

NATIVE AMERICAN ACTION PLAN

ADDRESSING TOBACCO ABUSE
AMONG PREGNANT & POSTPARTUM WOMEN





PREPARED BY

LaDonna BlueEye, Indiana University Bloomington, BlueEye Consulting
Catherine Rohweder, The University of North Carolina at Chapel Hill
Janna McDougall, The University of North Carolina at Chapel Hill

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SPECIAL NOTE ON TERMINOLOGY

We honor the preferences in terminology used by the Action Plan participants and our readers. Language differs for a variety of reasons that may include personal, regional, historical cultural or tribal preferences. In order to remain consistent throughout this document, the following terms were selected:

“Native American” refers to people who may prefer the term American Indian, Indigenous, First Peoples, Aboriginal or specific regional, tribal or family groups.

“Alaska Native” is a term used to describe those who may also use the terms Eskimos, Aleuts, Alaska Indians or specific regional, tribal or family groups to describe themselves.

“Traditional tobacco” is a generic term that includes the use of tobacco in the following contexts: historical, spiritual, ceremonial, cultural, medicinal or other specific sacred ways.

“Abuse of tobacco” is also referred to as nicotine addiction, tobacco addiction, commercial tobacco use or chronic misuse of tobacco.





Dear Reader:

This Action Plan represents a journey that began over five years ago. When the National Partnership was born in the spring of 2002, there was no representation from the Native American community. Several members pointed out that while the Native American population makes up a small proportion of the overall U.S. population, their rates of smoking are the highest among all racial groups. In response, the Healthcare Working Group quickly mobilized to recruit new members who were knowledgeable about this population and were willing to advise us.

We began a lengthy process of educating ourselves around Native American culture and tobacco, and the unique challenges of fighting the abuse of tobacco within this community. We used focus groups, in-depth interviews, and provider surveys to better understand how the National Partnership could collaborate with Native Americans in addressing these issues. We attended Native-sponsored conferences to present our results and obtain feedback. This report describes what we have learned over the years, and it also takes the next step of recommending future action for a variety of stakeholders.

- For Tribal Leaders, the plan offers a roadmap for future cooperation by describing productive collaborations between tobacco organizations and the Native American community.
- For healthcare providers, the plan demonstrates how to address tobacco abuse among Native American clients in a culturally competent manner.
- For program planners and policy makers, the plan documents systems that support the delivery of tobacco treatment in tribal settings. We have also included case studies of cessation projects that have successfully incorporated sacred tobacco and cultural values into their programs.
- For funding agencies, the plan advocates for targeted resources to make evidence-based treatment available to all Native American pregnant and postpartum women.

We would like to extend our gratitude to all of those people, both inside and outside the National Partnership, who have made a commitment to reducing disparities and improving the health of Native peoples.

Sincerely,

Catherine Rohweder

LaDonna BlueEye

Healthcare Working Group

The National Partnership to Help Pregnant Smokers Quit





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“We can accomplish more together than we can alone.”

CONTRIBUTORS:

Ken Bartline
Alfreda Beartrack
Susan Carlson
Elizabeth Cobb
Stephanie Craig
Cathy Edgerly
Ruth Etzel
Tammy Honold
Therese Horan
Stacy Kelley
Lisa Kerfoot
Joe Klejka
Sandi King
Joshelina Lang
Jacqueline Left Hand Bull
Jay Macedo
Cindy Martin
Jigna Mehta
Joyce Oberly
Lorene Reano
Caroline Renner
Mona Rosenman
Kim Russell
Janice Sheufelt
Phillip Smith
Cynthia Tainpeh
Judy Thierry
Mary Wachacha
Teresa White
Cindy Wynborg

REVIEWERS:

Alfreda Beartrack
Lauren DiBiase
Leah Ranney
Lorene Reano
Cynthia Tainpeh
Judy Thierry
Janis Weber
Teresa White

STAFF OF THE NATIONAL PARTNERSHIP:

Cathy Melvin
Leah Ranney
Catherine Rohweder
Erin McClain
Lauren DiBiase
Keith Cochran
Sarah Noble
Jennifer Scott
Heidi Wulczyn

ALL HEALTH CARE WORKING GROUP MEMBERS, PAST AND PRESENT





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THE NATIONAL PARTNERSHIP TO HELP PREGNANT SMOKERS QUIT

The National Partnership to Help Pregnant Smokers Quit (National Partnership) is a coalition of 60 diverse organizations that have joined forces to help pregnant smokers quit smoking and to stay quit. Our vision is to provide all pregnant smokers and new mothers with the help they want and the support they need to quit smoking and stay tobacco-free, thereby taking action towards reaching the Centers for Disease Control and Prevention (CDC) Healthy People 2010 Goals to increase tobacco cessation during pregnancy (**see BOX 1**). We will achieve this by translating science-based interventions into effective programs and policies. Our member organizations are committed to working together to reduce the number of pregnant women who smoke to 1 percent or less by 2010. Achieving this goal will dramatically improve the health of mothers and their babies, save lives and reduce health care costs for families, employers and society.

The National Partnership was funded by The Robert Wood Johnson Foundation in 2002. Our products are developed through member participation in smaller working groups (**see BOX 2**). The Native American Action Plan was developed by the Healthcare Working Group, which adopted the following objective: Collaborate with Native American and Alaska Native organizations to increase outreach, training and intervention capacity for providers who work with Native American communities. This Action Plan represents the efforts of the Healthcare Working Group to learn about and support the work of Native Americans who are addressing the abuse of tobacco among their people, while still honoring the sacred use of tobacco.

BOX 1

HEALTHY PEOPLE 2010

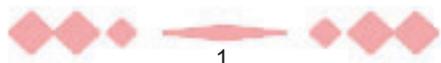
Healthy People 2010 is a set of health objectives for the first decade of the 21st century, developed through collaborative effort to prevent poor health among American people. Its two overarching goals are to 1) increase quality and years of healthy life and 2) eliminate health disparities. It sets a framework for diverse stakeholders at the federal, national, state, local and community levels to work towards improvements in 28 health areas. Healthy People 2010 focuses on 10 Leading Health Indicators to measure the health of the nation during the 10 year period. Leading Health Indicators are health problems chosen for their ability to motivate action, availability of data to measure progress and their importance as public health issues.

Tobacco use is a Leading Health Indicator, and Healthy People 2010 monitors tobacco use among adults and adolescents, cessation during many life stages, including pregnancy, and environmental tobacco smoke (ETS) exposure for children and for tribal groups, among its many objectives. Tobacco use is a priority health area for the country, where reductions in tobacco use prevalence and increased cessation can significantly increase healthy life expectancy and reduce tobacco-related health disparities.

BOX 2

THE NATIONAL PARTNERSHIP IS WORKING IN FIVE KEY AREAS:

1. Ensuring that systems are in place to screen all pregnant women for tobacco use, and that all pregnant and postpartum smokers receive best-practice cessation counseling.
2. Using the media to promote the benefits of smoking cessation for pregnant smokers, and to show their partners, families, friends and neighbors how to assist them in their quit attempts.
3. Making smoking cessation services and support widely available in communities and workplaces to encourage pregnant women to quit and support them in their efforts to do so.
4. Promoting policies that support smoke-free environments and improved access to cessation treatments and encouraging economic support for such policies.
5. Conducting research and evaluation to develop more effective cessation interventions.

