

North Dakota Engages American Indian Tribes in Tobacco Prevention

The North Dakota Tobacco Prevention and Control Program directly funds Tribal Tobacco Prevention Coordinators for each reservation in North Dakota to develop initiatives and policies consistent with CDC Best Practices for Comprehensive Tobacco Control Prevention Programs in tribal communities.

Background

The [North Dakota Tobacco Prevention and Control Program's](#) mission is to prevent tobacco initiation, eliminate exposure to secondhand smoke, and promote tobacco cessation in order to improve population health and eliminate health disparities.¹ In 2014, an estimated 19.9 percent of adults in North Dakota (ND) smoked cigarettes and 11.8 percent used smokeless tobacco.² These rates are higher than the national average of 18.1 percent for cigarette smokers and 4.2 percent for smokeless tobacco use.³ Tobacco products contain over 7,000 chemicals and can lead to cardiovascular disease, cancer, emphysema, respiratory diseases, and diabetes through direct use and secondhand smoke exposure. The 2014 Surgeon General's Report reinforced tobacco use as the highest risk factor for morbidity and mortality in the United States and an estimated 87 percent of lung cancer and 32 percent of coronary heart disease deaths are associated with tobacco use.⁴

In 2015, tobacco use in North Dakota resulted in an estimated 1,000 deaths and approximately \$558,600,000 in smoking-associated healthcare costs and productivity loss.^{5,6} According to the [CDC Best Practices for Comprehensive Tobacco Control Programs \(CDC Best Practices\)](#), the key recommendation to reduce tobacco-related disease burden are implementing policies and population-level interventions that prevent smoking initiation, increasing access to smoking cessation services, decreasing exposure to secondhand smoke, and building strong community-level infrastructure.⁷

In ND, the American Indian population is disproportionately affected by tobacco-related health disparities due to high rates of tobacco use and low socioeconomic status. In 2014, an estimated 47.9 percent of American Indians in ND used tobacco products, compared to the 19.9 percent state average.⁸ In addition to ethnic and racial health disparities, 39.8 percent of American Indians were living below the poverty line in 2010.⁹ CDC Best Practices recommends that state tobacco control programs eliminate tobacco-related health disparities by developing culturally appropriate community-level interventions. Recommendations include conducting population level surveillance, partnering with key community stakeholders, removing barriers to access for tobacco cessation services, providing cultural competence training for key stakeholders, and funding health departments directly in order to build tobacco control infrastructure.

In 2014, an estimated 47.9 percent of American Indians in ND used tobacco products

These recommendations are important to effectively engage tribal populations in tobacco control and prevention. In ND, there are approximately 30,000 American Indians living on four federally recognized Tribal Nations (Spirit Lake Sioux Tribe, Standing Rock Sioux Tribe, Three Affiliated Tribes, and Turtle Mountain Band of Chippewa), each with its own government and respective cultural characteristics.¹⁰ As sovereign nations recognized by the United States, Native American tribes are domestic dependent nations with the power to create their own governmental structure, constitution, and regulations.¹¹ The unique relationship and history between tribal entities and U.S. agencies increases the importance of incorporating culturally appropriate information into tobacco control prevention when in partnership

with government affiliated agencies. The ND Indian Affairs Commission, which focuses on improving tribal and state relations, encourages U.S. agencies that intend to work with tribes to be aware of historical mistrust, treat tribal council representatives as elected officials of the government, and engage tribal communities using culturally appropriate modes of communication.¹²

North Dakota Tribal Tobacco Control Program Infrastructure

ND Department of Health's (ND-DOH) Tobacco Prevention and Control Program successfully engages tribal communities by directly funding tribal tobacco programs. Prior to 2008, the program provided technical assistance and resources to the Great Plains Tribal Chairman's Health Board to implement tribal tobacco control interventions. In 2008, the Master Settlement agreement funds were directed to tobacco prevention ([Measure 3](#)) and funded tribes directly to implement CDC Best Practices interventions.¹³ ND-DOH funds a Tribal Tobacco Prevention Coordinator (TTPC) for each of the four reservations in ND using CDC National Tobacco Control Program funds.¹⁴

A Tribal Tobacco Prevention Coordinator (TTPC) for each reservation in ND develops community-specific tobacco prevention initiatives using the CDC Best Practices framework.

ND-DOH's effective promotion of tobacco prevention initiatives in tribal communities relies on the autonomy of TTPCs to engage communities through culturally appropriate programs. ND-DOH provides a framework for tobacco prevention initiatives that guides tribal tobacco programs to focus on the following CDC Best Practices: prevent initiation among youth and young adults, eliminate exposure to secondhand smoke, promote cessation among youth and young adults, and promote prevention and cessation media messaging within their communities.¹⁵ TTPCs identify culturally appropriate ways to implement CDC Best Practices in their work with local coalitions of community stakeholders and tribal leaders. For example, to prevent youth initiation and promote cessation in their communities, TTPCs develop educational material on the importance of increasing the price of tobacco tailored to each community.

Local coalitions comprised of tribal leadership, community stakeholders, and local clinical representatives are led by each TTPC.

