

# Circles of Tobacco Wisdom

## Learning About Traditional and Commercial Tobacco with Native Elders

Melanie Nadeau, MPH, Norby Blake, John Poupart, MPA,  
Kristine Rhodes, MPH, Jean L. Forster, PhD, MPH

---

**Background:** Circles of Tobacco Wisdom (CTW) was an elder-led, community-based project that aimed to enhance tobacco control in the American Indian community. Its goal was to provide elders with the knowledge, opportunities, and support to enable them to assume leadership of a tobacco control movement that was grounded in the ceremonial traditions of tobacco use.

**Purpose:** The purpose of this study was to test the effects of the pilot intervention on participants.

**Design:** The design of this pilot study intervention was a single group, pre–post comparison, with a pre–post survey, monthly check-ins, and a post-1-year focus group.

**Participants:** Twelve elders were included in the pre- and post-analyses. All twelve elders were women who self-identified as American Indian (mean age = 64).

**Intervention:** The CTW elders participated in monthly talking circles, quarterly learning sessions, and a post-1-year focus group, and took part in other learning, support, and community action opportunities. Data were collected from December 2008 through November 2009 and analyzed throughout the process.

**Main outcome measures:** American Indian Elders' tobacco-related knowledge, perceptions, beliefs, and behaviors were measured while participating in the CTW project.

**Results:** Knowledge, perceptions, beliefs, and behavior changes were seen with cigarette smoking, secondhand smoke, and ceremonial tobacco use and risk perception. After 6 months, the number of people the elders had talked with about tobacco increased, elders were more likely to have a discussion on tobacco at a community event, and their comfort level talking about commercial and traditional tobacco also increased. A number of themes also were identified in the focus group: feeling more comfortable talking about tobacco issues, learning a lot about traditional and commercial tobacco, and realizing the dangers of smoking.

**Conclusions:** Elders increased their knowledge about commercial and traditional tobacco and changed related attitudes as a result of CTW. Further, American Indian Elders perceived that CTW was effective.

(Am J Prev Med 2012;43(5S3):S222–S228) © 2012 American Journal of Preventive Medicine

---

### Introduction

According to American Indian culture, traditional tobacco is a gift from Mother Earth. Its use was commonplace for centuries among many American Indian tribes of North America, long before Europeans introduced recreational tobacco use. *Nicotiana rustica* was commonly cultivated in the woodlands of Wisconsin and Minnesota.<sup>1</sup> Differing not only physically but morphologically, *Nicotiana tabacum* is the basis of the worldwide tobacco industry primarily because it produces more tobacco per plant.<sup>1</sup>

---

From the Turtle Mountain Band of Chippewa (Nadeau), the School of Public Health, University of Minnesota (Nadeau, Rhodes, Forster), White Earth Band of Chippewa (Blake), Inter-Tribal Elder Services (Blake), Bad River Band of Chippewa (Rhodes), Minneapolis, Lac du Flambeau Band of Chippewa (Poupart), and the American Indian Policy Center (Poupart), St. Paul, Minnesota

Address correspondence to: Melanie Nadeau, MPH, Division of Epidemiology and Community Health, 1300 South Second Street, Suite 300, Minneapolis MN 55454. E-mail: nadea048@umn.edu.

0749-3797/\$36.00

<http://dx.doi.org/10.1016/j.amepre.2012.08.003>

Traditional or ceremonial tobacco use occurs in a variety of forms; tobacco can be offered to the Creator or as a gift when honoring someone.<sup>2</sup> It may be placed on the ground or burned in a pipe, dish, shell, or fire, with the smoke believed to carry prayers to the Creator.<sup>2</sup> Tobacco also has many uses in traditional Indian medicine and healing.<sup>3</sup> For example, the tobacco may be burned and the smoke used to cleanse and heal.<sup>4</sup> Sprinkling tobacco on the bed of a sick individual is believed to protect the individual and serve as a healing agent.<sup>4</sup>

