

# *Empowering Futures: Culturally Tailored Commercial Tobacco Cessation Programs in American Indian and Alaska Native Communities*

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- **Claradina Soto, PhD, MPH (Navajo/Jemez Pueblo)**, Associate Professor, Initiative for California American Indian Health Research and Evaluation, Department of Population and Public Health Sciences Keck School of Medicine of USC, University of Southern California
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# Moderator

## Catherine Bonniot

Executive Director

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University of California, San Francisco



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# Native American Heritage Month November 2024



[www.nativeamericanheritagemonth.gov](http://www.nativeamericanheritagemonth.gov)



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- CDC Tips® Campaign 2024
  - Tips From Former Smokers® Motivational Cards:  
[www.cdc.gov/tobacco/campaign/tips/resources/motivational-cards/index.html](https://www.cdc.gov/tobacco/campaign/tips/resources/motivational-cards/index.html)
- Find resources at: [www.cdc.gov/tobacco/campaign/tips/index.html](https://www.cdc.gov/tobacco/campaign/tips/index.html)



# The Great American Smokeout is Today!

- The Great American Smokeout is an annual event organized by The American Cancer Society that occurs every third Thursday in November.
- How to participate?
  - Post on Social Media
  - Disseminate Resources
  - Encourage and Support



# Today's Presenter

**Dana Mowls Carroll, PhD, MPH**  
McKnight Presidential Fellow, Associate Professor

School of Public Health, Masonic Cancer Center,  
University of Minnesota



# Today's Presenter

Wyatt Pickner, (Hunkpati Dakota)

Research Manager

American Indian Cancer Foundation



# Today's Presenter

Claradina Soto, PhD, MPH  
(Navajo/Jemez Pueblo)  
Associate Professor

Initiative for California American Indian Health  
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# Today's Presenter

**Brianna N. Tranby, MA**

Assistant Professor, Sr. Research Program  
Coordinator

Behavioral Health Research Program, Department of  
Psychiatry & Psychology, Mayo Clinic



# Background on Tobacco

**Wyatt Pickner, *Hunkpati Dakota*, MPH, Research Manager**





# Hi.





# American Indian Cancer Foundation (AICAF)

A national non-profit established to address tremendous cancer inequities faced by American Indian and Alaska Natives.

## **Mission:**

To eliminate cancer burdens on American Indian families through education and improved access to prevention, early detection, treatment and survivor support.



# Our Approach

## *We believe...*

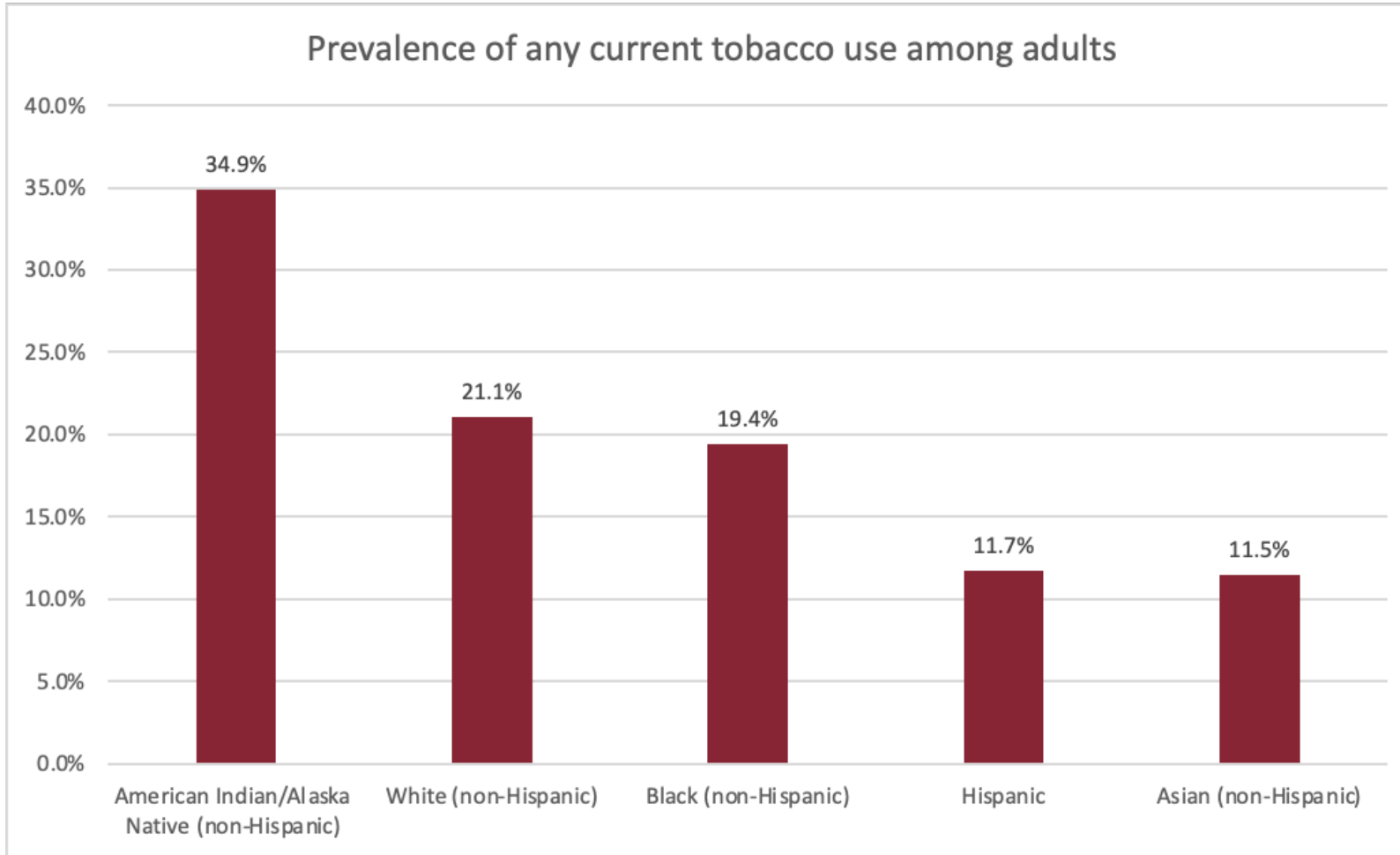
Native communities have the wisdom to find the solutions to health inequities, but are often seeking the organizational capacity, expert input and resources to do so.



# Traditional Tobacco



# American Indian Religious Freedom Act (1978)

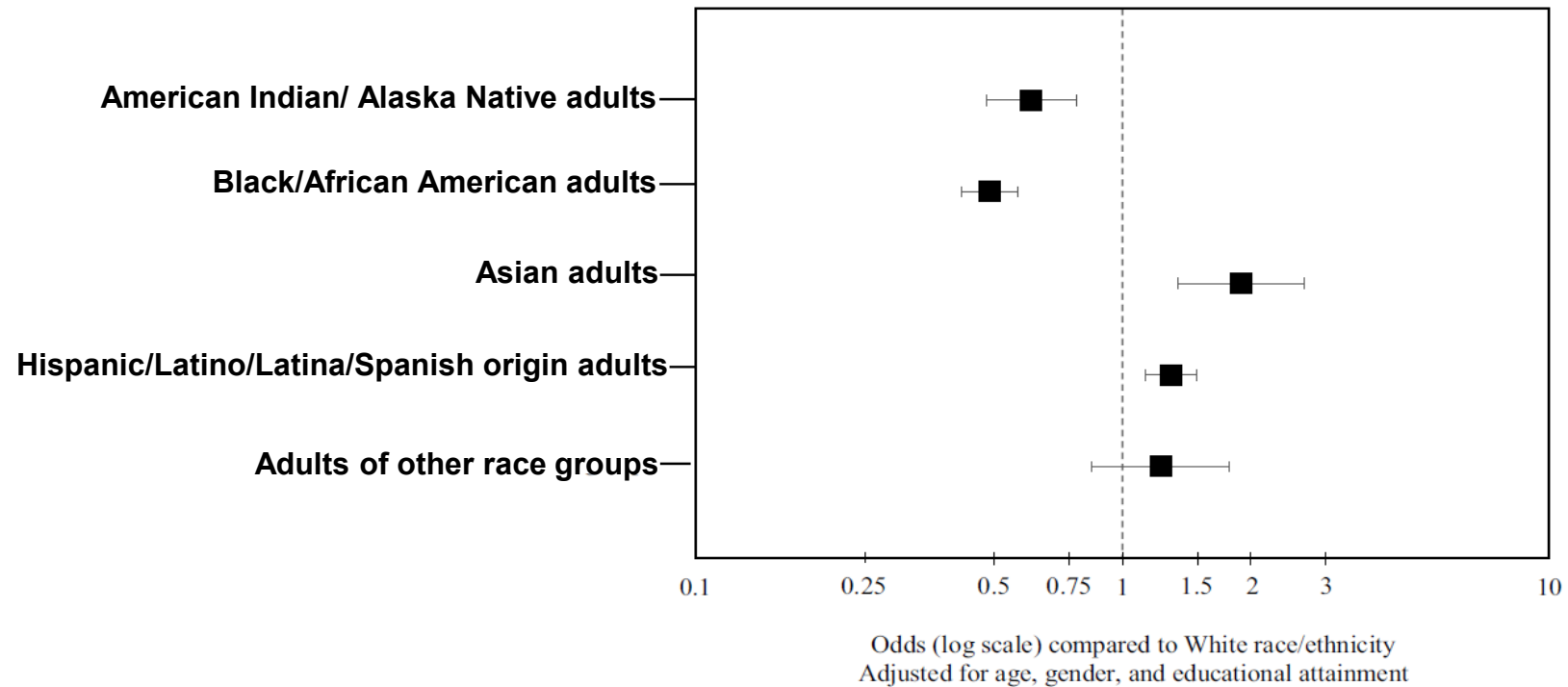


Source: Cornelius ME, Loretan CG, Wang TW, Jamal A, Homa DM. Tobacco Product Use Among Adults — United States, 2020. MMWR Morb Mortal Wkly Rep 2022;71:397–405



