

The Foundation Review

Volume 7
Issue 2 *Open Access*

6-30-2015

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Recommended Citation

Kintopf, A., Toves Villaluz, N., Martínez, J., Schillo, B., & Rasmussen, Y. (2015). Building an Organizational Culture That Supports Philanthropy in Indian Country: A Funder's Story. *The Foundation Review*, 7(2). <https://doi.org/10.9707/1944-5660.1249>

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Building an Organizational Culture That Supports Philanthropy in Indian Country: A Funder's Story

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Keywords: American Indian; Native American; philanthropy; tobacco control; health; diverse communities; education; nonprofit governance; foundation culture

Introduction

How many American Indians are there in Minnesota, anyway?

It began with questions like that – stones dropped into a deep pool.

Tobacco is tobacco, right? Can't we just use the same approaches with Indians that we do with everybody else?

Those questions were asked by highly intelligent people – experts in public health, medicine, science, and other fields. They were asked by people passionate about improving health and lives, people eager to help.

But for those with experience working with American Indian people, those questions were demoralizing to hear – because another question always followed close behind:

As funders, don't we have bigger problems to worry about?

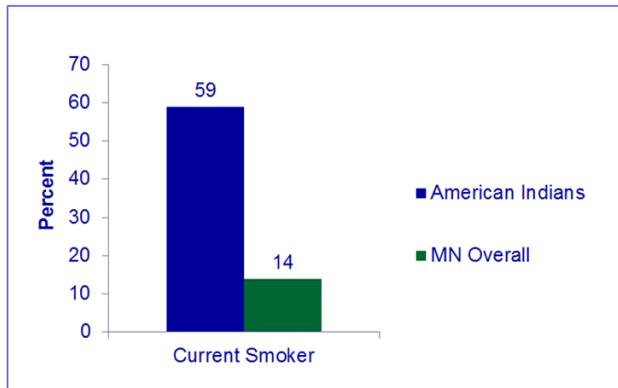
Philanthropy is a powerful tool, but organizations working to create positive change in American Indian communities soon learn that one size does not fit all. Issues of sovereignty, historical trauma, poverty, epidemic disease, isolation, and mistrust mean that what works in the general population may not in Indian Country. Different approaches and philosophies are required.

Key Points

- This article examines one philanthropic organization's project to overcome challenges around its work in Indian Country and to build support for that work among its leadership.
- ClearWay Minnesota, an independent nonprofit working to reduce commercial tobacco's harm, embarked on a project to educate its board and staff about American Indian history and culture. The project resulted in an increase in staff expertise, valuable context for the organization's leadership, relationships built with Native individuals and organizations, and the integration of American Indian concepts into more aspects of ClearWay's work. The organization's board and staff report improved ability to achieve success in philanthropic efforts among this population.
- The need for philanthropy in Indian Country is great, and this project's findings have relevance for all funding organizations seeking to conduct work among Native communities.

Unfortunately, leadership and staff at funding organizations do not always understand this. The questions above illustrate the assumptions and lack of knowledge among even the most well-meaning, well-informed individuals at such organizations. Most non-Indians simply do not have experience with the specific issues surrounding American Indian life. Nonprofit personnel who do possess that experience are often a tiny minority,

FIGURE 1 Smoking Prevalence in Minnesota (2015)



and making themselves heard can be difficult in an environment of competing priorities, broad organizational focus, and layers of leadership. These issues can combine to make accomplishments in Indian Country more difficult, rather than easier, to achieve.

ClearWay Minnesota is a nonprofit organization working to enhance life in Minnesota by reducing tobacco use and exposure to secondhand smoke through research, action, and collaboration. Our work aims to eliminate smoking and improve health among all Minnesotans – including those living on tribal lands. In fact, research shows that Minnesota’s American Indians are among the populations most in need of outreach from an organization like ours. They smoke at four times the rate of the general population and suffer disproportionately from tobacco-related disease and death (American Indian Community Tobacco Projects, 2013; ClearWay Minnesota, 2015; Minnesota Department of Health, 2005). (See Figure 1.)