American Indians also use commercial tobacco for ceremonial or traditional purposes.<sup>4</sup> Nineteenth- and twentieth-century federal policies and institutional practices promoted the extermination or assimilation of Indian people, prohibiting American Indians to practice traditional ceremonies openly or speak Native languages. Not until the Indian Religious Freedom Act of 1978<sup>5</sup> was the right to freedom of religion guaranteed to American Indian people. American Indian tobacco was difficult to gather under these repressive conditions, so it is believed that commercial tobacco was substituted for traditional tobacco as a result.<sup>2</sup>

A shift from the ceremonial use of tobacco to recreational use has had a devastating effect on the health of many American Indians. In the U.S., American Indians have the highest prevalence of current commercial tobacco use (35.8%) among people aged  $\geq 12$  years.<sup>6</sup> The 2004–2005 Minnesota Treatment Needs Assessment Survey estimated the prevalence among American Indians in Minnesota as 54%.<sup>7</sup> The American Indian Community Tobacco Project, using a convenience sample from Minneapolis and in-person interviews, reported in 2007 that 62% were current smokers.<sup>2</sup>

American Indians in Minnesota and the Northern Plains region have higher rates of cancer compared to other racial/ethnic groups; most of the excess is due to dramatically higher lung cancer prevalence.<sup>8,9</sup> Minnesota is home to a large population of American Indians. Almost 102,000 American Indians (identified as American Indian alone or in combination with another race) reside in the state.<sup>10</sup> American Indians served by the Indian Health Board of Minneapolis have disproportionately higher rates of health problems associated with tobacco misuse as well. Four of the five leading causes of death among American Indians in this area are related to tobacco misuse: cancer, heart disease, diabetes, and stroke.<sup>11</sup>

Given the multifaceted role of tobacco in American Indian communities, culturally appropriate and community-focused interventions are needed for this population to reduce recreational use while at the same time respecting cultural norms. In designing a culturally appropriate intervention, there is a need to promote the traditional uses of tobacco while discouraging the use of commercial tobacco.

Circles of Tobacco Wisdom (CTW) is an elder-led, community-based project designed to engage American Indian Elders in mutual learning, support, and community action regarding traditional and commercial tobacco. Its focus on elders was deliberate. Elders are highly respected and valued members of American Indian society and important cultural guides for their immediate families, clan members and tribe.<sup>12</sup> Through storytelling, ceremonies (e.g., sweat lodges, prayer and pipe ceremonies) and cultural events (e.g., talking circles, powwows, feasts, drumming and singing, crafts, cooking), elders are a resource for adults and youth alike about traditional ways of life: how to treat humans, animals, and the earth; how to be self-sustaining as a people; how actions affect future generations; and how to maintain health and well-being.<sup>13,14</sup>

The CTW sought to provide elders with the knowledge, opportunities, and support necessary for them to assume tobacco control movement leadership that was grounded in the ceremonial traditions of tobacco use. The CTW Elders participated in monthly talking circles and quarterly learning sessions. They then shared what they learned through informal conversations with family and community members as well as more formally through organized community efforts such as health fairs, workshops, school activities with American Indian youth, and conferences.

The CTW team hypothesized that American Indian Elders' tobacco-related knowledge, perceptions, beliefs, and behaviors would change while participating in this project. Specifically, this study evaluated changes on measures of tobacco-related knowledge, attitudes, or behaviors concerning cigarette smoking, secondhand smoke, commercial tobacco use, ceremonial or sacred use, risk perception, and community-identified problems and solutions.

## Methods

The CTW project team was a collaborative research partnership of individuals from the University of Minnesota School of Public Health, Inter-tribal Elder Services (a community social services organization), and the American Indian Policy Center. American Indian Elders were involved in every aspect of the project.

The partnership addressed both the traditional and recreational aspects of tobacco use in the American Indian community by using a participatory action research framework and reality-based research approach. Participatory action research is an engaged scholarship<sup>15</sup> methodology<sup>15,16</sup> that involves a collaborative, nonlinear, process involving planning, implementing, and completing practical community-based research in the public sphere or real world of communities, organizations, and social life. This framework suits CTW well because it specifically relies on participant reflections on and understandings of data collected through observations, recordings of events and meetings, and change over time in the content of tobacco stories.

