Expanding Smokefree Communities
Community Profiles:
Waponahki Tribes, Maine

Community Overview

There are four federally recognized native tribes in Maine, consisting of five Tribal communities and approximately 3,100 individuals: The Aroostook Band of Micmac Indians, The Houlton Band of Maliseet Indians, The Passamaquoddy Tribe of Indian Township and Pleasant Point, and The Penobscot Nation[1]. Together, these tribes (along with complementary bands in Canada) make up the Waponahki Confederacy. Most Waponahki Tribal members and territories are concentrated in Northern Maine, in Aroostook, Penobscot, and Washington counties; some of the state's poorest and most remote places. The majority of Maine's native population belongs to one of these four tribes and resides on Tribal lands.

In order to address the Waponahki Tribes high 52 percent smoking* rate, the Maine Tribal Health Directors (MTHD) and the American Lung Association in Maine are working together to establish an effective, evidence-based strategy to address the social norms around commercial tobacco use and increase the number of venues and community events on Tribal lands where Tribal members are protected from secondhand smoke.

Health Equity Focus

To address the lack of data on the health status of members of Maine Tribes, the Maine Tribal Health Directors, in collaboration with researchers from the University of Nebraska Medical Center (UNMC) College of Public Health, conducted the 2010 Waponahki Tribal Health Assessment (WTHA), the first-ever multi Tribal health assessment in the state of Maine. Results of the assessment documented the smoking prevalence and other health indicators. Through this community partnership between Maine Tribes, the Maine Tribal Health Directors, and the American Lung Association in Maine, there is a great opportunity to improve health equity and address a significant health issue identified by the Tribes.

Burden of Tobacco Use – The Challenge

Data from the 2010 Waponahki Tribal Health Assessment (WTHA) demonstrates that this population is significantly impacted by tobacco-related disease in Maine. On a national scale, the use of tobacco represents the second-highest cause of preventable deaths for American Indian and Alaska Native people[2] and smoking rates in many communities are almost twice the national average. In Maine, 52% of Waponahki Tribal members are current smokers in comparison to the 22.6% smoking rate of adults living in Maine[3].

In addition to the high instance of tobacco use, according to the findings of the 2010 Health Assessment, Waponahki tribal members experience other tobacco-related health disparities. Compared to non-Tribal members, Tribal members are:

- 40% more likely to report they have been told they have asthma
- 50% more likely to report they have been told they have high blood pressure
- 60% more likely to report they have been told they had a heart attack

* *Refers to commercial tobacco use, not the use of sacred tobacco by the tribes.*

- 60% more likely to report they have been told they had angina or coronary heart disease
- 70% more likely to report that they have been told by a provider that they have a depressive disorder
- 200% more likely to report they have been told by a provider that they have an anxiety disorder
- 250% more likely to report they have been told they have diabetes[4]

Meaningful Impact: Reducing Exposure to Commercial Tobacco Use – The Opportunity

In June 2012, the American Lung Association in Maine received a sub-award from the American Lung Association National Headquarters under the *Expanding Smokefree Communities*, Community Transformation Grants program, to work with Maine Tribal Health Directors to increase the number of people living on-reservation in the five Maine Tribal communities with access to smokefree events.

In a community where over half of the population smokes, smoking is the social norm. Previous efforts that have focused mostly at the individual level have not been successful enough to improve health outcomes. Currently, a Maine tribal member seeking to quit smoking commercial tobacco faces additional challenges because the environment is not supportive of a smokefree lifestyle. It has become more evident that, in order to achieve meaningful change, the predominant environment and community norm needs to shift. Data from the WTHA demonstrates the urgency of the need.

The Health Directors of each tribal community have identified increasing the number of venues and community events where tribal members are protected from secondhand smoke as a priority to begin this process. The ALAME will use decades of success in tobacco-use prevention and control to work with leaders from Maine's tribal communities to begin to shift the social norm. Despite the challenges cited above, momentum towards tobacco use and exposure to secondhand smoke is growing through a variety of new voluntary tribal initiatives including: the introduction of new smokefree public housing units, school-based smoking prevention activities, and steps towards developing evidence-based tobacco treatment. These recent efforts indicate there is the interest and the ability needed to shift the social norm.

The Maine Tribal Leadership Team includes high-level community leaders from multiple sectors that includes representation from the following organizations:

- Tribal District Public Health Liaison, Houlton Board of Maliseets
- Consultant, Penobscot Nation
- Office of Minority Health, Maine CDC, DHHS
- Senior Director, Health Education American Lung Association in Maine
- Service Unit Director, Aroostook Band of Micmac Indians
- Healthy Maine Partnership
- Health Director, Passamaquoddy Tribe at Pleasant Point
- Health Director, Passamaquoddy Tribe at Indian Township
- Houlton Band of Maliseet Indians
- Service Unit Director, Aroostook Band of Micmac Indians

If you would like to find out more about the educational efforts underway in Maine, please contact

Lee B. Gilman, Senior Director, Health Education at lgilman@lungne.org.

---

[1] Knox-Nicola, P., & Maine Tribal Health Directors. (in press). *2010 Waponahki Tribal Health Assessment*.
[2] Indian Health Services, http://www.ihs.gov/qualityofcare/index.cfm?module=chart&rpt_type=gpra&measure=18
[3] CDC's 2011 Behavioral Risk Factor Surveillance System. Information about the BRFSS is available at http://www.cdc.gov/brfss/index.htm.
[4] Knox-Nicola, P., & Maine Tribal Health Directors. (in press). 2010 Waponahki Tribal Health Assessment