This need shows why it’s so important to overcome barriers to understanding. Questions like the ones above came up again and again from ClearWay’s board and staff. We recognized that this lack of understanding was limiting our ability to be truly effective in our work in Indian Country. Those among us with expertise in American Indian life helped us understand that a piecemeal approach was not enough and that this issue

needed to be addressed institutionally. Beginning in 2011, we developed a project to educate our board and staff about American Indian history, life, culture and health, and about American Indian relationships with non-Indian people, governments, and organizations. The project aimed to overcome our organizational challenges around the work we were doing in Indian Country and to build support for it.

This article is a reflection on that process. In order to fully communicate the project’s significance, we are not merely presenting a summary with recommendations for other funders. We are also sharing some of the educational content itself, because the substance of the project is as critical to its success as its process and outcomes.

ClearWay Minnesota – Improving Health Among All Minnesotans

ClearWay Minnesota is an independent entity funded by Minnesota’s settlement with the tobacco industry; our mission is to enhance life for all Minnesotans by reducing tobacco use and exposure to secondhand smoke through research, action, and collaboration. Our programs include media campaigns, public-policy initiatives, tobacco-cessation services, and research on tobacco use in the state. A priority area for us is engaging members of diverse communities in tobacco control in order to reduce the harm that commercial tobacco causes them. “Commercial”

tobacco use like cigarette smoking is differentiated from the sacred, traditional tobacco practices of American Indians and other groups.

In Minnesota, the smoking rate among American Indians is 59 percent – more than four times that of the general population (American Indian Community Tobacco Projects, 2013; ClearWay Minnesota, 2015). Tobacco-related disease incidence in this population is also disproportionately high (Minnesota Department of Health, 2005). For these reasons, we make outreach to Native communities a priority, and our work in Indian Country is innovative. Through various activities, we support American Indians in their efforts to promote safe and healthy environments, to reduce commercial tobacco use, and to create policies to prevent secondhand-smoke exposure in all workplaces. We developed a Tribal Tobacco Education and Policy Initiative Framework that seeks to create commercial tobacco-free tribal lands by:

- restoring traditional and sacred tobacco use,
- addressing and reducing commercial tobacco industry marketing and influence,
- creating formal and informal smoke-free policies and systems changes on reservations, and
- supporting American Indian businesses and casinos in efforts to go smoke-free.

Other activities conducted or funded by ClearWay Minnesota have included providing culturally tailored training, capacity building, and advocacy and leadership-development opportunities to members of tribal Nations; funding research on reducing commercial tobacco use among American Indian communities, on specific cessation strategies in Indian Country, and on smoking by Native youth and pregnant women; providing science-based tobacco-dependence treatment on the Fond du Lac reservation; and supporting activities, events, and small-scale projects in American Indian communities. Our work in Indian Country has achieved national recognition.

“Why Aren’t Indian People Responding To It Like Everyone Else?”

Our commitment to improving health equity for American Indians does not mean ClearWay

With some exceptions, our board and staff had little practical experience with American Indian life, history, and culture, which at times made it a challenge to fund and administer successful initiatives in Native communities.

Minnesota has been immune to challenges around funding this work. We have a 19-member board of directors and a staff of 29. With some exceptions, our board and staff had little practical experience with American Indian life, history, and culture, which at times made it a challenge to fund and administer successful initiatives in Native communities. Decision-makers frequently questioned why we would fund projects impacting a relatively small number of people – American Indians comprise 5.5 percent of Minnesota’s population (U.S. Census Bureau, 2012) – or the differences between commercial and traditional tobacco use. These questions could slow or threaten to derail projects with lifesaving potential for these communities. And answering them in ways that laid the foundation for sustained success was not always easy.

