

OUR TOBACCO STORY



*How tribal
communities in
Michigan turned
health data into
sustainable action.*

September 30, 2016

*Prepared by:
Inter-Tribal Council
of Michigan, Inc.*

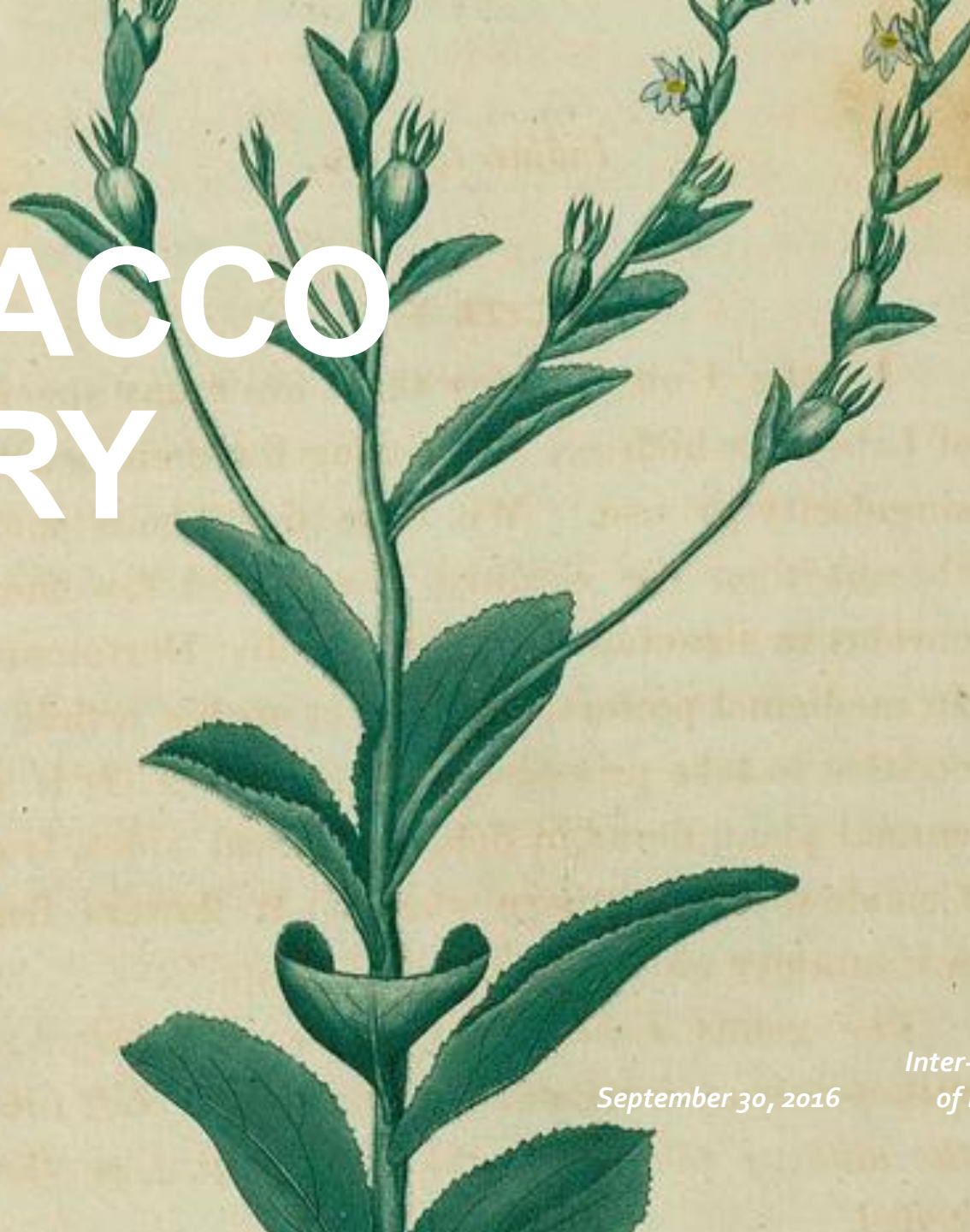


Table of Contents

Gichi manidoo,

G'gawaabamishinaangenew
eyaanigiziyaang.
G'baagosendamaamigondag
Ingitizimnaanigmiinwaand
'nawendaganinanig
wii chiminozheyaawaad.

