What State Surveys Tell Us About Tobacco Use Among Alaska Natives:

Implications for Program Planning

Executive Summary

March 2007

Sarah Palin, Governor
State of Alaska
Karleen K. Jackson, Commissioner
Department of Health and Social Services

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Report Copies

This report and related documents are available online from the Alaska Tobacco Prevention and Control Program www.hss.state.ak.us/dph/chronic/tobacco

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"None of these issues can be addressed unless Native individuals and communities take the lead. What is needed is a shared community vision that gives our people a perspective on where we have come from, where we are now, and where we are going – signs along the trail. Without such a vision, little can change; but with it, wonderful things are possible."

Our Choices, Our Future: Analysis of the Status of Alaska Natives – 2004 Report
Alaska Native Policy Center

STATE OF ALASKA

Frank H. Murkowski, Governor

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October 20, 2006

Since 1993 the Alaska Tobacco Prevention and Control Program (TPCP) has been working with its statewide partners to reduce tobacco use and limit the risks of tobacco for Alaskans. This effort has reached many and some important progress has been made. For example, there has been a dramatic decrease in cigarette smoking among youth in Alaska. However, much more needs to be done because tobacco use remains the leading cause of preventable death in the state, with more tobacco-related deaths than the combined total from motor vehicle crashes, suicides, homicides, and air transport crashes. The annual economic cost of tobacco-related mortality exceeds $300 million, and tobacco-use rates among Alaska Native adults and youth remain higher than the rates for non-Natives in the state.

In an effort to assist community leaders statewide in addressing the tobacco use disparity among Alaska Natives, the Alaska Tobacco Prevention and Control Program has analyzed existing state-level datasets for the purpose of better understanding tobacco use in the Alaska Native population. This report, which presents the results of these analyses, identifies specific successes and barriers around tobacco use in the Alaska Native community, and offers recommendations to address the barriers in the future. This report has been reviewed by partners and experts, and we hope that the information here will be very useful in program planning and evaluation for leaders statewide.

The State of Alaska's TPCP initiated the publication of this report because of its concern about the high prevalence of tobacco use among Alaska Natives, and the need for continued work to reduce this important health disparity. The TPCP and their partners all over the state, are committed to decreasing the risks and negative health outcomes that are caused by tobacco use, and we hope that this report will be of assistance in that endeavor.

Richard Mandsager MD

Richard Mandsager, Director

Introduction

Analyses for this report focused primarily on three state-level health surveys that contained large enough numbers of Alaska Natives to support detailed analyses.

These three systems are:
• Behavioral Risk Factor Surveillance System (BRFSS) – a telephone survey of adults.
• Youth Risk Behavior Surveillance System (YRBS) – a school-based survey of high school youth.
• Pregnancy Risk Assessment Monitoring System (PRAMS) – a survey of postpartum women about their experiences before, during and after pregnancy.

The purpose of this report is to help people working to support the health of Alaska Natives and Alaskan communities. We gathered information from research about tobacco use among Alaska Natives, and also analyzed existing Alaska datasets to specifically describe tobacco risks for Alaska Native people. We attempted to translate our findings into meaningful recommendations that can inform community leaders planning tobacco control programs for Alaska Natives.

This Executive Summary provides the most important findings for those who are planning programs. Key data and recommendations for program goals are highlighted in the sidebars of the pages. Recommendations specific to program strategies are included as bullets in the text. The full version of the report provides detailed presentation and discussion of existing and new research used to develop recommendations.

Defining "Alaska Native"

The term Alaska Native is used to refer to the original inhabitants of the land that is now the state of Alaska. The more than 100,000 Alaska Native people now living in Alaska make up between sixteen and twenty percent of its residents. Unless specifically noted, all data in this report represent only Alaska Native people.

Planning for Tobacco Control

The Centers for Disease Control and Prevention (CDC) has published guidelines for developing successful tobacco control programs. These programs should include the goals of preventing initiation, promoting quitting, eliminating secondhand smoke exposure, and identifying/eliminating disparities (inequities) among specific population groups. Recommended components to address these goals as part of a comprehensive program include: community-based strategies, school-based strategies, policy enforcement, counter-marketing/public education, and cessation support strategies. We have organized this report around these goal areas, as well as specific strategies within those goal areas.

We reference the *Community Guide to Preventive Services* when discussing specific strategies in tobacco control. The *Community Guide* project

was an exhaustive research review conducted to evaluate the effectiveness of public health interventions. While we cannot always be certain that these findings and recommendations for general populations can be applied to Alaska Native communities, they at least provide us with a starting point for considering program priorities.

Alaska's Department of Health has designed a comprehensive tobacco control program for the state based on these guidelines. In addition to providing tobacco prevention and control activities to benefit all Alaskans, the Alaska Department of Health provides funding specifically to help Alaska Natives.

Putting this Information to Work

Tobacco use is a health issue, but successfully reducing the damage it does to Alaska Native hearts, lungs and lives will take more than the efforts of healthcare systems alone. To be effective, tobacco control programs need the support of adult and youth community leaders, school administrators and teachers, law enforcement personnel, business owners, parents and families. This report references strategies that these people can work together on.

We encourage anyone planning tobacco control programs for Alaska Natives to consider our findings carefully and critically alongside information from the people who implement and are affected by tobacco control programs.

Key data and recommendations for program goals are highlighted in the sidebars of the pages.

Recommendations specific to program strategies are included as bulleted statements within the text.

Background

We conducted a comprehensive literature review to identify existing research describing tobacco use in Alaska Native communities. Findings included:

• Tobacco use is a relatively recent addition to Alaska Native culture, but it was widely adopted after introduction by Russian traders in the 1700s.
• "Iqmik" is a smokeless tobacco variant unique to Alaska Native culture used in certain areas of the state; it has both social value and highly addictive properties.
• There is almost no research about effective tobacco control interventions specifically among Alaska Natives; research discussing some Alaska Native cultural values or practices (such as those related to counseling and childrearing) suggests that "mainstream" tobacco control interventions may need modification in order to be effective.
• When available, program evaluations from previously implemented general health initiatives, substance abuse or tobacco control programs may provide some guidance for planning (see figure below as an example).

Recommendations

• Tobacco control interventions among Alaska Natives should be thoughtfully designed using general tobacco control guidelines but with special consideration to cultural values of the community.
• Evaluation findings should be shared and archived to increase knowledge about what approaches can be effective specifically among Alaska Natives.
• Interventions to address Iqmik specifically should be included in tobacco control programs within Alaska Native communities where Iqmik is used.

