

The Native American Population & Tobacco

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Tobacco Cessation



Learning Objectives

- Have a better understanding of Native American Tribes, Tribal Sovereignty, and how to effectively work with Native people.
- Identify how health disparities impact Native American populations.
- Recognize the differences between Traditional and Western values.
- Identify the differences between traditional and commercial tobacco.
- Understand the dangers of commercial tobacco, second and third hand smoke.
- Know how to do a brief intervention using the 5A/AAR Model and referring to the ASHLine and additional resources.

American Indian History Timeline

- 1500s Pre-Columbus- Population at 20 million
- 18th Century- “Civilization”
- 19th Century- Manifest Destiny, “take all lands”
 - 1880s- Boarding School (forced removal and assimilation)
 - 1898- Hiawatha Insane Asylum
- 20th Century- Reservation
 - 1924- Citizenship Granted
 - 1950- Relocation, Re-establishment, Re-learning (push to moved off reservation into urban cities)
 - 1960s-1970s- Forced Sterilization of American Indian Women
 - 1975- Indian Self-Determination and Education Act

Visual Representation of American Indian History



1492

America Discovered



1790

Indians Forced Inland



1830

“Indian Country”



1860

Immigrant Stampede

Manifest Destiny



A symbol of Manifest Destiny, the figure "Columbia" moves across the land in advance of settlers, replacing darkness with light and ignorance with civilization.

- Manifest Destiny- a term used in the 1840s to justify the U.S. westward expansion.
- Settlers believed they were chosen and destined by God to expand the country's territory.
- "American Progress" by John Gast, 1872.

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ALABAMA
ARKANSAS
GEORGIA
ILLINOIS
KENTUCKY
MISSOURI
NORTH CAROLINA
OKLAHOMA
TENNESSEE

TRAIL OF TEARS

The forced relocation during the 1830s of Eastern Woodlands Indians of the Southeast region of the United States to Indian Territory west of the Mississippi River.

5045
MILES
OF TRAILS
OVER LAND
AND WATER

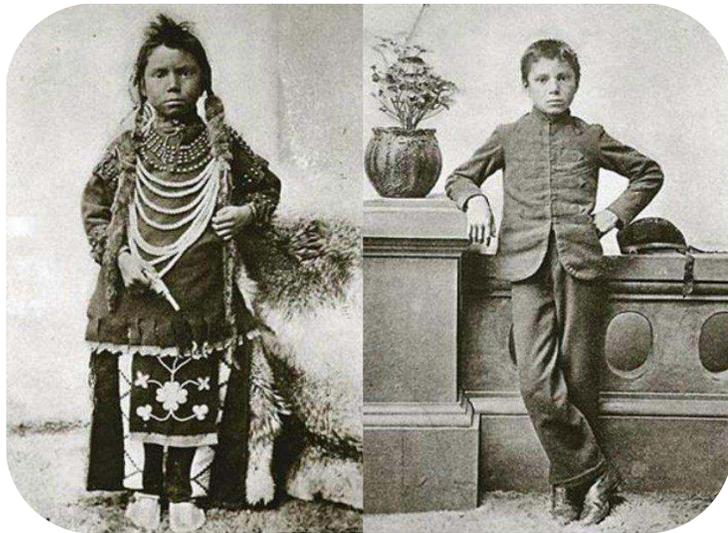
SUPPORTED BY PRESIDENT
ANDREW JACKSON
CONGRESS PASSED THE
INDIAN REMOVAL
ACT OF 1830

MAJOR 5
TRIBAL NATIONS
CHEROKEE
CREEK
CHICKASAW
CHOCTAW
SEMINOLE



Boarding Schools

- Established in the late 18th and mid-19th centuries by the U.S. Government with the purpose of assimilating Native American Children and youth into Euro-American culture, while at the same time providing basic education.



Tom Torlino-Navajo



Carlisle Indian School founded in 1879 in an abandoned army post in Pennsylvania

"Kill the Indian, Save the Man."

- General Richard Pratt
Founder/Superintendent

Hiawatha Insane Asylum

- Created by Congress in 1898, and opened its doors in January 1903.
- During its 32 years, Hiawatha housed more than 350 Native Americans from Tribes throughout North American.
- Terrible conditions lead to the death of 121 Native people.
- Many men, women, and children were placed there not because they were mentally ill, but because they fought the anglo way or an agency, and would not conform.
- The asylum closed in 1934



The Canton Indian Insane Asylum, also known as the Hiawatha Insane Asylum, was located in Canton, South Dakota.

Forced Sterilizations of Native Women

- In the 1960's and 1970's, the U.S. Indian Health Service (IHS) applied forced sterilization to approximately 3,406 American Indian women, between the ages 15 and 44, but the numbers are believed to be much higher.
- At least 1 in 4 American Indian women were sterilized without consent.



*Native American (Crow) women
Bostwick - 1900s*

Indian Relocation Act of 1956

“Good Jobs”
 “Happy Homes”
 “Training”

**CHICAGOLAND INDIANS
 GET GOOD JOBS.**

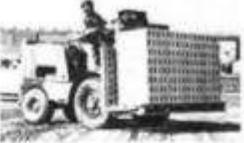


**JOBS RECENTLY OBTAINED OFFER
 OPPORTUNITY - SECURITY**



COME TO DENVER
 THE CHANCE OF YOUR LIFETIME!

