

# Michigan Tribal Clinics Aim to Snuff Out Commercial Tobacco Use Among Native American Youth

By: Josh Mayo

## A National Comprehensive Cancer Control Program Success Story

### Summary

High tobacco use among Native American youth in Michigan is a major concern. A collaboration was formed with two local tribes, a clinic, the state's CDC-funded Quitline and Michigan's Comprehensive Cancer Control Program to develop a tobacco use screening, education, and referral program for youth ages 12-18. As of September 2015, 307 Native American youth were screened and educated about the dangers of tobacco use and, when necessary, referred to clinicians for help with quitting.



### Challenge

Commercial tobacco use is higher among Native Americans than any other racial/ethnic group in the United States. Unlike traditional tobacco that is grown and used by tribal communities for ceremonies and medicinal purposes, commercial tobacco is mass-produced for recreational use in cigarettes and other products. Most of these products contain harmful toxins. To add to this challenge, traditional tobacco growing is a dying practice and commercial tobacco is sometimes substituted for ceremonial purposes.

The 2011 Native American Adult Tobacco Survey found that smoking rates in Michigan tribes were up to 3 times higher than the general population. The survey also showed that Native Americans start using tobacco from ages 13 to 16 years old. Serious health effects of youth tobacco use can include nicotine addiction, early heart damage, and reduced lung function. Ongoing use can lead to heart disease and lung cancer in adulthood. Although Michigan tribal clinics were addressing tobacco use among adults, few interventions were in place for patients aged 18 years old and younger.

### Solution

Inter-Tribal Council of Michigan, the Keweenaw Bay Indian Community, the Saginaw Chippewa Indian Tribe, Indian Health Services Clinical Support Center, the Michigan Tobacco Quitline, and the Michigan Comprehensive Cancer Control Program conducted a culturally appropriate training to educate all tribal clinic staff and providers about the danger of commercial tobacco use among Native American youth.

The trainers discussed the need for targeted interventions and gave the participants examples as well as recommendations for methods that would resonate with youth to prevent and decrease the use of commercial tobacco in any form, including electronic cigarettes and other nicotine delivery devices, among tribal youth. Clinics from both participating tribal communities also received patient education materials about the harmful effects of using commercial tobacco.

*The findings and conclusions in this success story are those of the author(s) and do not necessarily represent the official position of the funding agencies of the Centers for Disease Control and Prevention (CDC). To learn more about the National Comprehensive Cancer Control Program, visit [www.cdc.gov/cancer/ncccp](http://www.cdc.gov/cancer/ncccp).*



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## Results

After the training, the two tribal clinics created a program to target, screen and refer youth aged 12-18 that used commercial tobacco or used nicotine delivery devices. The program was incorporated into the medical and dental departments at both clinics. As of September 2015, 307 youth patients were screened. This represents a 100% screening prevalence for eligible patients at the Saginaw Chippewa Nimkee Wellness Center and a 71.6% screening prevalence for the Keweenaw Bay Indian Community.

Any patients identified as tobacco users were referred to age-appropriate treatment services and resources, specifically designed for Native American youth. For example, the Michigan Tobacco Quitline has a program specifically for young people that features a texting option. Youth patients at both clinics also have ongoing access to culturally-appropriate health education materials about why and how to live tobacco free.

**“We learned that youth are reluctant to admit to tobacco use or use of other nicotine products. However, we believe the screening [program] and education delivered by the provider will have a positive effect on reducing youth smoking behavior.”**

**Noel Pingatore**  
Project Coordinator  
Inter-Tribal Council of Michigan

## Future Directions

Program partners plan to share successes and lessons learned from the initiative with other tribal clinics. Currently, the number of youth screened is still high, but referrals are low. Staff attribute this to young people’s reluctance to admit to tobacco use and concluded that educating youth patients about commercial tobacco use is still important to capture this population.

One new evaluation strategy will be to track the number of calls to the Quitline’s services from Native American youth, especially those within the two clinic service areas. Both clinics will continue to monitor their screening and referrals and provide feedback on ways to improve the program.

## Your Involvement is Key

Preventing commercial tobacco use among Native American youth is critical to protecting the health of this culturally rich and historical population. All clinic and health care settings that serve youth in tribal communities can help by providing more age-appropriate education about tobacco-free living and access to screening and tobacco quit services. For more information about how to obtain these resources, visit <http://www.itcmi.org/>.

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