With over 100 Indian tribes federally recognized in California residing on over 90 federal Indian reservations, American Indians (AI) represent a diversified priority population. The same wealth of diversity is also seen in the language of the AI 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 are a multifaceted community. Therefore, in order to meet a specific project's cultural competency needs, tobacco control evaluators should seek further knowledge and assistance from specific AI/AN communities they are working with.

Tobacco use prevalence in AI/NA

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall California Adult Cigarette Smoking</td>
<td>13.3%*</td>
</tr>
<tr>
<td>AI/NA Adult Cigarette Smoking</td>
<td>27.9 %**</td>
</tr>
</tbody>
</table>

** California Health Interview Survey (2005).

Health status of the AI/AN population

According to recent US Census estimates, there are 422,000 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 (over 25,000). 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. The 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. Health disparities abound in the AI/AN community.
Casinos
American Indian Tribal run casinos have become a public health concern in California as they are not subject to state laws prohibiting smoking in bars and restaurants. Many American Indians and other Californians are exposed to second hand smoke in casinos while working or visiting the premises. 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).

Ceremonial versus Commercial Tobacco Use in the AI/AN Population
Among many tribes tobacco is used ceremonially for cultural purposes. Sometimes the tobacco used in American Indian ceremonies is of commercial origin and other times it is exclusively grown and tended on American Indian land for sacred uses. In some tribes it is believed that the Creator has given
American Indian people four sacred plants: the first one was tobacco, and the other 3 were sage, cedar, and sweetgrass, all of which are credited as being the 4 sacred medicines. 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. It is the high rate of use of commercial tobacco (cigarette smoking) among AI people that is of alarm to AI health advocates and the non-AI public health community.

Tobacco Industry Influence

The tobacco industry has exploited both the low Socio-Economic Status among AI/AN and the sovereignty of AI tribes in the US since AI reservations are not subject to state public health laws. The industry sponsors cultural events such as American Indian Pow-Wows and rodeos. Moreover, the tobacco industry often uses AI 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 warriors for target marketing). In addition, because of their sovereignty, some AI reservations allow the operation of tobacco retail outlets on their premises to generate tax-exempt income for the reservation.

Guidelines for Evaluation with AI/AN Communities

Connecting with the AI/AN communities for evaluation purposes

Because the AI/AN community has the highest commercial tobacco use rate among major racial and ethnic groups in the US and in California, it experiences many health disparities. Earlier research has suggested that a culturally appropriate approach to tobacco control research (and evaluation) may mitigate
these disparities, including disparities attributed to the disproportionately high rates of tobacco use among racial and ethnic minorities in the US (Lichtenstein et al., 1995). The impact of tobacco use on the creation and proliferation of health disparities in minorities and low SES populations is also acknowledged in current research: “Smoking is increasingly concentrated in the lower socioeconomic classes and among those with mental illness or problems with substance abuse,” (Schroeder, 2007, page 1223).

One major barrier to the overcoming of 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, page 216; Friere, 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; page 216). The development of practical guidelines to conducting tobacco control evaluation in AI/AN communities is a tool that could be used to overcome these barriers.

Inclusion and Building Trust
Developing trust by including community members in research and evaluation projects is critical to achieving culturally competent ends. If you are developing an evaluation plan, include participants from your target population in a planning group. Moreover, gaining trust of the target population from which interviews and surveys are to be conducted requires detailed understanding of customs on communication:

- Set up communications with tribal councils and Tribal IRBs.
- Create an advisory committee 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/NA 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 and do not ask why.
- 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
- 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 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.

- When possible, have AI community members and/or AI staff administer survey instruments.

The recommendations offered above, echo, in part, the suggestions made by earlier efforts in the field. Lichtenstein et al. (1995) proposed several steps towards culturally appropriate research and evaluation projects in AI communities:

- 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 and 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 (the goal being to have each tribe adapt a tobacco control policy resolution).

- Allow tribes 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 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 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 community; and (b) by practical considerations derived from the Tobacco Control Evaluation Center's September 2007 Workshop on culturally competent evaluation. 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.
References and Resources


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