Hierarchy of Results

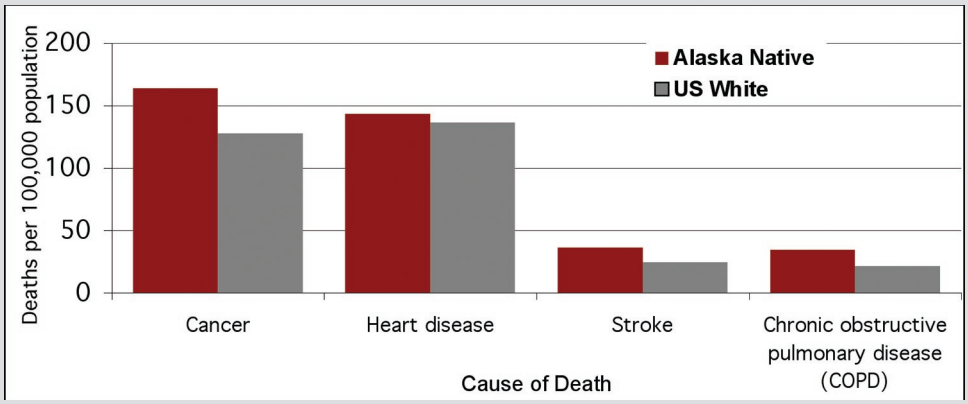
(adapted from Noe, Fleming and Manson 2003)

This conceptual model for the "Healthy Nations" initiative illustrates the dynamic of creating community change for Health - like the tip of an iceberg, there is a great deal of change needed "below the surface" before improvements in health become visable.

Burden of Tobacco Use and Exposure among Alaska Natives

Tobacco use is harming Alaska Native people – currently Alaska Natives have greater risk than whites for some tobacco-related diseases that were not historically prevalent among Natives (including lung cancer and oral cancer, see chart below), and the occurrence of these diseases has increased dramatically in recent years.

Mortality Rates for Tobacco-related Conditions, Alaska Natives and US Whites



Source: 1989-1998 data, adjusted to US standard 1940 population. AK Native – Alaska Death Certificates and Indian Health Services Population Estimates; US White – National Center for Health Statistics. (Day GE, Lanier AP 2003)

Alaska Natives have higher death rates than US whites for tobacco-related conditions, including cancer, heart disease, stroke and COPD.

• Cancer is the leading cause of death for Alaska Natives, lung cancer (caused primarily by smoking) is the leading cause of cancer death – one in three cancer deaths are caused by tobacco.

• Cardiovascular disease is the second leading cause of death and an increasingly greater problem among Alaska Natives than among non-natives – one in five heart disease and stroke deaths is caused by tobacco.
• Chronic obstructive pulmonary disease (COPD) is a leading cause of Native death and significantly greater among Alaska Natives than non-Natives – 8 out of 10 COPD deaths are caused by tobacco.
• Secondhand smoke exposure causes asthma, bronchitis and pneumonia among Alaska Native children and Sudden Infant Death Syndrome (SIDS) among babies.
• Smokeless tobacco use causes tooth decay, gum disease and oral cancers among Alaska Native youth and adults.

Tobacco control should be a high priority for people concerned about improving the health of Alaska Native communities.

Tobacco control program staff should seek to build partnerships with people working on specific tobacco-related disease conditions such as cancer, heart disease or SIDS.

Prevalence of Tobacco Use

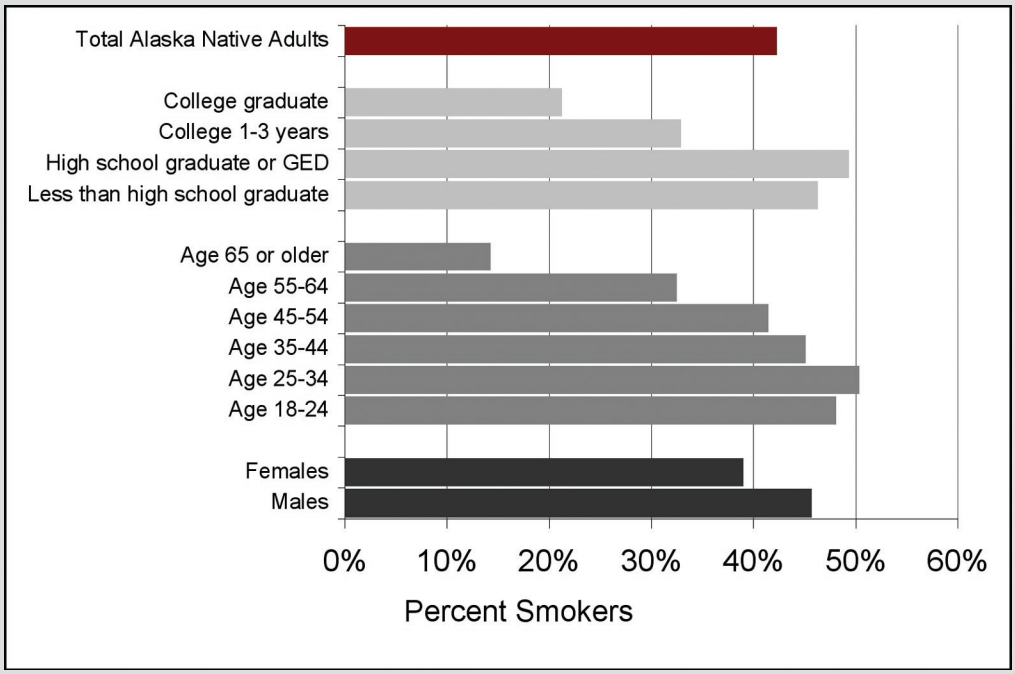
About half of Alaska Native adults use some type of tobacco and are at-risk for tobacco-related disease - over 31,000 Alaska Native adults currently smoke cigarettes, and 7,800 use smokeless tobacco.

• 42.3% currently smoke.
• 10.6% currently use smokeless tobacco.
• 3.0% currently use Iqmik.
• 50.2% use either cigarettes or smokeless tobacco.

We summarized findings that describe prevalence of different types of tobacco use among Alaska Native adults, youth and pregnant women. We also summarized trends in prevalence for Alaska Natives in comparison to non-Natives, and current prevalence among Alaska Natives alone by demographic subgroups when information was available (including by age, gender, income and/or education, geographic region, presence of children in the home [adults], important associated behavioral risk factors [youth], and source of usual prenatal care [pregnant women]).

