

# Welcome

Please stand by. We will begin shortly.

## Commercial Tobacco Use and American Indian/Alaska Native People: Implementing Proven or Promising Interventions

Friday, November 21, 2014 · 1pm ET (90 minutes)



SMOKING CESSATION  
LEADERSHIP CENTER

# Disclosure

Derek J. Bailey, Sally Carter, Karen Doster, CoCo Villaluz, and Catherine Saucedo have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.

# Moderator



## **Catherine Saucedo**

- Deputy Director,  
Smoking Cessation Leadership  
Center, University of California,  
San Francisco
- **[csaucedo@medicine.ucsf.edu](mailto:csaucedo@medicine.ucsf.edu)**

# Thank you to our funders



Robert Wood Johnson Foundation



**LEGACY**  
FOR LONGER HEALTHIER LIVES



NATIONAL BEHAVIORAL  
**HEALTH NETWORK**  
FOR TOBACCO & CANCER CONTROL

# Housekeeping

- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.

# Today's Speaker



## **CoCo Villaluz**

- Senior Community Development Manager, ClearWay Minnesota

# Today's Speaker



## **Karen Doster**

- Tobacco Prevention and Control Program Manager, Division of Community Health Services, Alaska Native Tribal Health Consortium

# Today's Speaker



## **Sally Carter, MSW, LCSW**

- Tribal Liaison, Partnerships for Health Improvement, Oklahoma State Department of Health



# Today's Speaker



## **Derek J. Bailey, MSW**

- Program Director, National Native Network, and Principal, 7th Legacy Consulting, LLC

Connecting  
Culture to  
Policy Change  
in Indian  
Country



CoCo Villaluz  
Hidatsa/Assiniboine/Chamorro  
ClearWay Minnesota  
SCLC Webinar November 21, 2014



# “Kill the Indian, Save the Man”





# Two Tobacco Ways

## **Traditional Tobacco**

Traditional tobacco use honors the Creator and is governed by cultural protocol for spiritual, ceremonial and cultural uses.

## **Manufactured/Commercial Tobacco**

Manufactured/commercial tobacco use causes sickness, disease and death in our communities and is governed by marketing protocols of addiction.

# Types of Traditional Tobacco

**SWEETGRASS**



**SAGE**



# Traditional Tobacco



# Red Willow Can-sa-sa





# Traditional Tobacco vs. Commercial Tobacco

## TRADITIONAL



Smoked in a pipe for ceremonial purposes



Used as an offering to a healer, elder or other person as a sign of respect or thanks



Medicinal tobacco was often used as a painkiller

## COMMERCIAL



Deliberate targeting of specific consumer groups



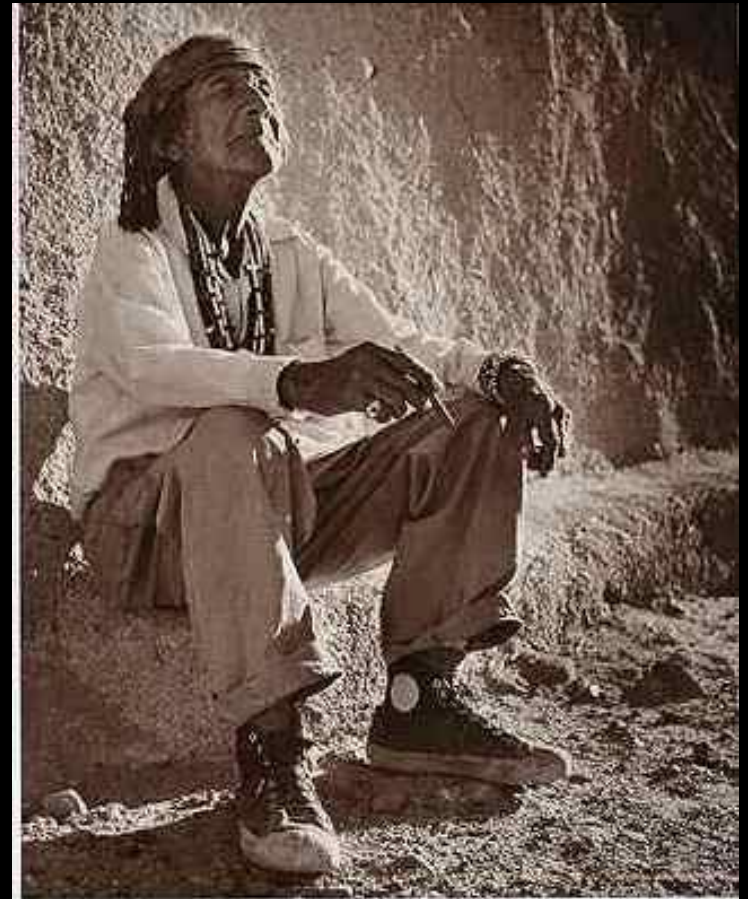
Premeditated and conscious addition of chemicals that lead to addiction



Scarcely contains actual tobacco

# Tobacco in Minnesota Indian Country

- 59% of AI adults smoke compared to state rate of 16%
- 71% of AI are exposed to Secondhand smoke at community locations compared to 34% statewide



# Challenges

- Tobacco sales are an important economic venture
- Other issues more important (diabetes, alcoholism, poverty, housing, jobs, etc)
- Making the connection
- Access and availability of “cheaper” tobacco on tribal lands
- Native Imagery



Indian chief  
had heap  
big cold



('cause he didn't keep his wig wa'm)



So he puffed  
a pack of  
KOOLS

(His throat felt peaceful)

He liked 'em  
without  
reservation  
then

(So he said)



"Why don't I  
tote'm  
in the

Switch from  
"Hots" to  
KOOLS

*for good!*



**Exploitation**



*"Nature in the Raw"  
is seldom MILD*

THE FORT DEARBORN  
MASSACRE  
"Nature in the Raw"—as  
portrayed by the artist, N. C.  
Witch... inspired by the  
heartless treachery of a band  
of vicious Miami Indians,  
who massacred the settlers  
with inhuman ferocity...  
August 15, 1812.

—and raw tobaccos  
have no place in cigarettes



They are *not* present in Luckies  
... the *mildest* cigarette  
you ever smoked

Seldom Mild"—so these fine tobac-  
cos, after proper aging and mel-  
lowing, are then given the benefit  
of that Lucky Strike purifying pro-  
cess, described by the words—"It's  
toasted". That's why folks in every  
city, town and hamlet say that  
Luckies are such mild cigarettes.

WE buy the finest, the very  
finest tobaccos in all the  
world—but that does not explain  
why folks everywhere regard Lucky  
Strike as the mildest cigarette. The  
fact is, we never overlook the  
truth that "Nature in the Raw is

**"It's toasted"**  
That package of mild Luckies

"If a man write a better book, preach a better sermon, or make a better man than his neighbor, the he  
build his house in the words, the world will make a better path to his door." —RALPH WALDO EMERSON.  
Does not this explain the world-wide acceptance and approval of Lucky Strike?

THE LORAIN PRESS, INC., CHICAGO



# CDC Health Equity in Action



## Native American Tribes Adopt Tobacco Protections for Tribal Members and Future Generations

### Montana

In Montana, 43% of Native American adults self-report cigarette smoking.<sup>51</sup> These high rates of commercial tobacco products use contributes to high rates of disease and premature death among Montana's Native Americans.<sup>52</sup> To address the commercial use of tobacco in their communities, the Blackfeet and Fort Peck tribes worked together to implement comprehensive smoke-free indoor protections. These protections also safeguard casino visitors and employees from secondhand smoke.

Respect for cultural traditions of tobacco use was instrumental in the development and implementation of strategies to create smoke-free environments. Several years earlier, the Native American Tobacco Coalition of Montana approached tribal elders to ask if they would support the creation of smoke-free environments. Initially, the elders were not supportive, because they believed this could potentially hinder traditional uses of tobacco, which are rooted in spiritual beliefs and medicinal

practices. The elders engaged in a four-year process of teaching the historical and ceremonial practices of traditional tobacco use, including spiritual offerings. In turn, the coalition educated elders about the impact of commercial tobacco use and secondhand smoke exposure on tribal youth and future generations.

With support from the elders, the coalition educated the tribal members about the distinction between the sacred use of tobacco and the use of commercial tobacco. Community engagement activities included commercial tobacco-free celebrations, health fairs, youth-focused events, and trainings. By conducting extensive educational initiatives for tribal members and elders, the Blackfeet and Fort Peck Tribal Nations were able to create smoke-free indoor environments that included casinos. As a result, other tribes have created smoke-free environments in most tribal facilities. The coalition learned a valuable lesson: to be successful, smoke-free strategies need to be true to the people and rooted in cultural tradition.

# ClearWay Minnesota supports....

*Minnesota's American Indian Nations in their efforts to reduce commercial tobacco use and create policy initiatives to prevent exposure to secondhand smoke in workspaces, including restaurants, bars and casinos, on Indian lands in Minnesota's American Indian Nations in their efforts to reduce commercial tobacco use and create policy initiatives to prevent exposure to secondhand smoke in workspaces, including restaurants, bars and casinos, on Indian lands in Minnesota.*

*Minnesota.*

# ClearWay Minnesota recognizes...

- The sovereign rights of American Indian Nations.
- That American Indians in Minnesota have held tobacco as sacred since the beginning of creation.



# TTEP Successes

- Restoration of Traditional tobacco messaging and use at many community events
- Smoke-free Buffer Zones
- Smoke-free Tribal Vehicles
- Smoke-free Tribal Headquarters
- Smoke-free Casino Events
- Smoke-free Foster Care
- Informal e-cigarette policy

## Bois Forte Protects Children with Smoke-Free Foster Care

### The Community CHANGE

On a cold winter's day in early January, 2011, elder Marybelle Isham approached Daanis Chosa, then serving as Tribal Tobacco Education and Policy (TTEP) Coordinator, at a community fundraiser. Marybelle cares deeply about the children of the tribe, and worried that those in foster care were being exposed to toxic secondhand cigarette smoke. She was hoping that the TTEP program could do something about it. Indeed, the TTEP program did do something about it, and although it took more than two years, it was something very big. In July 2013, Bois Forte passed a resolution making all foster homes smoke-free, becoming the first tribe in Minnesota to have foster care protection in place. The resolution also put them ahead of the state of Minnesota, whose legislators were just beginning to consider regulations on smoke-free homes in April 2014.