Good Jobs
 Retail Trade
 Manufacturing
 Government-Federal, State, Local
 Wholesale Trade
 Construction of Buildings, Etc.



Happy Homes
 Beautiful Homes
 Many Churches
 Exciting Community Life
 Over Half of Homes Owned by Residents
 Convenient Stores- Shopping Centers

Training
 Vocational Training
 Auto Work, Bakery Shop, Dressing,
 Nursing, Office Work, Bookbinding
 Adult Education
 Evening High School, Arts and Crafts
 Job Improvement, Home-making



Beautiful Colorado
 "Rifle" State, 40 Mt. Peaks Over 14,000 Ft.
 350 Days Sunshine, Mild Winters
 Zoos, Museums, Mountain Parks, Drives
 Picnic Grounds, Lakes, Amusement Parks
 Big Game Hunting, Trout Fishing, Camping




Real Indians Soon to Call City Home

By **WILSON HIRSCHFELD**
 Cleveland is going to get some new Indians, but this is no baseball story. Honest Injun, these will be real Indians.

The U.S. Bureau of Indian Affairs has set up a field relocation office here. Indians will be brought to Cleveland direct from reservations in the West. First to arrive, probably before another moon goes by, will be an 18-year-old maiden from the Standing Rock Sioux tribe in the Dakotas. Headquarters tepee here will be in the CTS Building at 1404 E. 9th Street.

The board then signed the treaty. Member Victor Cohen wanted to know if the bureau would be any help to the Cleveland Indians. The "Great White Father" in Cleveland will be Verdon C. Christiansen, field relocation director. Christiansen was assigned here after two years as assistant director in the bureau's Denver office.