The reality-based research framework is specific to the reality of American Indians and tells their stories from an Indian oral history stand-

**Table 1.** Circles of tobacco wisdom strategies

Monthly group discussion/check-in on activities and ideas
Encouraged to journal their CTW activities between check-ins
Designed “Mother Earth Is Not Our Ashtray” T-shirt and honored individuals in their life who have quit smoking, never smoked, have a no-smoking rule in the home, tried to quit, shared traditional tobacco
Designed CTW Elder group brochure to hand out to the community
Organized tobacco-related community event
Received information and training on both tobacco addiction and traditional tobacco use
Recognized for their efforts and success in local media
Invited to participate in community meetings and events by other organizations

CTW, Circles of Tobacco Wisdom

point.<sup>17</sup> In the Indian way, oral tradition preserves history, language, songs, and ceremonies of the people and the “sacred past” of Indian traditions that are still used to guide Indian attitudes and behavior.

**Sample**

**Recruiting elders.** Participants were elders who represented not only the American Indian community in Minneapolis MN but also their respective tribal nations. Beginning in summer 2008, project staff conducted one-on-one interviews with American Indian Elders in the Twin Cities. The purpose of the one-on-one interview was to build broad relationships with a base of individuals, to identify those individuals’ interests and concerns, and to obtain information about the social and power structures in the community as they relate to tobacco use.<sup>18,19</sup>

Thirteen of the 40 individuals interviewed were invited to make a 1-year commitment to CTW. Elders were selected from varying backgrounds based on a range of criteria, including (1) a strong interest in tobacco control issues; (2) time and willingness to work on this issue; (3) access to social networks in the American Indian community and other resources; and (4) ability to work with other people. Tribal nations represented included Ojibwe and Lakota. The Elders were all women. Twelve remained a part of the project after 1 year. All participants provided written informed consent.

Their 1-year commitment to CTW involved participating in 2-hour monthly talking circles, attending four half-day educational sessions, talking to a minimum of four individuals about tobacco per month, and submitting monthly check-in reports to project personnel. Elder participants received a monthly \$100 gift card as an incentive.

**Elder transfer of knowledge (internal).** Project staff maintained at least monthly contact with elder participants. Monthly talking circles were scheduled for the cohort to allow the elders to process their level of involvement, interest, and knowledge on a variety of tobacco issues as well as generate new ideas for future activity. The monthly talking circles were organized, moderated, and staffed by at least one representative from each project partner and informed by participating elders. The monthly talking circles provided the elders with group support, problem-solving tips, and additional knowledge. Information and training also were pro-

vided on both tobacco addiction and traditional tobacco use. Several strategies were central to the transfer of knowledge within the elder CTW cohort (Table 1).

Educational sessions (learning circles) for the elder participants were offered quarterly, lasting about 4 hours each. Community leaders, such as cultural consultants, spiritual leaders, healthcare providers, and tobacco program staff were involved in delivering the content. A variety of topics were covered over the course of the four sessions (Table 2). Meals were provided as part of the monthly talking circles and quarterly learning circles.

**Design**

The design of this pilot project was a single group, pre–post comparison via survey, monthly check-ins and post-1-year focus group data collection. Data were collected from December 2008 through November 2009. Surveys were used to measure changes in elder knowledge, attitudes, and behaviors for those who participated in the learning, support, and community action opportunities. The monthly check-ins evaluated elder outreach activity. The check-ins were used also to request ideas for future activities. A post–1-year CTW focus group was conducted to explore their perceptions of project efficacy.

**Measures**

At baseline and after the intervention, elders were asked five questions about their own and the community’s cigarette smoking, two questions about their own secondhand smoke exposure, five questions about ceremonial or sacred tobacco use, and three questions about perceptions of risk from cigarette smoking (Table 3). As noted above, elders were asked to report on their tobacco-related activities each month through a paper-and-pencil check-in form (Table 4).

