



TOBACCO WHERE YOU LIVE:

Native Communities



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



ACKNOWLEDGEMENTS

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Photos on page 5 courtesy of UCSF Richard W. Pollay Cigarette Ads Collection

Photos on page 11 courtesy of Great Plains Tribal Leaders Health Board

Photo on page 14 courtesy of Chickasaw Nation Medical Center

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Photo on page 24 courtesy of Ho-Chunk Gaming Madison

Cover photo:

Pattern Red, Orange, White, Green, Black, and Blue Diamond Blanket/Rug—Diné (Navajo) Artist, made about 1885 of cotton and wool.

Suggested citation:

Centers for Disease Control and Prevention. *Tobacco Where You Live: Native Communities*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2022.



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OVERVIEW

Tobacco Where You Live

Clear evidence exists about what works to reduce commercial tobacco use at the population level.¹ Yet, many states and communities across the country have not implemented effective strategies.^{2,3,4} Groups disproportionately impacted by tobacco industry targeting and social determinants of health continue to experience high rates of tobacco-related disease and death.⁵ Understanding community needs and using community-driven solutions can inform how to move toward closing these gaps in commercial tobacco prevention and control.

The goal of **Tobacco Where You Live** is to empower tobacco control program managers, staff, and partners to understand how commercial tobacco use varies within their communities, overcome challenges, and reduce disparities. Each Tobacco Where You Live brief will cover a topic important to reduce commercial tobacco use in communities with the highest prevalence.

When this guide references commercial tobacco or tobacco products, it refers to products that are mass-produced and sold for profit. This is separate from the sacred and traditional use of tobacco by some American Indian communities.

In This Resource

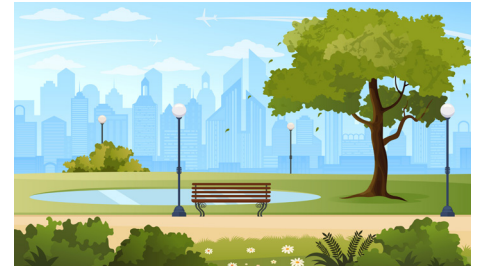
The **Native Communities** brief focuses on how to reduce commercial tobacco use disparities among American Indian and Alaska Native (AI/AN) populations. This brief provides information to help you:

- Develop strong relationships with Native leaders and members
- Communicate the harms of commercial tobacco and respect the use of traditional tobacco
- Work with tribes to tailor strategies to reflect their unique cultures, capacities, and challenges

In this brief, use of the term Native applies to both American Indian and Alaska Native people, unless otherwise indicated.

About the Project

Tobacco Where You Live is a *Best Practices User Guide* resource. The Center for Public Health Systems Science at Washington University in St. Louis is developing a set of resources to translate research into practical guidance for states and communities. These resources expand on the evidence-based guidelines and funding recommendations in Centers for Disease Control and Prevention's (CDC) **Best Practices for Comprehensive Tobacco Control Programs—2014** (Best Practices 2014).⁶



Best Practices User Guides

The Best Practices User Guides project is funded by CDC contract 75D30120C09195. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC. References to non-CDC sites and the use of advertisements and images do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at external sites. URL addresses listed were current as of the date of publication.



MAKE THE CASE

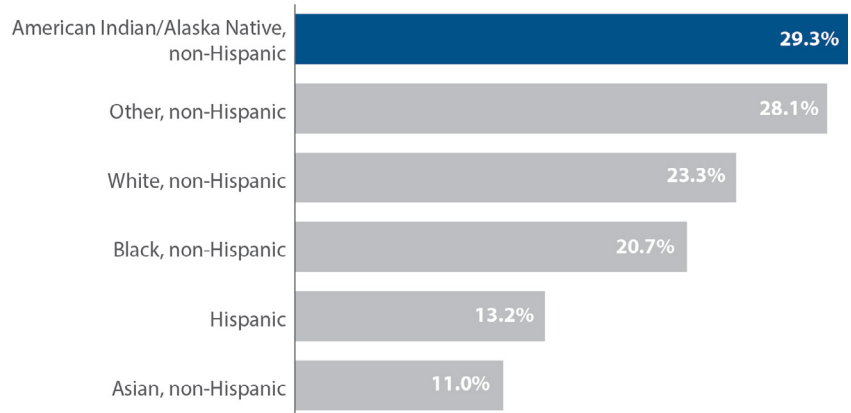
As of 2019, nearly 30% of American Indian and Alaska Native (referred to collectively as Native in this guide) people used commercial tobacco, the **highest commercial tobacco use rate of all U.S. racial and ethnic groups.**⁷ Native adults also have the highest rates of heart disease, cancer, and stroke.⁸ Research has shown that Native youth also start smoking earlier than non-Native youth.⁸

Strategies leading to declines in commercial tobacco use overall have not worked for or been equitably implemented in Native communities.⁸ Finding more effective ways to reduce commercial tobacco use among Native populations can help narrow resulting disparities.

A **culturally focused approach** to commercial tobacco use prevention and cessation is important because:

- **No two tribes are alike.**
Native populations have diverse traditions, beliefs, languages, and histories. Commercial tobacco use varies among Native populations.⁹ Respecting the individual sovereignty of tribes and investing time to understand a tribe's unique history, commercial tobacco use patterns, and cultural practices can build community trust and help communicate effective commercial tobacco use prevention strategies.
- **Prevention and cessation strategies often overlook the role of traditional tobacco.**
Traditional tobacco has been an important part of many tribes' healing rituals, spiritual ceremonies, and celebrations for thousands of years.¹⁰ Honoring sacred tobacco use is essential in the face of generations of losses to Native lives, land, and culture as a result of colonization.¹¹
- **Native communities often lack funding and access to resources.**
Native health resources, including commercial tobacco prevention and cessation programs, are severely underfunded.¹² Native people often lack health insurance and live in geographically isolated areas. As a result, it is harder for them to access health resources.¹³
- **Tribal sovereignty can support innovative approaches.**
Federally recognized tribes are not subject to state regulation. Tribal nations are sovereign and have the authority to craft their own innovative commercial tobacco use prevention policies. Building strong partnerships with tribal governments can support this work.

In 2019, smoking rates among Native adults were the highest of all racial and ethnic groups



Source: Cornelius et al. MMWR; 2020⁷



LEARN THE BASICS

More than **five million** American Indian and Alaska Native (AI/AN) people live in the U.S.¹⁴ There are 574 federally recognized and more than 60 state-recognized tribes, each with their own traditions, beliefs, language, and history.¹⁵ Different tribes and individuals may prefer other terms such as Native, Native American, First Nations, Indigenous, American Indian, Alaska Native, Aboriginal, or their specific tribe's name.¹²

Over 70% of Native people today live **outside tribal lands**.¹⁶ Most of these tribal members live in urban areas.¹⁵ About 40% of Native people living on nontribal lands smoke cigarettes, compared with less than 30% of Native people who live on tribal lands.¹⁷ Native people living on nontribal lands are more likely to use commercial tobacco every day.¹⁷ The cultural connections and social support available on tribal lands may protect people who live there from harmful behaviors like commercial tobacco use.¹³

What Is Traditional Tobacco?

American Indian people have been using tobacco for sacred **spiritual, ceremonial, and medicinal purposes** for thousands of years.¹⁰ They prepare leaves and bark from a variety of plants, including native tobacco species, as part of their cultural practices. Most Alaska Native people do not have a tradition of ceremonial tobacco use.⁹

Traditional tobacco differs from commercial tobacco.¹⁸ It is:

- Used for sacred purposes rather than recreationally¹⁹
- Rarely inhaled into the lungs¹⁸
- Gathered or grown locally¹⁹

Early European settlers brought commercial tobacco, *Nicotiana tabacum*, from the Caribbean to North America. They traded it as they moved West, especially with tribes in the Northern Plains.²⁰

U.S. colonization and **federal laws** caused **historical trauma** for Native people, including loss of life, land, language, and customs.^{21,22} The Indian Religious Crimes Code of 1883 outlawed cultural and religious practices, including the use of traditional tobacco. Prohibitions on traditional tobacco and other Native cultural practices remained until the passage of the American Indian Religious Freedom Act in 1978.

Commercial Tobacco Use

The outlaw of Native cultural practices led many Native communities to use dangerous **commercial tobacco** in their ceremonies. This helped them continue to practice their traditions and keep their cultural practices alive in the face of

Most American Indian and Alaska Native people live **outside tribal lands**, in urban areas.



Many tribes of the Upper Plains and Great Lakes use Kinnikinnick as a tobacco substitute, a mixture of leaves and bark from red willow, bearberry, and other plants, in ceremonies and as medicine

restrictions.²³ When the tobacco industry discovered that Native communities were using commercial tobacco in traditional ceremonies, it soon found a new way to make a profit.²⁰ Industry tactics like coupons, pricing, and promotions lower the price of cigarettes and increase smoking.²⁴ E-cigarette use has also become popular among Native populations.²⁵ The industry has intentionally marketed e-cigarettes to Native people.²⁶

WHAT IS IQMIK?

Most Alaska Native people do not use ceremonial tobacco, but some use a form of smokeless tobacco called **iqmik** (also called blackbull) that is unique to Alaska.²⁷ Iqmik is made by burning a fungus found in birch tree bark, then combining the ash with cut-up commercial tobacco.²⁸

Like other smokeless tobacco, iqmik contains nicotine and increases the risks of gum disease and oral cancer.²⁷ But iqmik is even more potent and addictive than commercial smokeless tobacco because the alkaline ash helps the nicotine be absorbed through the mouth more quickly.²⁸ In remote villages of Alaska, even some young children use iqmik.²⁷ Adapting strategies to include iqmik can help encourage commercial tobacco cessation and prevention.²⁷



Polypore mushroom (Phellinus igniarius) used in making iqmik. Source: zen under Creative Commons license CC BY-NC-SA 2.0

KEY RESOURCES

[FastStats: Health of American Indian or Alaska Native Population \(CDC\)](#)

Health statistics on AI/AN population, including using commercial tobacco

[Traditional vs. Commercial Tobacco \(National Native Network\)](#)

Descriptions of traditional and commercial tobacco, with links to related topics such as tobacco industry marketing

Commercial Tobacco Marketing

The tobacco industry has aggressively marketed its products to Native communities for decades.²⁴ E-cigarette manufacturers have also targeted tribal communities with product promotions and price discounts.²⁹ The tobacco industry's marketing tactics for Native populations include:

- **Misuse of Native imagery**, symbols, and cultural pride messages²⁴
- **Donations to and sponsorship** of Native causes and AI/AN-serving organizations²⁴
- **Price promotions and discounts** on tobacco products sold on tribal lands³⁰
- **Advertisements and promotions** for tobacco products at powwows and other tribal events²⁴
- **Meetings with Native leaders** with the goal of weakening commercial tobacco control efforts²⁴



The tobacco industry has used Native cultural imagery to promote their products since the 1930s. Left to right: Coupon Mild cigarette package; Natural American Spirit cigarette ad; Old Gold ad, P. Lorillard (1949); Velvet cigarette ad, Liggett (1939). Source: UCSF Industry Documents Library

Reducing Commercial Tobacco Use

Federally recognized tribes are self-governing, or **sovereign**.³¹ Each tribal nation has its own constitution and laws. Tribal nations are subject to federal but not state regulations.