“Creator, watch over my family.
We hope all our relatives
and parents will be well.”
-Ojibwe prayer

page

3

*What is Our Tobacco
Story?*

page

4

Report Sections

page

5

Terms and Definitions

page

6

*Participating
Communities*

page

7

Success Stories

page

13

Sample Documents

page

23

Acknowledgements

What is Our Tobacco Story?

Policy. Systems.

Environmental Change.

Between 2005 and 2015, five tribal communities in Michigan conducted a series of community based surveys called the American Indian Adult Tobacco Survey (AIATS). Results of these surveys revealed striking health disparities related to commercial tobacco use, including:

- In most communities, the average age of smoking initiation was between 13 and 15 years old.
- Most people started smoking regularly by the time they turned 17.
- Smoking rates among adults ranged from 34% to 72%.
- Tribal members who smoked were more likely than non-smokers to have chronic health conditions like high blood pressure and diabetes.

This evidence reflects what some community members have referred to as an “epidemic” of commercial tobacco use. Community members have used this evidence to strengthen their response to commercial tobacco use through formal programs, policies, and educational efforts. While the mechanisms of the AIATS are well-documented, what’s missing from the literature are stories of *how* tribal communities have created lasting change using data. This report tells the story of how Michigan tribal communities turned health data into sustainable action.

We can heal our communities by returning to the traditional uses of tobacco.

Report Sections

This report is designed to help health educators, program coordinators, and policy makers in tribal communities. If you are working on policy, environmental, and systems change for any health topic, these stories may help you.

Success Stories:

This section contains five success stories which describe how the AIATS data was transformed into community change. Each success story details what initiatives were started, who worked together, and what processes needed to take place to do the work.

Sample Documents:

Tribal tobacco code

Smoke-Free signage

Communication campaign

Youth tobacco screening and referral policy – medical and dental

Terms and Definitions

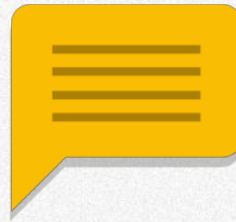
Everyone talks about policy, systems, and environmental change. These changes are intended to “make the healthy choice the easy choice.” The three categories typically work hand-in-hand. But, what does that really mean?



Policy Change

Policy change includes the passage of official rules, laws, resolutions, or ordinances. In tribal communities, multiple stakeholders influence policy change including health care administrators, tribal leaders, and elders.

A tribal tobacco code or policy states the tribe’s official position on tobacco use in public places, accessibility for minors, treatment in the clinic, and exposure to tobacco industry pressure.



Systems Change

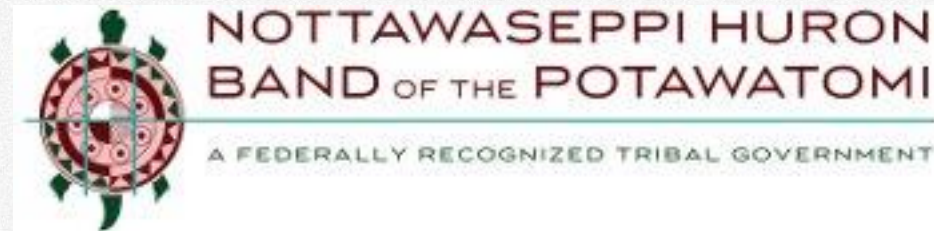
Systems change is closely related to policy change. A system change involves changes to an organization’s rules and infrastructure. Systems changes are intended to impact all aspects of an organization, such as a school, workplace, or health care setting.