This momentous policy change was part of a larger arc of action that began in the early 1990s to protect Bois Forte tribal members from secondhand smoke, starting with tribal buildings going smoke-free indoors. The groundwork for this and subsequent community change has been spearheaded by champions including Marybelle Isham (mentioned earlier), Lester Drift, an elder who vocally supports restoring traditional tobacco and reducing secondhand smoke, Jeneal Goggeley, Health Commissioner, who was a prime force in passing initial secondhand smoke policies for the tribe and elected leaders such as Cathy Chavers and Karlene Chosa, who attended forums and supported policy change on restoring traditional tobacco and reducing harmful secondhand smoke.

### Process of creating CHANGE

The TTEP program expanded upon earlier accomplishments to protect tribal members from secondhand smoke exposure. After achieving their first priority to pass a smoke-free buffer zone in summer 2011, Ms. Chosa placed the smoke-free foster care policy on her annual workplan. In December of that year, Marybelle Isham brought the issue to the attention of the larger community in

a forum on tobacco sponsored by TTEP. As a foster parent, she had learned that a neighboring county no longer allowed smoking in foster homes. She suggested that TTEP investigate this policy to see if it could fit for Bois Forte. During 2012, Ms. Chosa followed up on investigating policy options, and continued to provide education to tribal members, including growing concerns about the dangers of thirdhand smoke, the toxic residue from cigarettes that clings to materials in homes and cars.



Supporters: ICWA Supervisor Angela Wright (r) and Tribal Councilwoman Karlene Chosa (l)

She worked with Bois Forte Indian Child Welfare (ICWA) staff to hear their concerns and discuss ideas for potential policies. While they expressed concern about the shortage of Native homes available, health concerns took precedence. Ms. Chosa gave a special presentation to ICWA staff on effects of secondhand smoke on children, including SIDS and other conditions. ICWA staff supported the effort, and provided a list of contacts for other agencies to query about policy. No other tribe in Minnesota, and few counties in the area, had yet created such a policy, so Ms. Chosa expanded her search and asked for help from ClearWay Minnesota technical assistance providers.

After Ms. Chosa left TTEP in summer 2012, the program had a time of transition. But activity came back strong in spring 2013 with the hiring of a new TTEP coordinator, Donna Hoffer, who was seasoned in tribal human services and policy work. She began by meeting with the ICWA staff to introduce herself and ask for their support and partnership. She wanted to find out about the issues, asking "how is this going to affect ICWA in the bigger picture?" To this end, she attended a regional ICWA workshop and spoke with other tribal staff, who were encouraging and gave her confidence to continue. Ms. Hoffer contacted Bois Forte ICWA staff about moving ahead, and together they discussed how to handle the issue of smokers. To give smokers time to adjust to the change, they decided standards would apply at the next renewal date. ICWA staff offered to discuss the policy with families to prepare them for such a change.

## Bois Forte Protects Children with Smoke-Free Foster Care

Ms. Hoffer prepared a tribal resolution by first getting copies of current standards and codes from her ICWA colleagues. To insure that she would be well prepared, she reached out to two resources: the Public Health Law Center and tribal attorney Mark Anderson. Mr. Anderson helped her answer important questions on developing a complete and accurate resolution to present to the Council. After review by ICWA staff and approval from the Health Commissioner, Ms. Hoffer sent the resolution to be placed on the Tribal Council agenda. At the hearing, she was prepared with background research. ICWA staff came as backup, but the resolution passed unanimously after only one question on how many would be affected.

### Strategies for creating CHANGE

The Bois Forte TTEP program used a variety of strategies to create change:

**Acting on community concern.** TTEP built on the concern expressed by a community elder.

**Doing homework.** The TTEP coordinators took time to find out about the ICWA program, research policy options and consult with tribal attorney. They also came prepared with facts for the tribal council meeting when the policy was reviewed.

"Don't be afraid to make changes - these are our kids, we don't want them to have asthma and other health problems."

Donna Hoffer, TTEP Coordinator

**Building Strong Partnerships.** TTEP coordinators worked with the program directly affected by the potential policy change to learn more about their work and concerns. ICWA Supervisor Angela Wright noted that they struggle to find American Indian families and have many other policies to implement, so having a strong partnership where TTEP assists with follow-up and implementation makes the policy change more "doable" for ICWA.

**Educating.** The TTEP program took advantage of opportunities to teach community members about the health dangers, attending health fairs, diabetes event and powwows, and organizing community-wide events. Karlene Chosa, tribal council member, praised the role of education, saying TTEP does

"an outstanding job, dedicated to getting information to the people...which makes it easier on leaders. They pave the way with facts to back up policy change".

### Strategies (continued)

**Asking for Help.** TTEP looked to internal and external resources for help, including tribal attorney, a policy institute, technical assistance providers, regional ICWA and foster care agencies.

**Communicating.** TTEP kept up strong communication with ICWA. They asked for their input on implementation and worked together to review policy. As a strong partner, ICWA agreed to notify and work with families to eliminate smoking.

### Importance of the CHANGE

Evidence continues to mount on the dangers of exposure to commercial tobacco smoke, especially for children. Children are particularly vulnerable to the effects of secondhand smoke because they are still developing physically, have higher breathing rates than adults, and have little control over their indoor environments ([www.epa.gov/smokefree](http://www.epa.gov/smokefree)). Children exposed to high doses of secondhand smoke are much more likely to experience serious health conditions or consequences such as weak lungs, asthma, infections, SIDS and diabetes. Bois Forte continues to have very high smoking rates (57 percent) among its tribal membership. Smoke-free foster homes not only protect children from harmful smoke, but also role model *not* smoking as a social norm in a community with high smoking rates.

### Lessons Learned about CHANGE

**Change from within.** The issue of smoke-free foster homes came from a concerned elder. Community ownership of change and participation in change is critical in Native communities, where change is often been forced from the outside at great cost.

**Create a strong community presence.** Tribal members, elected officials and departments listen when it comes from credible, tribally-based sources. TTEP provided a local educator using multiple venues to build a case for community change.

**Be well prepared for policy "ask".** Tribal council leaders are impressed when advocates come prepared and have completed the necessary steps to bring a solid resolution for consideration.

Type of Change:	Formal Tribal Policy
Location of Change:	Bois Forte Foster Homes
Reach of Change:	Average 7-8 families annually with 11 children
Contact:	Coco Villalaz, ClearWay MN 952-767-1409



**VALUE OUR TRADITION.**

**KEEP TOBACCO SACRED.**



QUITPLAN

| [quitplan.com](http://quitplan.com)

Thank You!

Pidamiya!

[cvillaluz@clearwaymn.org](mailto:cvillaluz@clearwaymn.org)

# Tobacco use in Alaska: An Alaska Native Medical Center approach to reducing the use of tobacco

Karen Doster, CTTS

Tobacco Prevention and Control Program Manager

Alaska Native Tribal Health Consortium



# Objectives

- Describe how the Alaska Native Tribal Health Consortium and Alaska Native Medical Center serve AN/AI beneficiaries
- Understand tobacco use practices and rates in Alaska
- Explain how the Alaska Native Medical Center incorporates tobacco cessation into their health system



# What is the Alaska Native Tribal Health Consortium (ANTHC)?

- Formed June 1, 1998
    - Largest tribal self-governance organization in the US
    - AN people represented by 15 AN leaders
    - 2,200 staff members
  - Three divisions of service
    - Community Health Services
    - Environmental Health and Engineering
    - Alaska Native Medical Center
  - Vision: Alaska Native people are the healthiest people in the world.
  - Mission: Providing the highest quality health services in partnership with Alaska Native people and the Alaska Tribal Health System
- 
-



# What is the Alaska Native Medical Center (ANMC)?

- ANTHC provides statewide services, including specialty medical care via ANMC
  - Opened in 1997; jointly managed by ANTHC and Southcentral Foundation (Anchorage native primary care center)
  - Acute, specialty and primary care provider for AN/AI people in Alaska
  - Certified as Alaska's only level II trauma center (since 1999)
  - Operates the Quyana House; 56 room, 108-bed facility for out of town patients and their escorts



