"Hecel Oyate Kin Nipi Kte -- So That The People May Live"
Great Plains Tribal Chairmen’s Health Board

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

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

Funded as a Cooperative Agreement

Provides support services to ND, SD, NE, and IA
- 17 Tribes and One Service Area
- 170,000 people
## Most common cancers among Northern Plains American Indians

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th></th>
<th>Women</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Prostate</td>
<td></td>
<td>1</td>
<td>Breast</td>
</tr>
<tr>
<td>2</td>
<td>Lung</td>
<td></td>
<td>2</td>
<td>Lung</td>
</tr>
<tr>
<td>3</td>
<td>Colon/rectum</td>
<td></td>
<td>3</td>
<td>Colon/rectum</td>
</tr>
<tr>
<td>4</td>
<td>Kidney</td>
<td></td>
<td>4</td>
<td>Uterus</td>
</tr>
<tr>
<td>5</td>
<td>Bladder</td>
<td></td>
<td>5</td>
<td>Kidney</td>
</tr>
<tr>
<td>6</td>
<td>Oral cavity</td>
<td></td>
<td>6</td>
<td>NHL</td>
</tr>
<tr>
<td>7</td>
<td>NHL</td>
<td></td>
<td>7</td>
<td>Cervix</td>
</tr>
<tr>
<td>8</td>
<td>Stomach</td>
<td></td>
<td>8</td>
<td>Pancreas</td>
</tr>
<tr>
<td>9</td>
<td>Leukemia</td>
<td></td>
<td>9</td>
<td>Ovary</td>
</tr>
<tr>
<td>10</td>
<td>Liver</td>
<td></td>
<td>10</td>
<td>Thyroid</td>
</tr>
</tbody>
</table>
Native Health & Tobacco

• 10 of the 18 Great Plains Area Tribes aggregate data

• Over 60 percent are Current Smokers
Prevalence of Tobacco Use
Where do I find prevalence data specific to my state?

✧ CDC State Highlights

✧ National Youth Tobacco Survey (NYTS)

✧ Global Adult Tobacco Survey (GATS)

✧ State Tobacco Activities Tracking and Evaluation (STATE) System

✧ Behavioral Risk Factor Surveillance System (BRFSS)

✧ American Indian Adult Tobacco Survey (AIATS)
Tobacco Policy & Toolkits
100% Smoke Free Reservations

• Blackfeet Nation – Browning, MT
  o Includes Glacier Peaks Casino

• Fort Peck Indian Agency – Poplar, MT

• "Bois Forte Band of Chippewa – Tower, MN

• Cheyenne River Sioux Tribe - SD
Creating Stronger Tobacco Policy

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

• Talk to someone who has successfully worked with your tribal government
• Be prepared, do your research
• Gather together a planning committee
• Practice, practice, practice
• Be patient
• Celebrate small victories
Why do Tobacco Interventions Matter?

- Tobacco Kills 1 in 5 people in the United States

- INTERVENTIONS MATTER!!
  - Less than 3 minutes of tobacco dependence counseling by a clinician can increase quit rates by 60 percent.
  - Treatment reduces healthcare costs
  - People want to quit
  - Treatment is effective
University of Arizona- Healthcare Partnerships Training

• Training provides a foundation to understand tobacco dependence, tobacco dependence treatment, and methods and techniques to deliver evidence-based interventions to AI/AN who use tobacco

• Will be equipped to proactively implement the recommendations of the US Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence (2008).
Brief Interventions

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

Five A Model – Ask, Advise, Asses, Assist, and Arrange
## Core Elements of Integrated Five A Model

### Not Stage Dependent

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask</strong></td>
<td>Ask about present &amp; past use of tobacco and exposure to secondhand smoke</td>
</tr>
<tr>
<td><strong>Advise</strong></td>
<td>Offer clear, strong, personalized advice to quit</td>
</tr>
<tr>
<td><strong>Assess</strong></td>
<td>Assess willingness to quit, using the Stages of Change Model</td>
</tr>
<tr>
<td><strong>Assist</strong></td>
<td>Provide assistance in quitting through stage-based interventions and motivational interviewing</td>
</tr>
<tr>
<td><strong>Arrange</strong></td>
<td>Arrange for follow-up and offer local and national resources</td>
</tr>
</tbody>
</table>

