

CESSATION SERVICES IN AMERICAN INDIAN COMMUNITIES: RECOMMENDATIONS FROM THE NATIONAL PARTNERSHIP TO HELP PREGNANT SMOKERS QUIT

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Background: American Indian & Alaska Native women have the highest rate of smoking during pregnancy (@18%), which disproportionately affects maternal and child health outcomes. Providers must deliver evidence-based cessation interventions while recognizing the cultural significance of tobacco for many Tribes. The National Partnership to Help Pregnant Smokers Quit collaborated with community partners to collect qualitative data and incorporate the results into a Native American Action Plan.

Methods: In 2004/2005, six focus groups were facilitated by an experienced American Indian researcher. Participants included clinicians, health educators, and pregnant or postpartum American Indian women. They discussed cultural beliefs around tobacco and pregnancy, how smoking affects pregnancy, access to cessation services, and barriers to quitting. In-depth interviews were also conducted with five model tobacco treatment programs across the country.

Results: We created the 5 C's as a model for delivering the 5 A's in American Indian healthcare settings. We also synthesized recommendations for four key audiences (see boxes to the right). The Native American Action Plan will be available at www.smokefreefamilies.org

**Evidence Based Intervention:
The 5 As**

ASK about smoking status

ADVISE patient to quit

ASSESS willingness to quit

ASSIST patients interested in quitting

ARRANGE follow-up

Delivering the 5 A's to American Indian & Alaska Native Women and Families: The 5 C's

COLLABORATE with other Native organizations
 Collaboration results in better quality cessation services that are more acceptable to American Indian women and families. True partnerships enable program evaluation to be carried out in a climate of trust and reciprocity.

CULTIVATE cultural competency
 Cultural beliefs regarding pregnancy and sacred tobacco use may interact with health education messages about the harms of tobacco. Providers need to address the distinction and focus cessation messages on *commercial* tobacco use only.

COACH providers on working with American Indian & Alaska Native populations
 Tribes often have a health educator or other liaison who may be willing to provide cultural competency training for healthcare systems that serve their community.

CARE for patients using evidence-based practices
 The 5 A's is not necessarily a well-known term among providers who work with American Indian populations, indicating a continuing need to distribute information on the 5 A's and clinical practice guidelines.

COMMUNICATE messages through multiple media
 Although word-of-mouth is still a powerful communication tool within tribes, certain forms of electronic media are also a viable means of disseminating information.



Recommendations for Implementing the 5 C's

Tribal Leaders

- Create a forum during council meetings for tribal members and tobacco advocates to share concerns about commercial tobacco use and second-hand smoke
- Share personal stories of your success in quitting smoking

Health Care Providers

- Ask about cultural beliefs of pregnant American Indian clients and talk with American Indian providers to inform your practice
- Convey second-hand smoke messages that do not violate cultural norms against directing others' behavior

Program Planners

- Publicize the negative health effects of commercial tobacco that have more salience to American Indian women such as asthma and SIDS
- Create or obtain cessation materials for partners and family members

Funders

- Include American Indian researchers and community representatives in developing tobacco treatment initiatives
- Fund and maintain a central repository of American Indian cessation materials that are free and accessible to all