# **TOBACCO USE IN ALASKA**

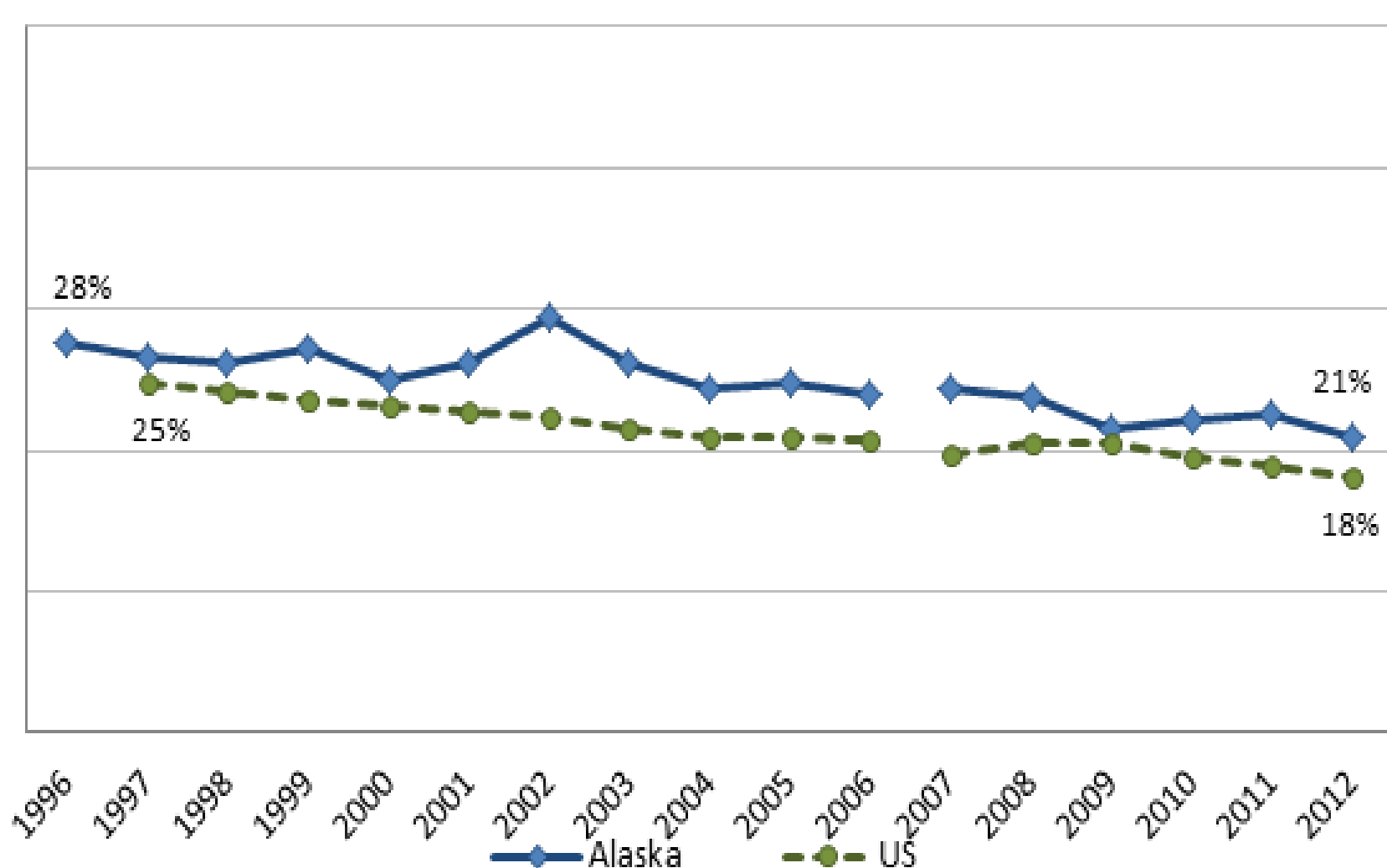
# History of tobacco use in Alaska

- C1741 – Alaska Native people were introduced to tobacco by Russian fur traders
- C1778 – Alaska Native people asked for tobacco by name
  - In just under 40 years, Alaska Native people asked for tobacco by name.
  - Few did not smoke, chew or use snuff

\*Robert Fortuine, MD, Historical Notes on the Introduction of Tobacco into Alaska

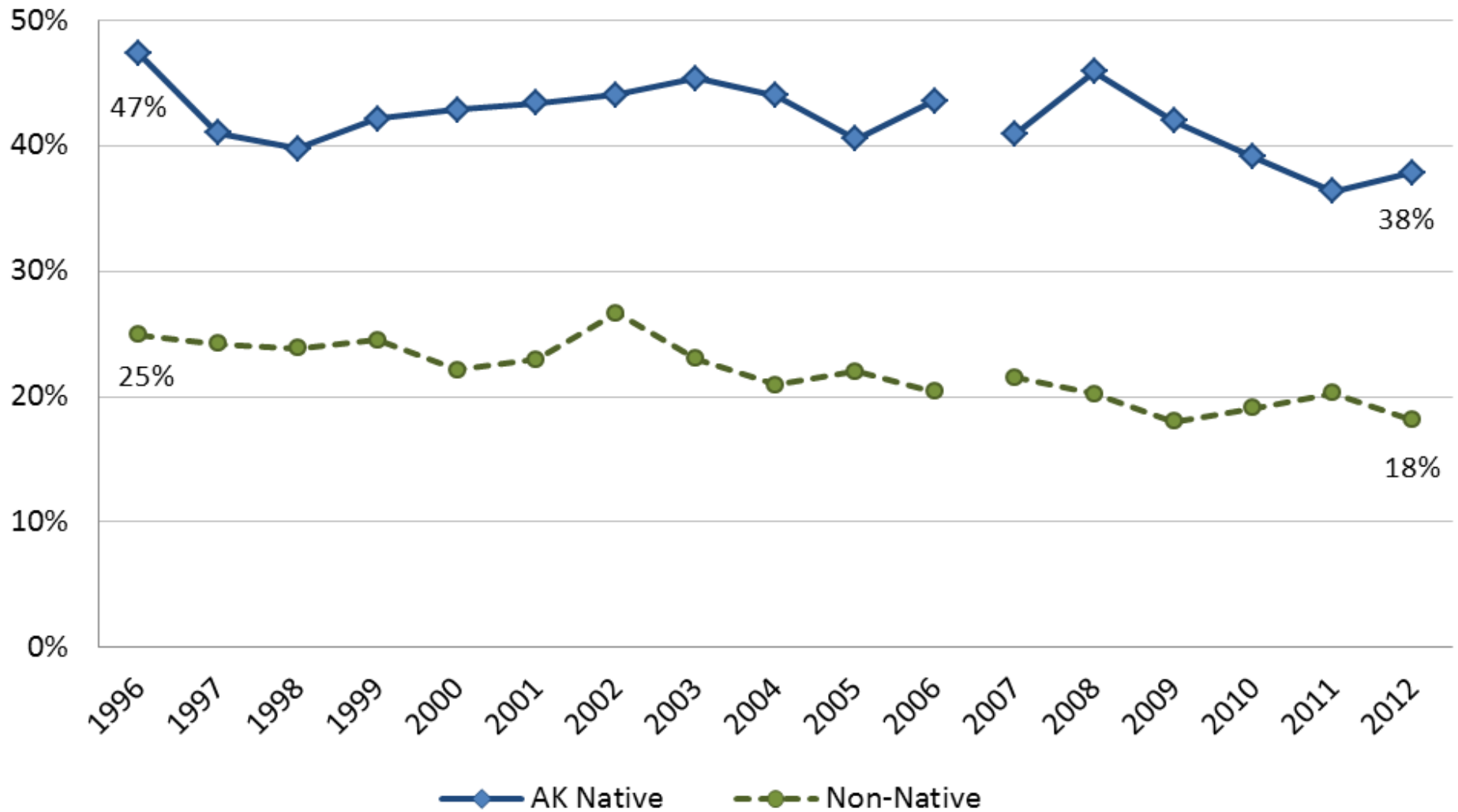


## Percent of Adults Who Smoke, by Year, Alaska and US, 1996-2012



Sources: Alaska Behavioral Risk Factor Surveillance System; National Health Interview Survey. BRFSS estimates for 2007 and later use a new weighting method. See Alaska Tobacco Facts, 2014 for more information.

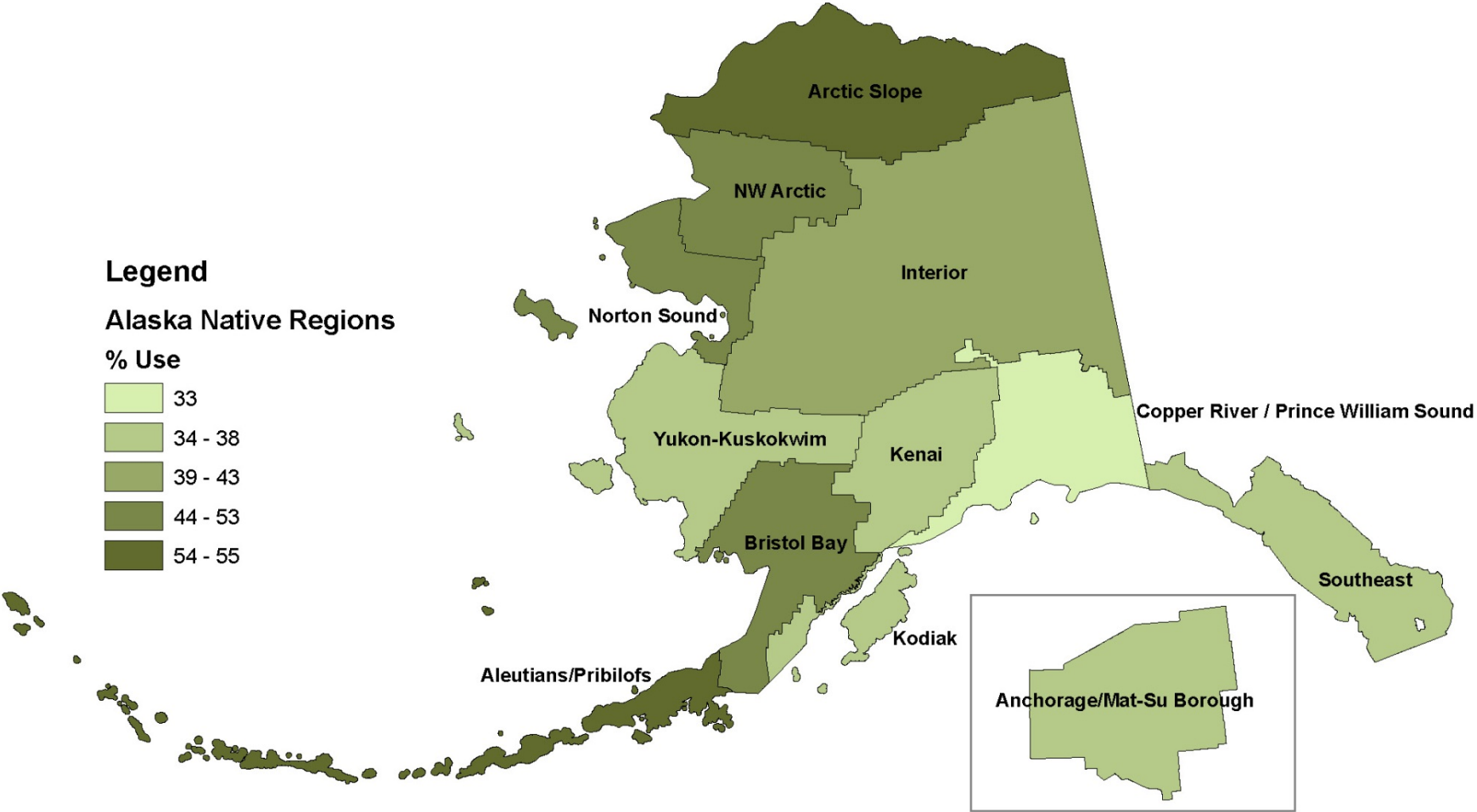
## Percent of Adults Who Smoke, by Year and Alaska Native Status, Alaska, 1996-2012