**Data Analysis**

Only descriptive statistics were used to evaluate quantitative outcome measures because of the small number of participants. The

**Table 2.** Quarterly elder educational sessions

<p><b>Traditional tobacco use</b>                  Teachings                  Traditional tobacco use as a strength                  Opportunities for participation in healing and traditional use ceremonies</p>
<p><b>Tobacco addiction in American Indian communities</b>                  Rates among adults and youth, importance of quitting                  Smoking-related health disparities                  Intergenerational smoking influences                  Harms of ETS and importance of clean indoor air                  Practical strategies for reducing ETS exposure</p>
<p><b>Tobacco addiction recovery</b>                  Practical strategies for stress reduction based on reality of urban Indian lives                  Building positive family support                  Sharing quit stories                  Referrals to appropriate cessation resources                  Information on, access to available pharmacotherapy</p>
<p><b>Community involvement/connection</b>                  Information on community resources                  Information on community meetings and events</p>

ETS, environmental tobacco smoke

**Table 3.** Knowledge, attitudes, and beliefs at baseline and post-intervention among elder health advisors ( $n=12$ ),  $n$  (%) or M

	Baseline	Post-intervention	Response categories
<b>Cigarette smoking</b>			
How much of the adults in the Indian community do you think smoke cigarettes? (almost all)	0	2 (17)	Almost all More than half Less than half Almost none
Do you personally support efforts to reduce smoking among adults in the Indian community? (yes)	10 (83)	12 (100)	Yes/no
In the past month, how many days did you smoke cigarettes?	24	20	
On the days you did smoke, how many cigarettes did you smoke in a day?	7.83	9.84	
Are you planning to quit smoking cigarettes within the next 30 days? (no)	3 (25)	5 (42)	Yes/no
<b>Secondhand smoke (yes)</b>			
In the past month, have you asked anyone not to smoke cigarettes around you so you wouldn't have to breathe the cigarette smoke?	5 (42)	7 (58)	Yes/no
In the past year, has cigarette smoke ever been a major factor in your decision not to go to a place or an event, such as bingo, restaurants, bars, or casinos?	4 (33)	6 (50)	Yes/no
<b>Ceremonial or sacred tobacco use</b>			
How often do you use tobacco for ceremonial prayer or traditional reasons? (daily)	4 (33)	2 (17)	Daily Weekly Monthly A few times a year or less
What type of tobacco do you use most often for ceremonial prayer or traditional reasons? (pouch/package)	5 (42)	8 (67)	Native tobacco plant/mixture Cigarettes Pouch/package tobacco (pipe tobacco) Other
If you needed traditional tobacco, would you know where to get it? (yes)	11 (92)	7 (58)	Yes/no
How hard is it for you to get traditional tobacco, would you say it is: very hard, hard, a little hard, not hard? (hard/very hard)	2 (17)	7 (58)	Very hard Hard A little hard Not hard
In the past year, have you helped anyone else learn about traditional tobacco? (yes)	6 (50)	8 (67)	Yes/no
<b>Risk perception</b>			
How strongly do you agree or disagree with this statement: For a person who has smoked a pack of cigarettes a day for more than 20 years there is NO health benefit to that person quitting smoking? (strongly/somewhat agree)	5 (42)	1 (8)	Strongly agree Somewhat agree Somewhat disagree Strongly disagree
Do you believe that breathing smoke from other people's cigarettes causes heart disease in adults? (yes)	7 (58)	10 (83)	Yes/no
Do you believe that breathing smoke from other people's cigarettes causes respiratory problems in children? (yes)	10 (83)	12 (100)	Yes/no

following methods were used to analyze qualitative data from the post-1-year focus group: focus group was recorded and transcribed.<sup>20</sup> Two individuals with experience and training in both qualitative analysis and American Indian community perspectives

read through the qualitative data, searching for emergent themes. Each individual scanned the transcript identifying conceptually related themes. The methods for this project were reviewed and approved by the University of Minnesota IRB.

## Results

### Demographics

Twelve elders were included in the pre/post-test analysis. All 12 elders self-identified as American Indian women and were enrolled in a tribe. The mean age at 1-year follow-up was 64 years, and ranged from 57 to 79 years. Regarding the highest level of school completed or the highest degree received, one participant had some high school; three had passed the General Educational Development test; five had some college but no degree; one had an Associate of Arts degree; and two had a Bachelor of Arts/Science degree.

### Pre/Post-Test Analysis

The present study evaluated findings on measures of tobacco-related knowledge, attitudes, or behaviors concerning cigarette smoking, secondhand smoke, commercial tobacco use, ceremonial or sacred use, risk perception, and community-identified problems and solutions. Compared to baseline, elders were more likely to report supporting efforts to reduce smoking in the Indian community. More of them indicated sensitivity to secondhand smoke, and several more reported helping someone else learn about traditional tobacco (Table 3).

