



"Hecel Oyate Kin Nipi Kte -- So That The People May Live"

Northern Plains Comprehensive Cancer Control Program

Prevention Programs
Community Health Department
Kendra Roland, MPH





Great Plains Tribal Chairmen's Health Board

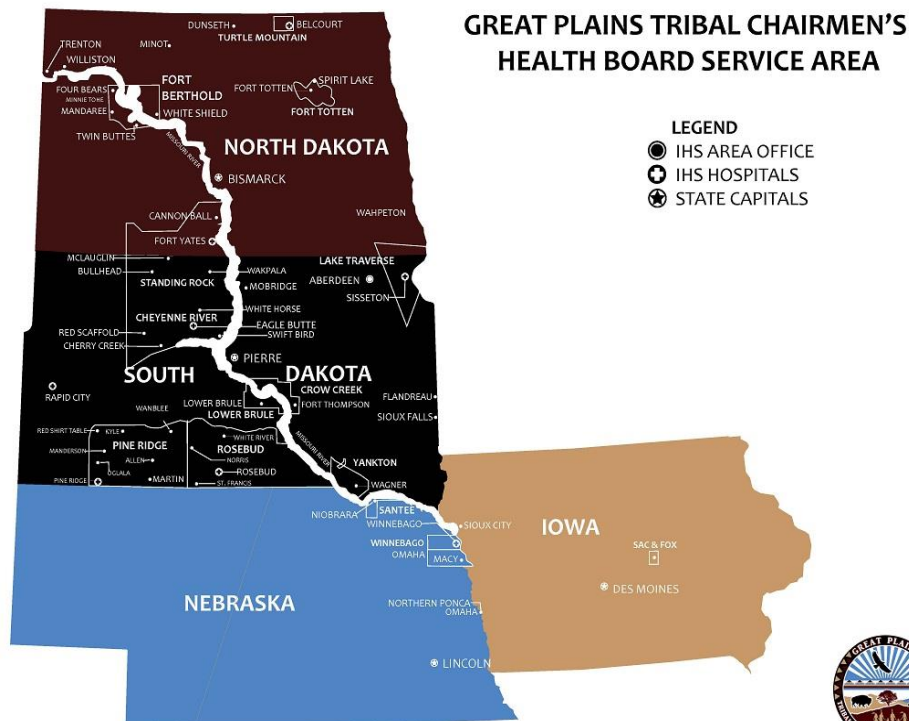


Our mission is to provide quality public health support and health care advocacy to the tribal nations of the Great Plains by utilizing effective and culturally credible approaches.

Statement of Purpose: The Great Plains Tribal Chairmen's Health Board is established to provide the tribal nations in the Great Plains region with a formal representative Board as a means of communicating and participating with the Great Plains Area Indian Health Service and other Health and Human Services entities and organizations on health matters.



- Northern Plains Comprehensive Cancer Control Program



Funded as a Cooperative Agreement

- Provides support services to ND, SD, NE, and IA
- 17 Tribes and One Service Area
 - 170,000 people





Most common cancers among Northern Plains American Indians

Men		Women	
1	Prostate	1	Breast
2	Lung	2	Lung
3	Colon/rectum	3	Colon/rectum
4	Kidney	4	Uterus
5	Bladder	5	Kidney
6	Oral cavity	6	NHL
7	NHL	7	Cervix
8	Stomach	8	Pancreas
9	Leukemia	9	Ovary
10	Liver	10	Thyroid