Key Findings for Adults

Current Cigarette Smoking Among Alaska Native Adults



Source: Alaska BRFSS 2004-05 Combined

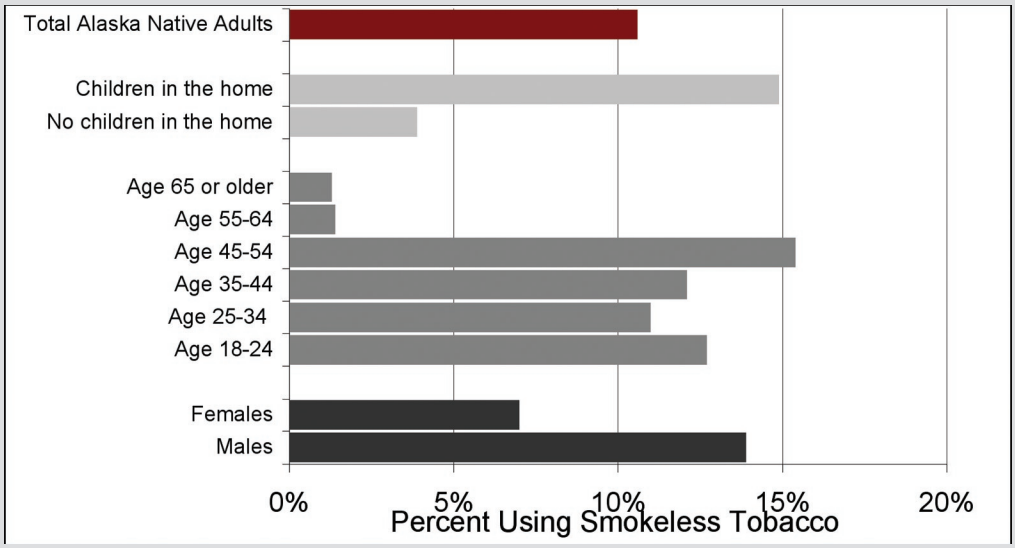
Adults with less education and younger adults are those most likely to be current smokers.

• Smoking prevalence is highest, and number of smokers is greatest, among Alaska Natives younger than age 55 and those with high school or less education.
• Smokeless tobacco use is highest among younger adults and those with children in the home; it is highest for men but also high for women.
• Iqmik is less prevalent than cigarettes or general smokeless tobacco use in the overall adult population, but may be of particular concern in certain areas of rural Alaska (including Northern and Southwest regions) – prevalence of Iqmik use is highest among younger people and adults with children in the home.

What Should We Do to Help Adults?

• To reach the greatest number of people who are at-risk, programs to target Alaska Native smokers should be especially focused on adults under the age of 55 and those who have less formal education.
• Programs to target smokeless tobacco users should be focused on adults under the age of 55, and consider that most smokeless tobacco users have children in the home.
• Programs to target Iqmik users should focus on both men and women in rural Alaska, including those with children in the home.

Current Smokeless Tobacco Use Among Alaska Native Adults



Source: Alaska BRFSS 2004-05 Combined

Younger and middle-aged adults, males, and those with children in the home are those most likely to currently use smokeless tobacco.

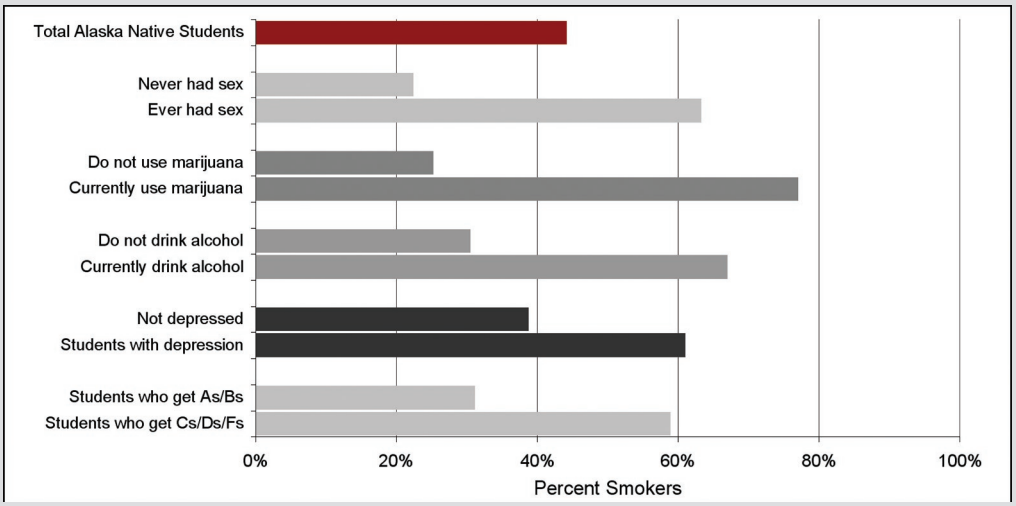
Key Findings for Youth

• More than eight in ten high school youth have already tried smoking - our data suggest that once youth start smoking regularly they are not very likely to stop.
• A large proportion of youth who smoke are also sexually active, using alcohol and/or marijuana, and/or are depressed.
• About one-third of youth smokers smoke cigarettes every day, but most smoke less frequently; most youth smoke five or fewer cigarettes per day on days they do smoke.
• Younger students were more likely than older students to use smokeless tobacco; males were more likely than females to use, but female use was also high and has increased in recent years.

More than 4,000 Alaska Native youth currently use tobacco products – cigarettes are the most popular product, but there is also significant use of smokeless tobacco and tobacco product combinations.

• 44.2% currently smoke cigarettes.
• 24.4% use smokeless tobacco.
• 5.2% use cigars.
• 58.5% use some form of tobacco.

Current Cigarette Smoking Among Alaska Native High School Students



Source: Alaska YRBS 2003

Youth who have other risk factors, such as alcohol, marijuana, sexual activity, depression, and academic challenge are all more likely to report smoking than youth who do not.

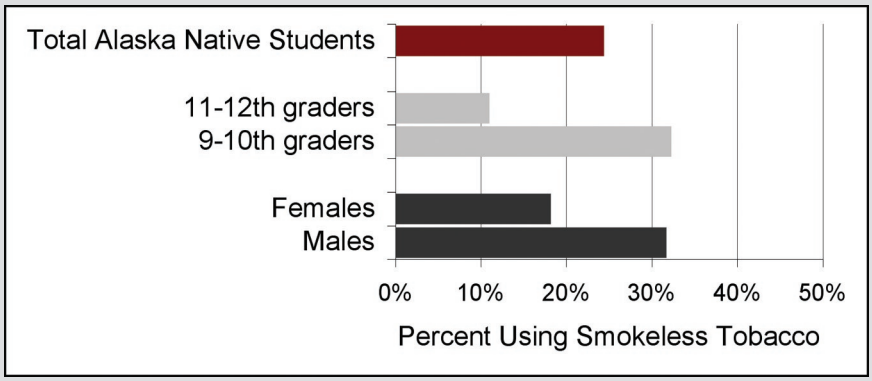
What Should We Do to Help Youth?

• The very high prevalence of tobacco product use among high school age Alaska Natives and reports of early initiation suggests the need for prevention programs to be implemented among much younger age groups, such as elementary school students.

• Interventions to help youth smokers should consider that these youth may be using other substances, including multiple types of tobacco, be sexually active and/or experiencing depression; comprehensive youth support strategies may be useful.

• Smokeless tobacco prevention should be a key component of youth tobacco prevention strategies.