AI/AN Population Decline and Recovery 1492-2010

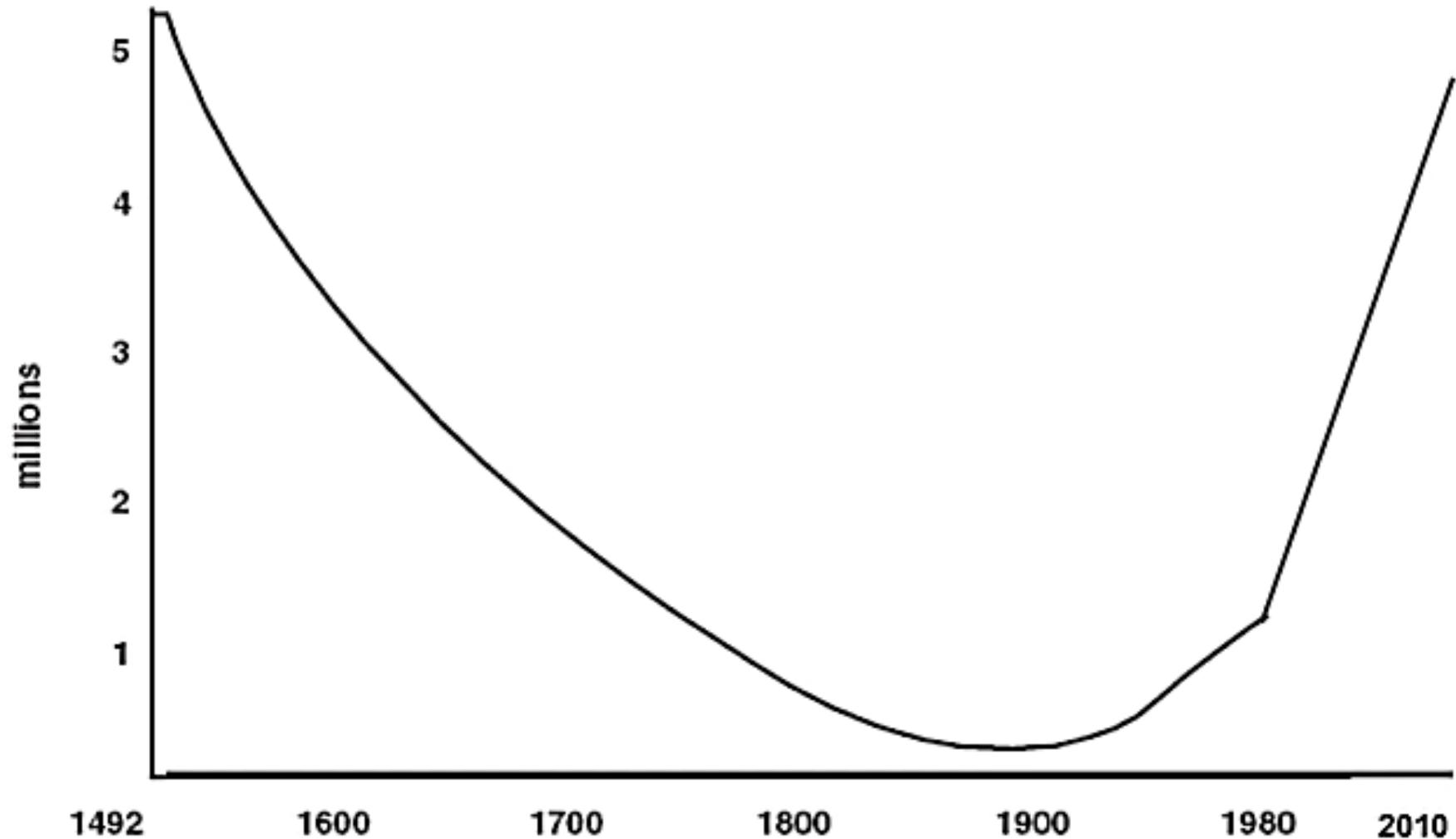


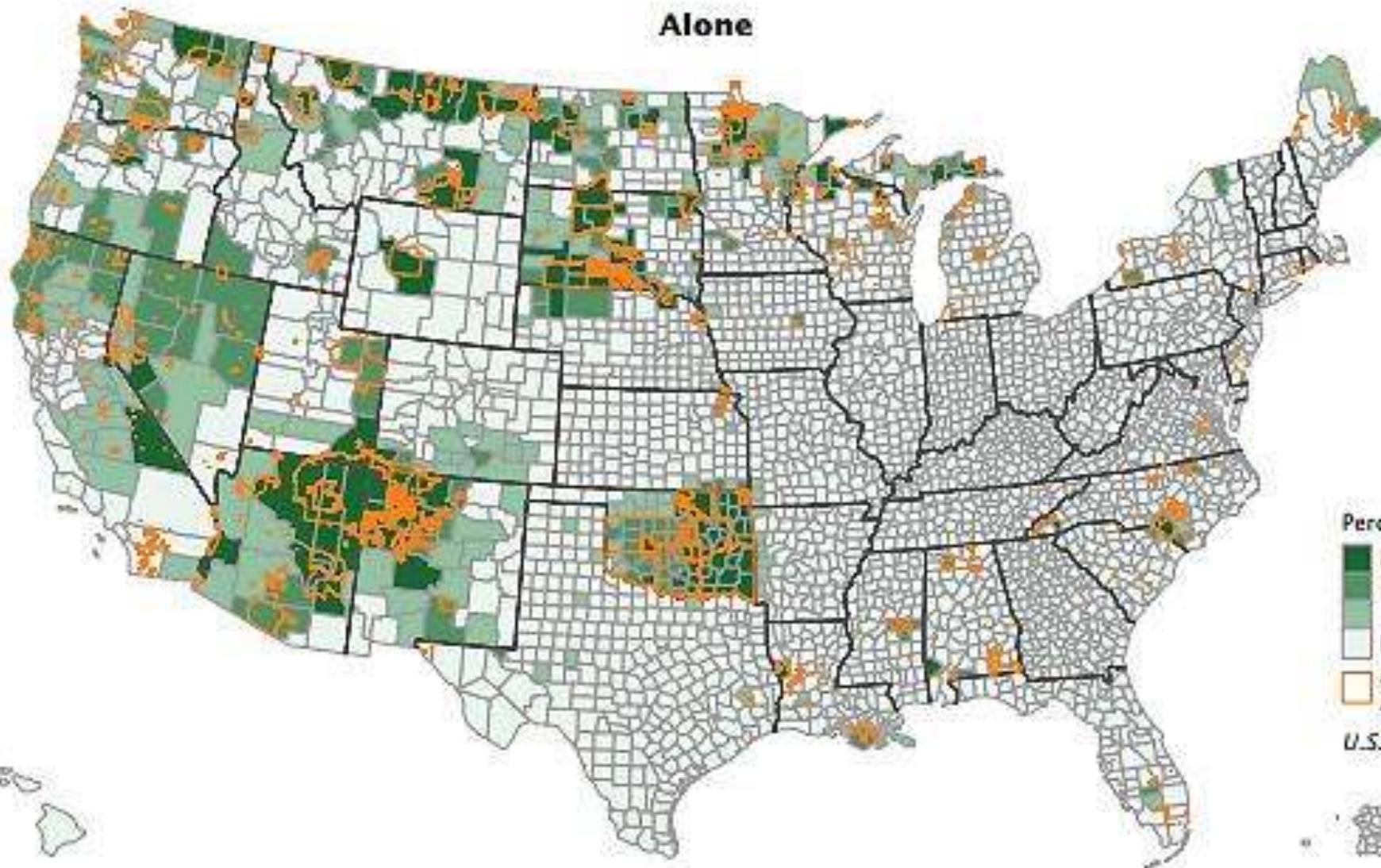
Figure 4.

American Indian and Alaska Native as a Percentage of County Population: 2010

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/pl94-171.pdf)



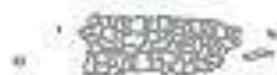
Alone



Percent

- 8.0 or more
- 3.0 to 7.9
- 1.5 to 2.9
- Less than 1.5
- American Indian/
Alaska Native Areas

U.S. percent 0.9



Bureau of Indian Affairs Legislative Actions

- **The Indian Citizenship Act of 1924-** Granted American citizenship to all AI/AN born in the United States.
- **Indian Reorganization Act of 1932-** Reversed forced assimilation, and established tribal self-government.
- **The Indian Self-Determination and Education Assistance Act of 1975-**allowed Tribes to manage federal programs that impact their members, resources and governments, schools, hospitals, etc.
- **American Indian Religious Freedom Act of 1978-** Protected the rights of AI/AN people to exercise their traditional religions/beliefs.
- **Education Amendment Act of 1978-** Provided funds directly to tribally operated schools.
- **Indian Child Welfare Act of 1978-** Gave tribes authority over custody proceedings involving AI/AN children.

