

# Native American Youth Tobacco Screening and Cessation: Policy and System Change

## Summary

American Indian populations in Michigan have higher smoking rates than the state average and smoking initiation happens at young ages. The Inter-Tribal Council of Michigan partnered with two tribes to develop a clinical policy to screen youth for commercial tobacco use and to refer tobacco users to appropriate treatment services. This project resulted in 1) increased knowledge and capacity for tribal clinic providers to screen, educate and refer young patients for cessation services and resources, such as the QuitLine (which has a program specifically for the younger population which includes texting options); and 2) increased screening and referral rates within the two tribal clinics.

## Challenge

According to the Centers for Disease Control and Prevention commercial tobacco use is higher in American Indian populations than in any other racial/ethnic group in the U.S. and seriously impacts the health of this culturally rich and historical population. Heart disease is the leading cause of death, while lung cancer is the most common cause of cancer death. In Michigan, smoking rates range from 35% to 72% among tribal communities compared to a rate of 20.5% in the general population. The American Indian Adult Tobacco Survey found that age of smoking initiation ranged from 13 to 15.7 years. Yet, there were very few interventions aimed at youth tobacco screening and cessation.

*"After policy implementation, we reviewed clinic reports to assess the number of youth screened and referred to cessation services. While the number of youth screened was high, the vast majority had responded that they are not smoking or using nicotine delivery devices, so referrals were low. After careful review, we concluded that youth in this age range are reluctant to admit to smoking or use of other nicotine delivery devices, however we believe the screening policy and education delivered by the provider will have a positive effect on youth's smoking behavior."*

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

## Solution

The Inter-Tribal Council of Michigan partnered with the Keweenaw Bay Indian Community, the Saginaw Chippewa Indian Tribe, Indian Health Services Clinical Support Center and the State QuitLine. Together we held a training session for tribal clinic staff and providers on tobacco use rates among Native American youth and the need for intervention at younger ages. The providers were eager for more information on electronic cigarettes, other nicotine delivery devices and recommended cessation protocols and resources for youth. Additional education on these topics was provided and each site was given a wealth of patient education materials. While this delayed clinical policy implementation, it resulted in a much more comprehensive policy, covering all nicotine delivery devices and several cessation referral options.

## Success Stories

<http://nccd.cdc.gov/nccdsuccessstories/>

## Results

The two tribal clinics implemented a policy to screen and refer youth ages 12-18 for commercial tobacco and other nicotine delivery devices. They also expanded this policy to their dental departments. The Saginaw Chippewa Nimkee Wellness Center achieved a 100% screening and referral rate. The Keweenaw Bay Indian Community built their policy into their electronic health system and achieved a screening and referral rate of 71.6%.

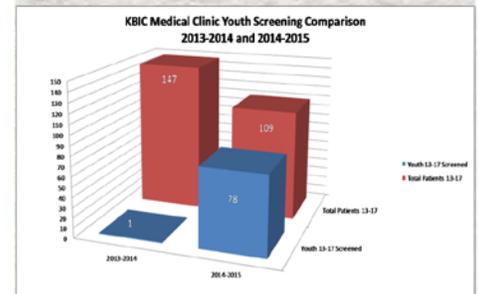
In the first two months following the new policy only one youth identified as a smoker and was referred to the QuitLine. Based on the current literature this is not surprising and we believe there is value in the providers asking about nicotine use for this age group. Evidence shows that provider input has a strong influence on the patient's behavior. We are hopeful that youth who are smoking will use the health education materials and QuitLine resources available throughout the clinic to seek cessation support individually, and that those who are not yet smokers will be kept from starting.

## Sustainable Success

Next steps include sharing the impact of the screening policy with additional tribal medical and dental clinics for adoption. We are also interested in monitoring the number of calls to the QuitLine's services from Native American youth, especially those within the two clinic service areas. The two clinics will continue to monitor their screening rates and give feedback to the providers in an effort to improve screening rates and sustain the policy and clinical protocol. This project has helped to identify policy and systems changes aimed at reducing the health disparities while supporting the health of future generations.

## Your Involvement is Key

We encourage all clinic and health care settings that serve youth to implement commercial tobacco screening, education and referral policies. The earlier that we can intervene – either to encourage and support youth to remain smoke free, or to encourage and support cessation – the better the health outcomes. The QuitLine offers age appropriate services via phone and text messaging and is a great resource.



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