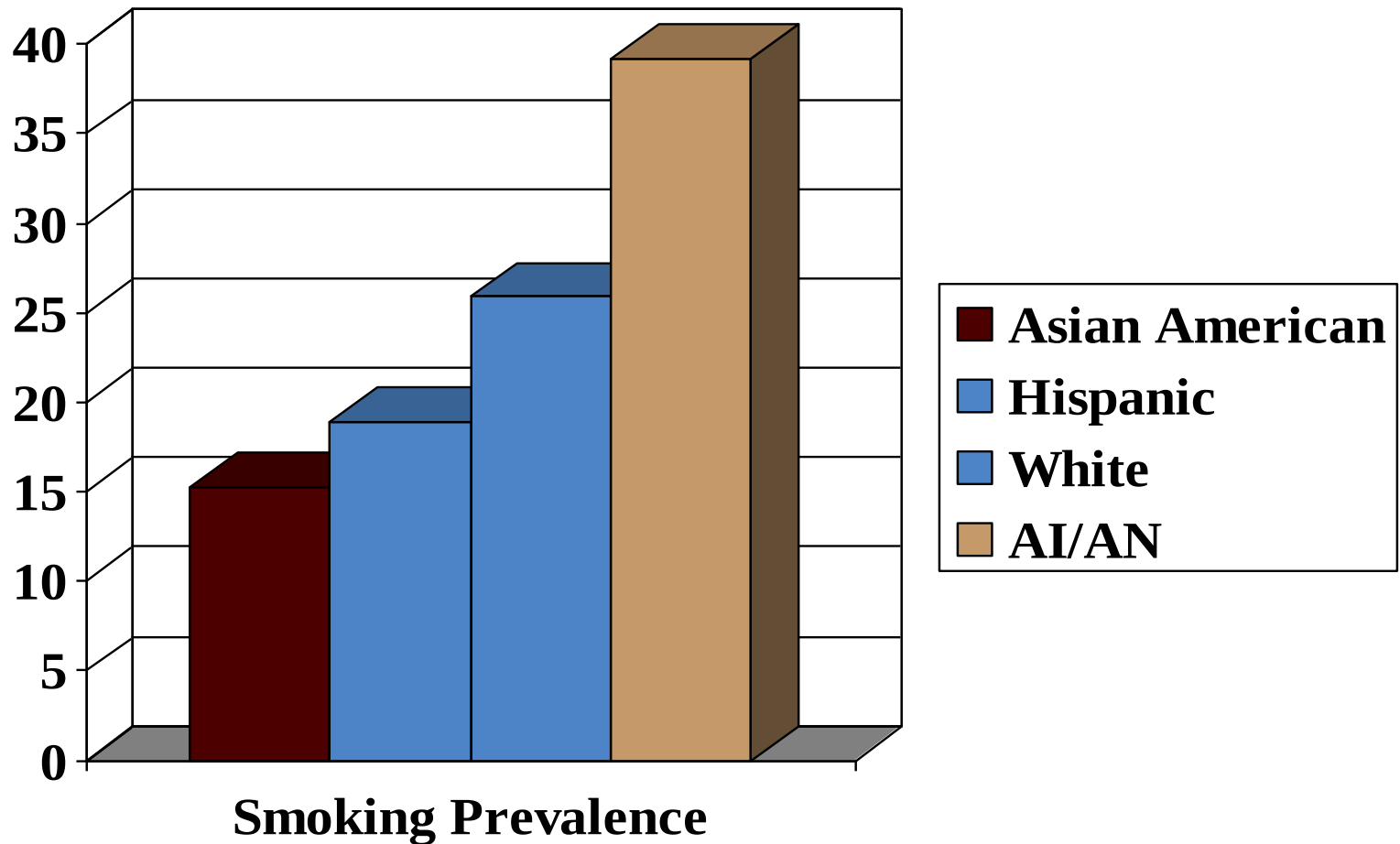


Native Health & Tobacco

- 10 of the 18 Great Plains Area Tribes aggregate data
- **Over 60 percent are Current Smokers**



Tobacco Facts & Stats





Prevalence of Tobacco Use

Where do I find prevalence data specific to my state?

- ◆ CDC State Highlights
 - ◆ National Youth Tobacco Survey (NYTS)
 - ◆ Global Adult Tobacco Survey (GATS)
- ◆ State Tobacco Activities Tracking and Evaluation (STATE) System
 - ◆ Behavioral Risk Factor Surveillance System (BRFSS)
 - ◆ American Indian Adult Tobacco Survey (AIATS)

Tobacco Policy & Toolkits





100% Smoke Free Reservations

- Blackfeet Nation – Browning, MT
 - Includes Glacier Peaks Casino
- Fort Peck Indian Agency – Poplar, MT
- "Bois Forte Band of Chippewa – Tower, MN
- Cheyenne River Sioux Tribe - SD



Creating Stronger Tobacco Policy

- Inform businesses of the law
- Inform the public of the law
- Educate on the impact of going smoke-free
- Pass or strengthen a reservation smoke-free air policy
- Avoid doing business in establishments that allow smoking
- Support sacred use of tobacco



Keys to Success

- Talk to someone who has successfully worked with your tribal government
- Be prepared, do your research
- Gather together a planning committee
- Practice, practice, practice
- Be patient
- Celebrate small victories



Tobacco Cessation Intervention Resources



Why do Tobacco Interventions Matter?

- Tobacco Kills 1 in 5 people in the United States
- INTERVENTIONS MATTER!!
 - Less than 3 minutes of tobacco dependence counseling by a clinician can increase quit rates by 60 percent.
 - Treatment reduces healthcare costs
 - People want to quit
 - Treatment is effective



University of Arizona- Healthcare Partnerships Training

- Training provides a foundation to understand tobacco dependence, tobacco dependence treatment, and methods and techniques to deliver evidence-based interventions to AI/AN who use tobacco
- Will be equipped to proactively implement the recommendations of the US Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence (2008).



