How Tobacco Impacts Cancer in American Indian Communities

Kristine Rhodes, MPH
Anishinaabe, Bad River and Fond du Lac
The American Indian Cancer Foundation (AICAF) was established to address tremendous cancer inequities faced by American Indian and Alaska Native communities.

Mission:
To eliminate cancer and its impact among American Indian families through education, improved access to prevention, early detection, treatment and survivor support.
American Indian Cancer Data

American Indians face alarming inequities in cancer incidence and mortality. Cancer incidence rates vary by tribe, region and gender but are often alarmingly higher than non-Hispanic whites.

Every other population has experienced decreasing cancer mortality rates in the past 20 years but American Indian cancer mortality rates are still increasing.
Our Approach

We believe...
Native communities have the wisdom to find the solutions to cancer inequities, but are often seeking the organizational capacity, expert input and resources to do so.
Tribal Tobacco Data

Tribal Tobacco Use Prevalence Project (TTUP)

- Tribes in Minnesota
- American Indian Policy Center (John Poupart)
- University of MN, School of Public Health (Dr. Jean Forster)
- Community Oversight Group
- Project Steering Committee
- American Indian Cancer Foundation leading dissemination
- Funded by ClearWay Minnesota
Why Tribal Tobacco Use Project (TTUP)?

- Existing data sources inadequate
  - Questions don’t account for spiritual, ceremonial use
  - Methods not culturally appropriate
  - Sample sizes too small

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<tr>
<th>AI/AN population rank</th>
<th>BRFSS sample, 2011-12</th>
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<tbody>
<tr>
<td>California</td>
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<td>Texas</td>
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<td>New York</td>
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<td>Florida</td>
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<td>Oregon</td>
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<td>Minnesota</td>
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<td>Illinois</td>
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Tribal Tobacco Use Project (TTUP)

- Goal 1: Statewide survey of tobacco (commercial and ceremonial) use among American Indians in Minnesota

- Goal 2: Valid data at community level
Methods

• 7 of 11 tribes + urban areas (Duluth & Twin Cities)
  – Tribal council approval & data ownership
  – Tribes determined population; random sample
  – Tribes approved, modified survey

• In-person interviews
  – Native interviewers, Informed consent, Community locations, Gift cards in appreciation

• Result → 2926 interviews
TTUP Survey Questions

- Traditional tobacco use
- Commercial tobacco use
- Quitting smoking
- Secondhand smoke
- Attitudes, risk perceptions
- General health
- Healthcare access
- Demographics
Ceremonial or Sacred Tobacco Use

• Ever used tobacco for ceremony or prayer? - 71% yes

What type of tobacco do you usually use for this purpose?

Pouch/loose commercial tobacco 60%
Cigarettes 15%
Traditional tobacco 16%
Don’t know/not sure/refused 8%
Traditional tobacco use

• Traditional uses of tobacco
  – Spiritual
  – Medicinal

• Uses
  – Not always burned
  – Burned **but not inhaled**

“When it is used correctly, it has the power to bring good things and, like other medicines, if it is not used correctly, it has the power to bring harm.”

Anishinaabe Elder
Traditional tobacco use
What type of tobacco is used?

- Commercial tobacco is tobacco you buy in the store.
  - Loose tobacco
  - Cigarettes
- Traditional tobacco is usually not bought in the store.
  - Indian tobacco
  - Mixture that may not contain any tobacco
  - Specific protocol for preparing and sharing
Let’s put out the single biggest KILLER OF AMERICAN INDIANS.

Clouds of cigarette smoke are everywhere in our community. And those clouds are taking a toll — NEARLY TWO OUT OF EVERY FIVE AMERICAN INDIAN DEATHS ARE DUE TO CIGARETTE SMOKING AND BREATHING SECONDHAND SMOKE.

There’s still time to break this cycle of tobacco addiction. Adults must lead by example. We need to rid our homes, cars, work sites, and community centers of commercial cigarette use. We have to teach our kids the difference between dangerous cigarette smoking and ceremonial tobacco use. And we must quit smoking ourselves.

QUIT SMOKING: It’s a powerful gift to yourself, your family and our community’s future.
# Commercial Cigarette Use

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## Quit Attempts & Plans to Quit

### Plans to quit smoking

<table>
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<tr>
<th>Want to quit</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>62%</td>
<td>24%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Plan to quit – 6 months</td>
<td>64%</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>Plan to quit – 30 days</td>
<td>33%</td>
<td>41%</td>
<td>27%</td>
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### Quit attempts in past year

| None | 48% |
| 1-2 times in past year | 27% |
| 3+ times in past year | 23% |
Would you use the following for quitting, if cost not an issue?