Current Smokeless Tobacco Use Among Alaska Native High School Students



Source: Alaska YRBS 2003

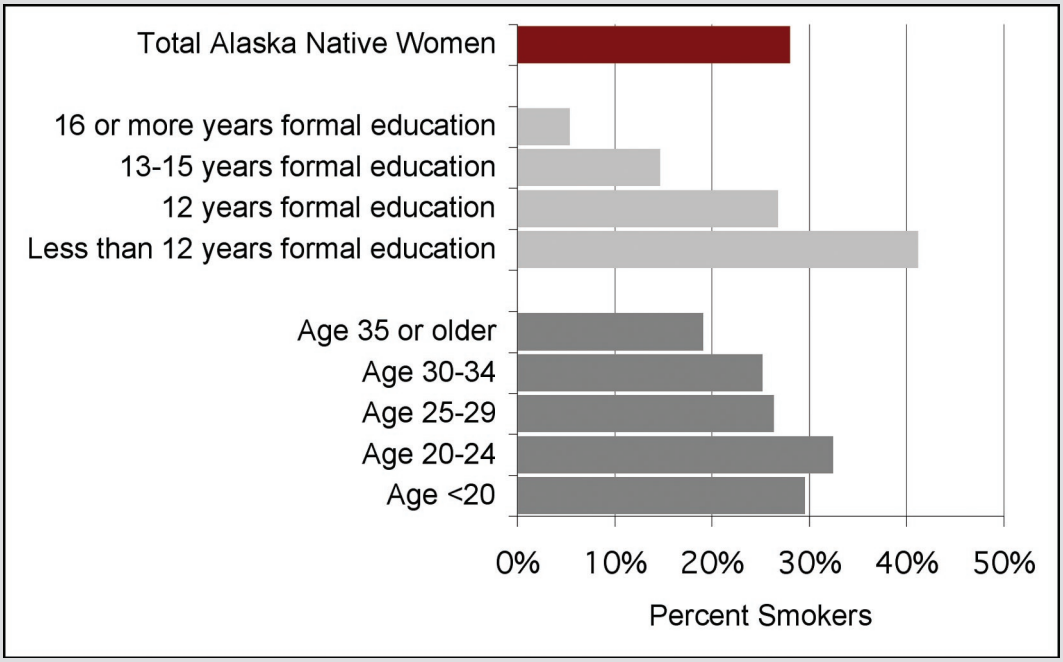
Younger students and males were more likely than older students and females to report currently using smokeless tobacco.

Key Findings for Pregnant Women

• To the extent that they achieve results among women of childbearing age, tobacco control programs targeted toward the general adult population will also reduce exposure of infants to tobacco during pregnancy. Recent trends for both cigarette and smokeless use among adult women of childbearing age in the overall Alaska Native adult population have been stable.

About 690 Alaska Native babies born each year are exposed to cigarette smoke in the womb; about 450 per year are exposed to smokeless tobacco or Iqmik.

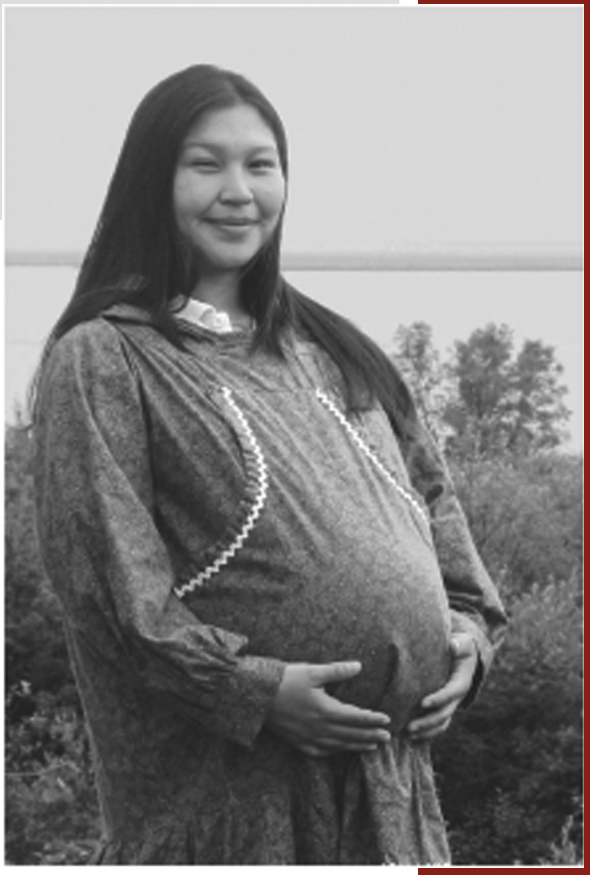
Cigarette Smoking During Last Three Months of Pregnancy Among Alaska Native Women



Source: Alaska PRAMS 2000-03 Combined

• 28.0% of Alaska Native women smoked during the last three months of pregnancy.
• 18.1% used smokeless tobacco during pregnancy.

Younger and less formally educated women are those most likely to smoke cigarettes during pregnancy. Women who are older and also less formally educated are those most likely to use smokeless tobacco during pregnancy (data not shown).



What Should We Do to Help Pregnant Women?

• The large numbers of infants born every year to tobacco-using women suggest that this is an important priority for tobacco control programs.
• Programs to help pregnant women quit smoking should be targeted to younger, less formally educated women.
• Programs to help pregnant women quit using smokeless tobacco should be targeted to older, less formally educated women.

Preventing Tobacco Use Among Youth

• 83.0% of high school youth have tried smoking cigarettes.

• 34.2% of all high school youth tried smoking prior to age 13.

Preventing people from ever starting to use tobacco is a primary goal for reducing overall tobacco use. Because most adults who use tobacco began doing so before age 18, tobacco prevention activities are typically focused on young people.

We explored available data to describe the current status of youth tobacco use and indicators related to prevention activities. Key findings included:
• More than eight in ten high school youth have tried smoking cigarettes.
• One-third of all Alaska Native youth tried smoking during elementary school.

