



Before the harvest of wild rice these two old partners scatter tobacco on the water in hope of a good harvest and to give thanks.
Copyright © 2016, by Carl Gawboy. "Offering." All Rights Reserved.

IN A GOOD WAY:

Indigenous Commercial Tobacco Control Practices

SEPTEMBER
2017

A report on strategies to reduce commercial tobacco use in tribal and American Indian/Alaska Native communities prepared by ClearWay MinnesotaSM, Truth Initiative and Blue Cross and Blue Shield of Minnesota

ACKNOWLEDGEMENTS

ClearWay Minnesota, Truth Initiative, Blue Cross and Blue Shield of Minnesota and Laura Hamasaka (consultant) conceptualized the framework, reviewed drafts, and contributed to the writing of this report. **Zachary Slobig** served as the principal writer.

The following ClearWay Minnesota, Truth Initiative, Blue Cross and Blue Shield of Minnesota staff also reviewed and contributed to the creation of the document.

Jaime Martínez and CoCo Villaluz, *ClearWay MinnesotaSM* • **Ines Alex Parks**, *Truth Initiative*
Chris Matter, *Blue Cross and Blue Shield of Minnesota*



We would like to thank all those who contributed to this report by sharing their wisdom and lived experience as practitioners in the field, researchers, tireless advocates, and community leaders.

Amanda Dionne: *American Indian Cancer Foundation*

Jean Anne Moose: *Nez Perce Tribe*

Edy Rodewald: *Southeast Alaska Regional Health Consortium*

June Maher: *Cherokee Nation*

Shanna Hammond: *Hannahville Indian Community Health Services*

Patricia Nez Henderson: *Black Hills Center for American Indian Health*

Julie Stetson: *White Earth Nation Public Health*

Sadie In The Woods: *Great Plains Tribal Chairmen's Health Board*

Roberta Marie: *Fond du Lac Band of Lake Superior Chippewa, Cloquet*

Kris Rhodes: *American Indian Cancer Foundation*

Chris Matter: *Blue Cross and Blue Shield of Minnesota*

Carla Feathers: *The Muscogee (Creek) Nation*

Earl Villebrun: *Bois Forte Band of Chippewa*

Alex Parks: *Truth Initiative*

Joshua Hudson: *National Native Network, Intertribal Council of Michigan*

Frank Yaska: *Tanana Chiefs Conference*

Tianna Marie Odegard: *Upper Sioux Community*

Richard Mousseau: *Great Plains Tribal Chairmen's Health Board*

LaToya Ross-Sullivan: *Upper Sioux Community*

Shannon Laing: *Michigan Public Health Institute*

LaTisha Marshall: *Centers for Disease Control and Prevention*

Dawn Newman: *University of Minnesota*

CoCo Villaluz: *ClearWay MinnesotaSM*

Kevin T. Collins: *Centers for Disease Control and Prevention*

Erin O'Gara: *ClearWay MinnesotaSM*

Jacqueline R. Avery: *Centers for Disease Control and Prevention*

Jaime Martínez: *ClearWay MinnesotaSM*

David Willoughby: *CEO, ClearWay MinnesotaSM*

Lori Ann New Breast: *Amskapipikuni (Blackfeet) Nation*

Laura Hamasaka: *Consultant*



Copyright © 2017 by ClearWay MinnesotaSM, Truth Initiative and Blue Cross and Blue Shield of Minnesota.

All rights reserved. Portions of this document may be used in other documents and manuscripts, but must be cited.

EXECUTIVE SUMMARY

In public health, we like to focus on evidenced-based practice, but we need to respect the Native tradition and knowledge of practice-based evidence.

— **Dr. Donald Warne, MD, MPH**
North Dakota State University, Oglala Lakota

This report intends to highlight tribally-based strategies developed over a 10-year period through the Centers for Disease Control and Prevention's (CDC's) formerly funded national Tribal Support Centers and through ClearWay MinnesotaSM's Tribal Tobacco Education and Policy (TTEP) grant initiatives. The CDC's Tribal Support Centers were charged with advancing commercial tobacco control in tribal and American Indian/Alaska Native (AI/AN) communities across the country, and the TTEP initiative worked on advancing commercial tobacco-free policies on tribal lands in Minnesota. Both projects have worked to promote health in Indian Country for at least eight to 10 years, working to reduce the harm of commercial tobacco and restoring traditional tobacco practices. It is crucial that we acknowledge that tobacco exists in two ways in American Indian communities. Commercial tobacco use causes death and disease and is marketed for profit. Traditional tobacco use honors the Creator and is governed by cultural and ceremonial protocols.

This report is by no means intended to be a comprehensive look at the broad work around commercial tobacco education, advocacy and policy reform across the breadth of AI/AN communities, but we hope that it captures the key lessons and spirit of a time where increased resources were available to tackle one of the toughest health issues facing indigenous populations in the U.S. It is imperative to not approach the search for and replication of solutions with a 'one-size-fits-all' approach. Each of these communities is different, with varying traditions, cultural practices and relationships to traditional tobacco. Mainstream public health has largely failed to decrease commercial tobacco use rates in these communities. Solutions that have shown impact largely come from within the communities themselves: not top-down solutions, but those emerging from the grassroots.

The raw material for this report came in two forms, the first of which was a two-day meeting at the offices of ClearWay MinnesotaSM in October of 2016. That meeting was followed by a series of individual interviews with the participants which gave the interviewer the opportunity to gather more details on issues and themes that had emerged in the meeting. What follows here will touch on these themes:

- ❖ The Role of Tobacco Traditions in Indian Country
- ❖ Reframing "Best Practices" From an Indian Point of View
- ❖ Interventions That Empower All Generations
- ❖ Honoring Relationships, Building Capacity With Partnerships
- ❖ The Historical Context of Policy in AI/AN communities
- ❖ Building In-Roads Within Gaming Establishment
- ❖ Culturally Appropriate Messaging
- ❖ Educating Funders, Stakeholders and Researchers
- ❖ The Power of Tribal Specific Data
- ❖ Reawakening and Reconnecting With Traditional Medicine





INTRODUCTION

Demographic Context and Health Disparities

American Indians and Alaska Native communities are vastly diverse and geographically dispersed—with some 567 federally recognized tribes spanning from the Athabascans of Alaska to the Navajo of the Southwest. In 2013 roughly 5.2 million people, or 2 percent of the U.S. population, identified as AI/AN. Several hundred additional tribes in the United States have sought federal recognition but remain unrecognized. This heterogeneous population deserves public health interventions and policy development that avoid the pitfalls of one-size-fits-all approaches.

Public health and policy development in Indian Country must also account for the generation-spanning impacts of the historic marginalization of American Indians, a legacy that shapes every aspect of these communities. The U.S. government removed American Indian tribes from their indigenous lands and forced these communities to resettle in new, unfamiliar lands against their will. An ancient indigenous way of life, with rich traditions and enduring culture, faced tremendous attack in the form of government-imposed assimilation. The economically depressed conditions these communities continue to suffer are a direct result of systematic injustice and discrimination, forced relocation and exploitation.

Still, within that 2 percent of the U.S. population, great diversity and resiliency exists, and while the public health world often treats AI/AN populations as one large homogenous group, approaches designed and implemented at the community and tribal level have shown the most success. Culturally specific interventions that account for the socioeconomic, historical and psychological factors that contribute to high commercial tobacco use rates are critically needed.

Tribal communities are not simply a minority or a special interest group, they are sovereign nations recognized by all branches of the federal government. With the powers of this sovereignty comes the great benefit of control over policy and laws that supersede any state or federal laws. Each nation must adopt or develop similar protections.

Smoking rates in the U.S. general population have decreased thanks to tobacco control policy implementation, education, cessation therapies and broad media strategy. The commercial tobacco use rate across AI/AN communities has experienced no such broad and measurable improvement. American Indians taken as a whole report the highest commercial tobacco use rates of any U.S. subpopulation, nearly double the general population's. While the need is critical, an underfunded Indian Health Service and state health departments have not been able to provide significant support for commercial tobacco programs in Indian country. The result is debilitating commercial tobacco use rates in these communities; these have seen little change in the past decades while rates in the general population continue on a steady downward trend.

