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Program Manager

Disparities Call
April 2, 2009

Mission

To provide a forum for Tribes and Tribal Organizations to obtain and disseminate evidence based and culturally appropriate information in order to identify and eliminate health disparities related to commercial tobacco abuse.

Network Partners

- Inter-Tribal Council of Michigan
- Aberdeen Area Tribal Chairman's Health Board
- Muscogee (Creek) Nation
- Tribal Advisory Board

Tribal Advisory Board

- 11 Representatives from Tribal Communities from across the country inform and guide the National Native Commercial Tobacco Abuse Prevention Network
  - **Ensure cultural appropriateness of network activities**
  - **Provide expertise regarding navigating Tribal government/leadership**
  - **Ensure that programming meets the needs of specific Tribes and Regions**

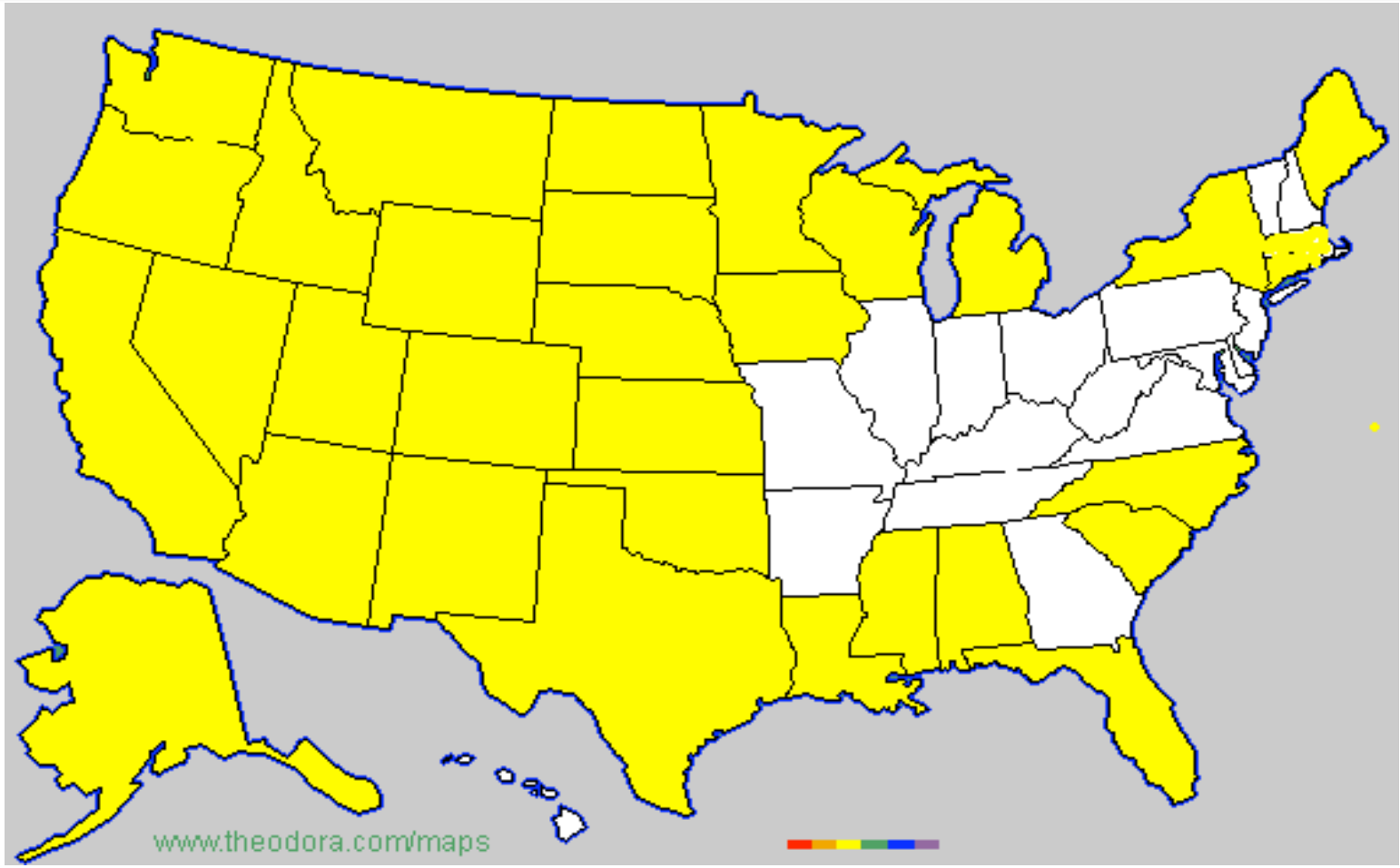
Network Activities

- Engage and maintain membership of past and present TSC's and Tribal Communities.
- Provide regular venues of communication and Technical Assistance.
- Coordinate regional and national conferences to 1) provide training; and 2) provide a forum to exchange successes and challenges.
- Develop a repository for promising practices and tobacco control resources related to commercial tobacco policy planning, implementation and evaluation.
- Leverage additional funding for the implementation of the AI/AN-ATS.
- Begin data collection of evidence based practices and practice based strategies for commercial tobacco prevention and control use in developing a Promising Practices in Indian Country.

Demographics

- +560 federally recognized tribes nationally
- Tribes located in many states (see map)
- Smoking prevalence is the highest compared to other racial/ethnic groups
- Regional and Tribal differences in rates exist

States with Federally Recognized Tribes