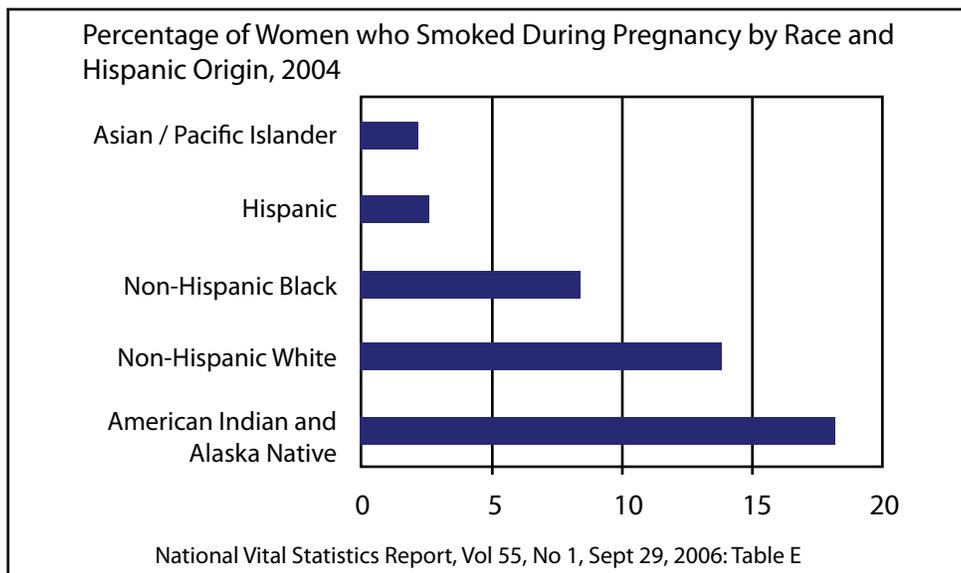




CHAPTER 1 INTRODUCING THE ISSUES

THE PROBLEM

Tobacco use is significantly higher among Native Americans and Alaska Natives than among any other population subgroup, according to the latest National Vital Statistics Report. Among women who had a live birth in 2004, Native American and Alaska Natives had the highest rates of smoking (18.2 – 21.2%) when compared to other racial and ethnic groups.¹ This disparity puts both Native American women and their babies at increased risk, and indicates a priority area for improvement in the Healthy People 2010 framework. For the mother, the health effects of tobacco abuse include respiratory problems, lung, oral and others cancers, cardiovascular disease as well as the issue of nicotine addiction.² Smoking during pregnancy causes an increased risk of miscarriage, preterm birth, and low birthweight.³ Second-hand smoke exposure can also create long-term health problems in children such as asthma, ear infections, and other respiratory illnesses.² The rates of sudden infant death syndrome (SIDS), which is also linked to second-hand smoke,² are two to three times higher among Native American infants than non-Hispanic white infants.^{4,5}



Although Native Americans experience high levels of tobacco abuse, there are not sufficient resources to provide the cessation services that are warranted. Studies that have examined tobacco screening and treatment at tribal health care centers have all determined that these services are sub-optimal.⁶ While at least two-thirds of Native American or Alaska Natives had seen or talked to a health professional in the past six months, very few of them were offered assistance in quitting smoking, even as they suffer from tobacco-related illnesses when presenting for care.⁷ In contrast to the low proportion of clients in tribal facilities who are provided with evidence-based tobacco treatment, some studies suggest that the desire to quit smoking, attempts to quit smoking, and openness towards receiving cessation assistance among Native Americans is as high, if not higher, than among the general population.^{8,9,10} Abuse of tobacco will continue to cause high levels of morbidity and mortality among this population unless effective treatments are made widely available.



THE CHALLENGE

Within the general tobacco control movement, tobacco is readily portrayed in a very negative light as something that needs to be “controlled” or “eliminated.” In addition, most tobacco cessation interventions endorse complete abstinence from tobacco. When confronted by a western approach that defines smoking as a disease, addiction, or bad habit, Native Americans may feel as if their use of traditional tobacco is also under attack. The challenge in providing culturally competent services for Native Americans lies in treating commercial tobacco abuse, while acknowledging and respecting the use of traditional tobacco when appropriate (*see BOX 3*).

When working with any Native American tribe, it is important to understand the role that tobacco plays within their specific community. Alaska Natives, for example, do not consider traditional tobacco to be part of their culture. While traditional tobacco is generally used in a non-harmful way, Alaska Natives chew a mixture of leaf tobacco and ash (Iqmik) of which the health effects are unknown. Preliminary research shows that Iqmik may lead to higher levels of nicotine toxicity than

other commercial smokeless tobacco products.¹¹ There are additional social norms that support smoking within the Native American community, including advertising by the tobacco industry and few culturally-specific media campaigns to quit. There is also a lack of knowledge on the part of both Native American community members and health providers of the historical reasons underlying high cigarette use and ceremonial healing using traditional tobacco.¹³

This Action Plan is intended to convey an awareness of the cultural needs of Native American and Alaska Native pregnant women, their families and their healthcare providers. We honor the traditional use of tobacco in Native American communities and seek to address the habitual, non-traditional use of tobacco, which is addictive and harmful.





BOX 3

TRADITIONAL TOBACCO

Throughout history, Native American people have used tobacco in ceremonies and for healing. Though there are tribal and regional differences in how traditional tobacco is used, it is generally recognized as a sacred plant with positive spiritual and healing properties. Traditional tobacco originally contained no chemical additives, though it was sometimes mixed with other herbs. It may be grown, handled and stored only by members of certain tobacco societies or clans. In many tribes, there are tribal members who are knowledgeable in the traditional use of tobacco, and have been told the original, or “real” tobacco stories. Tobacco societies may be gender-specific and are important in teaching Native Americans how to use tobacco in a ceremonial manner.

Traditional tobacco carries prayers, good will and thoughts to the Creator. It is considered a sacrament, much the same as communion in Judeo-Christian religions. Traditional tobacco is used to cleanse the body or spirit, and holds a place of honor in stories and ceremonies. Traditional use of tobacco may include giving tobacco as a gift to honor someone, placing tobacco on a fire, or smoking tobacco in a pipe or rolled in a cornhusk. These specific uses are central to spiritual healing and emotional well-being for Native Americans.

THE CURRENT INTERVENTION

Smoking cessation interventions for pregnant smokers, especially those who are light smokers, can be effective in helping them quit. Meta-analyses have shown that brief counseling delivered by trained providers, and accompanied by pregnancy-specific self-help materials can increase quit rates among pregnant smokers by 70%.^{14,15} The current intervention for pregnant women who smoke is a protocol known as the 5 A’s, which stand for ASK, ADVISE, ASSESS, ASSIST, AND ARRANGE (**See BOX 4**).¹⁶

The current recommendations for addressing second-hand smoke exposure are to screen clients using the multiple choice questions in **BOX 5**.¹⁷ If the child is exposed, the clinician should recommend abstinence from smoking for all caretakers and provide the 5 A’s, offering pharmacotherapy as an adjunct. If unwilling to quit, the client should be instructed that smoking should not take place in the home or car.¹⁸

These interventions have not yet been tested among pregnant or postpartum Native American women, and little is known about how to tailor the 5 A’s to be most effective for this population. But in the absence of clinical trials, the 5 A’s represents the standard of care that should be delivered routinely in the prenatal and postpartum care setting.

BOX 4

1. **ASK** about smoking status;
2. **ADVISE** patients who smoke to stop by providing clear, strong advice to quit with personalized messages about the benefits of quitting, and the impact of continued smoking on the woman, fetus, and newborn;
3. **ASSESS** the patient’s willingness to attempt to quit smoking within the next 30 days;
4. **ASSIST** patients who are interested in quitting by providing pregnancy-specific, self-help smoking cessation materials;
5. **ARRANGE** during regular follow-up visits to track the progress of the patient’s attempts to quit smoking.

Source: Melvin, Dolan-Mullen, Windsor et al., 2000, BOX 16

BOX 5

1. Does the mother’s child currently smoke?
 Yes No
2. In the home?
 Yes No
3. Does the child’s father currently smoke?
 Yes No
4. In the home?
 Yes No
5. Is your child exposed to cigarette smoke on a regular basis (any exposure at least one time a week) from anyone other than the parents, i.e. stepparents, daycare providers, grandparents, siblings, friends?
 Yes No

Source: Seifert, Ross, & Norris, 2002, BOX 17





THE OPPORTUNITY

The Public Health Service (PHS) guidelines can be adapted for racial / ethnic groups just as they have been adapted for pregnant women. The 5 A's are intended to provide a general counseling framework in which the provider should tailor messages to the individual client. For Native Americans, smoking cessation interventions may be more readily acceptable if providers offer cessation counseling targeted only towards commercial tobacco, by recognizing the cultural uses of traditional tobacco.

There is a movement among many tribes and individual Native American leaders to address the terrible toll that commercial tobacco has taken on the health of their people. Inherent strengths exist in Native culture that cessation programs can build upon, such as respect for Elders, importance of children and family, close relationship to nature, and desire to preserve traditions. The case studies presented throughout this Action Plan are examples of how health care organizations and professionals have successfully incorporated their knowledge of Native culture and values into their tobacco cessation programs. Their stories illustrate the positive results that can be obtained by listening to and collaborating with the Native American community.

