

Northern Plains Smoke-Free Homes Campaign



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Aberdeen Area Tribal Chairmen's Health Board
Northern Plains Tobacco Prevention Project



Northern Plains Tobacco Prevention Project

**An Initiative of AATCHB to Specifically
address the issue of chronic commercial
tobacco use among Northern Plains Tribal
members**



Mission

To lead regional efforts to reduce tobacco use and exposure to environmental tobacco smoke among American Indians residing in the Northern Plains.



Method

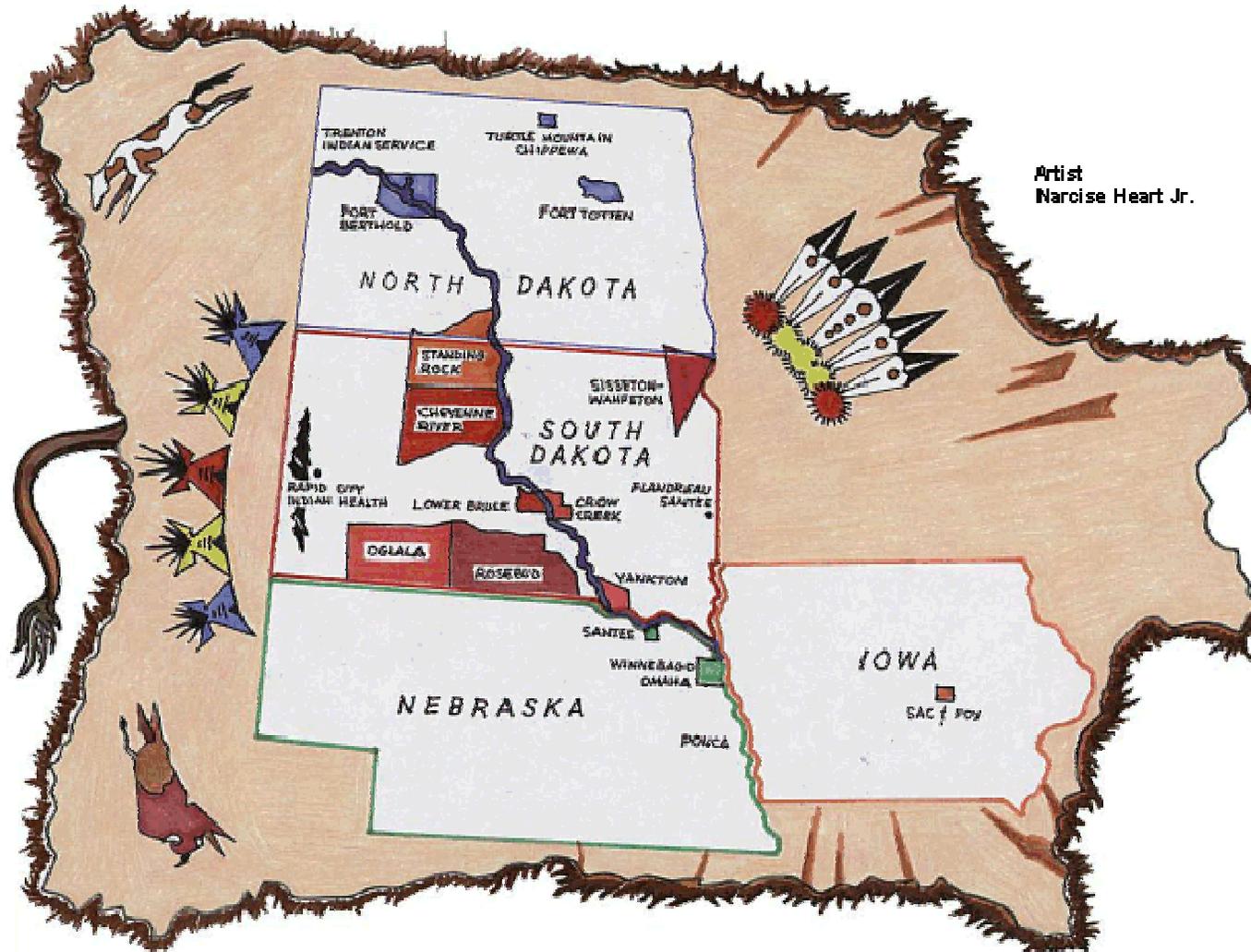
Provide training and technical assistance to tribes to plan, implement, evaluate, and sustain comprehensive tobacco programs.

Strategic Planning.

Coordinate regional intertribal initiatives that are evidence-based.



Area Map



Artist
Narcise Heart Jr.