## Quitting smoking

Quit ratios (proportion of ever smokers who are now former smokers)



Source: Carroll DM, Cole A. *Am J Drug Alcohol Abuse*. 2021



# SmokefreeNATIVE

*formative research*

Dana Mowls Carroll, PhD, MPH  
University of Minnesota

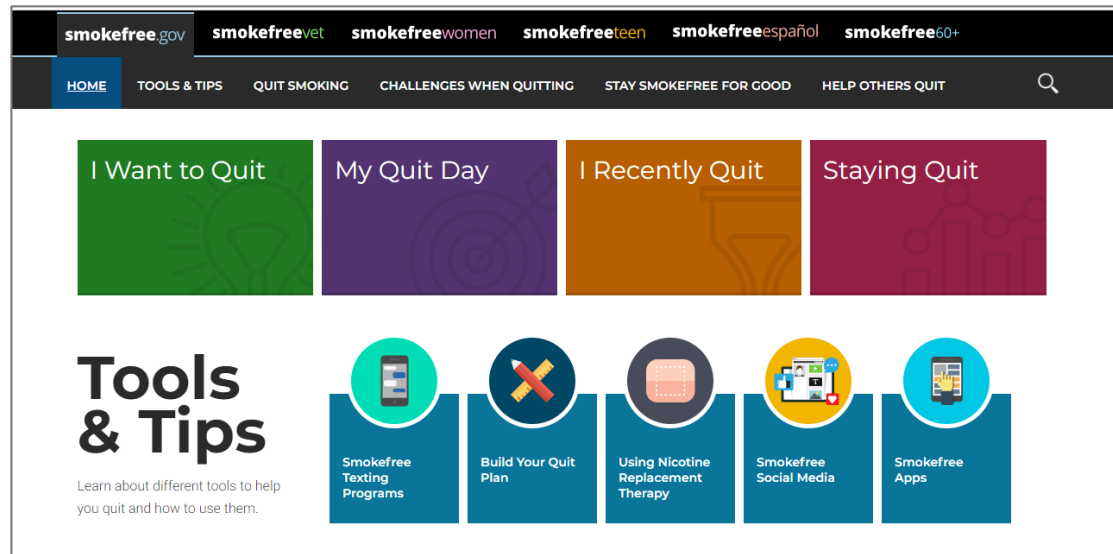
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# Rationale for efforts

- Community partners interested in culturally aligned interventions/resources for smoking cessation.
- Literature shows culturally aligned interventions may increase quitting smoking in AI populations, but face-to-face delivery has significant barriers.
- Prior evaluation of culturally aligned cessation interventions for AI persons were not sufficiently powered due to loss-to-follow-up (~40%) with transportation being notable.
- Digital interventions such as those delivered over a smartphone can overcome the need for transportation, are readily tailorable and at arms reach.

# Will culturally aligning digital resources increase smoking cessation for American Indian persons?



Screenshot of NCI's Smokefree.gov website

*Nicotine and Tobacco Research*, 2024, 26, 39–45



<https://doi.org/10.1093/ntr/ntad142>

Advance access publication 3 August 2023

Original Investigation



# American Indian Perspectives on Culturally Aligning a Digital Smoking Cessation Resource

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Antony Stately, PhD<sup>4</sup>, Ashley B. Cole, PhD<sup>5</sup>, Jennifer Cash, MPH<sup>6</sup>, Casey Dorr, PhD<sup>7</sup>,  
Carol Hernandez, BS<sup>8</sup>, Dorothy Hatsukami, PhD<sup>9</sup>, , Michael Businelle, PhD<sup>10</sup>,  
Dana Mowls Carroll, PhD<sup>11</sup>, 





# Results

**Table 2.** Code scheme.

<i>Domain</i>	<i>Themes (Subthemes)</i>
Barriers to quitting and/or smoking triggers	Not having access to traditional tobacco; Concern about being rude in Native culture when commercial tobacco is offered; grief; mental health (anxiety, depression, other); stress (environmental, financial, interpersonal, work, other)
Prior resources to quit	Community and cultural connectedness; FDA-approved medication (gum, patches, lozenges, prescriptions medication); smoke-free policies
Reasons for wanting to quit	Cost; family/relationships/concern for others; health/to live longer; to live in a traditional way; wanting to use traditional tobacco instead/cultural revitalization; to perform better athletically; shame/stigma; smell; to be viewed as a “sober Native”
Elements wanted in app	Content suggestions (activities and hobbies to distract, encouragement to use traditional tobacco, info about harms of smoking and benefits of quitting); functionality suggestions (daily reminders, support from others, tracking of cigarette cost and savings); general feedback (color, font, Indigenization and personalization, title)

# American Indian perspectives on what promotes and hinders quitting smoking

## What did we do?

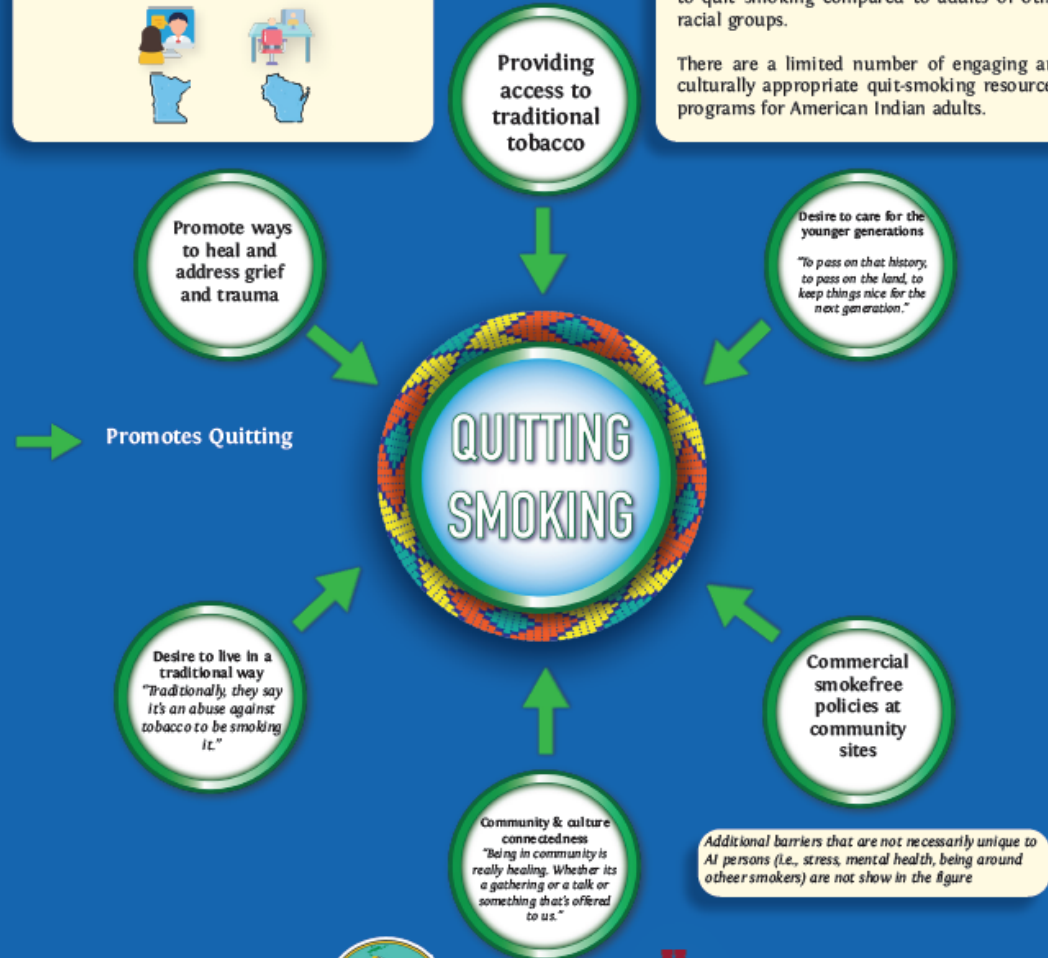
During 2021 and 2022, we conducted 40 interviews with American Indian adults from Minnesota and Wisconsin who smoked cigarettes daily. We also conducted 6 interviews with tobacco treatment specialists, pharmacists, and public health professionals.