“Sometimes a question about this work would come up in a committee meeting, and there wouldn’t be a staff member present who could answer it,” recalls Vernae Hasbargen, who was chair of ClearWay’s board at the time of this project. “Or if she was there, maybe there were only three board members on that committee to hear her. It’s easy to see how the message wouldn’t be widely spread throughout the organization.”

Nicole Toves Villaluz, who manages ClearWay’s American Indian initiatives, says these conversations were positive, but it was obvious more con-

Our hypothesis was that education would raise ClearWay’s understanding of Native ways and would provide context around our American Indian-directed efforts to allow for more effective outreach to tribal communities.

text was needed. A member of the Hidatsa and Assiniboiné tribes as well as one of the Chamorro people, Villaluz was often called upon to educate staff and board when questions about Indian Country would arise. She recognized that the questions, while well intended, originated from a lack of knowledge about American Indian people and culture.

“People would say, ‘We have a statewide media campaign on all TV stations – why aren’t Indian people responding to it like everyone else?’” Villaluz says. “The answers to those questions are very complicated. And because they would be asked in meetings with full agendas, there usually wasn’t time to go into much detail.”

ClearWay Minnesota Vice President Barbara Schillo says it eventually became clear that something needed to be done. “We were having the same conversations again and again,” she says. “And it wasn’t just the board – there was confusion among staff members, too. We realized we needed a solution that would provide quality information to board and staff in a way that was thorough, that would reach everyone, and that would be remembered.”

Developing a Solution

With support from board and executive leadership, in 2011 ClearWay Minnesota developed a project designed to address this issue across the organization and educate board and staff about

American Indian history, culture, and tobacco traditions. Our hypothesis was that education would raise ClearWay’s understanding of Native ways and would provide context around our American Indian-directed efforts to allow for more effective outreach to tribal communities.

In order to achieve these goals, we needed to identify the right partner. With guidance from Villaluz and other staff and board members with deep knowledge of American Indian organizations, we set out to find a collaborator firmly rooted in Minnesota’s American Indian communities.

Ultimately, we approached Native Americans in Philanthropy (NAP) to be lead organizers of the project. A nonprofit organization that promotes, facilitates, and celebrates philanthropic giving to Native communities from both Native and non-Native donors, NAP provides professional development opportunities and support for Native Americans working in philanthropy. Based in Minneapolis, NAP is the only national organization whose sole purpose is to increase the scope and effectiveness of philanthropic activity in Indian Country, and it was selected as an ideal partner.

“There are many unknowns and misunderstandings when it comes to working with Native communities,” says Daniel Lemm, former director of programs and finance at NAP. “Unless you’ve lived life on a reservation or are deeply connected to the community, you can’t truly grasp the context from which they work. Hearing real-life stories, and building relationships with the people who have lived them, can create a mind shift at the organizational level and lead to practices that are mutually beneficial to funders and grantees.”

Under the leadership of Ron McKinley, an established champion for American Indian philanthropy, NAP began by interviewing ClearWay’s board and staff to assess institutional knowledge and help prepare participants for the educational project. The interviews found most individuals had little experience with American Indians and Native communities. But there also was a strong interest in increasing knowledge and solid support for a project to develop it. Findings were present-

ed at a board meeting, and NAP proposed a slate of symposia on the following topics:

1. tribal history, culture, and traditions;
2. health, wellness, and tobacco; and
3. sovereignty, federal/state laws, and tribal governments.

All sessions would take place in American Indian communities around Minnesota, with Native presenters. Participation by as many board and staff members as possible was encouraged.

The first symposium was in June 2011 on the Mille Lacs reservation in east central Minnesota. Participants were welcomed with a prayer from an elder of the Mille Lacs Band of Ojibwe. This was followed by a panel discussion by Anishinaabe and Dakota elders on traditions, culture, spirituality, and current challenges in their communities. We then heard a presentation on traditions of the Mille Lacs Band and another panel focused on language and land issues.