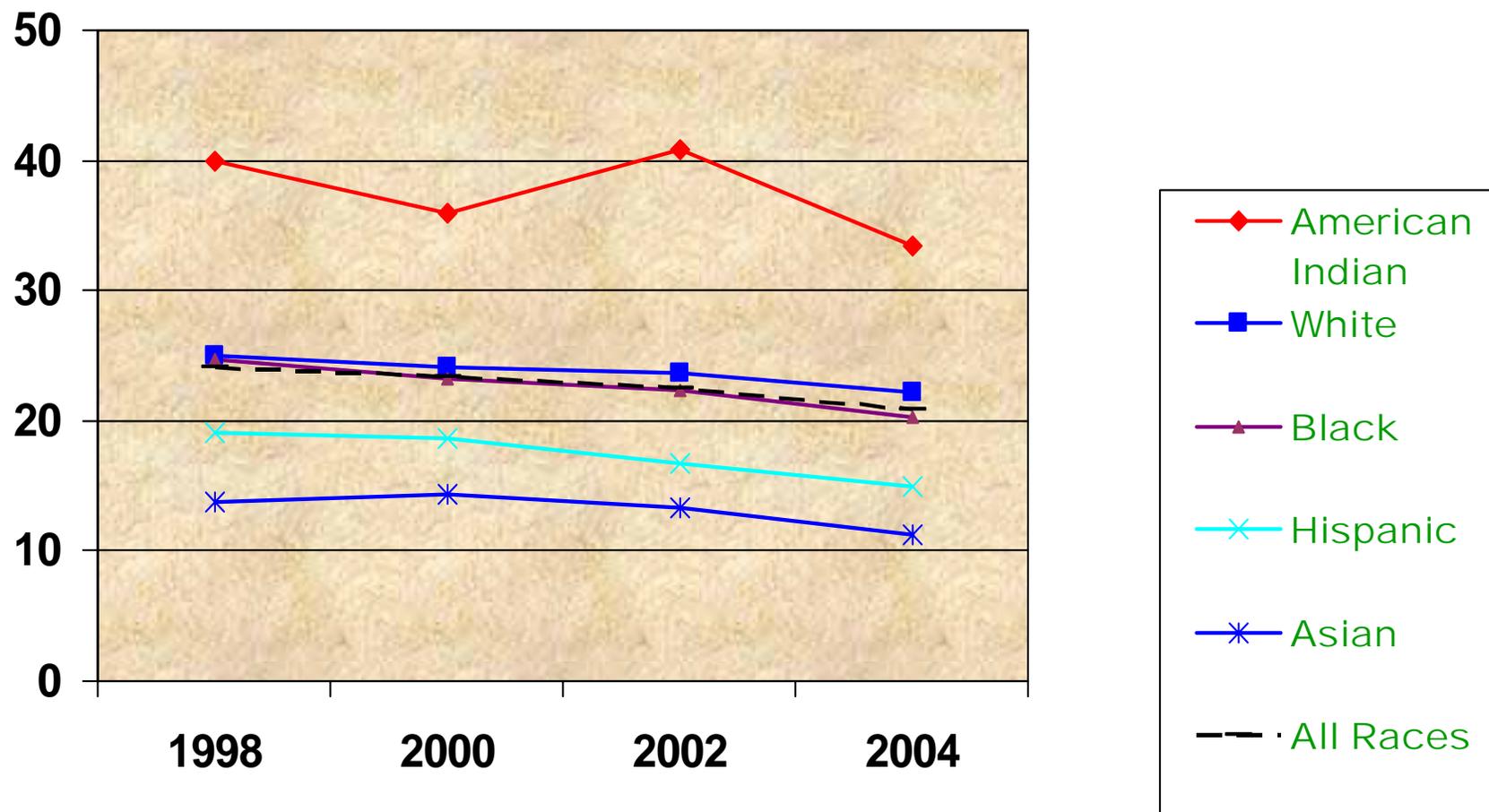


Tobacco Use

- **The rate of commercial tobacco use among indigenous people in Canada and the United States is 2 to 3 times the general population in their respective regions.**
- **In Canada, 57% of First Nation People are smokers compared with 32% of the non-Indian population** (Health Canada, 2002).
- **In the United States adult population, 32% of American Indians and Alaska Natives are smokers compared with 20.9% of the non-Native population** (2005 National Health Interview Survey).



