approval for their project from community leaders, building credibility with these important individuals. This process had particular importance in certain communities where tobacco plays

a traditional or even sacred role. In Native American communities, for example, where tobacco has been used in religious ceremonies, for healing, and in storytelling, securing the support of the elders and religious leaders was vital to a program's success.

Once the approval of community leaders was obtained, many grantees formed formal advisory boards to continue their involvement. These boards served a variety of purposes, including contributing to the cultural tailoring process, providing expert feedback, and ensuring the community's participation.

Collaborating with other community organizations also proved to be an important component in creating a culturally competent tobacco control program. The majority of community-based grantees worked with an existing network of local community agencies, providing grantees with improved access to the target population, experience with the community, and utilization of other organizations' networks and infrastructures.

Grantees working with more than one priority group often found such collaborations to be especially critical. As one LGBT grantee explained:

“With LGBT in particular it’s hard for anyone to be competent to serve the whole community. So for example, the partner agency has a much better connection... with [African American gay men] than we do... so they are going to be much better at working with that population than we are.... We have been very concerned about, not only tailoring for LGBT but tailoring for race and ethnicity as well. So we asked three other community agencies to partner with us in this project... an agency that targets their services toward [Latino gay men], an agency that focuses their services to [African American gay men]... [and another] that works primarily with male to female transgender.... So we’re collecting all our survey data; we ran all of our focus groups; and we’re running all of our cessation groups with those three agencies.”

A number of grantees partnered with faith-based organizations to engage spiritual leaders and recruit program participants. This technique was most successful in the African American community. One grantee, however, learned a valuable lesson about trying to recruit program participants in certain African American churches:

“We thought giving \$5-off coupons for nicotine patches at churches would be successful, but it wasn’t at all. We found that many church folks were in the closet about smoking, because it’s seen as a sign of weakness in faith.”

A grantee serving a number of different priority populations explained the benefit of collaborating with other organizations:

“... the perception is all of the agencies or community groups working within that umbrella automatically know each other and network together. It is the same thing in other cultures like the Hispanic culture. They think all the Hispanic community groups are working together. And what we are finding with this approach is that no, that is not true. So it is bringing all the players to the table like this seems to naturally give you more resources that you didn’t have.”

Conclusions

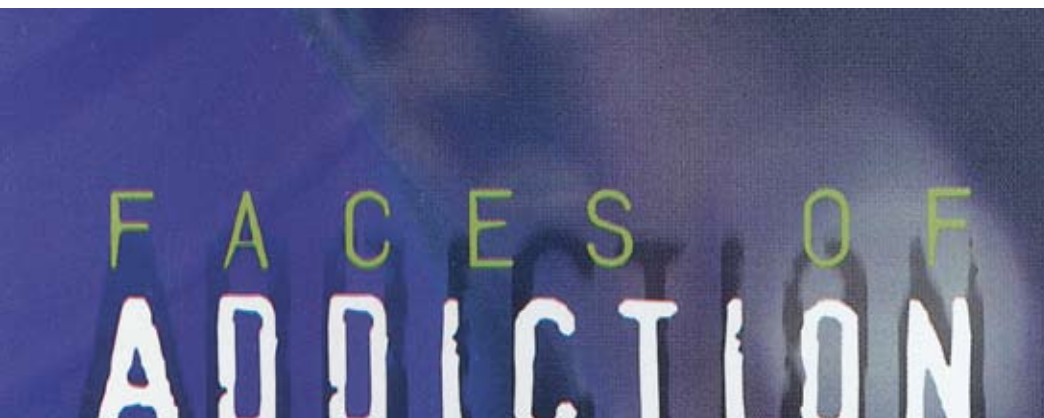
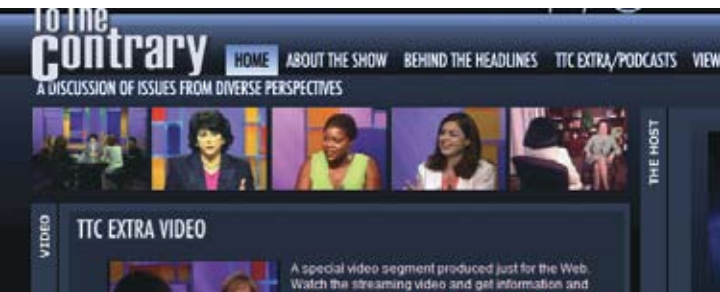
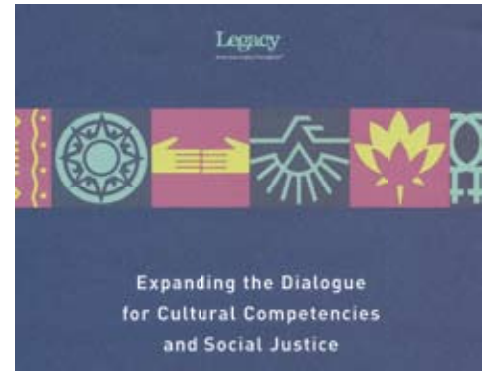
Legacy’s PPI has not only provided important tobacco control programs for underserved populations, it has created lasting change by building capacity in these communities. Legacy encourages grass-roots organizations to apply the lessons learned from the experiences of PPI grantees to their own cultural tailoring work.