Four months later, a second symposium was held at the Minneapolis American Indian Center, beginning with a blessing from an elder of the Rosebud Sioux tribe. The symposium's focus was health and health issues in Indian Country, and participants heard:

- a presentation on American Indian health issues by a Native American doctor from the University of Minnesota Medical School;
- a panel on Indian health and approaches to health care delivery with a ClearWay Minnesota board member, an American Indian Cancer Foundation representative, and a nurse practitioner;
- a presentation by a representative of the Native American Community Development Institute on its vision for Twin Cities American Indian communities;
- a presentation on American Indian-led approaches to health care given by the Mille Lacs Band of Ojibwe's health commissioner, a Minneapolis physician who provides health care

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to American Indians, and a representative from the urban American Indian organization the Division of Indian Work; and

- a presentation by an expert working to reduce childhood obesity among American Indian Nations and other diverse communities.

The third symposium took place in June 2012 at the Prairie Island Indian Community. Participants were greeted with a prayer from a Prairie Island elder and heard a presentation on tribal sovereignty by the founder of the American Indian Research and Policy Center. These were followed by a presentation on the community's efforts to protect its members' health and safety from threats posed by the adjacent Prairie Island nu-

For many health professionals, tobacco's history begins with the industrialized cigarette production of the late 19th century and centers on the dominance of companies like Philip Morris and R.J. Reynolds. But American Indians have a very different view of tobacco's history, and the differences illustrate how eye-opening a cultural education project can be.

clear plant. Participants then toured an exhibit on American Indian treaties in Minnesota, co-created by the Minnesota State Indian Affairs Council, the Minnesota Humanities Center, and the Museum of the American Indian. In afternoon sessions, participants heard presentations on the Minnesota Chippewa Tribe and the Red Lake Nation.

Following each symposium, feedback was collected from participants. McKinley facilitated a discussion on the symposia at the July 2012 ClearWay board meeting, and the series concluded on Jan. 30, 2013, with a final panel on philanthropy among Indian communities and a conversation on what ClearWay learned from project. This symposium was held at the Division of Indian Work in Minneapolis.

Context: The American Indian Experience

Symposium content was prepared with an aim of educating tobacco-control professionals on the American Indian experience, and it is worth sharing how it changed our views of tobacco itself. For many health professionals, tobacco's history begins with the industrialized cigarette

production of the late 19th century and centers on the dominance of companies like Philip Morris and R.J. Reynolds. But American Indians have a very different view of tobacco's history, and the differences illustrate how eye-opening a cultural education project can be.

American Indians have a unique relationship with tobacco. Native peoples regard tobacco as a sacred medicine given by their creator, and traditionally use it spiritually and ceremonially. Several plants are considered "tobacco" by Native peoples, including the tobacco plant used in making commercial cigarettes as well as various barks, leaves, grasses, and other plant parts. Tribes used tobacco in different ways, but all viewed it as a spiritual gift with specific conditions for use. The plants are sometimes smoked (though not inhaled), but they are also offered by burning in a bowl or fire, or by placing them on the ground. Tobacco offerings today continue to be made for ceremonies, for dances and smudging, in sweat lodges, and as part of daily prayers (Vollin, 2002).

Corruption of traditional tobacco practices dates back centuries. In the 15th century, Europeans arrived in the Americas and the tobacco being used spiritually by Native people was soon being used recreationally by whites. The nicotine-containing tobacco plant was brought to Europe and, as demand grew, became a major commercial crop in America. Plantations' need for labor drove the slave trade, and manufacturers eventually developed machines to mass-produce cigarettes (Borio, 2011).

At the same time, the presence of Europeans had devastating consequences for American Indians. Whites, believing they had a divine right to North America's lands and resources, used strategies to dominate Native peoples that included outright violence and insidious public policies that drove Indians onto smaller and smaller parcels of land (what came to be known as "reservations"). Today, American Indian lands represent a tiny fraction of the total United States – an estimated 2.3 percent – and for Indians, this has meant loss of resources, access to cultural and spiritual sites, cultural identity, and other essential elements

FIGURE 2 Prince Albert Tobacco Advertisement (1914) (Source: Rutgers School of Public Health, 2015)



of Native life (Indian Land Tenure Foundation, 2009).