Adult Tobacco Use Trends by Race 1998 - 2004

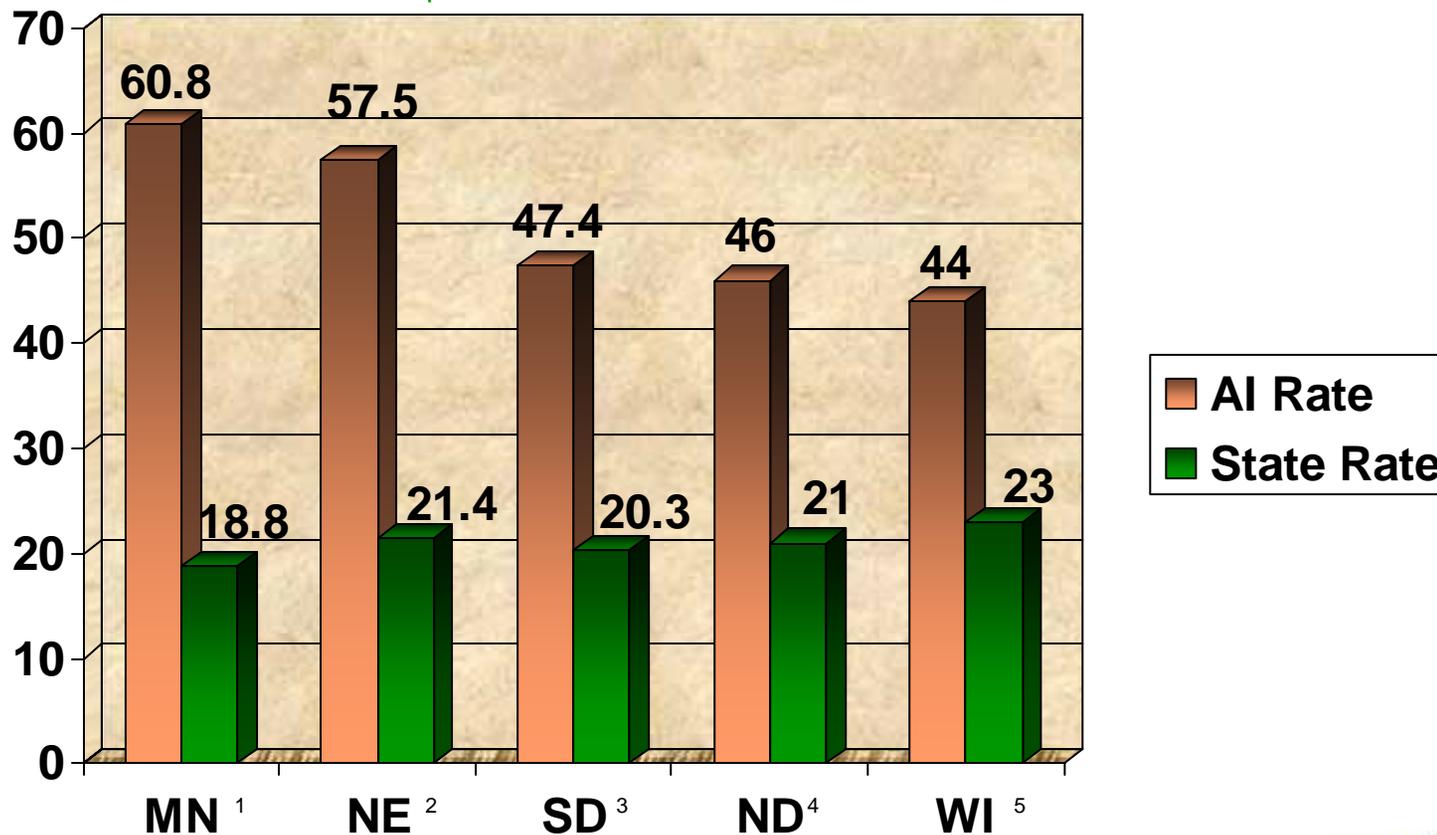


CDC MMWR issues: 49 (39); 51 (29); 53 (20); 54 (44).



Disparities in Smoking Prevalence by State*

* Data is based on multiple data sets



1. Calculations based on combined 1999 and 2000 data from the state ATS data
2. Calculations based on 1999 and 2000 data from state ATS
3. Calculations based on 2004 state BRFS data

4. Healthy North Dakota Highlights, 2004
5. Calculations based on state 1998-2002 state BRFS data



Comprehensive Tobacco Control Goals

- 1. Prevent the initiation of tobacco use among the young and pregnant mothers.**
- 2. Promote cessation health.**
- 3. Eliminate nonsmokers exposure to secondhand smoke.**
- 4. Eliminate health disparities among Native American people that are a result of tobacco use.**



Promising Practices for Tobacco Control

- **Smoke-Free Homes Campaign**

Counter Marketing, Community → Community Level Intervention

- **Smoke-Free Policy Advocacy**

Policy → Community Level

- **Clinical Guidelines to Treating Tobacco Use & Dependency**

Cessation Promotion → System Level (clinic administration)

Cessation Promotion → Individual level (single healthcare provider)



Comprehensive Tobacco Control Goals

1. **Prevention of youth initiation**
2. **Promotion of smoking cessation**
3. **Elimination of nonsmokers exposure to secondhand smoke.**
4. **Elimination of health disparities resulting from of tobacco use.**



Secondhand Smoke

- **Secondhand smoke is a mixture of sidestream smoke** (smoke given off by the burning end of tobacco products) & **mainstream smoke** (smoke exhaled by smokers).
- **Secondhand smoke contains a complex mixture of more than 4,000 chemicals, more than 50 of which are known cancer causing agents.**
- **EPA list Secondhand smoke as a Group A carcinogen, which are known to cause cancer in humans.**
- **When adults smoke in their homes and vehicles there is no escape for children, who are placed at increased risk for illness and disease.**



Effects of Secondhand Smoke on Children and Babies In Utero

Secondhand smoke is attributed to:

- **8,000-26,000 new asthma cases in children annually.**
- **More frequent and severe asthma attacks in existing cases.**
- **150,000- 300,000 new cases of bronchitis and pneumonia.**
- **Increased risk of ear infections**
- **Decrease lung & cognitive function**
- **Increased risk of Sudden Infant Death Syndrome**



Health Canada



Effects of Secondhand Smoke on Adults

- **Secondhand smoke is attributed to 3,000 lung cancer deaths each year.**
- **35,000 coronary heart disease deaths occur annually among non-smokers that are attributable to Secondhand smoke.**
- **Cancer of the Nasal Sinus**
- **Nonsmoking wives of husbands who smoke have a 20% increased risk of lung cancer compared with women whose husbands do not smoke.**

CDC. (2004). Annual smoking-attributable mortality, years of potential life lost, and economic costs –US, 1995-1999

DHHS-NIH. (1993). Smoking and Tobacco Control. Monograph 4. ppv and vii.



Fact

Smoked-filled rooms can have up to six times the air pollution as a busy highway. Once smoking has occurred in a room, it can take up to two weeks for nicotine to clear the air.



