

Northern Plains

Tobacco Prevention Project



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The Role of Public Health in Tribal Communities

To many American Indian and Alaska Natives (AI/AN) the traditional concept of health involves the intersection of physical, mental, and spiritual wellbeing, which are all seen as inextricably linked. Northern Plains American Indian communities, often rural and close-knit, have always been concerned for the health and wellbeing of its members. The interdependent/ mutual assistance structure utilized by many AI communities requires the physical, mental, and spiritual wellbeing of each community member, which is essential to the wellbeing of community as a whole. Several culturally prescribed methods exist for maintaining the health and wellbeing of the community, which should be preserved to maintain the benefits that these approaches yield. Formal public health systems are a more recent science-based approach that can work in collaboration with traditional methods to protect, promote, and restore the health of tribal communities.

Core Functions of Public Health

The fundamental goal of public health is to promote good health and prevent illness and unnecessary mortality.^{1,2} Public health systems can accomplish this goal by: identifying and controlling disease through testing, screening, vaccination, treatment, and isolation of pathogens; overseeing the hygienic conditions of food and water sources; and promoting behavioral

change that will decrease risk of chronic disease and unintentional injury.² While core public health functions are the responsibility of official public health agencies at the tribal, federal, and state level, partnerships with private-voluntary organizations (I.E. inter-tribal health boards and epidemiology centers, and major voluntary organizations like Robert Wood Johnson Foundation) who share a stake in public health are essential to closing public health access gaps, improving the overall quality of services, and strengthening the public health system.³ As a result, the actual practice of public health implementation within AI communities involves the combined contribution of a diverse group of tribal, state, federal, and voluntary agencies that come together wittingly or unwittingly to provide a wide variety of primary (prevents the onset of disease), secondary (identifies health problems early in the disease's course), and tertiary (restoration/ rehabilitation) prevention. How successfully these

agencies come together to provide essential public health services varies from community-to-community. However, consistency/stability of services, availability of culturally appropriate models that are demonstrated to be effective in the literature, and declining funding at all levels of government remain key obstacles that need to be surmounted in order for the maximum potential of public health systems to be realized.

A report by the Institute of Medicine (IOM) identified three core functions of public

health which includes assessment, policy development, and assurance.¹ Figure A illustrates a logic model of the core functions of public health.

Assessment:

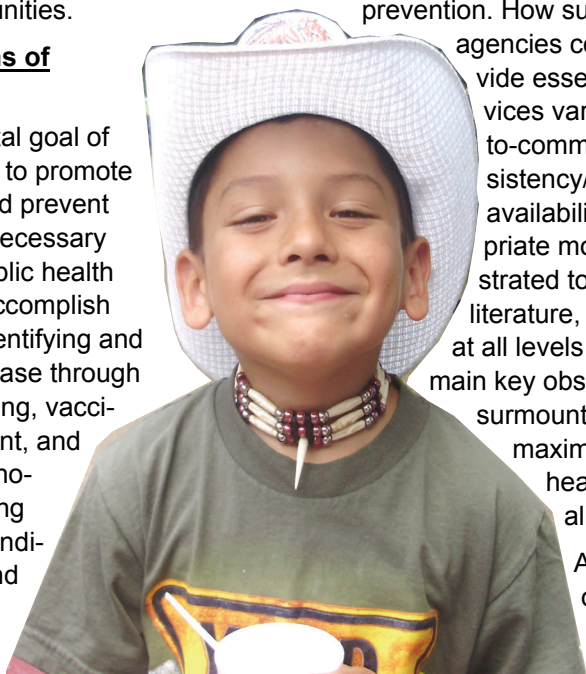
Assessment, the first core function, refers to the collection and analysis of relevant health/ epidemiological data, health status indicators, vital statistics, and demographics necessary to: 1. Monitor health status in order to set health priorities; and 2. Evaluate progress toward stated goals. Indian Health Service's implementation of regional tribal epidemiology centers have played a major role in improving the quality of AI/AN health related data and the capacity of tribes to engage in the surveillance and monitoring of their own respective populations. As public health infrastructure continues to develop at the tribal level, it is anti-

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National Smoking QuitLine 1-800-Quit-Now

Today is a Good Day to Quit

Elder Interviews : Developing an Understanding of Traditional Tobacco

One of NPTPP’s major goals is to educate the community about the differences between traditional tobacco use and commercial tobacco abuse. In order to best understand these differences we turned to our elders and knowledgeable community leaders.