ONE WOMAN'S STORY

Being around other smokers made it difficult to quit, but Joshelina felt that she was “doing something wrong” because she was staying away from her friends.

Joshelina Lang, a member of the Ute Mountain Ute Tribe and the Navajo Nation, began smoking at age 15 because her parents and friends smoked and “it was there.” She was able to quit when she became pregnant, but only until after her daughter was born. By the time she was 19, Joshelina was smoking 3-4 packs of cigarettes a day when she became pregnant with her second child.

“When I found out I was pregnant again, the knowledge of health issues and the problems that it can cause for the baby, I think that really helped me make the decision to quit smoking and stay quit,” Joshelina stated.

Joshelina initially found support from her health care provider at the Ute Mountain Ute Tribal Health Clinic. The tobacco prevention specialist recognized her commitment to quitting the abuse of tobacco. While Joshelina was not sure about her ability to quit smoking cigarettes, the clinic staff “had confidence in me,” she said.

The clinic was also helpful in identifying a group of people that have quit smoking and continued to follow the traditional values and ceremonies of their tribe. This group provided emotional and spiritual strength to Joshelina. Yet being around others smokers still made her want to smoke cigarettes with them.

Requesting that others not smoke around her was a complicated issue, as cultural protocol prevents young adults from dictating the behavior of Elders or others in their community. Joshelina was eventually able to express herself to her friends and shared that being around smoke made her crave cigarettes - and she was committed to remaining smoke-free. Her friends and family have been very supportive and have honored her decision to quit smoking. They have shown her respect by going outside to smoke a cigarette, and then by washing their hands when they come back into her house.

Asked whether quitting has interfered with the traditional use of tobacco, Joshelina says that, “The people who have quit cigarettes do not smoke unless they are [using traditional tobacco] at ceremonies, during pow wows, or Bear Dancing. Their example made me want to return to my own tribal ways.”

Joshelina's experience taught her many lessons that might help other pregnant Native Americans. “Find a buddy to support your decision to remain smoke-free, and have someone to call, especially a former-smoker who might understand.” Joshelina encourages others to have faith in their decision; “if you want to quit smoking, believe in yourself, keep at it and don't give up.”



CHAPTER 2

ACTION TO REDUCE SMOKING AMONG PREGNANT NATIVE AMERICANS: THE 5 C'S

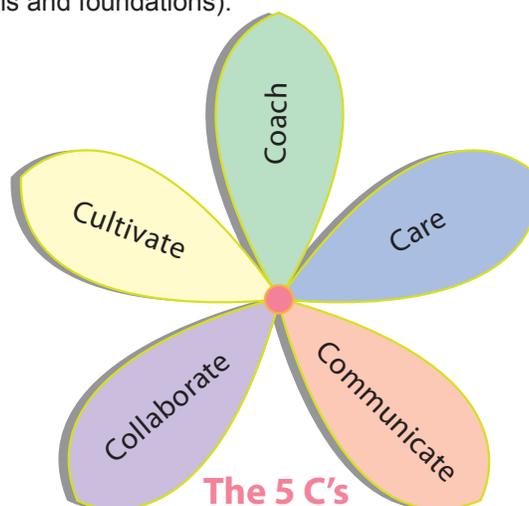
The Health Care Working Group of the National Partnership had been charged with disseminating the best practice cessation intervention – the 5 A's – to as many providers and health care systems as possible. When we started discussing the Native American healthcare system with knowledgeable partners, it became clear that we need to include more than just physicians and nurses within the Indian Health Service. We needed to work with providers in tribally-run facilities, tobacco advocates within the community, and pregnant Native American women themselves. Consequently, we gathered information from multiple audiences using a variety of methods:

- A brief, self-administered needs assessment delivered to providers (n=362) in IHS and tribal healthcare facilities (see methodology in Appendix 1)
- Four focus groups and discussions with providers
- Two focus groups with pregnant women
- Five in-depth interviews and discussions with people who had developed Native-specific cessation programs

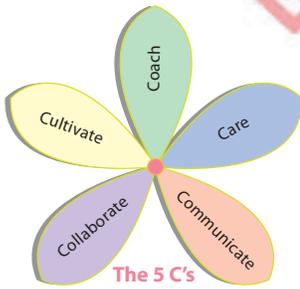
The results of these studies provide rich information on how health care professionals can better meet the needs of their Native American and Alaska Native populations. From these findings, as well as from our experience over the past five years working with Native American populations throughout the country, we have designed an approach for incorporating the 5 A's into tribal healthcare settings called the 5 C's:

1. Collaborate with other organizations
2. Cultivate cultural competency
3. Coach providers on working with Native American populations
4. Care for patients using evidence-based practices
5. Communicate messages through multiple media

This model was created as a set of best practices to increase the likelihood that tobacco cessation interventions will be provided to and adopted by Native American populations. The 5 C's requires participation by the healthcare system (providers, health educators, tobacco program directors), the community (tobacco advocates, tribal leaders) and funding organizations (government entities, university systems and foundations).



The remainder of the Action Plan is organized by the 5 C's and includes: a discussion of the findings from our data collection, sample case studies, and recommendations for each of the four audiences (tribal leaders, healthcare providers, program planners / policy makers, and funding agencies).



1. COLLABORATE WITH OTHER ORGANIZATIONS

Findings and Lessons Learned:

- *Collaboration results in better quality cessation services that are more accepted by Native American women and their families*

Intertribal collaboration and support has proven successful in providing culturally appropriate tobacco cessation services to pregnant women and their families. For example, Cynthia Tainpeah (Muscogee Creek Nation) created the Second Wind Tobacco Cessation Program, which was adapted from the Freedom From Smoking® cessation program in cooperation with the American Lung Association. She tailored the language, content, and exercises to reflect the cultural and social environment of the Native American participants. Through grassroots promotion, a number of tribes throughout the United States have adopted the Second Wind program and use it to provide services to their tribal members. Cynthia has since worked with The National Partnership to create Second Wind First Breath, a support group curriculum for Native American women who are pregnant or post-partum.

- *Collaboration enables research to be carried out in a climate of trust and reciprocity.*

Obtaining permission to conduct research in the Native American community can be a very sensitive, lengthy process and internal advocates are crucial to the success of a study. For the National Partnership, the dissemination of our needs assessment was accomplished through the support of colleagues from the Indian Health Service, Tribal Support Centers, Tribal IRB and Human Subjects committees, and individual health care providers. By learning about the history of research on Native American communities and the concept of sovereignty, we gained a better understanding of why tribal approval is so important in collecting data.

Case Study: Traditional Ties

“Just getting workable appointment times meant a lot to our participants, and made a big difference in attendance and compliance, which increases the likelihood of success.” -- Cindy Martin, (Founder) Traditional Ties

Over one-third of the Native American women who receive services at the Indian Health Care Resource Center (IHCRC) in Tulsa, Oklahoma use tobacco recreationally during pregnancy. While most of these women quit using tobacco during their first trimester, “Close to 82% of the women who quit using tobacco during pregnancy started using again after their baby was born,” says Cindy Martin, former project director of the Traditional Ties tobacco program.

Ms. Martin, a member of the Choctaw Nation and of Lakota descent, addresses tobacco relapse among Native American women using funding provided by IHCRC’s collaboration with the American Legacy Foundation Circle of Friends. The tobacco-relapse prevention program provides services that include basic education about second hand smoke and personal support for smoking cessation, in one-on-one and small group formats. Traditional Ties coordinates its services with local agencies to create a tailored program that meets specific client needs.

Collaboration is the key to Traditional Ties. For example, Cindy works with local childcare agencies that provide daycare service in the Tulsa area to ensure that women have a safe place for their children to go during their meetings. To address transportation problems, Traditional Ties has an agreement with the Tulsa transportation authorities to provide bus maps or transportation vouchers and with clients to set up carpools. “You need to be prepared to work with your clients about transportation issues--help them to figure it out,” says Cindy. She maintains a flexible schedule and meets with clients early in the morning, during the lunch hour or in the evenings after work.



