Culture in Evaluation #3: AI/AN Tobacco Control Evaluation in the American Indian (AI) and Alaska Native (AN) Communities

TCEC
Tobacco Control Evaluation Center

More American Indian/Alaskan Natives (AI/AN) live in California than any other state (US Census, 2010). With over 100 Indian tribes federally recognized and residing on over 90 federal Indian reservations in California, the (AI/AN) communities represent a diversified priority population within the state (Satter et al., 2010).

According to recent US Census estimates, there are 739,000 AI/AN in California comprising about 1.17% of the state's current population. Most AI/AN in California reside in urban areas of the state, the largest number living in Los Angeles (Satter et al., 2010). The same wealth of diversity is also seen in the language of the AI/AN community: several dozen languages and dialects are spoken, all based on 7 major language families. However, most American Indians also speak English.

The American Indian/Alaskan Native (AI/AN) population of California is a multifaceted community. This cultural competency tool is written with this in mind. Additionally, in order to meet a specific project's cultural competency needs, it is imperative that tobacco control evaluators seek further knowledge and assistance from the specific AI/AN communities they are working with.

Tobacco Use Prevalence in AI/NA

The AI/AN population smokes at a rate of 32.4%, the highest percentage of any race/ethnicity demographic group in the United States (CDC, 2006). Research has shown that AI/AN teens in particular have even higher smoking rates, ranging from 29%-48%, depending on the study and region (Beavais et al., 2007; Caraballo et al., 2006; Hodge, 1996; Unger et al., 2003). Similar to national trends, the AI/AN population in California also has high smoking rates compared to other demographic groups. Various studies have shown that smoking rates of AI/AI adults in California range from 23.7 to 35.3% (Swan et al., 2006; Satter et al., 2010; CATS, 2007). In some Northern California tribal communities, the smoking rate has been as high as 40% for adults (Hodge, 1996). It should be noted that although the AI/AN population has the highest rate of smoking in California, research shows that they smoke fewer cigarettes per day than other populations (CHIS, 2007).

Health Status of the AI/AN Population

The AI/AN population is at a high risk for a wide range of illnesses and disease. According to a 2007 report by the American Cancer Society and the National Cancer Institute, AI/AN have higher rates of several preventable cancers, delayed diagnosis, and late-stage tumors than the national average. During the period of 2000-2004, AI/AN death rates attributed to lung cancer were the highest in the nation for both AI/AN males (42.8%) and females (27.8%). Additional chronic disease precursors at higher than national average rates include, among others, obesity, alcohol abuse, inactivity/lack of leisure time, and diabetes (Satter et al., 2010). The ACS-NCI report attributed the alarming health status of AI/AN to high levels of poverty, lower educational attainment, lack of health insurance, and lack of access to medical care.

The many health disparities that abound in the AI/AN community have been linked, at least in part, to tobacco use. Illnesses associated with tobacco use include respiratory effects, cardiovascular disease, and cancer. Tobacco use is also a risk factor for diabetes and increases the complications of diabetes. Furthermore, smoking causes lung diseases such as chronic bronchitis and emphysema, as well as coronary heart disease (Satter et al., 2010). Similar to national trends, because the smoking rate among AI/AN community is over twice that of the regular adult population in California, a wide health disparity exists between the AI/AN popu-

lation and the rest of the adult population that can be attributed to, in large part, to the high smoking rates. Research suggests that a culturally appropriate approach to tobacco control research and evaluation may help to mitigate these disparities, including the disproportionately high rates of tobacco use among the AI/AN population (Yu et al., 2005).

One major barrier in overcoming these disparities has been the lack of adequate attention to the role of "community perceptions about research as 'another structure of domination'" (Fagan et al. 2004:216; Freire, 1970). Overcoming this barrier necessitates that "the research community consider[s] novel and practical approaches to the process of conducting research focusing on tobacco prevention and control" in these populations (Fagan et al. 2004:216).

Ceremonial versus Commercial Tobacco Use in the AI/AN Population

Tobacco use among the AI/AI population has its own storied tradition. Historically, tobacco was used in ceremonial and religious practices, as well as for medicinal and healing rituals (Hodge, 1996). Tobacco was seen as a gift from Earth, and the smoke from burned tobacco was used to cleanse and heal, and symbolically, the smoke served to stave off evil or bad spirits (Hodge, 1996). The Native American Rehabilitation Association of the Northwest (NARA) lists the following ceremonial uses of tobacco:

- To honor and welcome guests
- To bless food crops
- To communicate with the Creator or the Spirit World
- To ensure the welfare of the people
- To bless the hunt
- To bind agreements between tribes
- As payment to a Healer

NARA also states that the traditional or ceremonial uses of tobacco vary and range from being used as an offering to the earth or fire (in which case it is held in the hand and not inhaled) to being smoked in a sacred pipe (in which case it is not inhaled all the way to the lungs—it just reaches the mouth and is exhaled so that the smoke becomes the carrier of prayers to the Creator and is not ingested). Often, when smoked, ceremonial tobacco is mixed with other herbs such as bear berry, mullen, red willow bark, or osha root, in which case the mixes do not contain any actual tobacco at all (Hodge, 1996). Nonetheless, it is the high rate of use of commercial tobacco (cigarette smoking) among AI people that is of alarm to AI/AN health advocates and the non-AI/AN public health community (Yu et al., 2005).