What is Tribal Sovereignty?

The right of AI/AN Tribes to govern themselves and their territory. Tribal governments are on equal footing with state government and have a government-to-government relationship with the federal government.



Demographics

There are a total of **574** sovereign federally recognized Tribes in the U.S.

- In the 2010 Census, **5.2** million people (1.7%) in the U.S identified as American Indian/Alaska Native (AI/AN) alone or in combination.
- Of the 574 federally recognized tribes **231** (more than 50%) are located in Alaska.
- There were **334** federally and state-recognized American Indian reservations in 2010.
- **78%** of American Indians and Alaska Natives now live in cities and urban areas.



U.S States with the Highest Number of AI/AN Population

State	Number	Percentage
Oklahoma	424,731	14.61%
California	328,112	11.29%
Arizona	284,528	9.79%
New Mexico	186,566	6.42%
Texas	135,302	4.65%
Washington	124,859	4.65%
Michigan	80,734	2.785
Alaska	74,658	2.57%
Florida	69,362	2.39%
Oregon	67,769	2.33%

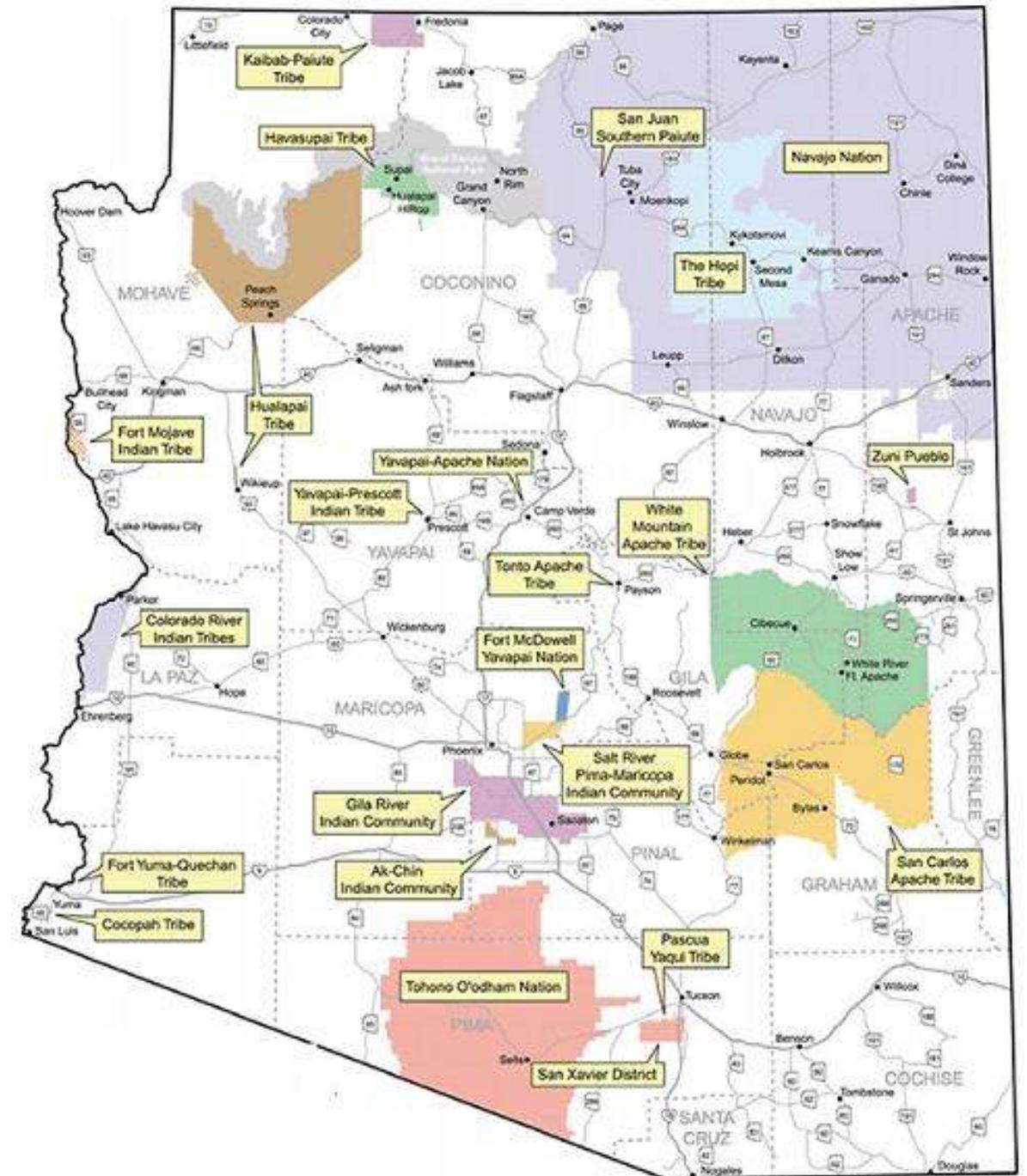
Cities with the Highest Percentage of AI/AN Individuals

- Phoenix-Mesa-Scottsdale, AZ
(5.78% or 92,960 individuals)
- Tulsa, OK
(4.19% or 67,486 individuals)
- Los Angeles-Long Beach-Anaheim, CA
(4.10% or 65,936 individuals)
- Oklahoma City, OK
(3.18% or 51,193 individuals)



Arizona's Federally Recognized Tribes

- There are **22** federally recognized tribes in Arizona.
- AI/AN comprise **9.8%** of Arizona's population with approximately 284,528 people.
- About 27% percent of Arizona land belongs to tribes.
- The Navajo Nation is the largest reservation in the U.S. followed by the Tohono O'odham Nation.