Data from the National Health Interview Survey (NHIS) support these troubling facts. Commercial tobacco prevalence rates for AI/AN are the highest of any racial/ethnic group in the United States.¹ Still, the NHIS statistics are broad brush and fail to get at the granular differences between communities. As with the general population, tremendous regional differences exist in smoking rates for the AI/AN population. According to a 2009 study, 28 percent of Southwest tribal members were smokers compared to 47 percent smoking rate among Northern Plains tribal members.² Meanwhile, the cigarette use rate among the American Indian population in Minnesota is 60 percent.³ Smoking in tribal communities also begins at a young age—typically 14 years. In Minnesota, five of the six leading causes of death among American Indians—heart disease, cancer, diabetes, stroke and lower respiratory disease—are related to commercial tobacco use.⁴



¹ CDC. Current Cigarette Smoking Among Adults — United States, 2005–2015, 1999 – 2012. *MMWR Morb Mort Weekly Rep* 2016; 65 (44): 1205-1211.

² Nez-Henderson, P. et al., Patterns of Cigarette Smoking Initiation in Two Culturally Distinct American Indian Tribes. *American Journal of Public Health*. 2009; 99(11): 2020-2025.

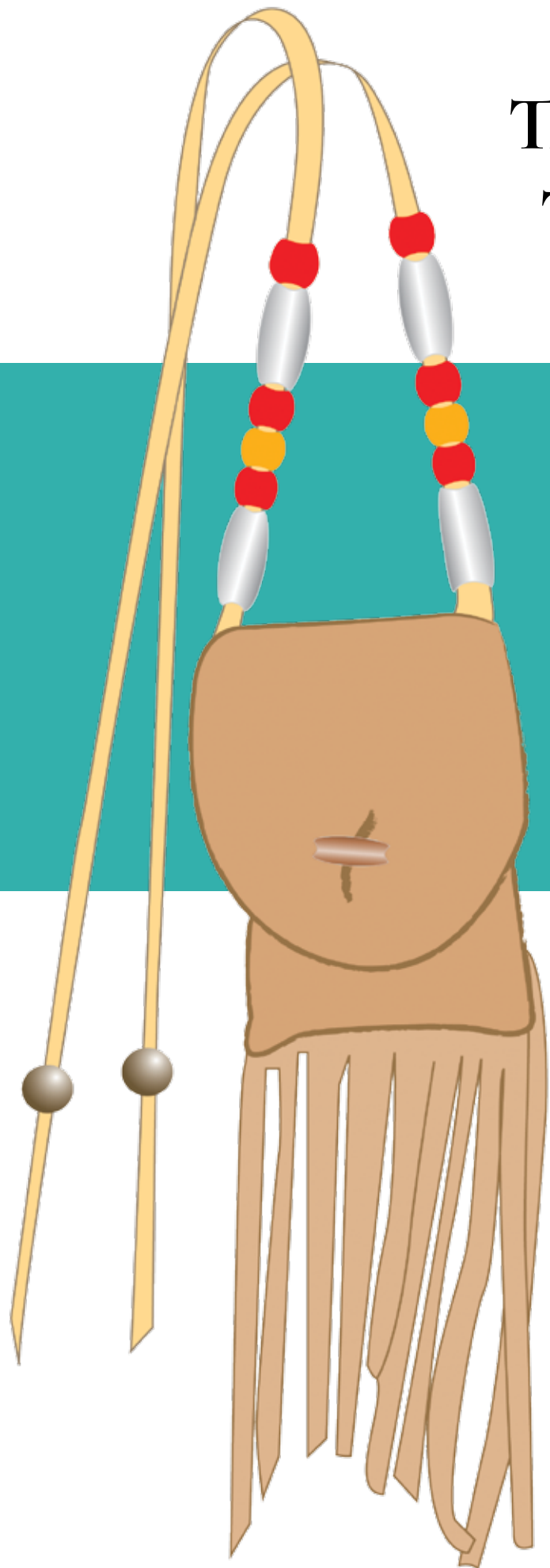
³ American Indian Community Tobacco Projects. Tribal Tobacco Use Project Survey, Statewide American Indian Community Report. 2013.

⁴ Centers for Disease Control and Prevention. Health Effects of Cigarette Smoking. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/. Accessed June 29, 2017.

The Role of Tobacco Traditions in Indian Country

Any exploration of tobacco's place in Indian Country must first account for the central role that tobacco plays in the traditions of many American Indian communities. In fact, the history of tobacco is in many ways a history of American Indians. Tobacco was first cultivated some 7,000 years ago in the Andes, from where it spread north through other indigenous communities. For these tribes, tobacco is a gift from the creator, a sacred medicine cherished for its healing properties and its spiritual significance. Some believe that smoke from sacred tobacco will take a prayer directly up to the creator. Each of these communities has elaborate stories about how this plant came to them from the creator.

There are many names for this sacred tobacco: cansasa, canli, pistax'kaan, kinnekenick, aseema, asemaa. This intimate relationship with the plant dates back thousands of years, long before European contact. Ceremonial use of tobacco is varied in these communities. It could be used as an offering to the creator, or to a member of the tribe. It may be smoked or not, but it is not inhaled. Frequency varies as well, from daily to very sparingly. As we'll see in this report, the act of reclaiming the sacredness of this plant and clearly distinguishing its traditional use from its modern commercial tobacco use—introduced during an era of grave historical trauma—can prove critical in reshaping societal norms around tobacco.



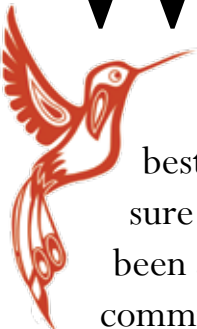
Prior to colonization, many American Indian communities used many varieties such as *nicotiana rustica* (traditional tobacco), red willow tree bark, sage, sweet grass, cedar and other botanicals individually or in combination in sacred or ceremonial practice. This substance was not used casually or socially. Its use was governed by strict protocols, and in fact this was a powerful form of indigenous “tobacco control.” In the last century and a half, Indian communities largely began to replace this usage with *nicotiana tabacum*, cultivated commercial tobacco. Primarily this shift was a result of draconian government restrictions on American Indian cultural lifeways and partially this was a result of ease of access to cultivated commercial tobacco. It was not until 1978 with the Indian Religious Freedom Act were Indian communities free to practice their indigenous lifeways openly—and use traditional tobacco in its sacred setting.

The legacy of this dynamic repression cannot be underestimated. Because of these policies, many generations of young people have grown up seeing only commercial tobacco in ceremonies. This loss of tradition and culture has created severe health impacts, and in recent years, many communities have set out to educate tribal members, young and old, on the traditional use of this plant in an effort to restore and revitalize those ancient connections destroyed by colonization and a hostile federal government. Evidence is emerging that efforts to restore the place of traditional tobacco will help bring down the high rates of commercial tobacco use.



Reframing “Best Practices” From an Indigenous Point of View

The term “best practices” while generally useful for spreading effective models, presents great challenges in AI/AN communities. The CDC defines best practices as “a practice supported by a rigorous process of peer review and evaluation indicating effectiveness in improving health outcomes, generally demonstrated through systematic reviews.”⁵ This peer-review process and evaluation is constructed from Eurocentric values that do not include the

 We want to bring together this information that is critical to really moving the work among native people. We also need it as a part of the CDC’s best practice guidelines to make sure people understand that there’s been a lot of work done in these communities.

— *David Willoughby*,
CEO ClearWay MinnesotaSM

“Indian way” – which does not necessarily equate to university training, publication and recognition for research activities. Best practices in Indian Country are a specific set of behaviors and wisdom recognized by each community as being valued, and based on the teachings of elders. AI/AN communities have varied cultural values that may not align with a Western paradigm, but these communities are just as interested in crafting and implementing programs that work, based upon sound principles and values.⁶ Programs that work in Indian Country are culturally relevant, culturally appropriate and designed in keeping with the “Indian Way.”

⁵ Kochtitzky, C. Applying a General Best Practice Identification Framework to Environmental Health. *Journal of Environmental Health*. 2014; 77(4): 40-43.

⁶ Cruz, C. Tribal Best Practices: There are Many Pathways. Oregon Department of Human Services. Located at: <http://www.nrc4tribes.org/files/Tribal%20Best%20Practices%20-culturally%20based%20practice%20ppt.pdf>. Accessed June 29, 2017.