Environmental Change

Environmental change is a change to the physical environment. Changes to the physical environment may include installing lights to a bike path, or installing sidewalks in a neighborhood to make it more walkable. In this context, environmental change does not involve air or water treatment.

Participating Communities



Five tribes and one urban American Indian health center completed the AIATS. To protect confidentiality, community-level statistics are not presented in this report; however, some tribes have authorized the sharing of specific success stories and actions that resulted from AIATS work.



American Indian Health & Family Services

Success Stories

Young Lungs at Play

*Give the Gift of Traditional
Tobacco*

Protect Our Youth

Keep Tobacco Sacred

Call It Quits

Young Lungs at Play in the Hannahville Indian Community

*Babies and children
deserve to be free from
second-hand smoke.*

*Tribes have the
sovereign right to create
smoke-free spaces.*

*Keep flipping through
this report to see
examples of smoke-free
signage.*

Problem overview:

The American Indian Adult tobacco survey concluded that a high number of adults felt they were exposed to secondhand smoke within the last week. Also, a high number of individuals stated that they do allow smoking in the home.

Activity description:

The Hannahville Indian Community made sure to educate their tribal leaders on how important it is to be able to live in a smoke free space. They also shared model policies.

Activity outcomes:

Policies were created and implemented, along with smoke-free signage being put throughout the community.

Give the Gift of Traditional Tobacco at American Indian Health & Family Services

*Tobacco is the first
medicine given to us
from the Creator.*

*Traditional tobacco is
free from commercial
contaminants.*

Problem overview:

The use of commercial tobacco in a non medicinal way.

Activity description:

On the American Indian Health & Family services campus, a traditional tobacco garden was created. This garden was and is open to employees and community members. Along with caring for the garden, community members have also been able to do seed sharing.

Activity outcomes:

Education on the importance of traditional tobacco in their community.

Protect Our Youth in the Saginaw Chippewa Indian Community

*Many smokers begin
smoking at a young age.*

*Prevention and
treatment is key to
protecting our youth.*

Problem overview:

Data from the Adult Tobacco survey indicated that a majority of smokers began smoking regularly between the ages of 12-17.

Activity description:

A comprehensive training was provided to the health systems providers. This training was designed to educate the staff on the importance of screening youth for commercial tobacco use .

From the training, policy revisions and implementations were made on screening youth for commercial tobacco use.

Activity outcomes:

The Saginaw Chippewa Tribe ended up having a successful 100% screening rate.

Keep Tobacco Sacred at the Nottawaseppi Huron Band of the Potawatomi

The tobacco industry aggressively markets to minorities and youth.

Ceremonial use of tobacco is empowering and healthy.

We have a responsibility to protect the youth.

Problem overview:

Tribe-specific rates of current smokers in Michigan have ranged from 34% to 72% of the population (American Indian Adult Tobacco Survey, 2010-2012); much higher rates than the estimated 23% of the general population rate of current smokers reported by the Michigan Behavioral Risk Factor Survey (2012).

Activity description:

Using the CHANGE tool, NHBP staff formed a Tobacco Coalition to investigate and develop tobacco policies and to provide education and raise awareness of the dangers of commercial tobacco use.

Activity outcomes:

Policies on having commercial tobacco free buildings, work, and public places were created and implemented.

Call It Quits from Anywhere in Indian Country

Most people want to quit smoking, but need help to do so.

Not everyone can quit smoking cold-turkey.

Coaching support is proven to help people quit.

Problem overview:

Several states have implemented quitline services for the public to call and receive support to quit commercial tobacco. Feedback from American Indian callers revealed that many tribal community members felt that services could be improved to better serve this population.

Activity description:

Focus groups were conducted in tribal communities in Michigan and other states to determine how best to improve quitline services for American Indian callers.

Activity outcomes:

A leading respiratory hospital in the U.S., National Jewish Health® has developed a tobacco cessation program that empowers American Indians to overcome their addiction. Using focus group data to guide program development efforts, the American Indian Commercial Tobacco Program is culturally-tailored and appropriate. The state of Michigan and tribal communities have partnered to promote the new and improved program.