- **Differentiating between: (1) traditional vs commercial tobacco; and (2) ceremonial/ ceremonial vs chronic/ recreational use is important to prevention & cessation efforts.**
- **There are inherent problems with nomenclature when referring to the term “traditional tobacco.” AI/AN tobacco control advocates have not reach consensus about the definition.**
- **Tobacco has been used for prayer, offerings, gift-giving, & medicine.**
- **In the Northern Plains traditional tobacco is a blend of plants such as red willow, mullein, & bearberry.**



This



Cansasa (Red willow)

Does not equal

This



Commercial tobacco

The role of the health professional is to understand and help educate

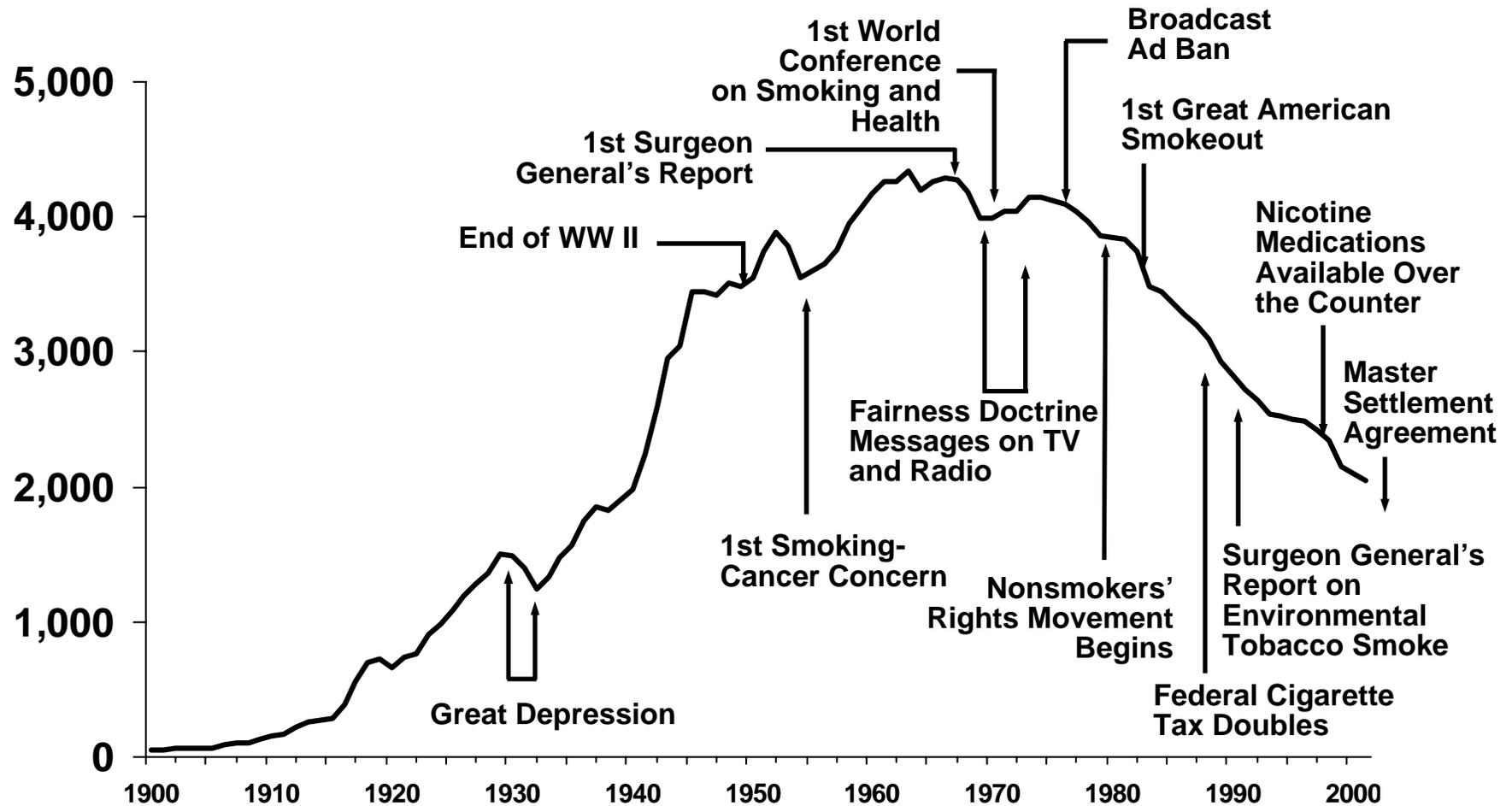


Why Implement Tobacco Control Practices?

- **Tobacco use prevention is HP/DP.**
- **Ability to directly address the greatest risk factor to preventable disease.**
- **The tobacco control literature gives us a good idea of what works.**
- **Reduction of the disease burden in Northern Plains tribal communities over time.**



Annual Adult Per Capita Cigarette Consumption



Sources: Centers for Disease Control and Prevention and the United States Department of Agriculture.



