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)
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
Thank you to our funders
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
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”
State Ticket.
For Governor..........Stephen Miller, of Stearns,
For Lieut. Governor...Chas. D. Sherwood, of Fillmore,
Secretary, of State.....David Blakely, of Ollisec.
Auditor of State.......Aas. McIlrath, of Nicollet.
State Treasurer.......Chas. Schifer, of Washington.
Attorney General.......Jordon E. Cole, of Rice.
Clerk Supreme Court...Geo. F. Potter, of Houston.

County Ticket.
For State Senator..............Thomas Simpson.
For Representatives...............Earle S. Volmanc.
Thomas P. Dixon.
For Sheriff....................Lynch, J. King.
For Treasurer..................Mathew J. Norton.
For Surveyor...................N. Felix Hildert.
For Coroner....................Edward Slt.

The State reward for dead Indians has been increased to $200 for every red-skin sent to Purgatory. This sum is more than the dead bodies of all the Indians east of the Red River are worth.
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.

Adapted from Blackfeet Nation
Types of Traditional Tobacco

SWEETGRASS

SAGE
Traditional Tobacco

Red Willow
Can-sa-sa
<table>
<thead>
<tr>
<th>TRADITIONAL</th>
<th>COMMERCIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoked in a pipe for ceremonial purposes</td>
<td>Deliberate targeting of specific consumer groups</td>
</tr>
<tr>
<td>Used as an offering to a healer, elder or other person as a sign of respect or thanks</td>
<td>Premeditated and conscious addition of chemicals that lead to addiction</td>
</tr>
<tr>
<td>Medicinal tobacco was often used as a painkiller</td>
<td>Scarcely contains actual tobacco</td>
</tr>
</tbody>
</table>
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 warm")

So he puffed a pack of KOOLS
(His throat felt peaceful)

He liked 'em without reservation then
(Or he said)

"Why don't I toot 'em in the face?"

Switch from "Hots" to KOOLS
—for good!

Exploitation

Natural American Spirit

Original Blend

NATURAL
AMERICAN
SPIRIT

Premium Roll-Your-Own
100% Additive-Free Natural Tobacco

Nature in the Raw is seldom MILD

—And raw tobaccos have no place in cigarettes

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

We buy the finest, the very finest tobaccos in all the world—but that does not explain why folk everywhere regard Lucky Strike as the mildest cigarette. The fact is, we never overlooked the truth that "Nature in the Raw is Seldom Mild"—so these fine tobaccos, after proper aging and mellowing, are given the benefit of that Lucky Strike purifying process, described by the words..."It's toasted". That's why folks in every city, town and hamlet say that Luckies are such mild cigarettes. "It's toasted".

Lucky Strike Cigarettes

The fortune hunters' massacre

"Nature in the Raw is seldom MILD"
Native American Tribes Adopt Tobacco Protections for Tribal Members and Future Generations

Montana
In Montana, 43% of Native American adults self-report cigarette smoking. These high rates of commercial tobacco products use contribute to high rates of disease and premature death among Montana’s Native Americans. 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.
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**

In early January, 2011, elder Marybell Islam approached Darnae Chase, then serving as Tribal Tobacco Education and Policy (TTEP) Coordinator, about a new policy. Marybell cares deeply about the children of the tribe and was worried that those in foster care were being exposed to toxic secondhand cigarette smoke. She suggested that TTEP investigate this issue to see if it could be addressed.

In late 2012, Ms. Chase approached the TTEP program about the issue and worked with the tribe to develop a policy to ensure that children in foster care are protected from secondhand smoke. She worked closely with the TTEP staff to develop the policy, which was eventually adopted by the tribe.

The policy was implemented in collaboration with the ICWA staff to ensure that all foster homes met the requirements. The policy has been well-received by the community and has helped to create a safer environment for children in foster care.

**Process of creating CHANGE**

The TTEP program worked closely with the community to develop the policy. They held meetings with ICWA staff, foster parents, and community members to gather input and feedback. The policy was ultimately adopted by the tribe in early 2013.