Adapted from Heim, Strayer, Nadkarni, & Turner, 2004
Quit Plan
Help people dependent on commercial tobacco by:
1. Setting a quit date: ______/______/____
2. Identifying support persons: ______________
3. Practicing problem-solving techniques:
   • Practicing some tips from “You Can Quit” & “5 Day Count Down” guides.
   • Keep your “Staying Free” brochure handy after you quit.
4. Providing medication cards:
   Except for people with serious medical conditions, those smoking fewer than 10 cigarettes per day, pregnant/ breastfeeding women, and adolescents.
5. Offering other educational materials
6. Referrals to intensive services through:
   South Dakota QuitLine
   1-866-SD-QUIT (1-866-737-8487)
   or:
   _____________________________
   Your local program:

Adapted from the State of Arizona—Healthcare Partnerships

The Five A’s
1. Ask
   Do you smoke?
   Do you chew Tobacco?
   Current
   NO → Congratulate!
   YES

2. Advise
   Encourage every person misusing commercial tobacco to quit.
   Ready to set quit date within 30 days.
   NO → 4. Assist
   YES

3. Assess
   Not Ready to Quit
   1. Offer educational materials.
   2. Ask for permission to continue asking in the future.

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

5. Assist
   Follow-up after quit date

Brief Intervention Flow Chart
Use this brochure to help people quit commercial tobacco products.

Great Plains Tribal Chairmen’s Health Board
Northern Plains Tribal Tobacco Technical Assistance Center
605-721-1922
www.gptchb.org
More than the 5 A’s:
Implementing a Commercial Tobacco Cessation Intervention in Tribal Communities

• Designed for community-based programs

• Workbook will help you develop a plan for implementing the 5 A’s intervention in your Tribal community

• Created by Red Star with support provided by Inter Tribal Council of Michigan through a cooperative agreement from the CDC REACH MNO project.
Contact Information More than the 5A’s

- You can download a free copy of the workbook at www.redstar1.org/resources.

- If you have additional questions or would like to request trainings on implementing the 5 A’s in your community setting contact:

  Theresa M. Cariño, M.Ed.
  Health Educator
  carinot@redstar1.org
Importance of Partnerships, Collaboration, and Resource-Sharing

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

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

Research shows the importance of:

- Public-private partnerships for policy change success
- Continually engaging and interacting with the community with consistent messaging from all partners that address chronic disease prevention.
Know Your Resources

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

Professional Resources:
• Tribal Tobacco Coordinators & Health Educators
• Centers for Disease Control – www.cdc.gov
• National Native Network – www.keepitsacred.itcmi.org
Thank You
For More Information Please Call or Email:

Richard Mousseau, MS(c)
Director
Prevention Programs
Great Plains Tribal Chairmen’s Health Board – 605-721-1922 ext. 110
Email: richard.mousseau@gptchb.org

Kendra Christensen, MPH
Health Educator/ PSE Specialist
Northern Plains Comprehensive Cancer Control Program
Great Plains Tribal Chairmen’s Health Board – 605-721-1922 ext. 119
Email: tori.whipple@gptchb.org
Thank you

GREAT PLAINS TRIBAL CHAIRMEN’S HEALTH BOARD (GPTCHB)
1770 Rand Road
Rapid City, SD 57702

Phone: 605.721.1922
Toll Free: 1.800.745.3466
Fax: 605.721.1932

Email: info@gptchb.org
We are a national network of Tribes, tribal organizations and health programs working to decrease commercial tobacco use and cancer health disparities among American Indians and Alaska Natives across the U.S.