State and local tobacco laws such as taxes and retailer licenses typically do not apply to retailers on tribal lands. Because of this, they can sell commercial tobacco at lower prices and are exempt from smokefree laws.

Tribal sovereignty also gives tribes the opportunity to craft commercial tobacco control regulations that meet their needs and reflect their culture.



GET READY

Understanding tribal culture is key to working effectively with tribal communities on commercial tobacco prevention and cessation. Building strong relationships, creating shared goals, and learning about local Native communities are essential first steps.

Build Relationships

Unethical treatment by non-Native people has led to a deep distrust in some Native communities.³² Building relationships with Native leaders can help earn trust to most effectively support the tribe's commercial tobacco prevention goals.

Tribal leaders know their community's strengths and weaknesses best.³³ Many people could be leaders in the community, including elders, tribal health coordinators, tribal councilors, and spiritual leaders.

Working closely with **urban AI/AN health organizations** can help programs meet the unique challenges that Native people face.³⁴

To identify leaders, begin with connections you already have.³⁵ For example, ask Native organizations or clinics in your community to help identify leaders.

INDIGENOUS WAYS OF KNOWING

Integrating scientific evidence with **practice-based evidence**, local context and lived experiences can help in adapting innovative commercial tobacco use strategies that resonate with Native communities.^{36,37} Scientific research is rooted in the Western tradition of systematically collecting information to test hypotheses. Indigenous ways of knowing are based on lived experiences and observations from an early age.³⁶ Non-native people and groups have often assumed that Indigenous knowledge is less important than Western scientific knowledge.³⁸ But valuing **Indigenous ways of knowing** is key to meaningful partnerships with Native communities.

Every tribe has its own knowledge tradition—there is no single Indigenous way of knowing.³⁶ Traditional Native knowledge is grounded in relationships and often passed generationally through stories and oral histories.³⁹ Encouraging dialogue and relationship-building, with interview methods like focus groups and **talking circles**, can engage Native participants and identify areas of traditional knowledge.³⁹

KEY RESOURCES

[National Native Network \(NNN\)](#)

A federal network of tribes, tribal organizations and other health programs dedicated to supporting and improving Native health. NNN offers technical assistance and culturally relevant resources to decrease commercial tobacco use and cancer rates.

[Tribal Epidemiology Centers](#)

Organizations funded by the Indian Health Service that monitor tribal health issues and train community members to address them. The Centers also connect tribes to learn from each other and work together to address health problems.

[Tribal Public Health Resource Table \(Network for Public Health Law\)](#)

List of organizations with experience in tribal and public health law, including epidemiology centers and academic, nonprofit/public, and legal service organizations

Once you have connected with leaders, maintain regular communication. Ongoing engagement respects tribal sovereignty by sharing information and responsibility for decision making.⁴⁰

TRIBAL PARTNER ROLES IN COMMERCIAL TOBACCO PREVENTION

Partner	Examples	Role	Helpful Resources
Businesses serving Native communities	<ul style="list-style-type: none"> Businesses on or near Native lands Businesses owned or operated by Native people 	<ul style="list-style-type: none"> Make businesses smokefree Post information about cessation services Provide cessation services to employees 	<ul style="list-style-type: none"> American Nonsmokers' Rights Foundation FDA's Engagement with AI/AN Tribal Governments web page
Commercial tobacco control programs	<ul style="list-style-type: none"> Local programs State programs 	<ul style="list-style-type: none"> Collect, analyze and disseminate data Provide training and technical assistance Strategically plan commercial tobacco control strategies 	<ul style="list-style-type: none"> City of Milwaukee Health Department Minnesota Department of Health
Communications professionals	<ul style="list-style-type: none"> Health communications specialists Local journalists, radio hosts, and other media actors 	<ul style="list-style-type: none"> Develop media campaigns promoting traditional tobacco and discouraging commercial tobacco use and exposing industry targeting Promote available cessation services 	<ul style="list-style-type: none"> Native Public Media Indian Country Today Native American Journalists Association National Native News
Community members	<ul style="list-style-type: none"> Native youth Other members of the community 	<ul style="list-style-type: none"> Educate about the benefits of smokefree places Talk to retailers about the harms of tobacco marketing and sales, especially for youth 	<ul style="list-style-type: none"> Center for Native American Youth
Elders and spiritual leaders	<ul style="list-style-type: none"> Tribal members recognized for cultural knowledge and wisdom 	<ul style="list-style-type: none"> Develop definition of traditional tobacco Share teachings promoting traditional tobacco and discouraging commercial tobacco use 	<ul style="list-style-type: none"> Culture Card: A Guide to Build Cultural Awareness
Health professionals	<ul style="list-style-type: none"> Tribal health board members Healthcare providers and staff 	<ul style="list-style-type: none"> Create smokefree tribal health settings Make health systems changes to integrate cessation into tribal health settings Align cessation with other health programs 	<ul style="list-style-type: none"> CDC's Tribe and Indian Organizations web page Association of American Indian Physicians Indian Health Service
Organizations serving tribal communities	<ul style="list-style-type: none"> Community organizations and groups Cultural centers 	<ul style="list-style-type: none"> Give insight on feasibility of strategies Collect tribal-specific health data Design media campaigns for Native audiences Provide cessation resources for Native people 	<ul style="list-style-type: none"> American Indian Cancer Foundation National Native Network Tribal Epidemiology Centers
Technical assistance providers	<ul style="list-style-type: none"> State tobacco control staff Public health experts 	<ul style="list-style-type: none"> Train community members how to implement commercial tobacco prevention strategies Help collect surveillance and evaluation data 	<ul style="list-style-type: none"> Native Wellness Institute SAMHSA Tribal Training and Technical Assistance Center
Tribal officials	<ul style="list-style-type: none"> Tribal president, governor, chief, councilors, or chair Tribal education, legal, and health department officials 	<ul style="list-style-type: none"> Build support Monitor tobacco product sales Allocate resources Enact commercial tobacco use policies 	<ul style="list-style-type: none"> CDC's Tribal Advisory Committee Tribal Leaders Directory
Tribal regulatory agencies and law enforcement	<ul style="list-style-type: none"> Gaming, financial, and environmental authorities Tribal police 	<ul style="list-style-type: none"> Help define commercial tobacco restrictions Inform enforcement approaches Enforce smokefree and commercial tobacco retail restrictions 	<ul style="list-style-type: none"> The National Indian Gaming Commission The National Native American Law Enforcement Association

Create Shared Goals

Shared goals are important to work together effectively, maintain community buy-in, and respect the community's expressed priorities. Tribal community members and partners can play different roles to advance shared goals.

Create shared goals through **consensus-based decision making**. In this type of decision making, discussion continues until everyone's most important needs are met. Parts of the agreed-upon decision may not be ideal for each participant, but they can live with the outcome and will support the decision. Consensus-building helps everyone get on board and have a chance to participate.

Make sure everyone agrees on the expected outcomes of the work, what the work will look like, and why it is important.⁴¹ Understanding goals helps community leaders who may not have experience in commercial tobacco control make informed decisions.

Work with tribal leaders to create a plan to carry out the work. A **work plan** engages participants and builds support for your new partnership.⁴¹

Respect Native Culture

Act with humility and integrity in your interactions with tribal members. Familiarize yourself with their values and culture, understanding that their priorities and timelines may differ from yours.³⁶ Remember that you are there to learn from them as much as they are to learn from you. Don't come in as an "expert."³²

Learn about Native protocol, such as codes of conduct or expectations for non-Native partners, and respectfully follow them.⁴² For example, some tribes consider offerings of sweet grass or sage a sign of respect when forming partnerships.⁴⁰

MAKE A WORK PLAN

Creating a work plan can help make sure everyone understands:

- The roles and responsibilities of your staff and the tribal leaders⁴²
- The scope of the work you are proposing⁴¹
- What will be done with data and personal information⁴¹
- The Native norms and values that will guide the work³⁹

WHAT IS CULTURAL HUMILITY?

Our experiences and culture influence how we think and act. Cultural humility is an ongoing process of self-reflection and learning about others' culture to foster respectful attitudes, actions, and policies.⁴³ This process includes:

- Reflecting on your own beliefs and assumptions³⁵
- Learning about tribes' current and historical social norms, governance, and language, including practices from before forced removal by settlers⁴³
- Understanding tribal histories which can provide insight into the relationship between states and tribes⁴³

Use **tools** to help you and your staff assess your biases, privileges, and perspectives.^{32,44} **Anti-bias training** can complement other tools and cultural humility practices.^{32,45}



Source: Artem Beliaikin from Pexels

Be mindful of language you use. Avoid language that disregards tribal sovereignty, or that could be associated with historical trauma.¹¹ Avoid terms and phrases like:

- “We’re helping you”³⁶
- “Property”⁴⁶
- “Ownership”⁴⁶
- “Control”¹¹

For example, the term “tobacco control” can imply restrictions on traditional tobacco.¹¹ Instead, use “prevention and cessation” and specify commercial tobacco to emphasize health goals while respecting traditional tobacco use.

Attend tribal social events, like open powwows and community celebrations, when you have been invited to do so. Being present helps you learn more about the community and helps community members understand who you are.³⁹ It shows you have an investment in the tribe beyond your own personal gain and work.³²

Learn about Local Native Communities

Understanding the local Native community while practicing cultural humility will help commercial tobacco control tribal partnerships accomplish their goals.⁴⁷ Learn [which tribes](#) inhabit the land you occupy.⁴⁸ Native populations vary in geographic location, government, language, customs, and commercial tobacco use. Each tribe has its own strengths and capacity to carry out commercial tobacco control strategies. Some may benefit from tobacco education, while others may already have comprehensive regulations in place.

