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California American Indian Community Readiness Project: Commercial Tobacco Control Policies

Acknowledgments

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Project Aims

Figure 1: Map of California Indian Tribal Groups

The goal of the Statewide American Indian Community Readiness Project was to conduct an assessment of Tribal readiness to work on key commercial tobacco-related policy and systems changes with 12 regionally diverse Tribal communities from Southern, Central, and Northern California.

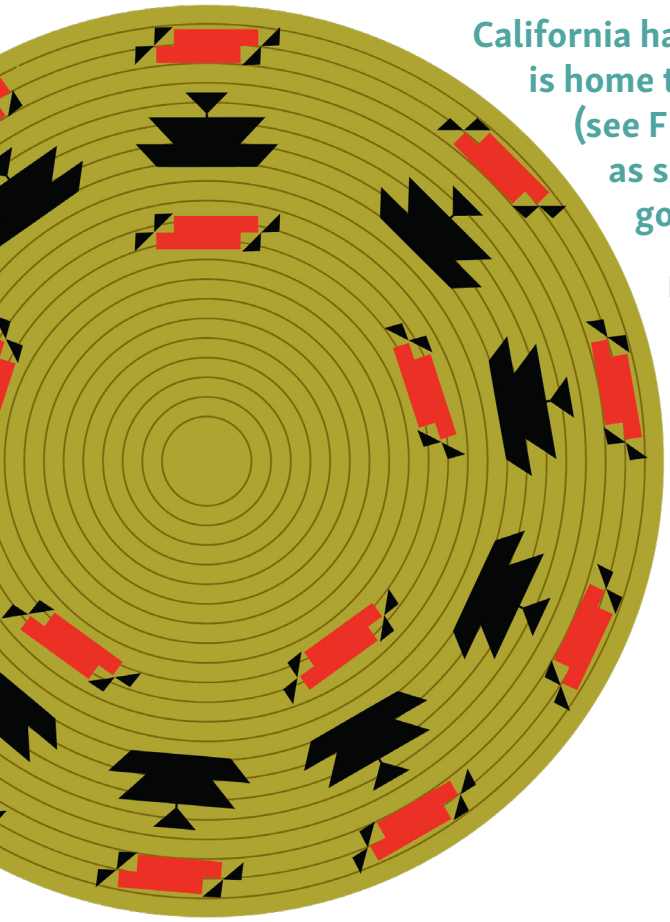
As part of this assessment, the project also worked with Tribal groups to develop relationships and inform tobacco control strategic planning efforts. Five key commercial tobacco-related policies were assessed and included **Tobacco 21, a tobacco tax, smoke-free worksites on Tribal lands, smoke-free households, and smoke-free indoor and outdoor areas in multi-unit housing (where applicable).** There were 44 key informant interviews and eight focus groups conducted to build relationships, assess community norms, and document best approaches to address five key areas of interest in commercial tobacco-related policies.

Background

In the United States, American Indian and Alaska Native (AIAN) adults have the highest prevalence of cigarette smoking (22.6%) when compared to adults of any other ethnic or racial group.[1]

These same trends can be seen in California, where AIAN adults have the highest prevalence of cigarette smoking (19.1%) compared to California adults overall (11.1%) and adults of other ethnic/racial groups.[2] AIAN youth in California have the highest cigarette smoking rate (19.7%) when compared to other ethnic/racial youth groups (Whites at 18.2%, Pacific Islanders at 17.1%, Hispanics at 10.3%, African Americans at 9.9%, Asians at 7.0%).[2] The data show a disparity in smoking rates among AIANs in the United States and California.

Tribal Sovereignty



California has the largest AIAN population in the United States and is home to 109 of 573 federally recognized Tribes (see Figure 1). Federally recognized Tribes govern themselves as sovereign nations while maintaining a government-to-government relationship with the United States.

Deemed "domestic dependent" nations, Tribes may exercise powers free of scriptures of the U.S. Constitution unless limited by treaty or by Congress.[3] This concept is better known as Tribal sovereignty—the inherent right of Tribal governments to govern their members and Tribal lands.[4] Tribes are not subject to the authority of state governments either.[5] For example, California passed the Tobacco 21 Law, which raised the smoking age from 18 to 21 years. However, this policy does not apply to Tribal populations residing on Tribal lands.

California Tobacco Control Policies

In an effort to reduce commercial tobacco use in the state, California has passed several laws, including those below. Although California has passed these laws, Tribes are sovereign nations and are not required to follow any laws except federal mandates.

- California Senate Bill 793 passed in 2020, prohibiting the sale of flavored tobacco products, including vapes and menthol cigarettes, in stores.[6]
- Tobacco 21 passed in 2016 and raised the legal purchase age for tobacco products from 18 to 21 years old.[7]
- Proposition 56 passed in 2016 and increased the tax on cigarettes, electronic cigarettes, and other commercial tobacco products by two dollars per unit.[8]
- California's Labor Code Section 6404.5 banned smoking in all indoor worksites, with certain exemptions for hotel rooms, long-term health or treatment facilities, artistic productions, and medical research facilities.[9]
- California's Labor Code Section 6404.5 also has a multi-unit housing ordinance that prevents smoking in indoor common areas in apartment and condominium complexes.[9]
- Smoking is banned within or within a certain distance of certain California facilities, including child daycare centers, farmers' markets, foster or group homes, government buildings, correctional facilities, public recreational areas designated for children, and public transportation.