In the summer and fall of 2008, NPTPP staff members conducted 30 interviews to obtain insight into the oral history and cultural protocols that govern the use of traditional tobacco.

The goal of this project was to identify and elucidate a unique, culturally specific perspective on


traditional tobacco use that can be used to promote commercial tobacco use prevention. As an organization that is governed by Northern Plains tribal chairmen, we believe strongly that traditional Native wisdom can be used to inform public health policy and practice.

The project data is currently being analyzed by NPTPP and faculty from University of Nebraska Medical Center (UNMC). The partnership NPTPP has developed with UNMC has been instrumental in the success of this project.

On April 21st, 2009, a banquet was held to honor the elders and leaders that took part in this project. During this time NPTPP unveiled a documentary highlighting key lessons learned from the interviews. Future products from this study can be viewed at www.aatchb.org/nptpp.



Romanus Bear Stops during banquet to honor participants

Data collection for this project was lead by Kendra Red Shirt from the Oglala Sioux Tribe. The interviewers for this project included Candice Brings Plenty, Eileen Ghost Dog, Wamblee Looking Horse, and Pierette Rave. 



Candice Brings Plenty transcribing Interviews



Kendra Red Shirt, Earl Bull Head, Adelyne Elk Boy



Continued: The Role of Public Health in Tribal Communities

pated that tribal health monitoring systems will increasingly be able to address the specific needs that tribes face.

Policy Development:

Public health systems have an obligation to develop policies and plans that support individual and community health efforts, as well as, educate and empower the AI/AN communities to act on current and emerging issues.² Through using available data to set health priorities and develop long range strategic plans tribes and other public health system stakeholders must work toward the improvement of public health systems serving tribal communities.

Assurance:

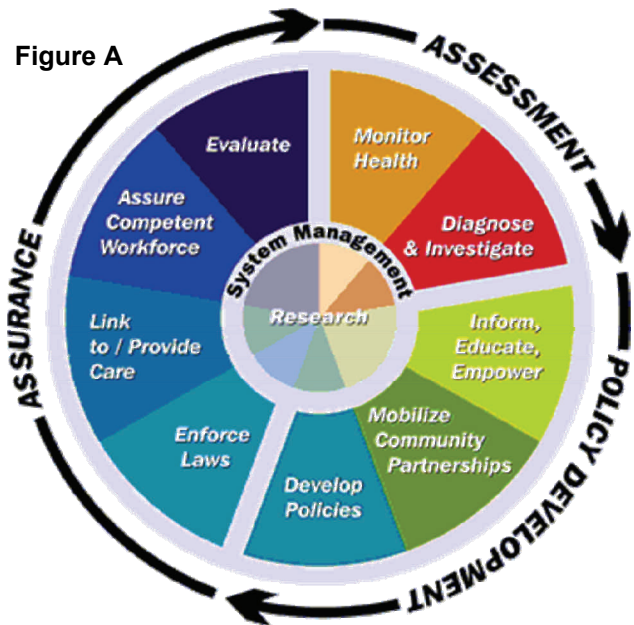
Assurance, the third core public health function, refers to the need to assure that public health services essential to meeting goals are implemented by either the public or private sector.