Providing support to community-based organizations that serve traditionally disadvantaged groups will continue to be

a significant goal of the American Legacy Foundation. As part of its ongoing commitment to addressing disparities in tobacco use and related illness, Legacy plans to award up to \$2 million in additional PPI funding in 2007. These funds will build on the work already accomplished by PPI grantees over the past five years, taking us one step closer to a world where young people reject tobacco and anyone can quit.

Highlights of the Priority Populations Initiative

The examples on the following pages, while not a complete listing, highlight a cross-section of PPI grantees and provide a sampling of products and programs that have been effectively employed to address tobacco-related health disparities.





African American



Asian American/Pacific Islander



Hispanic/Latino



Native American/Alaska Native



Lesbian, Gay, Bisexual and Transgender (LGBT)



Low Socio-Economic Status (LSES)/ Multi-Population

Iris Alliance Fund

» National Asian Women’s Health Organization

Population served: Asian American/Pacific Islander



The Alliance focused on reducing co-occurring issues of tobacco use and depression among under-served minority women in Northern California’s South Bay community. The Alliance worked with its 26-member Leadership Council to implement a strategic plan, which included providing technical assistance, disseminating educational material, and developing new opportunities for young minority women that promote protective behavioral factors against tobacco use and depression.

NAWHO, through the Iris Alliance Fund, worked to expand the tobacco control advocacy circle by involving non-traditional partners to help raise awareness about the co-morbidity issues of tobacco control and depression among underserved minority women and youth. NAWHO facilitated the South Bay Leadership Council for a Healthy Community, an alliance which included over forty stakeholders of business leaders, education leaders and policy makers, to integrate tobacco and mental health education into their human resource materials, educate their constituencies and provide internship and mentoring opportunities to underserved youth.

Hmong Against Big Industry Tobacco (HABIT)

» The LaCrosse County Health Department

Population served: Asian American/Pacific Islander



The Hmong against Big Industry Tobacco (HABIT) program, based in LaCrosse, Wisconsin, brought together community groups, schools, and health care organizations in LaCrosse County to share information and coordinate existing programs that teach children and adults about health hazards associated with tobacco use. There was a special focus on cessation programs and other interventions to help reduce smoking rates.

HABIT created a myriad of educational materials in Hmong dialect tailored to different age groups. Products in Hmong include a Cessation Provider Package, “Key Messages on How to Help Someone Quit Tobacco Use”; cultural translation of the Wisconsin Tobacco Quitline materials, such as bookmarks and brochures; and the translation of American Lung Association tobacco-related fact sheets.