**Lessons learned from CHANGE**

The process of creating the policy provided valuable lessons for the community. It showed the importance of collaboration and the need for ongoing communication and support to ensure the success of any policy change.

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

Ms. Heffer prepared a tribal resolution by first preparing a draft resolution that was circulated to community leaders and stakeholders. The resolution was then presented to the Tribal Council for approval.

**Building Strong Partnerships**

The TTEP program worked closely with ICWA staff to ensure that the policy was implemented effectively. The tribal council provided support and guidance, while ICWA staff provided technical assistance and training.

**Importance of the CHANGE**

The policy has had a significant impact on the community. Children in foster care are now protected from secondhand smoke, which is known to have negative effects on children's health.

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**Strategies for creating CHANGE**

The TTEP program worked with key stakeholders to develop strategies to ensure the success of the policy. This included regular communications with ICWA staff, foster parents, and community members to ensure that the policy was being implemented effectively.

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**Lessons learned from CHANGE**

The process of creating the policy provided valuable lessons for the community. It showed the importance of collaboration and the need for ongoing communication and support to ensure the success of any policy change.

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**Type of Change**

- Tribal Tobacco Education and Policy

**Location of Change**

- Bois Forte Tribal Policy

**Average Age of Change**

- 3.5 years

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**Contact**

- Darnae Chase, TTEP Coordinator
- ICWA Staff
- Tribal Council Members
VALUE OUR TRADITION.
KEEP TOBACCO SACRED.
Thank You!
Pidamiya!
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

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

Smoking by Region among Alaska Native People

Legend
Alaska Native Regions
% Use
- Light Green: 33
- Light Greenish Yellow: 34 - 38
- Light Greenish Yellowish Brown: 39 - 43
- Green: 44 - 53
- Dark Greenish Brown: 54 - 55

Regions:
- Arctic Slope
- NW Arctic
- Interior
- Norton Sound
- Yukon-Kuskokwim
- Kenai
- Bristol Bay
- Copper River / Prince William Sound
- Southeast
- Anchorage/Mat-Su Borough
- Aleutians/Pribilofs
- Kodiak
DISPARITIES IN ADULT SMOKING IN ALASKA

- All Adults: 22%
- Alaska Native: 43%
- Non-Native: 19%
- Low SES (non-Native): 15%
- Higher SES (non-Native): 35%
- Males: 24%
- Females: 20%
- Age 18-29: 30%
- 30-54: 22%
- 55 and older: 14%

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


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


Note: Question was not asked in 2003.
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

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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.¹

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

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.
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.²

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.
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.³

Collaborative Governance

Outcomes

Trust Building

Face to Face Dialogue

Inclusiveness, clear ground rules, process transparency

Commitment to Process

Facilitative leadership

Shared Understanding

Identification of common values

Knowledge of historic cooperation, understanding power differentials
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.
Honor what is SACRED
Quit Commercial Tobacco

Ray Tainpeah
Citizen Potawatomi Nation Health Care Worker

Honor what is SACRED
Quit Commercial Tobacco

Cynthia Tainpeah
Muscogee Creek 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.

Oklahoma Tobacco Helpline
1-800-QUIT NOW
Free help 1-800-784-8669
Honor what is SACRED
Quit Commercial Tobacco

Kai and Sandra Stroud
Choctaw Nation
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.²

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

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.¹

• American Indian people who call the Helpline were just as likely to report satisfaction and successfully quitting as white callers.¹
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

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

Gail Boe
Barbara Underwood
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Cynthia Tainpeah
Linda Robertson
Tracey Strader
Janet Love
Julie Cox-Kain
Terry Cline

In memory of Margie Deer
THANK YOU!

Sara (Sally) Carter, MSW, LCSW
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American Indian and Alaska Native Tobacco Use

Derek J. Bailey, MSW
National Native Network Director
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
- Tribal Smoke Free Policy Toolkit
- Monthly Technical Assistance Webinars
Miigwetch
Questions and Answers

• Submit questions via the chat box
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

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