Ten essential services are considered central to public health practice and should be undertaken in all communities:²

1. **Monitor** health status to identify and solve community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships and action to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

Community Capacity Building & Empowerment

Public health has the flexibility to adapt itself to meet the needs and expectations of the population it serves. The emphasis of public health professionals in the nineteenth century is certainly not the same as the twenty-first. Similarly, the emphasis that is designed to serve mainstream American needs may not be identical to the emphasis that is needed in rural Northern Plains tribal communities. In



addition, the models and epistemology that are used in the mainstream may have to be reconstructed or at least revisited if it is to be effective.⁴

Public health systems at federal, state, and voluntary levels must not forget to engage and consult tribal communities and must not be antagonistic to traditional paradigms and approaches to health. When developing the public health approaches to impact AI communities there is a need for tribal inclusion in the planning and implementation process. Community capacity building and empowerment are key strategies for decreasing health disparities.⁴ Capacity building and empowerment can be successfully achieved through a staged process that builds relationships, skills, collaboration, and community commitment.⁴

Increasing Awareness of a public health system

Building strong public health systems to serve Northern Plains tribal communities can substantially benefit the health of AI people. The diverse group of dedicated public health professionals working toward improving AI health in the Northern Plains is definitely and strengthen within our region. As we move forward our public health agendas it is important that we increasingly coordinate our efforts with one another, measure our progress in a rigorous/ scientific way, keep in mind the resiliency that cultural-based modalities can offer, and finally we need to increasingly become effective at communicating the activities of our multifaceted public health system. Through the development of effective communication strategies our public health programs can successfully engage the public.



Public health affects every facet of our lives: our nation, communities, workplaces, schools and homes.⁵

Nationwide: Across the country, public health is important when:

• Our nation's leaders are debating policies.
~ *National health policies must ensure that public health professionals and resources can be there when we need them to deal with emerging threats, as well as day-to-day health challenges.*

~ *Ideally, these policies will help everyone get the health services they need—not just when they're sick, but to prevent them from getting sick in the first place.*

~ *Leaders must also take health into consideration when they are proposing policies for other sectors, such as transportation, agriculture or education.*

• We need to track disease outbreaks or food contaminations across multiple states.

In our communities : Our local neighborhoods are filled with examples of public health:

• Community design and transportation policies take health into consideration and encourage us to be active.

- Public buildings are designed so the disabled can easily access them.
- Health centers and retail stores offer flu vaccine clinics to keep us healthy.
- Tribal and State officials work to enact tobacco-free laws and other policies affecting our health.

At work: Health and safety on the job are just as important. Public health is at work in many ways, such as when a company:

- Creates a tobacco-free workplace or holds a fire drill.
- Requires construction workers to use safety goggles and hard hats.
- Provides an employee assistance program to help employees deal with stress.
- Pays a livable wage, ensuring that economic concerns don't negatively impact its workers' health.

At school: Students, too, rely on public health so they can do their job-learning:

- School vision screenings and dental services help keep kids healthy and able to

learn.

- School-based clinics provide care to those who may not otherwise have access to services.
- Physical education classes teach lifelong fitness skills and help prevent obesity.
- Healthy breakfasts and lunches address food insecurity and help kids develop good eating habits.

At home: Public health affects all of our families, across all generations:

- From the time we're born, and even before, public health is a part of our lives.
- Prenatal care, immunizations, diagnostic tests and other health services from a medical professional we trust help build a foundation for a healthy life.
- When we get older, at-home care keeps some people out of nursing homes.
- In our homes, public health plays a role in keeping us healthy by promoting lead-free homes and ensuring the water we drink, toys we play with, products we use and food we eat are safe and free from toxins.

National Native Commercial Tobacco Abuse Prevention Network

In the spring of 2008 the Aberdeen Area Tribal Chairmen's Health Board, Inter-Tribal Council of Michigan, and Muscogee (Creek) Nation Tobacco Control Program, partnered to form the **National Native Commercial Tobacco Abuse Prevention Network** (NNCTAPN). Each of the three partnering organizations are intimately connected to the communities they serve and bring a wealth of knowledge of culturally competent approaches for tobacco control.