By collaborating with clients and other community-based organizations to alleviate potential obstacles to participation, the IHCRC is doing their part to provide important tobacco services to the urban Native American community. Cindy sums it up by stating, “One of the things we really want to work with Native American pregnant women is making sure they stay quit.”

Action Steps for Collaborating with Other Organizations

Tribal Leaders:

- **Provide input to program planners** to assure that tobacco treatment interventions and communication materials incorporate specific and appropriate Native American elements.
- **Offer support and resources to local tobacco advocates** who are initiating programs to help Native American women address commercial tobacco abuse.

Program Planners and Policy Makers:

- **Coordinate with other healthcare programs** that provide tobacco-related health-services, such as SIDS, asthma, and cancer prevention and care.
- **Share tribal-specific cessation resources** that can be modified by other tribes, which saves time and money in the development phase of a project.

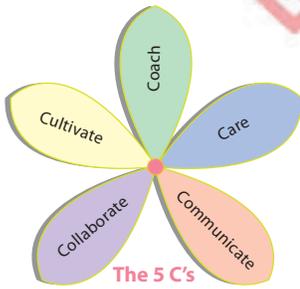
Healthcare Providers:

- **Work with provider associations**, such as the Association of American Indian Physicians, to support the use of clinical practice guidelines for smoking cessation.

Funding Agencies:

- **Include Native American researchers and community representatives** in developing funding initiatives related to tobacco prevention and treatment.
- **Identify tribes that are ready to implement tobacco-related projects** by talking to directors of already existing model programs and local tobacco advocates.
- **Provide financial support for Native-specific conferences and meetings** that will provide networking opportunities for researchers, program planners, tribal leaders, and tobacco experts.



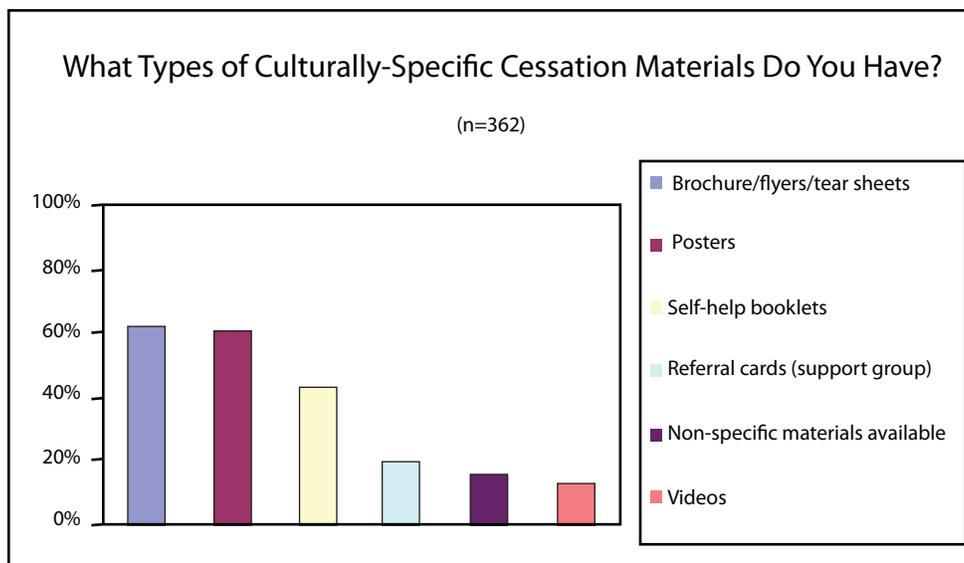


2. CULTIVATE CULTURAL COMPETENCY

Findings and Lessons Learned:

- *Culturally-specific materials do exist, but most are not readily available for other tribes or organizations to use.*

In our needs assessment, we asked providers about cessation materials and strategies that were specific to Native populations. Out of the 362 respondents, 62% reported that their organization had brochures, flyers or tear sheets, 61% had posters and 43% had self-help booklets. Nearly one-fifth (16%) of respondents stated that they had no cessation materials that were specific to Native Americans and Alaska Natives. We noted that some of the sample materials that were shared with us were out of print, relevant for only one tribe, or generic and not tailored for Native Americans.



- *Sacred use of tobacco may not be openly discussed with non-Native Americans.*

Focus group members were initially reluctant to discuss the traditional use of tobacco, until one pregnant participant stated, “Traditional use is out there you know. Why hide it? Why keep it from people? It’s got to be known, but most Indians don’t like talking about it, letting other races know about their heritage.” Participants were very protective about discussing details of specific ceremonies, but did reveal several general ways that tobacco is used in a sacred manner, including smoked in a pipe or cornhusk cigarette, placed in a fire, buried in the earth, worn in an amulet and placed on a drum.

- *The amount of tobacco used is a common distinguishing factor when used in a sacred manner.*

One focus group participant stated “We use tobacco just a little bit, not like four packs a day. Just a little when we pray is how it is used.” In a discussion with Native American health educators, one of the educators described how young people will jokingly say they are doing their prayers when he catches them smoking a cigarette. He says they both laugh because everyone knows [smoking cigarettes] is not the same thing [as traditional tobacco use].



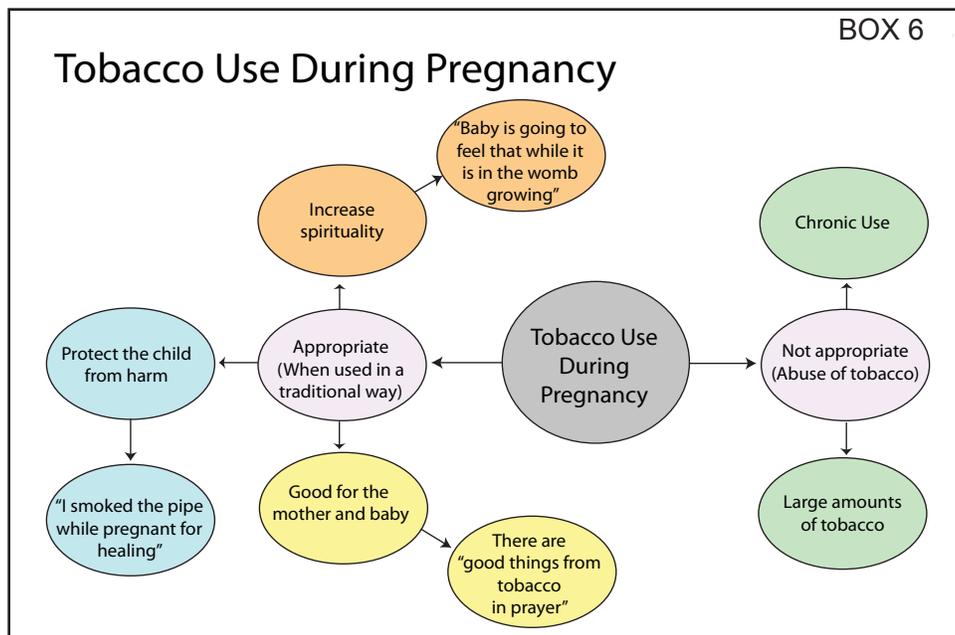
- **Cultural beliefs regarding pregnancy may have an impact on health education messages around tobacco abuse.**

Focus group participants described several specific cultural beliefs concerning pregnancy that include the need to stay away from certain ceremonies or locations, and the significance of viewing or staying away from certain images, sounds or conversation. For example, when a woman becomes pregnant, she may be required to stay away from fires, ponds or creek water. A Native American Elder from the Muscogee (Creek) Nation explained that this is so that the smoke from the fire or the power attributed to water does not carry away the spirit of the unborn child.

Cultural protocol may also dictate images that are either proper or improper for a woman to see, hear, or talk about during her pregnancy. The traditional belief is that images and sounds have a profound effect on the baby during gestation and, as one woman noted, “bad news will bring negative images into the mind and womb.” This belief is particularly relevant to tobacco-related health messages. Participants suggested that images and messages in educational materials should emphasize the positive, healthy results of tobacco cessation during and after pregnancy.