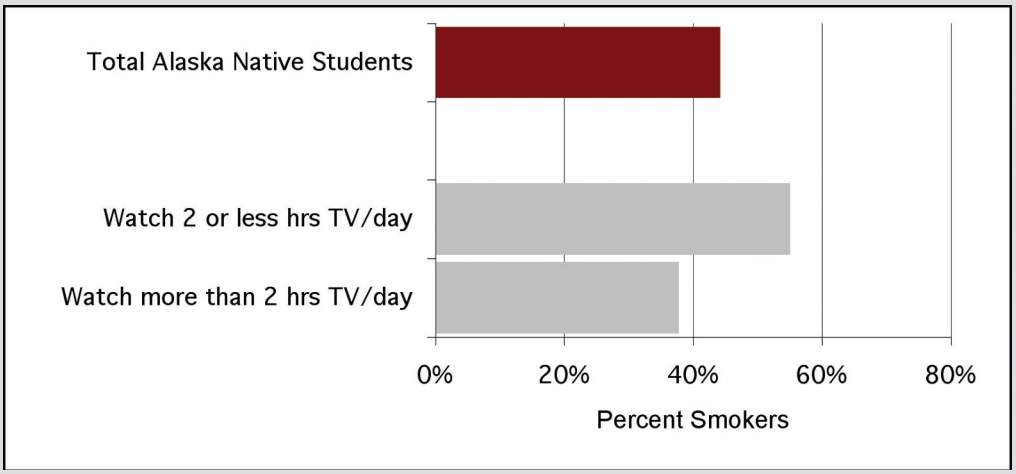
Prevention Strategies

Recommended strategies to prevent youth from starting to use tobacco include media campaigns, and school- and community-based programs. Increasing quitting among current tobacco users and eliminating exposure to secondhand smoke (described in following sections), also contribute to preventing tobacco use by sending social cues that tobacco use is not an acceptable activity for anyone.

Media Campaigns

Media campaigns can communicate tobacco-free norms to young people. Media campaigns could include themes such as information about the physical and social harms of tobacco, benefits of being tobacco-free, or information about how the tobacco industry has targeted young people for profit.
• Media campaigns for tobacco prevention should be deployed through media outlets appropriate to communities, and TV media may not be very relevant for a significant portion of Alaska Native youth, such as rural youth, who may be at-risk for smoking (see chart below).

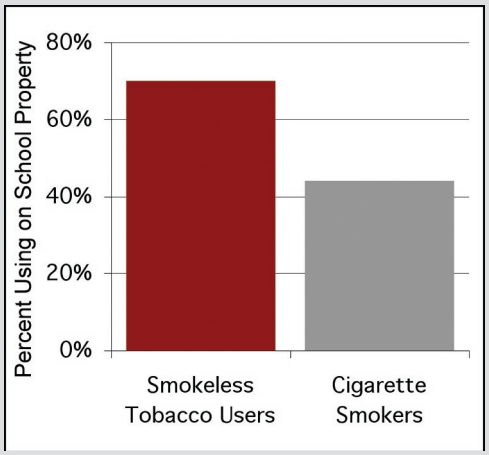
Cigarette Smoking Among Alaska Native High School Students by TV-Watching



Source: Alaska YRBS 2003

Youth who watched less TV were more likely to report smoking than youth who watched more TV. This may be the result of higher smoking rates in rural areas with less TV availability.

Percent Youth Using Tobacco on School Property During Past Month Among Alaska Native High School Students Who Smoke or Use Smokeless Tobacco



Source: Alaska YRBS 2003

Many youth smokers, and a majority of youth smokeless tobacco users, are using tobacco on school property.

School-based Programs

Comprehensive school programs include strong no-tobacco use policies on school property, high-quality curriculum, teacher training, support for youth who have already started to experiment with tobacco, and involvement of parents.

Implementation and enforcement of tobacco-free school policies is a critical component of tobacco prevention, and may even impact communities more broadly where schools are a gathering place for community events. More than four in ten current high school youth smokers and seven in ten smokeless tobacco users reported using tobacco on school property during the past month (see graph). There is high support among all adult groups – even among smokers – for banning tobacco use by everyone, including adults, on school property

- There is a great deal of work to be done improving, implementing and promoting and/or enforcing tobacco-free school policies.
- High support among adults for banning tobacco use on school property suggests that this may be a good strategy for local tobacco control programs to successfully engage their communities.

Prevention programs should include substantial focus on elementary school-aged children.

Very high support among adults for prevention activities suggests that this may be a good place to engage communities in tobacco control.

Community-based Programs

Communities can work to make tobacco harder for youth to obtain (including by increasing price), enforce no-tobacco possession laws, and promote anti-tobacco norms (such as in peer education programs).

Alaska Native youth cigarette smokers report obtaining cigarettes from a variety of sources. Among those under age 18, more than half of youth smokers usually get cigarettes from social sources (friends or other people who help them get cigarettes), and only a small number "usually" obtain their cigarettes from a store. The majority of Alaska Native adults agree that it is important to keep stores from selling tobacco to minors, although support is somewhat less in rural communities.

We did not have information from our youth survey about parents providing tobacco (particularly Iqmik) to their children, but other research suggests this may occur.

Some communities in Alaska have raised the price of tobacco through local taxes. We did not have information from Alaska youth about the impact of increased price on their tobacco use, but research suggests this would contribute effectively to tobacco prevention.

- Programs seeking to restrict Alaska Native youths' access to tobacco products may choose to focus on a variety of sources – such as social sources, retail sources, and price increases.
- Restricting retail sources of tobacco for youth may be a good strategy for engaging communities in tobacco prevention because there are already high levels of support.

Quitting Tobacco Use

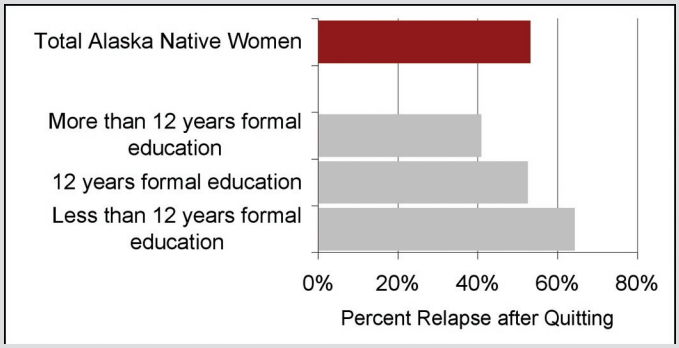
Alaska Native Tobacco users are trying to quit.

• 60.6% of adult current smokers tried to quit during the past year.
• 37.4% of women who smoked prior to pregnancy quit before the last three months of pregnancy.

A critical goal of Tobacco Control programs is helping people who are addicted to tobacco to successfully quit. In this section we describe data related to Alaska Natives and quitting tobacco products.

• Recent data suggest that adult Alaska Natives are beginning to increase their quit attempts, especially younger adults.
• Alaska Native adults with higher education or income may be quitting more successfully than those with less education or income.
• Adults do not report strong belief in the benefits of quitting long-term smoking. Our literature review also indicated that there may be a lack of knowledge about the long-term harms of tobacco use.
• Nicotine cravings are a leading reported quitting barrier, and nicotine replacement therapy is the leading desired support tool for quitting.
• We did not have substantial information about quitting among smokeless tobacco users for adults and youth; information from Alaska Native women suggests that quitting smokeless tobacco is at least as hard, if not more difficult, than quitting cigarettes.

Percent Alaska Native Women Who Relapsed and Started Smoking After Quitting During Pregnancy



More than one-third of women who smoke prior to pregnancy are able to quit during pregnancy, but half of those quitters - and even more among less educated quitters - relapse early after their babies are born (see chart). Most of those smokers want to quit.