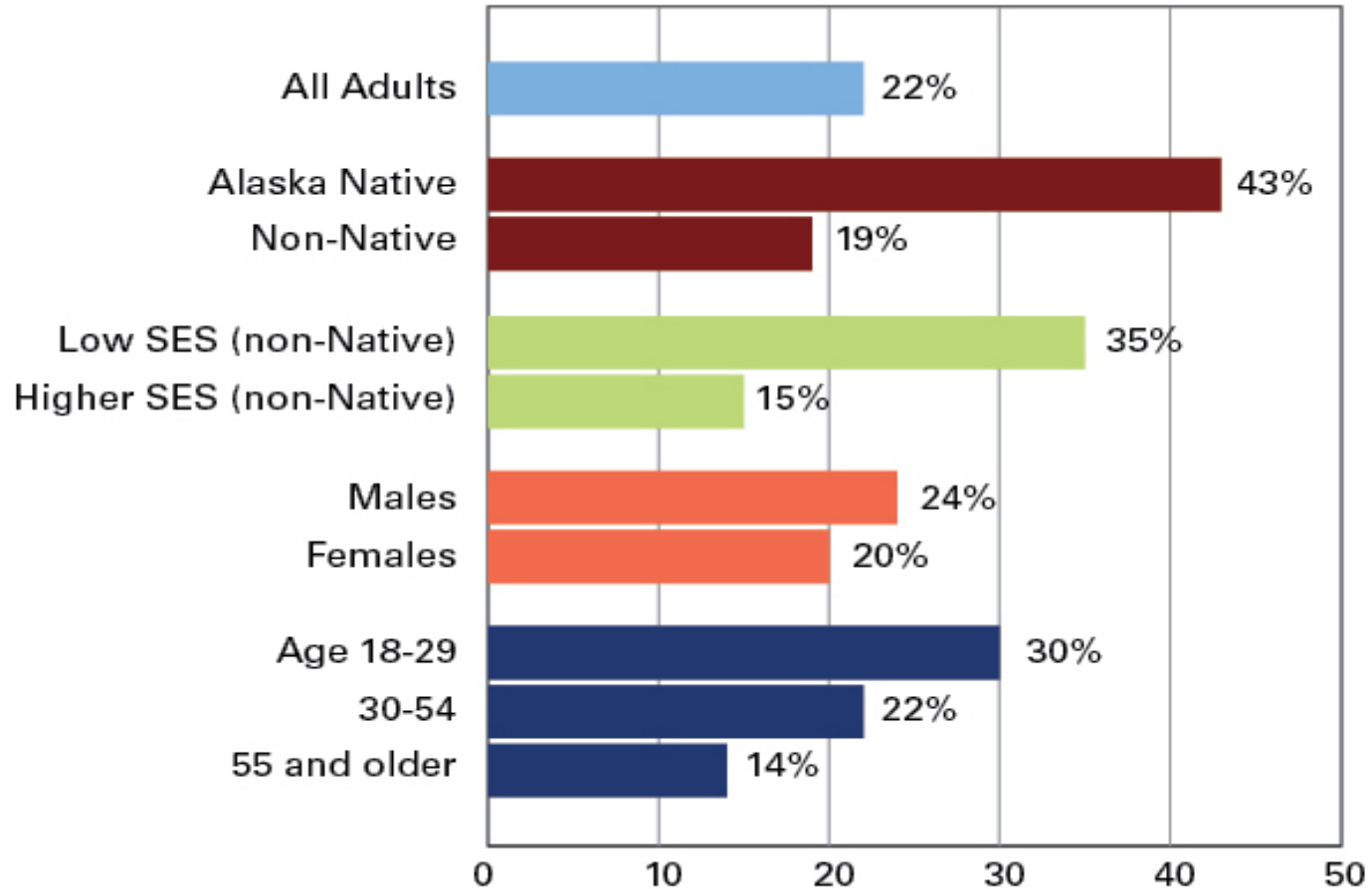
Source: Alaska Behavioral Risk Factor Surveillance System. BRFSS estimates for 2007 and later use a new weighting method. See Alaska Tobacco Facts, 2014 for more information.

[http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2014\\_alaska\\_tobacco\\_facts.pdf](http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2014_alaska_tobacco_facts.pdf)

# Smoking by Region among Alaska Native People

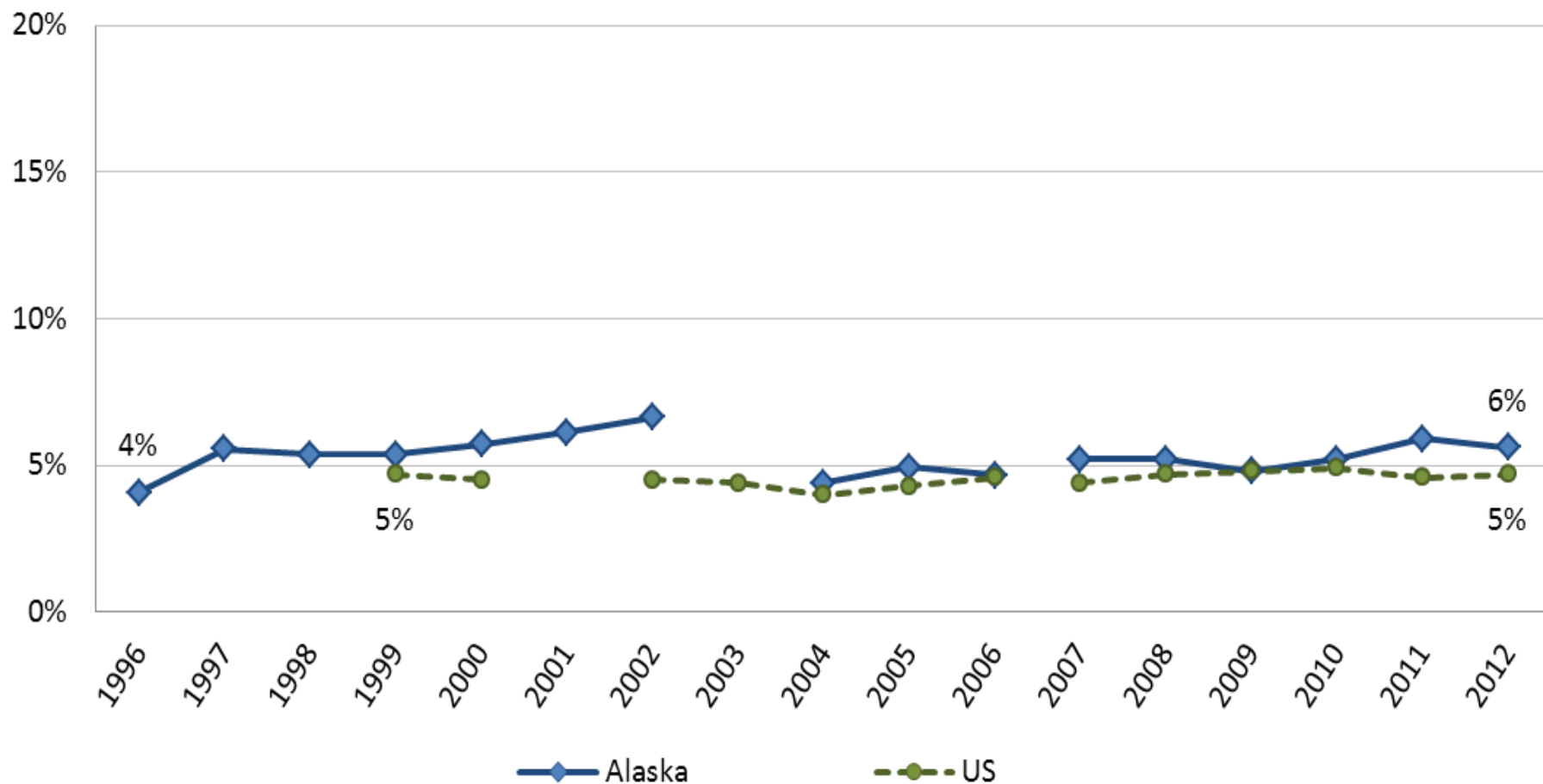


# DISPARITIES IN ADULT SMOKING IN ALASKA



Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Tobacco In the Greatland, A Portrait of Alaska's Leading Cause of Death, 2012 Update*. Anchorage, AK: Alaska Department of Health and Social Services; 2012

## Percent of Adults Who Use Smokeless Tobacco, by Year, Alaska and U.S., 1996-2012



Source: Alaska Behavioral Risk Factor Surveillance System and Substance Abuse and Mental Health Services Administration National Survey on Drug Use and Health (NSDUH), smokeless tobacco use in the past year; <http://www.samhsa.gov/data/NSDUH.aspx>.