- **There are perceived benefits of sacred tobacco use during pregnancy.**

Pregnant Native Americans, as well as Native American healthcare providers, identified benefits to the sacred use of tobacco while pregnant. Overall, participants felt that there was no harm in the sacred use of tobacco during pregnancy and that it increases spirituality; one healthcare provider mentioned that she used tobacco in a sacred manner while she was pregnant. One participant stated, “Good things from tobacco in prayer, in our way, (it is) good for the mother and the baby.” Another woman said, “In our tribe, if the fetus is in danger before the baby is born then they do a ceremony and smoke tobacco...to bless over and protect the child from any harm”, while still another added, “I smoked the pipe while pregnant for healing.” It is important to note that while participants feel strongly about the benefits of ceremonial tobacco use, they were very firm that the recreational use of tobacco is inappropriate and women “shouldn’t do it.” They clarified that “there is a difference in smoking cigarettes and using it for prayers...to heal or protect the mom and baby.” (see BOX 6).



- **Among some Native Americans, race is seen as a protective factor against the harms of commercial tobacco.**

Participants reported being aware of the link between tobacco use and low birthweight, but do not believe that this link applies to Native Americans. The connection between tobacco use and having a low birthweight baby is consistently minimized in this population. One woman commented that, “you hear that statistic and it doesn’t sound true.” Other participants agreed and added, “Not Indian babies. We have them big” and “I don’t think so, not for Our People.”



Case Study: Traditional Ties

“Existing tobacco education materials were not appropriate - we need to tap into the resources of our people and that is really important.” - Lisa Kerfoot, Director, SEMA Tobacco Project

The negative health effects of second hand smoke disproportionately affect the Native American population of Michigan, and are of particular concern to Lisa Kerfoot, Director of the Strengthening and Educating Michigan's Anishinaabe (SEMA) Tobacco Project* at the Inter-Tribal Council of Michigan. Sema is the word used by many Native peoples for traditional and sacred tobacco. The Great Lakes Indians of the Ottawa/Odawa, Chippewa/Ojibwe and Potawatomi Nations use the term Anishinaabe to describe themselves.

Lisa wanted to address second hand smoke issues in her community, but existing tobacco education materials were not appropriate for the tribes the SEMA project serves. “In Michigan, our tribes have a really special relationship with tobacco,” says Lisa. The Anishinaabe people of Michigan use tobacco in prayer, ceremonies and other traditional ways that necessitate culturally competent materials for an effective media campaign to address secondhand commercial tobacco smoke.

To learn what the Sault Sainte Marie tribe of Chippewa Indians consider to be culturally competent materials, Lisa conducted focus groups with members of several Michigan tribes in the Upper Peninsula. Their input ensured that the full array of Native American concerns were incorporated into the Take It Outside campaign, which encourages Native Americans to smoke outside in order to protect their children and pregnant women from the harmful effects of tobacco smoke.

For example, one of the issues brought to the forefront in the focus groups was the deep respect that Native Americans have for their Elders. Asking an Elder or tribal leader to go outside to smoke is considered impolite, so the Take It Outside campaign explains how pregnant women can ask for what they need “in a good way” (meaning in a manner that is both clear and culturally respectful). The success of this campaign results directly from the inclusion of community members who can provide valuable, culturally specific information about messages that are important to Native American people. As Lisa says, “It’s all a matter of getting together a group of tribal people and talking with them.”

*The SEMA Tobacco Project is one of seven Centers for Disease Control and Prevention funded Tribal Support Centers.





Action Steps for Cultivating Cultural Competency

Tribal Leaders:

- **Help community members** understand that commercial tobacco abuse is a separate issue from traditional tobacco.
- **Encourage tribal leaders and Elders** to refrain from using tobacco around pregnant women and children so that our future generations may begin their lives in the healthiest way possible.
- **Share personal stories** of your own success in quitting smoking with pregnant women, their families and friends and community health agencies.

Program Planners and Policy Makers:

- **Educate using relevant examples** of adverse health effects that have more salience to Native American women, such as asthma or SIDS. Low birthweight is neither perceived as a problem among this population nor a high prevalence outcome among Native Americans.
- **Incorporate Native American role models** in crafting intervention strategies. Encourage community leaders to be open about their quitting stories, especially those who quit during pregnancy, to motivate and provide support to clients.
- **Share and distribute culturally competent materials** to other programs so that they can be modified and used by as many people as possible.

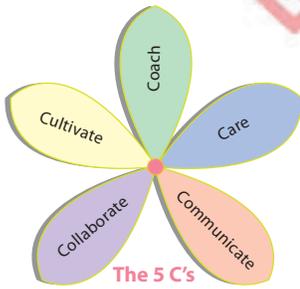
Healthcare Providers:

- **Foster openness and respect** for Native American cultural values in your clinical and working environment, especially around the issue of tobacco.
- **Ask about cultural beliefs** of pregnant Native American women in your client population.
- **Talk with Native American providers** who are from the same culture to inform your practice.

Funding Agencies:

- **Require cultural competency as a prerequisite** for funding projects that involve Native Americans and tobacco treatment.
- **Fund and maintain a central repository** for Native American cessation materials that are accessible to all.



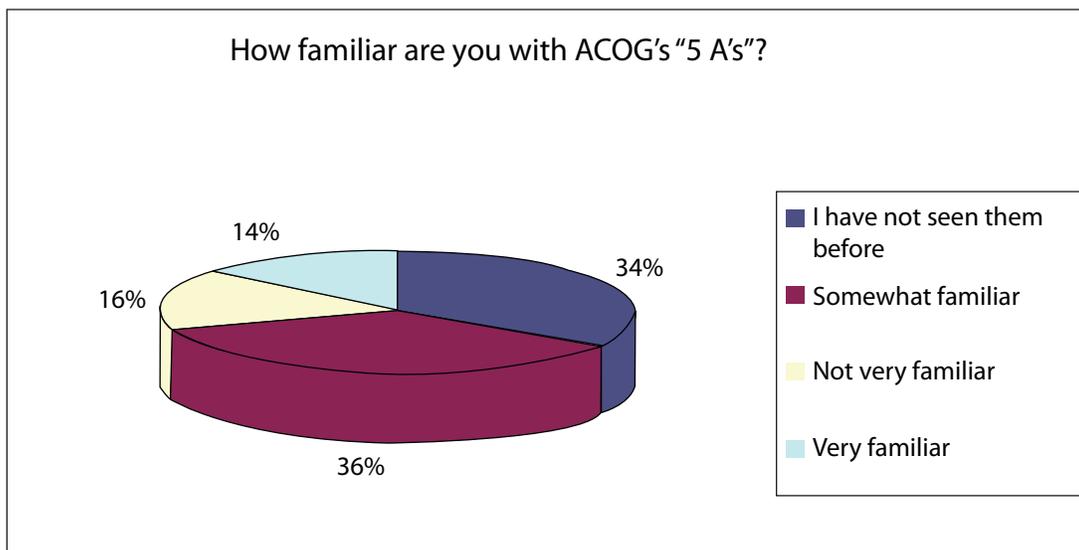


3. COACH PROVIDERS ON WORKING WITH NATIVE AMERICAN POPULATIONS

Findings and Lessons Learned:

- *The 5 A's is not a well-known term for the best-practice smoking cessation intervention.*

Among the respondents in our needs assessment, over one-third (34%) of providers had never heard of the 5 A's. A slightly larger percentage (36%) responded that they were somewhat familiar with the 5 A's. Only 14% felt that they were very familiar with the American College of Obstetricians and Gynecologists (ACOG) guidelines.



- *There is still a need to distribute basic information on the 5 A's and the clinical practice guidelines.*

Tobacco screening forms and copies of smoking cessation guidelines were the most requested form of assistance. Half (49%) of respondents reported that their organization needed standardized checklists, 48% wanted copies of the ACOG and Public Health Service guidelines, and 44% were interested in a manual on how to treat pregnant smokers.