- Technical assistance
- Culturally relevant resources
- A place to share up-to-date information and lessons learned
IMPROVING OUR COMMUNITY
Through Better Health

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

About The National Native Network »
Social Media

facebook.com/keepitsacred

@KeepItSacred

National Native Network
Resources

IMPROVING OUR COMMUNITY

Through Better Health

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

About The National Native Network
Smoke-Free Policy Toolkit

Your Commercial Tobacco Smoke-Free Tribal Policy Toolkit

Want to have your tribal community be smoke-free? We can help. This Commercial Tobacco Smoke-Free Tribal Policy Toolkit [4th Edition] helps Tribes and Tribal Colleges and Universities develop and implement effective smoke-free policies, codes, ordinances, and resolutions. These documents are organized into five boxes below:

- Public/Tribal Housing Policies
- Casino/Workplace Policies
- Smoke-Free Campus Policies
- Smoke-Free Recreation Policies
- Comprehensive Tribal Ordinances

Examples of Tribal Smoke-Free Policies, Codes, and Ordinances

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

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

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

Joshua Hudson
jhudson@itcmi.org
(906)632-6896
CENTER FOR TOBACCO PRODUCTS’ (CTP)

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

Office of the Center Director
Director
Mitch Zeller

Office of Management
Director
Janelle Barth

Office of Regulations
Director
Beverly Chernaik

Office of Science
Director
Matt Holman

Office of Health Communication and Education
Director
Kathy Crosby

Office of Compliance and Enforcement
Director
Ann Simoneau
CTP’S TRIBAL PROGRAM

Office of the Center Director
- Executive Secretariat
- Legal & Economics
- Ombudsman
- Stakeholder Relations

- Office of Compliance and Enforcement
- Office of Health Communication and Education
- Office of Management
- Office of Regulations
- Office of Science

- Industry
- International
- Government
- Tribal
- Public Health
CTP regulates tobacco products intended for human consumption to reduce harm across the population

• Immediate authority to regulate the manufacture, marketing, and distribution of cigarettes, cigarette tobacco, roll-your-own, and smokeless tobacco

• The law also permitted FDA to “deem” products meeting the statutory definition of tobacco product by issuing a regulation.

  – In May 2016, FDA finalized a regulation deeming all tobacco products, including components or parts (but excluding accessories), to be subject to FDA’s tobacco product authorities, including: ENDS (e-cigarettes, e-cigars, vape pens, etc), cigars, pipe tobacco, and waterpipe (hookah) tobacco.
• Pursue a “public health” standard as tobacco cannot be regulated using FDA’s traditional “safe and effective” standard

• Take into account the effects on both users and non-users of tobacco products

• Assess the “net” population-level health impacts of tobacco products
FDA’S TOBACCO AUTHORITIES
The Food, Drug, and Cosmetic Act provides authority for:

- Premarket review of new and modified risk tobacco products
- Post-market surveillance
- Product standards
- Testing and reporting of ingredients
- Adverse event reporting
- New warning labels
- Advertising and promotion restrictions
- User fees
In general, CTP’s regulatory authorities do not extend to:

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

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

- Executive Order 13175 – Consultation and Coordination With Indian Tribal Governments
  - President Clinton – 2000
- Presidential Memorandum – Tribal Consultation
  - President Obama – 2009
  - Reaffirmation
- Federal Trust Responsibility
  - Federal Recognized Tribes
  - 568 Total
  - Government to Government Relationship
- Adherence to FDA Tribal Consultation Policy
- Adherence to HHS Tribal Consultation Policy
SRO Supports all Center tribal engagement efforts that include:

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

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

- **Government Counterparts**
  - CDC
  - IHS
  - NIH
  - SAMSHA

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

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

- **Selected Internal Stakeholders**
  - HHS, IGA
  - FDA, IGA
  - FDA, OP
  - OCC
SRO TRIBAL ENGAGEMENT

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

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

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

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

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

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

AI/AN Tobacco Related Research

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

Resources
Additional resources available at:
https://www.fda.gov/TobaccoProducts/GuidanceComplia neceRegulatoryInformation/StateLocalTribalandTerritorial Governments/ucm451023.htm#manufacturers

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

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

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

References

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

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

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