CONDUCT A COMMUNITY ASSESSMENT

Ask permission from tribal leaders to conduct a community assessment before beginning any assessment efforts. Taking care to collect and use accurate, tribal-specific data can improve and better inform commercial tobacco prevention and



KEY RESOURCES

[Cultural Humility: Essential Foundation for Clinical Researchers \(Yeager et al.\)](#)

The role of cultural humility in research

[Culture Card: A Guide to Build Awareness—American Indians and Alaska Natives \(Tribal Nations, Montana\)](#)

Information on tribal communities and culture to provide general information to non-Native people

[In a Good Way: Indigenous Commercial Tobacco Control Practices \(ClearWay Minnesota et al.\)](#)

Strategies to reduce commercial tobacco use in AI/AN communities

[Self Assessments \(National Center for Cultural Competence\)](#)

Online and PDF assessments to facilitate self-reflection and develop cultural awareness

Tribes vary in **governance, language, customs, and tobacco use.**

cessation efforts.⁸ Information about one tribe is not representative of another. Conducting a community assessment in collaboration with the local tribe will help you understand their needs and find solutions. Work directly with Native communities to understand.⁴⁹

- Existing resources and needs
- Commercial and traditional tobacco use
- Perspectives and attitudes toward tobacco use
- Concerns and priorities

Community assessment methods are summarized below. Ask tribal leaders and community members to review questions for cultural appropriateness and help assess findings.⁵⁰

COMMUNITY ASSESSMENT METHODS

Method	Description	Good for	Examples	Information to collect
Oral histories	Traditional way for tribal members to share information that may be better received than surveys	Learning about experiences and perspectives through reflective dialogue	<ul style="list-style-type: none"> • Storytelling • Talking circles⁵¹ • Focus groups • Interviews 	<ul style="list-style-type: none"> • Information “beyond the numbers,” such as experiences and practices • Perspectives on community needs and strengths • Personal experiences with tobacco
Surveys	Set of standardized questions that provide a profile of a community; can be adapted to reflect cultural characteristics	Understanding community characteristics, concerns, and priorities	<ul style="list-style-type: none"> • Alaska Native Adult Tobacco Survey Guidance Manual (CDC) • American Indian Adult Tobacco Survey (CDC) • Tribal BRFSS Toolkit (National Native Network) 	<ul style="list-style-type: none"> • Demographics • Perceptions and use of commercial and traditional tobacco use • Willingness to quit commercial tobacco • Policies in place to reduce commercial tobacco use • Prevention and cessation services available in the community
Observations	Visual method to better understand the local tobacco use environment; often conducted by community members themselves	Capturing experiences of people in their own communities	<ul style="list-style-type: none"> • Photovoice⁵² • Walking Tobacco Audit (Counter Tobacco) • STARS (Counter Tools) 	<ul style="list-style-type: none"> • Tobacco product marketing and promotion • Smokefree environments and no-smoking signs • Locations of ashtrays or cigarette disposal bins

PROTECT TRIBAL DATA OWNERSHIP

Non-Native researchers have exploited Native people by collecting their data without providing meaningful exchange of information.³² To protect their information and to ensure that states meet their obligations to respect tribal sovereignty, many tribes have created [data sharing agreements](#).^{50,53}

Data sharing agreements describe how data will be used, where it will be shared, and who owns the data. They also help overcome privacy concerns and ensure research benefits the tribe.⁵⁰



TAKE ACTION

The best approach to support commercial tobacco prevention strategies will be different for each American Indian/Alaska Native (AI/AN) community. Tribal members know what works in their community and are central to developing effective programs and policies. A key first step for state programs is building relationships with tribes. States can then meaningfully work with tribes to implement strategies that are **community-driven, culturally specific, and tailored to local context**.

To support tribal commercial tobacco prevention efforts, share best practices with Native communities while encouraging flexibility to adapt strategies to their local environment.⁵⁴

Focus on working with tribes to:

- Promote smokefree Native communities
- Build awareness of the impact of tobacco products in retail stores
- Support efforts to increase commercial tobacco prices
- Increase commercial tobacco cessation in Native communities
- Communicate with Native audiences about commercial tobacco use
- Monitor and evaluate commercial tobacco use, prevention and cessation activities, risk factors, and outcomes in Native communities

Flexible funding enables tribes to drive the direction of commercial tobacco control work based on their unique needs. Learn more about how Minnesota provides flexible grants for tribes to reduce commercial tobacco use in culturally appropriate ways on [page 23](#).

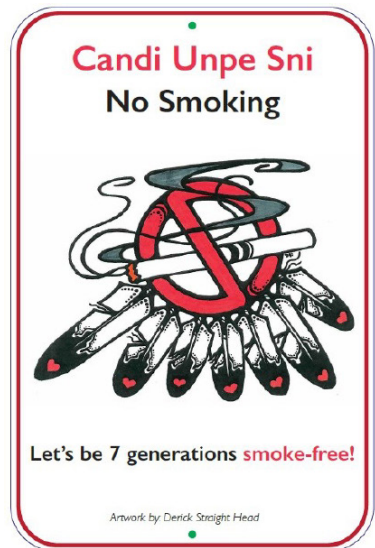
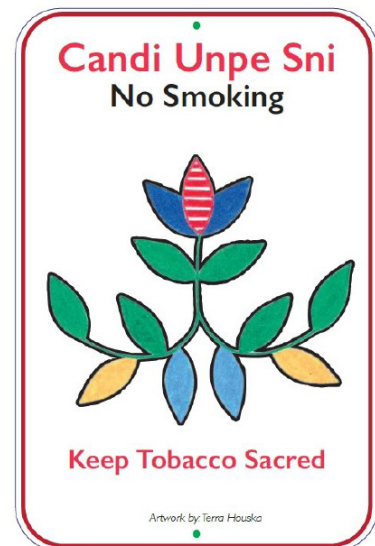
Promote Smokefree Native Communities

Many Native communities are passing smokefree laws for government buildings, workplaces, elder housing, casinos, powwows, and foster homes. For example, in November 2021, the Navajo Nation passed an act banning use of tobacco products indoors and within 25 feet of all indoor areas.⁵⁵ But most tribes still do not have comprehensive smokefree laws.¹¹

Building community support and addressing concerns early is critical to create smokefree Native communities.⁵⁶ Tribes and partners can:

- **Poll community members** about smokefree environments. The Sault Ste. Marie Tribe conducted a survey that showed that 70% of tribal housing residents preferred smokefree homes.⁵⁷
- **Address economic concerns** by talking to tribal gaming officials about the dangers of commercial tobacco and developing a business case for smokefree environments.⁵⁸

Tribal members **know what works** in their communities.



Signs that say No Smoking in the Dakota language featuring art by local artists. Source: Great Plains Tribal Leaders Health Board website

- **Distinguish traditional from commercial tobacco** and make clear that restricting commercial tobacco use can help promote sacred tobacco. Elders can develop a definition of traditional tobacco.⁵⁹

Engaging the community in creating smokefree environments can help develop a policy that is easier to enforce.⁶⁰ Continuing to share information with the public after the changes go into effect can further increase the community's comfort with a new policy.⁶⁰

To raise awareness about new smokefree laws, ask the tribe what **communications strategies** work best for their community. State and local tobacco control staff can help develop tailored educational materials such as:

- Smokefree signage
- Fact sheets with tribal-specific data to support [key talking points](#)⁵⁶
- Mass media campaigns to promote available commercial tobacco cessation services, such as the National Native Network's [media resources](#)⁶¹

KEY RESOURCES

[Commercial Tobacco Smoke-Free Tribal Policy Toolkit \(National Native Network\)](#)

Information and tools for implementing smokefree policy in tribal communities

[Media Campaign Resource Center \(CDC\)](#)

Hub of media resources, including existing smokefree campaigns and other tribal specific materials, that can be purchased and edited to fit local context

SMOKEFREE CASINOS

Although many states have smokefree policies for public places, these laws don't apply to [casinos on tribal lands](#).⁶² Secondhand smoke exposure remains a threat to casino visitors and employees, many of whom belong to tribal communities.⁶³

[Creating smokefree environments in casinos](#) can actually attract more casino visitors and revenue.^{63,64} In a study of a Midwestern tribal casino, three times as many casino patrons reported that they would visit more often with a smokefree policy than without (54% versus 18%).⁶³

Voluntary smokefree policies can help create a healthier environment for customers, employees, and the wider tribal community.⁶⁵ Learn how Ho-Chunk Gaming Madison became Wisconsin's first 100% smokefree tribal casino on [page 24](#).



Reduce Tobacco Industry Influence in Native Retail

Tobacco products, promotions, and advertising are highly visible in and around many Native communities.⁸ The tobacco industry has used inequitable practices in Native communities by aggressively marketing cigarettes, sold at deep discounts, on tribal lands.²⁴ Products sold on these lands are exempt from state taxes in many states.²⁴

TAKE ACTION

As sovereign nations, tribes can take action to reduce tobacco industry influence in retail stores, including:³⁰

- Restricting price promotions and advertising
- Limiting retailers near schools through licensing and zoning
- Restricting flavored products (including menthol)
- Raising the minimum age for tobacco sales to 21

In December 2019, the federal Tobacco 21 law raised the legal age for tobacco product sales from 18 to 21. Because it is a federal law, it applies to tribal nations within the United States. Tribal governments can also pass or strengthen their own tribal laws with a higher minimum age or stricter enforcement requirements.⁶⁶ Several states also have laws regulating commercial tobacco sales on tribal lands.⁶⁷

To help plan retail strategies and increase awareness of tobacco industry tactics in Native communities, first collect information on tobacco product availability and marketing in tribal stores.³⁰ Ask tribal leaders permission before collecting any data. States can work with tribes to map the locations of stores and adapt store assessment tools, such as the [Standardized Tobacco Assessment for Retail Settings \(STARS\)](#), for local use.⁶⁸

KEY RESOURCES

[Cigarette and E-cigarette Retail Marketing on and Near California Tribal Lands \(Begay et al.\)](#)

The availability and promotion of tobacco products on and near tribal lands

[Point-of-Sale Strategies: A Tobacco Control Guide \(Center for Public Health Systems Science\)](#)

Strategies to limit the sale, display, and advertising of tobacco products in the retail environment

[Store Assessment Tools \(Counter Tobacco\)](#)

Tools to assess tobacco retail settings

TRIBES TAKE ACTION TO REDUCE E-CIGARETTE USE

In 2019, tribes acted in response to lung injury outbreaks and the marketing of JUUL devices on reservations with Tobacco 21 policies and e-cigarette restrictions:⁶⁹

- The **Lac Courte Oreilles Tribe** and **Oglala Sioux Tribe** permanently banned the sale and use of e-cigarettes.
- The **Turtle Mountain Band of Chippewa Tribe** banned the sale of e-cigarettes but will permit use.
- The **Muckleshoot Tribe** and **Saint Regis Mohawk Tribe** permanently banned the sale of flavored e-cigarettes and increased the minimum purchase age for vaping products to 21. The Muckleshoot tribe also restricted the sale of all tobacco products to those who are 21 or older.
- The **Iipay Nation of Santa Ysabel** and **Puyallup Tribe** temporarily suspended sales of certain e-cigarettes.



