

OFFICE ON SMOKING AND HEALTH

Kevin T. Collins, PhD, MPA, Deputy Associate Director for Health Equity
CoCo Villaluz, Health Equity Manager, American Indian Cancer Foundation/CDC Consultant

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion



OSH Health Equity Strategic Plan

IMPACT AREA 4: Advancing Health Equity by identifying and eliminating commercial tobacco product-related inequities and disparities

Interventions

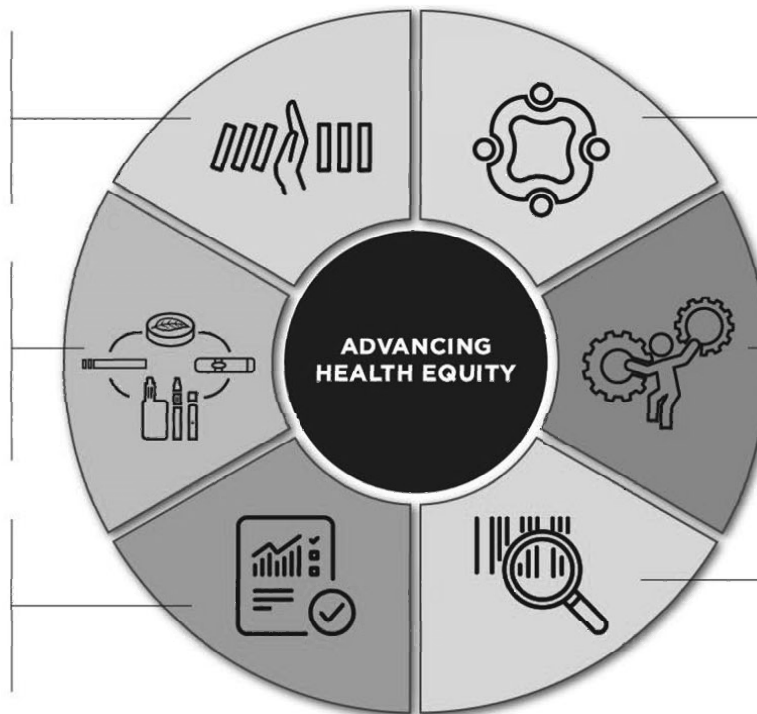
Advance health equity in commercial tobacco prevention and control interventions and strategies.

Full Spectrum of Tobacco Products

Use an equitable approach to address the full spectrum of commercial tobacco products, including emerging products and trends.

Science

Integrate a health equity approach into commercial tobacco products-related surveillance, research, and evaluation efforts.



Partnerships

Advance health equity in commercial tobacco prevention and control through inclusive multi-level, multi-sector, and non-traditional partnerships.

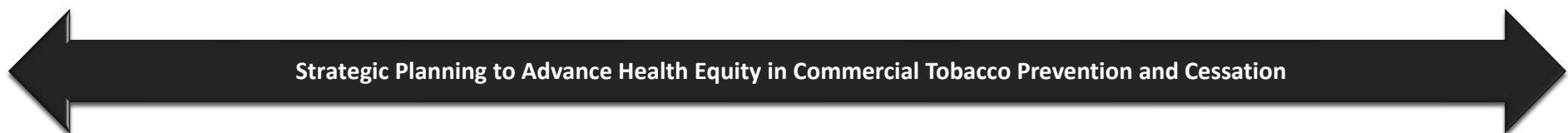
Capacity & Infrastructure

Enhance capacity and organizational cultures to advance health equity.

Identification & Understanding

Improve identification and understanding of commercial tobacco-related health disparities and inequities.

How CDC's Office on Smoking and Health (OSH) Partners With American Indian and Alaska Native (AI/AN) Communities: Select Examples of Resources and Engagement Opportunities



Surveillance, Research, and Evaluation

Tobacco Policy Environmental Scan*:

- 574 federally recognized AI/AN tribes
- 177 tobacco-related policies (online) across Indian Country
- Insight from cultural and subject matter experts across the U.S.
- Lessons learned and recommendations

*Through an Intergovernmental Personnel Act Agreement with the [American Indian Cancer Foundation](#)

Comprehensive Commercial Tobacco Prevention and Cessation

National and State Tobacco Control Program:

- Current funding cycle helps support 9 states in their specific efforts to serve AI/AN communities: Alaska, Arizona, Minnesota, Montana, North Dakota, Oregon, South Dakota, Utah, and Wisconsin
- Funding of 9 National Networks, including the [Rocky Mountain Tribal Leaders Council](#)

Cooperative agreement with [Inter-Tribal Council of Michigan](#) to address menthol and other flavored tobacco product use

Communication and Education

Web content on [AI/AN People and Commercial Tobacco: Health Disparities and Ways to Advance Health Equity](#)

Promotion of OSH and partner cessation resources:

- [Tips From Former Smokers®](#) campaign featuring AI/AN participants
- [American Indian Commercial Tobacco Program](#) quitline
- [SmokefreeNATIVE](#) text-messaging resource

Science Review and Translation

[Tobacco Where You Live: Native Communities](#) Best Practices User Guide

Scientific brief on addressing menthol tobacco products as a public health problem and threat to health equity

[Eliminating Tobacco-Related Disease and Death: Addressing Disparities – A Report of the Surgeon General](#) (tentative 2024)

Partnership and Collaboration

Second annual [National Tribal Tobacco Conference](#): June 27–28, 2024, University of Minnesota

Partners: [CDC Division of Cancer Prevention & Control](#), Americans for Nonsmokers' Rights, American Indian Cancer Foundation, Tribal Epidemiology Centers, Indian Health Service, Cherokee Nation, U.S. Public Health Service

Collaboration with federal entities within CDC, FDA, NIH, Surgeon General's office, interagency committee, HHS steering committee, SAMHSA, CMS, IHS, HUD, FTC, DoD

Insight from Tribal Leaders

- 1 What information do tribal leaders need concerning menthol- and flavor-related policies?
- 2 What is the best way to partner with AI/AN communities to understand the impact of the *Tips From Former Smokers*[®] campaign?
- 3 Are there other topics related to commercial tobacco prevention that tribal leaders would like to see OSH address?



For More Information ...

CDC Resources

- [Tobacco-Related Disparities | CDC](#)
- [Improving Tobacco-Related Health Disparities \(cdc.gov\)](#)
- [AI/AN People and Commercial Tobacco: Health Disparities and Ways to Advance Health Equity](#)
- [Menthol Tobacco Products are a Public Health Problem \(cdc.gov\)](#)
- [CDC Division of Cancer Prevention and Control](#)
- [Tips From Former Smokers®](#)
- [Tobacco Where You Live: Native Communities](#)

Partner Resources

- [American Indian Cancer Foundation](#)
- [American Indian Commercial Tobacco Program quitline](#)
- [Inter-Tribal Council of Michigan](#)
- [National Tribal Tobacco Conference](#)
- [Rocky Mountain Tribal Leaders Council](#)
- [SmokefreeNATIVE](#)





BRIEFING DOCUMENT ON ENGAGEMENT: CURRENT & FUTURE INITIATIVES

Advancing Health Equity

Traditional vs. Commercial Tobacco

CDC recognizes that some American Indians use traditional tobacco for ceremonial, religious, or medicinal purposes. However, commercial tobacco is manufactured by companies for recreational use in cigarettes, smokeless tobacco, pipe tobacco, cigars, hookahs, and other tobacco products. Commercial tobacco is highly addictive and contains harmful chemicals.

OSH Health Equity Strategic Plan

Health equity means that all people have a fair and just opportunity to be as healthy as possible. CDC's Office on Smoking and Health (OSH) seeks to advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities. OSH developed a health equity strategic plan that was shaped by key informant interviews, listening sessions and conferences, a systematic literature review and environmental scan, and formal comments from the public. The plan has six key priorities that address interventions, the full spectrum of tobacco products, science, partnerships, capacity and infrastructure, and identification and understanding.

Central to OSH's health equity strategic activities has been articulating the difference between commercial versus traditional or sacred tobacco in current and forthcoming communication efforts and resources. OSH has also published revised webpages based on message-framing guidance designed to help the public understand not only health disparities data for specific population groups, but also the unfair and unjust systemic practices and conditions that lead to such disparities, and the concrete steps that can be taken to advance health equity for all. Learn more at www.cdc.gov/tobacco/health-equity and www.cdc.gov/tobacco/features/health-equity.