## What was the rationale?

American Indian people use commercial tobacco more commonly than other racial or ethnic groups in the US due to the colonization of tobacco and the tobacco industry's longstanding practice of targeted marketing. American Indian adults are only half as likely to quit smoking compared to adults of other racial groups.

There are a limited number of engaging and culturally appropriate quit-smoking resources/programs for American Indian adults.



# Perspectives from public health professionals

- Needs to be convenient.
- Participatory research must be the foundation.
  - “I would want to know that it had been tested with Native people, that Native people had been involved in the creation of it.
- Culturally aligned is done in a way that feels inclusive to all American Indian persons.
  - “I think knowing that it’s Indigenous-specific is the big difference, and that’s why I would choose it over others. It’s actually geared towards Indigenous populations instead of a general population.”

# In addition, our cultural-aligning efforts were guided by the SAMHSA Gathering of Native Americans (GONA)



## Gathering of Native Americans Fact Sheet

This fact sheet, developed for American Indian and Alaska Native (AI/AN) audiences and organizations serving Indian Country, provides an overview of the Gathering of Native Americans (GONA) curriculum. For Alaska Native villages, this curriculum is called a Gathering of Alaska Natives (GOAN).

### What is a GONA?

A GONA is a culture-based planning process where community members gather to address community-identified issues. It uses an interactive approach that empowers and supports AI/AN tribes. The GONA approach reflects AI/AN cultural values, traditions, and spiritual practices.

The GONA focuses on the following four themes:

- **Belonging**—the GONA ensures that everyone feels welcomed in an inclusive, open, safe, and trusting environment
- **Mastery**—the GONA allows participants to take stock of how historical trauma impacts their communities and what fosters their resilience and holds them together
- **Interdependence**—the GONA initiates the planning process to assess resources and relationships, and to experience and strengthen interconnectedness
- **Generosity**—the GONA exercise of creating gifts to share with other participants symbolizes each participant's larger gift to their families and communities in helping to address and prevent mental and substance use disorders, prevent suicide, and promote mental health






Since it was developed in 1992, the GONA has been recognized as an effective culture-based intervention. The GONA starts the discussion on important issues identified by the community. In the time following the GONA, the real work begins—to develop, implement, and sustain strategic prevention activities and interventions that address the issues identified during the GONA.



Culturally aligned content introduced	GONA worldview
Education on and preparing for AI-specific smoking triggers including ‘feeling grief or experiencing loss’, ‘being around commercial tobacco at traditional and ceremonial events’,	Mastery
Education on and promotion of healing from historical and intergenerational trauma through breathing, mindfulness, and connecting with one’s culture	Mastery and Belonging
Promotes living in a traditional way via keeping tobacco sacred and connecting with Creator and clarifies when tobacco is being referred to as commercial versus traditional tobacco.	Belonging
Addresses beliefs around cessation medications to help promote NRT use “Do you desire to live in a traditional way? Quit medications like nicotine patches and gum can help you get there.”	Belonging
Greater emphasis on encouraging quitting for one’s family/community versus one’s own health and the ability to give back to one’s family/community due to the money and time saved from quitting smoking	Interdependence & Generosity



# Pilot randomised controlled trial of a culturally aligned smoking cessation app for American Indian persons

Dana Mowls Carroll <sup>1</sup>, Dylan Jennings,<sup>2</sup> Antony Stately,<sup>3</sup> Amika Kamath <sup>4</sup>, Katelyn M Tessier,<sup>5</sup> Crina Cotoc,<sup>5</sup> Andrew Egbert,<sup>5</sup> Abbie Begnaud,<sup>6</sup> Michael Businelle,<sup>7</sup> Dorothy Hatsukami <sup>8</sup>, Wyatt Pickner<sup>4</sup>

### SMARTPHONE APP TO HELP AMERICAN INDIANS QUIT SMOKING

**RATIONALE FOR PROJECT**  
To increase quitting smoking from 43% to 100% in American Indians

**GOALS**  
Co-develop with community partners a smartphone app for quitting smoking that is designed for American Indian communities and see how it works

**WHO PARTICIPATED**  
American Indian persons residing in Midwest states

**STEPS WE FOLLOWED**

**STEP 1**  
Promote ways to heal and address grief and trauma

**STEP 2**  
Updated the app to fit American Indian culture

**STEP 3**  
Tested the new QuitGuide for Natives App and received feedback from American Indians

*what we learned*

- Providing access to traditional tobacco
- Desire to protect youth/future generations
- Desire to live in a traditional way
- Community & culture connectedness
- Commercial smokefree policies at community sites

American Indian Cancer Foundation. SCHOOL OF PUBLIC HEALTH UNIVERSITY OF MINNESOTA

### RESULTS

**Figure 1. How likely would participants recommend the app to a friend?**

QuitGuide for Natives VS QuitGuide

79% of people would recommend the QuitGuide for Natives app compared to 70% would recommend the regular QuitGuide app to a friend

**Figure 2. Does the app fit my American Indian Culture?**

QuitGuide for Natives VS QuitGuide

67% of people agree that QuitGuide for Natives app fits their American Indian culture compared to only 45% who agreed QuitGuide fit their culture

**Figure 3. Participants using QuitGuide for Natives had a higher percentage of quitting smoking**

**NEXT STEPS AND RESOURCES**

- Larger study to confirm these preliminary findings.
- Using our learning to inform other digital resources to help American Indian persons quit smoking
- Currently QuitGuide for Natives is for research purposes only. In the meantime consider using SmokeFreeNATIVE a text message program to help you quit smoking. Text NATIVE to 47848 which was informed by our learning

For more information: See DOI 10.1136/10-2024-058665 or contact authors: Dr. Dana Carroll, dcarroll@umn.edu and Wyatt Pickner, wpickner@tcdf.org. This research was funded by R21CA281076 (to DM Carroll). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

# **SmokefreeNATIVE:**

**Creation of a culturally aligned smoking cessation text message program for American Indian/Alaska Native people**



American Indian  
Cancer Foundation®

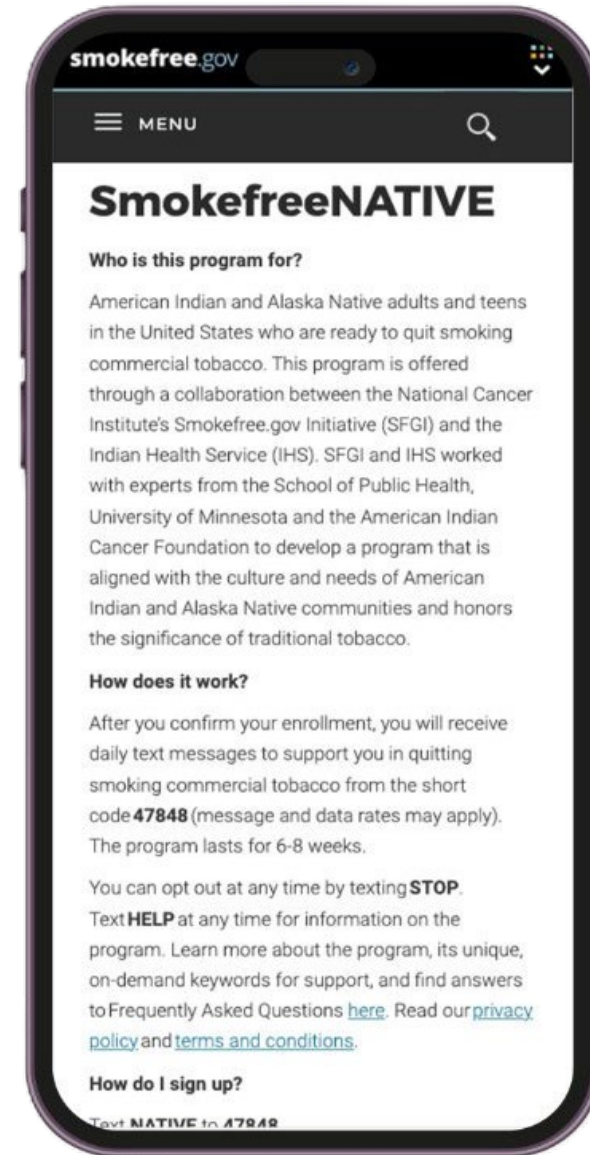
# Smokefree.gov Initiative

**Smokefree.gov is a suite of free web- and mobile-based smoking cessation resources that provide information and support to smokers who want to quit.**