Linea Directa Series on Smoking Prevention and Cessation

» EVS Communications

Population served: Hispanic/Latino



EVS Communications, a D.C.-based nonprofit organization dedicated to Latino outreach and education, developed an eight-part video series that addressed the consequences of tobacco use in the Hispanic/Latino community. The videos originally aired in the Washington, D.C.

area on Linea Directa, reaching an audience of 65,000 viewers. The series covered topics including secondhand smoke, Hispanic women and tobacco, teens and tobacco, and tobacco industry marketing practices. The videos were seen on the nationally-syndicated television network, Más Musica, airing in nineteen markets across the nation.

The Queer-Tobacco Elimination and Control Collaborative (Q-TECC)

» [Howard Brown Health Center](#)

Population served: Lesbian, Gay, Bisexual and Transgender



The Queer Tobacco Elimination and Control Collaborative (Q-TECC) developed a coordinated Chicago-based team of LGBT health care and social service agencies to reduce tobacco use among this population. The Q-TECC program had three components: data collection, a media campaign, and capacity building within four ethnically and gender-identified diverse agencies. Data collection included cross-sectional surveys, focus groups and follow-up measures of cessation group effectiveness. The media campaign displayed advertisements in popular gay venues and publications. Smoking cessation groups were held based on the American Lung Association protocol and tailored for the LGBT population.

To The Contrary

» [Persephone Productions, Inc.](#)

Population served: Multi-Population



Persephone Productions in Washington, D.C., launched an outreach program to promote programs to key groups and individuals. The weekly Public Broadcasting System (PBS) women's news analysis program "To the Contrary" produced six documentary-style programs about tobacco use-related issues that affect specific populations. The coverage focused on the dangers of secondhand smoke. The project widened the scope of the distribution of these programs through an outreach effort that promoted the programs to key nonprofit service organizations in the regional area. Groups highlighted included all six of the priority populations. The educational materials distributed with the videotapes included referral resources to connect individuals with cessation services.

Anishinaabe (First People) Cessation Project

» [Inter-Tribal Council of Michigan, Inc. \(ITC\)](#)

Population served: Native American/Alaska Native



The Inter-Tribal Council of Michigan (ITC), which consists of 12 Michigan tribes and two urban agencies, developed, pilot-tested, and evaluated the Anishinaabe Cessation Program. The American Lung Association of Michigan and state-sponsored tobacco coalitions also participated.

Through the program, ITC provided specific tobacco control services to several tribal communities and participated in national tobacco meetings and conferences. The ITC also received funding from the Centers for Disease Control and Prevention's (CDC) Office on

Smoking and Health to enable it to serve as a Tribal Tobacco Resource Center. The project developed culturally specific curriculum addendums for their smoking cessation program, based on the ALA Freedom from Smoking from twelve tribes in Michigan.

A study of N-O-T (Not on Tobacco) with Native American Youth

» West Virginia University Research

Population served: Native American/Alaska Native



West Virginia University Research Corp. evaluated a culturally sensitive version of the American Lung Association's Not on Tobacco (N-O-T) teen smoking cessation program in North Carolina tribal reservation and non-reservation communities, and urban-based active tribal associations. In each case the focus was on Native American youth. Their research involved Native Americans from the outset and included over 11 workshops reaching over 250 youth. This program was recognized by SAMHSA (Substance Abuse and Mental Health Services Administration) as a model program.

Project Stride

» Newark Beth Israel Medical Center

Population served: Low Socio-Economic Status, African American and Hispanic/Latino



STRIDE (Strategies to Reduce Tobacco-Related Illnesses in the Emergency Department) employed hospital-based and community-based outreach, education, research and intervention to identify smokers and help them quit. STRIDE focused on the medically underserved, lower socio-economic status, largely African Americans and Hispanics in Newark, NJ. Medical residents, physicians and nurses in the Emergency Departments were trained in tobacco prevention and cessation procedures. Brief intervention and referrals were given to identified patients and/or caregivers who smoked. Efforts were also made to engage and collaborate with local churches, schools, other hospitals and community agencies to make tobacco cessation a priority. STRIDE provided cessation literature at community events and forums and referred interested smokers to the hospital's cessation program (Tobacco Dependence Treatment Program).