Sovereignty

"sovereign nation" : acknowledging the right of a people to govern themselves - which each tribe possesses via three separate U.S. Supreme Court opinions

***adds another layer to the already challenging business of providing public health strategies and interventions in the area of commercial tobacco prevention and control.**

Traditional Tobacco Use

- In many American Indian tribes, tobacco is the most powerful and sacred of all medicines, which has a prescribed use that is outlined by specific tribal oral history and cultural protocol.
- Among AI/AN tribes that do not use tobacco ceremonially, the concept of tobacco as a sacred medicine is respected.

There is no known risk of cancer or other health effects associated with traditional, sacred, or ceremonial use of tobacco

Traditional Use of Tobacco is a Strength of our Communities

Priority Populations

- Concerted efforts by tobacco control partners and policy changes in the past 10 years have reduced tobacco use rates in the United States.
- Unfortunately those gains have NOT significantly lowered rates in specific priority populations (communities of color, LGBT (lesbian, gay, bisexual, transgender)) communities and those with low SES (socioeconomic status).

Priority Populations

- Suffer disproportionately from tobacco-related morbidity and mortality.
- Budget cutbacks in states and foundations on community health, infrastructure and tobacco control will weaken efforts to build infrastructure and effectively address tobacco disparities.
- Less likely to have access to health insurance or access to health care services.
- Less likely to have access to culturally and linguistically appropriate tobacco cessation programs.
- The tobacco industry continues to target priority populations with their tobacco products by tailoring their marketing strategies and developing new products