Brief Interventions

Low intensity but meaningful interaction between 2 or more people with the ultimate goal of assisting the individual in making a health lifestyle change to achieve optimal health outcomes

Five A Model – Ask, Advise, Asses, Assist, and Arrange



Core Elements of Integrated Five A Model

Not Stage Dependent

Ask	Ask about present & past use of tobacco and exposure to secondhand smoke
Advise	Offer clear, strong, personalized advice to quit
Assess	Assess willingness to quit, using the Stages of Change Model
Assist	Provide assistance in quitting through stage-based interventions and motivational interviewing
Arrange	Arrange for follow-up and offer local and national resources

Adapted from Heim, Strayer, Nadkarni, & Turner, 2004

Quit Plan

Help people dependent on commercial tobacco by:

1. Setting a quit date: ____/____/____

2. Identifying support persons:

3. Practicing problem-solving techniques:

- Practicing some tips from “You Can Quit” & “5 Day Count Down” guides.
- Keep your “Staying Free” brochure handy after you quit.

4. Providing medication cards:

Except for people with serious medical conditions, those smoking fewer than 10 cigarettes per day, pregnant/ breastfeeding women, and adolescents.

5. Offering other educational materials

6. Referrals to intensive services through:

South Dakota QuitLine

1-866-SD-QUITS (1-866-737-8487)

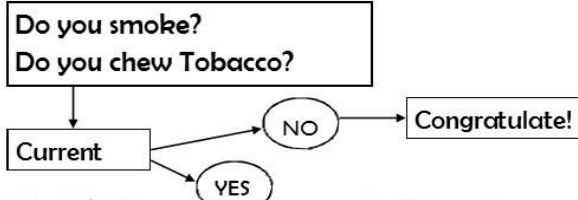
or:

Your local program:

Adapted from the State of Arizona—Healthcare Partnerships

The Five A's

1. Ask



2. Advise

Encourage every person misusing commercial tobacco to quit.

3. Assess

Ready to set quit date within 30 days.



4. Assist

Not Ready to Quit

1. Offer educational materials.
2. Ask for permission to continue asking in the future.

5. Assist

Ready to Quit

1. Help set quit date with “My Quit Plan”
2. Encourage the use of support people
3. Provide self-help guides like “You can quit”
4. Provide medication information
5. Provide additional educational materials
6. Make referrals to intensive services

6. Arrange

Follow-up after quit date

Brief

Intervention Flow Chart

Use this brochure to help people **quit** commercial tobacco products.



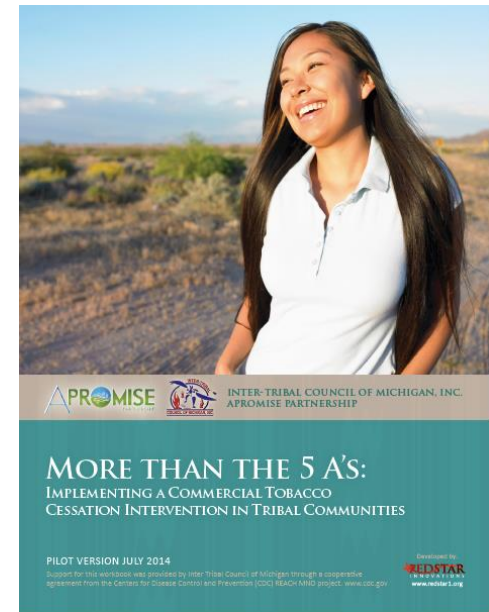
Great Plains Tribal Chairmen's Health Board
Northern Plains Tribal Tobacco Technical Assistance Center
605-721-1922
www.gptchb.org





More than the 5 A's: Implementing a Commercial Tobacco Cessation Intervention in Tribal Communities

- Designed for community-based programs
- Workbook will help you develop a plan for implementing the 5 A's intervention in your Tribal community
- Created by Red Star with support provided by Inter Tribal Council of Michigan through a cooperative agreement from the CDC REACH MNO project.





Contact Information More than the 5A's

- You can download a free copy of the workbook at www.redstar1.org/resources
- If you have additional questions or would like to request trainings on implementing the 5 A's in your community setting contact:

Theresa M. Cariño, M.Ed.

Health Educator

carinot@redstar1.org



Importance of Partnerships, Collaboration, and Resource-Sharing

Can this work be accomplished without partnerships? **NO!**

In an environment of shrinking budgets and decreasing resources, we want to combine efforts and avoid duplication of resources and services...

Research shows the importance of:

Public-private partnerships for policy change success

Continually engaging and interacting with the community with consistent messaging from all partners that address chronic disease prevention.