Source: CDC

Support Tribal Efforts to Increase Tobacco Prices

Raising tobacco product prices reduces commercial tobacco use, especially among price-sensitive youth.² Non-Native people who visit tribal reservations often do so to buy cheaper, tax-free tobacco products.²⁰ Tribes can align prices for tobacco products on tribal lands with state sales prices by:

- Raising tribal taxes on tobacco products
- Setting a minimum price for tobacco products
- Limiting price promotions and discounting
- Applying state pricing laws to products sold on tribal lands

Some states have entered into special agreements in which the tribe agrees to collect state tobacco taxes on all tobacco product sales on reservations. In exchange, the tribes may keep the tax revenue.⁴⁷

Tax revenue generated from tobacco product sales can help sustain commercial tobacco control efforts. For example, the Sault Ste. Marie Tribe of Chippewa Indians in Michigan increased their cigarette tax by \$0.25 to \$2.50 per carton. They used the additional revenue to fund youth health education and cessation medications for tribal members.⁸

Increase Cessation in Native Communities

Many Native people who use commercial tobacco **want to quit but have less success** quitting than non-Native people in the U.S.² They often face challenges that make it harder to quit, such as:

- Geographic isolation⁷⁰
- Limited access to technology⁷⁰
- Cross-cultural communication barriers⁷⁰
- Mistrust of healthcare professionals⁷¹
- Being underinsured or uninsured¹³
- Limited access to adequate cessation services¹³

Native people are also less likely to get advice to quit from a healthcare provider or be aware of treatment options.^{13,72}

Tribes can use three key cessation approaches to reduce commercial tobacco use among their members, tailoring strategies to their own communities:⁷³

- **Promote health systems change** to integrate commercial tobacco use treatment into routine clinical care
- **Improve insurance coverage** for evidence-based cessation treatment
- **Connect tribal members** to state tobacco quitlines

Non-Native people who visit tribal reservations often do so to purchase **cheaper, tax-free tobacco products.**

TRIBAL HOSPITAL SUPPORTS QUITLINE REFERRAL

Chickasaw Nation Medical Center in Oklahoma became the first tribal hospital in the U.S. to implement a bi-directional quitline referral.⁷⁴ The hospital worked with the [Hospitals Helping Patients Quit](#) initiative to create the system so providers can refer patients to the quitline and receive information back to follow up with patients.⁷⁵



Source: Chickasaw Nation Medical Center

PROMOTE HEALTH SYSTEMS CHANGE

Health systems change strategies aim to **screen every patient** for commercial tobacco use and **offer help to quit at every visit**.⁷³ Implementing these strategies in tribal health systems can help ensure more Native people get help to quit commercial tobacco.

State and local tobacco control programs can work with tribes to build commercial tobacco cessation into their health system by:

- **Training providers** in culturally appropriate cessation treatment, such as how to adapt the [5 A's brief tobacco intervention model](#) for counseling patients about commercial tobacco use⁷⁶
- **Forming a workgroup** of partners and experts to focus on increasing commercial tobacco cessation in tribal healthcare settings
- **Creating a network of cessation support** through clinical-community linkages among healthcare providers, community organizations, and public health agencies⁷⁶
- **Helping Native health systems build information technology (IT) infrastructure** needed to promote commercial tobacco cessation, including electronic health record technology⁷⁷



ADAPTING THE 5 A's IN NATIVE HEALTH SYSTEMS

ASK about commercial tobacco use

- Identify appropriate communication styles, such as formal or informal.
- Be respectful in how you ask and be mindful of cultural and social norms.

ADVISE to quit

- Learn about commercial tobacco use in the community, so you can educate others on the dangers of commercial tobacco.
- Understand how traditional tobacco is used in the community. Talk to an elder or community member to learn about traditional tobacco use.

ASSESS readiness to quit

- Use motivational interviewing to learn about clients' values, beliefs, and reasons for quitting.

ASSIST the quit attempt

- Draw on the patient's values like personal strength, family support, traditional practices, or community involvement.
- Think about existing cessation resources in your community and how you can help your clients access them.

ARRANGE follow-up

- Confirm contact information and identify best way to follow-up with clients, such as texting.

Adapted from Red Star Innovations. *More Than the 5 A's: Implementing a Commercial Tobacco Cessation Intervention in Tribal Communities; 2014*⁷⁸

IMPROVE CESSATION COVERAGE

Comprehensive cessation coverage increases the number of people who try to quit commercial tobacco, use evidence-based treatment, and quit successfully.^{6,79,80}

Most Native people are eligible for healthcare services through the Indian Health Service, tribal programs, or urban Indian health programs. Medicaid programs also provide needed healthcare services for many Native people.

Tobacco control programs can [work with Medicaid agencies](#) to improve cessation coverage and increase awareness of benefits for Native communities.⁷³ Tribal businesses can also play an important role in improving coverage. For example, tribal casinos can provide comprehensive cessation benefits for employees.

CONNECT NATIVE MEMBERS TO QUITLINES

State tobacco quitlines offer **free, effective, and widely available** counseling to help people quit commercial tobacco.^{6,79} Some states already have quitline services for Native populations, while others offer access to tailored commercial tobacco cessation services through the [American Indian Commercial Tobacco Program](#), operated through National Jewish Health, or [The American Indian Quitline](#), available for residents of Minnesota.^{61,81}

To better serve Native callers, use culturally tailored protocols and hire Native trainers to teach quitline staff.⁸² Include training topics like:⁸³

- Connecting callers with Native coaches
- Respecting traditional tobacco use and encouraging commercial tobacco cessation
- Understanding a tribe's cultural preferences, which may include reducing intake questions and increasing time for coaching
- Focusing on the overall journey rather than a specific quit date

Make sure to consider the **needs of each Native community** served by the state quitline. Quitlines may not be accessible for Native people living on tribal lands, which have the lowest number of telephone subscribers in the U.S.⁷³



Quitline poster from Minnesota's American Indian Cessation Campaign. Source: CDC MCRC

KEY RESOURCES

[Best Practices User Guide: Cessation \(CDC\)](#)

How to promote health systems change, improve cessation coverage, and support state quitlines

[American Indian Commercial Tobacco Program \(National Jewish Health\)](#)

Online tools to support American Indian people in quitting commercial tobacco use

[Considerations for Tobacco Programs for Tribal Populations \(Rural Health Information Hub\)](#)

Native-specific information, resources, and materials for commercial tobacco use cessation and prevention programs

[More Than the 5 A's: Implementing a Commercial Tobacco Cessation Intervention in Tribal Communities \(Red Star Innovations\)](#)

Workbook with step-by-step guidance for planning a cessation intervention in Native communities and supporting activities

[Million Hearts Tobacco Cessation Change Package \(CDC\)](#)

Quality improvement tool to help healthcare professionals implement strategies to improve care for patients who use commercial tobacco

[The Power of Possibility... Fostering Strong Healthy Native Communities \(University of Arizona Healthcare Partnership\)](#)

Resources to support cessation in tribal healthcare settings, including the Basic Tobacco Intervention Skills Certification for Native Communities

Communicate with Native Audiences

Commercial tobacco prevention messages and strategies often don't resonate with Native populations. Messages may lack relevant language, include non-Native images, or be shared through channels not used by tribes.⁸

Design communications campaigns to resonate with Native communities by:

- Addressing serious health consequences of commercial tobacco use
- Respecting traditional tobacco use
- Reflecting tribal culture
- Encouraging quitting out of responsibility and respect for others, especially family
- Sharing messages through channels used by Native populations

ADDRESS SERIOUS HEALTH CONSEQUENCES

Humorous messages about commercial tobacco use are often not effective, especially among Native populations.⁸⁴ Neither are messages using spiritual or poetic language.⁸⁵ Instead, craft hard-hitting messages that include the following elements:

- **Facts** about the serious effects of commercial tobacco use⁸⁶
- **Graphic images** to convey the severity of commercial tobacco harm⁸⁶
- **Stories** from tribal members to resonate with Native audiences⁸⁴

RESPECT TRADITIONAL TOBACCO

Messages about “quitting tobacco” can lump together harmful commercial tobacco use with the sacred and medicinal use of traditional tobacco. These messages may be ineffective with, or even offensive to, American Indian audiences.⁸⁴

Instead, develop messages that:

- **Explain the difference** between traditional and commercial tobacco⁸
- **Discourage commercial tobacco use**, including the use of [iqmik](#) by Alaska Native communities⁸
- **Promote restoration** of traditional tobacco (for example, educate audiences on harvesting traditional tobacco)⁵⁸

REFLECT LOCAL TRIBAL CULTURE

Effective messages **reflect the local tribe's culture**. Make sure that data included in messages are tribe-specific.⁸

Ask tribal members to design and review communications materials. Their input increases the chance that words and images will resonate with the community.⁸⁷ It also respects tribal sovereignty when community members choose which messages are shared.⁸⁸



Poster from Black Hills Center for American Indian Health Keeping our Children Safe! Campaign. Source: CDC MCRC



Diné (Navajo) man collecting white sage. Source: Chuck Coker under Creative Commons license CC BY-ND 4.0

BE TRIBE-SPECIFIC

When developing messages, ask Native partners about the appropriate:

- Language
- Symbols
- Colors
- Images

ENCOURAGE QUITTING OUT OF RESPONSIBILITY TO OTHERS

Messages that promote looking out for one another are successful in discouraging commercial tobacco use.⁸⁹ Create a sense of togetherness in a call to action, such as rallying the community around reclaiming Native images from the tobacco industry.¹⁰

Intergenerationalism, the idea of caring for elders and children in the community, can be a powerful motivator in messages.⁸ This can include messages about quitting to protect those around you, such as preventing secondhand smoke exposure.⁸

SELECT COMMUNICATIONS CHANNELS THAT NATIVE PEOPLE USE

Many Native communities prefer face-to-face communication.⁹⁰ Messages coming from trusted members, like spiritual leaders, will be more authentic, meaningful, and impactful.¹³

Community spaces and **social gatherings** are great places to share messages. Since tribes are community-focused, social norms are crucial to Native culture.¹¹ Share information directly with attendees at community and cultural events like:

- Powwows
- Health fairs
- Tribal council meetings
- Gatherings at Native colleges



Lakota man in traditional dress at powwow. Source: Unsplash/Andrew James

KEY RESOURCES

[Best Practices User Guide: Health Communications in Tobacco Prevention and Control \(CDC\)](#)

How to develop effective health communications

[Effective Tools for Communications and Leadership in Indian Country \(National Congress of American Indians\)](#)

Effective communications techniques, like the 5 M's of messaging, and insights on working with tribal populations

[Promising Practices for Commercial Tobacco Prevention in Indian Country \(National Native Network\)](#)

Guidance on building relationships and developing effective messages for tribal communities

When in-person communication isn't possible, look into using other types of media to share messages. **Social media and e-newsletters** have been effective, particularly with Native youth.^{91,92} For example, during COVID-19 gathering restrictions, some Native communities created social media groups to host virtual powwows.⁹³ Tribes may also have local **newsletters and radio stations**.

Monitor and Evaluate

Monitoring activities track commercial tobacco use, quitting behaviors, and health outcomes in a population. Collecting these data with Native populations can help all partners:

- Understand commercial tobacco use, disparities, and risk factors among Native populations⁸
- Work toward eliminating commercial tobacco-related disparities in Native populations and communities¹²
- Plan activities to reduce commercial tobacco use among Native populations⁸
- Build support for commercial tobacco prevention and cessation in Native communities⁸

Evaluation helps tribes assess effectiveness and improve strategies. Although there are proven strategies to reduce commercial tobacco use among non-Native populations, we know less about what works for Native people.¹²

Ask permission from tribal leaders before beginning any monitoring and evaluation. Staff can work with tribes to conduct these activities by adapting existing monitoring and evaluation efforts to collect tribal data and align with Native values.



CHECKLIST FOR ADAPTING SURVEYS & INTERVIEWS

- Have community members conduct the survey or interview
- Reach out beforehand to introduce yourself
- Limit questions that impose values or personal opinions
- Make it a conversation instead of only a question/answer format
- Use correct Native terms and check your spelling

ADAPT MONITORING TOOLS

State and national surveys often have incomplete or imprecise data on tribal commercial tobacco use. For example, Native people are consistently underrepresented in Census data.⁹⁴ The [American Indian Adult Tobacco Survey](#) and [Alaska Native Tobacco Survey](#) assess commercial tobacco use, exposure to secondhand smoke, and beliefs about commercial tobacco and quitting.^{49,50}

You can also adapt these surveys or work with tribes to develop tools. You can use questions from these surveys on tools you develop. Include questions about traditional tobacco use in surveys of American Indian tribes or [iqmik](#) use in Alaska Native communities.^{8,95}

In addition to survey tools, use [Indigenous ways of knowing](#), such as story telling, to better connect with the local culture and context.⁹⁶

Placing data ownership with tribes adds accountability and trust to the process of data collection and use. The Urban Indian Health Institute, one of the 12 Tribal Epidemiology Centers, collaborated with the Lummi Nation to develop an [Indigenous evaluation](#) process.⁹⁷ They define what change means to the community by encouraging face-to-face feedback from tribal members, using images or art to illustrate change, identifying community strengths, and culturally translating findings to funders.⁹⁸

ALIGN EVALUATION WITH NATIVE VALUES

Some Western research and evaluation practices may be unfamiliar to Native populations or viewed as incompatible with Native culture. Aligning evaluation with Native values can help tribal members trust and act on the results. Use the following principles to guide evaluations in Native communities:⁹⁷

- **Ground the evaluation in traditional ways of knowing**
Learn about and incorporate traditional ways of knowing, such as creation stories, individual and communal experiences, and history handed down through the generations.
- **Incorporate community values**
Understand the community's core values, such as being people of a place, the centrality of family and community, and tribal sovereignty. Ask how these values affect the evaluation goals and methods.
- **Engage the community in evaluation**
Meaningfully collaborate with community members in all phases of evaluation to make decisions about the evaluation process and communicate results. Community members can help plan the evaluation, develop tools, collect information, interpret data, and write and disseminate reports.
- **Tell their story**
Incorporate the Native tradition of storytelling into evaluation by considering what questions are necessary to tell the community's story. Collect both quantitative and qualitative information to explore the story, including individual and communal experiences.

KEY RESOURCES

[A Roadmap for Collaborative and Effective Evaluation in Tribal Communities \(Children's Bureau\)](#)

Guidance for working with tribes to conduct culturally respectful and appropriate collaborative evaluations in Native communities

[Indigenous Evaluation Framework \(American Indian Higher Education Consortium\)](#)

Workbook for building an evaluation framework that reflects Native American values and culture



- **Focus on strengths**

Focus on exploring community strengths instead of solving a problem. Use methods that build on those strengths, such as [empowerment evaluation](#).⁹⁹

- **Share findings**

Share findings in ways that are meaningful to Native audiences. Before sharing evaluation results outside the community, encourage tribal ownership of data and evaluation products by asking the tribe for permission to share and confirm that you are accurately representing their stories and experiences.¹⁰⁰

- **Celebrate what you learned**

Celebrate what you learned with the community and use results to benefit the community.

Start all Native evaluation efforts by consulting tribal leaders, your program Institutional Review Board, and any tribal internal review processes.⁹⁷ Some tribes may have their own review process to protect tribal members and traditional knowledge. If not, you can work with tribes to develop one.⁹⁰ Learn more about data sharing agreements on [page 10](#).

Sustain Progress

Programs can play a key role in working with tribes to build capacity to continue commercial tobacco prevention work. You can help sustain commercial tobacco use prevention in Native communities by:

- Supporting community-driven strategies, including those to promote education and restoration of traditional tobacco¹¹
- Setting shared goals with Native partners and checking in regularly about progress¹⁰
- Dedicating staff to provide culturally appropriate training and technical assistance³⁹
- Ensuring that staff share responsibilities with tribal members, such as presenting to others, writing reports, or completing grant applications³⁹
- If resources allow, working with tribes to create a permanent community advisory board to lead efforts after the implementation period ends³⁶
- Acknowledging progress and recognizing accomplishments to keep Native partners engaged³⁹

Programs can also connect tribes with partners. **Native work groups and coalitions** create a place for tribal representatives to come together to identify local needs, share strategies, and engage in peer-to-peer mentoring.⁹⁵ It is important that work groups both reinforce ongoing local efforts and introduce new commercial tobacco prevention knowledge and skills.

KEY RESOURCES

[National Native Network](#)

Tailored trainings, toolkits, and webinars on reducing commercial tobacco use and health disparities among Native people

[Program Sustainability Assessment Tool \(Center for Public Health Systems Science\)](#)

Online tool describing and assessing key factors related to sustainability of programs with key resources that has been used with tribal populations



Participants at the Midnight Sun Intertribal Powwow in Fairbanks, AK. Source: user Frostnip907 under Creative Commons license CC BY-NC-SA 2.0

Planning for sustainability can help increase capacity for maintaining efforts. From 2020 to 2021, the Network Coordinating Center at the Tribal Epidemiology Centers Public Health Infrastructure Program partnered with the Center for Public Health Systems Science to support Tribal Epidemiology Centers in assessing and building program sustainability capacity using the [Program Sustainability Assessment Tool](#).¹⁰¹ The tool identifies eight domains that influence program sustainability: Environmental Support, Funding Stability, Partnerships, Organizational Capacity, Program Adaptation, Program Evaluation, Communications, and Strategic Planning.



Program Sustainability Domains. Source: sustaintool.org



Eastern wall of Minneapolis American Indian Center, created by Gregg Deal and Votan Henriquez, and funded in part by ClearWay Minnesota. Source: Jaime Martinez–ClearWay Minnesota



EXPLORE COMMUNITY EXAMPLES

Lower Sioux Nation—Minnesota

Located in southwest Minnesota, the Lower Sioux Reservation has around 1,200 members, about half of whom are youth. When the tribe learned that many of their members used commercial tobacco, they knew that addressing the problem began with educating their members about traditional tobacco.

The Lower Sioux Nation receives a Tribal Tobacco Grant from the Minnesota Department of Health (MDH). The MDH [Tribal Grants Program](#) is based on the foundational belief that **culture drives prevention** in tribal communities.¹⁰² “The previous iteration of this program had been asking tribes to implement evidence-based practices that mainstream tobacco prevention and control implements regularly. MDH consistently heard from tribal grantees that these strategies wouldn’t work in our communities,” says Sarah Brokenleg, Acting Health Equity and Tribal Grants Supervisor and member of the Sičąŋǵu Lakota Oyate. The program worked with [tribal and urban American Indian partners](#) and the [Great Lakes Inter-Tribal Epidemiology Center](#) to include more flexible cultural work and traditional activities.¹⁰³

Restoring traditional tobacco is now a focus of the Tribal Grants Program, alongside addressing secondhand smoke exposure and commercial tobacco use. In fact, Minnesota was the first state tobacco prevention program in the U.S. to provide resources for growing traditional tobacco.

Minnesota also hired specialists like Brokenleg, who understood the nuances of working with tribal nations, to lead the work. “That **face-to-face time in the community** really allows us to be specialists for the communities we are working with. Each tribal nation is unique—and so is their commercial tobacco prevention work,” she says.