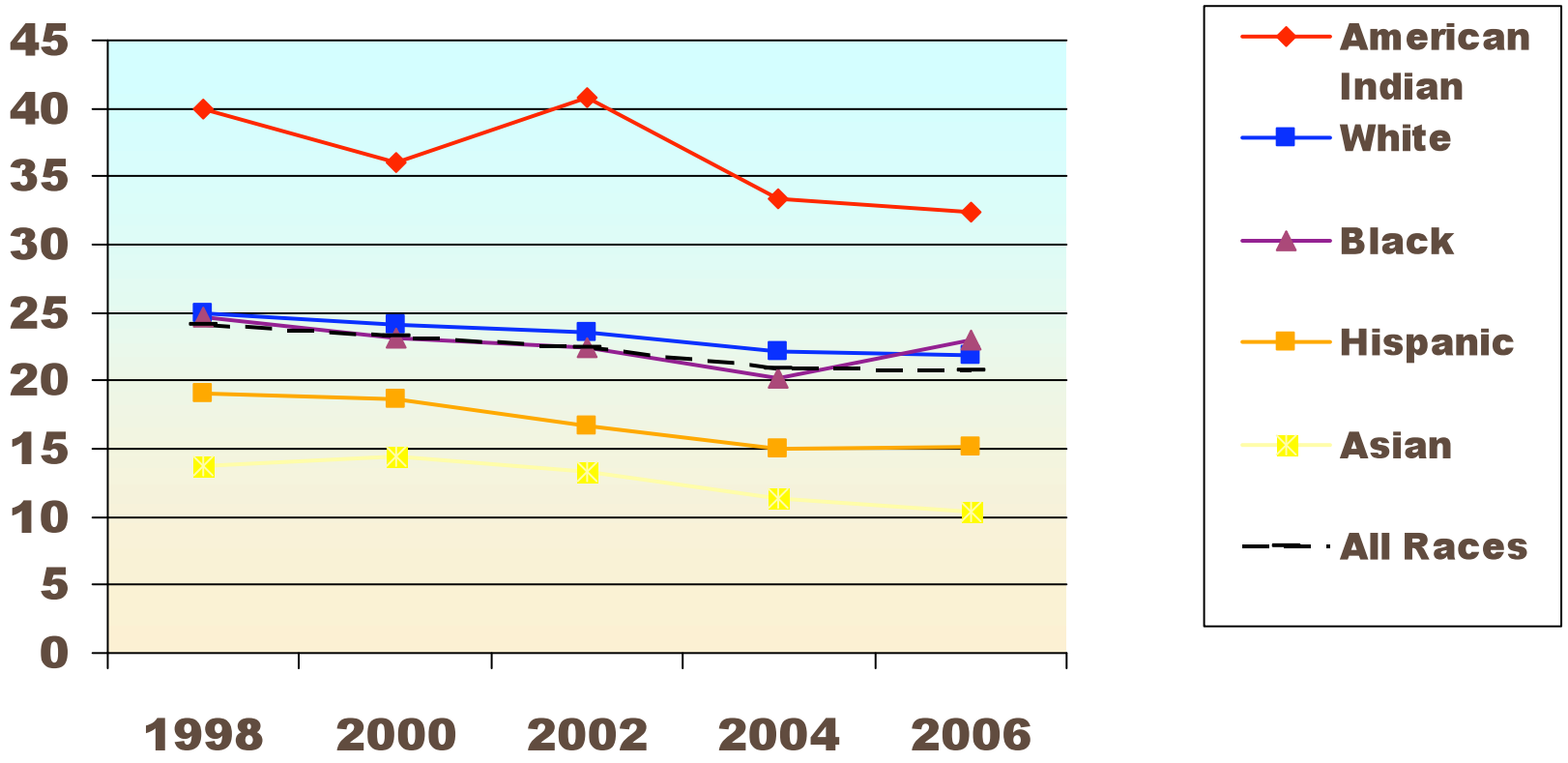
In the coming years it is likely that we will see tobacco use rising again unless concerted and targeted efforts in priority populations are not made

AI/AN Prevalence

- highest smoking prevalence rates when compared to all populations in the U.S.
- In 2007, an estimated 36.4% of American Indians and Alaska Natives adults were smokers, which was significantly higher than other racial/ethnic groups and the national average (19.8%)[1]

1. CDC.MMWR. November 14, 2008 / 57(45); 1221-1226

Adult Smoking Trends by Race 1998 - 2006



CDC MMWR issues: 49 (39); 51 (29); 53 (20); 54 (44); 56 (44).

Cigarette Smoking Among Adults - United States, 2006

	Men	Women	Total	
	(n= 10,715)	(n=13,560)	(N=24,275)	
Characteristic	%	%	%	(95% CI)
White	24.3	19.7	21.9	(21.0-22.8)
Black	27.6	19.2	23.0	(21.1-24.9)
Hispanic	20.1	10.1	15.2	(13.7-16.7)
American Indian/ Alaska Native	**35.6**	**29.0**	**32.4**	**(19.7-45.1)**
Asian	16.8	4.6	10.4	(8.4-12.4)
All Races	23.9	18.0	20.8	(20.1-21.5)