Know Your Resources

Referrals for Smokers:

- State Quitlines
- Local Smoking Cessation Classes facilitated by IHS Health Educators or tribal health
- Web-based Cessation
 - www.quitnet.com
 - www.becomeanex.org

Professional Resources:

- Tribal Tobacco Coordinators & Health Educators
- Centers for Disease Control – www.cdc.gov
- National Native Network – www.keepitsacred.itcmi.org



Thank You

For More Information Please Call or Email:

Richard Mousseau, MS(c)

Director

Prevention Programs

Great Plains Tribal Chairmen's Health Board – 605-721-1922 ext. 110

Email: richard.mousseau@gptchb.org

Kendra Christensen, MPH

Health Educator/ PSE Specialist

Northern Plains Comprehensive Cancer Control Program

Great Plains Tribal Chairmen's Health Board – 605-721-1922 ext. 119

Email: tori.whipple@gptchb.org



Thank you

GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD (GPTCHB)

1770 Rand Road
Rapid City, SD 57702

Phone: 605.721.1922

Toll Free: 1.800.745.3466

Fax: 605.721.1932

Email: info@gptchb.org



Joshua Hudson
Program Manager

Who We Are

- We are a national network of Tribes, tribal organizations and health programs working to decrease commercial tobacco use and cancer health disparities among American Indians and Alaska Natives across the U.S.
 - Technical assistance
 - Culturally relevant resources
 - A place to share up-to-date information and lessons learned

KeepItSacred.org

VISIT:



NAVIGATE

 HOME

 ABOUT US

 TOBACCO & TRADITION

 CANCER

 GET INVOLVED

 RESOURCES

KEEP IT SACRED

NATIONAL NATIVE NETWORK

Search our resource library

Category

Type



IMPROVING OUR COMMUNITY

Through Better Health

The mission of the National Native Network is to enhance the quality and performance of public health systems to reduce commercial tobacco-related illnesses and cancer disparities among American Indian and Alaska Native populations.

About The National Native Network »



 SEARHC

Social Media



facebook.com/keepitsacred



[@KeepItSacred](https://twitter.com/KeepItSacred)



[National Native Network](#)

Resources

VISIT: [in](#) [f](#) [twitter](#)

NAVIGATE

HOME

ABOUT US

TOBACCO & TRADITION

CANCER

GET INVOLVED

RESOURCES

LATEST NEWS & EVENTS

KEEP IT SACRED
NATIONAL NATIVE NETWORK

Search our resource library

Category

Type

Q

IMPROVING OUR COMMUNITY

Through Better Health

The mission of the National Native Network is to enhance the quality and performance of public health systems to reduce commercial tobacco-related illnesses and cancer disparities among American Indian and Alaska Native populations.

About The National Native Network »



Smoke-Free Policy Toolkit



KEEP IT SACRED
NATIONAL NATIVE NETWORK

Your Commercial Tobacco Smoke-Free Tribal Policy Toolkit

Want to have your tribal community smoke-free? This Commercial Tobacco Smoke-Free Policy Toolkit [4th Edition] helps Tribes analyze, develop, and implement effective smoke-free policies and ordinances in tribal communities and individual sovereign tribal lands.

EXAMPLES OF TRIBAL SMOKE-FREE POLICIES, CODES, AND ORDINANCES

Tribes, tribal organizations, and tribal colleges have shared their commercial tobacco and e-cigarette smoke free policies, codes, ordinances, and resolutions. These documents are organized into five boxes below:

**PUBLIC/TRIBAL
HOUSING
POLICIES**



**CASINO/
WORKPLACE
POLICIES**



**SMOKE-FREE
CAMPUS
POLICIES**



**SMOKE-FREE
RECREATION
POLICIES**



**COMPREHENSIVE
TRIBAL
ORDINANCES**



BRFSS Toolkit

KEEP IT SACRED

NATIONAL NATIVE NETWORK

TRIBAL BRFSS TOOLKIT

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest continuously conducted telephone health survey in the world. The BRFSS enables the CDC, health departments, and other agencies to monitor risk behaviors related to chronic diseases, injuries, and death. It is an effective tool in preventing disease and promoting health. All states conduct an annual BRFSS but they do not adequately typically sample enough of the AI/AN population.