Each TTPC leads a local tobacco prevention coalition comprised of tribal leadership members, Indian Health Services clinic representatives, local public health officials adjacent to tribal communities, and other key community stakeholders. Through regular meetings, local coalitions collaborate and identify ways to engage community members in prevention, develop educational materials, and promote tobacco cessation. Though each TTPC determines the best way to engage the local coalition, ND-DOH is often invited to present on comprehensive tobacco-free policies. TTPCs emphasize the importance of comprehensive tobacco control policies in collaborating with their local coalitions, ensuring CDC Best Practices are informing their work. For example, the Turtle Mountain Tobacco Coalition was key in educating the Tribal Council about the importance of raising the price of tobacco products for preventing youth use leading to the adoption and implementation of increased prices.

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A designated ND-DOH Communications and Disparities Coordinator provides ongoing training, technical assistance, and guidance to TTPCs.

ND-DOH supports Tribal Tobacco Control programs with training, technical assistance, and ongoing guidance in the development of initiatives through a designated Communications and Disparities Coordinator. In addition, ND-DOH requires TTPCs to attend quarterly trainings on relevant topics such as CDC Best Practices, evidence-based programs, and comprehensive smoke-free policies. The coordinator provides TTPCs with model CDC Best Practices initiatives, assists in conducting needs and policy assessments, and guides TTPCs to ensure tribal tobacco prevention initiatives are built on evidence-based interventions. For example, the coordinator provides ongoing technical assistance by traveling to reservations to consult with each TTPC on comprehensive smoke-free policies prior to presenting to Tribal Health Boards.

The Inter-Tribal Tobacco Abuse Coalition is a statewide coalition of key tobacco control stakeholders including TTPCs and state substance abuse agency representatives.

To coordinate efforts across tribes, the Inter-Tribal Tobacco Abuse Coalition (ITAC) convenes as a statewide tobacco control coalition comprised of four TTPCs, key tribal stakeholders, and four ND Department of Human Services-funded Tribal Prevention Coordinators. Through ITAC, TTPCs share best practices, collectively create educational campaign material, and identify statewide tribal tobacco prevention initiatives. ND-DOH and ND Department of Human Services, a separate agency that focuses on alcohol and drug abuse prevention services in tribal community, collaborate through ITAC to provide ongoing training to members, and coordinate programs on tobacco prevention to enhance efforts and minimize duplication. ITAC members develop educational resources for health campaigns, which TTPCs tailor to fit their respective community. Statewide initiatives such as creating a tobacco cessation commercial targeted at Native American Indians and a Smoke-Free Casino campaign have been developed through this coalition. ITAC offers Tribal Tobacco Control Programs the opportunity to collaborate with local and statewide partners while ND-DOH strengthens these partnerships by providing training and resources.

Tribal CDC Best Practices Initiatives

Tribal Tobacco Control Programs in ND focus their work around three goals within the CDC Best Practices. The three goals and the tribes' work to implement them is described below.

Goal 1: Prevent tobacco initiation among youth and young adults

TTPC work to establish smoke-free policies, develop mass educational campaigns, and advocate to increase the price of tobacco to prevent youth initiation.¹⁶ ND-DOH requires that TTPCs engage local school administrators to conduct assessments on existing smoke-free policies and the Communications and Disparities Coordinator provides technical assistance to TTPCs in conducting policy assessments. An assessment tool is currently being developed to assist TTPCs in identifying gaps in current school policies.

TTPCs engage local coalitions and ITAC to develop educational resources on the importance of smoke-free policies and increasing tobacco taxes in an effort to prevent tobacco initiation among youth.

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Educational resources, such as factsheets, are developed within ITAC and customized by the TTPCs with the assistance of their local coalition. Dissemination of educational material varies by tribe with resources being provided through community stakeholders like Indian Health Services and community partners with target populations like food pantries. The education campaigns recognize the tobacco industry's history of culturally appropriating American Indian ceremonial tobacco use by sponsoring American Indian events and using American Indian imagery to market their products.¹⁷ This historical and cultural perspective informs TTPCs' development of educational resources to counter-message tobacco industry tactics and create a clear distinction between commercial tobacco use and ceremonial use of tobacco. By using culturally relevant messaging, Tribal Tobacco Control Programs can effectively educate community members on the burdens of health associated with tobacco use and evidence-based regulations that prevent initiation.

TTPCs work with their local coalitions and ITAC to develop educational material on the importance of increasing the price of tobacco through taxation during their tribal legislative sessions. TTPCs' advocacy efforts have resulted in the adoption of tobacco tax increases. For example, Standing Rock reservation has adopted a tobacco tax rate at the same rate as the state (55 cents for a package of 20 cigarettes), while Turtle Mountain reservation has implemented a tobacco tax rate of 50 cents per pack. In addition, the TTPC for Three Affiliated Tribes is actively working toward a tobacco tax at a higher rate than the current state tax. Educating tribal leaders on evidence-based regulations such as the role of tobacco taxation in preventing youth smoking initiation is a key strategy to decrease tobacco-related health disparities.

