

Partnering with Native Communities to Reduce Tobacco-Related Cancer Risk

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Summary

Native American populations are more likely to use commercial tobacco products than other racial and ethnic groups in the U.S., contributing to higher rates of cancer morbidity and mortality. Despite this, they remain underrepresented in commercial tobacco control efforts and lack access to culturally tailored resources. To address this need in Indiana, a partnership was formed between the Indiana University Simon Comprehensive Cancer Center's Office of Community Outreach and Engagement; the American Indian Center of Indiana, Inc.; and the Indiana Native American Indian Affairs Commission. The goals of the partnership are to foster bidirectional communication to support culturally relevant research; to assess the specific needs of Native groups; and to advocate for policy changes that promote Native American health and well-being.

As a first step, the team launched the Indiana Native American Adult Commercial Tobacco Survey. Among 53 participants, 66% reported current or former smoking. Most reported quitting without formal support, such as FDA-approved medications or the tobacco quitline. To address these gaps, the next steps include conducting focus groups, identifying culturally-tailored cessation interventions, and creating messaging that resonate within Native communities. Ultimately, this work reflects a commitment to honoring Native traditions while advancing health equity through inclusive, community-driven solutions.

Introduction

Native American populations are more likely to use commercial tobacco than other racial and ethnic groups in the United States.^{1,2} They are also less likely to be covered by policies or rules that reduce exposure to secondhand smoke and are disproportionately impacted by tobacco-related diseases, including certain cancers.²⁻⁴ These disparities have been exacerbated by cultural, socioeconomic, and

historical factors, including targeted marketing by the tobacco industry,³ misclassification of Native Americans in health data,⁵ and the historical trauma associated with colonization and tobacco commercialization.⁶ To address these historical and ongoing issues, there is a need to better capture data on tobacco use among Native populations, incorporate Native voices in tobacco control efforts, and develop culturally tailored interventions to address commercial tobacco use, while honoring sacred tobacco.⁷

Partnership with Native American Groups in Indiana to Address Commercial Tobacco

Indiana is home to a diverse group of Native Americans, including members of two federally recognized tribes with land in the state: the Pokagon Band of Potawatomi and the Miami Tribe of Oklahoma.⁸ Additionally, while not federally recognized, the Miami Nation of Indiana has maintained a longstanding presence with an enrollment of 6,000 members across northern and central Indiana.⁹ Beyond these groups, there are approximately 25,000 individuals who are members of other federally recognized tribes residing in Indiana.⁸

Despite this, Native American populations in Indiana often face barriers in accessing culturally-relevant services, particularly in the context of tobacco-related prevention and care. These barriers include a lack of tailored commercial tobacco treatment options, a lack of representation in state commercial tobacco control plans, and limited data specific to Native populations in Indiana. To address these gaps, a collaborative partnership was formed between the Indiana

University Simon Comprehensive Cancer Center's (IU SCCC) Office of Community Outreach and Engagement; the American Indian Center of Indiana, Inc.; and the Indiana Native American Indian Affairs Commission. The partnership was grounded in a community-based participatory research (CBPR) framework and guided by the following goals:

- Foster bidirectional communication that results in culturally-relevant research, programs, and initiatives addressing Native American health and well-being.
- Assess and be responsive to needs associated with Native American commercial tobacco use in Indiana.
- Identify areas for advocacy and recommend policies that promote Native American health and well-being.

This partnership reflects a commitment to including Native voices in creating solutions that best meet the needs of Native groups in the state.

As an initial step in meeting these goals, we sought to assess commercial tobacco use among Native Americans in Indiana to inform culturally responsive strategies to reduce cancer risk and promote health equity. In order to do so, the IU SCCC's Office of Community Outreach and Engagement launched the Indiana Native American Adult Commercial Tobacco Survey in 2023. In close partnership with representatives of the American Indian Center of Indiana, Inc., and the Indiana Native American Indian Affairs Commission, we iteratively adapted survey measures from the Centers for Disease Control and Prevention's American Indian Adult Tobacco Survey¹⁰ to ensure fit and relevance to native populations in the state. Key measures

included general health, history of tobacco use, quit attempts, secondhand smoke exposure, and ceremonial tobacco use.