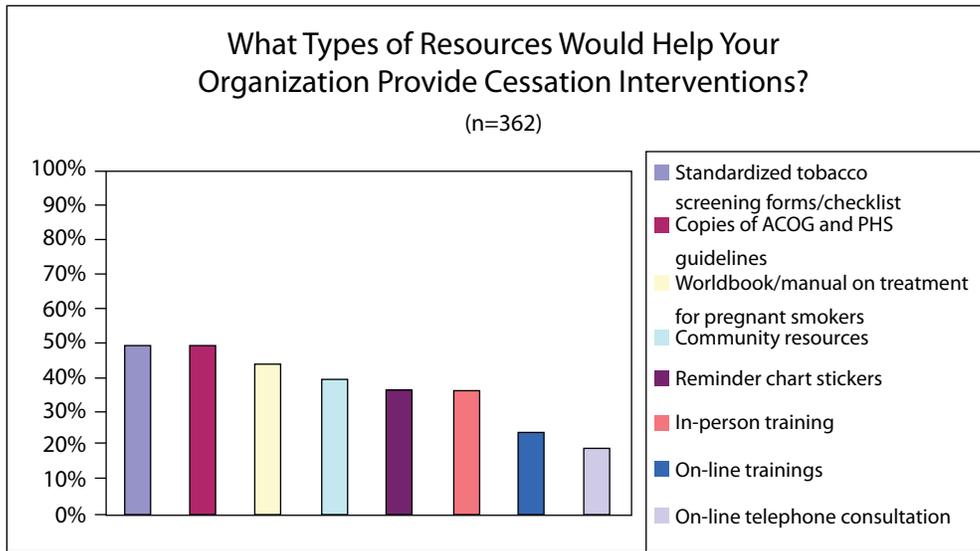
- *Online training or telephone consultations were not popular formats among our needs assessment respondents.*

Online or telephone consultations were least popular form of technical assistance, requested by fewer than 19% of respondents. Only 9% of respondents reported visiting the National Partnership or Smoke-Free Families website. This information would lead us to think that electronically-available resources or telephone consultations are not the best way to coach providers on delivering smoking cessation services.

- *Continuous coaching is required.*

Health care organizations must continually coach their providers to work in a culturally-relevant way with Native American clients. A single training session is not enough for health care workers to cultivate a strong understanding of Native American clients, protocol and respect. Tribes often have someone in their community who is willing to provide training and/or consultation to healthcare organizations such as quitline vendors.





Case Study: Southern Ute Health Clinic

“Everyone has bought into this. You expect some people not to participate, but really, everyone has bought into this project. The tribe, through the structure of the tribal health plan has worked well with us which is not only nice but dramatically increases our success rate.” – Tammy Honold, RDH, CDHC Clinic/ Public Health Dental Hygienist

Tammy Honold, a dental hygienist with the IHS at the Southern Ute Health Clinic in Colorado, sees first-hand the effects that commercial tobacco use has on her patients. When Tammy began working at the clinic there was no organized effort to address tobacco prevention and cessation.

A long-time volunteer with several tobacco cessation projects and familiar with the success of the 5 A's model, Tammy asked clinic leadership if they were interested in providing 5 A's training to clinic staff. The response was enthusiastic, as clinic administration was aware of the high prevalence of chronic tobacco abuse by the Native American population.

Rather than limiting training to selected staff such as doctors and nurses, clinic leadership decided that all staff should be trained in tobacco-related issues. Healthcare providers, nurses, mental health, information technology and office staff have all been trained to use the 5 A's. Their enthusiasm has yielded tangible results. For example, documentation regarding patient tobacco use has increased from 8% to around 65% among all patients and to 100% among diabetic and prenatal patients.

Tammy is proud of the fact that the clinic is able to successfully educate patients about the harmful effects of commercial or addictive tobacco use, while still honoring the traditional use of tobacco. Tobacco is traditionally used among this tribe in the Bear Dance, Sun Dance, Pow-wows and other ceremonies. “It is definitely important that the tribal members distinguish between traditional and commercial tobacco use,” says Tammy, “we have posters all over the clinic, advocating things like ‘Live the Tradition, Not the Addiction.’”

Tammy feels that the greatest benefit is that “our patients see us caring for them. I’ll walk through the clinic, through the waiting room and people will stop me and say, I’m three months (tobacco-free) now. You know, even at the grocery store, people tell me their stories and I know they get a lot of positive feedback from the entire clinic.”



Action Steps for Coaching Providers

Tribal Leaders:

- **Know that many non-Native providers do not understand the sacred use of tobacco.** Patiently educate non-Native providers, particularly those who are new to your tribal health care setting, about the traditional use of tobacco and how it can be appropriately addressed in a clinic visit.

Program Planners and Policy Makers:

- **Provide whole-office training** so that each staff member understands their role in addressing commercial tobacco abuse.
- **Make sure that providers have access** to copies of the ACOG and PHS guidelines and tools that have been tailored to health professionals.

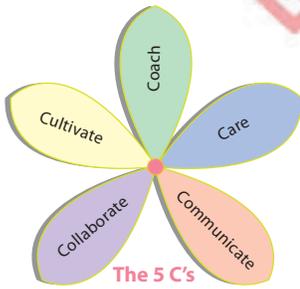
Healthcare Providers:

- **Select prenatal tobacco treatment** as one of your continuing education topics, and take advantage of the CEU and CME-accredited training courses that are available and listed in this Action Plan.
- **Incorporate traditional use of tobacco** into your initial screening questions on smoking so that clients know you are familiar with the difference between traditional use and commercial tobacco addiction.

Funding Agencies:

- **Dedicate resources** to developing and disseminating a smoking cessation training program specifically for providers who work with Native Americans. Include information relevant for pregnant and parenting smokers.



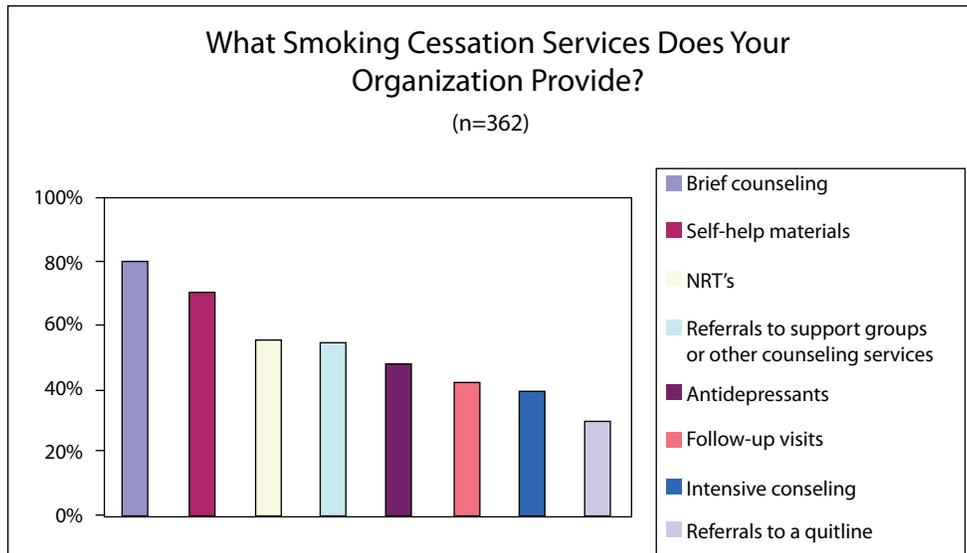


4. CARE FOR PATIENTS USING EVIDENCE-BASED PRACTICES

Findings and Lessons Learned:

- *A tobacco treatment infrastructure does exist in healthcare settings that serve Native Americans.*

While we did not survey representative samples of clinics, counseling, self-help materials and NRTs were the most frequently offered cessation services among our survey respondents, with a majority of providers (81%) reporting that their organization offered brief counseling interventions. Less commonly offered services included scheduling follow-up counseling visits, providing intensive counseling, and making referrals to quitlines.



- *Smoking status is well documented except for post-partum relapse.*

Over 80% of respondents reported that their organization documented whether a client was a former smoker, spontaneous quitter or was able to quit during pregnancy, while only 50% documented post-partum relapse. Returning to smoking after delivery is a difficult area for healthcare providers to address as many women do not receive a post-partum check-up and pediatric providers have not been trained to talk to parents about their tobacco use.



Case Study: Alaska Nicotine Research and Control Program

“We know that every woman should be asked at every visit if she uses tobacco, and she should be provided information about the risks of tobacco use, and she should be encouraged to quit. We know that.”