Community Readiness Model

The needs assessment was based on the community readiness model, a research-based theory that helps describe where a community stands relative to a specific issue or problem.[10] Utilizing this theory assesses the community's stage of readiness while identifying strengths and resources.

Fundamental principles of the community readiness model have been successfully used in Tribal communities to improve the implementation and maintenance of effective, sustainable, culturally relevant, and community-specific prevention and intervention programs. This model was utilized with an Alaskan village aiming to reduce youth suicide.[11] Community members efficiently used the model to assess their village's stage of readiness and identify the village's cultural strengths and resources. Implementing this model helped community members develop strategies to build inter-village support, and youth suicide showed a significant reduction in the following three years. This model was also used with 10 Oklahoma Tribal communities to develop community responsiveness to cardiovascular prevention and treatment services that were aligned with the Tribes' levels of readiness.[12] These studies reflect the effective use of this model within a community-based participatory research (CBPR) approach to assess, engage, and build the capacity of Tribal communities to implement community responsiveness interventions.

Evaluation Methods and Design

Table 1: Key process evaluation activities

Evaluation Activity	Purpose	Sample	Instrument	Analysis Method	Timing/ Waves
Key informant interviews with community members, Tribal leaders, and AIAN elders	Measure the level of readiness to implement policy changes in Tribal communities	Purposive sample of 34 individuals (2–3 interviews in 12 Tribal communities)	Interview tool	Content analysis	Year 1/1 wave
Key informant interviews with community health representatives (CHRs) in Tribal communities	Measure the level of readiness to implement policy changes in Tribal communities	Purposive sample of 7 individuals (1–2 interviews in 6 Tribal communities)	Interview tool	Content analysis	Year 1/1 wave
Key informant interviews with statewide funded California Tobacco Control Program (CTCP) representatives	Measure the level of readiness to work with Tribal communities in CA	Purposive sample of 3 CTCP-funded statewide technical assistance agencies (1 employee per funded agency)	Interview tool	Content analysis	Year 1/1 wave
Focus groups with adults from Tribal communities in CA	Measure the level of readiness to implement policy changes in Tribal communities	Purposive sample of 8 focus groups (21 participants, 10–15 individuals per focus group)	Focus group guide	Content analysis	Year 1/1 wave

Implementation and Results

Program Activities

Several activities were completed to reach the objective of the Statewide American Indian Community Readiness Project, including those listed below.

- Developed a focus group guide and the key informant interview questionnaire.
- Obtained institutional review board (IRB) approval and consent form.
- Convened a community advisory board (CAB) consisting of eight American Indian individuals throughout Northern, Central, and Southern California who work in Tribal communities. CAB members provided cultural guidance and assistance in the development of the focus group guide and the key informant questionnaire. Finally, CAB members assisted with the recruitment of Tribal communities for participation in focus groups and key informant interviews.
- Recruited Tribal communities to participate if they met the following criteria: 1) had at least one commercial tobacco retail store, 2) had established Tribal government leadership, 3) had an Indian health clinic in their community, and 4) had a population size of at least 100 Tribal members. These criteria ensured that the communities had sufficient infrastructure to successfully implement tobacco control policies.
- Conducted eight focus groups with 12 Tribal communities. The total number of participants was 121 adults.
- Conducted 44 key informant interviews telephonically and in person with AIAN community members, CHRs, Tribal leaders and elders, and representatives from statewide CTCP-funded technical assistance agencies that provide services to AIAN organizations or populations.

Evaluation Results

Community Focus Groups

Focus groups were conducted to engage Tribal communities throughout California to determine their readiness for each of the five key tobacco-related policies: Tobacco 21, a tobacco tax, smoke-free worksites on Tribal lands (non-gaming worksites), smoke-free households, and smoke-free indoor and outdoor areas of multi-unit housing (where applicable).

Tribal Policies

Focus group participants expressed interest in "small p" policies (e.g., self-regulation), such as individuals showing consideration for their community members by removing themselves from the presence of others while smoking/vaping, especially near children and elders. In Tribal communities, signage is often the only way for visitors and Tribal citizens to know of the existence of tobacco-related policies. The enforcement of such policies has been described as "polite self-policing" rather than punishable enforcement. All participants in the focus groups had little to no interest in the "big P" policies (e.g., smoke-free casinos). Most participants stated that they would not like to have an "oppressive policy" for Tribal housing. Participants expressed that they believed elders should have the right to smoke commercial tobacco in their own homes.