Eligible participants were Native Americans 18 years or older who resided in Indiana, were enrolled members, or recognized descendants of any tribal nation. Recruitment was conducted through direct contact via partner networks, social media, and Pow Wows. Participants received a \$20 e-gift card for completing the survey. A total of 53 individuals participated, with 89% identifying as members of federally recognized tribes. The majority (61%) identified as female, and over half were between the ages of 18 and 34.

Two-thirds of respondents indicated that, in general, their health was good or very good. Similarly, 66% (n=35/53) of individuals responding to questions about cigarette smoking reported current (34.0%; n=18) or former smoking (32%; n=17), with the average age of initiation being 16.6 years (range:12-28). Among respondents reporting current or former use of cigarettes, the most common methods reported for quitting included, “gave up cigarettes all at once” (15.4%; n=4), “gradually cut back” (11.5%; n=3), or “switched completely or substituted some combustible cigarettes with e-cigarettes” (11.5%; n=3). Only one participant indicated using “nicotine replacement therapy” or other “FDA-approved medications.” Two individuals (7.7%) reported using “traditional methods,” and none of the respondents had “used the tobacco quit line” or “gotten help from a health care professional” in their quit attempt. More than half of the individuals who reported current commercial tobacco use indicated wanting to quit all commercial tobacco products (64.7%; n=11/17).

These findings have been shared at the Indiana Public Health Association’s Health Equity Summit; the National Conference on Tobacco or Health; and the IU SCCC’s Cancer Health Disparities Symposium. Presenting the data in community and professional settings has helped raise awareness related to the need for culturally tailored interventions in Indiana.



Policy Implications and Opportunities

The survey results can be used to build support for policy and programmatic changes to enhance Native American health and well-being in Indiana. Despite high rates of tobacco use and interest in quitting, survey findings suggest a lack of engagement with healthcare providers, use of medications, and engagement with the tobacco quitline to support cessation among Native populations.

Suggestions for addressing these issues include:

- Expanding access to culturally appropriate cessation resources, including those that integrate traditional healing practices as part of statewide tobacco control efforts.
- Training healthcare providers on the cultural significance of traditional tobacco and the unique needs of Native patients.
- Engaging Native American populations in state-level tobacco control strategic planning efforts.



Conclusions

Our partnership model offers several best practices for inclusive, community-engaged research. We prioritized bidirectional communication by actively listening to community partners while developing research questions, methods, and dissemination products. Native partners provided leadership throughout every stage of the project, from survey

design to data interpretation and presentation. We also emphasized ethical reciprocity by ensuring that findings were shared with the community in accessible formats and will be using the data to inform next steps of the partnership. In continuing this partnership, we plan to conduct focus groups with Native participants representing different perspectives across the state to explore social and cultural factors influencing commercial tobacco use and cessation. Additionally, we want to utilize data and insights to identify and implement evidence-based, culturally-tailored cessation interventions and develop culturally-appropriate messaging that resonates with multiple generations of Native groups in the state.

The Indiana Native American Adult Commercial Tobacco Survey represents a first step toward understanding and addressing cancer risk among Native populations in Indiana. By centering community voices, honoring cultural traditions, and advocating for inclusive policies, we can begin to address the structural barriers that contribute to unequal access to tobacco prevention and cessation resources in the state. As we move forward, we remain committed to the principle of “Keep It Sacred,” a reminder that commercial tobacco control efforts within Native communities must be rooted in respect, reciprocity, and cultural integrity.¹¹ Through continued partnership, policy change, and community-driven innovation, we hope to create a future where all people, regardless of race, tribe, or geography, have the opportunity to live healthy, tobacco-free lives.

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