Outcome data for AI/AN populations is limited because of the

Tribal BRFSS

Tribal Behavioral Risk Factor

Tribal BRFSS Toolkit

Tribal Behavioral Risk Factor Surveillance System

KEEP IT SACRED
NATIONAL NATIVE NETWORK

1st Edition January 2017

Compiled and edited by:
Inter-Tribal Council of Michigan
SouthEast Alaska Regional Health Consortium
California Rural Indian Health Board

Contact

Joshua Hudson

jhudson@itcmi.org

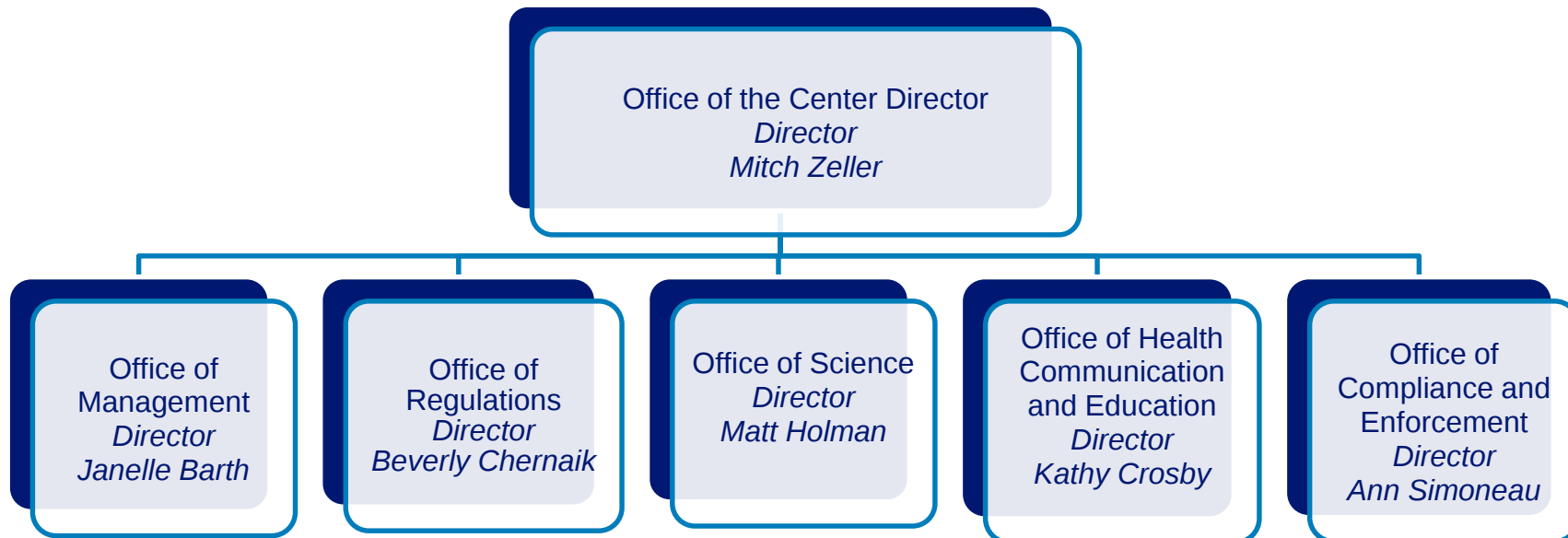
(906)632-6896

CENTER FOR TOBACCO PRODUCTS' (CTP)