Leading Causes of Death for AI/AN Population

United States

Heart Disease

Cancer

Accidents/Unintentional Injuries

Diabetes

Arizona

Accidents/Unintentional Injury

Heart Disease

Cancer

Diabetes

Historical Trauma

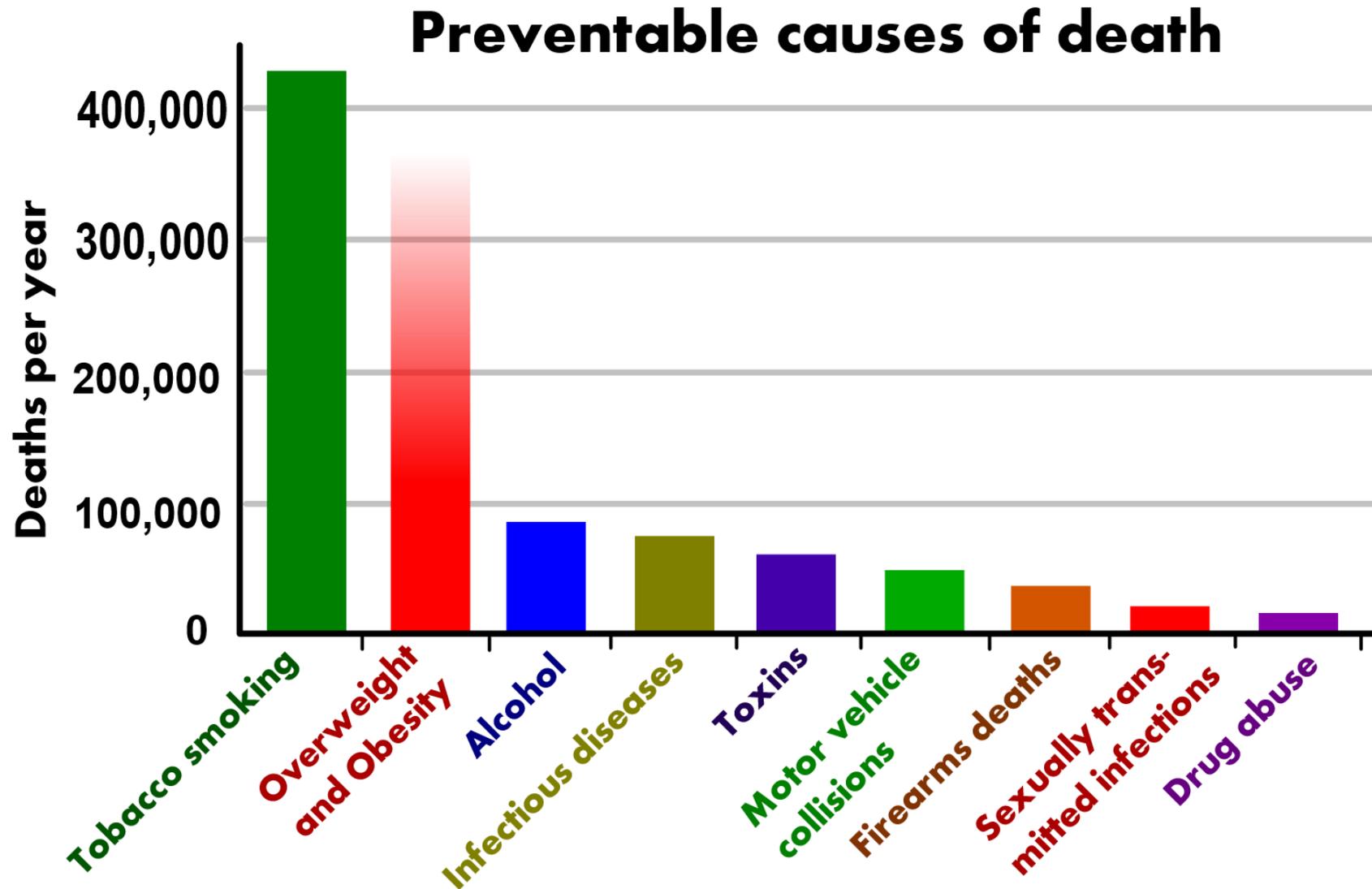
- Is a “cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.”
 - Colonization of Native Americans
 - Slavery
 - The Holocaust
 - Forced Migration
 - Japanese Concentration Camps



Health Disparities in The AI/AN Population

- AI/AN born today have a life expectancy that is 5.5 years less than the U.S. all races population (73.0 years to 78.5 years, respectively).
- AI/AN die at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases.
- AI/AN have much higher rates of getting colorectal, liver, stomach, kidney, and other cancers compared with non-Hispanic White people in the U.S.
- Lung cancer is the leading cause of cancer deaths among AI/AN.

Smoking is The Leading Cause of Preventable Death in the U.S.