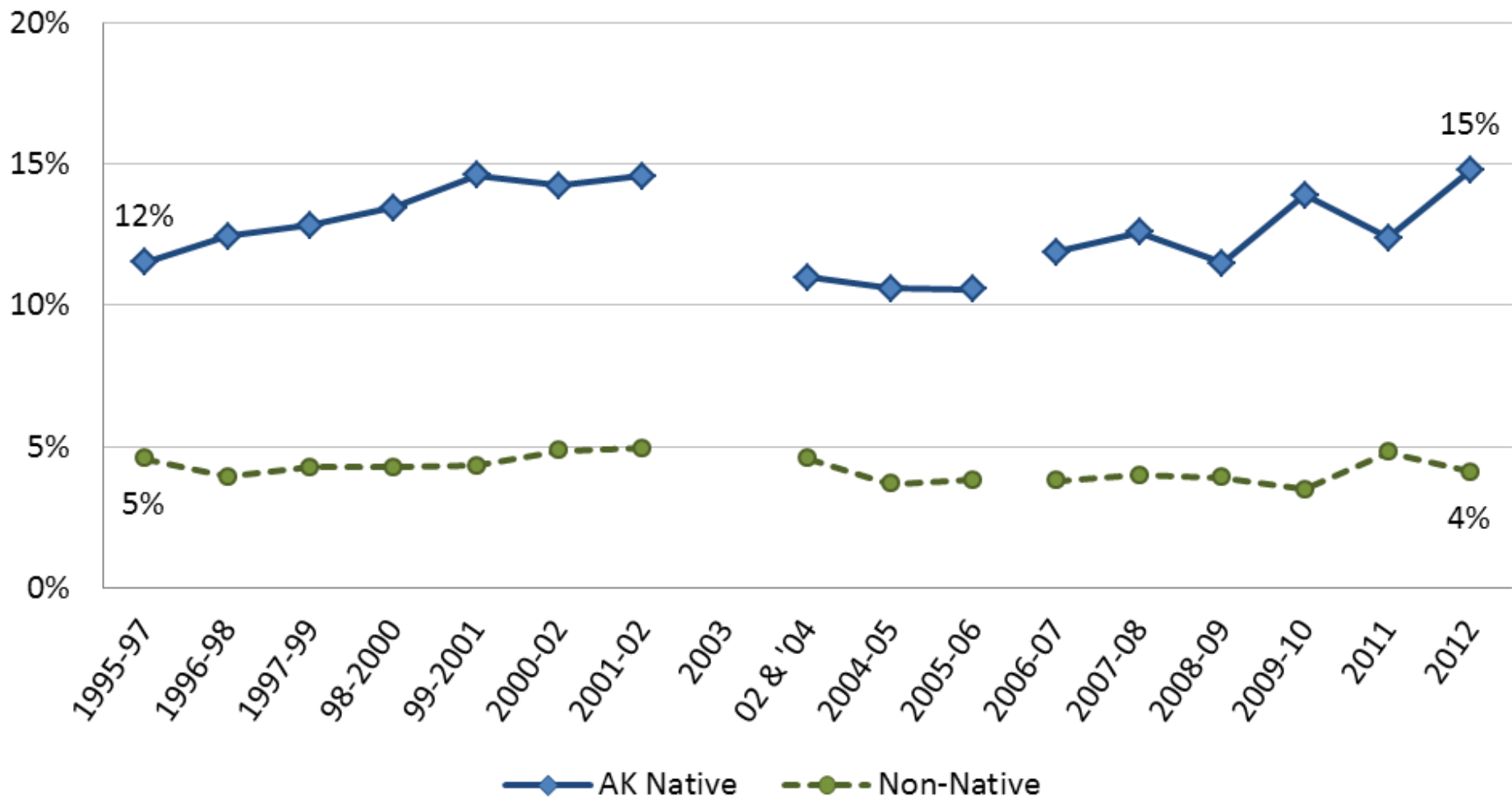
Estimates for 2007 and later use a new weighting method; see Alaska Tobacco Facts for more information.

[http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2014\\_alaska\\_tobacco\\_facts.pdf](http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2014_alaska_tobacco_facts.pdf)

*Note: Question about SLT use was not asked in 2003 in the Alaska BRFSS, and there are no national NSDUH data posted for SLT use for 1996-1998 and 2001.*



## Percent of Adults Who Use Smokeless Tobacco, by Year and Alaska Native Status, Alaska, 1996-2012

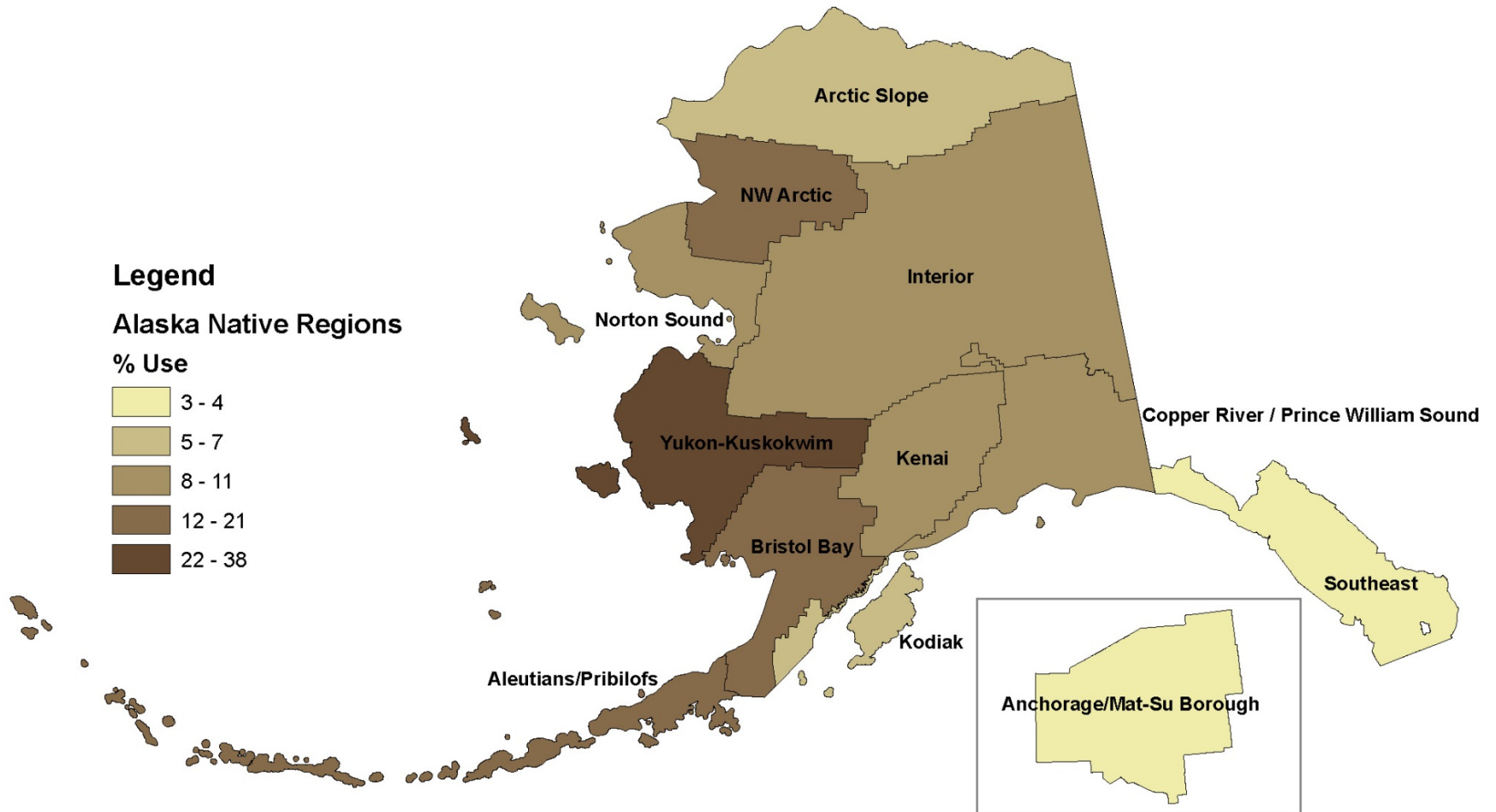


Source: Alaska Behavioral Risk Factor Surveillance System. Estimates for 2007 and later use a new weighting method; SLT use estimates by Alaska Native status are reported using combined year averages until 2011. See Alaska Tobacco Facts, 2014 for more information.

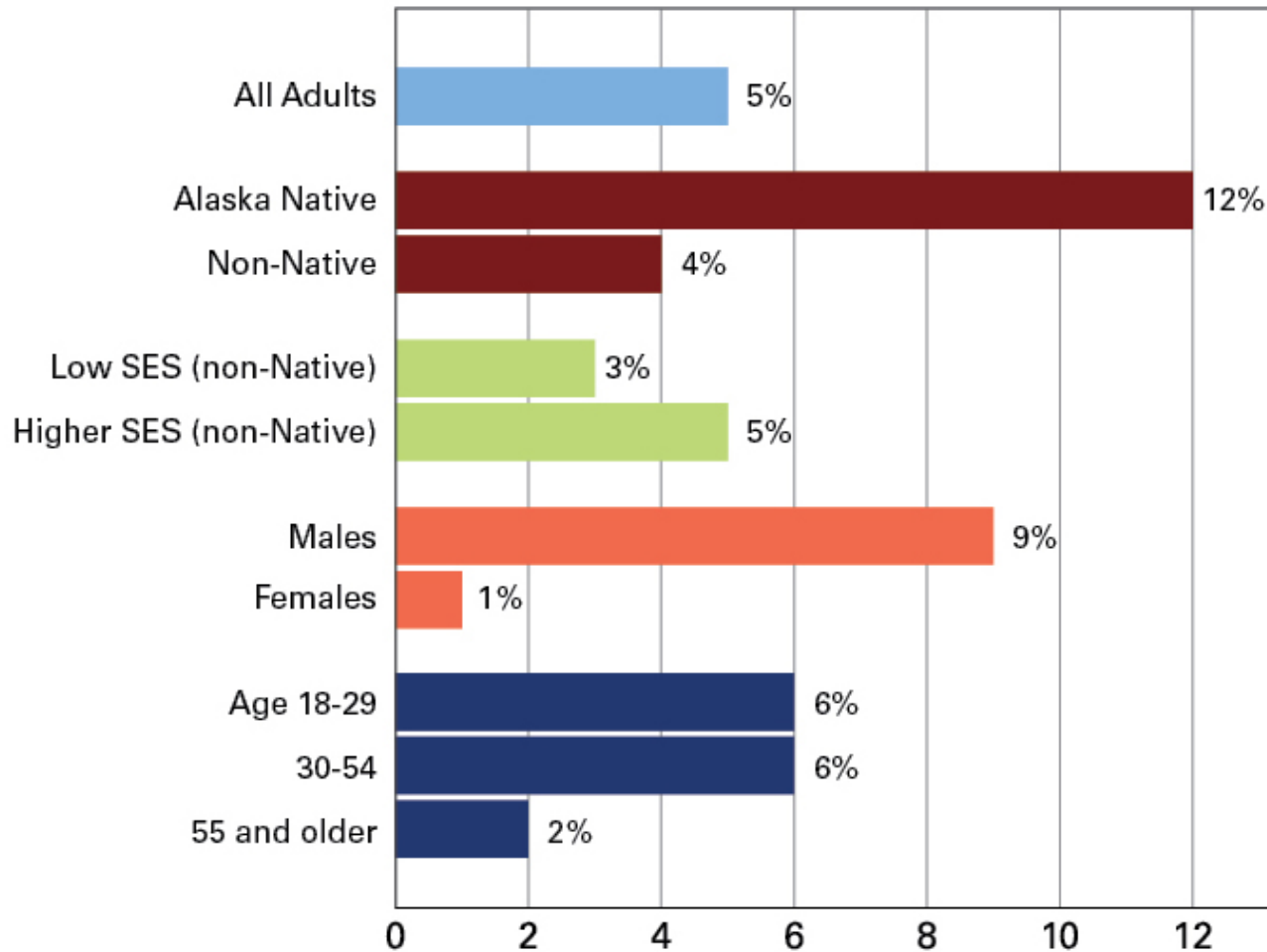
[http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2014\\_alaska\\_tobacco\\_facts.pdf](http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2014_alaska_tobacco_facts.pdf)