### Monthly Check-Ins

The number of people the elders reported talking with about tobacco increased from baseline to the 6-month

**Table 4.** Monthly check-in summary, elder health advisors, *n* (%) yes, unless otherwise noted

	Months 1–6 ( <i>n</i> =72 person-months)	Months 7–11 ( <i>n</i> =60 person-months)
<b>Mean days in past month the elder talked with someone about tobacco</b>	11.7	9.8
<b>Number of people in the past month the elder talked with about tobacco</b>		
1–10	47 (65)	32 (53)
11–20	16 (22)	14 (23)
>20	6 (8)	9 (15)
≥50	3 (4)	5 (8)
<b>Ages of people the elder talked with (years)</b>		
<18	41 (57)	34 (57)
18–54	58 (81)	48 (80)
>54 (elders)	35 (49)	34 (57)
<b>Relationship of people the elder talked with</b>		
Family	49 (68)	40 (67)
Friends	58 (81)	42 (70)
Coworkers	26 (36)	17 (28)
Other (new people, clients, community)	30 (42)	30 (50)
<b>Topics discussed in the past month</b>		
Smoking prevention	33 (46)	22 (37)
Smoking cessation	39 (54)	33 (55)
Health effects on smoker	49 (68)	35 (58)
Health effects of secondhand smoke	45 (63)	24 (40)
Smokefree spaces	20 (28)	21 (35)
Traditional tobacco	25 (35)	24 (40)
Other (chemicals in cigarettes; discarding butts)	5 (7)	4 (7)
<b>Location of discussions in the past month</b>		
In a home	47 (65)	32 (53)
At a school	4 (6)	7 (12)
At a community event	37 (51)	36 (60)
On the phone	25 (35)	23 (38)
Other (work, train/bus stop, street)	43 (60)	33 (55)
<b>Comfortable talking about . . .</b>		
Commercial tobacco (very or somewhat)	43 (60)	48 (80)
Traditional tobacco (very or somewhat)	34 (47)	44 (73)

check-in. Elders were also more likely to report a discussion on tobacco at a community event at the 6-month check-in. Elders' comfort with talking about commercial and traditional tobacco also increased (Table 4).

**Table 5.** Post-1-year focus group questions

<p><b>Elders were asked:</b></p> <p>To provide examples of how the program influenced their life</p> <p>To think about all the different aspects of the program and what have been the most important things that have kept them involved and engaged in doing their work</p> <p>Who should be giving advice on tobacco issues in the Native community</p> <p>About the article that was published in the paper about Circles of Tobacco Wisdom and how they felt about that recognition</p> <p>For ideas about their involvement in future tobacco control activities</p> <p>What they thought about the staff support or areas to improve the next group</p>
--

### Post-1-Year Focus Group

Questions used to guide the focus group are included in Table 5. Participants provided a number of examples of how the program had influenced their lives. Feeling more comfortable talking about tobacco issues was one of the most common themes ( $n=5$ ). One respondent said:

When I was reading our little article on the Elders Tobacco Project, I was quoted talking about traditional and commercial tobacco. Last year when we started the program there is no way that I would have ever said a thing about that because I was feeling uncomfortable about knowing the difference. I learned a lot in this tobacco project in regards to traditional and commercial tobacco.

Other themes identified by respondents in order of frequency (highest to lowest) were as follows: learning a lot about traditional and commercial tobacco ( $n=6$ ); realizing how dangerous smoking is ( $n=4$ ); enjoyment in being part of the group ( $n=3$ ); learning about second-hand smoke ( $n=2$ ); learning about third-hand smoke ( $n=2$ ); and attempting to quit during the program ( $n=2$ ).

Participants also were asked to think about the most important aspects of the program that kept them engaged in doing their work. All participants agreed that incentives, Native-specific educational materials, and the Native T-shirts were important. One stressed that having Native items to give out to people they talked to was important.

Participants were asked who should be giving advice on tobacco issues in the Native community. Two stated that other Natives who are good role models and two others stated that the CTW Elders should be giving advice on tobacco issues.