- Tribal teachings or ceremonies: 43%
- Nicotine patch, gum, lozenge: 49%
- Group or individual class or support: 42%
- Medications like Zyban or Chantix: 20%
- Quit smoking phone support: 17%
- Quit smoking internet support: 13%

Minnesota Tribal Tobacco Use Prevalence Project, 2012
Health Care Provider and Smoking Cessation – Current smokers, past year, yes

- Asked if you smoke: 95%
- Advised you not to smoke: 76%
- Recommended any quit-smoking product: 39%
- Suggested setting a quit date: 20%
- Helped access a quit smoking program: 39%
- Arranged to follow-up: 22%
Secondhand Smoke Exposure
past week

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<th>Location</th>
<th>Percent</th>
<th>AI</th>
<th>Overall MN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>71</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Car</td>
<td>67</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td>43</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Workplace</td>
<td>37</td>
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Smoking is a **public health crisis** in many American Indian communities.
- It is linked to just about all health indicators and closely tied to high rates of cancer, CVD, & asthma.

In context:
- Current stresses: racism, poverty, other systemic inequities, cultural separation
- Historical repression of culture, extermination

What next?
- Opportunities for action
Effective Solutions

- Strengthen youth understanding of positive tobacco uses & smoking dangers
- Improve clinic systems to engage smokers to quit
- Develop & implement cessation programs for Native smokers
- Encourage & support policies for smoke-free environments
Improving Access to Screening

We are developing new partnerships and funding sources to launch cancer screening programs to serve the Northern Plains

• Screening + Education
• Access to Treatment
American Indian Systems for Tobacco Addiction Treatment (STAT)

Pilot project at 3 American Indian clinics to:

1. Assess active provider involvement in tobacco dependence treatment within the Five A context.
2. Develop and implement a tailored intervention.
3. Evaluate the feasibility and early effects of the intervention.
“Tobacco use presents a rare confluence of circumstances: (1) a highly significant health threat; (2) a lack of consistent intervention by clinicians; and (3) the presence of effective interventions. It is difficult to identify any other condition that presents such a mix of lethality, prevalence, and neglect despite effective and readily available interventions.”

2008 U.S. Public Health Service Guidelines
A brief intervention approach that has been proven to change health risk behavior across the disease spectrum.

- Recommended by the U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence (2008).*

- Adopted by the Counseling and Behavioral Interventions Workgroup of the United States Preventative Services Task Force (USPSTF)
### The Steps of the Five A Model

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<th>Description</th>
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<tbody>
<tr>
<td><strong>Ask</strong></td>
<td>Ask about present &amp; past use of tobacco and exposure to secondhand smoke</td>
</tr>
<tr>
<td><strong>Advise</strong></td>
<td>Offer clear, strong, personalized advice to quit</td>
</tr>
<tr>
<td><strong>Assess</strong></td>
<td>Assess willingness to quit, using the Stages of Change Model</td>
</tr>
<tr>
<td><strong>Assist</strong></td>
<td>Provide assistance in quitting through stage-based interventions and motivational interviewing</td>
</tr>
<tr>
<td><strong>Arrange</strong></td>
<td>Arrange for follow-up and offer resources</td>
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Why this intervention?

- Behavioral interventions--especially multiple ones--boost tobacco quit rates
- Appropriate medications can potentially **double** tobacco quit rates
- The combination of **counseling + medications** is more effective than either alone.

The Five A Model is:

1. **Evidence-based**
2. **Low-intensity**
Patient Education Materials

- Brochures, posters, pocket guides
- Videos and/or messaging for clinic lobby TV
- Retractable sign displays for clinic lobby
Getting to the finish line

• Systems-level interventions
  – Address third-party reimbursement for cessation & screening
  – Access to culturally-appropriate, effective cessation support
  – All communities need data on the extent of the problem

• Clinical Interventions
  – Health care provider education & support
  – Clinic policy and process
  – Clinic tools and resources

• Community Interventions
  – Educational resources specific to tribal communities
  – Engagement of community to identify solutions
  – Policies to limit smoking in public spaces
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