



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

Addressing Challenges Around Commercial Tobacco Use

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The tobacco industry has a decades-long history of targeting American Indians and Alaska Natives (AIAN) by misappropriating culture and traditional tobacco. The romanticized imagery of AIAN has been used to sell commercial tobacco for profit by misrepresenting traditions, values, and beliefs. This type of representation dehumanizes diverse people and adds to the ignorance among the non-native community.

The AIAN population uses more commercial tobacco in the United States than any other racial or ethnic population. One in five AIAN (22.6%) adults currently smokes cigarettes, compared to 13.7% of the overall population. With high use in AIAN communities, commercial tobacco use is associated with heart disease and cancer, two leading causes of death among American Indian and Alaskan Native adults.

Challenge

A challenge with quitting commercial tobacco is often the lack of education and access to support systems that help with quit attempts. In 2018, about 55 percent of adult smokers had made a quit attempt in the past year; this rate is lower than any other ethnic group. Only about eight percent of those who make quit attempts successfully stopped for 6-12 months. While it may take several attempts to quit for good, the Centers for Disease Control and Prevention suggests that it takes up to 8–11 attempts before quitting permanently. At Greenville Rancheria Tribal Health Program, their Community Health Representatives (CHR) report a lack of access to support systems, and they have limited transportation for patients to reach the clinic for tobacco cessation

services, especially for patients living in rural areas. Other barriers are the cost of medication and the lack of education surrounding commercial tobacco use.

Solution

The Greenville Rancheria, Tribal Health Program, informs its people of the risks associated with using commercial tobacco. They have created a structure that facilitates access to transportation and medication. They begin by connecting individuals interested in quitting with a CHR through a primary care provider referral-based system. Once patients are linked to the CHR, they go through an evaluation intake process to establish the patient's baseline, including their CO2 and diabetes readings. Here, the CHR connects the patient with the appropriate prescription and provides education on the risks associated with using commercial tobacco. In a partnership with the National Native Network (NNN) through the California Rural Indian Health Board, Inc. (CRIHB), Greenville Rancheria Tribal Health Program has offered educational materials and tobacco cessation kits to support those trying to quit smoking. For patients without access to transportation, they offer home visits and alter trigger points inside the patient's house. For example, the CHR assists in changing the smoking area by removing chairs or repositioning the coffee maker to a more convenient spot.

Greenville Rancheria Tribal Health Program has received 23 referrals from healthcare professionals and outside organizations since its commercial tobacco cessation program launched. In relation to those referrals, 16 have gotten in touch, and 11 have begun regular weekly check-ins with a CHR. To expand their access to the Smoking Cessation Program, they intend to finish the Basic Tobacco Intervention Skills Certification for Native Communities that is being given through a partnership with CRIHB and the NNN.