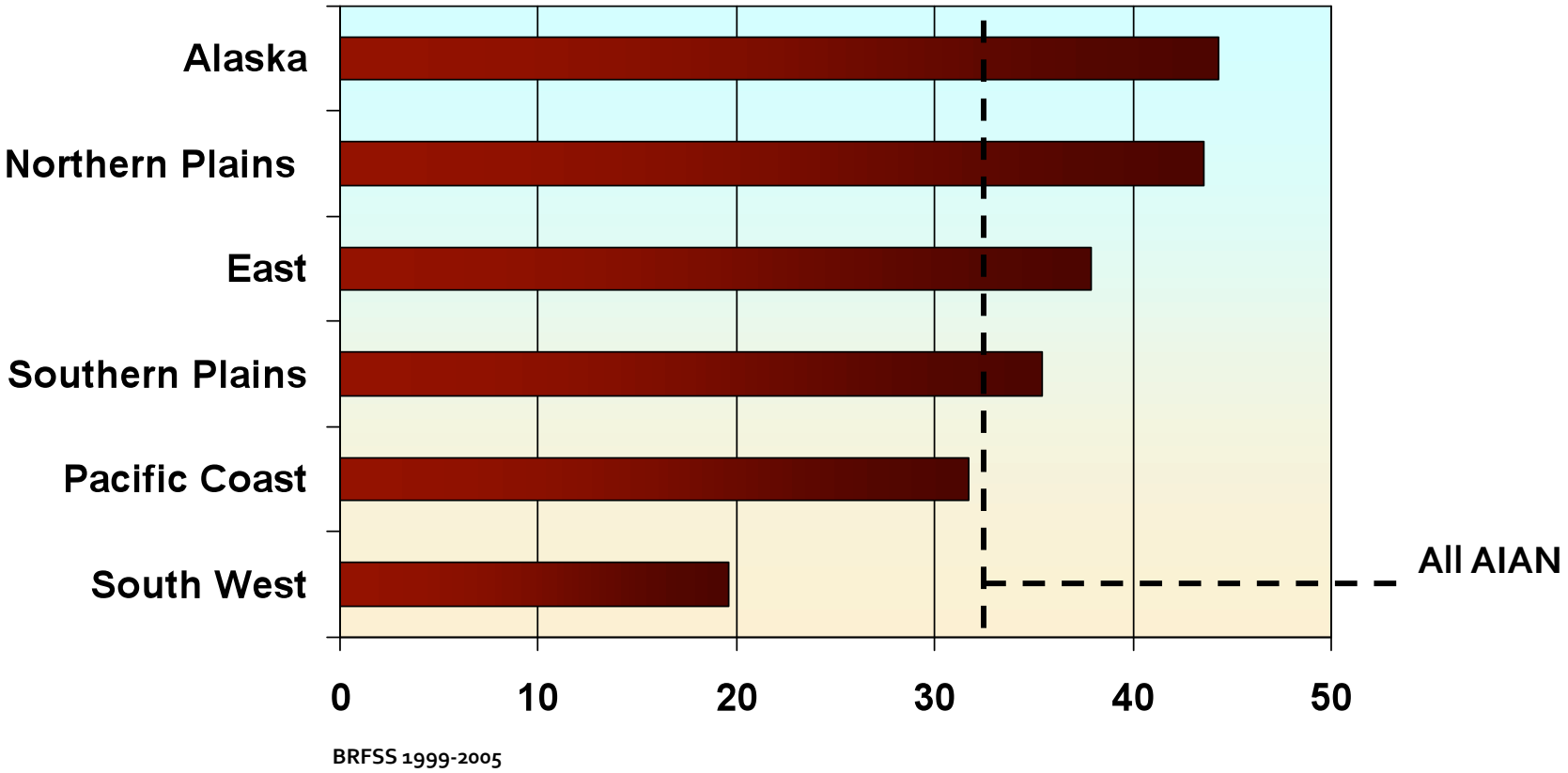
CDC. (2007). MMWR Vol 56 (44)

