



# BLACKFEET NATION

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BLACKFEET TRIBAL BUSINESS COUNCIL

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Health and Human Services Appropriations Subcommittee  
59<sup>th</sup> Legislative Session  
Helena, MT 59620

### Background

The Blackfeet live on a reservation land base 50 by 75 miles square located along the rocky mountain front and U.S./Canadian border. There are 15,670 enrolled Blackfeet members. The Montana Tobacco Use Prevention program provides \$80,000.00 per year to the Blackfeet Tobacco Program for fiscal years 2004 and 2005. The Blackfeet Tobacco Prevention program since July 2000 has provided culturally based tobacco prevention services to support tobacco policy development, and activities to prevent youth initiation to the use of tobacco products, and promotes cessation services. The Blackfeet TUPP services integrate Blackfeet sacred Pitsistiman/Pistakaan (tobacco) teachings and ceremonial governance of Blackfeet values combined with health education commercial tobacco prevention curriculums to formulate a culturally base prevention strategy. The principles of Akak'stiman (the traditional law-making process) govern the composition of all policy, ordinances and activities of the Blackfeet Tobacco Prevention Program that operates under the authority of the Blackfeet Tribal Business Council.

### Need

There exist high tobacco prevalence use rates among the entire Blackfeet Reservation Community. Among the Blackfeet youth by the 11<sup>th</sup> grade 40% have used spit tobacco on a regular basis, and 74% have tried spit tobacco (Indian Health Service, 1999). 78% of the 11<sup>th</sup> grade youth have tried smoking cigarettes and 46% smoke cigarettes on a regular basis. By Adulthood over 61% of the population reported smoking cigarettes regularly, and 63% use smokeless tobacco on a regular basis. The Blackfeet smoking and spit tobacco prevalence rates are higher than the statewide reservation based adult rate of 51.2% (SAMSHA, 2000). Among Blackfeet women of childbearing age 21.6% use smokeless tobacco on a regular basis. (WIC survey, 1999). Blackfeet elders (age 55 and over) smoke cigarettes at a rate of 34.7% and use spit tobacco at a rate of 4.7%, and 19.3% of Blackfeet Elders suffer from heart disease; 13.2% have asthma. (Blackfeet Elders survey, 2001).

The Blackfeet receive Indian Health Services from the Browning Service Unit, a part of the Billings Service area comprised of Montana and Wyoming. In the Billing Service area the rate of Sudden Infant Death Syndrome (SIDS) is three times the national average (360.5 out of 100,000 live births compared to the U.S. average of 130.2 per 100,000 live births). The top 10 clinic outpatient and inpatient service unit visits are for upper respiratory system illness, diseases of the heart and asthma. (Indian Health Service, 2000). Native Americans nationally die from lung cancer more than any other group of Americans. (National Institute of Health, 2003). The affects of second-hand

tobacco smoke are a critical health issue in this service area and on the Blackfeet reservation. Currently, the Blackfeet Indian Health Service unit offers no individual or group cessation services.

### **Current Prevention Progress**

From July-January in fiscal year 2005 all Blackfeet Tobacco Prevention activities were designed to impact four areas:

1. **Community Capacity Building:** Prevention services provided to over 500 youth and families during cultural and fitness events. Training provided to Blackfeet Tobacco Prevention Advisory Coalition members during the Governor's Youth Summit, July 2004 and the Many Voice, One Message: Keep Tobacco Sacred conference in October 2004. All activities were designed to promote smoke and spit free lifestyles to prevent youth initiation and promote cessation.
2. **Policy Initiatives:** Provided tobacco educational presentations to Blackfeet Tribal Council members during executive, subcommittee meetings and general governance session to promote expansion of current smoke and spit free tobacco policies. Engagement of Blackfeet cultural ceremonialists to provide input for the development of culturally based tobacco policies.
3. **Cessation Promotion:** Provided in-service training to Indian Health Service personnel to facilitate smoking and spit-tobacco cessation services into existing health service operations.
4. **Program development:** Participated in the Montana Tobacco Use Prevention Program Native American Work Group to provide input on statewide comprehensive tobacco efforts for Native American Communities on cessation, counter-marketing, and programming. Participated as planning team member with the Northern Plains Health Alliance to organize the first regional Spit Tobacco prevention conference in October 2004.

Community capacity building activities are designed to expand the opportunities for members of the Blackfeet Reservation community to receive traditional teachings of Pitsistiman/Pista'xkaan protocol as a method of developing culturally based refusal skills to commercial tobacco products use and addiction. The culturally based policy efforts are organized to reflect the governing principles of Akak'stiman, the traditional ceremonial based law-making practice of the Blackfeet. Akak'stiman can be characterized in the context of tobacco responsibility as the original Blackfeet tobacco control mechanism. Adherence to Akak'stiman principles is necessary when addressing the health morbidity and mortality factors, which have arisen among the Blackfeet since the introduction of tobacco for profit products. During fiscal years 2004 and 2005 all activities reflect the program goal of fostering a greater understanding of the principles of designing culturally based commercial tobacco control policies and fortifying the sacred use of Pista'xkan/Pitsistiman protocol as prevention strategy.