Note: Question was not asked in 2003.

# Smokeless Tobacco Use by Region Among Alaska Native People



# DISPARITIES IN SMOKELESS TOBACCO USE IN ALASKA



Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Tobacco In the Greatland, A Portrait of Alaska's Leading Cause of Death, 2012 Update*. Anchorage, AK: Alaska Department of Health and Social Services; 2012

# **REDUCING TOBACCO USE IN AN PEOPLE**

# ANTHC Tobacco Prevention and Control Program

- Provides direct cessation services to patients at the Alaska Native Medical Center (ANMC)
- Assists in the development of capacity and infrastructure for tobacco prevention programs in Alaska to reduce tobacco use
  - Works with organizations to implement systems that address tobacco use
    - Establish tobacco use measures in health records
    - Tobacco/Smoke Free Campus policies



# Culturally sensitive approach

- Education
  - Culturally sensitive materials relating tobacco use to different medical conditions and social factors
- Training
  - ANTHC Tobacco Treatment Specialist Training
  - Staff within both inpatient and outpatient clinics
    - Brief Intervention training
    - Alaska's Tobacco Quit Line fax referral training



# Tobacco cessation at ANMC

- TTS receives consult via EHR
- Completes intake with patient at bedside, specialty clinic or if the patient has been discharged, completes intake via phone
- Provides free NRT (patches, gum, lozenge) and medication (Chantix, Zyban)
- Provides follow up counseling for 52 weeks



# Referral for tobacco cessation

- ANTHC
  - Clinician processes referral/order in EHR
  - Tobacco program receives referral, provides counseling, pharmacotherapy and follow up
- Alaska's Tobacco Quit Line (Alere)
  - Option for non-beneficiaries
  - Electronic Quit Line referral embedded in EHR
  - Quit Line proactively calls patient
  - Feedback report provided to referring organization





# Addressing tobacco as an ANTHC, ATHS and Alaska priority

- ANTHC Board of Directors prioritized reducing tobacco use among Alaska Native People.
  - In 2012, the ANTHC board supported a two year strategic initiative to improve systems to address tobacco use at ANMC
- Increased Statewide awareness of the risks of using tobacco and the long term effects on health
  - Statewide media strategy implemented by State of Alaska focused on reducing tobacco use among Alaska Native People



# Using momentum to change systems

- Comprehensive approach and support
  - Board of Directors initiative with administrative buy-in
    - Campus and statewide need
  - Measure driven
    - Joint Commission
    - Government Performance and Results Act (GPRA)
  - Provider readiness
  - IT assistance



# Statewide Partnerships

- Technical Assistance Provision Statewide
  - Alaska tribal health organizations implementing systems to address tobacco
  - State of Alaska Tobacco Prevention and Control Program
    - 15 grantees representing 150+ communities
  - Behavioral health organizations integrating tobacco treatment services into practices



# THANK YOU

Karen Doster

ANTHC Tobacco Prevention and Control Program Manager

[kldoster@anthc.org](mailto:kldoster@anthc.org)

(907)729-2440





# ***Commercial Tobacco Use and American Indian/Alaska Native People: Implementing Proven or Promising Interventions***

*Sara (Sally) Carter, MSW, LCSW  
Tribal Liaison  
Oklahoma State Department of Health*

**Smoking Cessation Leadership Center Webinar  
Friday, November 21, 2014**



# Oklahoma

According to the 2010, U.S. Census, Oklahoma has approximately **482,000 American Indian people living our state** which represents **12.9%** of our total population.<sup>1</sup>

Three of five U.S. cities with the **largest American Indian/Alaska Native population per capita** are located in Oklahoma.<sup>1</sup>

1. U.S. Census Bureau, Oklahoma Census, <http://www.census.gov/data/2012>, retrieved November 17, 2014.



# Oklahoma

Oklahoma has 39 tribal nations  
headquartered in our state of which  
**38 are federally recognized.**



# Oklahoma

Oklahoma is a “**non-reservation**” state, meaning we have tribal jurisdiction areas.

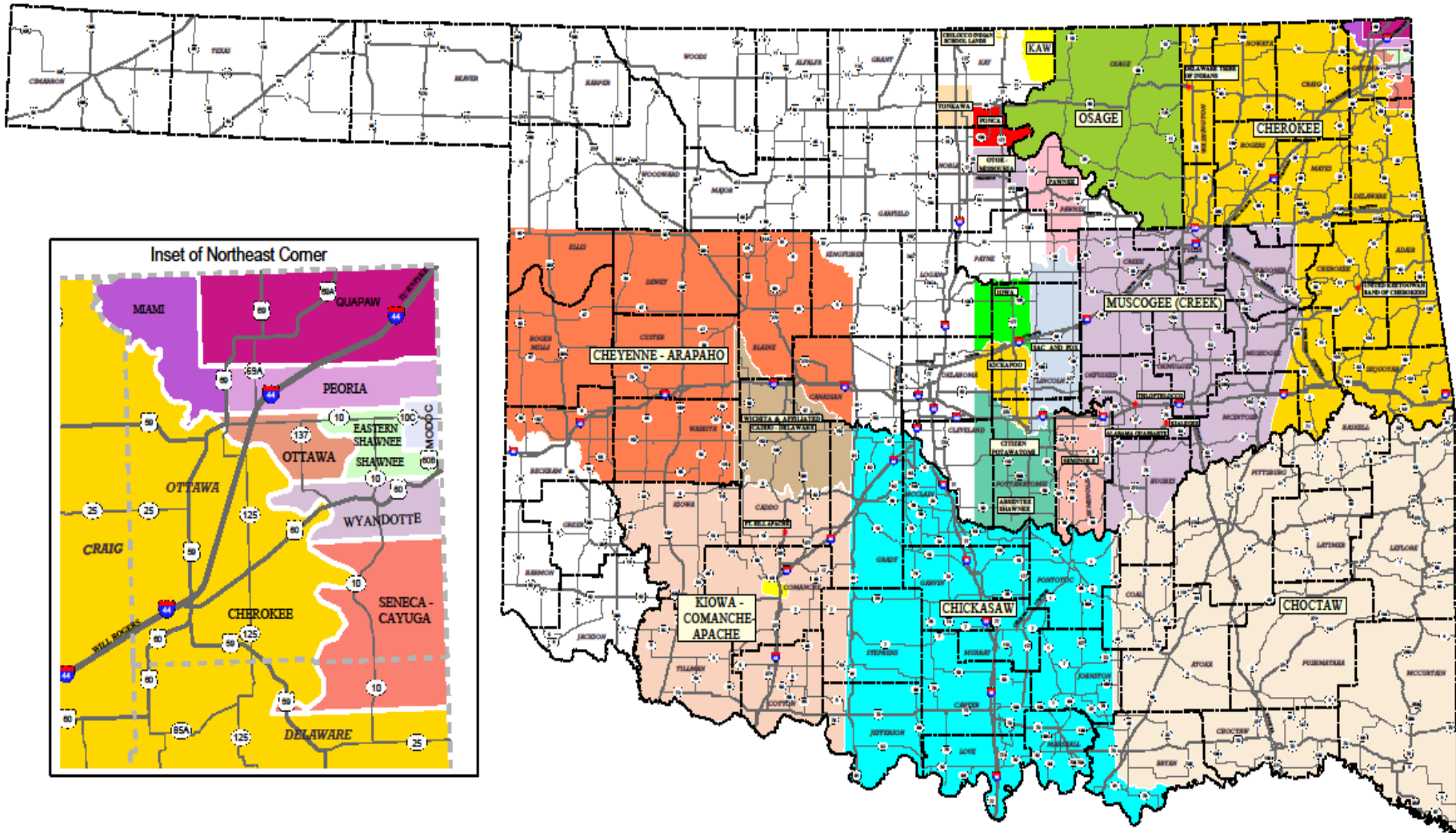
Some of the **tribal jurisdiction areas** are relatively small, while other areas cover multiple counties in Oklahoma.

This means we are very **close neighbors** of our tribal nation citizens.





