

## **AMCHP 2008 ANNUAL CONFERENCE**

### **WE ARE MAKING A DIFFERENCE:**

#### **Culturally Appropriate Social Marketing:**

#### **Integrating State MCH and Tobacco Cessation Initiatives for Native American Women of Reproductive Age**

March 1st to 5th, 2008

SHERYL FOGARTY: ...all these themes and, uh, core concepts, but we still didn't know why, why had things developed this way in this community. And so, the director of the Indigenous People's Task Force is, a person, her name is Sharon Day, and she has a lot of knowledge about Indian history. And, um, she added to the discussion, um, that commercial tobacco was incorporated into everyday life when Indian religious ceremonies enhanced the sacred and spiritual use of tobacco were banned by Federal law in 1890. And this was as a result of, um, actually, white settlers in the northern plains being afraid of some of the Indian religious ceremonies, especially the ghost dancing, which you may have heard of. And so, through the legislative process, they got a law that banned Indian religious ceremonies.

And the, um, law was, when it first was implemented was enforced. Later, I mean it was on the books until 1978. And I think the Feds were distracted by other things and they didn't necessarily enforce it, but it started something that is, what is, the community is dealing with today. Tobacco was the first medicine of native people and burning it is how they send their prayers to the Creator. The Dakota people call it kinshasha and the

Ojibwa people call it asemaa, and it is derived from, a very, a plant very similar to the red willow. Uh, but, it's not anything like commercial tobacco. But when their religious ceremonies were banned, smoking cigarettes became a unique form of cultural survival and a creative way to continue their beliefs under the hostile and watchful eye of the US government.

So, over the years, there was a commingling of the traditional sacred use and the commercial use. Socialized ritual activity within Indian culture requires this use of tobacco. And if, you know, it, it just got blurred when they, when they had to give up sacred tobacco because of the law. They started just using cigarettes. And so now, drum groups, sometimes they offer a prayer before they start drumming; and sometimes they are just given packs of cigarettes to smoke before they start drumming. And there would be a basket of cigarettes at a funeral, and it's disrespectful if you don't join in. Same way at pow-wows. It's a cultural value for American Indian people to be generous and share. Smoking is a communal activity. Anytime people gather together to socialize, they smoked.

SHERYL FOGARTY: and, of course, babies and pregnant women are everywhere. And, another key factor is that elders are respected and they're not questioned and they're not criticized. So, this is, kind of, how this whole thing developed, and it's really not up to the white public health or healthcare system in our state to come in now and say, you gotta stop doing this, although they certainly understand the health consequences. There's, there's no lack of understanding about the health consequences. So, pregnant

women are getting mixed messages. Um, their home is their sanctuary, but it's also a source of secondhand smoke. Young women and their partners and their children often live with the extended family and again, they don't tell their elders not to smoke. It's just not what they do.

Children are a reason not to smoke and they're also a reason to smoke. They want healthy babies and children, and they know that whole list of effects that Anita put up in her presentation. But there's also the stress of parenting that, if you're addicted and you're stressed out and you're, kind of, stuck with the kids, it's easy to get some relief by having a cigarette.

So, there were some action principles identified. The questions were, what would it take to change things and certainly it's a team effort. The whole community needs to be involved. There needs to be a sustained campaign to counter the preponderance of cigarette images and there need to be incentives not to smoke. And the biggest one is, that Indian people certainly value healthy babies and children, so that's what they're focusing on. And there, they knew they had to start somewhere, and this is the task force, you know, after they, you know, went through this project, they knew they were going on to the next steps. And so they worked on reducing secondhand smoke, uh, that was the starting point.

And, and providing opportunities for everyone in the community to experience healthy ceremonies where the sacred tobacco was used and not the basket of cigarettes. So,

the Indigenous People's Task Force continues to provide leadership. Um, they have had a couple more grants since this one and one of, um, let's see, still funded by ClearWay. They have been working on clean indoor air in the Indian casinos, because Minnesota finally got our Freedom to Breathe Act implemented October 1<sup>st</sup>, 2007. So we're, kind of, late in the game but we finally got it. We're very, very happy.

SHERYL FOGARTY: But it doesn't apply to the Indian casinos, um, because they're sovereign nations and their own government. And so The Indigenous People's Task Force is prepared to report with, um, models for how they could do this, but it's, it's the Indian community working within itself within its own organizations. It's not going to come from our state legislature in Minnesota. Solutions must come from Indian people, and smoking cessation must be supported throughout the Indian community.

So, I really have valued my role and I feel like a very privileged outsider to be there with them to provide data and to help with the calendar and exhibits, um, and in, in complete contradiction to what the qualitative data showed us some of us on the research team, including Sharon, so I figured it was okay, Sharon and Jennifer. And a couple of the, uh, non-Indian folks like me. We did write an article for Minnesota Medicine because we just felt like these rates were so outrageous that we wanted to provide our community to know about it. So in December of 2005 we did have an article published in the magazine in our state that doctors really read, so hopefully just so that their awareness would be raised even though they're not going to have the answers, the answers are

going to come from the community, but at least they might have some awareness and they can make some appropriate referrals along the way.

Um, and well, I worked with them, I tried to follow the medicine wheel and listen, reflect and share and then learn from the people that I was so privileged to work with and I try to remember the lessons. I guess that was, I thought there were a couple more lines, but that's okay. I did want to tell you I talked to Sharon Day last week, and she was fine with me talking about this here, and I said I know that you've got a new project going on. If, um, if, would it be okay if I talk about it a little bit and she does have a new grant. She just started a project in October of last year. It's called (inaudible) which is an Ojibwa phrase that means "to let go" and it is a culturally-specific smoking cessation program for pregnant women. And, um, it is a research-based project, so they will have a control group that won't get the intervention. And the intervention is six sessions, um, so it's very intensive. It's not the five A's, it's not brief counseling and every pre-natal visit, it's very different. So, women really do have to make a big commitment to, um, get through this and they have an assessment, um, session, and then they have a pledge that they take, which is two-fold. They, they make a pledge to set a quit date, but also to go back to their family and their household and ask everyone in the household to pledge to not smoke indoors, and they really have to have that commitment from their family in order to go forward in this program.

Then it's a very culturally-specific approach for the women there in small groups of about 10 or 11 and they get, um, they get the historical information for one thing, so

they know how did we get here at this point. And they get relaxation techniques and guided visualization and acupuncture. They have a buddy system. They learn meditation skills, um, and they do use a, a circle as their traditional, the way they describe the project; it's a circle. And the inner circle is the woman in her peer group in this cohort of 10 or 11 women.

And then the next circle is cultural opportunities to experience healthy Indian ceremonies without commercial tobacco, and then when they finish the sixth sessions, they, one of the last things they do is make a pledge to go out into the community and make some contributions to others in this area. So, whatever, I don't know exactly what those contributions would be, but just to talk and support other women and families who are trying to at least have smoke-free homes and smoke-free cars, if not to smoke, to stop smoking themselves. And there, there is followup at three, six, 12 and 18 months and it's possible that she might be ready to talk about it next year at AMCHP so it'd be something to think about.