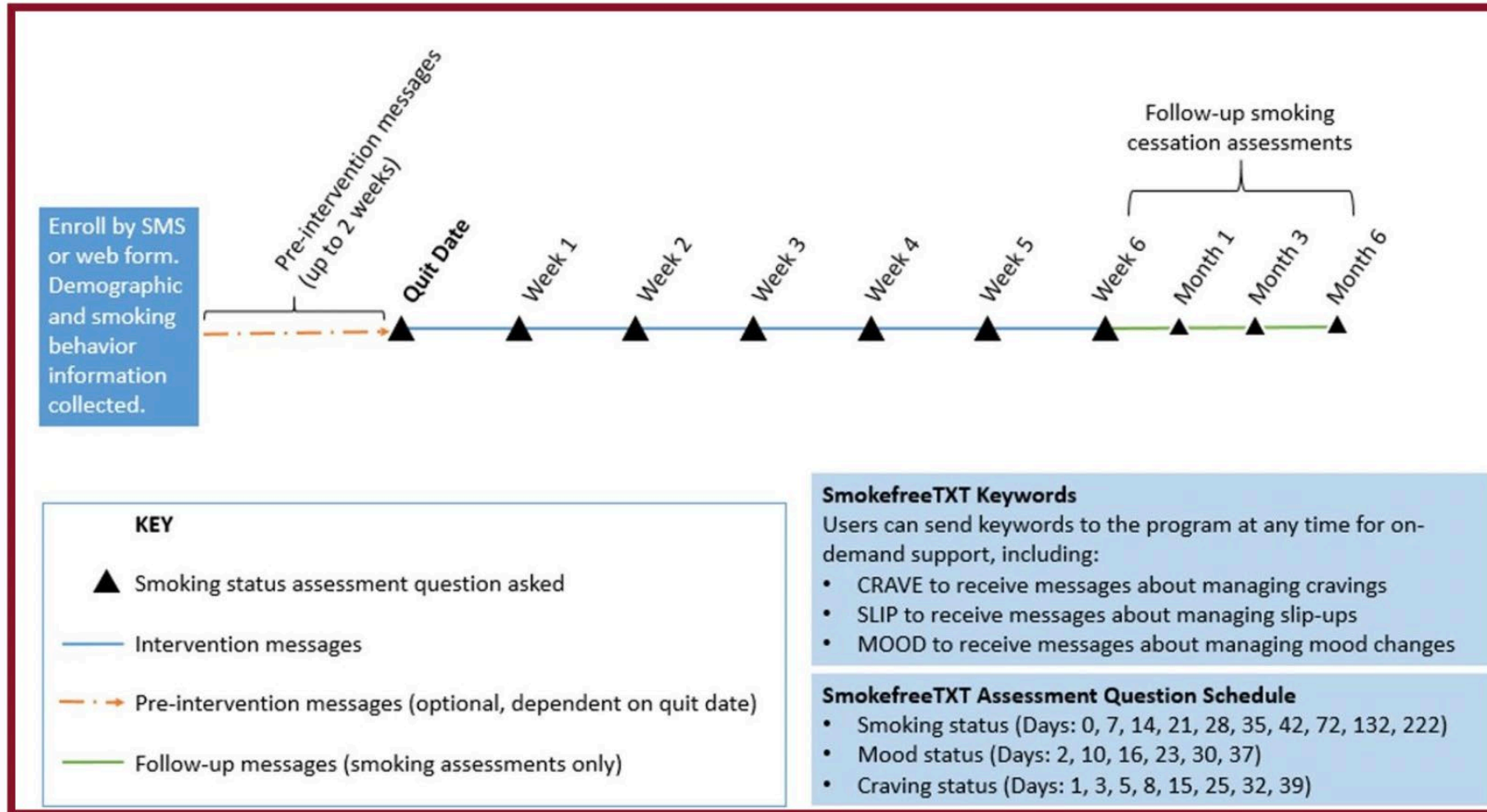
- Resources include:
  - Mobile-optimized websites
  - Text-based intervention programs
  - Smartphone apps
  - Social media accounts
- Evidenced-based
- Free

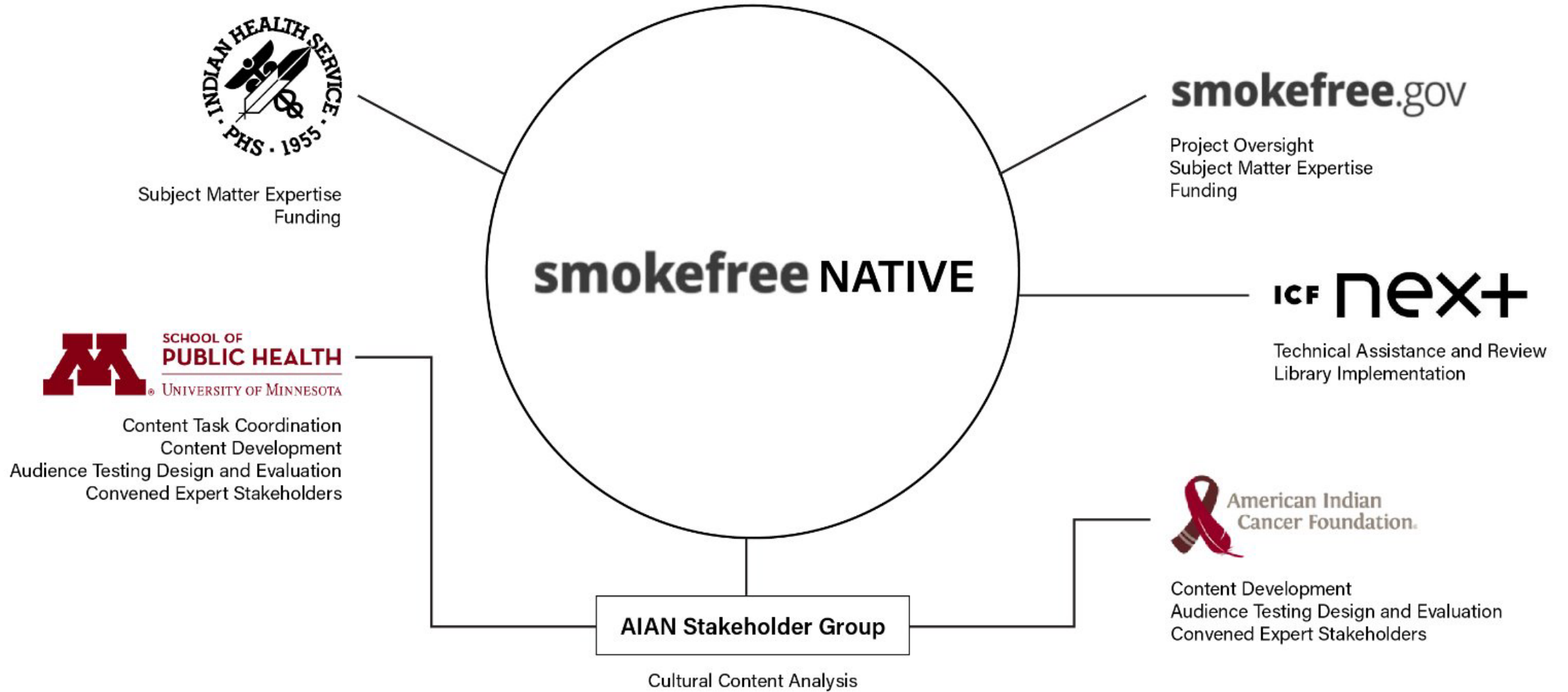
# SmokefreeNATIVE

- 6-8 week texting program (depending on when quit date is set)
- Free (data or message rates may apply)
- Enroll via web form or SMS
- Launched December 14, 2023