# TRIBAL JURISDICTIONS IN OKLAHOMA



OKLAHOMA DEPARTMENT OF TRANSPORTATION  
 PLANNING & RESEARCH DIVISION  
 GIS MANAGEMENT BRANCH  
 300 N.E. 21ST STREET  
 OKLAHOMA CITY, OKLAHOMA 73105

## 38 FEDERALLY RECOGNIZED TRIBES

(Tribal Boundaries provided by the Bureau of Land Management)

ARDETTA SHAWNEE TRIBE	CHOCTAW NATION	IZONA TRIBE	MUSCOGEE (CREEK) NATION	QUAWWY TRIBE	UNITED KETONKOHLE BAND OF CHEROKEES
ALABAMA QUASSARTI TRIBAL TOWN	CITIZEN POTAWATOMI TRIBE	KAW NATION	OSAGE NATION	SAC AND FOX NATION	WICHTA & AFFILIATED TRIBE
APACHE TRIBE	COMANCHE NATION	KOLARISE TRIBAL TOWN	OTTE - HOGSUCKER TRIBE	SENDEKA NATION	WYANDOTTE NATION
CADDO TRIBE	DELAWARE NATION	KESAPOO TRIBE	OTTAWA TRIBE	SENECA - CAYUGA TRIBE	
CHEROKEE NATION	DELAWARE TRIBE OF INDIANS	KIOWA TRIBE	PARMER NATION	SHAWNEE TRIBE	
CHEYENNE - ARAPAHO TRIBE	EASTERN SHAWNEE TRIBE	MEMPHI NATION	PEKOA TRIBE	TALPOHOCCO TRIBAL TOWN	
CHICKASAW NATION	FT. SILL ARDIE	MOCCO TRIBE	POKCA NATION	TONGANAH TRIBE	



2010

# Prevalence

- The prevalence of **smoking** is higher among American Indian people than any other racial group in Oklahoma.
- American Indians have higher mortality rates from **lung cancer and cardiovascular disease** compared to other groups in the state.
- Mortality due to **chronic lower respiratory disease** was also slightly higher among American Indians.<sup>2</sup>

2. Beebe, L., *Tobacco Use among American Indians in Oklahoma: Prevalence, Cessation and Burden of Tobacco-Related Diseases*, University of Oklahoma Health Science Center College of Public Health, 2014.



# Effective Best Practices

- The United States Public Health Service Clinical Practice Guideline for the Treatment of Tobacco Dependence indicates that **quit lines are one of the best ways to encourage people to quit tobacco.**
- Oklahoma tried to use collateral materials from other states to **encourage tobacco cessation** by referring American Indian people to the quit line. However the materials were not well received.



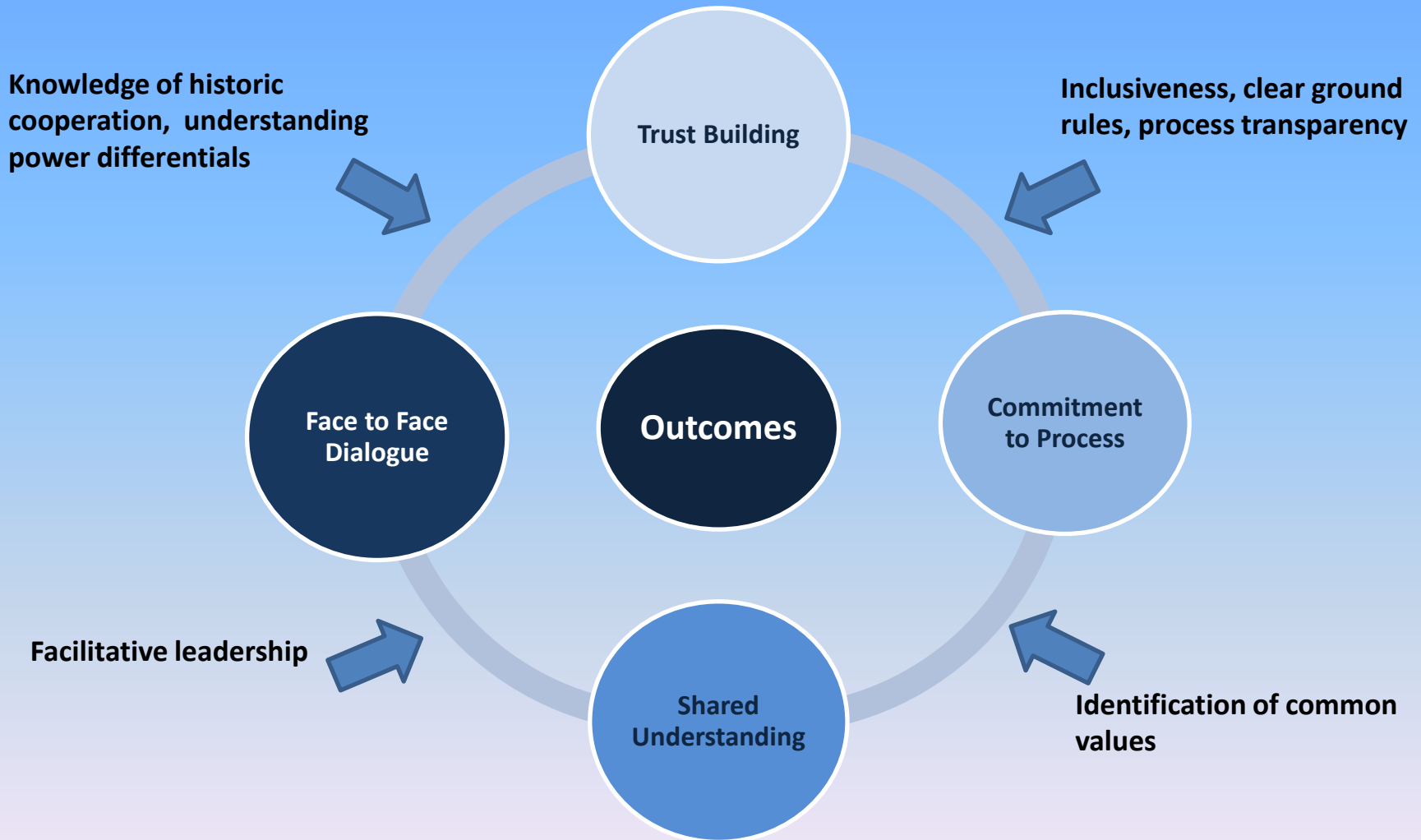
# Collaborative Governance

*A governing arrangement where one or more public agencies directly engage non-state stakeholders in a **collective decision making process** that is formal, consensus-oriented and deliberative that aims to make or implement public policy or manage public programs or assets.<sup>3</sup>*

3. Ansell, Chris and Gash, Allison, "Collaborative Governance in Theory and Practice," *Journal of Public Administration Research* 18:543-571, 2007.



# Collaborative Governance



# Campaign Founding Tribal Partners

- Absentee Shawnee Tribe
- Cherokee Nation
- Cheyenne and Arapaho Tribes
- Chickasaw Nation
- Citizen Potawatomi Nation
- Choctaw Nation
- Muscogee (Creek) Nation
- Osage Nation
- Pawnee Nation



# Campaign Funders and Other Partners

- Centers for Disease Control and Prevention
- Legacy Foundation
- Tobacco Settlement Endowment Trust
- Oklahoma State Department of Health
- University of Oklahoma College of Public Health (Evaluator)
- Visual Image Marketing and Branding  
(Advertising Firm of Record – Creative Design)



# Campaign Objectives

- **Increase quit attempts** among American Indian people in living in Oklahoma.
- **Increase utilization** of the Oklahoma Tobacco Helpline by American Indian people.
- **Develop a collaborate governance partnership** between Oklahoma Tribal Nations and public health agencies.





# Overarching Guiding Principles

- Recognize and respect **tribal sovereignty**.
- Educate ourselves about the **beautiful and diverse American Indian cultures** and traditions within our state.
- Seek opportunities to learn more about how **tobacco is considered sacred** among some tribal nations and how it may be used ceremonially.



# Overarching Guiding Principles

- Infuse **American Indian cultural tradition, wisdom and artistry** into the cessation of commercial tobacco efforts in Oklahoma.
- Establish a full **collaborative governance** partnership with Oklahoma tribal nations and develop a joint decision making process.
- Share **ownership** of the campaign.



# Campaign Development

- Invited tribal nations, as equal partners, to the **decision making table**.
- Tribal nations offered **specific consultation and technical assistance about unmet tribal needs** that was previously unavailable to the health department.
- Conducted six statewide **talking circles** to learn from tribal elders and members. Talking circles were conducted by tribal partners and attended by the health department.



# Campaign Development

- Talking circle content analysis revealed the campaign needed to picture **American Indian people from Oklahoma**; present an image of respect, strength and hope; and recognize the sacred and ceremonial use of tobacco versus commercial tobacco addiction.
- **Visual Image** presented three campaign ideas and the founding tribal partners selected the **Honor What is Sacred Campaign** to be implemented in Oklahoma.



# Statewide Campaign Components

- Billboards
- Print Ads
- Radio
- Collateral Materials:  
*Tip cards, table tents, posters with helpline numbers, acrylic holders for clinic settings and pharmacy bags with the helpline number embossed.*



# PHOTO SHOOT



# Honor what is **SACRED**

Quit Commercial Tobacco



Oklahoma Tobacco Helpline  
**1 800 QUIT NOW**  
Free help 784-8669 OKhelpline.com

**Ray Tainpeah**  
Citizen Potawatomi Nation  
Health Care Worker

# Honor what is **SACRED**

Quit Commercial Tobacco



Oklahoma Tobacco Helpline  
**1 800 QUIT NOW**  
Free help 1-800-784-8669

**Cynthia Tainpeah**  
Muscogee Creek Nation





Fawn Cheshewalla

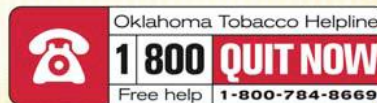
Osage Nation

# Honor what is **SACRED**

## Quit Commercial Tobacco

Tobacco is an ancient tradition in our culture. It's a sacred ritual passed down from our ancestors. But when commercial tobacco took over, everything changed. It is time to honor what is sacred and quit commercial tobacco.