Source Alaska PRAMS 2000-03 Combined

Cessation Strategies

Proven strategies for helping tobacco users to quit and stay quit weave together supportive cues for quitting and resources for taking action. They include media campaigns, healthcare provider interventions, healthcare systems support, telephone Quitlines and community-based programs. Strategies to reduce exposure to secondhand smoke (see next section) also encourage tobacco users to quit and limit cues or opportunities to start using again.

Media Campaigns

While media campaigns are generally found to be effective for giving information about the importance of quitting, promote resources, or provide specific quitting skills, Alaska Native communities may receive information in ways other than through mass media (TV) outlets. A variety of campaign themes may be beneficial as a component of tobacco control programs – improving knowledge about the harms of tobacco use or benefits of quitting, specific skills or resources for coping with barriers to quitting, or role models to demonstrate successful quitting among peers

• Alaska Native communities should identify how their community members receive information (from media or other sources) and utilize those venues for campaigns.

• There is need for increased awareness of the benefits of quitting even after smoking for a long time - campaign planners should investigate what kinds of sustained campaign themes will best resonate with their unique communities and best complement available activities or resources.

Healthcare provider interventions

Healthcare providers need skills to ask, advise and assist tobacco users to quit at every visit. Rural Alaska Natives, men, and younger people are less likely than other groups to visit healthcare providers – they also have higher tobacco use prevalence. Nearly two-thirds of current smokers who visited a healthcare provider were advised to quit; smokeless tobacco users were only half as likely as smokers who visited healthcare providers to be advised to quit. Almost all Alaska Native women – especially smokers – report being counseled by their healthcare providers during pregnancy about harm to the baby from smoking, but we do not know whether they were provided with specific resources for quitting.

• Healthcare providers who serve Alaska Native adults and pregnant women may need motivation and support to provide effective counseling to help both smokers and smokeless tobacco users quit.

• Additional investigation to describe positive patient-provider interactions for tobacco cessation that make sense for a variety of Alaska Native healthcare providers may be helpful.

• Investigation to describe practices of healthcare providers specifically serving rural Native communities, and how they can effectively support quitting of both cigarettes and smokeless tobacco, may be helpful.

Healthcare systems support

Effective healthcare systems flag and track tobacco using patients, their treatment, and give easy access to pharmacotherapy support. Based on information from women alone, there may be an unmet interest in using Nicotine Replacement Therapy (NRT) or other medication support among Alaska Native adult smokers who want to quit.

• Healthcare systems that serve Alaska Natives should incorporate provider reminder systems that "flag" tobacco users for intervention at every visit, to trigger providers to provide quitting resources such as NRT.

• Healthcare systems can make NRT or other medications easier for tobacco users to get by prescribing and/or dispensing them.

Telephone Quitline

A statewide toll-free telephone Quitline for support, including free NRT, is available to all Alaska Natives, including those in rural regions of the state where other resources may not be as available. Fewer than half of Alaska Native adult smokers are aware of Alaska's Tobacco Quitline. Data from Alaska Native women recently showed increasing interest in using a telephone helpline.

• Modifications in marketing and services of the Quitline may be necessary to reflect Alaska Native values (or address specific cultural barriers) related to asking for and receiving support.

Community-based Support

Communities can provide support for quitting, and also raise the price of tobacco as an incentive to quit. Few Alaska Native adults reported using counseling or classes to help in quitting smoking. Comparatively few Alaska Native women prioritized classes as a desirable quitting support resource. One published study of a community-based tobacco cessation program conducted among Alaska Natives found a good quit rate, but reported it to be very expensive to implement.

• More review is needed to determine the best cessation approaches and how different approaches might complement each other.

• Community tax increases are likely to be an effective strategy for increasing cessation, although we did not have data to describe their impact among Alaska Natives.

Cessation strategies should encourage people to quit and also help them stay quit.

Special attention should be given to less educated and lower income groups.

Educational campaigns about the benefits of quitting even after long-term smoking or tobacco use may be helpful.

Providing easy access to nicotine replacement therapy (patch, pills, gum) may support quitters.

Eliminating Exposure to Secondhand Smoke

An estimated 3,800 non-smoking Alaska Native adults and 2,000 non-smoking high school youth reported recent exposure to secondhand smoke in homes or other indoor areas; an estimated 7,400 non-smoking Alaska Native adults and 1,500 non-smoking high school youth reported recent exposure to secondhand smoke in cars or vehicles.

• 15.9% of adults are exposed to SHS at home*, 33.0% are exposed in cars.
• 49.5% of youth are exposed to SHS indoors, 35.5% are exposed in cars.

Eliminating exposure to secondhand smoke, particularly among non-smokers, is another key goal area for tobacco control. Many non-smoking Alaska Natives are in danger from the substantial health risks of secondhand smoke exposure. Several report findings may be helpful in planning for campaigns to eliminate exposure.
• Among adults, more exposure was reported in vehicles than in homes; among youth, vehicle exposure was similar to that of adults, but indoor exposure was higher.
n Most adults report knowledge that secondhand smoke exposure causes respiratory problems in children and lung cancer, but fewer report knowledge that secondhand smoke exposure causes heart disease and less than half knew that exposure causes sudden infant death syndrome (SIDS).
• Most adults – especially younger adults - believe that secondhand smoke exposure is harmful and even more (86%) believe that people should be protected from exposure.

Secondhand Smoke Elimination Strategies

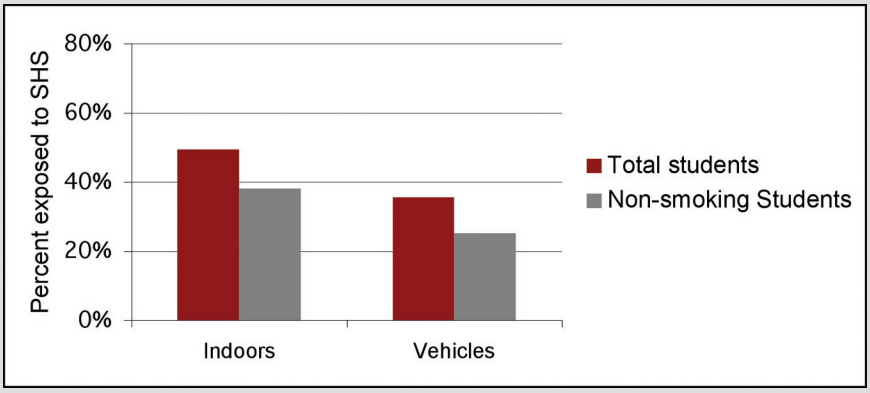
Strategies to eliminate exposure to secondhand smoke are not only valuable in reducing non-smokers' exposure and harm to health, they also contribute to preventing tobacco use uptake among youth and encouraging quitting among current users by sending social cues that tobacco use is not an acceptable behavior in the community. Proven strategies for eliminating exposure include media campaigns and community-based programs (particularly policies or rules that ban smoking indoors or near doorways in a wide variety of places where people gather – restaurants and bars, community centers, stores, healthcare centers, clubs, etc.).