Past Month Smokeless Tobacco Use among Adults – United States, 2004 and 2005

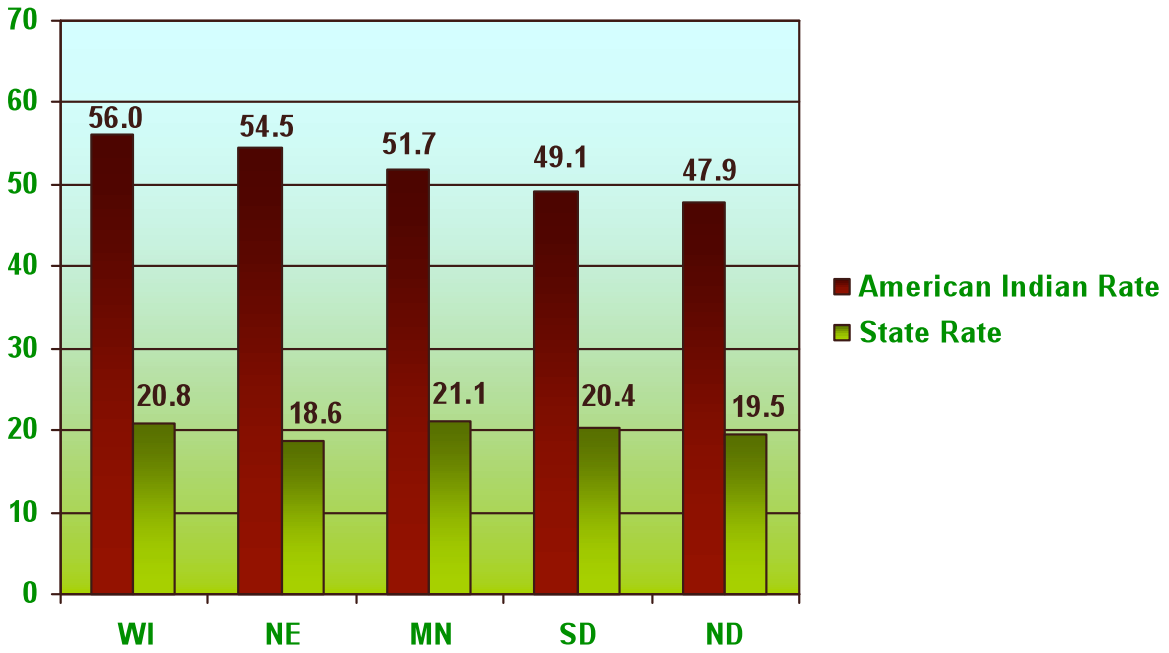
	Percent	
	2004	2005
Characteristic	%	%
White	3.8	4.0
Black	1.5	1.9
Hispanic	0.8	1.1
American Indian/ Alaska Native	**3.6[a]**	**8.6**
Asian	0.6	0.6
All Races	3.1	3.3

a- indicates that increases are statistically significant
SAMHSA. (2005). National Survey on Drug Use and Health: Detailed Tables

Regional Differences in Adult American Indian Smoking



Current Smoking Disparities by State



Data based on multiple data sets from state BRFSS Reports

Health Disparities

- American Indians and Alaska Natives are 60% more likely to have a stroke than White Americans[1]
- The infant mortality rates among AI/AN are 1.3 times higher than all U.S. populations[1]
- When compared to White Americans, AI/AN individuals are 1.2 times more likely to have heart disease and 1.3 times more likely to suffer from high blood pressure[1]
- Among American Indians and Alaska Natives, lung cancer is the leading cancer cause of death[1]
- SIDS rates among AI/AN populations are 3 times that of White Americans, and 2 times that of all U.S. populations[2]
- Among AI/AN individuals, the top three causes of death are heart disease, cancer, and COPD[3]

1. AHRQ 2006. 2006 National Healthcare Quality Report.
2. National Healthcare Quality Report. National Vital Statistic Report: Infant Mortality Statistics from the 2001 Period Linked Birth/Infant Death Data Set. Vol.53(10), November, 2004.
3. National Vital Statistics Report: Report on Deaths: Leading Causes, 2004.

Data Limitations

- Inability to provide tribal-specific data
- Lack of differentiation between ceremonial use of tobacco and abuse of commercial tobacco
- Low samples and response rates among AI/AN respondents

Importance of Outreach

- Locations of AI/AN populations (tribal lands vs urban); remote, rural locations for some tribes
- One size fits all does not work; many cultures, languages, degrees of acculturation/assimilation
- Outreach needs to be culturally appropriate, including strategies, tools, materials
- Some tribes have ceremonial uses for tobacco, which also includes use of commercial type
- Industry targets & sponsors events

How the problem is being addressed

- National Network
- Tribal Support Centers
- Tribally Driven Tobacco Programs
- State Supported Tobacco Efforts
- Funding to Tribes from Organizations such as RWJF and Legacy

How can we work together?

- You can call or access the National Network Website for information regarding:
  - Capacity Building
  - Surveillance
  - Developing relationships
  - Contact information
  - Resources
- Attend AI/AN National Network Trainings
- Together we can treating NA and other priority populations truly as a priority

Resources

- National Native Commercial Tobacco Abuse Prevention Network Website
  - Media resource center
  - Links to Tribal Tobacco Programs
  - Links to data information and resources
  - Repository for promising practices and tobacco control resources.

http://www.aatchb.org/nptpp/TobaccoPolicyToolkit/index.htm

http://www.aatchb.org/nptpp/SmokeFreeHomesToolkit/index.htm

Websites

Aberdeen Area Tribal Chairman's Health Board
Northern Plains Tobacco Prevention Project:
http://www.aatchb.org/nptpp/index.html

Inter-Tribal Council of Michigan:
http://www.itcmi.org

Central Network Website:
http://www.tobaccopreventionnetworks.org

Contact Information:

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