Working with the Lower Sioux’s Tribal Health Coordinator, Elliot Christensen, Brokenleg connected the tribe to MDH partners, the [American Indian Cancer Foundation](#), and [ClearWay Minnesota](#). These partners provided culturally relevant resources like toolkits, webinars, and training to develop a commercial tobacco prevention program that works for the Lower Sioux.

The Lower Sioux then tailored a set of commercial tobacco prevention strategies for their tribe. They involved youth in traditional outdoor activities and sports in place of commercial tobacco use. Activities included collecting and harvesting [cansasa](#), the tribe’s sacred tobacco, while educating on the differences between this traditional medicine and harmful commercial tobacco.

In the past five years, the Lower Sioux Nation has seen its commercial tobacco use drop. But the numbers don’t tell the whole story. “There’s no number that you can put on the experience or the knowledge that the community has gained,” Christensen says.



Members of the Lower Sioux Nation collect *cansasa*, the tribe’s sacred tobacco. Source: Elliot Christensen

“ Each tribal nation is unique—and so is their commercial tobacco prevention work.

— Sarah Brokenleg

Ho-Chunk Nation—Wisconsin

The Ho-Chunk Nation has operated gaming facilities in Wisconsin since the late 1980s. “Casinos buoy us and keep us employed,” says Dan Brown, a Ho-Chunk member and Executive Manager of [Ho-Chunk Gaming Madison](#). During most of his years in the gaming industry, Brown had accepted smoking as part of the casino environment.

The idea to go smokefree began in 2013. As Brown read through customer comment cards, cigarette smoke was a common complaint. Patrons said that the smoke kept them from fully enjoying the casino with friends and family.

When Brown proposed a smokefree policy to his staff, they supported it. Delving further, he found patrons could be [more likely to visit](#) a smokefree casino. Buy-in from the tribal government was key.⁶³ “This was a financial risk,” says Missy Tracy, Municipal Relations Coordinator at the casino and member of the [Dane County Alliance Against Commercial Tobacco](#).

Brown partnered with the [Wisconsin Native American Tobacco Network](#) (WNATN) to lead the smokefree effort. State and local agencies were also important partners, offering resources and financial support. “We were just there to offer our support, and tribal members really led the effort,” says Ryan Sheahan, Coordinator for the Dane County coalition. Karen Conner, Health Disparities and Treatment Coordinator with the [Wisconsin Department of Health Services](#), agreed, “Tribes are the experts—they know their nation best.”

The casino prepared its customers for the new policy with newsletters, promotional items, and advertising, including a TV commercial highlighting the facility as “the cleanest casino air in Wisconsin.” Ho-Chunk Gaming Madison officially became Wisconsin’s first 100% smokefree casino at midnight on August 1, 2015.

Although the casino did not see instant success, it bounced back to **set revenue and attendance records**. Over the past five years, customer feedback has been overwhelmingly positive. “We get comments constantly from our guests, especially our middle-aged guests, who want to bring their folks in. Before, they could not. It’s safe, they can stay longer,” Brown says.

Brown says staff recruitment and retention have also improved, and some employees have quit smoking commercial tobacco. As of December, 2021, nearly **160 tribal casinos** are now smokefree.¹⁰⁴

Tribal member and Cage Manager Kyla Beard says smokefree environments promote the health and well-being of the Ho-Chunk Nation. “Going smokefree is the most Indigenous thing you can do,” she says. “It’s the best way we can continue to show our sovereignty to other Nations and take care of ourselves, our elders, and our future generations.”



Ho-Chunk Gaming Madison has been 100% smokefree since 2015. Source: Ho-Chunk Gaming Madison

“Going smokefree is the most Indigenous thing you can do.

— Kyla Beard



REFERENCES

- 1 Tobacco. The Community Guide. Accessed May 20, 2020. <https://www.thecommunityguide.org/topic/tobacco>.
- 2 US Department of Health and Human Services. The health consequences of smoking—50 years of progress: a report of the Surgeon General. Published 2014. Accessed August 13, 2020. <https://pubmed.ncbi.nlm.nih.gov/24455788/>.
- 3 Farrelly M, Chaloupka F, Berg C, et al. Taking stock of tobacco control program and policy science and impact in the United States. *Journal of Addictive Behaviors and Therapy*. 2017;1(2:8). <http://www.imedpub.com/articles/taking-stock-of-tobacco-control-program-and-policy-science-and-impact-in-the-united-states.php?aid=20344>.
- 4 Holmes C, King B, Babb S. Stuck in neutral: stalled progress in statewide comprehensive smoke-free laws and cigarette excise taxes, United States, 2000–2014. *Preventing Chronic Disease*. 2016;13:150409. doi: [10.5888/pcd13.150409](https://doi.org/10.5888/pcd13.150409).
- 5 Garrett B, Dube S, Babb S, McAfee T. Addressing the social determinants of health to reduce tobacco-related disparities. *Nicotine & Tobacco Research*. 2015;17(8):892-897. doi: [10.1093/ntr/ntu266](https://doi.org/10.1093/ntr/ntu266).
- 6 Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Published 2014. Accessed June 17, 2019. https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm.
- 7 Cornelius M, Wang T, Jamal A, Loretan C, Neff L. Tobacco product use among adults—United States, 2019. *Morbidity and Mortality Weekly Report*. 2020;69(46):1736-1742. Published November 20, 2020. Accessed August 4, 2021. doi: [10.15585/mmwr.mm6946a4](https://doi.org/10.15585/mmwr.mm6946a4).
- 8 Weber J. Promising practices for commercial tobacco prevention & control in Indian country. Accessed April 29, 2020. <https://keepitsacred.itcmi.org/wp-content/uploads/2015/06/PromisingPractices-for-Commercial-Tobacco.pdf>.
- 9 Centers for Disease Control and Prevention. American Indians/Alaska Natives and tobacco use. Accessed March 5, 2021. <https://www.cdc.gov/tobacco/disparities/american-indians/index.htm#:~:text=Traditional%20tobacco%20preparation%20and%20use,among%20Tribes%20of%20North%20America>.
- 10 Northwest Portland Area Indian Health Board. Northwest Tribal tobacco prevention guide book. Published 2004. Accessed December 2, 2019. http://www.npaihb.org/images/resources_docs/Resource%20Guidebook.pdf.
- 11 Boudreau G, Hernandez C, Hoffer D, et al. Why the world will never be tobacco-free: reframing “tobacco control” into a traditional tobacco movement. *American Journal of Public Health*. 2016;106(7):1188-1195. doi: [10.2105/AJPH.2016.303125](https://doi.org/10.2105/AJPH.2016.303125)
- 12 ClearWay Minnesota, Truth Initiative, Blue Cross and Blue Shield of Minnesota. In a good way: Indigenous commercial tobacco control practices. Published 2017. Accessed May 29, 2020. http://keepitsacred.itcmi.org/wp-content/uploads/sites/5/2015/02/InAGoodWay_finalWeb-1.pdf.
- 13 Gryczynski J, Feldman R, Carter-Pokras O, Kanamori M, Chen L, Roth S. Contexts of tobacco use and perspectives on smoking cessation among a sample of urban American Indians. *Journal of Health Care for the Poor and Underserved*. 2010;21(2):544-558. doi: [10.1353/hpu.0.0276](https://doi.org/10.1353/hpu.0.0276).
- 14 Tobacco abuse prevalence. National Native Network. Accessed June 22, 2020. <https://keepitsacred.itcmi.org/tobacco-and-tradition/tobacco-abuse-prevalence/>.
- 15 American Indian/Alaska Native. U.S. Department of Health and Human Services Office of Minority Health. Updated May 21, 2021. Accessed August 4, 2021. <https://minorityhealth.hhs.gov/omh/browse.aspx?vl=3&vlid=62>.
- 16 United States Census Bureau. The American Indian and Alaska Native population: 2010. Published 2012. Accessed August 5, 2021. <https://www.census.gov/history/pdf/c2010br-10.pdf>.
- 17 Cunningham J, Ritchie J, Solomon T, Cordova F. Cigarette use among American Indians and Alaska Natives in metropolitan areas, rural areas, and tribal lands. *Journal of Public Health Management and Practice*. 2019;25:S11-S19. doi: [10.1097/PHH.0000000000001026](https://doi.org/10.1097/PHH.0000000000001026).
- 18 Traditional tobacco. National Native Network. Accessed March 5, 2021. <https://keepitsacred.itcmi.org/tobacco-and-tradition/traditional-tobacco-use/>.
- 19 Albuquerque Area Southwest Tribal Epidemiology Center. Healthy communities, healthy ways. Accessed June 30, 2020. https://www.aastec.net/wp-content/uploads/2016/04/aastec_eToolkit_v8-1.pdf.
- 20 Kunitz S. Historical influences on contemporary tobacco use by Northern Plains and Southwestern American Indians. *American Journal of Public Health*. 2016;106(2):246-255. doi: [10.2105/AJPH.2015.302909](https://doi.org/10.2105/AJPH.2015.302909).
- 21 Hilton B, Betancourt H, Morrell H, Lee H, Doegey J. Substance abuse among American Indians and Alaska Natives: an integrative cultural framework for advancing research. *International Journal of Mental Health and Addiction*. 2018;16:507-523. doi: [10.1007/s11469-017-9869-1](https://doi.org/10.1007/s11469-017-9869-1).
- 22 Shelton BL. Legal and historical roots of health care for American Indians and Alaska Natives in the United States. Henry J Kaiser Family Foundation. Published 2004. Accessed 2020. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/legal-and-historical-roots-of-health-care/>.
- 23 Wilson J, Sabo S, Chief C, et al. Diné (Navajo) healer perspectives on commercial tobacco use in ceremonial settings: an oral story project to promote smoke-free life. *American Indian and Alaska Native Mental Health Research*. 2019;26(1):63-78. doi: [10.5820/aian.2601.2019.63](https://doi.org/10.5820/aian.2601.2019.63).
- 24 Lempert L, Glantz S. Tobacco industry promotional strategies targeting American Indians/Alaska Natives and exploiting tribal sovereignty. *Nicotine & Tobacco Research*. 2019;21(7):940-948. doi: [10.1093/ntr/nty048](https://doi.org/10.1093/ntr/nty048).
- 25 Carroll D, Wagener T, Thompson D, et al. Electronic nicotine delivery system use behaviour and loss of autonomy among American Indians: results from an observational study. *BMJ Open*. 2017;7(12):e018469. doi: [10.1136/bmjopen-2017-018469](https://doi.org/10.1136/bmjopen-2017-018469).