Public health practitioners in Indian Country can struggle to demonstrate effectiveness of programs implemented in their communities because of this monolithic approach to the definition of best practices. This



report is an effort to collect and share best practices based on evidence from those working on the frontlines of commercial tobacco control within AI/AN communities, and to educate the mainstream public health community. In October 2016, representatives of 8 Tribal Support Centers and TTEP grantees gathered at the offices of ClearWay MinnesotaSM for two days of reflection and sharing from the frontlines of the commercial tobacco control movement in Indian Country.

The Tribal Support Centers and TTEP programs implemented programs and policies, training and technical assistance, and related evaluation. Some Tribal Support Centers and TTEP were grantees for five years and others for 10 years. Over that time, these projects accumulated numerous lessons that should be captured and shared as other tribes and organizations implement projects to reduce commercial tobacco use. New CDC tribal grantees and other tribes can benefit, as can governmental and private funders who will continue to be involved in efforts to advance commercial tobacco control in tribal communities across the country.



What follows is a collection of snapshot accounts of those efforts shown to effectively shift norms around, mitigate the harms of, and curtail the use rates of commercial tobacco in these communities.

This publication reflects the grassroots-level experiences of a diverse array of AI/AN community advocates and is intended to act as a resource for any organization with aims to lower the commercial tobacco use rates and preserve traditional tobacco teachings in Indian Country.



SPOTLIGHT:

Traditional Healing: Crucial Intervention for Young People at Risk

During Sadie In The Woods's two years as a Project Manager with the Great Plains Tribal Chairman's Health Board, the most effective program that she saw shifting norms around commercial tobacco use happened in small groups in the woods far outside of town.

Three years ago a medicine man and his wife, a pair of traditional healers, started a Lakota camp for suicidal young people in a community with a suicide rate that's five times the national average. In this community, children as young as 11 years old have taken their lives.

The camp's approach is revolutionary in its simplicity: It revives the nearly lost practices that once honored young people at their critical time of coming of age, galvanizing their identity and situating them as valued members of a community. The camp began as a small and passionate initiative of just this couple and has since become a lifeline for the most at-risk young people, and a rallying point for the entire tribe.

The camp is a several day sojourn in undeveloped land long held sacred. Here, these suicidal youth emerge transformed. Upon arrival, the boys are separated from the girls and their clothes are torched. "It's a symbolic burning of the past to release the spirit," said Sadie In The Woods.

The healers erect a sweat lodge and smudge everything with burning sage to release the negative energies around the young people. Next, they show the kids how to pray, and guide them along, teaching them the ancient songs. A cleansing follows, and each one receives a Lakota name of honor. They're given an eagle feather and learn that they must treat it with utmost respect, keeping it away from drugs and alcohol.

"These kids have never been exposed to any of this," said Sadie In The Woods. "Few adults in the community have even been exposed to it. These kids have never been honored like that."





The healers ask but one thing of these young people: They must return to mentor other kids, to pass along that gift of transformation, that incomparable rootedness which results from such an experience. Slowly, that tide of suicide has begun to ebb.

The struggles continue for these young people though. Sadie recalls one boy in particular who came into her offices looking for donations. He said he was raising money to pay for a ticket to a youth summit in Washington, D.C. “He was homeless,” she remembered. “He told us he wished that non-Native people would stop treating him like a criminal. He brought me to tears.”

He went off to the Lakota camp and walked in the footsteps of his ancestors. There he learned about traditional sacred tobacco, how to cultivate it, when to plant it and where. “If the roots are twisted, for instance, you can’t plant it,” said Sadie in the Woods. “He learned what songs to sing, and how to harvest it. He learned the power of prayer and the place of sacred tobacco.”

Sadie’s staff awarded him a mini-grant through the Tribal Support Center resources, and he proudly represented his community at that Youth Summit in Washington, DC. It was a place this young man never thought he’d find himself. Now 17 years old, he mentors other young people at the Lakota camp, kids struggling to find their way in a world that seems stacked against them.

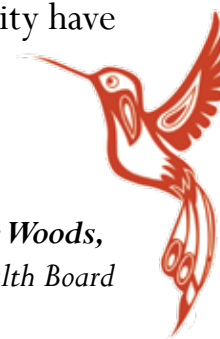
He teaches them about the vicious destruction caused by commercial tobacco, and the proper place of traditional tobacco as a healing force. “He continues to do this even without funding,” said Sadie In The Woods. “That young man is going to be a leader.”

These are the kids who become powerful advocates for progressive tobacco policy, she says. These are the ones that show up to council meetings when resolutions are up for a vote. It’s most powerful when elders join these young people as advocates.

“That’s the combination that really works,” she said, remembering one meeting where a 96-year-old nurse, long-time commercial tobacco control advocate in the tribal community and a celebrated elder, joined them silently and looked on with quiet pride. “It’s so nice to just sit here and rest,” she told Sadie In The Woods. “So nice to watch the young people do the hard work.”

These kids have never been exposed to any of this. Few adults in the community have even been exposed to it. These kids have never been honored like that.

— *Sadie In The Woods,*
Great Plains Tribal Chairman’s Health Board





Empowering All Generations

Many of the Tribal Support Centers report marked success with approaches that intentionally bring both youth and elders to the table. These intergenerational approaches value the wisdom found at both ends of the age spectrum and honor the experiences of each member of the community. June Maher, manager of the Tobacco Prevention Program at the Cherokee Nation in Oklahoma points to the rich youth engagement in her community that turned the tide towards smoke-free policies. Cherokee Nation encompasses 14 counties with distinct jurisdictions and Maher believes that the local SWAT Teams (Students Working Against Tobacco) were the real driver of change.

“Those teams were able to go in to the City Council and get ordinances passed,” said Maher. “If I went up there, they would not have listened to me. They listen to the youth.” Those efforts resulted in the Cherokee Nation passing one of the most comprehensive tobacco policies in Indian Country. Sadie In The Woods, Manager of the Tobacco Prevention Program for the Great Plains Tribal Chairman’s Health Board, also points to the impact of youth engagement on policy change, particularly the work of Teens Against Tobacco Use (TATU) groups. Change can come slowly in traditional communities, and some of the most persuasive agents of change are often the young people.

Sadie In The Woods described a particularly unique intervention aimed at the most at-risk segment of the youth population in her community. Young people who

suffered from severe depression and have contemplated or attempted suicide are invited to attend a traditional Lakota healing camp where they participate in ceremonies and are given new Lakota names. They are also taught the cultivation and preparation of traditional tobacco as well as how to use it in sacred rituals. Replacing commercial tobacco practices with culturally appropriate traditional tobacco use, she believes considerably lowers the stress and anxiety these young people endure from a bitter legacy of historical trauma.

I think we’re really starting to engage our youth more and realize that our youth have teachings that we can learn from them and not the other way around all the time.”



— **Josh Hudson,**
*Intertribal Council of Michigan,
National Native Network*

Some of these young people emerge from the camp as energized leaders and ambassadors of the appropriate use of traditional tobacco. “I thought that was one of the most unique things that I participated in that possibly saved some of those kids,” she said. “I think when we listen to our tribes and we try really hard to partner wherever we can, it turns out to be really beautiful.”

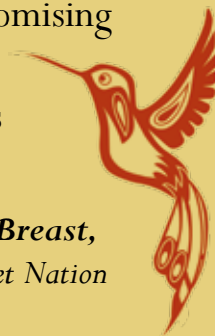
Edy Rodewald with the Southeast Alaskan Health Consortium sees that the tribal communities where she works all place great value on protecting the youth, creating a natural overlap between the elders and young people. “One traditional value in most of the cultures is promoting the idea that the youth are the future,” she said. “So even people who are addicted to tobacco and aren’t able to quit, they don’t want the young people to start, so they’re willing to pass policies that may make it less convenient for youth to start. They do it for the children, for future generations. When you work with the values that way, it’s more of a positive way to approach the elders.”

Health and wellness coalitions that include both young people and elders, working side by side, appear to be particularly effective. “When I look at these communities that have great success, it’s because of their coalitions,” said Richard Mousseau, Director of Prevention Programs at Great Plains Tribal Chairmen’s Health Board. “Take for instance Cheyenne River, they had a coalition of elders and younger individuals, in general good community leaders, even though they might not be tribal council people, or chair people, or even CEOs. They can still have a big impact on tribal council if consistently pressing the issue. They were really instrumental in the tribal community going smoke-free.”