STRIDE built a network of community-based groups, faith-based groups and tobacco dependence treatment providers to help the community to prioritize tobacco prevention and control issues. For example, it established working relationships with Newark area Communities Against Tobacco and Churches Organized to Stop Smoking. It also instituted sustainable systems-level change by positioning the Emergency Department, which is often used for primary care, as a place to identify smokers and offer a brief intervention, and referral to Tobacco Dependence Treatment Program.



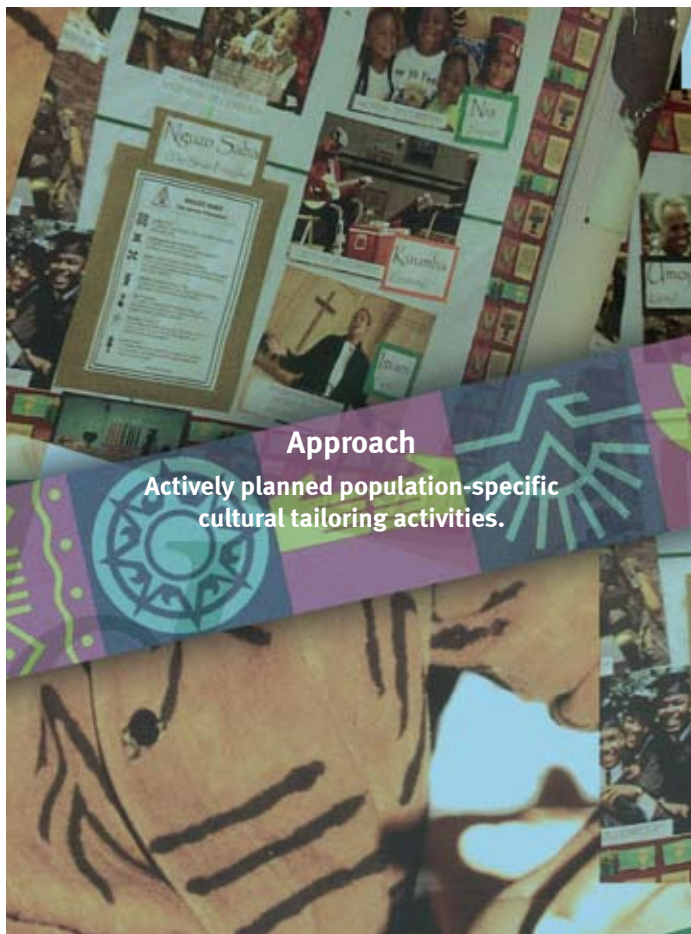
Approach

Engaged community participation and involvement; sought to develop partnerships.

Description of Activities

- Collaborated with community stakeholders/ agencies and partners;
- Created or participated in a local advisory board;
- Engaged in community organizing and advocacy;
- Conducted a needs assessment to identify community priorities;
- Engaged stakeholders in project planning;
- Sought buy-in from community stakeholders.

Legacy's PPI Criteria for Assessing



Approach

Actively planned population-specific cultural tailoring activities.

Description of Activities

- Conducted field testing of materials, program model or components;
- Designed services specifically for one or more underserved populations;
- Hired culturally competent staff with relevant skills;
- Translated and or developed new language-appropriate educational materials;
- Used lessons learned to improve the program.