- 26 U.S. House of Representatives Committee on Oversight and Reform. Update on the subcommittee's e-cigarette investigation. Published February 5, 2020. Accessed September 22, 2021. <https://oversight.house.gov/sites/democrats.oversight.house.gov/files/2020-02-04.RK%20Memo%20re%20JUUL.pdf>.
- 27 Hopkins K. Supercharged chew is a tradition in the Yukon-Kuskokwim Delta. Anchorage Daily News. October 7, 2012. Updated September 29, 2016. Accessed June 30, 2020. <https://www.adn.com/rural-alaska/article/supercharged-chew-tradition-yukon-kuskokwim-delta/2012/10/07/>.
- 28 Hurt R, Renner C, Patten C, et al. Iqmik – a form of smokeless tobacco used by pregnant Alaska natives: nicotine exposure in their neonates. *Journal of Maternal-Fetal & Neonatal Medicine*. 2005;17(4):281-289. doi: [10.1080/14767050500123731](https://doi.org/10.1080/14767050500123731).
- 29 Tobacco use in the American Indian/Alaska Native community. Washington, DC: Truth Initiative; 2020. Accessed August 31, 2020. <https://truthinitiative.org/research-resources/targeted-communities/tobacco-use-american-indianalaska-native-community>.
- 30 Begay C, Soto C, Baezconde-Garbanati L, et al. Cigarette and e-cigarette retail marketing on and near California tribal lands. *Health Promotion Practice*. 2020;21(1):185-265. doi: [10.1177/1524839919883254](https://doi.org/10.1177/1524839919883254).
- 31 Tribal Nations & the United States: an introduction. National Congress of American Indians. Accessed September 8, 2020. <http://www.ncai.org/about-tribes>.
- 32 Christopher S, Watts V, McCormick A, Young S. Building and maintaining trust in a community-based participatory research partnership. *American Journal of Public Health*. 2008;98(8):1398-1406. doi: [10.2105/AJPH.2007.125757](https://doi.org/10.2105/AJPH.2007.125757).
- 33 Tribal Leaders Directory. Bureau of Indian Affairs. Accessed February 3, 2022. <https://www.bia.gov/bia/ois/tribal-leaders-directory/>.
- 34 Indian Health Service Office of Urban Indian Health Programs. 41 Urban Indian Organizations. Accessed February 3, 2022. <https://www.ihs.gov/urban/urban-indian-organizations/>.
- 35 Alaska Native Tribal Health Consortium. Alaska Native tobacco prevention community toolkit. Published 2016. Accessed December 2, 2019. <http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/TobaccoFreeAlaska/toolkits/AKNativeTobaccoPreventionToolkit.pdf>.
- 36 National Congress of American Indians Policy Research Center. "Walk softly and listen carefully" —building research relationships with tribal communities. Published 2012. Accessed December 3, 2019. http://www.ncai.org/attachments/PolicyPaper_SpMCHTcjxRRjMEjDnPmesENPzjHTwhOIOwXlWOIWdSrykJuQggG_NCAI-WalkSoftly.pdf.
- 37 Ammerman A, Smith T, Calancie L. Practice-based evidence in public health: improving reach, relevance, and results. *Annual Review of Public Health*. 2014;35(1):47-63. doi: [10.1146/annurev-publhealth-032013-182458](https://doi.org/10.1146/annurev-publhealth-032013-182458).
- 38 Rodriguez-Lonebear D. Building a data revolution in Indian Country. In: Kukutai T, Taylor J, eds. *Indigenous Data Sovereignty*. ANU Press. Accessed December 2, 2019. <https://www.jstor.org/stable/j.ctt1q1crgf.21>.
- 39 Native American Center for Excellence. Steps for conducting research and evaluation in Native communities. Accessed December 3, 2019. <https://www.samhsa.gov/sites/default/files/nace-steps-conducting-research-evaluation-native-communities.pdf>.
- 40 Brockie T, Dana-Sacco G, López M, Wetsit L. Essentials of research engagement with Native American tribes: data collection reflections of a tribal research team. *Progress in Community Health Partnerships: Research, Education, and Action*. 2017;11(3):301-307. doi: [10.1353/cpr.2017.0035](https://doi.org/10.1353/cpr.2017.0035).
- 41 Thomas L, Donovan D, Sigo L, Austin L, Marlatt GA, The Suquamish Tribe. The community pulling together: a tribal community–university partnership project to reduce substance abuse and promote good health in a reservation tribal community. *Journal of Ethnicity in Substance Abuse*. 2009;8(3):283-300. doi: [10.1080/15332640903110476](https://doi.org/10.1080/15332640903110476).
- 42 Thomas L, Rosa C, Forcehimes A, Donovan D. Research partnerships between academic institutions and American Indian and Alaska Native tribes and organizations: effective strategies and lessons learned in a multisite CTN study. *American Journal of Drug and Alcohol Abuse*. 2011;37(5):333-338. doi: [10.3109/00952990.2011.596976](https://doi.org/10.3109/00952990.2011.596976).
- 43 Yeager K, Bauer-Wu S. Cultural humility: essential foundation for clinical researchers. *Applied Nursing Research*. 2013;26(4):251-256. doi: [10.1016/j.apnr.2013.06.008](https://doi.org/10.1016/j.apnr.2013.06.008).
- 44 Self-assessments. National Centre for Cultural Competence. Accessed February 3, 2022. <https://nccc.georgetown.edu/assessments/>.
- 45 Implicit bias resources. Cornell University. Accessed February 3, 2022. <https://gradschool.cornell.edu/diversity-inclusion/faculty-resources/implicit-bias-resources/>.
- 46 James R, Tsoie R, Sahota P, et al. Exploring pathways to trust: a tribal perspective on data sharing. *Genetics in Medicine*. 2014;16(11):820-826. doi: [10.1038/gim.2014.47](https://doi.org/10.1038/gim.2014.47).
- 47 Centers for Disease Control and Prevention. Best Practices User Guide: health equity in tobacco prevention and control. Published 2015. Accessed August 31, 2020. <https://www.cdc.gov/tobacco/stateandcommunity/best-practices-health-equity/pdfs/bp-health-equity.pdf>.
- 48 Native Land Digital. Native-Land.ca. Accessed February 3, 2022. <https://native-land.ca/>.
- 49 Weber J, Thorne S, Husten C, et al. American Indian adult tobacco survey implementation manual. US Department of Health and Human Services, Centers for Disease Control and Prevention. Published 2008. Accessed December 2, 2019. https://www.cdc.gov/tobacco/data_statistics/surveys/american_indian/pdfs/ai_ats.pdf.
- 50 Albright V, Mirza S, Caraballo R, Niare A, Thorne S. Administering the Alaska Native Adult tobacco survey. Centers for Disease Control and Prevention. Published 2010. Accessed December 3, 2019. https://www.cdc.gov/tobacco/data_statistics/surveys/alaska_native/pdfs/guide.pdf.
- 51 Talking circles. First Nations Pedagogy Online. Accessed May 19, 2022. <https://firstnationspedagogy.ca/circltalks.html>.
- 52 Section 20: implementing Photovoice in your community. Community Tool Box. Accessed May 19, 2022. <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/photovoice/main>.