Importance of Tribal Sovereignty

Focus group participants highlighted the importance of Tribal sovereignty as it relates to policy. Tribes are not required to abide by California state laws; therefore, Tribes ultimately decide which state laws, if any, they want to adopt. There are currently 109 federally recognized Tribes in the state of California, each with its own governing body and landmass (comprising 100 reservations, rancherias, and trust lands). Participants discussed California's Endgame, the goal of becoming commercial tobacco free by the year 2035, and determined that California's efforts will not impact Tribal communities in the same way that they impact other communities. Tribes will continue to decide whether or not they will allow the sales of their own commercially created tobacco products and/or those made by the large tobacco corporations. For example, Californians will be able to cross onto Tribal lands and legally purchase these commercial tobacco products. However, it is unclear what the consequences will be for both Tribal and non-Tribal citizens once these products leave Tribal lands. The planners of this Endgame should consider including Tribal populations in all of their planning efforts to avoid creating a potential gray area of criminality.

Economic Endeavors

The majority of the focus group participants requested adequate funding for education and prevention programs that would provide direct services to youth and families in their communities. There is a need for more youth-based programs to prevent the use of all types of commercial tobacco products. Many participants requested information to educate themselves on the harmful effects of e-cigarettes and vaping/JUUL® products. Adult participants mentioned knowing that these products are harmful, but they wanted to understand why so they can better educate youth in an effort to reduce initiation and lower the high rates of use they are seeing in their communities. A majority of respondents reported an increase in vaping and e-cigarette use, with the overwhelming number of users being under 18 years of age. A distinct decrease in combustible commercial tobacco products has been witnessed in Tribal communities across the state. When participants were asked about restricting smoking in casinos, none believed that their Tribal leadership would pass such a policy. The majority of respondents were adamant that such a policy would have detrimental effects on their Tribes' abilities to generate income from outside

sources (e.g., loss of tax-free cigarette sales to visitors, loss of gaming revenue). Participants explained that casinos are places where Tribes generate revenue after generations of governmental oppression, the removal of resources, and the loss of historical landmasses. Many Tribes see commercial tobacco sales as an economic necessity and stated their Tribal Councils' unwillingness to discuss regulations beyond the current federal mandates.

Key Informant Interviews (CTCP Statewide Funded Agencies)

Individual interviews with key informants were used to document statewide tobacco control technical assistance (TA) providers' experiences and capacity to provide tobacco control services to AIAN communities and governments. Of the three statewide TA providers who were interviewed, each addressed a particular topic, including policy development, health equity, and model ordinances. All three providers had experience working with AIAN communities and reported that people became aware of their services through online mediums (e.g., email blasts, websites, webinars) as well as online outreach, referrals, and word of mouth. Two providers had experience with AIAN communities through tobacco control work only, while the third provider had additional experience working with AIAN Tribal communities on food accessibility initiatives both inside and outside of California. Providers stated that they tend to receive 2–4 TA requests per year. The most common request for TA involved providing grant writing support for tobacco control, offering guidance on community capacity building engagement, and helping communities define tobacco control issues.

Only one of the TA providers reported developing and sharing materials with AIAN communities. This same provider noted, however, that the materials (written at a fifth- to sixth-grade reading level) were not developed in direct collaboration with any specific American Indian (AI) community, but the materials had been field-tested in a focus group (Tobacco Education Clearinghouse of CA, or TECC).

Finally, TA providers rated their ability to meet the meet community TA requests at an average of 8.8 on a scale from 1 (lowest) to 10 (highest). Two TA providers rated themselves at 8–9, while one gave a 9–10 rating. All three statewide TA providers expressed interest in expanding their knowledge base as well as assisting their staff in feeling "more culturally competent." Additionally, all three TA providers mentioned wanting to improve their communication and outreach to develop collaborative relationships with AI communities. TA providers also expressed a desire to learn more about what health equity means for AI communities and how to address key topics to enhance tobacco control efforts with AI communities.

Tribal Leader and Community Member Interviews

Inteviews were used to gather Tribal members' and leaders' knowledge of and perceptions about five tobacco control policies both on and off Tribal lands. The five policies pertained to Tobacco 21, smoking on/near Tribally owned buildings, secondhand smoke policies, quit smoking programs, and youth prevention programs. Interviews were conducted with Tribal communities across three state regions—Northern, Southern, and Central California (see Table 2). Participants included four Tribal leaders and 37 non-leadership Tribal members.