Additional information:

For more information about the American Indian Commercial Tobacco Program, please visit <http://keepitsacred.itcmi.org/quitline/>

If you are interested in enrolling for services, please call the American Indian Commercial Tobacco Program at 1-855-372-0037.

Sample Documents

Tribal Tobacco Code

CHANGETOOL Excerpt

Smoke-Free Signage

Communication Campaign

Youth Tobacco Screening and Referral Policy - Medical

Tribal Tobacco Code

This is an excerpt of the tribal tobacco code that was developed in the Nottawaseppi Huron Band of the Potawatomi.

SECTION 103. PURPOSE

- A. To restrict or prohibit the advertisement and/or promotion of any tobacco products (hereinafter referred to as “Tobacco Industry”) on NHBP land in order to promote the health of Tribal member’s and future generations.
- B. The goal of this Tribal Code is to ensure that exposure to commercial tobacco use including exposure to secondhand smoke as well as the uses of commercial tobacco products by Tribal members, family, friends, employees and Tribal guests are minimized or eliminated.
- C. This Code is not intended to restrict the use of ceremonial and/or traditional tobacco use.
- D. To keep Tribal adolescents and young adults from starting to use commercial tobacco for non-ceremonial/traditional recreational use.
- E. To prohibit the selling, giving, or furnishing of commercial and/or recreational tobacco products to minors and to regulate the retail sale of recreational commercial tobacco products by prohibiting their sale in most locations within the Nottawaseppi Huron Band of the Potawatomi Reservation.

CHAPTER 2. PROHIBITION OF COMMERCIAL TOBACCO USE IN PUBLIC AND PRIVATE WORKSITES AND PUBLIC PLACES

SECTION 201. INSIDE OF BUILDINGS AND OTHER ENCLOSED AREAS

Commercial Tobacco Use shall be prohibited in all NHBP Buildings including the enclosed public and private worksites and public places within the jurisdiction of the NHBP, except as provided in Section 203 and 204. All such Buildings and other enclosed spaces shall remain free of all recreational tobacco use.

SECTION 202. OUTSIDE OF BUILDINGS

Except as provided in Section 203, commercial tobacco use shall be prohibited outside of all NHBP buildings and other worksites. No recreational commercial tobacco use is permitted within 50 feet of any building entry way or window. Commercial tobacco use shall be permitted at the cigarette urns located 50 feet away from buildings and on sidewalks and roads that are not within 50 feet from a building entryway or window. Because of the close proximity to buildings, commercial tobacco use on Mno Bmadzewen Way is not permitted between 1 ½ Mile Road and 50 feet past the Western edge of the Community Building located at the tobacco urn. “No Commercial Tobacco Use” and “No smoking” signs shall be placed on all current and future buildings. All used tobacco products and cigarettes must be disposed of in the cigarette urns or trash receptacles located at the designated smoking areas within NHBP land.

Smoke-Free Signage

To coincide with new and existing smoke-free policies, many tribal communities installed smoke-free signage in local parks, tribal buildings, and schools.



This is a Smoke Free Building



Please do not Smoke within 25 Feet of AIHFS and it's Property.

**American Indian Commercial Tobacco Program
Free Quitline Service
1-855-372-0037**


Smoke-Free Signage



Communication Campaign



**Commercial Tobacco Users
Have a Short Life**

Teens
are *Targeted* as Their
Replacements





**DON'T BE A
REPLACEMENT**

BE AN ORIGINAL





For more information go to:

 <https://www.facebook.com/SEMPROJECT>

 <https://twitter.com/SEMPROJECT>

Your local tribal community health program

Posters developed by



Communication Campaign

Nearly 14,500 people die every year from commercial tobacco use in Michigan

Tobacco companies target youth to replace them



Journal of Adolescent Health



Posters developed by:



For more information go to:



Your local tribal community health program

For every customer that dies, tobacco companies search for a replacement



Journal of Adolescent Health

Posters developed by:



For more information go to:



Your local tribal community health program

Communication Campaign

Help and support can be as easy as a phone call away. Our specially trained counselors offer free one-on-one cessation counseling for pregnant smokers 24 hours a day. They understand that quitting is about so much more than just not smoking and that so often feelings of stress and guilt can play huge roles in wanting to, but not being able to quit. It's worth the health of you and your unborn child to give them a call.