In the capacity of National Network administrators the Inter-Tribal Council of Michigan, Muscogee (Creek) Nation Tobacco Control Program,

and the Aberdeen Area Tribal Chairmen's Health Board are committed to leading national efforts to reduce additive commercial tobacco abuse among American Indians and Alaska Natives by building a community of tobacco prevention stakeholders who are connected to resources that will allow them to promote positive change.

Your program can become a part of the **Nation Network** by registering online at www.keepitsacred.org. By becoming a member of the national network you become connected to a network of American Indian and Alaska Natives who share the same



goal; improving health through the promotion of culturally competent tobacco prevention and control.

Benefits of network membership include regular email correspondence, which provide timely information on trainings, events, and funding opportunities. Best of all Membership is free to everyone.



Quitter's Corner

The Northern Plains Tobacco Prevention Project would like to congratulate Trivia Afraid of Lightning for 7 years of remaining tobacco free.

Trivia Afraid of Lightning is a member of the Cheyenne River Sioux Tribe, born and raised in Rapid City, SD. A proud mother of two and currently a senior at the Oglala Lakota College, Trivia will be graduating with her Bachelors degree in Literature and Communication May, 2009. Two of Trivia's many roles within the community include: volunteer for the Rapid City School District as a youth mentor; and volunteer for her church's domestic violence program.

Trivia's first experience with tobacco was when she was in the 4th grade. A friend brought chewing tobacco to school. She got a buzz and became ill after swallowing the chewing tobacco. Her next experience was when she was 12 years old. The mother of one of Trivia's friends had a carton of cigarettes in the freezer. Her friend took some cigarettes out of a pack for the two of them to smoke. "I lit it and smoked it, the whole thing, and from there I was just smoking, whenever we could take packs of cigarettes from her mom." Trivia confessed. Trivia became heavily addicted at the age of 17; she quit when she was pregnant, and began smoking again heavily when she was 22 years old.

In high school she was involved with the DARE program. "They didn't talk about tobacco; we just knew to stay away from drugs." Ms. Afraid of Lightning said. When she was about 25 years old she began to smoke Swishers Cigars. Trivia stated, "Don't ask me why, it was just the cool thing to do, everybody had a Swisher. I went from cigarettes to cigars. If they think that advertising cigarette smoke has nothing to with someone wanting to smoke, that's a lie. They would have a woman sitting on a guy's lap, with a Virginia Slim in her hand looking all pretty, yeah that's going to have influence."

Trivia's motivation to lose weight led to the end of her addiction with tobacco. **Exercise helped her to overcome her addiction with tobacco. She could not exercise and smoke.** She said "It just doesn't work. I gave my life a new start.... I had a different mind set. After I stopped smoking I remember I started exercising and jogging..., but after years of smoking I can still feel it sometimes today." Especially when she is working out hard she can feel it in her lungs. She realizes that if she was smoking she would not be able to work out now or sing in her local choir. The influence that smoking had on her was great. She did not like the fact that cigarettes had control over her. "A non living thing had control over me" Trivia revealed.

Not many of Trivia's family members smoke anymore. The health risks associated with smoking and loosing a loved one to cancer has caused many of Trivia's relatives to reconsider smoking.

Trivia's message to Native youth is "know who you are, be a healthy person, be proud of who you are."



Asthma Awareness Month

May is Asthma Awareness Month

As you begin to plan your events to create asthma awareness in your community consider who your audience will be. Perhaps the audience will be adults living with asthma, school children, parents or community officials.

If working with Adults living with asthma you may want to consider having a guest speaker during a lunch and learn session such as a health educator, local pharmacist or respiratory therapist that can answer questions about medications and Asthma Action Plans.



Organizing an awareness walk or having a poster contest for school children is a wonderful way to get children excited about the upcoming event.

Targeting community officials to encourage protecting indoor air for children and adults by banning smoking in community buildings, offices and other public places is a great way to rally the community to support a health issue.