Commercial Tobacco Use Among AI/AN Populations

- AI/AN youth and adults have the highest prevalence of cigarette smoking among all racial/ethnic groups in the U.S.
- More AI/AN women smoke during their last 3 months of pregnancy—26.0% compared to 14.3% of whites, 8.9% of African Americans, 3.4% of Hispanics, and 2.1% of Asians/Pacific Islanders.
- A recent study also found AI/AN men and women have a higher percentage of smoking-related deaths from heart disease and stroke than white men and women.
- AI/AN have the highest rate of smokeless tobacco usage of all races in the U.S. at 9.3%, compared with 5.0% non-Hispanic whites. About 16 of every 100 AI/AN males were current smokeless tobacco users in 2012.

Adult Smoking Rates among Racial and Ethnic Populations ¹

Race/Ethnicity	Total	Men	Women
African-Americans	16.8%	20.9%	13.5%
American Indians/Alaska Natives	21.9%	19.0%	24.0%
Asian-Americans	7.0%	12.0%	2.6%
Hispanics	10.1%	13.1%	7.1%
Non-Hispanic Whites	16.6%	17.3%	16.0%

Current Cigarette Smoking Rates among Racial and Ethnic Populations Ages 12 to 17, 2013⁶

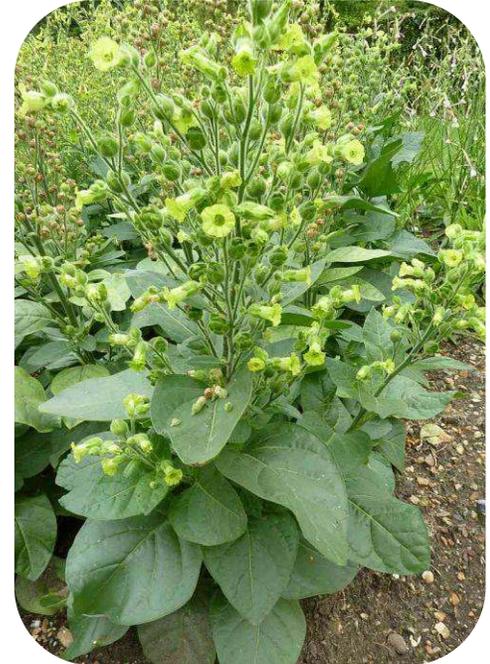
Race/Ethnicity	Percent
African-Americans	3.2%
American Indians/ Alaska Natives	7.5%
Asian-Americans	2.5%
Hispanics	3.7%
Native Hawaiian/ Other Pacific Islander	3.6%
Whites	7.2%

Youth and E-Cigarettes

- E-cigarettes can contain as much nicotine as cigarettes.
- E-cigarettes come in various flavors, including fruit, candy, mint, and menthol.
- Nicotine is highly addictive and can harm brain development up to age 25.
- E-cigarettes contain cancer causing chemicals and metals such as tin, nickel and lead.
- Youth who vape are at increased risk of respiratory viruses, such as COVID-19.
- Aerosol from vapes can affect health of others.
- Youth who use e-cigarettes may be more likely to smoke cigarettes in the future (dual user).

Is all Tobacco Bad?

Tobacco Plant



Twists



Traditional Tobacco



Bidis



Cigarette

Cigar



Snus



Shisha



Chewing Tobacco

Commercial Tobacco

- Cigarettes manufactured by Tobacco companies in the 19th century
- Contain over 7,000 chemicals, 70 of which are known to cause cancer
- Tobacco crops were genetically engineered to contain 2 times the amount of nicotine
- Bronchodilators were added so that tobacco smoke could more easily enter the lungs
- Ammonia was added so that nicotine travels to the brain faster



Commercial vs Traditional Tobacco

Traditional Tobacco

- The tobacco plant *Nicotiana rustica* has been grown or harvested by AI/AN for ceremonial and medicinal purposes for centuries
- There are low/natural levels of nicotine found on the plant
- Preparation and use varies across Tribes and regions
- Used for prayer, offerings, honoring, and medicine



Sacred Tobacco

Traditional healers sometimes use traditional tobacco to help cure illness.

“Tobacco is a medicine, which affects physical and spiritual wellbeing. When used at the right time, the right place, and in the right way, traditional tobacco promotes good health and assists with spiritual guidance and growth.”



AI/AN Traditional Values vs. Western Values

- Cooperation/Group Harmony
- Modest/Humility
- Silence and the Ability to Listen
- Generosity and Sharing
- Relationship With Nature, "We Belong to the Land"
- Competition/Individual Achievement
- Identification of Accomplishment
- Verbally Expressive and Opinionated
- Individual Ownership of Property
- Mastery of Nature "We Own the Land"

Dangers of Commercial Tobacco Use for the AI/AN Population

- Cardiovascular disease (CVD) is the leading cause of death among AI/AN. Smoking is a major cause of CVD.
- Lung cancer is the leading cause of cancer deaths among AI/AN. Smoking is by far the leading risk factor for lung cancer as it damages the cells that line the lungs.
- Diabetes is the fourth leading cause of death among AI/AN. The risk of developing diabetes is 30–40% higher for smokers than nonsmokers.