–Caroline C. Renner, Nicotine Research & Control Program Manager

In regards to tobacco, key differences exist between tribes in Alaska and tribes in the lower forty-eight states. Although both populations have disproportionately high rates of tobacco use, there is no history of traditional tobacco use among Alaska Natives. Unique to Alaska Natives is the use of ikmiq, a chewed mixture of ash and tobacco leaves. In some regions of Alaska, over 50% of women chew ikmiq during pregnancy. Even though using tobacco in this way increases exposure to nicotine, pregnant Alaska Natives believe that chewing ikmiq is safer than smoking tobacco.

Within this context of culturally-ingrained practices around tobacco, Caroline C. Renner and the staff of the Department of Nicotine Research & Control at the Alaska Native Tribal Health Consortium (ANTHC) work to incorporate evidence-based care to meet the special needs of Alaska Natives. Efforts include redesigning educational materials to better fit the population, rewording questions on intake forms to increase disclosure of tobacco use status, and answering clients’ questions about tobacco use and pregnancy. The program, used in every ANTHC hospital, is specific to the culture, yet incorporates the 5 A’s guidelines from the PHS as its backbone.

“There are very unique situations that we’ve had to adapt to ... We’ve consistently gone back to changing the system based on the 5 A’s because we know that that works,” says Caroline. Using proven methods is efficient, which is especially important considering Alaska’s size, twice that of Texas, and its population, which represents 229 of the 556 federally-recognized tribes in the United States.

Clinical best practices are coupled with community members’ tobacco-cessation success stories. Clinic staff understand that all Alaska Natives are related both through region and family, and they include regional people to communicate messages respectfully. Community members who have attended the tobacco cessation program in the past are willing to share their knowledge with others, and assist women who are currently using the program to help them quit. “We found every single person who ever came to us was a viable communicator of information...” says Caroline, “they are empowered to be a messenger.”

Institutionally, ANTHC leadership promotes tobacco cessation. Some board members have quit tobacco and challenge other members to quit. Employee groups also provide support to each other; in one hospital, the entire maintenance department quit together. Providing evidence based care through the use of the 5 A’s and communicating to pregnant Alaska Natives through community members are two of the ANTHC’s many steps to improve the health of their client population.





Action Steps to Care for Patients Using Evidence-Based Practices

Tribal Leaders:

- **Encourage community members** to talk with healthcare providers about effective methods for quitting smoking, and nurture support for the client's quit plan from Elders, family members, and the tribe as a whole.
- **Show your community you care** about them by honoring positive health behavior changes in ways that are appropriate to your community.

Program Planners and Policy Makers:

- **Formulate a comprehensive tobacco cessation plan** by using the following resources that have already been developed:
 - o Clinical guidelines of how to treat pregnant smokers (5 A's)
 - o Standardized tobacco screening forms
 - o Reminder chart stickers
 - o Proactive fax referrals to the state quitline
- **Integrate the 5 A's into all clinical services** in health care facilities that do more than provide prenatal care so that the entire family is receiving information about quitting smoking and eliminating second-hand smoke exposure.
- **Ensure that educational materials are relevant** to the specific Native American population that clinics and programs serve. Include authentic images and photographs from the tribes.

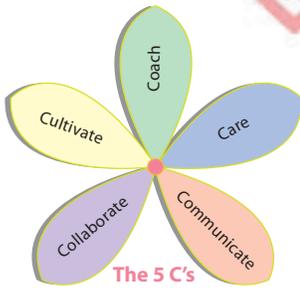
Healthcare Providers:

- **Increase the delivery of "Assist"** so that other resources such as pharmacotherapy, intensive counseling, and quitlines are available, particularly to heavy smokers.
- **Increase the delivery of "Arrange"** so that follow-up discussions around the abuse of tobacco are incorporated into subsequent prenatal and pediatric visits. Women who are not willing to quit immediately may still be interested in further discussion.

Funding Agencies:

- **Require compliance with PHS Guidelines** for grantees that are working in tobacco and Native American communities.
- **Provide resource for a national survey** of providers who work with Native populations to determine current practice and their needs around delivering the 5 A's.





5. COMMUNICATE CESSATION MESSAGES THROUGH MULTIPLE MEDIA

Findings and Lessons Learned:

- *Non-Native healthcare providers can learn how to interact more effectively with Native American clients*

In conversations with clients, providers need to understand that slower interactions are a sign of respect. This means that providers have to become more comfortable with periods of silence and be careful not to interrupt when a client is speaking. In Native cultures, there is value in non-verbal and indirect communication, so body language should also convey a sense of patience and respect.

- *Certain forms of electronic media are a viable communication tool.*

One of the best examples of how to maximize outreach to Native American providers comes from our experience in disseminating an office poster created by The National Partnership. A special photo shoot was arranged with Native American models, and the text of the poster was circulated to tobacco advocates within the community. After incorporating their recommendations, this “Native American” poster was announced over a listserv sponsored by the IHS which connects maternal child health providers from all over the country. The results were immediate: a flood of requests for copies of the free poster was generated, and we have disseminated over 12,000 posters to date.

Case Study: Healthy Start

“One key to providing appropriate services is remaining flexible in teaching style, location and tools while being aware of cultural norms,” says Ms. Left Hand Bull. “Take advantage of every opportunity to motivate and teach!”

- Jacqueline Left Hand Bull, Project Director, Northern Plains Healthy Start

The incidence of Sudden Infant Death Syndrome (SIDS) among Native American and Alaska Natives is disproportionately high in relation to other populations. SIDS is one of the leading causes of infant mortality and Jacqueline Left Hand Bull, project director of the Northern Plains Healthy Start Project, is doing her part to address SIDS in her community. Mothers who smoke or are exposed to second hand smoke during pregnancy increase their risk of low birthweight babies and SIDS. A focus of Healthy Start is to educate pregnant women about the effects of tobacco smoke on their babies.





The Northern Plains Healthy Start Program is part of the Aberdeen Area Tribal Chairmen's Health Board (AATCHB). [Its population] has the highest infant mortality rate among the Indian Health Service's twelve areas and a rate three times higher than the national average. Eighteen tribes in North Dakota, South Dakota, Nebraska and Iowa are served by AATCHB. In a service area this large, there are many barriers to providing client services, such as limited resources and lack of transportation.

"Sometimes the woman is at a clinic waiting for her appointment and we arrange to meet them and the case managers will teach them there," says Ms. Left Hand Bull. "Learning may occur in the clinic, during home visits or even in a car during transportation to and from doctors appointments.

Because teaching may occur in different settings, it is important to have a variety of teaching tools. A good example is the Native American "Face Up to Wake Up™ SIDS reduction kit developed by AATCHB with funding provided by the CJ Foundation for SIDS. Face Up to Wake Up™ can be used in home, classroom or clinic settings. Two videos in both VHS and CD-ROM format are included, as well as a resource CD that contains posters, brochures, public service announcements, radio spots and other educational materials.

The program supports and encourages pregnant women in communicating with their families and friends to maintain smoke-free homes. Due to cultural norms it is often inappropriate to ask visitors to refrain from smoking in the home. A culturally acceptable communication strategy adopted by the Healthy Start program includes placing signs with smoke-free messages on doors and in other areas of the home to politely encourage smoking outdoors.

This multifaceted program addresses the unique needs of Native Americans. Education, support and a competent program give Jacqueline Left Hand Bull and her team of case managers the communication tools they need to help keep Native American babies healthy.

**We honor the memory of
Carole Ann Heart
We are grateful for her work with Native people
and the Aberdeen Area Tribal Chairmen's Health Board
the gifts she left for us on this earth
and we remember her family and friends.**





Action Steps to Communicate Cessation Messages Through Multiple Media

Tribal Leaders:

- **Create a forum during council meetings for concerned tribal members and tobacco advocates** to share concerns around commercial tobacco abuse and second-hand smoke.

Program Planners and Policy Makers:

- **Take advantage of existing health communication networks.**
 - Find individuals within tribes who are respected for their opinions on health-related issues.
 - Ask about ways in which other health messages have successfully been disseminated among a tribe.
- **Use messages that engage Native American** beliefs regarding health, pregnancy and tobacco use.
 - Messages on the health effects of tobacco should not include images or ideas that could be considered harmful to the baby.
 - Smoking cessation messages should focus on the positive health aspects of quitting commercial tobacco, rather than on the negative effects of tobacco on the fetus.
 - Positive images of healthy mothers and healthy babies should be the focus of educational materials.
- **Create cessation materials for partners and family members** to help pregnant women to approach household members who smoke.
 - Use a variety of communication channels for reaching family members including print, electronic, video and posters.