California's Tobacco 21+ Law

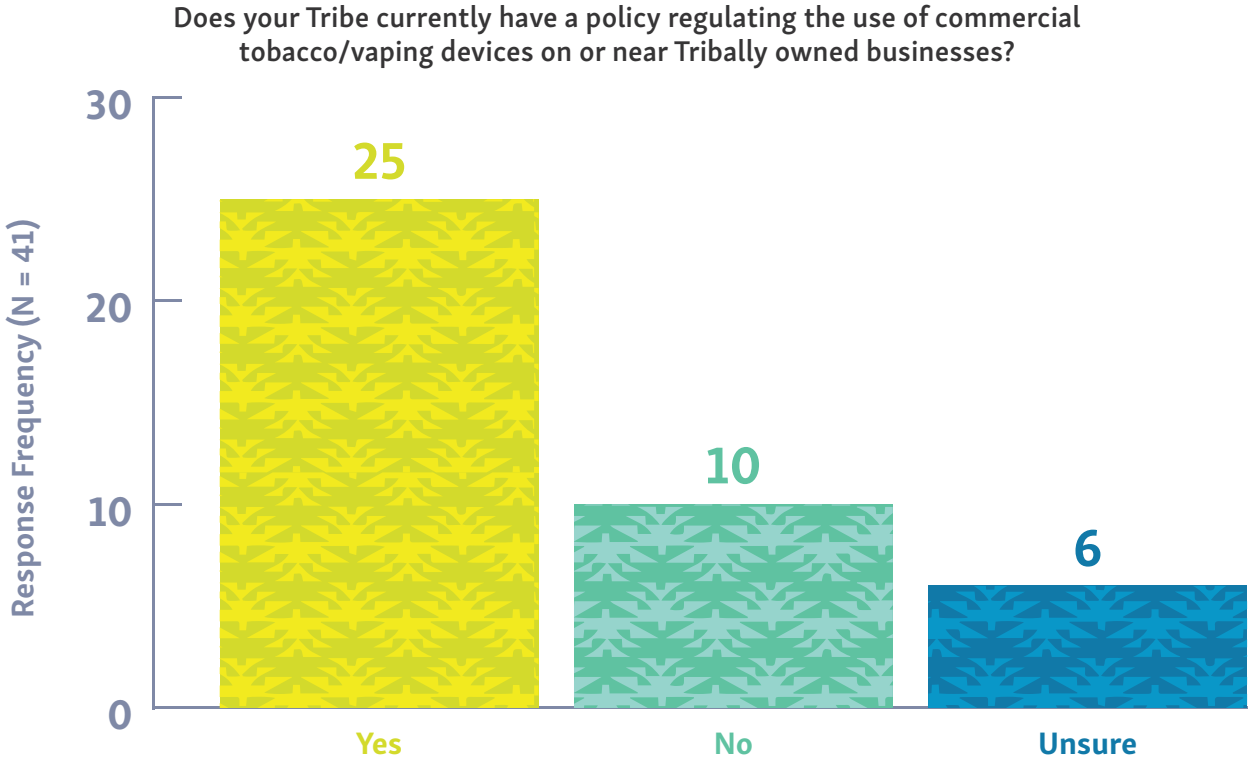
Table 2. Awareness and support of California's Tobacco 21+ policy

41 Respondents	Aware	Not Aware
Support	24	11
Do not support	5	1

Of the 41 respondents, a majority (71%) reported they were aware of the statewide policy, with 35 (85%) supporting such a policy being instituted in their Tribal communities. Interestingly, of the 35 respondents who supported the Tobacco 21 policy, 11 respondents were unaware of the policy, suggesting these individuals would support something similar in their Tribal communities.

Tribal Policies for Commercial Tobacco On/Near Tribally Owned Buildings

Figure 2. Awareness of commercial tobacco use policies on/near Tribal buildings



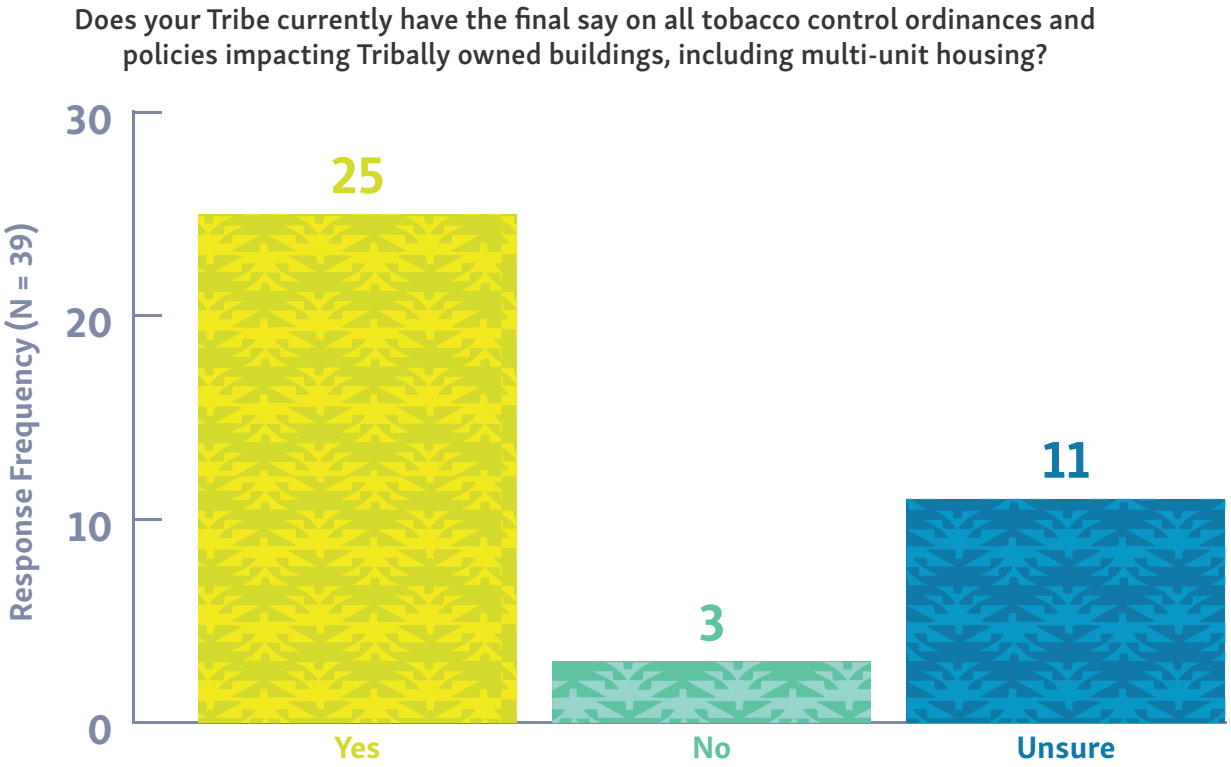
Of the 41 respondents, nearly two thirds reported the existence of tobacco control policies for commercial tobacco and vaping on/near Tribally owned buildings (see Figure 2). Respondents noted policies focused on commercial tobacco and alcohol and addressed the posting of no-smoking signage and/or the distribution of informational packets.