Second & Third-Hand Smoke

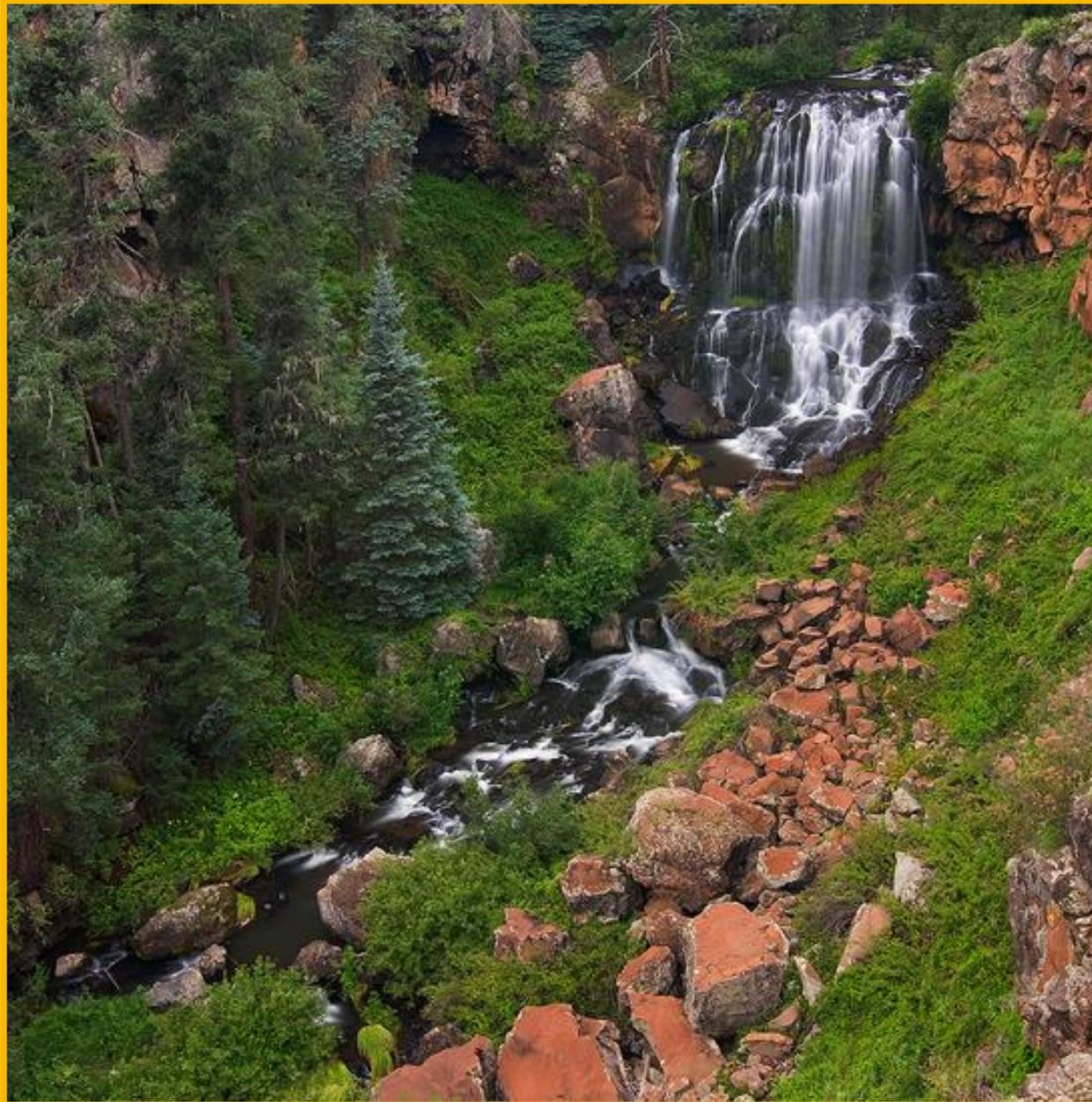
- Secondhand Smoke is the smoke from burning tobacco products and the smoke breathed out by a smoker.
- Third hand smoke: is residual nicotine and other chemicals left on indoor surfaces by tobacco smoke. This residue is thought to react with common indoor pollutants to create a toxic mix including cancer causing compounds, posing a potential health hazard to nonsmokers — especially children and pets.



Brief Tobacco Interventions Work

- Minimal intervention lasting less than 3 minutes increases overall tobacco abstinence rates.
- Evidence shows that abstinence rates increase when a physician advises the smoker to quit smoking.
- Even when patients are *not* ready to make a quit attempt, clinician-delivered brief interventions enhance motivation and increase the likelihood of future quit attempts.





The 5A's

- **Ask** about tobacco
- **Advise** to quit
- **Assess** willingness to quit
- **Assist** with resources
- **Arrange** follow-up

Everyone
can quit tobacco,
ASHLine can help!



The Arizona Smokers' Helpline is
a tobacco cessation quit line
that provides counseling and
medication assistance to help
Arizonans successfully quit
tobacco



ASHLine's Recommended Model

Follow 3 Simple Steps:

ASK

- Identify and document the tobacco use status of every patient at every visit
- Who will do the ask?

ADVISE

- In a clear, strong, and personalized manner, urge every tobacco user to quit
- Who will advise?

REFER

- Connect tobacco users who are thinking about quitting or who are ready to quit to evidence-based support to quit tobacco
- Who will process the referral?