Shanna Hammond, Health Educator at the Hannahville Health Center in Michigan, facilitates a Health Advisory Council comprised of volunteers ranging from young people in their 20s to elders. This group of health champions influenced policy and were trained to conduct the American Indian Adult Tobacco Survey (AI-ATS). They collected crucial tobacco use data through a process of face-to-face surveying. These types of cross-generational engagements appear to be particularly helpful in tribal communities. To authentically engage young people in leadership and advocacy is just as important as honoring the wisdom of elders who may hold more sway in shaping policy.

They’re all saying our young people are at risk. Well, I prefer to think of them as promising warriors, and like any warrior, you have those points where you overcome.

— **Lori New Breast,**
Blackfeet Nation



SPOTLIGHT:

Preparing for the 7th Generation: Tribal and State Collaboration in Oklahoma



June Maher has worked on the frontlines of commercial tobacco control in Cherokee Nation for more than three decades, and has collected a wealth of experience along the way. She's also collected allies and partners—like Sally Carter in the Oklahoma State Department of Health—who have collaborated with tribes towards incremental systems change, from education and advocacy, to coalition building and policy change.

Maher began her public health career with a tobacco education curriculum for elementary school students, exposing them to the deceptive practices that commercial tobacco companies use to lure kids into the a deadly habit, and then into addiction. “We’d show them the Virginia Slims ads with the slender ladies and the white teeth,” recalled Maher. “We tell them all about how they target kids, even third and fourth graders.”

Carter, a licensed social worker, looks at the impact of commercial tobacco use in tribal populations as a social justice issue. “We’d see these prevalence reports with the numbers for the tribal populations so much higher, and I think, ‘well that just doesn’t seem right. What can I do?’” Carter said. She realized early on that sustainable, durable, systems-level change on this issue required working relationships between the tribes and the state—something that had not ever existed to a degree that resulted in real positive change.



“It takes someone like Sally to walk in with a soft voice and ask, ‘How can we help you all?’” said Maher. That had never happened. The tribes wanted a directory that listed all the cessation resources for each tribe so health workers could have them organized for referrals. This initial engagement was actually something that the state considered so low-impact that it wouldn’t normally deserve resources.



“As a social worker, you meet people where they are,” said Carter. “That’s what they needed, to have something to hand out to everybody at their clinic, the doctors and nurses. That allowed us to begin to establish relationships.”

From this low-impact engagement, a working group formed that met monthly with Carter under a collaborative governance model where no single party had more influence than another. Every month, Carter made the 12-hour drive to meet with this group of elders. “Tribal partners had equal decision making and they were at the table every step of the way,” said Carter. “You can’t get to the bottom of stuff unless you sit across the table and get real with each other.”

At these monthly meetings, Carter learned about all the problems the tribes have historically had with the state. She learned about the depth of distrust based on a long history of oppression. She learned that the state had never been a reliable partner. She found out that there was language in the boilerplate contract that threatened tribal sovereignty.

Tribal partners had equal decision making and they were at the table every step of the way. You can’t get to the bottom of stuff unless you sit across the table and get real with each other.

— Sally Carter,

Oklahoma State Department of Health

These are the historical barriers based on lack of understanding that made collaboration impossible. “Now everything that I ever put out of my office, the first words are that the State of Oklahoma, State Department of Health recognizes tribal sovereignty,” she said. “If you don’t respect that, the tribes will not work with you.”





As understanding improved, innovations followed. The state sent Indian trainers to train tobacco quitline workers to be better equipped to serve native populations. Maher and others in tribal health departments working on commercial tobacco had been travelling out of state for conferences and consensus emerged that Oklahoma should have its own conference focused on commercial tobacco issues.

With funding help from the Tribal Support Center grant and the state department of health, this working group conceived of the Preparing for the 7th Generation conference—an opportunity for the dozens of Oklahoma tribes to convene along with mainstream public health practitioners and funders to learn about the challenges of commercial tobacco, and the traditions of ceremonial tobacco in a tribal context.

We were surprised that our situations and traditions were all a little different from each other. It was a learning process for the state but also for the tribes, and we all needed each other.



— *June Maher, Manager,
Tobacco Prevention Program,
Cherokee Nation in Oklahoma*

“We had elders from each tribe come to talk and share about tobacco traditions,” said Maher. “We were surprised that our situations and traditions were all a little different from each other. It was a learning process for the state but also for the tribes, and we all needed each other. Sally opened the door to it all. Tribes can be very skeptical of outsiders and she was critical to bridging that gap.”

The conference, now a decade old, has helped to strengthen understanding and forge crucial partnerships that push towards that systems level change. Maher credits the

conference with the launch of Students Working Against Tobacco (SWAT) teams in tribal communities—what she considers the most effective advocates for commercial tobacco control. SWAT teams organized a range of interventions, creatively designed activities aimed at raising awareness about the dangers of commercial tobacco targeted at not just their peers, but their elders and influential policy makers as well.

Cherokee Nation was one of the first tribal communities to ban the use of commercial tobacco in all its government properties, a milestone victory that Maher believes would never have happened without the great Health Administrative staff within Cherokee Nation and by having the right people who care about the health and wellbeing of the citizens. The SWAT teams were instrumental in getting school board and city council to pass policies within the schools, parks, and city ordinances. “When we had grants, that’s when we were able to develop programs and policy,” said Maher. “The resources of the Tribal Support Center opened doors.”



Carter says that direct funding for the tribes creates the opportunities for systems change. “Any time that you don’t directly fund tribes and create a collaborative governance model, you’re going to lose out,” she said. “How much longer do we have to wait for American Indian people to get the help they need so they’re not always at the highest level of disparity in our state?”



Honoring Relationships, Building Capacity With Partnerships

Tribal communities are built on a tight network of relationships, an interconnectedness that can be leveraged to shift norms and shape policy. Identifying and empowering community champions beyond the public health sector can be critical to systems change in these communities. Some tribal communities are small and connections can come easy, while in other communities these champions must be cultivated more closely.

“In our way of life, you listen and you talk, and you continue until you reach not a consensus, but a reconciliation of what is fracturing your world,” says Lori New Breast. “Working in the complexity of Indian Country, it really comes down to seeing that there’s

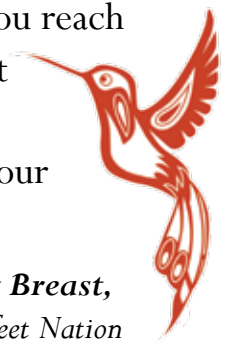
always these dual paradigms, there’s these two world views or sometimes four, sometimes ten, sometimes 15 world views, all happening around promoting the health and wellbeing of communities.”

Patricia Nez Henderson, MD, MPH with the Black Hills Center for American Indian Health credits the relationship developed with the Traditional Healers Associations and other organizations in Navajo Nation that brought them into a coalition for increasing taxes on commercial tobacco products and passing smoke-free policies. The Tribal Support center grant provided the resources to form an enduring coalition—Team Navajo—that continues to work towards strengthening and expanding commercial tobacco policies.

Edy Rodewald credits the partnership with Alaska Native Brotherhood and the Alaska Native Sisterhood with getting tobacco policies in place within 128 of the 227 tribes in that state. “We stir things up a little bit, get them started,” said Rodewald. “But there has to be champions within the tribe for that to happen.”

In our way of life, you listen and you talk, and you continue until you reach not a consensus, but a reconciliation of what is fracturing your world.

— *Lori New Breast,*
Blackfeet Nation



The P Word

Even the term “policy” can be negatively charged in AI/AN communities—policies in Indian Country historically were regulations imposed by federal government that served to further marginalize, impoverish, and fracture these communities. Dialogue at the ClearWay MinnesotaSM meeting indicated that the policy system must be reframed as something that begins with the community and its values. “We talk about tribal resolutions and those different elements of it being more of a white man’s approach to things,” said Richard Mousseau. “But ultimately it’s the only way we can really make way for healthy communities and the only way we can really push efforts. I really push a lot of the policy efforts because that’s what I see as sustainability. It’s making that impact for generations.”