When asked if policies that do not allow commercial tobacco use in indoor or outdoor public places were strictly enforced on Tribally owned lands, all leaders and 85% of Tribal members stated "Yes." Some Tribal members noted that it was important to raise awareness of the problem of vaping, even when done outdoors. In addition, there was a concern about children's and elders' exposure in terms of physical health and observational exposure. One respondent noted about the importance of smoke-free areas for Tribal communities,

"Because you have children observing it and we are the biggest influence in their lives."

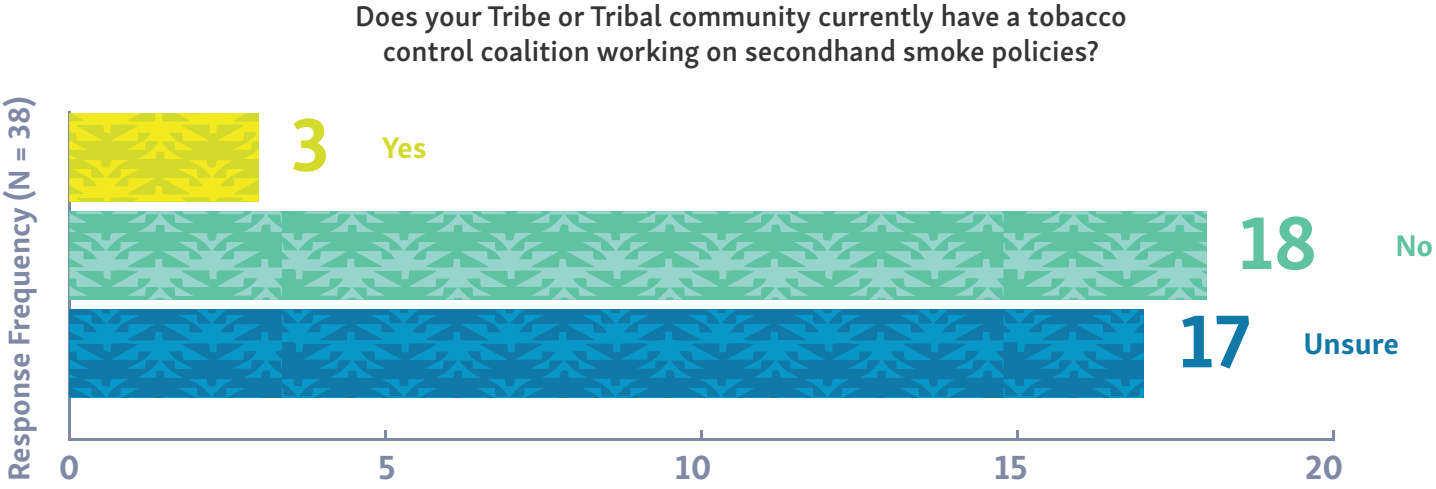
Approximately 61% of Tribal members stated that their Tribal governments have the final say on all commercial tobacco control ordinances and policies that relate to Tribally owned buildings.