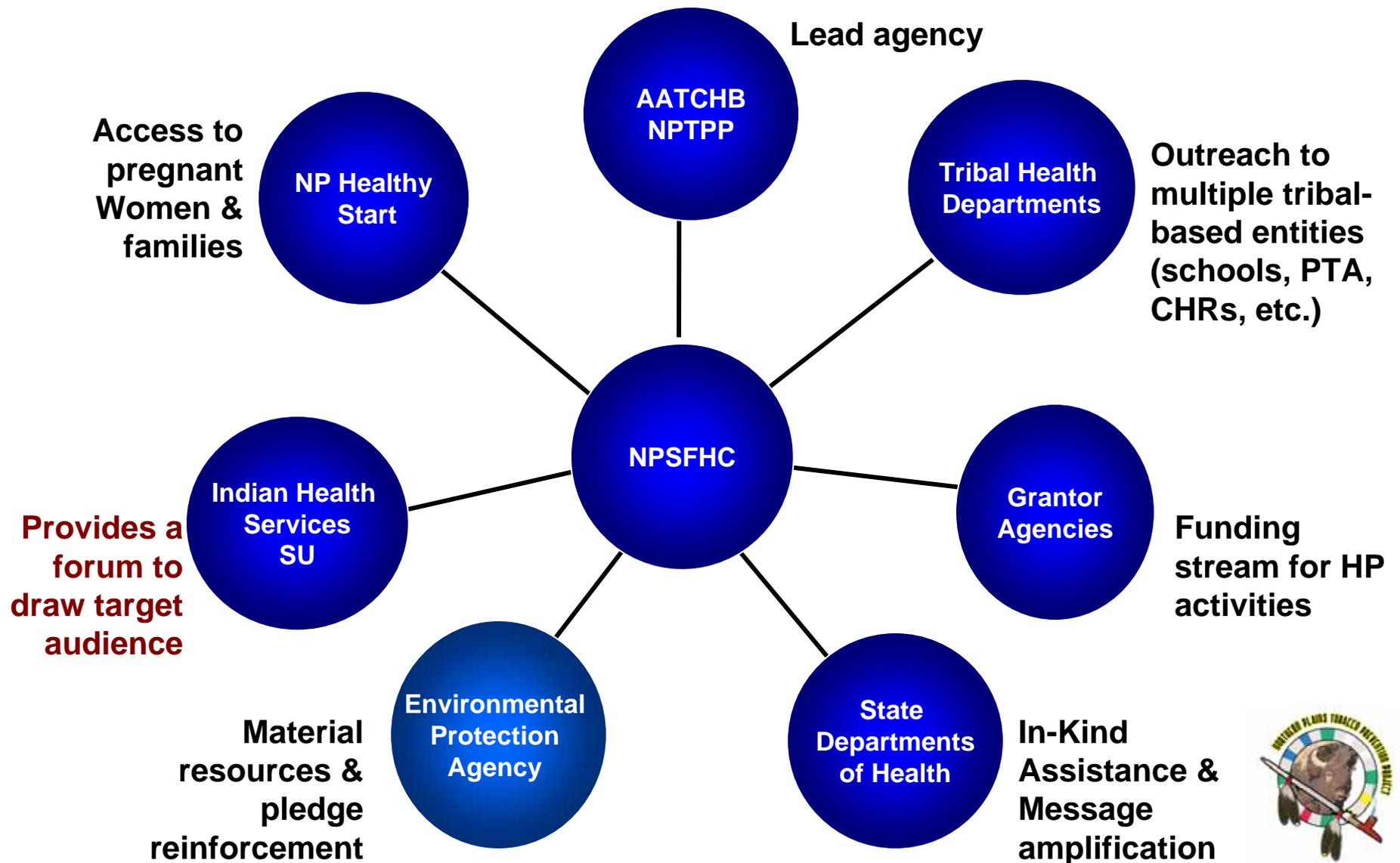
Smoke-Free Homes Campaign

Outcome Objectives

- Increase knowledge of the dangers of secondhand smoke (SHS) and knowledge of local resources to assist smokers to quit.
- Increase number of American Indian families committed to abstaining from smoking in homes and vehicles.
- Improve indoor air quality in American Indian homes through a reduction of non-smokers exposed to SHS.
- Train tribally-based professionals and grassroots coalition members with the capacity to incorporate SHS education into routine practice.



Campaign Community Outreach Environment



Initiative Outputs

- Recruited 2900 individuals to pledge to maintain a smoke-free homes and vehicles since January 2006.
- Created and disseminated culturally specific educational material on the dangers of SHS.
- Over a 12 month period SHS exposure among individuals pledging decreased from 36% at the time of the initial pledge to 17.6% in the home and 22.3% in vehicles 30 days post pledge.
- Partnered with over ten tribally-based programs to provide local outreach.



Counter-Marketing Strategy

**Theme: If Children are Sacred,
Shouldn't Their Air Be?**

Media: Radio PSA, Signage,

**Ad Company: Message pulsing theory
& media buys**

**Review Committee: assess material for
accuracy, cultural competence, and
aesthetics.**

**Appeal to the community's value for
protecting the children.**



Message Development



South Dakota Dept of Health & Crow Creek Tobacco Coalition

If Children Are Sacred, Shouldn't Their Air Be?