Native elders continued teaching about traditional tobacco use, passing down knowledge orally. Youth were taught the difference between traditional and commercial tobacco use, illustrated by these definitions (New Breast, 2009):

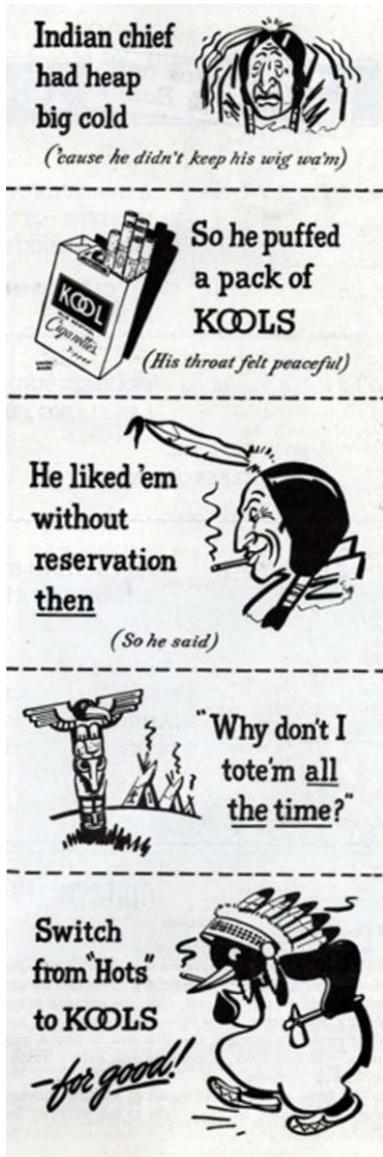
- Traditional tobacco use honors the creator and is governed by cultural protocols for spiritual, ceremonial, and cultural uses.
- Manufactured/commercial tobacco use causes sickness, disease, and death in Native communities and is governed by marketing protocols of addiction.

But efforts to keep tobacco sacred compete with messaging from another source: the commercial tobacco industry. Beginning with wooden “cigar store Indians” in the 19th century and earlier, tobacco retailers depicted American Indian char-

acters in advertisements and on product packaging to add exoticism and draw in non-Native customers (Kovell & Kovell, 1982; University of California, San Francisco, 2011). These tactics also resonated with American Indians themselves, and too often individuals replaced sacred, spiritual tobacco use with commercial tobacco abuse. This continues today. (See Figures 2-5.)

Matters are further complicated by economics. As sovereign nations, reservations are not subject to state or federal laws. As a result, some American Indian shops sell untaxed tobacco products at significantly lower prices, and popular Indian casinos can permit smoking even in states that prohibit it in public places. Tobacco and gaming are top revenue generators for tribes (Americans for Nonsmokers’ Rights, 2012), with proceeds often used for education and health care. However, they also create an environment conducive to smoking that is increasingly unusual in the United States, and both tobacco taxes and smoke-free spaces are

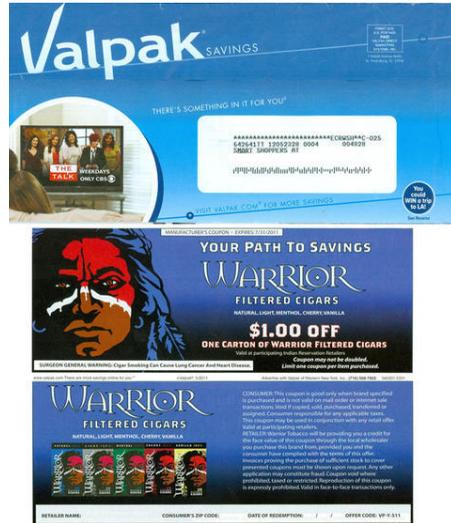
FIGURE 3 Kool Tobacco Advertisement (1969)
(Source: Rutgers School of Public Health, 2015)



shown to reduce smoking rates (U.S. Centers for Disease Control and Prevention, 2013).