Figure 3. Tribal participants' views on Tribes determining all tobacco control policies for Tribal buildings



Secondhand Smoke Policies

Figure 4. Awareness of tobacco control coalition in participants' communities



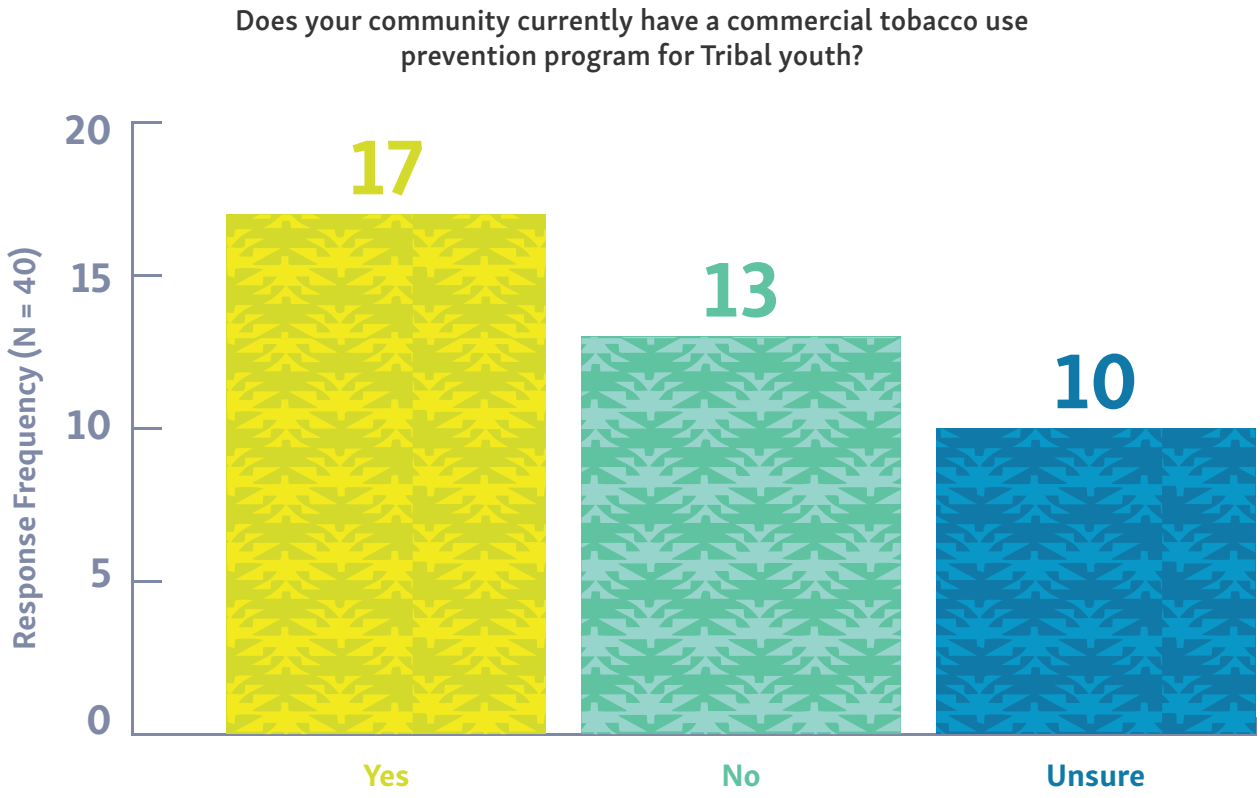
Of the 38 respondents, only three reported that their Tribal communities currently had a tobacco control coalition working on secondhand smoke policies, while almost half said "No" or were unsure (see Figure 4). However, some noted that coalition work did exist but was not necessarily tobacco specific and addressed commercial tobacco as one of many health disparity issues." For example, two respondents remarked that their Tribal community was part of a cancer control coalition. Another respondent noted that the coalition was not based on their Tribal land but that they worked closely with the local county's Tobacco Control Program.

Quit Smoking Programs

Fifty-one percent (51%) of the 39 respondents reported that there were tobacco cessation programs or assistance available for Tribal members ("Yes"), while 26% said "No" and 23% were unsure. Respondents described cessation programs as being offered through their Tribal clinics (e.g., Second Wind, Project SUN), through county public health department-based classes, and through nicotine patches available through Tribal clinics.

