

American Indian Health Commission

TRIBAL/URBAN INDIAN LEADERS TOBACCO ASSESSMENT

The American Indian Health Commission (AIHC) is conducting an assessment to gather information on:

- 1) The status of commercial tobacco prevention efforts among Washington Tribes and Urban Indian Communities; and
- 2) Tribal and Urban Indian Leader perspectives on commercial tobacco policy, environment, and systems change opportunities.

The answers to all questions will be summarized and used primarily to inform and improve tribal/urban Indian tobacco policy planning. The information gathered will also be helpful in identifying opportunities and strategies to create healthier tribal communities and to decrease chronic disease among American Indians/Alaska Natives (AI/AN) through policy, environment, and systems changes.

Policies, environments, and systems changes definitions:

Policies: Laws, regulations, ordinances, rules, resolutions that guide or influence behaviors. Policies are also agreements between people and groups such as tobacco-free policies in tribal housing or tobacco-free tribal government campuses.

Environments: Changes to the physical, social, cultural, or economic conditions such as planning safer environments that support walking and biking to school.

Systems: The way in which we deliver services and how people work together such as tobacco screening and brief intervention by clinic health care providers.

AIHC is conducting the assessment by interviewing Tribal/Urban Indian Leaders (may include tribal chairs, council members, and administration, i.e., health directors). There are 15 open ended questions that are part of the assessment that will be conducted by personal interviews that will take approximately 45 minutes. At least eight tribes/urban communities will be interviewed.

Risks to participants are minimal. Participants' identity will not be linked to data and will not be part of any report. Participants' comments will be documented with a number identifier as part of the assessment document. Additionally, no reference will be made that links responses to a specific tribal/urban Indian community.

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Tribal Leaders and AIHC delegates will receive a copy of the final report. There will be an opportunity to discuss the report findings and make recommendations.

We value and appreciate your participation in this important assessment.

Interview

Present background on AIHC Tobacco Prevention and Control Initiative

- Tobacco Project Overview, 12-9-11 handout
- Education Materials, including Quit Line Q&A and Quit Line Education handouts

Demographic Questions:

1. What is your current position?
2. How long have you been in your position?

Survey Questions:

3. Describe how information about the health effects of tobacco use and exposure to secondhand smoke is being conveyed to tribal council.
4. Describe how information about the health effects of tobacco and exposure to secondhand smoke is being conveyed to tribal members/community (for example: newsletters, newspapers, radio, clinics, schools, community events, etc.).
5. Describe the status of the tribe's (community's) policy on tobacco prevention and control (for example some tribes have banned commercial tobacco advertising in retail stores on the reservation, banning or restricting smoking in public buildings, worksites, housing, etc.).
6. Describe any current initiatives, activities, or efforts to make policy, environment, and systems changes? (For example, commercial tobacco-free policies, restrictions and monitoring of advertising, monitoring retail stores, limiting youth access to commercial tobacco, etc.).
7. Describe what has worked well and why.
8. Describe promising practices/efforts/strategies initiated by other tribes/communities which may be effective in your tribe/community (for example: commercial tobacco free

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worksites, schools, facilities, parks, events, housing; restricted advertising; monitoring retailers' sales to youth; etc.).

9. Describe what types of approaches will not succeed in your tribe/community and why not.
10. Describe potential benefits to making policy, environmental, and systems changes (for example: implementing commercial tobacco free worksites, schools, facilities, parks, events, housing; restricting advertising; monitoring retailers' sales to youth; etc.).
11. Describe leadership's interest and support in making policy changes (including concerns or barriers).
12. Describe communities' interest and support in making policy changes (including concerns or barriers).
13. Describe what you think it would take to be successful in making policy, environment, and systems changes?
14. Describe existing capacity (resources, tools, and expertise) for making policy changes including implementation.
15. Describe types of support needed to build capacity for policy changes and implementation.