# Original Program Structure





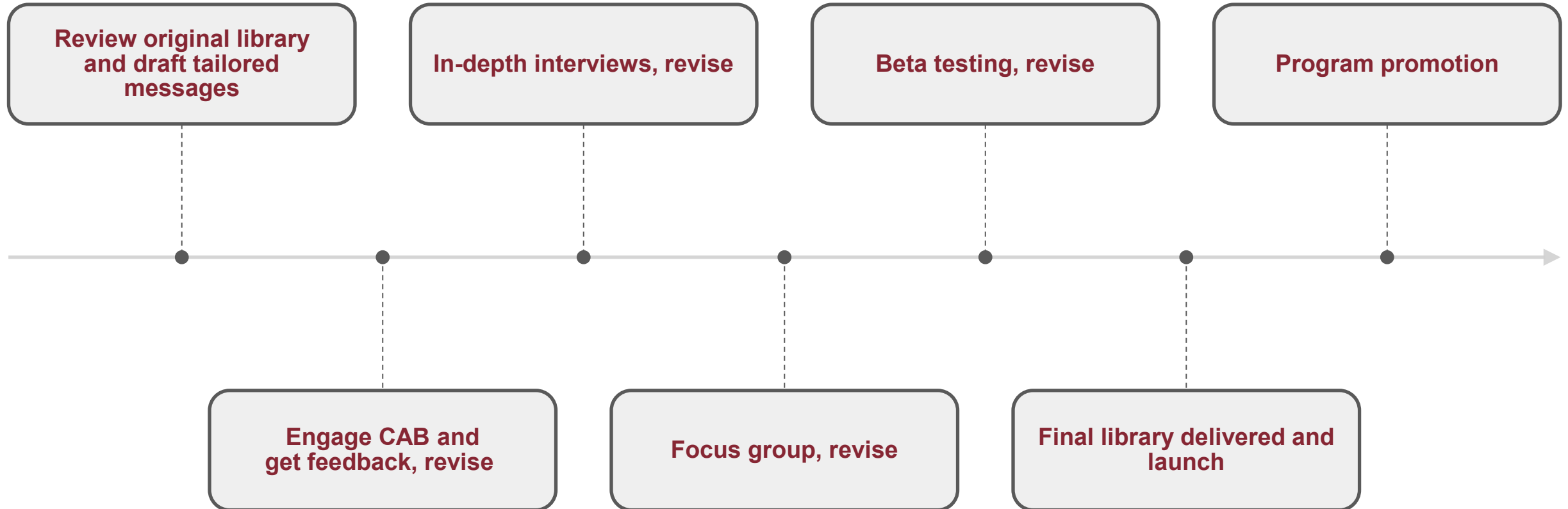


# Community Advisory Board

- Recruited 8 members to provide guidance and expertise on the project
- Held an in-person meeting in January 2023
  - Provided feedback on initial tailored library
  - Strive to be as inclusive as possible
  - Gathered additional ideas and content to include



# Cultural Alignment Process



# Audience Testing

- **In-depth Interviews:** to assess reactions to and thoughts on content and wording in SmokefreeNATIVE as well as usability and relevance of the messages
- **Focus Group:** to evaluate if messages included in the SmokefreeNATIVE program were perceived to be culturally aligned
- **Beta Testing:** participants used the SmokefreeNATIVE program for two weeks and then participated in an interview to assess if they perceived SmokefreeNATIVE to be helpful for quitting and aligned with their cultural identity.

## Keywords

### Original

- **CRAVE** – can be texted when a user is having a strong craving and needs a reminder to stay strong
- **MOOD** – can be texted when a user is having a bad day and needs encouragement
- **SLIP** – can be texted when a user slipped up and smoked commercial tobacco and can either continue on or restart the program

### New additions

- **MIND** – user can text to help find balance in their day
- **HONOR** – user can text to learn about Native culture including traditional tobacco
- **CONNECT** – user can text when they need a reminder of ways to engage with family and community

# Tailored Primary Library Text Message Examples

SFTXT: Try this: Take 10 deep breaths when you feel stressed or emotional this week. Check in with your craving level when you're done.  
STOP to end



SFNATIVE: Your breath is sacred. Take 10 deep breaths when you feel stressed or emotional this week. Check in with your craving level when you're done. STOP2end



# Tailored Keyword Text Message Examples

## Mind

**SFNATIVE:** Mindfulness is an Indigenous practice. Try activities like beading and weaving and listening to traditional stories. Reply MIND for more.

**SFNATIVE:** Reflect on this: your true self keeps tobacco sacred. Your true self doesn't use commercial tobacco products. You're a nonsmoker. Reply MIND for more.

**SFNATIVE:** Your breath is sacred. Practice taking a few deep breaths and let go of any negative thoughts that are trying to control you. Reply MIND for more.

# Tailored Keyword Text Message Examples

## Honor

**SFNATIVE:** "Mni Wiconi - Water is life." Keep water close to stay hydrated and help with cravings. Take a sip! Want another tip? Reply HONOR for more.

**SFNATIVE:** Word of the day for sacred tobacco in Ojibwe is Asemaa. Reply HONOR for more.

**SFNATIVE:** Land, water, animals, and people are all connected. We are all related. Your life is sacred. You belong here. Reply HONOR for more.

# Tailored Keyword Text Message Examples

**SFNATIVE:** Find out whose ancestral homelands you reside on! <http://lil.ms/moz7> Text TERMS for linking policy. Reply CONNECT for more.

**SFNATIVE:** Work on building relationships with elders or knowledge holders and learn from their wisdom. Reply CONNECT for more.

**SFNATIVE:** Traditional tobacco supports a good life and a healthy community today and for future generations to come. Reply CONNECT for more.

# Smokefree Auntie & Uncle

**SFNATIVE: A message from Smokefree Auntie, "Relax your shoulders. Acknowledge your surroundings. Touch Mother Earth. You belong."**

**SFNATIVE: "Circle of wellness: Find balance and fill your life with activities you enjoy." --Smokefree Uncle**

**SFNATIVE: "Withdrawal can be hard, but it's temporary. Do it--for your family, yourself, and your community!"— Smokefree Auntie.**

**SFNATIVE: "Take care and heal. Struggle is only part of the journey, prayer can carry you through this time." - Smokefree Uncle**

**SFNATIVE: Smokefree Auntie says: "Smoke salmon not cigarettes"**





A smokefree home promotes **healthy growth.**

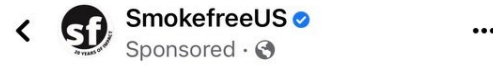


**SmokefreeNATIVE**

Promotional materials for Smokefree.gov's SmokefreeNATIVE text message program



7:53



It's never too late to quit harmful tobacco. Quitting smoking now improves your health. SmokefreeNATIVE can help you quit.

**Follow the path**

to a life without commercial tobacco.

Text NATIVE to 47848.



You are **sacred.**



**Living strong**

without commercial tobacco.



**Talk**

with your patients about quitting commercial tobacco.



8:44



**SmokefreeNATIVE can help**

Traditional tobacco is sacred. Commercial tobacco is harmful.

Text NATIVE to 47848.



Sacred tobacco helps with pr... more

[Learn more](#)

Add a comment...



# Next steps

- Continued promotion of SmokefreeNATIVE
  - Social media
  - Tailored webinars/presentations
    - Webinar recording available on AICAF's Youtube account

Raising Awareness. Building Capacity. Identifying Solutions.

[www.aicaf.org](http://www.aicaf.org)

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# Pidamaya Do!

*(thank you)*

**Wyatt Pickner - [wpickner@aicaf.org](mailto:wpickner@aicaf.org)**



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# PROJECT SUN



**STOP THE USE OF NICOTINE: CESSATION PROGRAM**

# PROJECT STOP THE USE OF NICOTINE

**Claradina Soto, (Navajo/Jemez Pueblo) PhD, MPH**

**Associate Professor**

**University of Southern California**

**Department of Population and Public Health  
Sciences**

**SCLC/UCSF November 21, 2024**

# DISCLOSURES

- Funding was provided by Tobacco Related Disease Research Program (TRDRP) # 25IR-003
- We have no potential conflicts of interest to disclose.





# DATA ON AIAN YOUTH TOBACCO USE



- AIAN high schoolers have the highest current e-cigarette smoking rate of any other race or ethnicity at **11.5%**, compared to **5.6%** overall.
- AIAN middle schoolers & high schoolers, current use of any tobacco product increased from **8.0%** to **16.3%**, during 2023-2024.

Source: MMWR, 2024







# TOBACCO AS A SACRED OFFERING

- Ceremonial Use of Tobacco
- Sweat Lodges
- Drum Groups
- Offering of Prayers
- Tobacco as a spiritual gift
  
- Tobacco is a medicine
  
- The public health problem is recreational, habitual use of commercial tobacco.