The Blackfeet Tobacco Program activities are designed to support the return to wellness for all families. The health education tobacco initiatives of the Blackfeet Program address the disparities in tobacco related morbidity and mortality among Blackfeet families.

**Blackfoot Tribe Tobacco Prevention Program  
Blackfoot Reservation non-ceremonial Tobacco for profit/addiction Prevalence  
Rates Tables 2003  
Table Section One**

**Blackfoot Youth Prevalence rates\***

<b>Blackfoot 6<sup>th</sup> graders</b>	<b>Blackfoot 6<sup>th</sup> graders</b>	<b>Blackfoot 11<sup>th</sup> graders</b>	<b>Blackfoot 11<sup>th</sup> graders</b>
<b>Smoke Cigarettes</b>	<b>Use Smokeless Tobacco</b>	<b>Smoke cigarettes</b>	<b>Use Smokeless Tobacco</b>
<b>32%</b>	<b>21%</b>	<b>46%</b>	<b>40%</b>

Montana Youth Risk Behavior Survey, 1999\*\*  
American Indian Students on Montana Reservations Survey

<b>Student sex</b>	<b>Current Smoker (smoked on 1 or more of the previous 30 days) 1999</b>	<b>Chewing Tobacco</b>
<b>Male</b>	<b>44%</b>	<b>30%</b>
<b>Female</b>	<b>61%</b>	<b>14%</b>
<b>Total</b>	<b>53%</b>	<b>22%</b>

Montana Youth Risk Behavior Survey, 2001  
American Indian Students on Montana Reservation survey

<b>Students surveyed on seven Montana reservations</b>	<b>Current Smoker (smoked 1 or more of the previous 30 days)</b>	<b>Every smoked daily (at least 1 cigarette everyday for 30 days)</b>	<b>Current spit tobacco users (used chew or spit tobacco on 1 or more days of the previous 30)</b>
<b>Males</b>	<b>47%</b>	<b>N/A</b>	<b>37%</b>
<b>Females</b>	<b>56%</b>	<b>N/A</b>	<b>15%</b>
<b>Totals</b>	<b>51.5%</b>	<b>34.2%</b>	<b>26.3%</b>

Montana Youth Risk Behavior Survey, 2003  
American Indian Students on Montana Reservation survey

<b>Students surveyed on seven Montana reservations</b>	<b>Current Smoker (smoked 1 or more of the previous 30 days)</b>	<b>Every smoked daily (at least 1 cigarette everyday for 30 days)</b>	<b>Current spit tobacco users (used chew or spit tobacco on 1 or more days of the previous 30)</b>
<b>Males</b>	<b>*</b>	<b>N/A</b>	<b>*</b>
<b>Females</b>	<b>*</b>	<b>N/A</b>	<b>*</b>
<b>Totals</b>	<b>52.1%</b>	<b>33%</b>	<b>20.8%</b>

\*Indian Health Service, Browning Service Unit, Blackfoot Reservation Commercial Tobacco Usage Surveys, 1999

\*\*Blackfoot Commercial Tobacco Use Assessment, 2000

+Center for Disease Control State Surveillance, 1996

++Youth Risk Behavior Survey, 2001

**Blackfeet Adult Prevalence rates**

Blackfeet Adults*	Blackfeet Adults*	Montana Adults!	Montana Adults+	Montana Native Americans!	Montana Native Americans
Smoke Cigarettes	Use Smokeless Tobacco	Smoke Cigarettes	Use Smokeless Tobacco	Smoke cigarettes	Use Smokeless Tobacco
*%	*%	18.9%	7.6%	42.1%!/51.2%!*	8.5%!*

**Elders Prevalence rates and health related characteristics\*\*\*\***

Elders	Smoke Cigarettes	Spit Tobacco use	Smoke 6-10 cigarettes a day	Use 2 cans of spit tobacco a day
Blackfeet 55 and over	34.7%	4.6%	37.6%	30%
NHANES III non-Blackfeet	34%	4%	25%	19%

Elders	Congestive Heart Failure	Asthma	Breast Cancer	Prostrate Cancer	Lung & Bronchus Cancer	High Blood Pressure
Blackfeet 55 and over	19.3%	13.2%	6.1%	6.4%	5.0%	50.4%
NHANES II Non-Blackfeet	8.0%	7.0%	3.0%	2.0%	Less than 1%	43.0%

\*Blackfeet Reservation Data, Department of Substance Abuse, Mental Health Service Administration, July 20, 2001. Use of data by permission only of the Blackfeet Tribal Business Council

Use of data by permission only of the Blackfeet Tribal Business Council.

!Center for Disease Control, Montana State, Adult Prevalence, 2000, !\* Samsha: Native American Substance Abuse Treatment Needs Survey, September 2001

+Center for Disease Control, Montana State, Adult Prevalence, 1999.

\*\*\*\*Blackfeet Elders Needs Assessment, September 2001. Blackfeet Senior Program, Blackfeet Nation. & National Health and Nutritional Examination survey 2001.

Submitted By:   
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