Tobacco Policy Environmental Scan: Overview & Context

Overview

OSH conducted an environmental scan to examine tobacco-related policy strategies in American Indian (AI) and Alaska Native (AN) communities. Reflecting important work occurring across Indian Country, the environmental scan highlights 177 policies, including the surge in smoke-free casino and workplace policies implemented during the COVID-19 pandemic. Cultural and subject matter experts from across the United States participated in key informant interviews and provided lessons learned and other insights on partnering successfully with AI/AN communities.

Why This Work Matters

Colonization, unjust and discriminatory policies, forced assimilation, and misappropriation and targeting by the tobacco industry have helped create tobacco-related health disparities:

- The percentage of AI/AN adults who smoke cigarettes is 27.1 – 1 in 4 people – which is more than any other racial or ethnic group in the United States. *
- AI/AN people are exposed to high levels of secondhand smoke, even if they do not smoke themselves.
- Tribal communities have a higher risk of tobacco-related death, disability, and illness, including heart disease, cancer, and diabetes.

Select CDC Activities and Partner Resources

- **National and State Tobacco Control Program Community Disparities Requirement:** CDC provides funding to help support all 50 states, the District of Columbia, 8 U.S. territories/freely associated states, and 26 Tribal organizations in their efforts to reduce commercial tobacco-related disease and death. Funding for the current (2020 to 2025) cooperative agreement cycle includes a community disparities requirement that calls for recipients to partner with populations experiencing commercial tobacco-related disparities. Eight states chose to focus on AI/AN populations: Alaska, Arizona, Montana, North Dakota, Oregon, South Dakota, Utah, and Wisconsin.
- **Rocky Mountain Tribal Leaders Council: Tribal National Network Driving Action Program:** RMTLC is one of nine National Networks funded by CDC's five-year cooperative agreement to help achieve equity in commercial tobacco prevention and control and reduce cancer-related disparities. RMTLC will work on behalf of AI/AN communities by focusing on training and technical assistance, a community of practice that addresses the social determinants of health, and mass-reach health communications. Visit <https://www.rmtlc.org>.
- **Inter-Tribal Council of Michigan – Our Breath Is Sacred: A Three Fires Menthol and Flavored Tobacco Reduction Project:** ITCM is one of eight organizations funded by CDC's new five-year cooperative agreement to reduce the burden of menthol and other flavored commercial tobacco products in communities hardest hit by the tobacco epidemic. ITCM will focus on building capacity to help reduce tobacco product use and initiation, and improve cessation among AI/AN citizens in Michigan. Visit <https://www.itcmi.org>.

- **Tips From Former Smokers® (Tips®):** CDC launched the first federally funded national tobacco education campaign, *Tips From Former Smokers® (Tips®)*, in March 2012. The campaign features real people impacted by serious long-term health effects due to smoking cigarettes and secondhand smoke exposure. The ads connect people to free



Tips ads appear in AI/AN publications, such as Native Oklahoma

resources to help people quit smoking.

Tips features two people in memoriam, Michael P., an Alaska Native and member of the Tlingit Tribe, and Nathan M., a Native American and member of the Oglala Sioux Tribe. In 2024, new ads will feature Tammy W., a member of the Little Traverse Bay Bands of Odawa Indians Tribe. The *Tips* campaign reaches AI/AN communities through a variety of channels, including ad placements across tribal health centers, national and regional radio programs, display and digital ads, print ads, and social media. Free *Tips* campaign resources – such as posters, videos, and social media content – are available for online downloading by visiting www.cdc.gov/tips.



New Tips campaign ad featuring Tammy W., a member of the Little Traverse Bay Bands of Odawa Indians Tribe