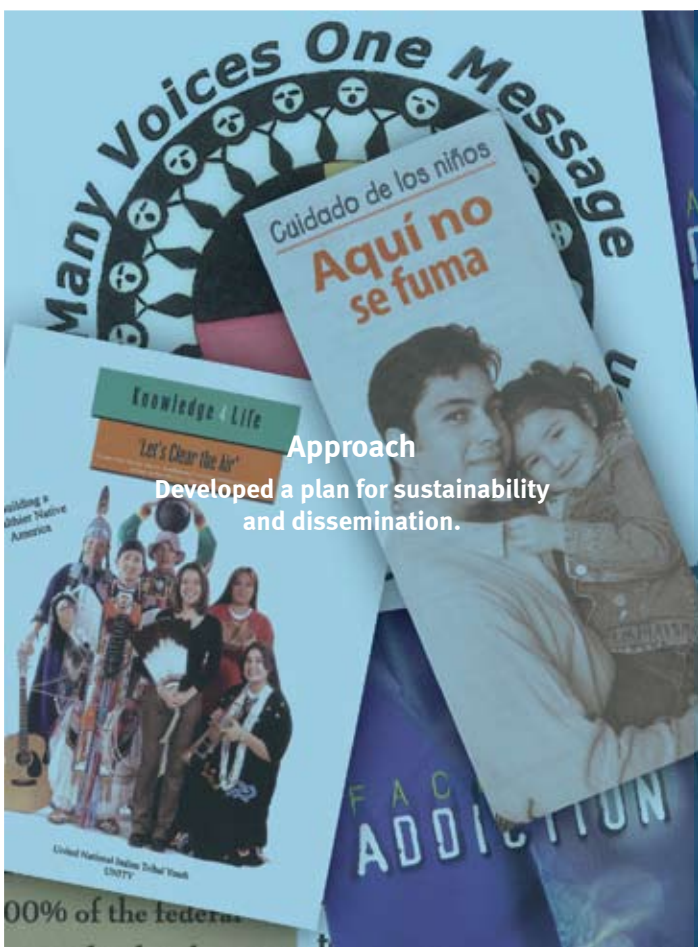
Approach

Developed a model program with potential for replication.

Description of Activities

- Developed a plan for delivering culturally-competent programming;
- Developed measurable objectives and a feasible plan for meeting or exceeding objectives;
- Documented effective strategies for client recruitment and retention;
- Adapted a best practice model or used evidence based methods;
- Attempted to replicate program components in a new setting or for new audience;
- Engaged a program evaluator in formative process.

Programmatic Cultural Competency



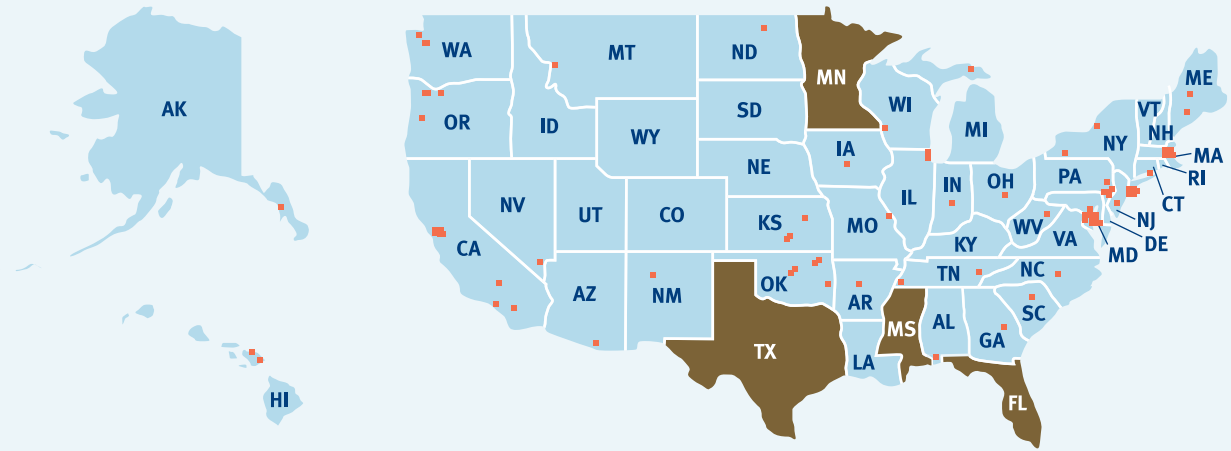
Approach

Developed a plan for sustainability and dissemination.