ND-DOH provides training on model tobacco tax policies to prepare TTPCs to directly engage and educate tribal leaders on the importance of raising taxes on tobacco products as a youth initiation prevention tactic.

Goal 2: Eliminate exposure to secondhand smoke

In 2012, ND passed a comprehensive statewide smoke-free law prohibiting smoking in all public spaces and places of employment.¹⁸ This policy had strong support from ND citizens in 2012 with approximately 90 percent of adults were aware of the health effects associated with secondhand smoke exposure and 92 percent supported smoke-free businesses.¹⁹ Though this state-wide policy does not apply to tribal lands, the policy provided momentum to the tribes. TTPCs are increasing awareness and support for smoke-free tribal policies by educating community members, tribal leaders, and businesses about the effects of secondhand smoke exposure through culturally specific awareness campaigns developed and disseminated through their local coalitions.

TTPCs are leading a ND Smoke-Free Casino initiative to implement smoke-free policies at all tribal casinos.

Currently, TTPCs are enacting the work of this CDC Best Practice goal by promoting smoke-free environments in tribal businesses through their ND Smoke-Free Casino project. In 2014, ITAC connected with tribal partners and ND-DOH to promote an initiative encouraging all ND casinos to implement smoke-free policies at the same time. ND-DOH partnered with Americans for Nonsmokers' Rights to examine best practices of tribal communities that have implemented smoke-free casinos in order to guide TTPCs in developing effective policies. Since casinos are the main source of revenue for ND tribes, there is apprehension among tribal leaders about the economic impact of smoke-free policies. ND-DOH is assisting by conducting surveys to assess the perception of smoke-free casinos for tribal community members, casino workers, and patrons. The survey results are expected to ease

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apprehension and inform the development of educational resources for tribal business and community members. TTPCs have been engaged in the development and dissemination of surveys and are actively working with casinos to conduct air quality testing. ND-DOH's support of the ND Smoke-Free Casino project through surveillance data is a promising practice for other public health agencies.

Goal 3: Promote cessation among adults and youth

To promote quitting among adults and youth, TTPCs collaborate with Indian Health Services (IHS) clinics through local coalitions.²⁰ ND-DOH partnered with the Great Plains Tribal Chairman's Health Board to provide ITAC members, IHS clinic employees, and key community stakeholders with culturally specific training in the 5 A's framework for smoking cessation. TTPCs identify locations to hold the "Basic Tobacco Intervention Skills Certifications for Native Communities" 5 A's training developed by the University of Arizona Healthcare Partnerships and publicize the training to community stakeholders and local healthcare professionals.²¹ TTPCs and IHS clinics maintain strong collaboration through local coalitions, refining ways to promote, and make referrals to cessation programs for tribal community members.

ND-DOH supports community-level cessation interventions through mass media campaigns targeted at American Indians. In 2014, the ND-DOH worked with TTPCs to create advertisements for the ND Quitline (ND-Quits), a free cessation service that provides ND residents, including tribal members, with free phone and online counselling. In addition, NDQuits offers free tobacco cessation medications to all participants that do not receive nicotine replacement therapy through their health insurance.²² TTPCs developed culturally appropriate messaging for the advertisements and recruited local tribal members to feature in the commercial. The ND Quits commercial was aired on broadcast and cable television statewide, starting January 2015, including in hospital and clinic waiting rooms frequented by the target population. Tobacco cessation intervention training for IHS and TTPCs staff, combined with culturally tailored advertisements, resulted in the proportion of American Indian adults using ND-Quits to increase from five percent in 2013 to 8.2 percent in 2015.

TTPCs developed an ND Quitline commercial targeted for American Indian Communities.

Lessons Learned

The following lessons learned should be considered in other states in order to engage American Indian communities in tobacco control prevention:

- In order to respect the sovereignty of tribal governments, state public health departments can fund tribal tobacco programs to directly engage tribal councils and community stakeholders.
- State public health agencies can support TTPCs by providing a framework of evidence-based interventions such as the CDC Best Practices, but allow tribal agencies the flexibility to develop initiatives and promote policies that are culturally appropriate.
- Public health agencies can support the work being done at the tribal level through training, ongoing technical assistance, providing model policies, and supporting statewide mass media health campaigns.
- Build a strong tobacco control infrastructure by supporting the development of local and statewide coalitions to engage tribal leaders and key community stakeholders.

Recommendations for Engaging Tribal Agencies

Public health agencies that are considering engaging tribal communities in prevention interventions should consider the following recommendations based on the methods the ND-DOH used to build tribal tobacco control program infrastructure.

- Engage tribal councils and tribal health programs to assess interest in health interventions before initiating any programs in order to respect the sovereignty of tribal governments and build trust with the tribal leaders.
- Maintain a strong partnership with tribal community representatives by consistently engaging leaders in decision-making and supporting the work already occurring at the local level.
- Understand the political system of each tribe and the challenges that may occur due to varying political structures such as fast election cycles.
- Invest in local infrastructure through systematic engagement of community stakeholders and resource support.
- Encourage tribal health program coordinators to directly engage community stakeholders and maintain flexibility in the development and implementation of initiatives between each tribal community, recognizing that every tribal community is culturally and politically unique.

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