Media Campaigns

Media campaigns can educate people about the specific harms of secondhand smoke, generate support for banning smoking in public areas, and provide examples about how to make homes and vehicles smoke-free. Alaska Natives already express strong agreement about the harmfulness of secondhand smoke and knowledge about specific diseases related to secondhand smoke exposure, thus campaigns may not need to address these factors. One exception is knowledge about the association between secondhand smoke and SIDS, which was comparatively low.

• Alaska Native communities should identify how their community members receive information (from media or alternative sources) and utilize those venues for delivering campaigns.
• Campaign planners should investigate what kinds of sustained campaign themes will best resonate with the values of their Alaska Native community members.

Percent Alaska Native High School Students Exposed to Secondhand Smoke



A large proportion of youth – both smokers and nonsmokers – reported being exposed to secondhand smoke on at least a weekly basis.

Source: Alaska YRBS 2003

Community-based Programs

Communities can establish bans on smoking or tobacco use in specific areas. There is high general support for protecting people from secondhand smoke among Alaska Natives. There is strong agreement for banning smoking specifically in indoor work areas (similar to the proportion of adults who believe all people should be protected from secondhand smoke); there is lower agreement, although still a clear majority, for supporting bans in restaurants, and a minority of adults (fewer than one-third) support banning smoking in bars. Most Alaska Natives have implemented personal home bans and many have also banned smoking in their personal vehicles.

• Activities that promote banning smoking in restaurants, bars or other public places in Alaska Native communities should begin with an assessment of the current presence of bans in a variety of venues and focus on presenting these areas as indoor work environments.

• Activities to promote personal home and vehicle bans among Alaska Natives may benefit from focused attention to convince men, non-rural Alaskans, and low-income/less educated Alaskans of the benefits of those bans.

• Studies to describe adoption of personal home/vehicle bans among Alaska Natives, and cultural factors that assist or are barriers to ban adoption, may be useful.

Secondhand smoke elimination strategies should be focused on both indoor exposure and vehicle exposure.

There may be some need to educate the public about specific health risks associated with secondhand smoke exposure, particularly SIDS.

Bans on secondhand smoke to protect workers may more easily gain support than general bans.

Who is Most Affected?

A series of fact sheets are available to describe tobacco use and related factors among specific population groups.

Fact sheets are available for:
Regions
- Anchorage/Mat-Su
- Gulf Coast
- Southeast
- Fairbanks and Interior
- Southwest
- Northern

Age
- Youth
- Adults
- Elders

Gender
- Men
- Women

Other Characteristics
- Economically disadvantaged
- Parents
- Pregnant Women

Public health programs are typically planned and implemented with specific populations in mind. Sometimes programs are targeted to general populations within geographic areas, to specific population groups across areas or within system (such as within healthcare systems or a workforce), and sometimes both.

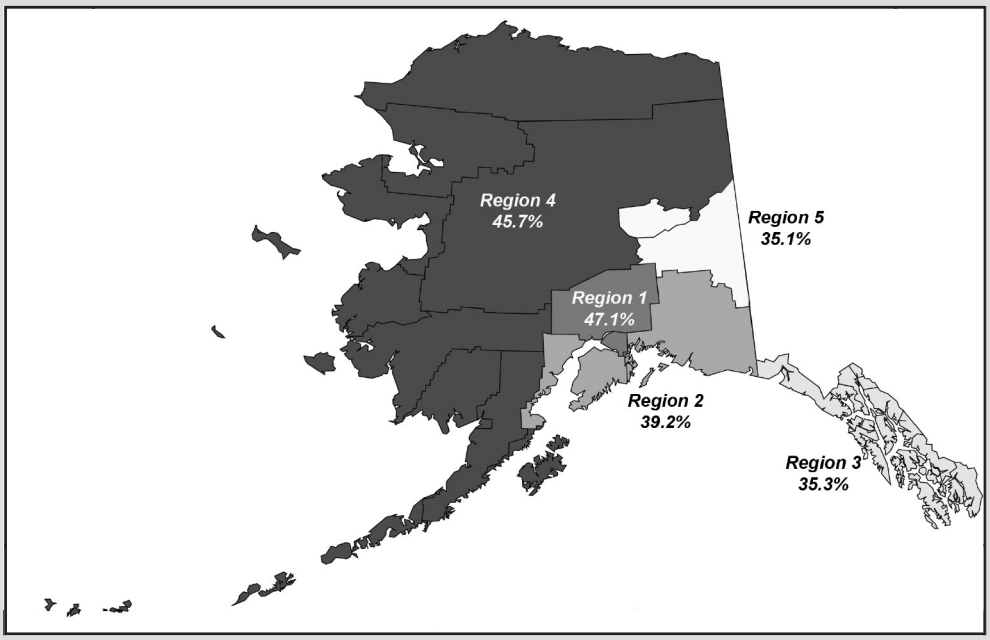
Findings from this report are summarized in the full report according to geographic regions and characteristics of individuals, to assist those who are planning Alaska Native programs that focus on specific groups or regions of the state.

Differences among individuals by demographic characteristics (age, gender, etc.) were included in earlier sections of this report. More detail is available in a series of fact sheets.

Geographic Differences

Geographic differences are presented here in map format as an overview. There are differences in tobacco use patterns among Alaska Natives in Alaska's regions. The geographic regions described in this report are extremely large and summary descriptions of any region may not accurately reflect conditions in its diverse individual communities.

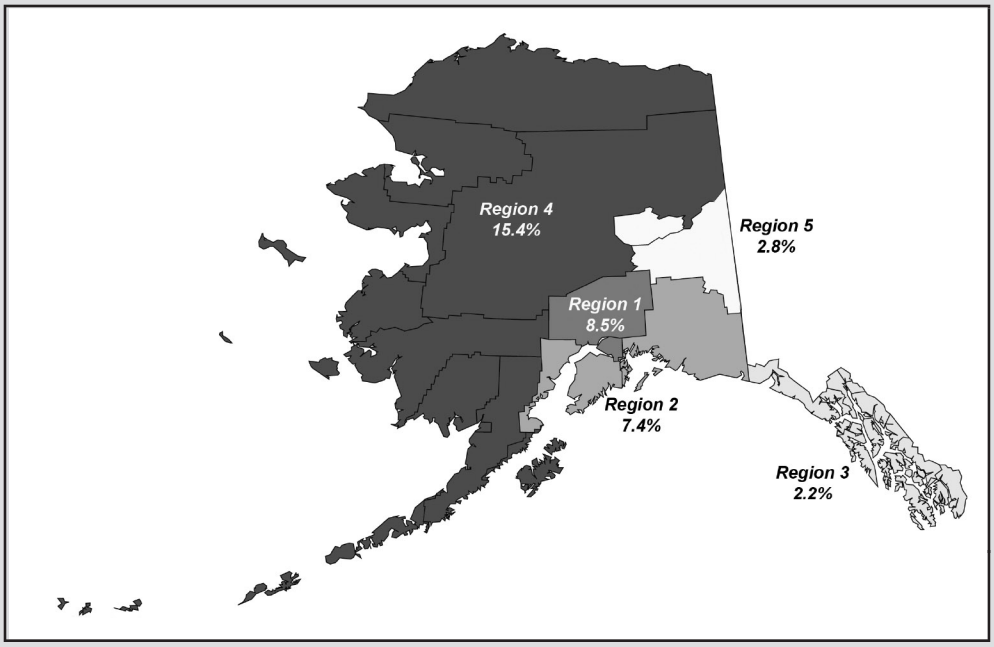
Percent Cigarette Smoking among Alaska Native Adults by Region