Description of Activities

- Developed a sustainability plan, including ongoing financial support to continue service delivery after expiration of grant;
- Instituted sustainable organizational changes in policies and procedures to enhance tobacco treatment services; (e.g. identified tobacco users for more effective treatment; provided educational resources; dedicated staff to assess and treat tobacco dependence; promoted clinic policies to support service delivery; provided services that complied with Public Health Service Clinical Practice Guideline (2000));
- Identified opportunities for program enhancement and growth;
- Developed a media, or social marketing strategy for communicating program services to a broad audience;
- Developed a dissemination plan for communicating program results to professional colleagues, community partners, policymakers and other stakeholders.

- Non-MSA⁹ States: FL, MN, MS, TX
- Each dot may represent an individual grantee or multiple grantees



Priority Populations Initiative Grantees

African American

- Family Connection of Macon and Bibb County, Inc., GA
- George Washington Carver House, Inc., MO
- Indiana Minority Health Coalition, IN
- Maryland Center at Bowie State University, MD
- Morgan State University, MD
- National Association of African Americans for Positive Imagery, PA
- National Black Women's Health Imperative, DC
- Durham AreaCorps, Inc., NC
- Providence Hospital, AL
- The URSA Institute, CA
- University of Memphis Center for Community Health, TN
- Westside Brighter Vision Foundation, CA

Asian American

- Asian Health Coalition of Illinois, IL
- Association of Asian Pacific Community Health Organizations, CA
- Bay State Community Services, Inc., MA
- Charles B. Wang Community Health Center, NY
- Employee & Family Resources, Inc., IA
- Hana Youth Center, HI
- Korean Resource Center, Inc., MD
- LaCrosse County Health Department, WI
- National Asian Women's Health Organization, CA
- Temple University, PA

- University of Washington, WA

Hispanic/Latino

- Adelante, Inc., KS
- Alianza Dominicana, Inc., NY
- Capitol Area Substance Abuse Council, Inc., CT
- Casa Esperanza, Inc., MA
- Clark County Health District, NV
- Community Action Agency of Somerville, MA
- EVS Communications, DC
- Lehigh Valley Hospital Network, PA
- Mariposa Community Health Center, AZ
- Maui Economic Opportunity, Inc., HI
- Nueva Esperanza, Inc., PA
- Radio Bilingue, CA

Lesbian, Gay, Bisexual and Transgender

- Billy De Frank (Gay and Lesbian Center of Orange County), CA
- Bronx Lesbian and Gay Health Resource Consortium, NY
- Fenway Community Health Center, Inc., MA
- Howard Brown Health Center, IL
- Lesbian and Gay Community Services Center, Inc., NY
- Mautner Project for Lesbians with Cancer, DC
- National Youth Advocacy Coalition, DC
- Sexual Minority Youth Assistance League, DC (SMYAL)
- The Home for Little Wanderers, Inc., MA

- Whitman-Walker Clinic, Inc., DC

Low Socio-Economic Status

- Allston-Brighton Healthy Boston Coalition, MA
- American Lung Association of Oregon, OR
- Anderson County Health Council, TN
- Boys & Girls Club of Pierce County, WA
- Harbor House, Inc., AR
- Health Force/Research Foundation of the City University of New York, NY
- Health Research, Inc./Roswell Park, NY
- Healthy Community Coalition, ME
- House of Ruth Baltimore, Inc., MD
- Newark Beth Israel Medical Center, NJ
- Philadelphia Department of Public Health, PA
- The Next Door, Inc., OR
- Walden House, Inc., CA

Multi-Population

- Baltimore City Health Department, MD
- Big Brother Big Sisters of Sedgwick County, KS
- Tacoma-Pierce County Health Department Community Health Care, WA
- Fairfield County Substance Abuse Commission, SC
- Howard University Dept. of Pediatrics, DC
- Mercy Behavioral Health Center, NY