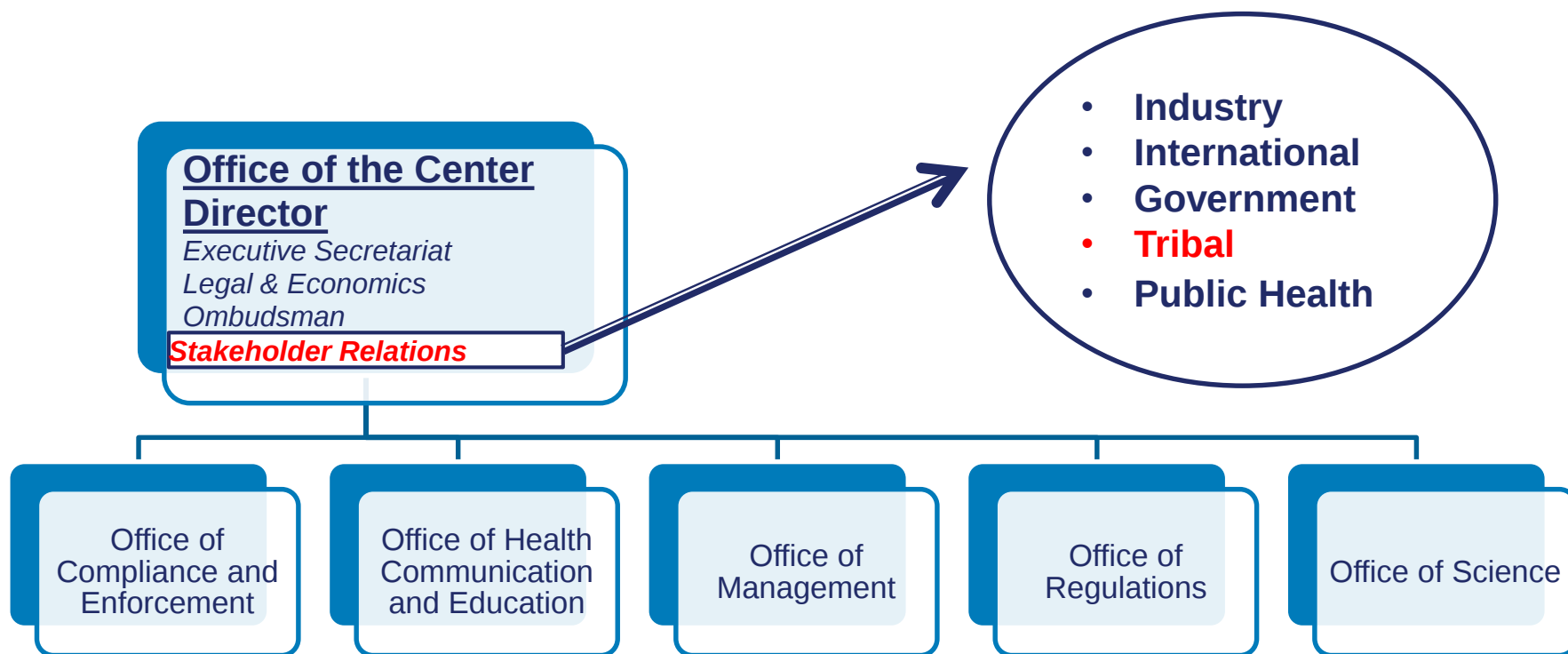
*Presented by
Paul Allis, M.Ed.
Tribal Liaison
Stakeholder Relations Office
Office of Center Director
Center for Tobacco Products
May 2017*



CENTER ORGANIZATIONAL STRUCTURE



CTP'S TRIBAL PROGRAM



CTP regulates tobacco products intended for human consumption to reduce harm across the population

- Immediate authority to regulate the manufacture, marketing, and distribution of cigarettes, cigarette tobacco, roll-your-own, and smokeless tobacco
- The law also permitted FDA to “deem” products meeting the statutory definition of tobacco product by issuing a regulation.
 - In May 2016, FDA finalized a regulation deeming all tobacco products , including components or parts (but excluding accessories), to be subject to FDA’s tobacco product authorities, including: ENDS (e-cigarettes, e-cigars, vape pens, etc), cigars, pipe tobacco, and waterpipe (hookah) tobacco.

REGULATORY AUTHORITY: EMPLOYING A PUBLIC HEALTH STANDARD

- Pursue a “public health” standard as tobacco cannot be regulated using FDA’s traditional “safe and effective” standard
- Take into account the effects on both users and non-users of tobacco products
- Assess the “net” population-level health impacts of tobacco products



FDA'S TOBACCO AUTHORITIES

The Food, Drug, and Cosmetic Act provides authority for:

- Premarket review of new and modified risk tobacco products
- Post-market surveillance
- Product standards
- Testing and reporting of ingredients
- Adverse event reporting
- New warning labels
- Advertising and promotion restrictions
- User fees

In general, CTP's regulatory authorities do not extend to:

- Setting tax rates for tobacco products
- Regulating therapeutic products, such as those marketed to treat tobacco dependence (regulated by other parts of FDA)
- Setting clean indoor air policies
- Regulating tobacco growing
- Requiring the reduction of nicotine yields to zero
- Providing cessation services
- Banning all cigarettes, smokeless tobacco products, little cigars, other cigars, pipe tobacco, or roll-your-own tobacco products
- Changing the minimum age to purchase tobacco products

HOW FDA IS USING ITS TOBACCO AUTHORITIES



- Understand the regulated products
- Review new products before they can be marketed
- Review proposed modified risk claims that state/imply reduced exposure or risk before they can be marketed
- Restrict marketing and distribution to protect public health
- Decrease the harms of tobacco products
- Ensure industry compliance with FDA regulation through education, inspections, and enforcement
- Educate the public about FDA's regulatory actions
- Expand the science base for regulatory action and evaluation

- Executive Order 13175 – Consultation and Coordination With Indian Tribal Governments
 - President Clinton – 2000
- Presidential Memorandum – Tribal Consultation
 - President Obama – 2009
 - Reaffirmation
- Federal Trust Responsibility
 - Federal Recognized Tribes
 - 568 Total
 - Government to Government Relationship
 - Adherence to FDA Tribal Consultation Policy
 - Adherence to HHS Tribal Consultation Policy