Progressive policies in Indian Country are emerging and according to Mousseau, that’s when real change begins to take hold. “I look at the transformation that’s made—that systems level change is really impactful,” he said. He points to communities like the Cheyenne River Sioux Tribe where a Smoke-Free Air Act passed in 2015, a first for the state of South Dakota. In 2013 United Tribes Technical College adopted a comprehensive tobacco free policy, a first for tribal colleges in the state. Such policies will have significant long-term impacts in a community where more than half of tribal members are smokers. Much work remains though, says Mousseau. With 83 percent of native children in the state living with a smoker, he believes smoke-free housing policies will be the next frontier.

Amanda Dionne, from the American Indian Cancer Foundation, agreed that policy work is a critical fulcrum of change, but emphasized that it must be collaborative and participatory with the community to ensure success. “I do training around policy systems, and environmental change and what that looks like for indigenous communities and how even though it’s a western concept, it still can be applied within a

I really push a lot of the policy efforts because that’s what I see as sustainability.

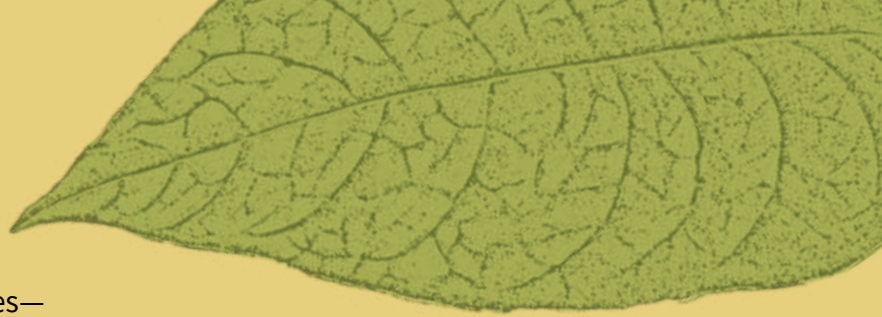
It’s making that impact for generations.

— **Richard Mousseau,**
*Great Plains Tribal Chairmen’s
Health Board*

tribal nation,” she said. “A lot of communities, they hold very close to themselves, so it takes time. As long as you’re being authentic and authentically listening, and responding and helping them actualize what they want to do, then you get closer and closer to those types of more traditional conversations.”

Lori New Breast insists that those working in tobacco in Indian Country keep in mind that the Indian communities that revered this plant as one of the most powerful sacred medicines constructed the original tobacco control policies. Who better

to devise the most effective policies for their community, she asks. “Policy, that English word, has a bad name in Indian Country,” she said. “That word policy really has been used to dismantle and to injure our people. That’s historical. There’s no way around it. We don’t want to cause further harm through policy efforts that do not recognize us as indigenous people, the first and only people on creation that had tobacco protocols prior to contact.”





Building In-Roads Within Gaming Establishment

For many communities, the gaming industry is a major economic engine that wields great influence and can be resistant to commercial tobacco policies. Bringing gaming officials to the table to have open dialogues about the impact of commercial tobacco can be challenging, but many gathered at the ClearWay Minnesota meeting believed that building relationships with gaming is crucial. “When we first introduced the policy on Navajo Nation back in 2008, the first gaming system was being built, and they didn’t have many patrons,” said Patricia Nez Henderson.

Fear of negative economic impacts on tribal casinos has been a significant barrier to the adoption of comprehensive smoke-free laws in Navajo Nation. Shortly after the historic Navajo Nation vote to enact smoke-free policies, the main Navajo newspaper ran a story on the front page under the headline: ‘Smoking Ban Prompts 40 Percent Cut in Jobs’ resulting in a veto. Many years of advocacy and relationship building eventually facilitated the passage

of a smoke-free bill for Navajo Nation, but not one that covers public spaces and workplaces—including casinos.⁷ “The data certainly speaks to decrease in tobacco use in tribal populations that have made policy change,” said Henderson.

Lori New Breast, of the Blackfeet Nation, approaches gaming not as an adversary, but as a potentially powerful partner. “I don’t see gaming as a barrier,” she said. “They need to be brought into the circle. They are regulated under the Indian Gaming Regulatory Act, and there’s a part in there about promoting health and wellness from the gaming revenue. So they need to become our new friends, our cousins, our brothers.” It’s in the casinos where major impact will happen towards decreasing commercial tobacco use. Patricia Nez Henderson advocates for close increased dialogue with gaming as well. “I’ve never gone to any of their conferences, so it’s on my list to go to be more proactive and engaging with them just to understand their goals,” she said.

⁷Nez-Henderson, P. et al., Advancing Smoke-Free Policy Adoption on the Navajo Nation. *Tobacco Control*. 2016; 25(Suppl 1): i26-i31. Doi: 10.1136/tobaccocontrol-2016-05309

On the Fond du Lac reservation, Health Educator Roberta Marie sees promising incremental change happening with the casino establishment. In June 2015, the Black Bear Casino restaurants went smoke-free and on September 2015, the first floor of the Fond-Du-Luth Casino in downtown Duluth, Minnesota went smoke free.⁸ Fond du Lac is a small community and she is able to have face-to-face dialogue with tribal leadership that results in real policy progress. She makes sure to be present at tribal events—opportunities to educate leaders and other community about the importance of smoke free spaces. This is the important groundwork that must precede any policy efforts. She saw results from her efforts—the tribe banned smoking from all tribal buildings, and soon after, at the powwows as well. She likens the hard work of building consensus towards shaping policy to quitting smoking. “I say don’t give up,” she said. “It took me seven tries.”

Systems change takes tremendous effort and persistence, says June Maher who has worked to free her community from the grip of commercial tobacco for some 25 years. Building relationships with tribal leaders is crucial, she says, particularly in communities where leadership changes often.

“When new leadership comes in, they redo the whole chief’s cabinet, so we

get a new secretary of health,” said Carla Feathers who worked with the Muscogee (Creek) Nation. “Tribal council members change every two years, so it’s a constant reeducating. That’s a battle because we have so many leaders who are tobacco users, and trying to get them to understand what we’re trying to do is a challenge.”

Without significant buy-in from leadership, comprehensive policies—like the 2008 Cherokee Nation tobacco policy that made all tribal properties tobacco-free—can’t emerge, nor be enforced. With that momentum, Maher and her team successfully advocated for policies in tribal schools and some of the largest employers in the community. “It

doesn’t happen overnight,” she said. “It may not happen in six months or a year. It takes time and teaching. I remember Wilma Mankiller, our former chief, told me one time, ‘You don’t get nowhere when you’re knocking on a door and nobody opens it. Walk around the corner and knock on that door. Keep knocking until somebody listens to you.’”

It doesn’t happen overnight. It may not happen in six months or a year. It takes time and teaching.

— June Maher, Manager Tobacco Prevention Program Cherokee Nation in Oklahoma




⁸ ClearWay MinnesotaSM. *Reclaiming Sacred Tobacco documentary: Casinos & Secondhand Smoke*. Located at: <http://clearwaymn.org/keptobaccosacred/>. Accessed June 29, 2017.

Culturally Appropriate Messaging

Given the historical context of tribal communities and the intimate cultural connection to tobacco in many, great care must be taken to work directly with the community to craft messages that reflect and resonate with their values. Mainstream tobacco messages are often a poor fit for these communities and only storytelling and advocacy made by AI/AN communities, for AI/AN communities proves effective in reshaping norms around commercial tobacco use.

Nathan Moose, member of the Oglala Sioux tribe, became one of the very few tribal members to share a personal story of the impacts of tobacco through the CDC's Tips From Former Smokers campaign. In fact, Nathan never smoked, but he worked in a smoke filled casino for over a decade and his health suffered gravely. He decided to speak out, and made the rounds regularly telling his story of the impact of secondhand smoke at tribal gatherings and pow-wows all over Indian Country. He became the first face of AI/AN advocacy against commercial tobacco and his story has become well known across Indian Country.⁹

Jean Anne Moose, Tobacco Coordinator with the Nez Perce tribal community in Idaho, encouraged her husband to go public for the good of the entire AI/AN population by sharing his story about a Native American getting sick from secondhand smoke exposure. "Nobody thinks smoking cigarettes, or being exposed to secondhand smoke is that bad," she said. During the creation of the TIPS commercial, Jean told him: "Wow, you're doing it, you're going to make an impact. You're going to save a lot of lives from the video." Nathan Moose passed away in 2013 from respiratory failure related to his years of secondhand smoke exposure. His legacy continues to loom large over the tobacco advocacy community.