<b>Difference Between Traditional Use versus Commercial Tobacco Abuse</b>	
<b>Traditional Tobacco Use</b>	<b>Commercial Tobacco Abuse</b>
<ol style="list-style-type: none"><li>1. Intentional</li><li>2. Relatively natural &amp; unprocessed</li><li>3. Not inhaled</li><li>4. Viewed as medicine &amp; sacred ancestor</li><li>5. Seen as a spirit (I-Thou relationship)</li><li>6. Used for ceremony or prayer</li><li>7. Gathered and cultivated as a plant ancestor</li></ol>	<ol style="list-style-type: none"><li>1. Habitual/unmindful</li><li>2. Processed &amp; laced with additives &amp; chemicals</li><li>3. Inhaled or used repeatedly</li><li>4. Viewed as unhealthy, shameful addiction</li><li>5. Seen as a drug (I-it relationship)</li><li>6. Smoke/Vape/Dip/Chew casually</li><li>7. Produced by corporations for profit &amp; distributed as a commodity</li></ol>







# INTERVENTION FOR NATIVE TEENS





# SMOKING CESSATION EVIDENCE-BASED TREATMENTS FOR AIAN YOUTH

- Few culturally tailored evidence-based treatments (EBT) unique to American Indian & Alaska Native (AIAN) youth exist.
- One strategy for developing effective and culturally relevant smoking cessation programs is to adapt existing evidence-based programs for varying cultural contexts.
- Project EX (Dr. Steve Sussman, PhD)
  - An empirically validated teen commercial tobacco use cessation program
  - Adapted to meet the needs of culturally diverse populations
  - Implemented and evaluated in Thailand, Spain, Russia, Israel, the United States, China, Korea, and China





# CULTURAL TAILORING

- Tailored to AIAN teens: talking circle format, games, role play, “talk shows.”
- Alternative activities to motivate teens to attempt to quit nicotine use, cope with withdrawal and negative moods, and seek other non-tobacco using activities:
  - Deep Breathing
  - Relaxation
  - Meditation
  - Yoga
- Successful adaptations for smoking cessation programs for AIAN should incorporate:
  - Cultural and historical characteristics, values and traditions, cultural activities for behavioral modification, as well as cultural stories to help participants distinguish between the use of ceremonial from commercial tobacco



# PROJECT SUN



## PROJECT SUN

- Project SUN curriculum
  - Teacher's Manuel
  - Student Manuel
- Commercial tobacco includes cigarettes, smokeless tobacco, cigars, pipes, shish, and e-cigarettes
- 8 Sessions
  1. Orientation
  2. Commercial Tobacco Affects Your Life
  3. Health Dangers of Commercial Tobacco Use
  4. Quitting: Step – 1 Making a Commitment
  5. Quitting: Step – 2 Managing Withdrawal Symptoms
  6. Taking Care of a Healthy Body
  7. Taking Care of Your Peace of Mind
  8. Avoiding Relapse



# ORIGINAL PLAN

Use a randomized block design to assign the centers to one of three conditions:

1. The standard Project EX
2. The culturally adapted Project Stop the Use of Nicotine (Project SUN)
3. A wait-list control.

\*The Institutional Review Board of the University of Southern California approved the study and all modifications.

# BARRIERS LEAD TO CHANGE IN DESIGN

- AIECs and Urban Centers did not want to participate in the study due to potentially being randomized into the standard EX program.
- Changed the three-arm design to a two-arm design\*.
  - Project SUN vs. wait-list control
- After randomization, agencies randomized to the control condition became reluctant.
- Changed the two-arm to a single-arm trial\*.
  - Project SUN only



# ELIGIBILITY

## Agency Eligibility

- have youth within the 13-19 years of age range
- agree to participate as part of a research project that involved multiple assessment points
- obtain Tribal leadership approval

## AIAN Teen Eligibility

- required parental/guardian consent and youth assent
- were between the ages of 13-19 years
- self-identified as AIAN (any Tribe, regardless of federal recognition)
- reported using commercial tobacco in the last 30 days
- were interested in quitting, agreed to attend the sessions
- agreed to provide follow-up data at 3 months





# PROJECT SUN



STOP THE USE OF NICOTINE: CESSATION PROGRAM

## TRAININGS

- AI youth counselors (N=57) were trained at AIECs and Urban Centers
- 12 hours trainings: **Day One** = 8 hours and **Day Two** = 4 hours of teach-back
- The training consisted of 45 minutes to one hour of review for each of eight sessions
- Teach backs were condensed versions of each session performed by trainees with feedback from the trainer
- Trainees evaluated the training with 10 items including: "Rate the trainer," and "Rate the overall quality of the training."
- Trainer ratings ranged from 8-10 on a 10-point scale.





# OUTCOME MEASURES

- Participating adolescents completed surveys before the program, immediately after the program, and 3 months out.
- Demographic questions included: age, grade in school, and place of residence (reservation or non-reservation).
- Commercial tobacco use behaviors were assessed with items such as: *“How many times have you used smokeless tobacco, cigars, e-cigarettes, clove cigarettes, cigarettes, and e-cigarettes/vaping in the last 30 days?”*
- These items have been used widely for youth smoking cessation trials and all Project EX studies.





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Of the 37 participants who met the inclusion criteria:

---

mean age was 16 years

---

32% were in 11<sup>th</sup> grade

---

68% were female

---

27% of the sample lived on a reservation

# TOBACCO PRODUCT USE AT BASELINE

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## Baseline Intervention Group Tobacco Product Use (N = 37)

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Cigarettes Only	Cigarettes and Vaping Products	Cigarettes and Smokeless Tobacco	Cigarettes and Smokeless Tobacco and Vaping Products	Cigarettes, Smokeless Tobacco, Cigar, Vaping Products	All Tobacco Products	Vaping Products Only	Total
22	5	3	1	1	2	3	37

---



# COMMERCIAL TOBACCO USE AT 3-MONTH FOLLOW-UP

92% completed  
3-month follow-  
up (34 of 37)

24 of the 34  
subjects reported  
**quitting**

*\*The overall adjusted cessation rate among those at follow-up then  
=  $24/34$  or  $.71 \times .92$  (to control for ITT)  $\times .5$  (to control for over-reporting  
of quitting) =  $.32$  or 32%*



# LESSONS LEARNED

- We learned that having partnerships with well-known and trusted community agencies (e.g., AIEC's) was helpful, however, we realized that we should have **incentivized staff** so that they could devote time to the project aside from their competing job-related responsibilities.
- We also learned that **staff turnover** is constant because of limited job growth opportunities in underfunded AIAN-servicing agencies, and while agreements with one leadership about an established research protocol may be reached, these agreements may change when new leadership steps in.
- Additionally, **multiple unexpected situations** can arise within the AIAN community (i.e., overdoses and suicides) that shift the importance and plans to uptake an intervention and participate.
- The RCT's Western-based methodology itself does not align with the population's values and practices.







# QUESTIONS?

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# The Aniqsaaq Study: A Family-Based Financial Incentives Intervention for Smoking Cessation among Alaska Native Peoples

Presenter:  
Brianna N. Tranby, MA  
Mayo Clinic



*"Celebration" artwork from Rhonda Shelford Jansen*





# Agenda

- ▶ Background
- ▶ Community-Based Participatory Research
- ▶ Aniqsaaq Study
- ▶ Phase 1 Qualitative Interviews
- ▶ Phase 2 Beta-Test
- ▶ Challenges and Adaptations
- ▶ Phase 3 Randomized Controlled Trial



# Study Team

Institution	Name	Role
<b>Alaska Native Tribal Health Consortium (ANTHC)</b>	Timothy Thomas	Alaska Site PI
	Barbara Stillwater, Gretchen Day, Daniella Lammers	Collaborators
	Flora Lee, Tammy Henry	Study Coordinators
	RCC Consultation Committee	Community Feedback
<b>Mayo Clinic</b>	Christi Patten	Lead PI
	Paul Decker, Anne Roche, Bijan Borah	Co-Investigators
	Brianna Tranby	Sr. Program Coordinator
	Audrey McGuinness, Ashley Brown, Sarah Jeno, Corinna Sabaque	Study Coordinators
<b>Stanford University</b>	Judith Prochaska	Co-Investigator
<b>Washington State University</b>	Michael McDonell	Co-Investigator
<b>University of AK-Anchorage</b>	Diane King	Co-Investigator