- Oklahoma State Dept. of Health, OK
- Persephone Productions, Inc., DC
- Psychiatric Research Institute, KS
- The Spurwink Institute at the University of New England, ME
- Toborg Institute, DC
- Tulsa City-County Health Dept., OK
- University of Arkansas for Medical Sciences, AR

Native American/Alaska Native

- Albuquerque Area Indian Health Board, Inc., NM
- Confederated Tribes of Siletz Indians, OR
- Indian Health Care Resources Center of Tulsa, Inc., OK
- Indian Health Council, Inc., CA
- Inter-Tribal Council of Michigan, Inc., MI
- Native American Indian Center of Central Ohio, OH
- Native American Rehabilitation Association of The Northwest, Inc., OR
- South East Alaska Regional Health Consortium, AK
- Turtle Band of Chippewa Indians, ND
- United National Indian Tribal Youth, Inc., OK
- University of Montana-Missoula, MT
- West Virginia University Research Corporation, WV

Appendix

End Notes

- ¹ CDC. Cigarette Smoking Among Adults—United States, 2005. *MMWR* 2006; 55(42): 1145-1148.
- ² Ibid.
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⁸ OMH National Standards on culturally and linguistically appropriate services (CLAS): www.omhrc.gov.

⁹ In 1998, the Attorneys General of 46 states signed the MSA with the four largest tobacco companies in the United States. Four states - FL, MN, MS, and TX settled separately.

Glossary

Acculturation refers to the process through which ethnic and culturally diverse minorities learn about and acclimate themselves to the dominant culture. (USDHHS, 2001.)

Cultural competence is the integration of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes to increase the quality of services. Cultural may include customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. This definition is adapted from the Center for Effective Collaboration and Practice, American Research Institute. <http://cecp.air.org/cultural/>

Cultural tailoring is the application of cultural competence to programmatic efforts by anticipating and planning for the needs, preferences or circumstances of particular cultural groups.

Formative research refers to preliminary and ongoing data collection to inform the program design and implementation, i.e., focus groups, surveys, and key informant interviews.

Priority Populations refers to Legacy's focus on traditionally underserved communities where tobacco has had a disproportionate negative impact. The six populations are African American; Asian American/Pacific Islander; Hispanic/Latino; Native American/Alaska Native; Lesbian, Gay, Bisexual and Transgender (LGBT); and those of Low Socio-Economic Status (LSES), regardless of race.

Resource List

American Legacy Foundation: www.americanlegacy.org

Office of Minority Health: www.omhrc.gov

Centers for Disease Control and Prevention Office on Smoking and Health: www.cdc.gov/tobacco

To learn more about other Legacy grant initiatives or to read about particular grantee projects, visit www.americanlegacy.org.

To request additional copies of **Breaking New Ground and Building Capacity in Cultural Tailoring**, please email dissemination@americanlegacy.org or call 202.454.5555.

American Legacy Foundation®

The American Legacy Foundation® is dedicated to building a world where young people reject tobacco and anyone can quit. Located in Washington, D.C., the foundation develops programs that address the health effects of tobacco use, especially among vulnerable populations disproportionately affected by the toll of tobacco, through grants, technical assistance and training, partnerships, youth activism, and counter-marketing and grassroots marketing campaigns. The foundation's programs include **truth**®, a national youth smoking prevention campaign that has been cited as contributing to significant declines in youth smoking; **EX**SM, an innovative public health program designed to speak to smokers in their own language and change the way they approach quitting; research initiatives exploring the causes, consequences and approaches to reducing tobacco use; and a nationally-renowned program of outreach to priority populations. The American Legacy Foundation was created as a result of the November 1998 Master Settlement Agreement (MSA) reached between attorneys general from 46 states, five U.S. territories and the tobacco industry. Visit www.americanlegacy.org.

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