Culturally appropriate messaging recognizes and understands the inherent humanity in people and respects them for who they are and where they come from.

— **Josh Hudson,**
*National Native Network,
Intertribal Council of Michigan*

"Representation matters, and it's easy for Indian Country to think, well, the Tips campaign doesn't really apply to me, it's all just white and black people," said Josh Hudson of the National Native Network. "If you speak to a person in a language that they understand, you're speaking to their brain, but if you speak to a person in language that they know, that they live, then you will speak to their heart. I think that's really true in Indian Country." Big Tobacco has had a disproportionate impact on AI/AN communities for generations, says

Richard Mousseau, so the messaging must be tailored to the community and well crafted. "When your population is heavily targeted, you really have to find creative and unique solutions in the counter marketing," he said. "I think that unique solution is to really reach out and look to that community as you develop messaging."

⁹ Centers for Disease Control and Prevention. Tips From Former Smokers: Nathan's Story. Located at: <https://www.cdc.gov/tobacco/campaign/tips/stories/nathan.html>. Accessed June 29, 2017.

The images and language used in public health communication can be the difference between a message that will be received and embraced and one that misses the target completely. Edy Rodewald points out that tobacco has no historical place of reverence for Alaska Natives—early explorers and traders introduced commercial tobacco and these days some 47 percent of Alaska Natives are smokers. She points to media campaigns in her state that highlight this fact with clever messages of how tobacco has no place in the traditional values system as well as a “Homeland Heroes” campaign of the personal stories of community members taking a stand against tobacco.

Frank Yaska, Tobacco Prevention Specialist at the Tanana Chiefs Conference, a consortium of 42 villages in the interior of Alaska, helped to design and implement a “Join the Movement” campaign that emphasizes the fact that tobacco had no traditional place in the Alaska Native culture. “We completely redid all of our print media,” he said. “We were able to change everything and indigenize it.” He works with community members as young as Early Head Start, using a picture book that teaches not to use tobacco because you want to be big and strong like an eagle, or so you can swim as fast as a salmon. These are the kinds of messages that connect with young people in these remote villages, he says.

I think that a unique solution is to really reach out and look to that community as you develop messaging.

— **Richard Mousseau**,
Great Plains Tribal
Chairmen’s Health Board



He hosts week-long theater camps in the villages, an experience that culminates in a 10-minute play based around the theme of tobacco prevention in an Alaskan village, as well as a presentation to the tribal council. He sees such youth leadership efforts as particularly valuable and he believes real change has resulted. “When I started, only two tribal villages had tobacco or smoke-free policies,” he said. “Now we have nine villages with policies in place as well as a tobacco-free policy at the World Eskimo-Indian Olympics.”

Carla Feathers, Muskogee (Creek) Nation Tobacco Prevention Program Manager, found one local media campaign particularly resonant. It used images of a “stomp dance”, with the shadows of an old man and a little boy dancing by a fire. “It’s talking about how we have to lead these kids, because in stomp dance, that man is called the leader,” she said. “So we tailored it to that—we have to lead these kids in the right direction, and make sure we keep them healthy.”

It’s also important to keep in mind, says Feathers, the heterogeneity of the AI/AN community, and what works in one community may fall short in others. “A lot of programs want to group all 500 nations into one and say this is how you need to run things, and that’s not going to work,” she said. “The people up north in Montana and North Dakota have a completely different way of using tobacco than we do here in Oklahoma.”





SPOTLIGHT:

Normative Shifts Through Youth Theater

Normative shifts around commercial tobacco use in remote Alaskan villages can start in an unlikely place: on a stage and in front of an audience. Frank Yaska had worked for several years in public health outreach with the Tanana Chiefs Conference before he decided to experiment with the theatrical toolkit that he had developed since falling in love with acting at the age of 11.



Frank had become frustrated with the results of the standard education approach. He became increasingly impatient for the progressive policy changes that would improve health outcomes in these small communities, but he wasn't seeing the impact of his work. What if he approached youth outreach and education much like the theater camps of his adolescence, he wondered.

Frank got buy-in from his supervisor and set about writing a script, something modular and adaptable to any community, something that young people could shape and make their own. The result was a theater camp curriculum he called "Today's Youth, Tomorrow's Chiefs: Honoring our Grandparents." He piloted the curriculum in the tiny town of Nenana (population 376), partnering with local stakeholders.

Eleven kids joined Frank for the week, learning their lines, and the basics of dramatic performance. Some of the key themes they explore are peer pressure and bullying, in addition to the dangers of commercial tobacco. He was immediately impressed by the level of engagement of these young people. These are smart, creative kids, and they seemed hungry for a fresh approach to a thorny problem.

“For a lot of these kids in these villages, after high school, they don’t have much to look forward to,” said Frank. “Yes, this is a creative way to educate them about the dangers of tobacco and to advocate for policy change, but it’s also a leadership training approach, to teach them some critical life skills, and a way to help them see that there’s a whole larger world out there.”

The first step for Frank is to establish a relationship of trust with these young people, and to make them see that they matter in the world. “I praise the kids from the very beginning,” he said. “The first day I watch them very closely, and I look for the best traits and values in each of them.”

One by one, on the following day, Frank shares his reflections with them as a group. For many of these kids, just having an adult give them that kind of focused attention can be transformative. Building self-esteem, in fact, may be the key to improving health in these communities, suspects Frank.

“I get to watch these kids get into character, and learn how to deliver with conviction,” said Frank. “It’s so admirable at such a young age to be able to do something that might make you feel uncomfortable in your own skin, but with practice they learn to submerge themselves into a character with intentions and conviction.”

The week culminates with a performance of the play, to which the entire community is invited, including tribal councilmembers and other influential elders. This is where the seeds of policy change are planted, says Frank. “It’s all a process,” he says, acknowledging this is incremental work towards a shift in norms.

Recently the Tanana Chiefs Conference held its annual conference in Fairbanks, and some of Frank’s theater kids made the journey from their remote villages. One of those kids sought Frank out, brimming with excitement. “She talked about her plans and how her future now looks so bright,” he recalled. “It’s really a brief experience: just five days, and four nights, but these kids are different afterwards.”

It’s still early days for Frank’s innovative commercial tobacco awareness and prevention curriculum, but the outlook is quite promising. After the success of Nenana, he’s taken the approach to the towns of Galena, Huslia and Fort Yukon. His goal is to reach 42 remote villages, and with the strength of the young voices of those communities, continue to work towards incremental policy change that will improve health outcomes.



“This experience has shown me that the best advocates are youth,” said Frank. “I can have a community meeting, or meet directly with tribal councils. I can do that from sunup to sun down year after year, but none of that carries as much weight as a kid from that community sharing the same messages.”

Educating Funders, Stakeholders, and Researchers

A chasm exists between the experiences and needs of AI/AN communities around commercial tobacco and the mainstream public health response. Funders, researchers, and influential public health practitioners must recognize the diversity and unique contexts of these communities to begin to address the elevated commercial tobacco use rates. There exists a foundation of trauma in these communities spanning generations that cannot be underestimated—many refer to this as “historical trauma” or “unresolved grief”. This powerful dynamic has had devastating health impacts in Indian Country.

I think there’s a lot of things that work with tribes that are adaptive versions of evidence-based strategies.

— **Shannon Laing,**

*Associate Director of
Center for Healthy Communities,
Michigan Public Health Institute*

“In Alaska there’s a lot of intergenerational trauma,” said Edy Rodewald. “We had this government regulated school system, where the goal was to assimilate the Alaskan Native people. Children were basically taken away from their parents. They were trying to eradicate the native culture. There’s a trauma that happens and that really also coincided with Big Tobacco marketing aggressively to these communities.”