Organized health efforts in the U.S. cultural mainstream have done much to reduce tobacco's harm. In 1964, the first U.S. Surgeon General's report on tobacco opened the door for a sustained campaign to fight smoking, incorporating research,

FIGURE 4 Warrior Tobacco Advertisement (2011)
(Source: Rutgers School of Public Health, 2015)



cessation, policy, and communications initiatives. Progress has included tobacco advertising bans, warning labels, public service campaigns, lawsuits, smoke-free laws, steep increases in cigarette taxes, and other forms of government regulation. Since the early 1960s, smoking prevalence nationwide has fallen from 42 percent to 17.3 percent, with more than eight million premature deaths averted and every individual gaining 19-20 years of life expectancy (Holford, 2014; U.S. Centers for Disease Control and Prevention, 2014). The campaign against tobacco has been called the greatest public health success story of the past 50 years.

But diverse communities have seen far fewer benefits, and for American Indians, commercial tobacco's impacts have been worst of all. Smoking among Native peoples has not declined at rates comparable to those of the mainstream U.S. population. The U.S. Centers for Disease Control and Prevention (CDC) estimates that "smoking among American Indians and Alaska Natives ... is the highest by far among any racial and ethnic group, making it a problem of epidemic proportions" (CDC, 2010). In some tribes, smoking rates exceed 50 percent, compared to 17.3 percent among the general population (American Indian

TABLE 1 Smoking-Related Death Rates in Minnesota, 2004-2008

Disease	American Indian (Minnesota) deaths (per 100,000 people)	General population (Minnesota) deaths (per 100,000 people)
Heart disease	221	147
Diabetes	77	21
Lung cancer	85	45
Stroke	47	40
Chronic lung disease	49	35
Total death rate (all causes)	1,092	679

(Source: American Indian Community Tobacco Projects, 2013)

Community Tobacco Projects, 2013; CDC, 2014). American Indians have the highest smoking rates among youth and pregnant women (CDC, 2007). Smoking-related illnesses like cancer, heart disease, diabetes, and sudden infant death syndrome are also at epidemic levels among Indian Nations today (American Indian Community Tobacco Projects, 2013; CDC, 2012; Hamilton, Martin & Ventura, 2009). (See Table 1.)

This problem is recognized by mainstream health experts and by tribal leaders. In the context of centuries of poor relations between Indian Nations and outsiders, however, collaborations can be difficult. This is especially true when the outsiders represent government – often the entity best equipped to conduct public health work. From the time of the earliest European settlements, government was used to institutionalize deception, obfuscation, and violence with objectives of establishing whites in Indian lands and taking possession of Indian resources. Like mainstream public health efforts, these initiatives were often undertaken with the declared intent of improving life for American Indian people.

It is in this context that we must view the work we conduct and judge the progress we make in Indian Country. Feedback from participants showed that this context was new to many of us.

Learnings

Throughout the project, responses from participants were collected after each session. Feedback

was consistently positive, with participants praising the range of topics covered, the expertise of panelists, the eye-opening nature of the information, and the opportunity to visit tribal lands. It also showed how relevant these learnings are for any organization working among Indian peoples to create positive change.

The feedback revealed, first, that talking with American Indian people about their lives and culture provides a perspective that cannot be gained from education alone. “This is the type of history that you cannot find in books,” wrote one participant. “Presentations are good,” wrote another, but they can’t compare to a live “exchange of views and experiences” that opens minds to new ways of thinking.

Others noted they hadn’t realized the complexity of American Indian culture. One participant wrote of gaining “a more comprehensive understanding of the issues facing American Indian communities and how our initiatives can support their work.” Another mentioned realizing:

American Indian culture, spirituality, and tradition are so intertwined that they cannot easily be discussed in isolation In fact, I observed that it was difficult for questions posed by staff or board members to be answered by the panelist because the questions themselves, as asked by non-Indian people, come from a completely different way of thinking and different worldview. Very humbling to experience.