The Oklahoma Tobacco Helpline can help you quit. When you call you receive free quit coaching and your choice of free patches or gum. They give you the courage and support to quit commercial tobacco for good.





# Honor what is **SACRED**

Quit Commercial Tobacco



**Kai and Sandra Stroud**

**Choctaw Nation**





# Kai Stroud – Choctaw Nation



Kai Stroud receiving the Youth Advocate Award for his work on the Campaign.

Community members have expressed how much it meant to them to see Kia representing this message.

*“There is something visceral about the image...”*



# Key Findings From the Oklahoma Tobacco Helpline Evaluation

Since its launch in August 2003 through June 2013, the Oklahoma Tobacco Helpline has provided cessation services to nearly **25,000 American Indians in Oklahoma**, many recruited during the campaign.<sup>2</sup>

Tribal members from **all federally-recognized tribes** in Oklahoma have utilized the Helpline.<sup>2</sup>

At the height of the campaign, the **reach** to American Indian people in our state was 5.6%.



# Key Findings From the Oklahoma Tobacco Helpline Evaluation

- American Indian people were slightly more likely to report **awareness** of the Oklahoma Tobacco Helpline compared to whites.<sup>1</sup>
- American Indian people who call the Helpline were just as likely to **report satisfaction and successfully quitting** as white callers.<sup>1</sup>



# National Attention for the Campaign

- **National Quitline Consortium** reported highest increase in “reach” to American Indian people of any state in the nation.
- Presented at four **National Conferences** about the Campaign.
- **Multiple states** and organizations have called to request information about the campaign.



# CDC Recognizes Campaign Development as Emerging Best Practice and Success Story <sup>4</sup>

**SUCCESS STORY**

**OKLAHOMA**

### Talking Circles: *A Guide to Tribal Health Disparities*

Smoking is the leading cause of preventable death in the United States and Native Americans in Oklahoma use tobacco at rates higher than the state as a whole.<sup>1,2</sup> To identify barriers preventing tribal members from learning about using available tobacco control programs, the Oklahoma State Department of Health (OSDH) and its tribal partners are using talking circles to better understand how to reduce tobacco use among Native Americans. The OSDH worked with tribal populations to develop a multimedia campaign, Honor What is Sacred, focused on honoring traditions, healthy lifestyles, and your body by distinguishing between ceremonial and commercial use of tobacco.

Oklahoma has 38 federally recognized tribal headquarters. Nearly one-third of the adult Native American population in Oklahoma currently smoke cigarettes.<sup>3</sup> Until recently no materials were tailored to the six distinct Southern Plains Tribes, a significant part of the population in Oklahoma. OSDH and Oklahoma Tobacco Settlement Endowment Trust (TSET) used Communities Putting Prevention to Work (CPPW) funds to capitalize on existing relationships and provide additional resources to develop a tobacco cessation media campaign for these tribes. Honor What is Sacred encourages Native Americans to quit using commercial tobacco while still recognizing the importance of ceremonial tobacco.

Talking circles conducted by tribal members captured the voice and symbols of the different tribal nations for the media campaign. Talking circles are part of Native American culture, in which one person speaks while holding a Talking Stick. This allows for impartial listening, the time to speak, and demonstrates respect for elders by not feeling rushed by the typical focus group setting. With the tribes, OSDH and TSET created a campaign of billboards, print ads, and radio commercials tailored for six distinct Southern Plains Tribes, with a unified theme, to Honor What is Sacred. The same message is used across the campaign, but the symbols, colors, designs, and voices other tribal leadership. The campaign will have a follow-up evaluation at a later date.

**Honor what is SACRED**  
Quit Commercial Tobacco

1-800-QUIT-NOW  
Toll-free 24 hours a day, 7 days a week

Communities Putting Prevention to Work  
Talking Circles

4. Centers for Disease Control and Prevention, Office on Smoking or Health, *Talking Circles: A Guide to Tribal Health Disparities*, [http://www.cdc.gov/tobacco/tobacco\\_control\\_programs/surveillance\\_evaluation/success-stories/pdfs/oklahoma.pdf](http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/success-stories/pdfs/oklahoma.pdf), retrieved November 17, 2014.



# MOST IMPORTANT OUTCOMES

- Tribal nations and the Oklahoma State Department of Health **formed a collaborative governance partnership** that grows with each successive year.
- By working together we are better able to address the public health needs of **everyone** living in our state.





# Acknowledgements

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Linda Robertson

Tracey Strader

Janet Love

Julie Cox-Kain

Terry Cline

*In memory of Margie Deer*



# THANK YOU!

*Sara (Sally) Carter, MSW, LCSW  
Tribal Liaison*

*Oklahoma State Department of Health*

*1000 NE 10<sup>th</sup> Street*

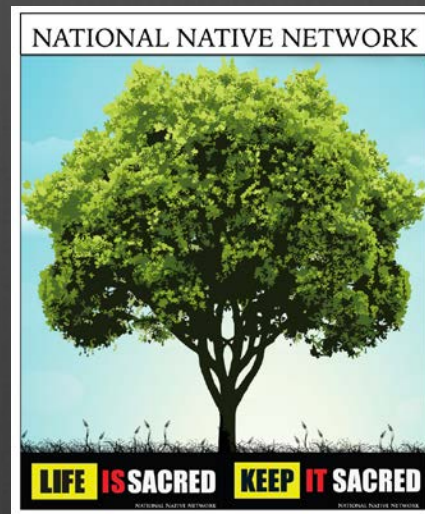
*Oklahoma City, OK 73117-1299*

*Office: 405.271.5170*

*SallyC@health.ok.gov*



# American Indian and Alaska Native Tobacco Use



Derek J. Bailey, MSW  
National Native Network Director

# National Native Network

The mission of the National Native Network is to enhance the quality and performance of public health systems to reduce commercial tobacco-related illnesses and cancer disparities among American Indian and Alaska Native (AI/AN) populations.

# Seymah



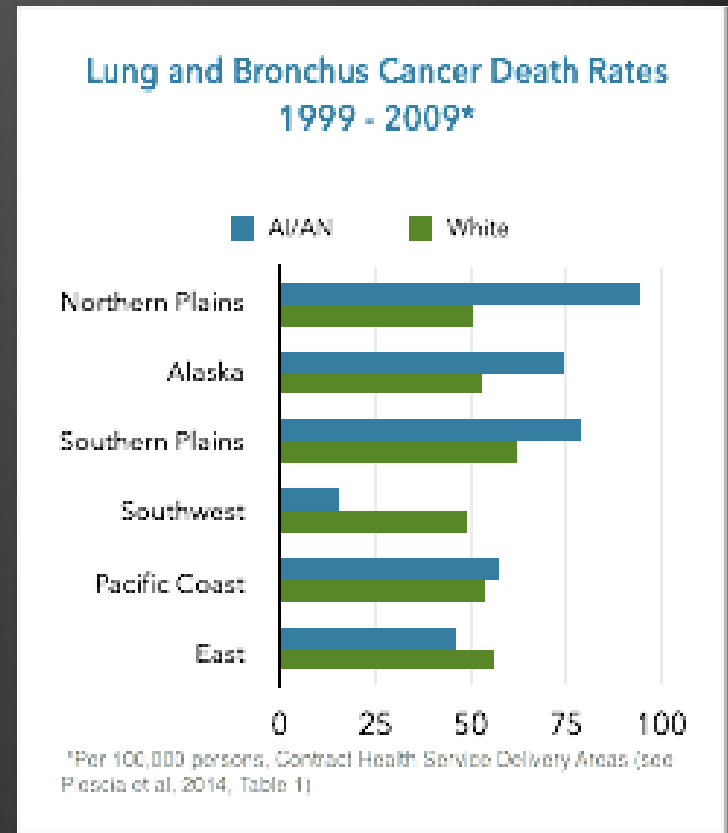
- ❁ Traditional tobacco is important in many AI cultures:
  - ❁ Used as medicine, in ceremony, education, and daily life
  - ❁ Free from chemicals and poisons
- ❁ Commercial tobacco:
  - ❁ Contains Additives
  - ❁ Produced differently than traditional tobacco
  - ❁ Linked to high rates of disease, morbidity, and mortality
  - ❁ Sometimes erroneously used in place of traditional tobacco

# AI/AN Commercial Tobacco Use Data

- Highest rates of smoking, smokeless tobacco, cigar use, and use of more than one tobacco product, of any major U.S. racial or ethnic group
- Overall, 38.5% AI/AN smoke commercial tobacco, almost double the national average (18.1% all races)
- Commercial tobacco use varies by Tribe and region
  - Tribe-specific rates as high as 71.5%
  - Initiation before age 8
  - Regular smoking during the tween and teen years

# Health Burdens

- ❉ Smoking is linked to 6 of the top 8 causes of death among AI/AN
- ❉ AI/AN lung cancer incidence up to 88% greater than rates of Non-Hispanic Whites
- ❉ Other smoking-related health disparities impact AI/AN communities including infant mortality, diabetes, and asthma



# Surveillance

- ⊗ Data collection methodologies
  - ⊗ Small population numbers
  - ⊗ Racial misclassification
  - ⊗ Cultural, regional, and governance variation
- ⊗ Funding
  - ⊗ Scientifically rigorous and culturally appropriate
- ⊗ Culturally appropriate methods – AI ATS, BRFSS, YRBS
  - ⊗ Tribe-specific data
  - ⊗ Tribal-owned data
  - ⊗ Improve services and surveillance



# Education, Outreach, and PSE Change

- National Native Network website: [www.keepitsacred.org](http://www.keepitsacred.org)
- Tribal Smoke Free Policy Toolkit
- Monthly Technical Assistance Webinars



# Miigwetch



# Questions and Answers



- Submit questions via the **chat box**

# Contact SCLC for technical assistance



**FREE CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.**

- Stay tuned for our next webinar on **January 27, 2015 at 1pm ET**, hosted with American Psychological Association.

# Contact SCLC for technical assistance

## Visit us online

- <http://smokingcessationleadership.ucsf.edu>

## Call us toll-free

- 1-877-509-3786



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