Participants were asked about the article published in *The Circle* (local community) newspaper about the CTW Elders and how they felt about that recognition. The majority ( $n=10$ ) felt that the article put more responsibility on them, and all agreed that was good. One stated:

It was good to see the whole group of all these beautiful elders from all different areas too, living here in the urban area and some who have lived on the rez and some who hadn't.

Several participants shared ideas about different ways they could continue to be involved in tobacco control. These ideas included continuing to meet to support each other in being smokefree, talking to youth at schools and after-school groups, doing another community event. There was a lot of interest in ordering more of the T-shirts that were designed and distributed by this group with the saying "Mother Earth Is Not Our Ashtray." One elder also stressed the importance of attending ceremonies in learning about the traditional uses of tobacco.

Participants also enjoyed being part of a group. The elders shared:

- I've been more than honored to be in this group because I've been trying to quit smoking.
- I enjoy all the people that are here.
- I met some people that I think are my friends.

Elders also attended conferences and meetings about tobacco or health in general sponsored by local public health or other groups. The elders participated in community outreach activities; for example, as part of the community outreach process, the elders decided to design, wear, and distribute the "Mother Earth Is Not Our Ashtray" T-shirts that expressed common tobacco issues elders encountered. The image and message has become associated with the project overall, and there is interest among the group to continue to use them in the next phase of the project. A walk and informational event titled the "Cold Turkey Walk & Event" was planned and held on the Great American Smokeout Day at the Minneapolis American Indian Center. The elder participants came up with the idea and organized and mobilized almost one dozen community organizations and 100 individuals to participate in the afternoon event. The Cold Turkey event exemplified the increase in leadership exercised by elders in the community.

### Discussion

The elder participants in the CTW pilot project used a variety of activities to make a positive effect on tobacco issues specific to American Indian communities and ultimately to benefit the overall health of American Indians.

Some of the changes seen in the survey responses were unanticipated. The increase in the number of cigarettes smoked by elders who smoked from 7.8 to 9.4 per day may have been because two elders quit smoking and the elders who didn't quit were heavier smokers. An increase was seen also in the number of participants not planning to quit smoking from three to five. This may be the result

of initial response bias to give the answer they thought the questioner wanted, a bias that may not have been present at the end of the project because of the level of comfort that had grown among the participants. The change seen in the number of participants who use tobacco for ceremonial prayer or traditional reasons decreased from four to two, using pouch/package for ceremonial prayer or traditional reasons increased from five to eight, knowing where to get traditional tobacco decreased from 11 to seven, and the number of participants who found it hard to get traditional tobacco increased from two to seven. These changes might reflect more accurate understanding of what is traditional tobacco gained during the course of the project, or once again, a reflection of social desirability at baseline.

A limitation of the current study is that the changes seen were not tested statistically, because only descriptive statistics were appropriate given the small number of elders involved in this pilot project. Another limitation is that no control group was included. Unknown is whether this program influenced the knowledge, attitudes, or behaviors related to commercial and traditional tobacco use in the broader American Indian community.

From a participation perspective, the pilot intervention was a success. Twelve of the 13 original elders stayed with the program through the year of their commitment. Two elders were able to quit smoking, although that was not a focus of the project.

## Conclusion

The present study evaluated changes in elder knowledge, attitudes, and behavior to gain a deeper understanding of their perceptions of the CTW experience. Because of the design of this pilot study, findings are limited in their generalizability. Nonetheless, the results of this study can be used to design interventions and inform future research (larger studies with adequate control groups) addressing the development of effective tobacco control programs in American Indian communities.

This research was funded by ClearWay Minnesota<sup>SM</sup> research program grant RC2008-0010. The contents of this paper are solely the responsibility of the authors and do not necessarily reflect the official view of ClearWay Minnesota. The authors also would like to thank the elders for their participation and willingness to share their knowledge and wisdom with CTW and the community at large, and also Kari Noble, the project coordinator.

Publication of this article was supported by ClearWay Minnesota<sup>SM</sup>.

No financial disclosures were reported by the authors of this paper.