FIGURE 5 American Spirit Tobacco Advertisement (2013) (Source: Rutgers School of Public Health, 2015).



ClearWay Minnesota's board and staff reported changes in attitude and outlook that could improve the process of developing ideas, approving them, and collaborating with tribal partners. Some wrote of dawning awareness about how they had viewed things before: "I have been unrealistic about the time it might take to develop meaningful relationships with tribes. The tribes we have [as existing collaborators] seem miraculous now." One participant wrote: "The knowledge, or more importantly the understanding, I gain from these symposia will help me be more instinctively thoughtful and inclusive in my thinking about tobacco control issues as they relate to American Indian Nations and people in Minnesota."

Several others said their respect for Indian communities and individuals had increased. "I understand better the Native perspective as represented by the speakers," wrote one, "and the emphasis on culture and respect. I hope to watch for, and respect, differences."

Multiple participants felt optimistic about the relationships built through the project. One said that establishing trust between ClearWay and American Indian groups could result in productive, long-term partnerships: "Once trust is established, you can't let go of it – this is a core value to Native communities." And others emerged with a sense of duty to improve work with Indian peoples, an obligation to repay American Indian trust: "We can't just talk about our commitment – we have to listen and do. This is an opportunity for ClearWay Minnesota to prove we have been listening."

In addition, individuals who helped plan the project shared reflections for this article on how the symposia had affected their work.

Board Chair Vernae Hasbargen expressed amazement at how the symposia shaped board attitudes. "This project gave us the context we needed to make informed decisions about tribal initiatives, and to have reasonable expectations," she says. "What we learned about the history of Native people and the disparities they face today also

motivated us more than ever to want to do this work.”

Adds Nicole Toves Villaluz: “Philanthropic work in Indian Country cannot be achieved from the outside alone. It has to come from partnerships with the communities themselves. I am proud to see how this project opened the eyes of my colleagues and the leaders of our organization, and built relationships that make it easier to improve the health and lives of Native people in Minnesota.”

Observations

In addition to these responses, other, specific observations have relevance for philanthropic organizations funding work in Indian Country.

- *Staff expertise increased.* The series grounded ClearWay Minnesota staff in American Indian issues and stimulated interest in this important branch of the organization’s work. It brought expertise to American Indian outreach and provided us with tools and vocabulary to communicate about it – and drive enthusiasm for it – with the board, partners, and stakeholders. Staff noticed greater trust from board members around American Indian issues. This shift has long-term benefits for our mission as well. ClearWay was created to reduce tobacco’s harm over a period of 25 years, but much of our work is done in collaboration with partners including the Minnesota Department of Health, insurers, and advocacy groups like the American Lung Association. If we can stimulate among them an appetite for this area of work, they are more likely to pursue initiatives in Indian Country and to create ongoing benefits for those communities even after we close our doors.
- *Context was provided to the board of directors.* Educating the board also had benefits for the American Indian projects and programs we fund. Members became better equipped to discuss initiatives under consideration, but the context they received about work in Indian Country in general was perhaps even more important. In some cases, board members had viewed our American Indian work through the same lens

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as efforts targeting Minnesota’s mainstream populations. Learning why health initiatives in Indian Country can be difficult – that, in fact, Indian readiness for tobacco-control work today is similar to that of the United States before the first Surgeon General’s Report in 1964 – was illuminating for many, and board members report they have gained a better understanding of how to do this work. This can be seen in the extension of a project with the Bois Forte Band of Minnesota Chippewa and in the board’s decision to continue funding tribal grantees. The project has helped the board to see the organization’s work in Indian Country as a long-term investment with real value to the organization and its constituency.