Source: Alaska BRFSS 2004-05 Combined

Adult smoking rates are highest in Rural Alaska (Region 4), followed by Anchorage/Mat-Su (Region 1) and Gulf Coast (Region 2), and lowest for Southeast Alaska (Region 3) and Fairbanks Vicinity (Region 5).

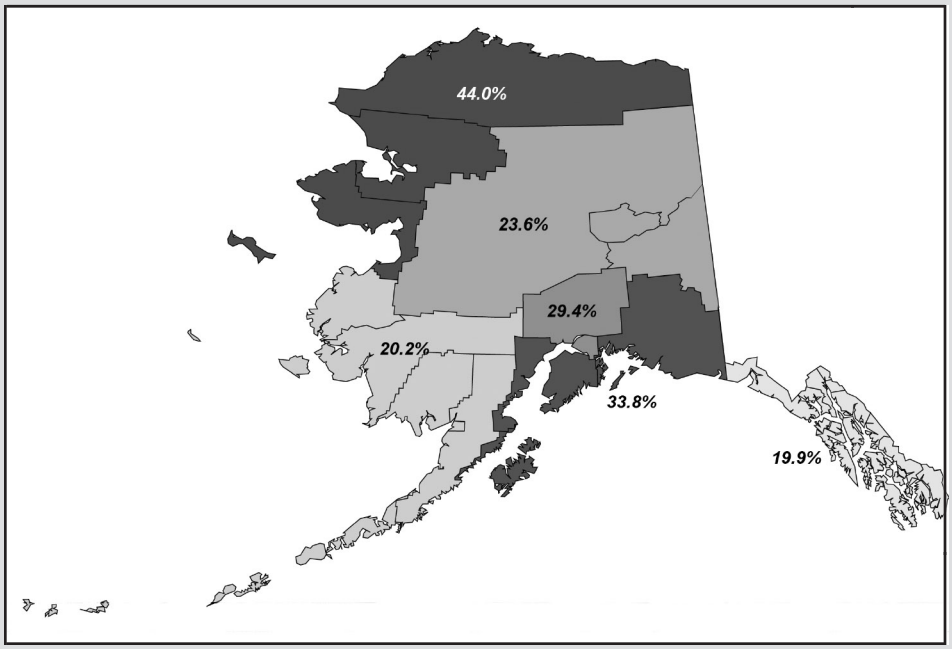
Percent Smokeless Tobacco Use among Alaska Native Adults by Region



Source: Alaska BRFSS 2004-05 Combined

Smokeless tobacco use among adults is most prevalent in Rural Alaska (Region 4), followed by Anchorage/Mat-Su (Region 1) and Gulf Coast (Region 2), and lowest for Southeast Alaska (Region 3) and Fairbanks Vicinity (Region 5).

Percent Cigarette Smoking During Last Three Months of Pregnancy among Alaska Native Women by Region



Source: Alaska PRAMS 2000-03 Combined

Women in the Northern Region of Alaska have the highest prevalence of smoking during pregnancy; Anchorage and the Southwest have large numbers of infants born to smoking women because they have the largest number of births overall.

State and regional programs to serve Alaska Natives should consider regional variations in tobacco use or associated factors when supporting implementation of local tobacco control activities.

Community-based programs should use data from this report and also carefully assess their own situation as part of program planning.

Conclusions

In creating this report, we found evidence that tobacco causes great harm to Alaska Native people. We attempted to assemble all the information we could find to inform Alaska Native communities and their leaders so that they can develop a shared community vision and make good choices in planning tobacco control programs that result in healthier people and healthier communities. For tobacco prevention and control goal areas we recommend the following:

This report included several recommendations for planning tobacco prevention and control work in each goal area.

Additional resources are available for support in planning tobacco prevention and control programs.

Prevention

• Prevention programs should include substantial focus on elementary school-aged children.
• Very high support among for prevention activities suggests that this may be a good place to engage communities in tobacco control.

Quitting

• Cessation strategies should encourage people to quit and also help them stay quit.
• Special attention should be given to less educated and lower income groups.
• Educational campaigns about the benefits of quitting even after long-term smoking or tobacco use may be helpful.
• Providing easy access to nicotine replacement therapy (patch, pills, gum) may support quitters.

Secondhand Smoke

• Secondhand smoke elimination strategies should be focused on both indoor exposure and vehicle exposure.
• There may be some need to educate the public about specific health risks associated with secondhand smoke exposure, particularly SIDS.
• Bans on secondhand smoke to protect workers may more easily gain support than general bans.

Specific Population Groups

• State and regional programs to serve Alaska Natives should consider regional variations in tobacco use or associated factors when supporting implementation of local tobacco control activities.
• Community-based programs should use data from this report and also carefully assess their own situation as part of program planning.

Additional Resources for Planning Alaska Native Tobacco Prevention and Control Programs

• Alaska Native Health Board (www.anhb.org)
• Alaska Native Tribal Health Consortium (www.anthc.org)
• Alaska Tobacco Control Alliance (www.alaskatca.org)
• Alaska Tobacco Prevention and Control Program (www.hss.state.ak.us/dph/chronic/tobacco)
    o Alaska Tobacco Quit Line 1-888-842-QUIT (7848)
    o Alaska Tobacco Facts (www.hss.state.ak.us/dph/chronic/tobacco/alaska_tobacco_facts.pdf)
    o Tobacco in the Great Land: A Portrait of Alaska's Leading Cause of Death (www.epi.hss.state.ak.us/pubs/tobaccofeb04.pdf)
    o Tobacco Prevention and Control in Alaska: Preventing Addiction — Saving Lives (http://www.hss.state.ak.us/dph/chronic/tobacco/ATCA_AR05.pdf)
• Centers for Disease Control and Prevention (CDC). Office on Smoking and Health - Best Practices for Tobacco Control Programs (www.cdc.gov/tobacco)
• CDC Community Guide to Preventive Services (www.thecommunityguide.org)

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