Message Development



Between a Rock and a Hard Place



Message Development



When You Smoke There is No Escape



Material Resource Clearinghouse

- **Materials developed by through this campaign will be added to NPTTP's material resource library.**
- **Tribes, and tribal-based organizations within the Aberdeen Area may access material for their service population at no cost (as long as funding is available).**
- **NPTTP attempts to maintain an equal distribution of material within the four states, but resources may be accessed on a first come first served basis.**



Pledges

- **Any tribal entity can assist in the recruitment of pledges to the Campaign and/ or assist in the advertising of the Campaign.**
- **Technical assistance is provided to all participating organizations regardless of the level of participation.**
- **Individuals can call, mail, or fax pledge forms to AATCHB.**
- **Sub-contracted tribal partners collect the lion share of pledges and are responsible for the coordination of the campaign within their jurisdiction.**



Sub-Contracted Tribal Communities

- Sisseton-Wahpeton Oyate – SD
- Yankton Sioux Tribe – SD
- Rosebud – SD
- Standing Rock – ND/SD
- Omaha Tribe – NE
- Winnebago Tribe – NE
- Spirit Lake Sioux Tribe – ND
- Mandan Hidatsa Arikara Nation – ND
- Santee – NE
- Sac & Fox (Healthy Start) - IA



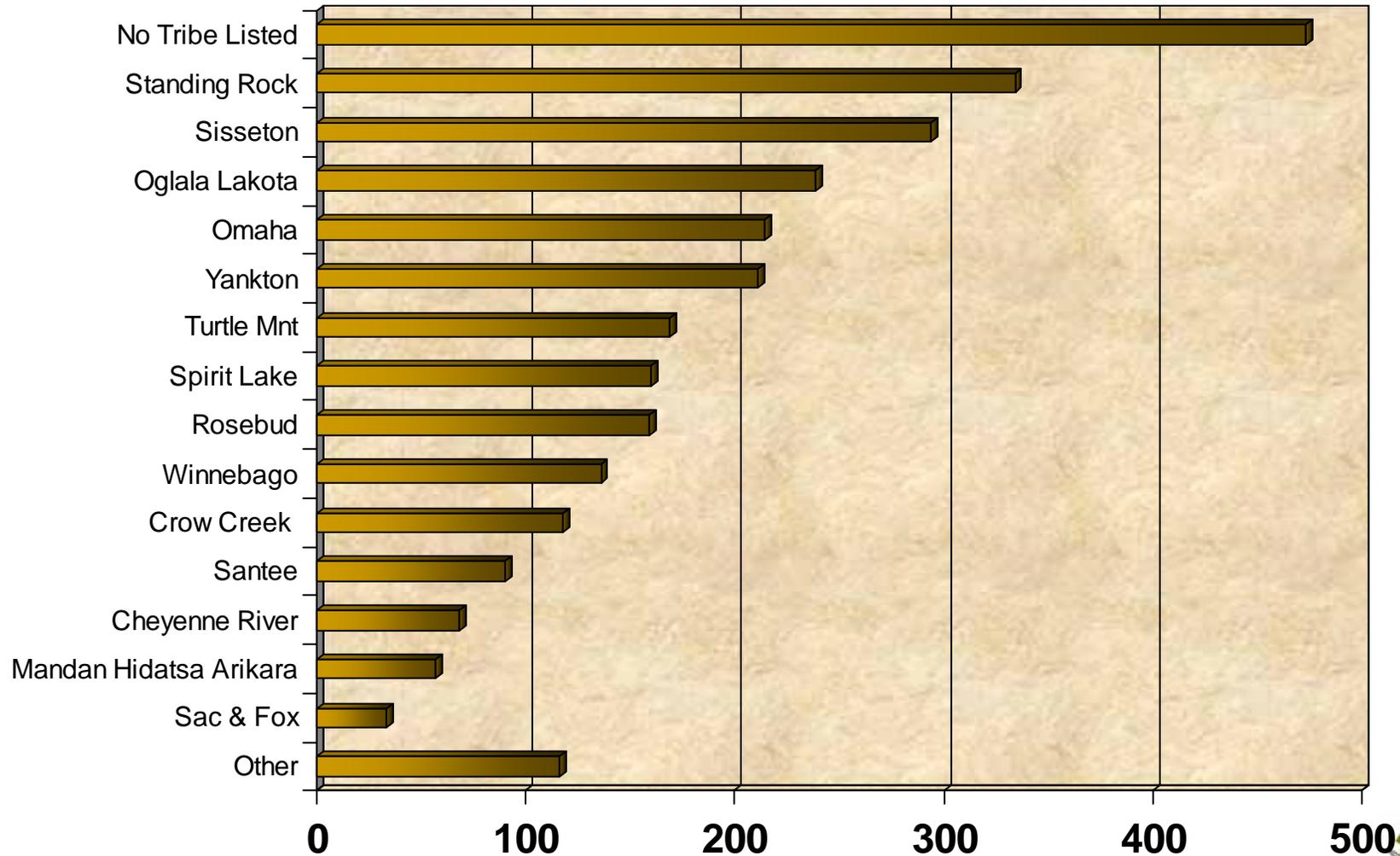
Voluntary Participants

- **Trenton Indian Service Area**
- **Turtle Mountain Band of Chippewa**
- **Yankton, Santee, & Winnebago Healthy Start Programs**