The NPTTP Asthma Prevention Project can support your efforts by providing culturally appropriate coloring books, asthma action



plans, one minute asthma books and other printed materials. Please contact Keely Clark for more information at 605-721-1922 or healthed@aatchb.org. The Environmental Protection Agency also offers free resources that can be accessed at <http://www.epa.gov/asthma/awm/index.html>

Did You Know?

Asthma is a serious and sometimes life threatening disease that affects millions of Americans.

Native Americans have a 25% higher prevalence of asthma as compared to White Americans.

Within Aberdeen Area Indian Health Service facilities there were more than 1400 hospital admissions, where asthma was the primary purpose of visit in 2006.

Dust mites, secondhand smoke, pet dander and molds are common indoor triggers for an asthma attack.

The severity and frequency of asthma attacks can be controlled through the development of an asthma action plan with your family physician, identifying and mitigating triggers with the home and other indoor environments, the correct use of prescribed medication, and appropriate self-monitoring.

For more information on asthma visit our website at www.aatchb.org/asthma



Building an Iowa Tribal Tobacco Coalition

Tobacco Abuse Prevention, Empowering the Voice of the Native People

Tobacco has been incorporated into the history and cultures of the Native American Tribes since the beginning of their origin. Every tribe has their creation stories along with how the tobacco plays an important role in their spirituality and traditions. Within these stories it was explained how tobacco was sacred and had its proper intent and teachings of its use.

When used properly the tobacco was portrayed as an offering of a spiritual nature and for healing ailments. However, it was also instructed if it was used in proper or abused it would cause harm.

American Indians and Alaska Natives have the highest rates of smoking than any other race or ethnicity in the nation. According to the Centers for Disease Control and Prevention, smoking prevalence is



higher among American Indian/Alaska Native men (32.4%) than women (29.0%). In comparison, American Indians/Alaska Natives (36.4%) lead the nation statistically followed by Caucasians (21.4%), African Americans (19.8%), and Hispanics/Latinos (13.3%) while Asians (9.6%) have the lowest smoking prevalence.

The Indian Health Service's alone, is spending \$200 million per year treating smoke related illnesses.

Commercial tobacco abuse is devastating Indian Country by being the main cause of 2 out of 5 deaths. It is a well documented cause of death, disability, the common cause of lung cancer and the single most preventable cause of premature death.

The Iowa Department of Public Health, Division of Tobacco Use Prevention and Control is the leader in addressing the issue of tobacco use in African Americans, Asians/Pacific Islanders, Hispanic/Latinos, and GLBT's Gay/Lesbian/Bisexual/

Transsexual and Native American/Alaskan Natives. They have assembled these priority populations to perform a community assessment to indicate where the needs of education and prevention should be implemented.

The community assessment will be constructed by an advisory coalition. They will be involved in all aspects of strategic planning, development and implementation. We are recruiting Native American community members and anyone working or interested in the Native American population to join the coalition. We are currently organizing in the urban Sioux City area and on the Meskawki Nation Settlement. The goal is to empower the community members to utilize their voices, decide their focus and move forward.

We invite you to take part in addressing the use of commercial tobacco among the Native American communities, health consequences and economic impact. For more information please call 866-203-1039.

Northern Plains Tobacco Control Institute

On April 21st and 22nd, 2009 The National Native Commercial Tobacco Abuse Prevention Network held the **Northern Plains Tobacco Prevention Control Institute** in Rapid City, SD. The Institute brought together more than 130 tobacco stakeholders from all over Indian Country for a two intensive days of training.

3. Epidemiology and Data Use; 4. Youth Prevention that Work.

If you are interested in attending future trainings and conferences please visit us on the web for upcoming events. Pictures and several of the presentations from the event are currently on the web for downloading.

Four educational tracks were offered:
1. Utilizing Best Practice in Tobacco Control; 2. Impacting Health Systems;



Some of the South Dakota Delegation



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Keeping You Up-To-Date In Tobacco Control



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