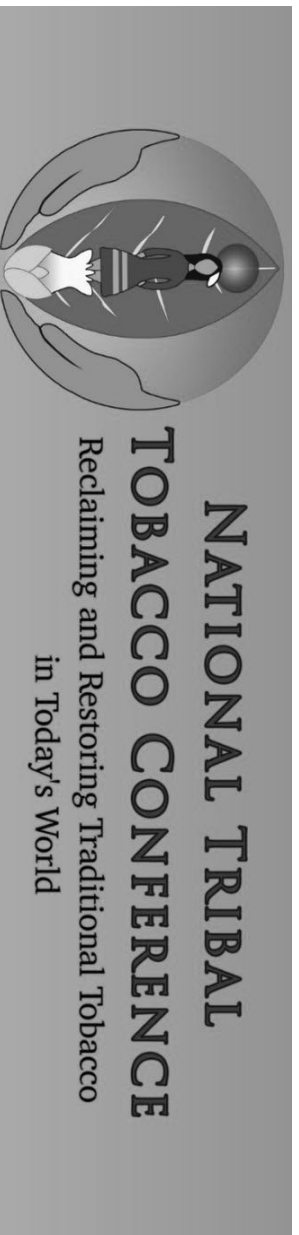
- **American Indian Commercial Tobacco Program (AICTP) Quitline:** Operated through National Jewish Health, this quitline offers AIs access to free, culturally tailored commercial tobacco cessation services, including calls with a dedicated Native coach. Call 1-855-5AI-QUIT (1-855-524-7848) or visit <https://aiquitline.com/>.
- **SmokefreeNATIVE:** This new, free, evidence-based text-messaging program offers a culturally aligned, digital resource to help AI/AN adults and adolescents quit commercial tobacco while still honoring their relationship with sacred tobacco. This program is the result of a collaboration between the National Cancer Institute and the Indian Health Service with the University of Minnesota School of Public Health and the American Indian Cancer Foundation. Text NATIVE to 47848 or enroll online at <https://smokefree.gov/tools-tips/text-programs/quit-for-good/smokefreenative>.
- **Tobacco Where You Live: Native Communities Best Practices User Guide:** This brief provides information to help develop strong relationships with Native leaders and members; communicate the harms of commercial tobacco and respect the use of traditional tobacco; and collaborate with Tribes to tailor strategies to reflect their unique cultures, capacities, and challenges. Download the user guide at <https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/Native-Communities-508.pdf>.

Momentum in 2024 and Beyond

- **Menthol & Other Flavored Tobacco Products – A Risk to Public Health & Health Equity:** Menthol tobacco products, including how and to whom they are marketed and sold, are a significant risk to public health and the advancement of health equity. Menthol in cigarettes makes them seem less harsh, enhances the effects of nicotine on the brain, can make tobacco products more addictive, and can make it harder to quit smoking. Tribes – as well as states, communities, and territories – can take action as follows:
 - Licensing retailers who sell any types of tobacco products – to better understand who is selling menthol and other tobacco products and to aid with equitable implementation and enforcement of tobacco control policies.
 - Prohibiting sales of menthol and other tobacco products.
 - Raising the price of menthol and other tobacco products and prohibiting price discounts.
 - Curbing the advertising and marketing of menthol and other tobacco products to young people.
 - Ensuring that all people who use tobacco products have access to evidence-based quitting resources, including counseling and medication, to help them successfully quit, and tailoring of cessation messages to better reach people who use menthol products.
 - Developing educational initiatives that describe targeted tobacco industry marketing tactics and warn about the risks of tobacco product use, including menthol products.



- **Eliminating Tobacco-Related Disease and Death: Addressing Disparities – A Report of the Surgeon General** (TENTATIVE 2024)
- **National Tribal Tobacco Conference: June 27–28, 2024, University of Minnesota –** <https://nttc.umn.edu/>



**From the Tobacco Policy Environmental Scan:
Lessons Learned and Recommendations for Prospective Partners**

- Respect and understand sovereignty.
- Recognize culture and tradition as the core of Tribes.
- Listen to Indigenous voices for solutions and strategies.
- Collaborate/partner with Tribal nations and communities from the beginning to the end of processes.
- Continue to engage with Tribal partners on initiatives, funding, programs, and other OSH work.
- Ensure that representative staff or an AI/AN liaison position is in place when working with Tribal communities.
- Ensure that data use agreements exist when conducting research with AI/AN communities.
- Understand that policy terminology comes in a variety of accepted terms, such as resolution, ordinance, administrative acts, tribal codes, and public health acts.

Insight from Tribal Leaders

1. How can OSH engage Tribal leaders who oppose the menthol ban?
2. What is the best way to partner with AI/AN communities to understand the impact of the *Tips From Former Smokers*[®] campaign?
3. Are there other topics related to tobacco prevention that Tribal leaders would like to see OSH address?

*Source: Corneliuss ME, Loretan CG, Wang TW, et al. Tobacco Product Use Among Adults, U.S., 2020. MMWR Morb Mortal Wkly Rep 2022;71:397–405.