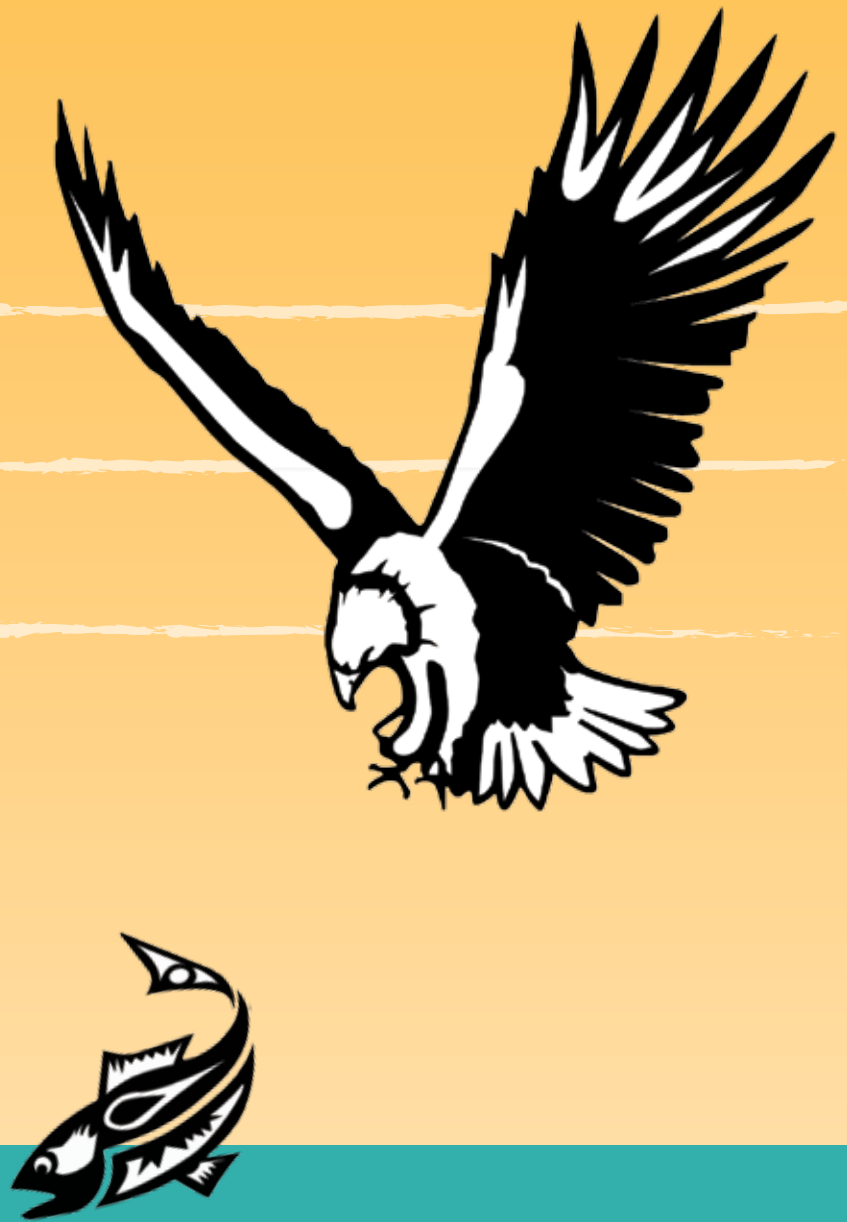
The barriers to entry into these communities can be vast. “I think there has been a lot of

mistrust formed in Indian Country where people came in as partners, but they really weren’t looking for authentic partnerships,” says Amanda Dionne. “Some of the barriers are created when people come in without having that cultural competency. Having all these policies that were created to eradicate us, it creates a lot of closed doors. It takes a while to develop those partnership relationships.”

While the need is so great, the resources to address the problem are scant. Many Tribal Support Center representatives pointed out that Indian Health Services (IHS) fails to prioritize commercial tobacco programs. “IHS has a huge focus on diabetes and cardiovascular disease, but there isn’t really a priority put on commercial tobacco prevention,” said Amanda Dionne. “It’s not a standalone centerpiece of the work, even though it’s a huge risk factor for many other conditions.”

The evidence-based practices endorsed by the CDC are not inclusive of the experiences in Indian Country, where the unknowns are so great. Many evidence-based practices around tobacco exist, but they haven’t been tested in tribal communities. “We talk about the success of smoke-free workplaces and these are things we know work in non-tribal communities, but where’s the evidence of the impact for tribes?” asks Shannon Laing. “I think there’s a lot of things that work with tribes that are adaptive versions of evidence-based strategies. Local wisdom, tribal wisdom knows it’s working, but it doesn’t meet that threshold of evidence yet.”





Richard Mousseau urges tribal communities to capture that local wisdom in an organized way. “For CDC or federal government funds, they’ll require some kind of a demonstration of good outcomes,” he said. “Not that we have to have the NIH or CDC definition completely, but you’ll want to have evidence that it works.”

While mainstream health providers face smoking rates of around 20 percent, providers in Indian Country regularly face rates greater than 50 percent. “That means not only do we have less funding to deliver healthcare, but there’s also this additional burden of having to address nicotine addiction more likely than not in every visit,” said Kris Rhodes, of the American Indian Cancer Foundation. “The tobacco issue is more complicated than simply delivering a ‘don’t smoke’ message. The provider has to be aware of the cultural issues and be able to support the patients.”

Ultimately, the change will have to come from within these communities, not by applying cookie cutter approaches that have proved effective in communities that bear no resemblance to Indian Country. “We really believe that communities have the solutions to their own cancer burdens,” said Amanda Dionne. “It’s just about working with them and figuring out what they want to see in their community, and what they think they need in order to achieve it.”

VALUE OUR TRADITION.
KEEP TOBACCO SACRED.



The Power of Tribal-Specific Data

Priority populations across the country have benefited greatly from access to targeted data sets that reveal the depth of the commercial tobacco problem. While it is tempting to treat AI/AN populations as a single monolith, it does no service to those working towards undoing the damage of commercial tobacco. Tribes that have been able to collect the AI-ATS on a community level are in turn empowered with data that captures a reliable picture of the impact of big tobacco. Those figures can be startling and serve as powerful motivation for normative and policy shifts.

“The national American Indian data is garbage in my opinion,” said Kris Rhodes. “It just collapses so much. Once you look even regionally, you can see the stark differences. A great example is between Northern Plains American Indians where smoking rates are higher than we’ve seen anywhere and among Southwest American Indians, where the smoking rates are even lower than the US mainstream rates.”

Having the numbers to back up what we’re saying about prevention is a big deal.

— *Carla Feathers,*
Muscogee (Creek) Nation



With the participation of a team of dedicated volunteers on the local Wellness Advisory Council, the tribal community of Hannahville conducted the AI-ATS twice, for the first time in 2012. With the first survey in Hannahville they found the adult smoking rate was nearly triple the rates seen at the state level. “So it was not news that we wanted to hear, but it was really motivating to get out there and do something about it right away,” said Shanna Hammond. Those statistics were a powerful asset in the process of presenting to the health board and advocating for policies. By 2015, the year of the second collection, the rate had measurably decreased by five percentage points, an exciting indication of progress. The Wellness Advisory Council and other advocates have now redoubled their efforts and have set a goal to have that rate fall below 50 percent by 2020.

Carla Feathers says that having tribal specific data legitimizes their work in Muscogee (Creek) Nation. “Many tribal leaders don’t see the benefit of putting dollars into prevention work when there’s money that’s needed in contract health,” she said. One of the statistics she found most glaring from the results of the AI-ATS was that 32 percent of women of childbearing age were tobacco users, a number significantly higher than the state of Oklahoma and nationwide. “Having the numbers to back up what we’re saying about prevention is a big deal,” she said.

In the four-state area that the Great Plains Tribal Chairmen’s Health Board serves, 10 of 18 tribal communities have collected the AI-ATS. “We found that our prevalence rate is over 60 percent, which also leads to a really high lung cancer rates, and then of course, affects life expectancy,” said Richard Mousseau. “In my tribe, life expectancy for a male is 49, and I buried my brother at 49 this year. I go to at least one funeral every year that’s tobacco-related.” These disparities are only thrown into sharp relief when the data is available at a community level. Funders should assist in developing the capacity of tribal communities to collect, analyze, and report this data back.

“Having data that’s relevant to tribal communities means being able to really tell the story of what’s going on,” said Kris Rhodes. “To have people from within those communities not only collecting the data, but also having them be part of the interpreting of that data is so important. If you have this data set and a bunch of university researchers trained to interpret data in one way and don’t understand the cultural nuances, it doesn’t make any sense anymore. I’ve seen it happen time and time again.”