- 53 Tribal Information Exchange. Sample data sharing agreement. Accessed February 3, 2022. <https://tribalinformationexchange.org/wp-content/uploads/2019/03/Sample-Data-Sharing-Agreement.pdf>.
- 54 Association of State and Territorial Health Officials. Case study: North Dakota engages American Indian tribes in tobacco prevention. Published 2016. Accessed July 2, 2020. <http://www.618resources.chcs.org/wp-content/uploads/2018/05/ND-Tribal-Prevention-Efforts-Case-Study.pdf>.
- 55 Chow V. Navajo Nation bans indoor smoking throughout reservation. ABC4.com. Published November 7, 2021. Accessed November 17, 2021. <https://www.abc4.com/news/navajo-nation-bans-indoor-smoking-tobacco-use-throughout-reservation>.
- 56 National Native Network. Your commercial smoke-free tribal policy toolkit. 4th ed. Accessed May 29, 2020. <http://keepitsacred.itcml.org/resources/smoke-free-policy-toolkit/>.
- 57 Public Health Law Center. Smoke-free tribal housing policies. Published June 2020. Accessed March 5, 2021. <https://www.publichealthlawcenter.org/sites/default/files/resources/Smoke-free-tribal-housing-policies.pdf>.
- 58 Scott S, D'Silva J, Hernandez C, Villaluz N, Martinez J, Matter C. The Tribal Tobacco Education and Policy initiative: findings from a collaborative, participatory evaluation. *Health Promotion Practice*. 2017;18(4):545-553. doi:10.1177/1524839916672632.
- 59 Public Health Law Center. Tribal tax policies for commercial tobacco. Published March 2019. Accessed March 5, 2021. <https://publichealthlawcenter.org/sites/default/files/resources/Tribal-Tax-Policies-for-Commercial-Tobacco-2019.pdf>.
- 60 South Dakota Department of Health Tobacco Control Program. Tribal tobacco policy toolkit. Accessed June 30, 2020. <https://www.findyourpowersd.com/toolkit/>.
- 61 Commercial tobacco cessation programs. Keep It Sacred. Accessed February 3, 2022. <http://keepitsacred.itcml.org/quitlines/>.
- 62 Breathe easy with smokefree casinos. Smokefree Casinos website. Accessed February 3, 2022. <https://smokefreecasinos.org/>.
- 63 Brokenleg I, Barber T, Bennett N, Peart Boyce S, Blue Bird Jernigan V. Gambling with our health: smoke-free policy would not reduce casino patronage. *American Journal of Preventive Medicine*. 2014;47(3):290-299. doi: 10.1016/j.amepre.2014.04.006.
- 64 Smoke-free tribal casinos. Public Health Law Center. Accessed February 3, 2022. https://www.publichealthlawcenter.org/sites/default/files/resources/Smoke-free-Tribal-Casinos.pdf?utm_source=Public+Health+Law+Center&utm_campaign=d9f116ef8c-EMAIL_CAMPAIGN_2017_12_13_COPY_01&utm_medium=email&utm_term=0_59c1ffe67d-d9f116ef8c-43109705.
- 65 American Nonsmokers' Rights Foundation. Reopening smokefree: the new normal. August 31, 2020. Updated July 30, 2021. Accessed August 5, 2021. <https://no-smoke.org/reopening-smokefree-the-new-normal/>.
- 66 Public Health Law Center. The new federal Tobacco-21 law: what it means for state, local, and tribal governments. January 15, 2020. Accessed August 10, 2020. <https://www.publichealthlawcenter.org/commentary/200107/new-federal-tobacco-21-law-what-it-means-state-local-and-tribal-governments>.
- 67 DeLong H, Leider J, Chiqui J, Chaloupka F. State regulation of tribal tobacco sales: a historical state-by-state analysis, 2005-2015. Published October 2016. Accessed August 28, 2020. https://tobacconomics.org/wp-content/uploads/2016/12/tobacconomics_tribal_template_FINAL-VERSION.pdf.
- 68 Counter Tobacco. STARS. Accessed November 26, 2018. <https://countertobacco.org/resources-tools/store-assessment-tools/stars/>.
- 69 Public Health Law Center. States and tribes stepping in to protect communities from the dangers of e-cigarettes: actions and options. February 25, 2020. Accessed July 17, 2020. <https://www.publichealthlawcenter.org/resources/states-and-tribes-stepping-protect-communities-dangers-e-cigarettes-actions-and-options>.
- 70 Sequist TD, Cullen T, Acton KJ. Indian Health Service innovations have helped reduce health disparities affecting American Indian and Alaska Native people. *Health Affairs*. 2011;30(10):1965-1973. doi: 10.1377/hlthaff.2011.0630.
- 71 Bosma L, D'Silva J, Jansen A, Sandman N, Hink R. The Wiidookowishin program: results from a qualitative process evaluation of a culturally tailored commercial tobacco cessation program. *American Indian Alaska Native Mental Health Research*. 2014;21(1):18-34. doi: 10.5820/aian.2101.2014.18.
- 72 Daley C, Faseru B, Nazir N, et al. Influence of traditional tobacco use on smoking cessation among American Indians. *Addiction*. 2011;106(5):1003-1009. doi:10.1111/j.1360-0443.2011.03391.x.
- 73 Centers for Disease Control and Prevention. Best Practices User Guide: cessation. Published 2020. Accessed July 5, 2020. <https://www.cdc.gov/tobacco/stateandcommunity/best-practices-cessation/index.html>.
- 74 Association of State and Territorial Health Officials. Oklahoma partners collaborate with tribes on tobacco cessation. May 21, 2018. Accessed July 2, 2020. <https://205.174.25.45/StatePublicHealth/OK-Partners-Collaborate-with-Tribes-on-Tobacco-Cessation/05-21-18/>.
- 75 Advancing tobacco treatment. Oklahoma Hospital Association. Accessed February 3, 2022. <https://www.okoha.com/TobaccoCessation>.
- 76 Centers for Disease Control and Prevention. Tribal communities learn how to quit commercial tobacco use. March 20, 2019. Accessed July 2, 2020. <https://www.cdc.gov/cancer/ncccp/success-stories/GPTCHB-tobacco-use.htm>.
- 77 Carroll M, Cullen T, Ferguson S, Hogge N, Horton M, Kokesh J. Innovation in Indian healthcare: using health information technology to achieve health equity for American Indian and Alaska Native populations. *Perspectives in Health Information Management*. 2011;8(Winter):1d. PMID: 21307987.
- 78 Red Star Innovations. More than the 5 A's: implementing a commercial tobacco cessation intervention in tribal communities. Published September 2014. Accessed August 5, 2021. http://www.itcml.org/wp-content/uploads/2014/10/APP_Workbook_Sept2014FINAL.pdf.
- 79 Fiore M, Jaén C, Baker T, et al. Treating tobacco use and dependence: 2008 update. Agency for Healthcare Research and Quality. Published 2015. Accessed September 27, 2021. <https://www.ahrq.gov/prevention/guidelines/tobacco/index.html>.
- 80 The Community Guide. Tobacco use: reducing out-of-pocket costs for evidence-based cessation treatments. Published August 2012. Accessed August 9, 2021. <https://www.thecommunityguide.org/findings/tobacco-use-reducing-out-pocket-costs-evidence-based-cessation>.

REFERENCES

- 81 American Indian Quitline. Quit Partner. Accessed February 3, 2022. <https://www.quitpartnermn.com/american-indian-quitline/>.
- 82 Yuan N, Schultz J, Nair U, Bell M. Predictors of tobacco cessation among American Indian/Alaska Native adults enrolled in a state quitline. *Substance Use & Misuse*. 2020;55(3):452-459. doi: [10.1080/10826084.2019.1683204](https://doi.org/10.1080/10826084.2019.1683204).
- 83 National Native Network. New American Indian Quitline. Published August 5, 2015. Accessed August 24, 2020. <http://keepitsacred.itcmi.org/2015/08/new-american-indian-quitline/>.
- 84 Anderson K, Kegler M, Bundy L, Henderson P, Halfacre J, Escoffery C. Adaptation of a brief smoke-free homes intervention for American Indian and Alaska Native families. *BMC Public Health*. 2019;19(1):981. doi: [10.1186/s12889-019-7301-4](https://doi.org/10.1186/s12889-019-7301-4).
- 85 Orr M, Burduli E, Hirchak K, et al. Culturally-tailored text-messaging intervention for smoking cessation in rural American Indian communities: rationale, design, and methods. *Contemporary Clinical Trials Communications*. 2019;15:100363. Published April 13, 2019. Accessed December 4, 2019. doi: [10.1016/j.conctc.2019.100363](https://doi.org/10.1016/j.conctc.2019.100363).
- 86 Patten C, Lando H, Resnicow K, et al. Developing health communication messaging for a social marketing campaign to reduce tobacco use in pregnancy among Alaska Native women. *Journal of Communication in Healthcare*. 2018;11(4):252-262. doi: [10.1080/17538068.2018.1495929](https://doi.org/10.1080/17538068.2018.1495929).
- 87 Abramson A, Downwind H, Bailey T, Cooper C. Culturally understanding commercial tobacco abuse messaging among American Indians and Alaska Natives. National Native Network technical assistance webinar. February 24, 2015. Accessed December 2, 2019. Videocast available at: <https://www.youtube.com/watch?v=Fyexo0Tyv9g&feature=youtu.be>.
- 88 Cancer Care Ontario. Path to prevention: recommendations for reducing chronic disease in First Nations, Inuit and Métis. Published 2016. Accessed December 2, 2019. <https://www.ccohealth.ca/en/report-path-to-prevention>.
- 89 Horn K, McGloin T, Dino G, et al. Quit and reduction rates for a pilot study of the American Indian Not On Tobacco (N-O-T) program. *Preventing Chronic Disease*. 2005;2(4):11. Accessed December 3, 2019. https://www.cdc.gov/pcd/issues/2005/oct/pdf/05_0001.pdf.
- 90 Unger J, Soto C, Thomas N. Translation of health programs for American Indians in the United States. *Evaluation and the Health Professions*. 2008;31(2):124-144. doi: [10.1177/0163278708315919](https://doi.org/10.1177/0163278708315919).
- 91 O'Leary R. A policy framework to reduce the tobacco disparity among Native Americans. Lecture presented at: National Conference on Tobacco or Health; 2019; Minneapolis, MN.
- 92 Tualii M, Bush N, Bowen D, Forquera R. Adaptation of a smoking cessation and prevention website for urban American Indian/Alaska Native youth. *Journal of Cancer Education*. 2010;25(1):23-31. doi: [10.1007/s13187-009-0004-2](https://doi.org/10.1007/s13187-009-0004-2).
- 93 PBS NewsHour. Indigenous communities move powwows online during coronavirus [Video]. https://www.youtube.com/watch?v=yMMGZqu_J0M. Published June 12, 2020. Accessed June 24, 2020.
- 94 Manshack L. The 2020 U.S. Census: history and implications for Native communities and researches [webinar]. Brown School Open Classroom. May 22, 2020. Accessed August 4, 2020. <https://www.youtube.com/watch?v=iuD-Vd3CXuM>
- 95 State of Alaska Tobacco Prevention & Control Program. The Alaska Native Community Evaluation Project: an equity lens review of tobacco prevention & control in Alaska. Published 2015. Accessed December 2, 2019. http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2015_NarrativeReportAlaskaNativeCommunityProject.pdf.
- 96 Tribal Evaluation Workgroup. A roadmap for collaborative and effective evaluation in tribal communities. Children's Bureau, Administration for Children and Families. Published September 2013. Accessed February 16, 2021. https://www.acf.hhs.gov/sites/default/files/documents/cb/tribal_roadmap.pdf.
- 97 LaFrance J, Nichols R. Indigenous Evaluation Framework: telling our story in our place and time. Alexandria, VA: American Indian Higher Education Consortium; 2009. Accessed June 24, 2020. <http://portalcentral.aihec.org/Indigeval/Pages/Document-Collections.aspx>.
- 98 Indigenous evaluation [Video]. Urban Indian Health Institute. Published 2018. Accessed September 30, 2020. <https://www.uihi.org/resources/indigenous-evaluation>.
- 99 Empowerment evaluation. BetterEvaluation. Published January 29, 2014. Accessed February 3, 2022. https://www.betterevaluation.org/en/plan/approach/empowerment_evaluation.
- 100 Urban Indian Health Institute. The national evaluation of Good Health and Wellness in Indian Country (GHWIC) 2014–2019. Published 2019. Accessed April 29, 2020. <http://www.uihi.org/wp-content/uploads/download-manager-files/GHWIC-Tier-3-C1-C2-Final-Report.pdf>.
- 101 Program sustainability assessment tool. Center for Public Health Systems Science. Published 2012. Accessed November 26, 2018. <https://sustaintool.org/assess/>.
- 102 Tribal SHIP and Tribal Tobacco Grants. Minnesota Department of Health. Accessed May 28, 2020. <https://www.health.state.mn.us/tribalgrants>.
- 103 Bosma L, Martínez J, Villaluz N, et al. In a good way: advancing funder collaborations to promote health in Indian country. *The Foundation Review*. 2018;10(1). doi:[10.9707/1944-5660.1403](https://doi.org/10.9707/1944-5660.1403).
- 104 U.S. Smokefree casinos and gaming properties. Gaming Directory. Accessed February 3, 2022. <https://www.gamingdirectory.com/smokefree/properties/>.