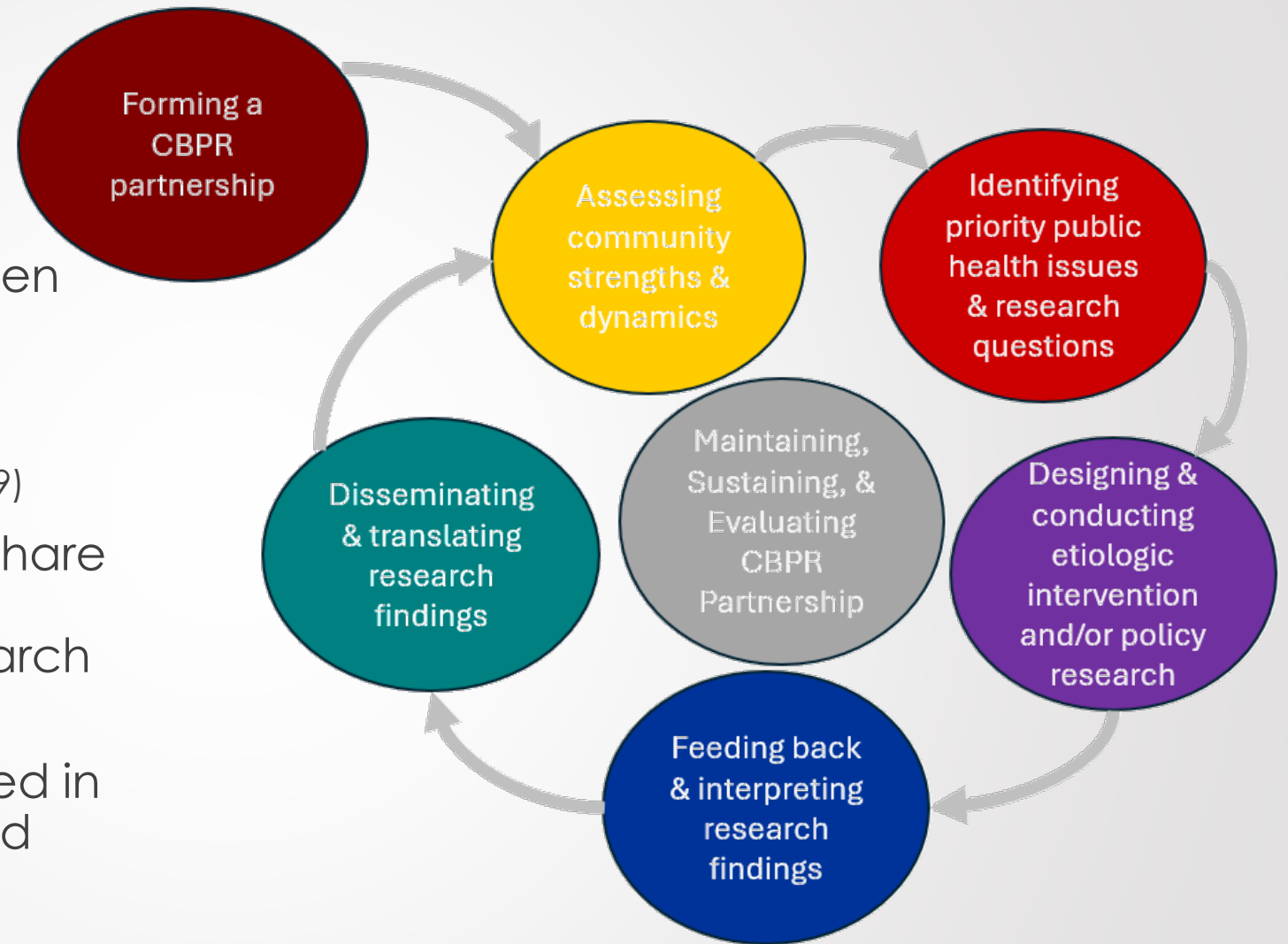


# Background

- ▶ Tobacco products are not used ceremonially by Alaska Native and American Indian (ANAI) peoples in Alaska (Koller 2017; Renner 2005)
  - However, use of smokeless tobacco (Iqmik) is common by pregnant women and children because it's considered healthier
- ▶ Longstanding tobacco control research partnership
  - ▶ Focused initially on pregnant women and children but pivoted to statewide remote interventions at Tribal leadership request
- ▶ Financial incentives to support smoking cessation are effective in many populations. (Notley 2019; McPherson 2018; Petry 2000)
- ▶ Natural social networks (e.g., family systems) can influence people to start or quit smoking. (Scholz 2016; Thomas 2019; Leonardi-Bee 2011)
- ▶ ANAI cultures value interdependence (Hirchak 2018; Wolsko 2006)
  - A relationship-based, collaborative approach to lifestyle decisions and reliance on family rather than individuals
- ▶ No prior research has evaluated financial incentives for smoking cessation among ANAI families.

# Community-Based Participatory Research (CBPR)

- Definition: “A partnership between academic researchers and community stakeholders ... to translate research findings into practice and policy.” (Springer 2019)
- CBPR empowers all partners to share their experiences, and take responsibility for translating research into action
- Our research team is experienced in conducting community-informed behavioral tobacco cessation interventions across Alaska





# Aniqsaaq Study

- ▶ Goal: To develop a culturally aligned financial incentive intervention for smoking cessation among adult Alaska Native peoples.
- ▶ ANTHC Research Consultation Committee recommendations:
  - ▶ Involve families in an incentive intervention
  - ▶ Include positive messaging if a person who smokes (PWS) does not achieve smoking abstinence
  - ▶ Encourage PWS to select a trusted, safe support person
    - ▶ “Family member” should be defined by the person who smokes
    - ▶ May live outside household
    - ▶ May smoke or not
- ▶ Mayo Clinic and ANTHC received NIH funding in 2021 to evaluate a family-based financial incentives intervention.



# Study Phases

- ✓ Phase 1: Qualitative interviews
- ✓ Phase 2: Beta-test of the intervention
- Phase 3: Randomized controlled trial (RCT) with 6- & 12-month follow-up
  - Evaluate efficacy, cost-benefits, & key process indicators for intervention adoption, implementation, and maintenance



# Intervention

- **Dyad = 1 adult ANAI PWS + 1 adult family member**
- PWS complete six at-home smoking check-ins during 6-month intervention: Weeks 1, 2, 3, 4, Month 3, and Month 6
  - 1. Carbon monoxide breath test (iCOquit™ device/app)**
  - 2. Cotinine saliva swab test**
  - 3. Self-reported cigarette smoking in  $\leq 7$  days:**
- If all three confirm that the PWS is smoke-free, they get a cash reward
  - The family member also gets the same cash reward



# Intervention Rewards & Restore

Check-in	Payment for completed check-in (both PWS and FAM)	Reward for PWS if abstinent *	Reward for FAM if PWS was abstinent
Week 1	\$25	\$50	\$50
Week 2	\$25	\$75	\$75
Week 3	\$25	\$100	\$100
Week 4	\$25	\$125	\$125
Month 3	\$25	\$175	\$175
Month 6	\$25	\$225	\$225
Max total	\$150	\$750	\$750

- Dyads are paid \$25 for each check-in the PWS completes, regardless of results
- \*Rewards start at \$50 and escalate after; amounts are not tied to each week
- If a check-in is missed or positive for smoking, the amount for the next smoke-free check-in is **RESTORED** to the same value that was earned at the last one.

# Phase 1 – Purpose and Methods

- ▶ Conducted individual phone interviews to inform the intervention design and future implementation needs
  - ▶ ANAI PWS statewide, family members of ANAI people who smoke, and Alaska Tribal Health System (ATHS) workers/interested parties
- ▶ PWS and family members were recruited through social media posts and paid ads from Mayo Clinic and ANTHC
- ▶ ATHS participants were recruited through personal email invitations from local study team members





# Phase 1 Participants

	People who smoke (n=11)	Family members (n=12)	ATHS participants (n=13)
Average age (years)	41	49	51
Average daily cigarettes smoked	10.1	--	--
Racial identity (#)	AN/AI (11)	AN/AI (11) White (1)	AN/AI (4) White (9)
Women	6 (55%)	9 (75%)	8 (62%)
Rural AK residence (outside Anchorage)	4 (45%)	9 (75%)	7 (54%)

- Phase 1 eligibility age was 21+ years per IRB  
(Sinicrope 2024)

# Phase 1 Qualitative Interview Results



- Very receptive to family support and incentives
  - “Yes, definitely having someone supporting your goal to quit, just having someone there is really, really important.” (PWS)
  - “It's like a prize for trying to quit. I think it's a good thing because they could go, ‘Oh, that could pay my electricity bill. I could buy some fuel with it,’ especially in the villages where it's just expensive.” (FAM)
- Materials should explain the intervention clearly, and be easy to read and full of pictures
- Important that self report of nonsmoking is verified so people aren't getting rewards if they still smoke.
  - Some had concerns about participants “cheating” on at-home tests; others thought the tests could be helpful in showing how their health is improving
- Materials should emphasize other evidence-based treatments to use such as Tribal cessation programs and state Quitline.