- SRO Supports all Center tribal engagement efforts that include:
- Engage in formal and informal consultations
- Hold face-to-face meetings
- Disseminate “Dear Tribal Leader” letters
- Communicate through presentations, webinars, and *CTP Connect*, *CTP News*, *Spotlight on Science*, and *Special Announcements*
- Participate in quarterly calls among tribal stakeholders
- Arrange meet-and-greets
- Participate in listening sessions
- Employ Tribal Policy Analysts
- Award retail inspection contracts to tribes to conduct retail inspections within tribal jurisdictions

SRO TRIBAL ENGAGEMENT GOALS



- Cultivate, create and maintain mutually beneficial relationships with tribal stakeholders to advance tobacco product regulation
- Support CTP's implementation of the Tobacco Control Act (TCA)
- Obtain key information for the Center's use by monitoring tribal tobacco control policy that may affect CTP's activities
- Provide on-going public information dissemination to tribal stakeholders
- Bring a tribal perspective to internal stakeholder management
- Align tribal engagement efforts work with CTP strategic priorities

SELECT EXTERNAL AND INTERNAL STAKEHOLDERS



- **Government Counterparts**

- CDC
- IHS
- NIH
- SAMSHA

- **National Tribal Organizations**

- National Indian Health Board
- National Council on Urban Indian Health
- National Congress of American Indians
- American Indian Cancer Foundation

- **Regional Tribal Organizations**

- Regional Area Indian Health Boards
- Regional Tribal Epi-Centers
- ClearWay Minnesota
- TCLC

- **Selected Internal Stakeholders:**

- HHS, IGA
- FDA, IGA
- FDA, OP
- OCC





- Facilitation of the CTP American Indian and Alaska Native Stakeholder Working Group
- Manage the coordination of CTP's HHS Annual Tribal Consultation Report
- Manage the coordination of CTP's Annual Report to Congress on Economic and Special Conditions of Native Americans
- Serve as the CTP Tribal Liaison between the Center and other FDA Centers and Offices
- Participate in tribal application reviews
- Coordination of any tribal consultation requests initiated by CTP or federally recognized tribes
- Serve as a subject matter expert on CTP's AI/AN Campaign
- Internal trainings for new employees interfacing with tribal stakeholders

QUESTIONS?



Honoring our Relationships: Engaging with Tribal Stakeholders

CENTER FOR TOBACCO
PRODUCTS



Stakeholder Relations Office, Center for Tobacco Products | Presented by Paul Allis, M. Ed., BSW

Background

Despite decades of progress, tobacco use is still the greatest cause of preventable disease and death in the United States—something that FDA's Center for Tobacco Products is seeking to change. Tobacco use has had a serious impact on Native communities. The American Indian and Alaska Native (AI/AN) population has the highest prevalence of cigarette smoking (21.9 percent) compared to any other population group in the United States, according to the Centers for Disease Control and Prevention (CDC).¹ Because of the prevalence of smoking and other tobacco use, AI/ANs have an especially high risk of suffering from tobacco-related death and disease. AI/AN youth are particularly affected: CDC's Youth Risk Behavior Surveillance System (YRBSS) for 2015 found that 10.7 percent of AI/AN high school students smoked a cigarette before age 13, compared to 6.6 percent of the total U.S. high school population.² Among AI/AN high school students, 12.2 percent smoked cigarettes, compared to 10.8 percent of the total U.S. high school student population.³

Recognizing Tribal Sovereignty

FDA respects tribal sovereignty and honors the government-to-government relationship it has with federally recognized AI/AN tribes. We understand the importance of collaboration and consultation, as appropriate, with tribal governments on the implementation of the Tobacco Control Act and related regulations. The Tobacco Control Act specifically:

- Does not limit the authority of tribes to enact, adopt, issue, and enforce laws or regulations in addition to, or more stringent than, the Tobacco Control Act.
- Authorizes FDA to award tobacco retail inspection contracts to states, tribes, territories and third parties to conduct retail inspections, but prohibits FDA from contracting with any state to exercise enforcement authority under the Tobacco Control Act in Indian Country without the express written consent from the tribe involved.
- Through a collaborative partnership, we can protect the health of AI/AN communities, including youth, by ensuring compliance with the Tobacco Control Act.