## References

1. Winter JC. Tobacco use by Native Americans: sacred smoke and silent killer. Norman OK: University of Oklahoma Press, 2000.
2. Forster JL, Rhodes KL, Poupart J, Baker LO, Davey C. Patterns of tobacco use in a sample of American Indians in Minneapolis–St. Paul. *Nicotine Tob Res* 2007;9(S1):S29–S37.
3. Native American Cancer Research Corporation. Native Americans and tobacco use. [natamcancer.org/handouts/NACR\\_Tobacco-Interventions-Facts\\_Ceremony\\_Adv\\_04-30-09c\\_WY\\_HND.pdf](http://natamcancer.org/handouts/NACR_Tobacco-Interventions-Facts_Ceremony_Adv_04-30-09c_WY_HND.pdf).
4. Struthers R, Hodge FS. Sacred tobacco use in Ojibwe communities. *J Holist Nurs* 2004;22(3):209–25.
5. U.S. Congress. American Indian Religious Freedom Act (Public Law 95-341, 42 U.S.C. 1996 and 1996a) 1978. [www.nps.gov/history/local-law/fhpl\\_indianrelfreact.pdf](http://www.nps.gov/history/local-law/fhpl_indianrelfreact.pdf).
6. Substance Abuse and Mental Health Services Administration, Results from the 2010 National Survey on Drug Use and Health: summary of national findings, NSDUH series H-41, HHS publication no. (SMA)11-4658. Rockville MD: Substance Abuse and Mental Health Services Administration, 2011.
7. McAlpine DD, Bebee T, McCoy K, Davern M. Estimating the need for treatment for substance abuse among adults in Minnesota: 2004/2005 Minnesota Treatment Needs Assessment Survey Final Report, 2006. [www.dhs.state.mn.us/main/groups/healthcare/documents/pub/dhs\\_id\\_055443.pdf](http://www.dhs.state.mn.us/main/groups/healthcare/documents/pub/dhs_id_055443.pdf).
8. Minnesota Department of Health. Populations of color in Minnesota: health status report. 2009. [www.health.state.mn.us/divs/chs/POC/POCSpring2009.pdf](http://www.health.state.mn.us/divs/chs/POC/POCSpring2009.pdf).
9. Minnesota Department of Health. Minnesota cancer facts and figures. 2009. [www.mncanceralliance.org/uploads/2009\\_MN\\_Cancer\\_Facts\\_Figures.pdf](http://www.mncanceralliance.org/uploads/2009_MN_Cancer_Facts_Figures.pdf).
10. U.S. Census Bureau. 2011. [www.census.gov/compendia/statab/cats/population.html](http://www.census.gov/compendia/statab/cats/population.html).
11. Urban Indian Health Institute, Seattle Indian Health Board. Community health profile: Health Board of Minneapolis. Seattle WA: Urban Indian Health Institute, 2011.
12. Dickson G. Aboriginal grandmothers' experience with health promotion and participatory action research. *Qual Health Res* 2000;10(2):188–213.
13. Moss M, Tibebets L, Henly SJ, Dahlen BJ, Patchell B, Struthers R. Strengthening American Indian nurse scientists training through tradition: partnering with elders. *J Cult Divers* 2005;12(2):50–5.
14. Skye W. Elders gathering for Native American youth: Continuing Native American traditions and curbing substance abuse in Native American youth. *J Sociol Soc Welfare* 2002;29(1):117–35.
15. Van de Ven AH. Engaged scholarship: a guide for organizational and social research. Oxford NY: Oxford University Press, 2007.
16. Kemmis S, McTaggart R. Participatory action research: communicative action and the public sphere. In: Denzin NK, Lincoln YS, eds. *The Sage handbook of qualitative research*. 3rd ed. Thousand Oaks CA: Sage, 2005:559–603.
17. Poupart J. To build a bridge: American Indians in Minneapolis and Hennepin County. St. Paul MN: American Indian Policy Center, 2003.
18. Hanna MG, Robinson B. Strategies for community empowerment: direct-action and transformative approaches to social change practice. Lewiston NY: Edwin Mellen Press, 1994.
19. Kahn S. Organizing: a guide for grassroots leaders. 2nd ed. Silver Spring MD: NASW Press, 1991.
20. Krueger RA. Focus groups: a practical guide for applied research. Thousand Oaks CA: Sage, 1994.