Tobacco Industry Influence

Like other priority populations, the tobacco industry has exploited both the low socio-economic status among AI/AN and the sovereignty of AI/AN tribes. This tends to be more pronounced in the US federal reservations since AI/AN reservations are not subject to state public health laws. Additionally, because of their sovereignty, some AI/AN reservations allow the operation of tobacco retail outlets on their premises to generate tax-exempt income for the reservation (Satter et al., 2010).

Research shows that the tobacco industry sponsors cultural events such as American Indian Pow-Wows and rodeos. Moreover, the tobacco industry often uses AI/AN cultural designs and symbols to promote its products to the AI/AN population (e.g. American Spirit [TM] cigarettes feature an American Indian smoking a pipe to promote these as "natural" cigarettes; other tobacco product advertisements use visuals of AI/AN warriors) in an effort to target them (Tobacco Facts, 2005). Furthermore, it should be noted that these companies that use Native American designs are not owned by American Indians. For instance, American Spirit cigarettes is a company owned and manufactured by the second-largest tobacco company in the US—RJ Reynolds (Tobacco Facts, 2005).

Casinos

Casinos located and run on AI/AN federally recognized reservations have become a public health concern in California as they are not subject to state laws prohibiting smoking in bars and restaurants. Many AI/ANs and other Californians are exposed to secondhand smoke in casinos while working or visiting the premises (Satter

et al., 2010). However, targeting casinos with state sponsored anti-smoking campaigns can sometimes be perceived as obstruction of and interference with Tribal sovereignty.

Evaluators who approach Native American communities with proposals for intervention and evaluation activities must be aware of the complex political issues and unique cultural norms involved in bringing state issues to American Indian lands. However, in numerous instances, Tribal communities have developed health agendas that are compatible with those of state health programs and welcome coordination and cooperation.

Three items stand out when considering the role of casinos in the political economy of American Indian Tribes: (1) Because tribal governments do not receive benefits from state, county, or municipal taxes, casinos are a top source of much needed revenue for tribal governments; (2) tribal governments also operate health clinics which provide services to tribal members without a charge, and hence, tribal governments have an economic interest in decreasing the magnitude of health risks to their members; (3) it is important to include casino owners and managers in the process of gathering data on the benefits of having smoke-free casinos.

According to the California Rural Health Indian Board (CRIHB), two additional challenges to tribal tobacco control policy need to be addressed. The first is the misconception, among many tribes, that alcohol and drug abuse are the only real substance abuse problems in a tribe, rather than abuse of commercial tobacco. To overcome this challenge CRIHB recommends that health educators in the field use health statistics to illustrate the serious damage done to American Indian people by commercial tobacco use. The second challenge is that typically, tribal councils have to consider numerous issues in the areas of economic development, gaming, housing, education, and all health issues including care and prevention and therefore, do not have enough time and other necessary resources to consider the enactment of tobacco control policy. CRIHB suggests that tribal councils need to be convinced that tobacco policy is an established tool and that it can be in place with minimal time resources while producing substantial health benefits for the members of the tribe (CRIHB, 2003).

Guidelines for Evaluation with AI/AN Communities

Inclusion and Building Trust

Historically, the AI/AN population has high dissatisfaction and low trust of the US health care system (Satter et al., 2010). Any planned intervention and evaluation project requires being mindful of this fact. It is thus important to first develop trust, by including AI/AN community members in each step of the intervention and evaluation project, beginning with the planning stages (Lichtenstein et al., 1996). Allow the community members to speak their mind and listen to their concerns and advice, as it is critical to achieving culturally competent ends. Moreover, gaining trust of the AI/AN population requires detailed understanding of customs on communication. Therefore, we recommend the following:

- Set up communications with tribal councils and Tribal IRBs.
- Create an advisory committee with local AI/AN members to guide discussions.
- Start the discussion with the tribe's needs and bring tobacco into the discussion.
- Share resources with non-tobacco entities that work in the same AI/AN communities.
- If you are invited to visit a reservation, first ask what is socially acceptable before you begin your interviews (e.g., customs on addressing one another, phrasing questions, and eye contact).
- Be agreeable with AI/AN customs.
- If the community you are visiting runs casinos, familiarize yourself with the history and economic role of casinos in the community.