## Phase 2 – Purpose and Methods

- Purpose: Small beta-test of the intervention's feasibility before the RCT
- 10 ANAI adult dyads (1 PWS + 1 FAM)
- Recruited across Alaska through paid geotargeted ads on Facebook and Instagram and organic Mayo Clinic/ANTHC posts
- Participants chose direct deposit or prepaid cash cards for rewards
- All participants received materials on quitting smoking, and family members also received support tips
- Surveys at baseline and end of intervention

### ◆ Aniqsaaq ◆ - to breathe -



An Alaska Native Family-Based  
Financial Incentive Intervention  
for Smoking Cessation

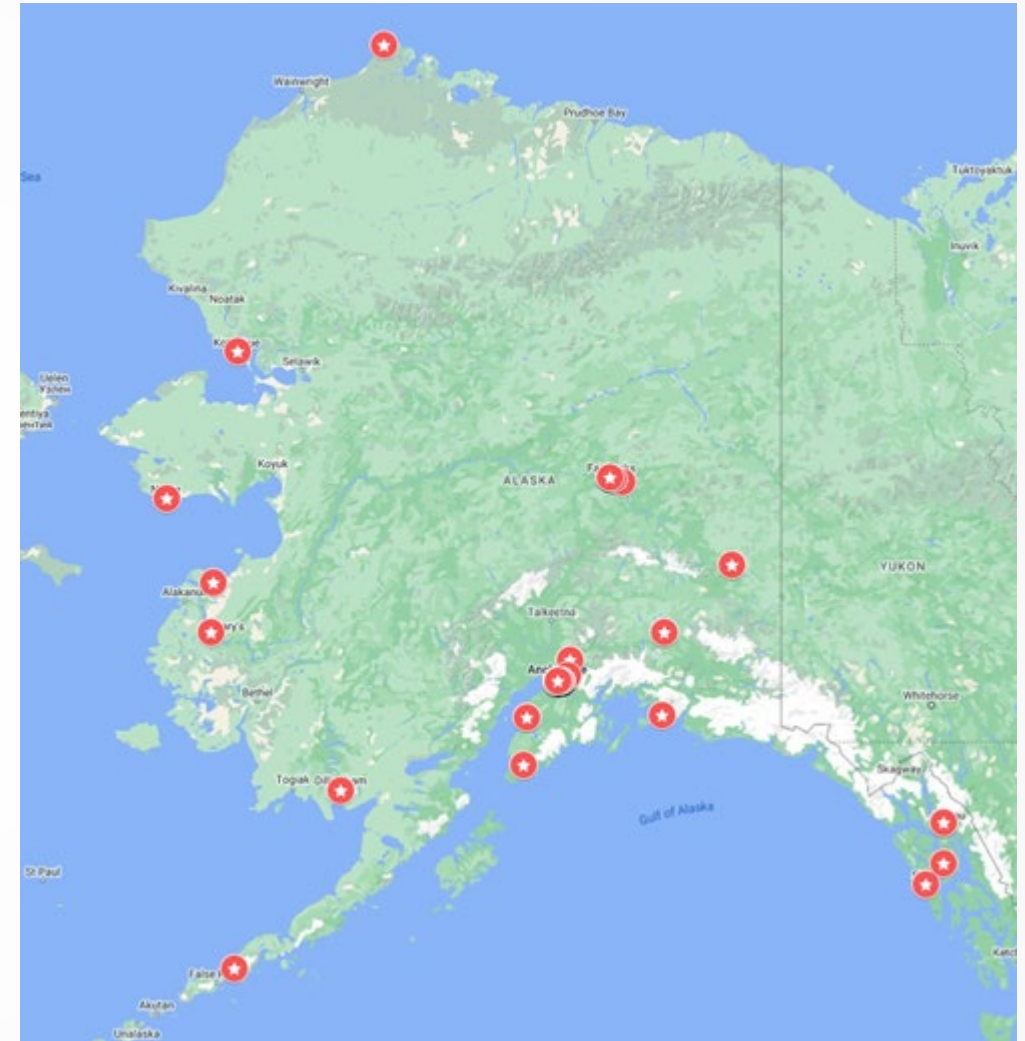
# Phase 2 Eligibility Criteria

<b>Inclusion</b>	<b>PWS</b>	<b>FAM</b>
Identifies as AN/AI	✓	
≥18 years old	✓	✓
Smoked ≥ 1 cigarette over past 7 days	✓	
Smoked average ≥ 3 cigarettes per day over past 3 months	✓	
Considering or willing to make a quit attempt	✓	
Nominate one adult family member to join them	✓	✓
Willing to do smoking status check-in tests with digital selfies	✓	
Have access to a mobile device that can receive text messages	✓	✓
Willing to complete a W-9 tax identification form	✓	✓
<b>Exclusion</b>		
Used cessation pharmacotherapy or behavioral program ≥3 months	✓	
Already enrolled with another family member	✓	✓
Unwilling to quit smoking marijuana during study	✓	



# Beta-Test Enrollment

- ▶ 10 dyads enrolled between June-October 2023 (n=20)
- ▶ 100 PWS screened – 64 were eligible
- ▶ 43 FAM screened – 36 were eligible
  - ▶ Common reasons for ineligibility:
    - ▶ PWS: Pharmacotherapy in past 90 days (12), not willing to quit marijuana during the study (7), no family member to support them (6)
    - ▶ FAM: No PWS they wanted to support who met criteria (5)



# Beta-Test Participants

	PWS (n = 10)	FAM (n = 10)
Gender	80% women	50% women
Average age	n = 10 45 years (range = 34-57)	n = 5 30 years (range = 18-36)
Average # daily cigarettes	n = 10 13 (range 3-20)	n = 4 7 (range 4-10)
Residence outside Anchorage	60%	60%
Lives with enrolled family member	70%	--
Employed for a paycheck	60%	50%
Spouse of PWS	--	40%
Sibling, child, other relative	--	60%

# Beta-Test Results

- ▶ Final check-in: April 2024
- ▶ Across 10 PWS, there were 60 possible check-ins
  - ▶ 41 check-ins (68%) were completed
  - ▶ 8 of 10 completed at least two check-ins
  - ▶ 1 PWS withdrew after Week 3, 1 missed all check-ins
- ❖ 4 PWS reported NRT use
- ❖ All 5 who completed the 6-month check-in were smoke-free

	Week 1	Week 2	Week 3	Week 4	Month 3	Month 6
<b>DyadA</b>	\$50	\$75	missed	withdrew		
<b>DyadB</b>	positive	positive	positive	missed	missed	missed
<b>DyadC</b>	positive	positive	\$50	positive	\$50	\$75
<b>DyadD</b>	\$50	\$75	\$100	positive	missed	missed
<b>DyadE</b>	\$50	\$75	\$100	\$125	positive	\$125
<b>DyadF</b>	positive	missed	positive	missed	missed	missed
<b>DyadG</b>	\$50	\$75	\$100	\$125	\$175	\$225
<b>DyadH</b>	\$50	\$75	\$100	\$125	\$175	\$225
<b>DyadI</b>	positive	positive	\$50	\$75	\$100	\$125
<b>DyadJ</b>	missed	missed	missed	missed	missed	missed

On schedule Reward	Positive test No reward
Restored Reward	Missed check-in No reward

- ❖ Nine dyads earned a total of **\$5,450 in rewards** for being smoke-free
- ❖ An additional **\$2,050** was paid to the nine dyads for doing the 41 check-ins, regardless of abstinence

# Beta-test Challenges

- ❖ Most check-ins were completed without any problems
- Breath tests and self-report questions were completed in different parts of the Vincere Health app; saliva swab tests were submitted separately in REDCap
  - A few participants did not understand that all three tests had to be done
- One participant lost cotinine saliva test kit during a move
  - Replacement kit was mailed for 6-month check-in
- One participant logged off wi-fi before photos uploaded
  - Sent later with timestamps and was credited with completion and reward
- Direct deposit took 3-5 weeks to set up and issue first payment
  - Early participants were frustrated with delay
- A few participants experienced delayed delivery of mailed cash cards



# Beta-test Adaptations for the RCT

## ❖ Easier process to submit at-home test results

- ▶ PWS upload photos of saliva swab to REDCap during screening
- ▶ All RCT check-in parts will be completed on one REDCap page
  - ▶ iCOquit breath test using smartphone app – upload screenshot of the CO ppm score
  - ▶ Saliva swab test using kit – upload selfie and result photos
  - ▶ 3 self-report yes/no questions – answer on same page

## ❖ Virtual reloadable ClinCard<sup>®</sup> for all payments and rewards

- ▶ Can be used online or in person via smartphone wallet, or transfer funds to a bank account
- ▶ Money should be available within 20 minutes

# Phase 3 Randomized Controlled Trial – Now Open

- ▶ Enrolling 1,312 participants (656 dyads) statewide
- ▶ ANAI PWS must live in Alaska; FAM can live anywhere in the US
- ▶ Dyads enroll and are randomized together to:
  - **Rewards Group** or **Comparison Group**
- ▶ Participants in both groups get \$25 for baseline and follow-up surveys, and \$25 for each PWS smoking status check-in
  - FAM also gets \$25 when the PWS completes the check-ins
- ▶ Rewards Group dyads will get additional rewards when the PWS is smoke-free at check-ins (up to \$750)
- ▶ Cost-benefit analysis and qualitative interviews to inform future implementation



# Thank You!

Quyanaqvaa (*Yup'ik*)  
Qaġaasakuq (*Unangam Tunuu*)  
Taikuullapiaq (*Iñupiaq*)  
Haw'aa (*Xaad Kíl*)  
Quyanaqpak (*Iñupiaq*)  
Gunalchéesh (*Lingít*)  
N'doyukshn (*Sm'álg yax*)  
Chin'an (*Dena'ina*)  
Anaa' baasee!  
(*Denaakk'e/Holikachuk*)  
Anaa' maasee! (*Denaakk'e*)  
Taikuu (*Inupiaq/Iñupiaq*)  
Tsiin'aen (*Ahtna*)  
Quyana (*Yup'ik*)  
Igamsiqaayugviikamsi (*St. Lawrence  
Island Yupik*)





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Q&A



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