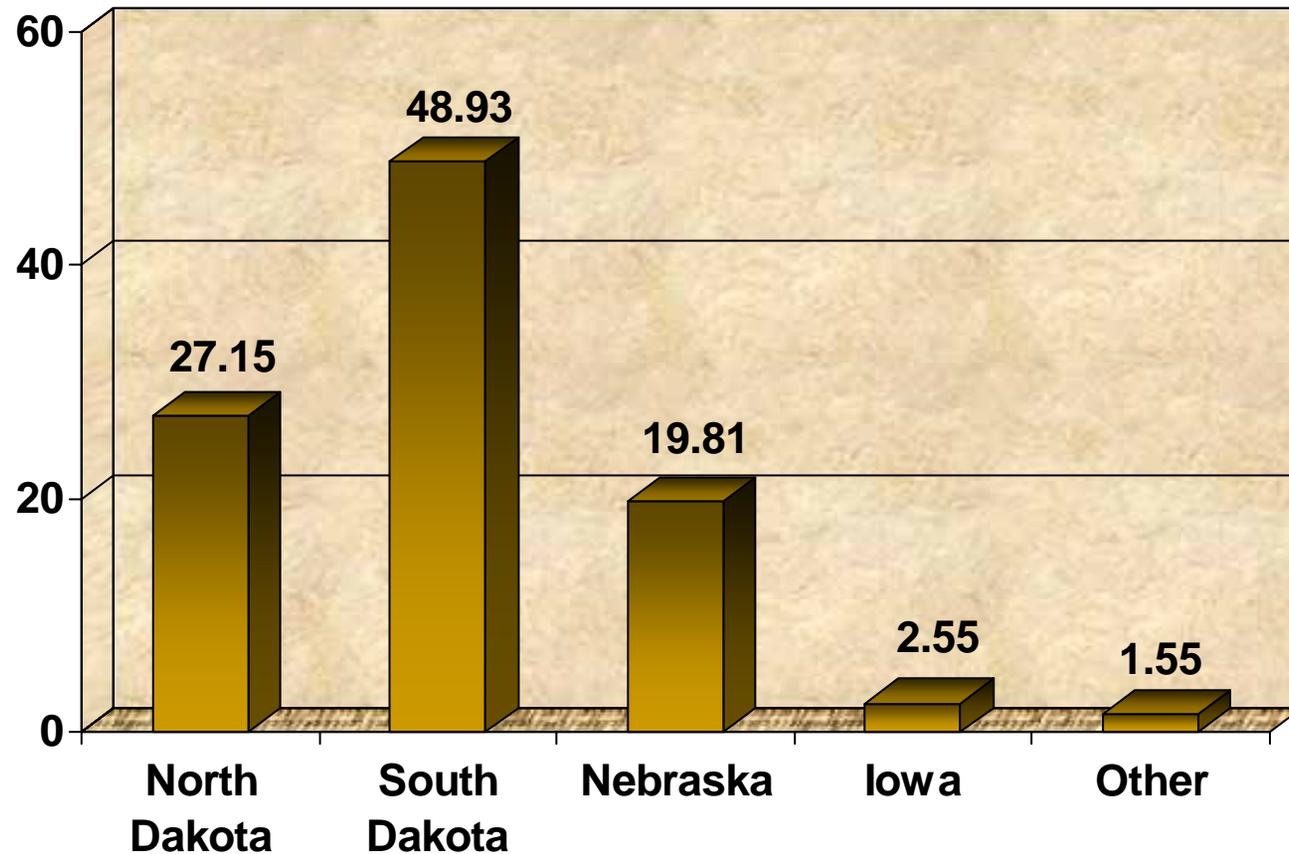
1st Year Results

Individuals taking the pledge by tribal affiliation



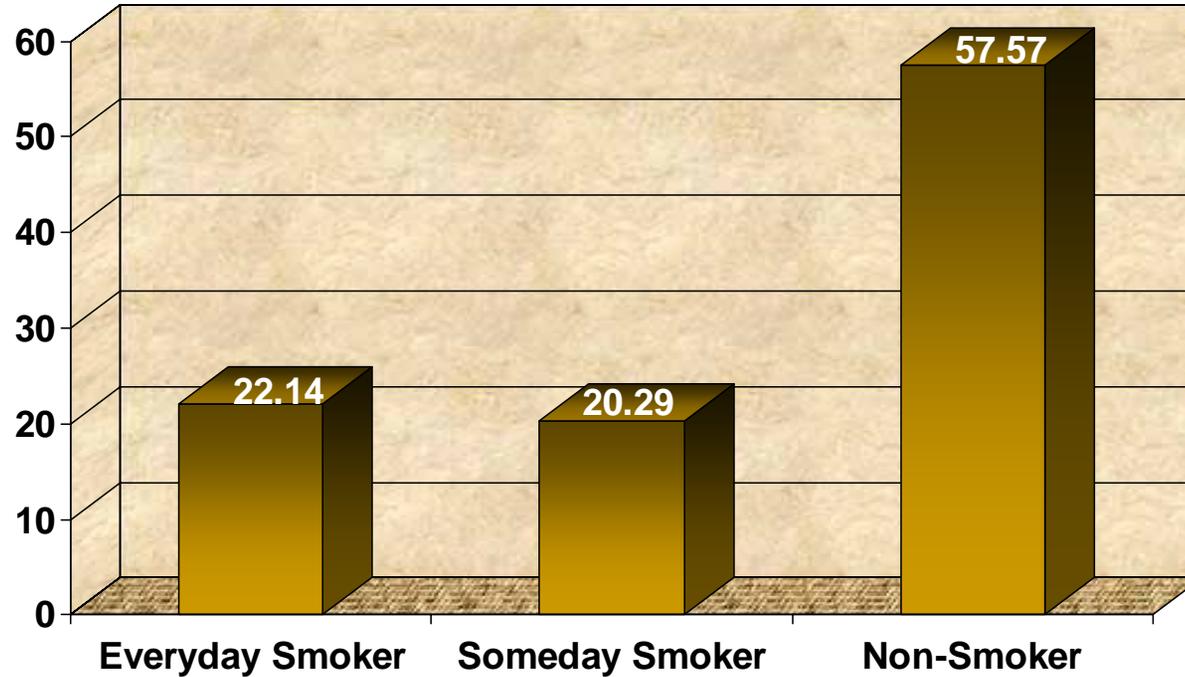
1st Year Results

Percent of Individuals taking the pledge by state



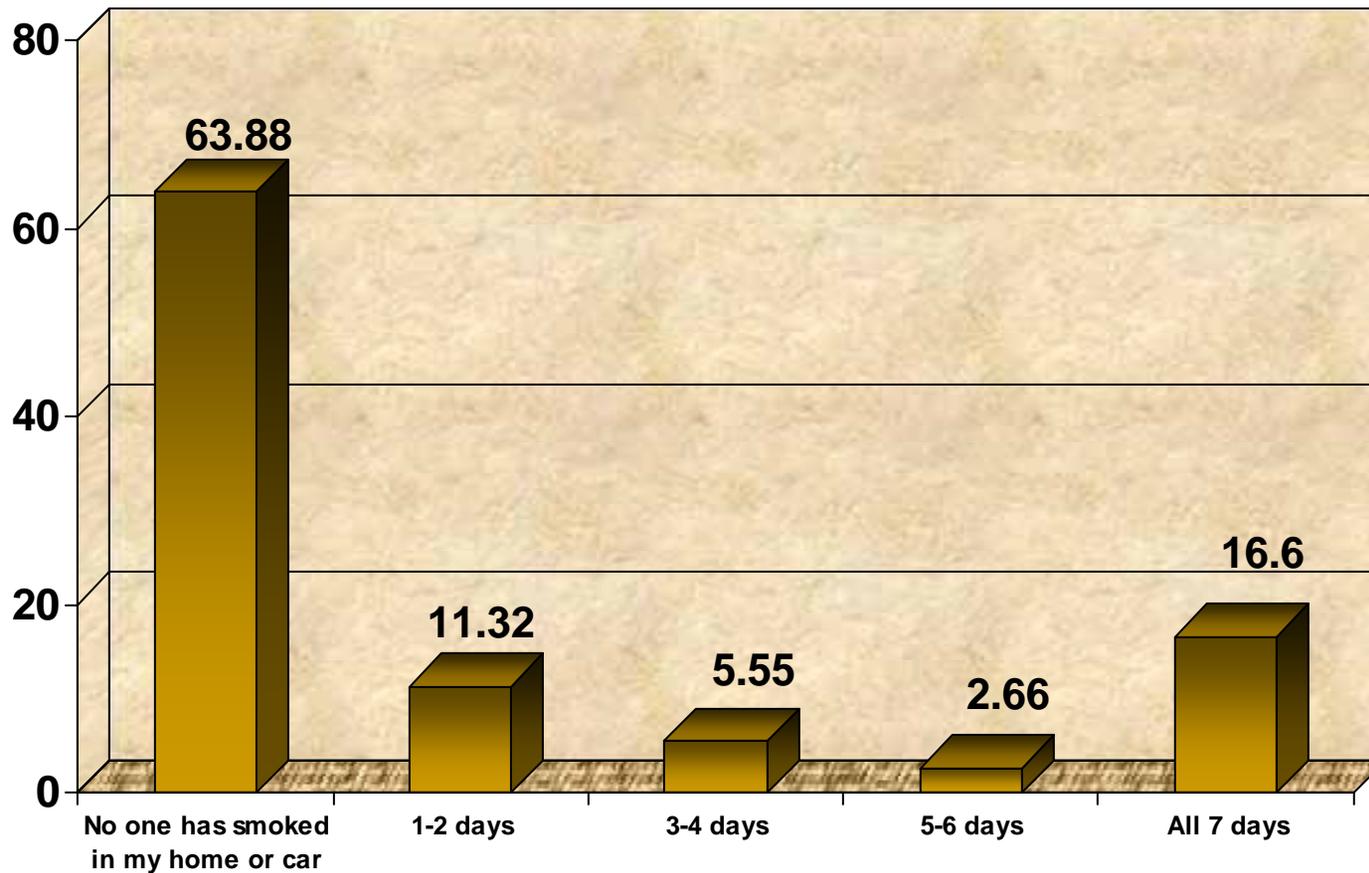
1st Year Results

Percent of Individuals taking the pledge by smoking status



1st Year Results

Percent of Individuals taking the pledge by indoor smoke exposure 7 days prior to pledge



36.13% of individuals taking the pledge reported SHS exposure



1st Year Results

Individuals taking the smoke-free homes pledge who reported being exposed to secondhand smoke in the home > 30 days after their pledge

	Frequency	Number of yes responses	Percent
Female	254	43	16.9
Male	86	17	19.8
All Individuals	340	60	17.6

Individuals taking the smoke-free homes pledge who reported being exposed to secondhand smoke in vehicles > 30 days after their pledge

	Frequency	Number of yes responses	Percent
Female	240	52	21.7
Male	83	20	24.1
All Individuals	323	72	22.3



How to Get Involved

- Take advantage of the resources that have been developed for the campaign. Display social-marketing material in your waiting rooms.
- Provide campaign literature to patients who intend to continue smoking.
- Passively recruit pledges by placing a pledge box in a central office location. Encourage clinic staff to set an example and take the pledge.
- Know about the dangers of secondhand smoke.





Thank You

For More Information Please Call:

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