Collecting AI/AN Evaluation Data

As stated above, it is critical to select partners from the AI/AN community who can help you with the intervention and evaluation (Lichtenstein et al., 1996). See if you can find someone with tobacco program expertise to join you. Additionally, consider asking local health educators and community representatives to help you. It

is also important to reach out to policy experts who have experience with tribal policies. At the very least they can give you insight into effective policy strategies. Finally, tribal elders and the involvement of youth are necessary as well. Elders provide the wisdom, insight and community experience, while the youth provide the energy and staffing power to help the cause.

Another valuable resource is community members from other tribes, particularly those who have had success in conducting interventions or enacting policy. In this manner, reaching out to other communities can only help the cause. Likewise, seek out "champions" who have knowledge of the local tribal community and can assist in getting a foot in the door and meeting potential AI/NA community representatives.

Prior to any intervention or evaluation, it is imperative to consider the local tribal membership and tribal council. Find out in advance who is opposed to a potential tobacco policy and find out why. Interview these people (via key informant interviews) so local tribal concerns can be addressed ahead of time. Evidence shows that most tribal leaders are more apt to make an intervention or policy a priority once they receive the facts and know it is supported by the tribal population (Hodge, 1998).

The process of an intervention and its concomitant evaluation takes time. Make sure to allow enough planning time for policy development. Researchers and workers in the field suggest a three month planning period. Thus, although writing a tobacco policy may only take a couple of hours, it is essential that you get feedback on each draft of the policy from AI/AN community members. This often takes longer than expected. It also requires advance notice to work with tribal councils and to get on the tribal council agenda.

- When possible, have AI/AN community members and/or AI staff administer survey instruments.
- Describe your cultural background and ask about that of your AI/AN interviewee.
- Let individuals know that you respect them, for instance by stating, "I appreciate that you are taking the time to help us with this survey. Your experiences and opinions are very valuable to us. The results of this survey will help us serve your community better in the future."
- Be patient. Respecting participants' time value might mean that your time spent with one person or with the community might be much longer than you anticipated. Because in AI/AN communities, the oral tradition is very prominent, "words have power." Therefore, allow for extra time, otherwise your counterpart might feel rushed and disrespected. Conversely, be conscious of participants' time limitations. Do not unnecessarily take time away from participants' tasks.
- Avoid stereotyping. For instance, knowing that many members of the community have low literacy skills may lead you to assume that all questions must be asked on a low literacy level. However, some members of the community may have a high level of formal education and/or be very business savvy.
- Face to face surveys are preferable to mail or phone surveys if most of the participants have low literacy levels and have never been in formal survey situations.
- If survey instruments are used, develop them with members of the local AI/NA community who know how to phrase questions in a way that community members can understand them.
- If literacy levels are low, do not ask the interviewees to read the survey instrument—read the questions to them and record their answers.
- Make sure that survey questions on survey instruments use phrases and words that respondents are familiar with. Simplify common terms. For instance, secondhand smoke should be described as the smoke coming out of the smoker's mouth OR the smoke that comes off the cigarette.

The recommendations offered above, echo, in part, the suggestions made by earlier efforts in the field (Satter et al., 2010; Lichtenstein et al., 1996). Researchers have proposed several steps towards culturally appropriate research and evaluation projects in AI/AN communities. These include:

- Intervention in tribes must be delivered by members of an Indian Health Board.
- Invite tribal representatives to attend regional workshops and presentations on the health risks of smoking and secondhand smoke exposure—use videos as part of presentations and introduce a workbook (if possible) of tribal tobacco policy development, key decisions towards such policy, methods of publicizing tobacco control policy, and a sample of tribal tobacco policy.
- Follow up regional workshops with visits to individual tribes and have project staff work with members of a tribal health committee or persons designated by the tribal council chair.
- Follow-up with telephone consultations and additional visits to discuss barriers to policy development and to supply feedback on a policy draft resolution to each tribe (with the goal to have each tribe adapt a tobacco control policy resolution).
- Communicate to tribes that they always have the option to opt out from participating.
- Allow tribes that have adapted a tobacco control policy resolution to opt out.
- Offer assistance even to tribes that have opted out and include such tribes in the overall analysis of the intervention (Lichtenstein et al, 1995).

In short, it is expected that culturally competent tobacco control evaluation in the AI/AN community should recognize the value of both practical and research-derived recommendations on the utility of such approach. It is important to look at both types of recommendations because the field of culturally competent evaluation is relatively new.

Conclusion

Because the field of culturally competent research and evaluation is evolving, the Tobacco Control Evaluation Center (TCEC) anticipates future changes to these guidelines. The current guidelines are driven by two areas of knowledge: (a) evidence-based work on reducing health disparities created, in part, from high use of commercial tobacco in the AI/AN community; and (b) by practical considerations derived from the Tobacco Control Evaluation Center's ongoing work on culturally competent evaluations. Therefore, TCEC will be monitoring the emergence of new knowledge from evidence-based research as well as new experiences from the field to make necessary updates in the future. Please feel free to contact us if you have any questions or would like to add material to this cultural competency tool.

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