Healthcare Providers:

- **Provide second hand smoke messages that do not violate cultural norms** against directing others' behavior. Teach pregnant women how to create a smoke-free home without disrespecting their elders.

Funding Agencies:

- **Fund a nationally available clearinghouse of Native American-specific materials.**
 - Make free, generic templates available as well educational materials from specific tribes.
 - Provide marketing support for the clearinghouse so that all tribes are aware of the resources available.
 - Provide technical assistance to teach tribes how to modify materials for their own purposes.





CONCLUSIONS

Taking action now to eliminate commercial tobacco use among Native American pregnant women can significantly improve the health of Native families and reduce disparities between Native Americans and other racial / ethnic groups. We can make progress towards this goal by combining evidence-based interventions with the recognition that many Native Americans have a rich cultural and historical relationship with traditional tobacco. As we synthesized the results of our data collection, the concept of the 5 C's emerged (collaborate, cultivate, coach, care, and communicate). The 5 C's represent a holistic approach to integrating the 5 A's at the community level, the healthcare system level, the provider level, and the client level.

Collaboration with the community is critical for non-Native American organizations. For example, the data collection process for the Action Plan resulted in new and important relationships between National Partnership members and tobacco advocates from the community. Participants reiterated that health care institutions should continually engage with key stakeholder groups such as the Tribal Support Centers, the Indian Health Service, tribal leaders, community members (particularly pregnant women and their families), and individual healthcare providers who are successfully addressing the consequences of commercial tobacco use among Native Americans.

Without *cultivating* cultural sensitivity, the 5 A's may not be accepted by the population that should benefit from the best practice intervention. A common thread throughout the interviews and focus groups was the need to bridge the gap between providers, many of whom are not Native American themselves, and the women who are using commercial tobacco. Another gap exists between Native Americans who are familiar with and practice the traditional use of tobacco, versus those who have not had the opportunity or may not be interested in learning their cultural traditions. Adding to these cultural divides is the fact that each of the 500+ tribe has its own unique customs, language and traditions. Creating smoking cessation programs and materials for each individual tribe is not possible, but tailoring and incorporating components of Native American culture into existing evidence-based interventions can be accomplished.

Coaching providers on how to appropriately *care* for Native American clients who use commercial tobacco requires going beyond mainstream cessation training programs. Provider education tools for tobacco treatment do not always take into account special populations such as pregnant and post-partum women, and very rarely include Native Americans. We learned that providers are interested in the basic guidelines for treating pregnant smokers, but they also want to be better informed about traditional tobacco and have educational materials that reflect their patient population. Tribally-owned and IHS clinics are beginning to routinely identify and treat pregnant and parenting smokers, as demonstrated by the case studies in this Action Plan. Because we collected data from both Native American and non-Native providers, we heard from both perspectives about what is needed to deliver culturally competent cessation services.

Native American populations are as diverse as any other population, and can be reached through many different forms of *communication*. For those who live on rural reservations, for example, information on quitting smoking can be passed along through word-of-mouth, statements from tribal leaders and Elders, and local media such as radio and newspapers. For those who are more urban, electronic media such as cable television, the Internet, and email can be used effectively. A common theme in our qualitative research was the desire to have Native American spokespersons carry the messages about tobacco abuse. They provided powerful examples of how outspoken tribal leaders have enabled the quick adoption of smoke-free policies and tobacco treatment services.

The authors of the Action Plan attempted to incorporate the roles of several key audiences including tribal leaders, healthcare providers, program planners and policy makers, and funding agencies. We envisioned this document being used by these groups because the biggest changes can be created by achieving synergy among a variety of stakeholders. We have learned that healthcare providers and organizations that serve Native Americans rarely function in isolation, but are greatly influenced by the tribes and the community in which they are located. We hope that this document will sustain interest in funding and delivering cessation services to Native American women and their families, as well as provide direction for all readers regardless of their role in tobacco treatment.





REFERENCES

- 1 National Center for Health Statistics. National Vital Statistics Report, Vol 55, No. 1, September 29, 2006. Centers for Disease Control and Prevention, U.S. DHHS
- 2 Centers for Disease Control and Prevention. Health Effects of Cigarette Smoking. Tobacco Prevention and Information Source. February 1, 2007. Available at http://www.cdc.gov/tobacco/factsheets/HealthEffectsofCigaretteSmoking_Factsheet.htm. Accessed February 25, 2007.
- 3 Office of the Surgeon General. Woman and Smoking: A Report of the Surgeon General, 2001. Public Health Service, U.S. DHHS
- 4 Tomasheck KM, Qin C, Hsia J, et al. Infant Mortality Trends and Differences Between American Indian/Alaska Native Infants and White Infants in the United States, 1989–1991 and 1998–2000. *American Journal of Public Health* 2006; 96(12):2222-2227
- 5 Muhuri PK, MacDorman MF, Ezzati-Rice TM. Racial Differences in Leading Causes of Infant Death in the United States. *Paediatric & Perinatal Epidemiology* 2004; 18(1):51-60
- 6 Risendal B, Dezapien J, Fowler B, Papenfuss M, Giuliano A. Cancer Prevention Among Urban Southwestern American Indian Women: Comparison to Selected Year 2000 National Health Objectives. *Annals of Epidemiology* 1999;9(6):383-390
- 7 Barnes P, Adams P, Powell-Griner E. Health Characteristics of the American Indian and Alaska Native Adult Population: United States, 1999-2003. Hyattsville, Maryland; 2005
- 8 Lando HA, Johnson KM, Graham-Tomasi RP, McGovern PG, Solberg L. Urban Indians' smoking patterns and interest in quitting. *Public Health Reports* 1992;107(3):340-344
- 9 McFall SL, Solomon TG, Smith DW, Kelley M. Preventive services and satisfaction of Cherokee Nation patients. *Journal of Public Health Management and Practice* 2001;7(1):76-83
- 10 Gohdes D, Harwell TS, Cummings S, Moore KR, Smilie JG, Helgeson SD. Smoking cessation and prevention: an urgent public health priority for American Indians in the Northern Plains. *Public Health Reports* 2002;117(3):281-290
- 11 Renner CC, Enoch C, Patten CA, et al. Iqmik: A Form of Smokeless Tobacco Used Among Alaska Natives. *American Journal of Health Behavior* 2005;29(6):588-594.
- 13 Scott S, Fogarty C, Day S, et al. Smoking Rates among American Indian Women Giving Birth in Minnesota. *Minnesota Medicine*; December 2005; 44-49.
- 14 Dolan-Mullen P, Ramirez G, Groff JY. A meta-analysis of randomized trials of prenatal smoking cessation interventions. *American Journal of Obstetrics & Gynecology* 1994;171(5):1328-1334
- 15 Mullen PD. "Maternal smoking during pregnancy and evidence-based intervention to promote cessation." In: Spangler J, ed. *Primary Care; Clinics in Office Practice (Tobacco Use and Cessation)*. Vol. 26. Philadelphia, PA: WB Saunders, 1999; 577-589
- 16 Melvin CL, Dolan-Mullen P, Windsor RA, Whiteside HP, Goldenberg RL. Recommended cessation counselling for pregnant women who smoke: a review of the evidence. *Tobacco Control* 2000;9(Supplement 3):iii80-iii84
- 17 Seifert JA, Ross CA, Norris JM. Validation of a five-question survey to assess a child's exposure to environmental tobacco smoke. *Annals of Epidemiology* 2002;12(4):273-277.
- 18 Melvin CL, Gaffney C. Treating nicotine use and dependence of pregnant and parenting smokers: An update. *Nicotine and Tobacco Research* 2004;6(S2):S107-S24.



The full text and updates of the Native American Action Plan are available at:
www.tobacco-cessation.org/pregnantsmokers.htm

Correspondence may be directed to:



LaDonna BlueEye
Indiana University Bloomington
Department of Applied Health Science
HPER 116
1025 E. 7th Street
Bloomington, IN 47405

Design Services by

AMS, Inc. - Patty Dimitriou
3050 N 44th St #200
Phoenix, AZ 85018
602.357.4701

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Hurwitz Photography

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