1-800-QUITNOW

A photograph of a smiling pregnant woman with long dark hair, wearing a red tank top and blue jeans. She is standing against a purple background with a pattern of stylized, overlapping cigarette shapes. The text 'LET THIS BE YOUR REASON' is overlaid on the image. At the bottom, there is a graphic of two lit cigarettes and the text '1-800-QUITNOW'.

Help and support can be as easy as a phone call away. Our specially trained counselors offer free one-on-one cessation counseling for pregnant smokers 24 hours a day. They understand that quitting is about so much more than just not smoking and that so often feelings of stress and guilt can play huge roles in wanting to, but not being able to quit. It's worth the health of you and your unborn child to give them a call.

1-800-QUITNOW

Youth Tobacco Screening and Referral Policy – Medical & Dental

PURPOSE

To reduce smoking rates among youth ages 12-18 years of age through screening, education and referrals. Nimkee Memorial Wellness Center strives to ensure excellence in health care is top priority while respecting the importance of the culture and tobacco as a sacred medicine. Nimkee staff seek to safeguard the health and wellbeing of their patients and give comprehensive services with referrals to all appropriate sources.

PHILOSOPHY

The Saginaw Chippewa Indian Tribe endorses the philosophy that every person has the right to comprehensive health services and appropriate referrals. It is recognized that tobacco is a sacred medicine and that smoking is dangerous to the health of the smoker and others close to them who may be exposed to second hand smoke.

DEFINITIONS

Nicotine Delivery Systems – A system that creates an aerosol of exhaled nicotine, ultra –fine particles, volatile organic compounds, and other toxins. Nicotine Delivery Systems can also be referred to as Vaping and include e-cigarettes, hookahs, etc.

REFERENCES

Michigan Department of Community Health; Description of what happens when the Quit-line is called. http://www.michigan.gov/documents/mdch/3.29.12_WHAT_HAPPENS_381888_7.pdf.

POLICY

- All youth ages 12 – 18 will be screened for commercial tobacco/nicotine use at every visit in the Medical and Dental Clinics. Nicotine delivery systems will be included in the screening of youth due to the fact that many do not identify using them as smoking.
- Medical and or Dental Clinic staff will offer referrals to all who identify as positive for commercial tobacco/nicotine use, and provide comprehensive care and education to the level the patient agrees to.

Youth Tobacco Screening and Referral Policy – Medical & Dental

PROCEDURE:

1. Youth ages 12 – 18 years of age will be screened at every visit in the Medical and / or Dental Clinics for smoking commercial tobacco and/or using any nicotine delivery devices.
 - 1.1. Medical Clinic – Documentation in RPMS/EHR Health Factors section (3 areas)
 - 1.1.1. Tobacco Screening includes patients screened for tobacco use including: Tobacco (smoking), Tobacco (smokeless-chewing/DIP), Tobacco (exposure)
 - 1.1.2. Tobacco Users assessment includes: Current smoker, Current smoker and smokeless, Cessation –smoker, Cessation-smokeless, Current smoker – status unknown, Current smoker – everyday, Current smoker- some day, Heavy tobacco smoker, light tobacco smoker.
 - 1.1.3. Patients exposed to smoker in home and environmental tobacco smoke.
 - 1.2. Dental Clinic – Documentation in Dentrix
 - 1.2.1. Documentation in Dentrix utilizing the Tobacco Screening Tool, which includes the following descriptions with details for screening: Never smoked, Tobacco smoking consumption unknown, Occasional tobacco smoker, Light tobacco smoker, Heavy tobacco smoker, Smokes tobacco daily, Smoker, and Ex-smoker.
 - 1.2.2. Utilization of Dentrix code **IH-34 (Tobacco Screening (Ages 12-18))** each time a patient between the ages of 12 and 18 years is asked about their tobacco use (may be used multiple times per patient).
 - 1.2.3. Utilization of Dentrix code **IH-35 (Tobacco Cessation Referral (Ages 12-18))** each time a patient between the ages of 12 and 18 years is given a Quit-Line card and/or referred to the patient's PCP (may be used multiple times per patient).
 - 1.2.4. Periodic reporting of the IH34 and IH35 codes will enable tracking and monitoring.
2. The Medical Clinic Nurse/MA and/or the Dental Clinic Dental Assistant will provide the youth with educational materials on tobacco use and other nicotine delivery systems as appropriate.
3. If a youth identifies they do smoke and/or use a nicotine delivery system, they will be given a referral to the Michigan Tobacco Quit Line.
 - 3.2.1. Posters and business size cards are available in every clinic exam room.
 - 3.2.2. The quit line is funded by the Michigan Department of Community Health 1-800-QUIT-NOW (1-800-784-8669) or on line at www.michigan.gov/tobacco.
4. The Nimkee Dental Clinic will make a referral to the PCP (primary care provider) when the patient requests more information and/or NRT (nicotine replacement therapy).
5. The PCP will work with the Nimkee Pharmacists to provide the patient with the appropriate prescription specifically designed to provide the best care and success.

CHANGE Tool Excerpt

This is an excerpt of the CDC CHANGETool. Tribes that completed the AIATS used the Community-At-Large Tobacco section of the CHANGETool to develop PSE change.

Community-At-Large: Tobacco

Based on your team's knowledge or observations of the community, use the following Policy and Environment scales to indicate the most appropriate responses for each statement. Position the cursor over each rating option to see further explanation and an example (examples provided are for item #1).

In the two response columns, please indicate the appropriate number (#) from the scales below that best represents your answers for each item. Provide both a Policy Response # and Environment Response # for each statement in the appropriate column, with supporting documentation in the corresponding comment boxes. Response # 99 should be used only when the strategy is not applicable at the site (e.g., stair promotion not suitable in one-story building).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place
3	Policy formulation and adoption	Some elements are in place
4	Policy implementation	Most elements are in place
5	Policy evaluation and enforcement	All elements in place
99	Not applicable	Not applicable

To what extent does the community:	Policy Response #	Environment Response #	
1. Institute a <u>smoke-free policy 24/7</u> for indoor public places?			
2. Institute a <u>tobacco-free policy 24/7</u> for indoor public places?			
3. institute a <u>smoke-free policy 24/7</u> for outdoor public places?			
4. Institute a <u>tobacco-free policy 24/7</u> for outdoor public places?			
5. Ban tobacco advertisement (e.g., restrict point-of-purchase advertising or product placement)?			
6. Ban tobacco promotions, promotional offers, and prizes?			
7. Regulate the number, location, and density of tobacco retail outlets?			
8. Restrict the placement of tobacco vending machines (including self-service displays)?			
9. Enforce the ban of selling single cigarettes?			
10. Increase the price of tobacco products and generate revenue with a portion of the revenue earmarked for tobacco control efforts (e.g., taxes, mitigation fees)?			
11. Provide access to a <u>referral system</u> for tobacco cessation resources and services, such as a <u>quitline</u> (e.g., 1-800-QUIT-NOW)?			
COLUMN TOTAL:	0	0	Please remember to answer every item. Do not leave any item blank.
TOBACCO USE SCORE:	0.00%	0.00%	

Acknowledgements

*In its original form,
tobacco has both honor
and purpose.*

*Manidookeyaang
manidoowiyaang.*

*It's a ceremony, a way
to be alive.*

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