- *Relationships were built.* One of the most important developments from the project is how it has built relationships and trust between ClearWay and American Indian communities. By reaching out to Indian organizations and demonstrating our commitment to efforts in Indian Country, we have shown our good faith,

FIGURE 6 ClearWay Minnesota Advertisement (2014)

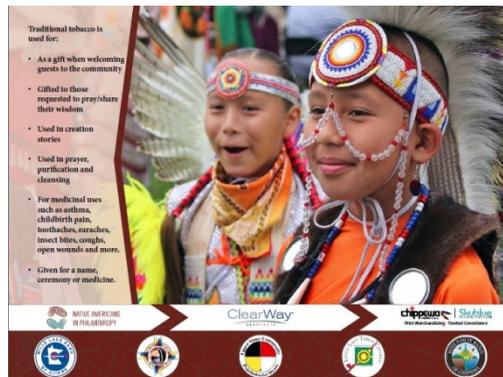


improved existing relationships with Indian individuals and groups, and expanded our name recognition and reputation as an organization working to improve life and health for all Minnesotans. We have also built inroads for related work by other public health organizations by creating a positive association with mainstream health efforts for Indians and by showing respect and understanding for the ways of others. By partnering with Native Americans in Philanthropy, we have positioned ourselves as a leader in this area both in Minnesota and throughout the country. And it is a two-way relationship: Just as we were able to gain context around our work with American Indian Nations in Minnesota, they learned about the harm commercial tobacco abuse causes their people and how organizations like ours can help to reduce it. These new partnerships have potential to sustain the movement around health equity for Indians even after ClearWay's 25-year lifespan ends.

- *American Indian concepts were integrated into more aspects of ClearWay's work.* Our board and staff emerged from the symposia with

improved awareness of the tobacco experience for Indians, and with ideas about creating outreach that has more resonance for them. Those ideas resulted in several innovations. Our media campaign has been expanded to include advertisements directed at targeted American Indian communities. These ads use the tagline "Value Our Tradition – Keep Tobacco Sacred" to remind Native audiences of the difference between sacred tobacco practices and commercial tobacco abuse. (See Figures 6 and 7.) At the same time, observes Nicole Toves Villaluz, such a campaign "can't talk down to them. Keeping tobacco sacred is a concept that has deep meaning for Native peoples, and these ads respect their traditions while educating about the harms of smoking." Perhaps most important, the central concept of sacred versus commercial tobacco use has been written into many of our guiding documents. For specific purposes, ClearWay can discuss our overall mission in these terms. "This is a huge development," says Vice President Barbara Schillo. "The fact that we're talking about our work in the broadest way as 'reducing commercial tobacco's harm' speaks volumes about our commitment to

FIGURE 7 Tribal Tobacco Education and Policy Initiative Calendar (2014)



these communities, and about our respect for their views and their values. It has made our collaborations much easier and more productive.”

Conclusions

Another benefit of the project is an understanding of the importance of grounding new staff and board members in the context for ClearWay Minnesota’s American Indian work. By building staff expertise, empowering the board to make informed decisions, creating trust among American Indians themselves, and integrating relevant concepts into all our work, we have made our organization a more effective force for efforts that will ultimately reduce the devastating and disproportionate harm that commercial tobacco causes an important segment of Minnesota’s population.

But the problems that led us to create this project are hardly unique to tobacco control. They are common to many philanthropic organizations whose work in Indian Country is part of a broader mission. Today, less than a third of one percent of major donations in the United States benefit American Indians specifically (Native Americans in Philanthropy, 2014). Given the enormous disparities Native communities face, the need for philanthropic organizations to do better is urgent, and the outcomes from this project could be useful to organizations attempting to reduce disparities for American Indians in health, substance abuse, economic equity, and more.

Our findings have relevance for anyone who has experienced cultural disconnect that creates barriers to success in Indian Country. We urge all who are embarking on this kind of work and are experiencing challenges to take a look in the mirror. The disconnect is not with the people you are trying to serve. The disconnect may be with you. Educating your organization in a systematic way can make all the difference.

Acknowledgements

The authors would like to dedicate this article to the memory of Ron McKinley.

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