We'll do the rest!

Arizona Smokers' Helpline (ASHLine) Services

- Six one-to-one confidential coaching sessions over the phone.
- Realistic goal setting w/accountability.
- Same coach follows client through their quit attempt.
- Coaches assist with making a quit plan with relapse prevention in mind.
- Medication assistance in the form of nicotine replacement is available– gum, patch, lozenge.
- Assistance with navigating AHCCCS benefits – gold standard!
 - 12 weeks pharmacotherapy
- Trainings for organizations regarding tobacco education and cessation and becoming referral sites.



You can quit, we can help!
1-800-55-66-222



Referring to the ASHLine

ASHLine will call the patient within 24-48 business hours after receiving the referral.

Our staff may call the patient up to 7 times to reach them.

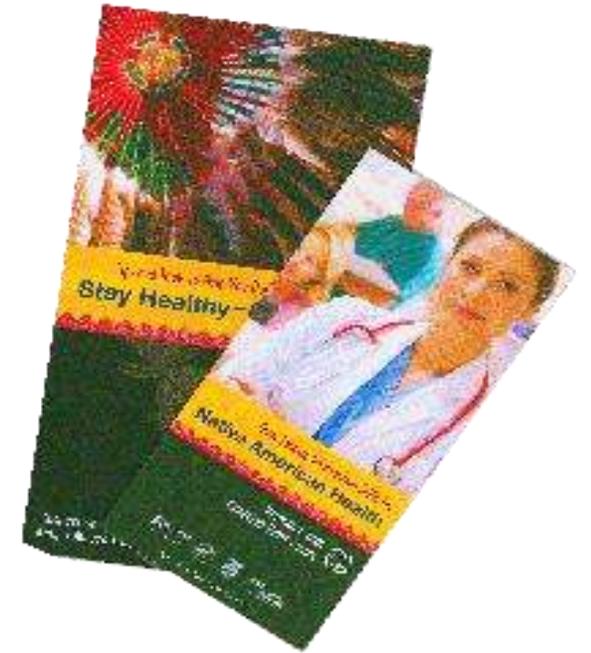
Intake staff will complete a series of questions, and then assign client to a quit coach.

ASHLine provides ongoing, intensive clinical intervention on your behalf.

The University of Arizona HealthCare Partnership

Certifications

- Basic Tobacco Intervention Skills
- Basic Tobacco Intervention Skills Instructor/Instructional Specialist
- Tobacco Treatment Specialist



Clinical Tools

- Fieldbook
- Supplemental Materials

Health Care Provider Academic Detailing

- EHR Templates
- Coding/Billing
- Protocol Development



www.healthcarepartnership.org

Additional Online Resources

- www.smokefree.gov (CDC)
- <http://www.surgeongeneral.gov/tobacco/> (DHHS)
- www.fda.gov/TobaccoProducts/default.htm (FDA)
- www.cancer.org (American Cancer Society)
- www.americanheart.org (American Heart Association)
- www.lungusa.org (American Lung Association)
- www.becomeanex.org (Become An EX)
- [1-800 QUIT NOW](http://1-800-QUIT-NOW) (CDC)



When Working With AI/AN Individuals Please Keep in Mind

- Not all people who identify as AI/AN are enrolled in a federally recognized tribe or nation, some are multiracial.
- Some people who identify as AI/AN will have limited or no contact with their heritage and traditions. Some might or might not understand or speak their Native language.
- Not all people who identify as AI/AN can be easily identified by their physical appearance.
- Elders are highly respected, allow them to speak first and please never interrupt.
- You might have to adapt your tone of voice, volume and speed. Listen and observe more than you speak.

When Working With AI/AN Individuals Please Keep in Mind

- Humor is often used as a coping mechanism or to hide pain.
- Eye contact might be avoided as a sign of respect or disagreement.
- Teasing can occur as part of building rapport or correcting behavior.
- Storytelling is often used to get a message across.
- Be patient, relationships and building trust might take longer than anticipated. Avoid a “get to the point” frame of mind.
- AI/AN identities are shaped by complex social, political, historical, and cultural factors.

Indian Country Etiquette

- Taking photos, video, and audio recordings or sketching are sensitive issues. Ask before photographing or recording people, places, events or activities.
- Some dances are sacred ceremonies. Observe them as you would any other religious functions by dressing and acting appropriately. Please refrain from talking to the ceremonial dancer and hold applause as is considered inappropriate.
- Accept food or drink if offered.
- Never use information gained within community unless given permission by tribe or nation.
- Use caution when driving at night or in winter conditions. Many reservations might be open range, and small herds of sheep, goats, cattle and horses might roam freely across roads.
- Some of the tribal building and structures may be several hundred years old and can damage easily; do not climb on walls or other structures. Do not take any artifacts.
- Be careful to follow all respective tribal laws and signage.
- Alcohol use is not allowed or only permitted in designated locations like a casino.
- Drug use is not tolerated.
- Be non-judgmental, open-minded, accepting of differences, respectful.

A wide-angle photograph of the Grand Canyon, showing its iconic layered rock formations and deep, winding canyons. The lighting is warm, suggesting either sunrise or sunset, with the sky a clear, pale blue. The canyon walls are a mix of red, orange, and brown hues, with some areas appearing darker due to shadows.

Thank you

Reflections/Questions?

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