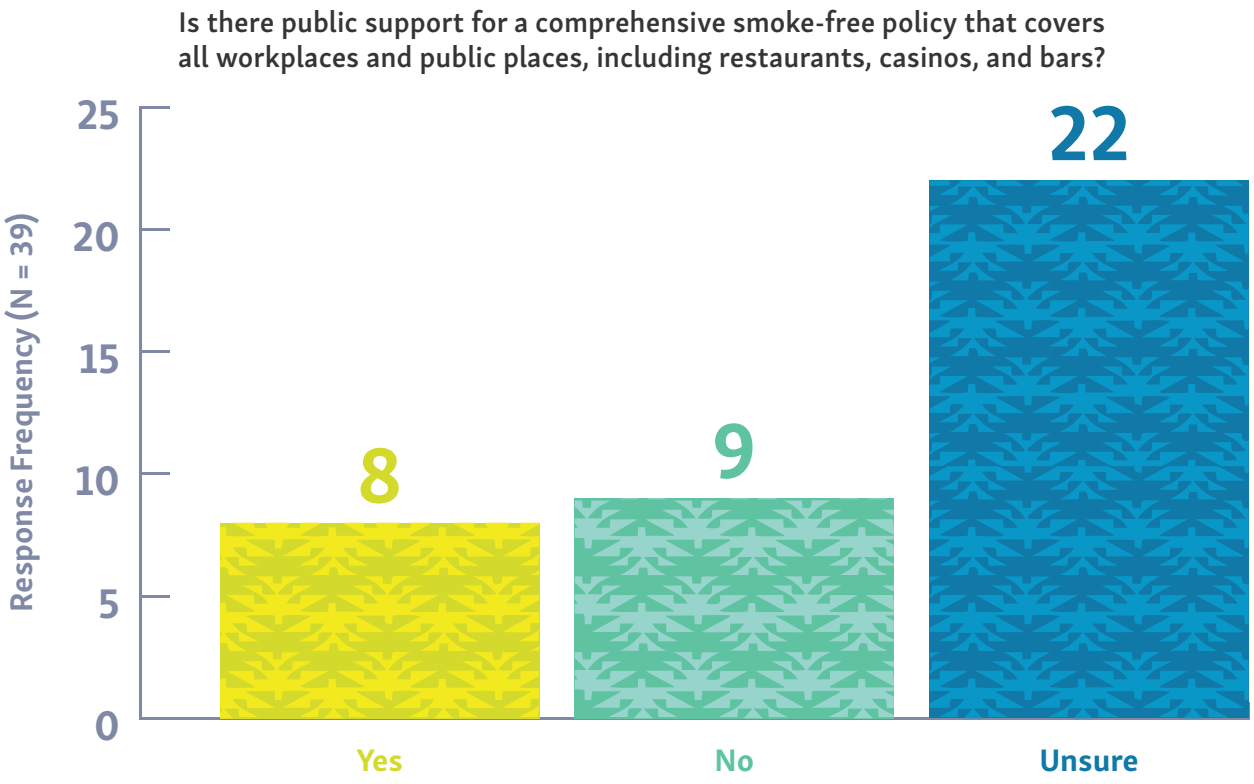
Youth Prevention Programs

Figure 5. Awareness of tobacco use prevention programs for Tribal youth



Almost half (43%) of the 40 respondents were aware of commercial tobacco use prevention programs for their Tribal youth, while 33% did not know of any and 25% were unsure (see Figure 5). Those who did know of such programs described the existence or availability of educational classes through Tribal schools and/or clinics as well as teen advisory groups where youth help to educate both elders and the community about commercial tobacco control policies.

Figure 6. Views on Tribal communities' support for a comprehensive smoke-free policy



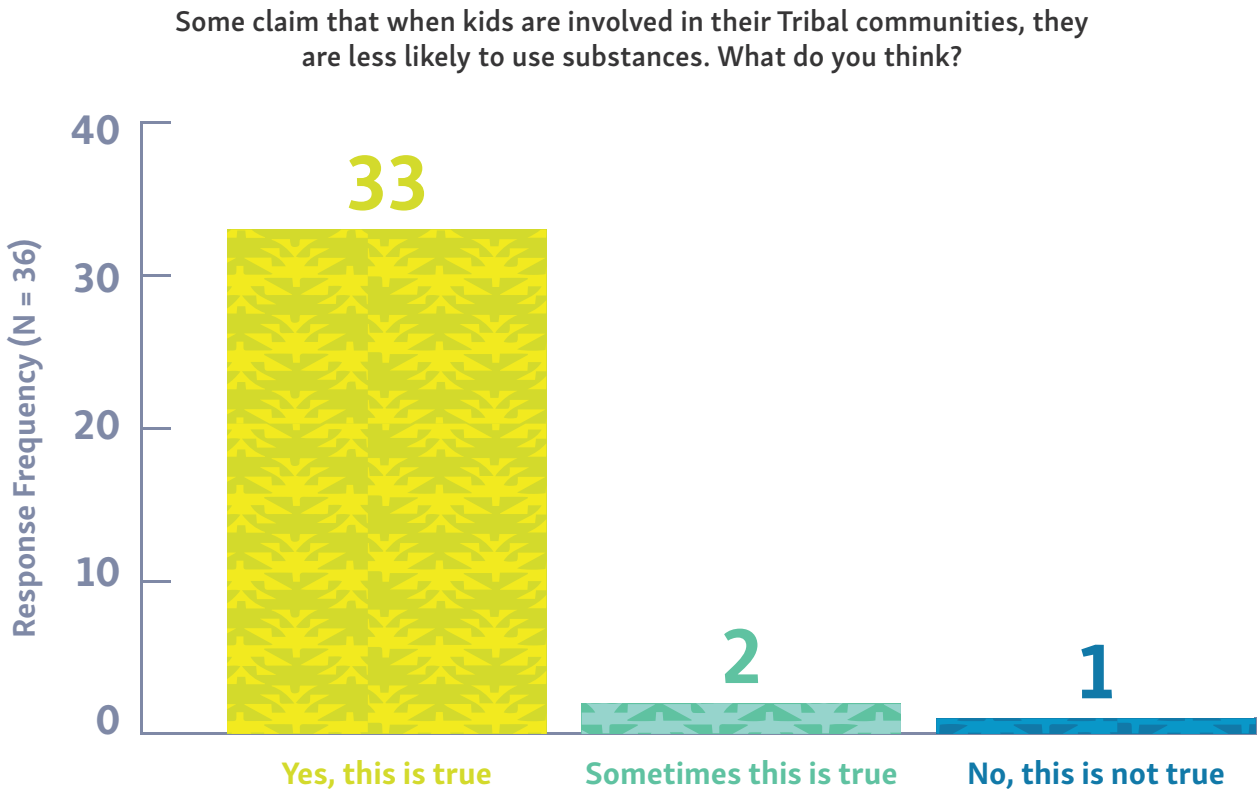
Most Tribal leaders (75%) felt there was no public support for a comprehensive smoke-free policy that covered all workplaces and public places, including restaurants, casinos, and bars, with one respondent remaining unsure. In contrast, only 17% of Tribal members said there was no public support, compared to 23% of Tribal members feeling there was public support and 56% being unsure. Uncertainty was driven by mixed feelings on the existence of support, with some recognizing the need for a comprehensive policy but noting Tribal members would prefer a less universal policy (see Figure 6). For example, one member noted that a smoke-free policy might be appropriate in certain places, specifically,