Reawakening and Reconnecting with Traditional Medicine

Perhaps the most exciting and promising intervention quickly gaining traction in Indian Country is the movement to embrace and reclaim traditional ceremonial tobacco practices. Due to the persistent education and advocacy of progressive tribal public health practitioners, sacred tobacco is moving back into its rightful and central place as a powerful earth medicine in communities all over.

“We’re no longer illegal, and in human history, that’s not a very long time to have regained the right to practice who you are,” said Lori New Breast. “In Indian Country there’s a very vibrant repatriation—like back to our land, our systems of knowledge, and tobacco is somewhere in the core of that. We need to give energy to our indigenous tobacco control, the protocols and practices that really honor the medicine, honor our way of life and help the families, while dismantling the tobacco industry’s commercial tobacco addiction.”

There is a growing awareness in tribal communities of the difference between the “two tobacco ways.” With the momentum of culturally appropriate messaging like the National Native Network’s Keep it Sacred campaign, slowly evidence is emerging that reconnecting tribal community members of all generations with traditional tobacco

We’re no longer illegal, and in human history, that’s not a very long time to have regained the right to practice who you are.

— **Lori New Breast,**
Blackfeet Nation



practices is beginning to undo the dark and destructive legacy of commercial tobacco. Sacred tobacco is growing in community gardens where the traditions were all but lost. At pow-wows and other prominent tribal gatherings, the offerings of cigarettes are being replaced with the sacred tobacco. Communities and campuses are adopting smoke-free policies that clearly and proudly preserve the privileged place of ceremonial tobacco use while curtailing commercial tobacco.



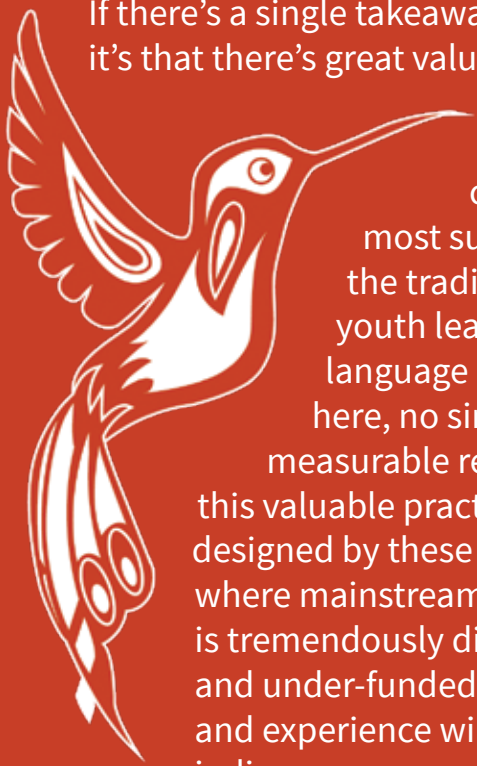
In Minnesota, funders of tribal tobacco work and American Indian advocates have begun incorporating the GONA (Gathering of Native Americans) on Traditional Tobacco as a way to promote health in Indian country. The GONA is a unique community health prevention event based on American Indian cultural principles and strengths to support the resiliency that promotes optimum wellbeing. The gathering focused on the two tobacco ways: to make clear the death and destruction that commercial tobacco causes and the health tool of traditional tobacco. “Each person who attended was gifted a traditional tobacco plant and seeds to be able to have and use for future needs,” said Amanda Dionne. “This started a cultural connection to traditional life-ways for those who may have the least experience. Everyone there was able to find at least one other person from their community practicing traditional ceremonies and now know where they can turn if they want to join.” This traditional knowledge is a powerful antidote to the bitter history of trauma and its health ramifications.

Tianna Marie Odegard, Tribal Tobacco Education Policy Coordinator with the Upper Sioux Community sees a genuine shift in how people are thinking about the difference between traditional tobacco and commercial tobacco. Her community has begun again to grow their own sacred tobacco. They’ve introduced this process to the young people, who help with the cultivation and preparation of White Buffalo Calf and Mohawk tobaccos, as well as offering adult Dakota Language classes taught by elders. “We have that community foundation where they have somewhere to go and somewhere where they can be surrounded by people so they don’t have those urges to go and smoke and have that addiction yelling at them,” she said.


For Odegard, this was an introduction to traditional tobacco as well. She’s been invigorated by this renaissance and gratified by the slow normative shift she’s beginning to see. Like many public health providers in Indian Country, she’s begun thinking more about commercial tobacco-free housing policies. When a spot opened on the local housing commission, she eagerly filled it. That’s how systems change happens in Indian Country, after all.

Looking Towards the Next Generation

The eight to ten years of the Tribal Support Centers and TTEP era were something of a golden age of progress against the impact and legacy of commercial tobacco in Indian Country and tribal communities. This was a time of supporting and respecting the Native tradition and knowledge of “practiced based evidence” that has resulted in successful practices that often eluded the confining rubric of “evidence based practices” that dominates the mainstream public health conversation.



If there's a single takeaway from the time of the Tribal Support Centers, it's that there's great value in being creative and nimble when working to free these communities from the lethal grip of commercial tobacco. What works in one community may not find success in another. The most successful approaches may come from far outside the traditional public health approach to the problem: youth leadership training, community gardens or traditional language classes. There's no one size fits all approach here, no single standardized tool kit that produces reliably measurable results. Native tradition and knowledge creates this valuable practice-based evidence, techniques and practices designed by these communities themselves to address a disparity where mainstream public health has failed to deliver results. This is tremendously difficult work carried on by passionate, devoted, and under-funded community champions whose deep knowledge and experience will continue to shape the ever evolving practices in indigenous commercial tobacco control.



In a good way, we would like to offer some recommendations to local, state, federal and private funders/foundations who are working or interested in working with indigenous communities.

RECOMMENDATIONS

- ☒ RESPECT THE SOVEREIGNTY OF TRIBAL COMMUNITIES
- ☒ FUND LONG-TERM COMMUNITY-GENERATED STRATEGIES
- ☒ SPEND THE TIME TO ASSESS COMMUNITY PRIORITIES
- ☒ PLACE VALUE ON COMMUNITY OUTREACH AND RELATIONSHIP BUILDING
- ☒ HIRE REPRESENTATIVE STAFF FROM COMMUNITIES BEING SERVED
- ☒ SUPPORT RELEVANT AND CULTURALLY APPROPRIATE MESSAGING AND STRATEGIES
- ☒ VALUE CULTURAL COMPETENCY
- ☒ LOOK TO LEVERAGE BOTH YOUTH AND ELDER LEADERSHIP
- ☒ BE OPEN TO CREATIVE COALITIONS
- ☒ RESEARCH AND ASSESSMENTS MUST BE LED BY INDIAN RESEARCHERS
- ☒ PLACE VALUE ON NATIVE INSIGHTS
- ☒ ADDRESS HISTORICAL TRAUMA AND NORMATIVE SHIFTS IN A HOLISTIC MANNER
- ☒ VALUE AND SUPPORT THE CULTIVATION OF TRADITIONAL TOBACCO PRACTICES



The Center for Prevention at Blue Cross and Blue Shield of Minnesota delivers on Blue Cross' long-term commitment to improve the health of all Minnesotans by tackling the leading root causes of preventable disease: tobacco use, lack of physical activity and unhealthy eating. Funded through proceeds from Blue Cross' historic lawsuit against the tobacco industry, they collaborate with organizations statewide to increase health equity, transform communities and create a healthier state.

ClearWay MinnesotaSM is a nonprofit organization that works to eliminate the harm commercial tobacco causes the people of Minnesota. Since 1998, we've helped lower our state's smoking rate, reached more than 150,000 Minnesotans with quit-smoking services, reduced secondhand smoke exposure and worked to address tobacco use among those most affected by its harms. We are funded with 3 percent of the Minnesota tobacco settlement.



Truth Initiative[®] is a national public health organization that is inspiring tobacco-free lives and building a culture where all youth and young adults reject tobacco. The truth about tobacco and the tobacco industry is at the heart of our proven-effective and nationally-recognized truth[®] public education campaign, our rigorous scientific research and policy studies, and our innovative community and youth engagement programs that support populations at high risk of using tobacco.