CTP Takes Action

Every day, CTP takes action to protect American families, charting a new course for comprehensive change. Some of these actions include:

- Developing science-based regulations to safeguard the nation's health
- Publishing guidance to help the industry comply with the regulatory requirements for tobacco products
- Conducting retailer inspections to ensure compliance with laws restricting sales of tobacco products to youth, and issuing warning letters and monetary penalties for violations
- Launching public information and education campaigns, particularly targeted to youth, about the dangers of regulated tobacco products
- Partnering with other public health agencies to conduct cutting-edge research on a range of topics such as tobacco use initiation and nicotine addiction

Tribal Engagement Efforts

- Engaging in formal and informal consultations
- Conducting manufacturing inspections
- Holding face-to-face meetings
- Disseminating "Dear Tribal Leader" letters
- Communicating through presentations, webinars, and CTP Connect (www.fda.gov/ctpconnect) email updates
- Participating in quarterly calls among tribal stakeholders
- Listening sessions
- Meet-and-greets
- Hiring tribal policy analysts with special expertise to serve as liaisons
- Awarding retail inspection contracts to tribes to conduct retail inspections within tribal jurisdictions

Manufacturers on Tribal Lands

If you make, modify, mix, manufacture, fabricate, assemble, process, label, repack, re-label, or import any "tobacco product," then you are considered a tobacco product "manufacturer" and must comply with FDA's tobacco regulations for manufacturers, as applicable.

FDA inspects establishments engaged in the manufacture, compounding, or processing of regulated tobacco products to determine a manufacturer's compliance with FDA laws and regulations.

FDA Tobacco Retail Inspection Contracts

FDA has contracted with States and Territories to conduct compliance check inspections of tobacco retailers. FDA has also contracted with third parties to conduct these inspections in states and territories that do not have a contract with FDA. FDA has further expanded this program by awarding retail inspection contracts to Tribes to conduct retail inspections within their jurisdictions. In addition, FDA may also conduct its own investigations using FDA personnel. Contracts currently awarded to the following Tribes:

- Mescalero Apache Tribe
- Rincon Band Luiseno Indians
- Shoshone Bannock Tribes

AI/AN Tobacco Related Research

Project	Description
Population Assessment of Tobacco and Health (PATH) Study	A nationally representative study the oversamples for tobacco users, young adults, and African Americans, Alaska Natives, American Indians, Asian/Pacific Islanders, and Hispanic youth and adults
USC Tobacco Center of Regulatory Science for Vulnerable Populations (TCORS)	A study of small independent tobacco retailers in vulnerable communities in California. Examines retailer knowledge, attitudes, beliefs and behaviors regarding FDA tobacco regulation compliance. Vulnerable communities to be studied include low income African American, American Indian, Hispanics, and Asians
Expansion of National Youth Tobacco Survey Data Analysis and Data Collection (NYTS)	A survey intended to assess and monitor tobacco use and the factors that influence use among youth in order to inform effective programs, policies, and regulations for tobacco use prevention
American Indian/Alaska Native Campaign: Focus Group Study of Reactions to Strategic Concepts Designed to Prevent Youth Tobacco Use	A qualitative study to inform the development of a public education campaign to prevent and reduce cigarette smoking among American Indian /Alaska Native youth



Resources

Additional resources available at:

<https://www.fda.gov/TobaccoProducts/GuidanceComplianceRegulatoryInformation/StateLocalTribalTerritorialGovernments/ucm451023.htm#manufacturers>

- Fact Sheet: The Center for Tobacco Products and Native Communities (PDF - 245KB)
- Compliance, Enforcement, and Training
- Rules, Regulations & Guidance

Contact CTP

We invite tribes to engage in a collaborative and respectful government-to-government relationship with the FDA.

- Tribal Liaison for Federally-Recognized Tribes Paul Allis (Tribal.Liaison@fda.hhs.gov)
- General Resources for Manufacturers, Compliance, etc. AskCTP@FDA.hhs.gov
- Disputes? Conflicts? Not Sure Who To Contact? Contact our **Ombudsman**: CTPombudsman@FDA.hhs.gov
- **Call**: 1-877-CTP-1373
- **Write**: Center for Tobacco Products Food and Drug Administration Document Control Center 10903 New Hampshire Avenue Building 71, Room G335 Silver Spring, MD 20993-0002

References

1. Agaku IT, King BA, Dube SR. Current cigarette smoking among adults—United States, 2005–2012. *MMWR Morbidity and Mortality Weekly Report*. 2014;63(02):29–34. www.cdc.gov/mmwr/preview/mmwrhtml/mm6302a2.htm. Accessed March 27, 2015.
2. Centers for Disease Control and Prevention. 1991–2013 High School Youth Risk Behavior Survey Data: 2013 Results (Initiation of Cigarette Use). <http://nccd.cdc.gov/youthonline/App>. Accessed March 27, 2015.
3. Centers for Disease Control and Prevention. 1991–2013 High School Youth Risk Behavior Survey Data: 2013 Results (Current Cigarette Use). <http://nccd.cdc.gov/youthonline/App>. Accessed March 27, 2015.