"Not at the casino, but other places."

Another participant felt there was support despite the challenges, remarking, "There is support, but there is big resistance to it. People get mad if you talk about restricting smoking to certain areas, and the people who came out to public areas were opposed to it. The staff who smoke are not honoring the ordinance. They still smoke on the campus. They refuse to stop, and they can't get reprimanded for it." Additionally, another stated,

"I thinks it's pretty split. You are either passionate about smokers' rights or supportive of public health."

Figure 7. Perceptions of youth involvement in Tribal activities/community engagement to prevent substance use



When asked whether youth who are involved in their Tribal communities' activities are less likely to use substances, most (92%) agreed that youth involvement helped youth stay away from substances (see Figure 7). Tribal leaders' responses tended to focus on culture, with one stating,

"They [youth] do better with a solid role model and a cultural connection."

An elder felt educating youth with trainings and having guest speakers seemed most beneficial and needed. Several Tribal members felt youth engagement in their Tribal culture led to a feeling of connection; as one member noted,

"If they [youth] are feeling like their self-worth is part of something greater, that could change their attitude."

Others expressed that a better understanding of culture would help youth understand traditional ways of self-care and medicinal use; this would help them resist nicotine use.

Conclusion

The Statewide American Indian Community Readiness Project was successful in achieving its objective to assess community readiness to work on key tobacco-related policy/system/environmental changes with 12 Tribes from Southern, Central, and Northern California. A total of 121 individuals from 12 Tribal communities participated. Our findings indicate that although significant support exists for local policies, participants preferred "small p" policies (i.e., voluntary restrictions), such as individuals respectfully refraining from smoking/vaping near open doors and windows or in areas where children congregate (e.g., parks and other activity areas). Participants did not express support for "big P" policies (e.g., written ordinances) such as smoke-free policies for Tribally owned venues (e.g., casinos), as this could limit economic opportunities within the Tribe. Tribal sovereignty must be recognized when it comes to policy changes, as Tribes have the authority to create their own policies and are not required to abide by California state laws. Therefore, when Tribal policy initiatives are introduced by outside entities, Tribal sovereignty must be respected. Statewide technical assistance providers are highly interested in learning more about how to conduct outreach and provide services to Tribal communities. An important first step, which can take time, is to develop partnerships with Tribes to promote stronger local support for future initiatives.

Most participants emphasized the need for funding for family and youth-based education and prevention programs. This demand is crucial as Tribal communities observe increasingly higher rates of e-cigarette/vape use (e.g., JUUL®) among their youth, who tend to initiate commercial tobacco consumption at an earlier age compared to non-Native youth. To reduce commercial tobacco-related health disparities among AIAN communities in California, the state and other funding agencies are encouraged to allocate funding opportunities to create and expand novel and innovative approaches to address commercial tobacco control within AIAN communities.

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Agencies Addressing Tobacco Education, Prevention, and Control in AIAN Communities

The California Rural Indian Health Board, Inc. (CRIHB)

Kathleen Jack, Research and Public Health Department
Deputy Director
1020 Sundown Way
Roseville, CA 95661
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For more information: https://crihb.org/

The Northern California Indian Development Council, Inc. (NCIDC)

241 F Street
Eureka, CA 95501
Phone: 707-445-8451 | Fax: 707-445-8479
For more information: https://ncidc.org/

The United Indian Health Services, Inc. (UIHS)

Community Health and Wellness
1600 Weeot Way
Arcata, CA 95521
Phone: 707-825-5060 | Fax: 707-825-6747
For more information: http://unitedindianhealthservices.org/

California's Smokers' Helpline

Smokers' Helpline
Phone: 1-800-NO-BUTTS (1-800-662-8887)
Tobacco Chewers' Hotline
Phone: 1-800-844-CHEW (1-800-844-2439)

American Indian Education Centers:

Alameda

American Indian Child Resource Center

Mary Trimble Norris, Director
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Butte and Glenn

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Modoc

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