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In a Good Way: Advancing Funder Collaborations to Promote Health in Indian Country

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Introduction

Foundations and the philanthropic community have a complex history with underserved populations. Historically, grantmaking has been foundation-driven and often place-based, reflecting the priorities of funders that may or may not be well connected to communities and organized around time-limited grants. This can prove problematic and even ineffective, and may disrupt a community's values and existing relationships (Kubisch, Auspos, Brown, Buck, & Dewar, 2011).

Funders continue to be challenged by how to best promote work in American Indian (AI) communities that builds health equity, addresses community context, and reduces the disproportionate impact of commercial tobacco. Despite health disparities and a clear need, less than 1 percent of all philanthropic giving goes to AI communities (Cunningham, Avner, & Justilien, 2014), with an annual average of just 0.4 percent from 2009 to 2011 (D5 Coalition, 2014). As demographic changes in the U.S. continue, it is essential that philanthropy "up its game" and focus more attention on efforts that promote health equity (Cunningham et al., 2014, p. 52).

Improving support within AI communities is especially important in the field of commercial tobacco control and prevention. Commercial tobacco refers to manufactured products such as cigarettes, and not to the sacred, traditional, and medicinal use of tobacco by many AIs. American Indians are disproportionately impacted by the harms from commercial tobacco use, experiencing higher rates of smoking-related diseases such as heart disease and stroke (Mowery et al., 2015; Holm, Vogeltanz-Holm, Poltavski, & McDonald, 2010). While the statewide adult smoking rate in Minnesota is 14.4 percent (Boyle et al., 2015), the rate for American Indians in the state is 59 percent (Forster et al., 2016).

Key Points

- Funders continue to be challenged by how to best promote work in American Indian communities that builds health equity, addresses community context, and reduces the disproportionate impact of commercial tobacco.
- In particular, public health programs that address substance abuse and tobacco control promote the use of evidence-based practices that tend to emphasize a one-size-fits-all approach and that are rarely researched among American Indian populations. These practices, therefore, lack cultural validity in those communities.
- This article examines how three organizations collaborated on work to control commercial tobacco use in Minnesota's Indian Country, and shares lessons learned on how they came to incorporate tribal culture, respect traditional tobacco practices, and acknowledge historical trauma to inform their grantmaking.

Three funding agencies — the Minnesota Department of Health, Blue Cross and Blue Shield of Minnesota, and ClearWay Minnesota — have collaborated on work to control commercial tobacco use in Minnesota's Indian Country. This article examines their lessons learned to incorporate and respect AI culture and traditional tobacco practices, and to acknowledge historical trauma, to inform their grantmaking.

Background

There is limited research to guide foundations on effective strategies for supporting work in AI communities, especially in reducing the disproportionate harm they experience attributable to commercial tobacco. This article seeks to address that limitation. It is important to understand the impact of conventional funding approaches, the importance of AI culture and traditional tobacco practices, and the impact of historical trauma. As smoking rates have decreased among mainstream populations, prevalence in AI communities remains unacceptably high. Thus, it is essential to implement efforts that will be effective in AI communities.

Evidence-Based Practices

The federal government and many funders promote use of evidence-based practices (EBPs) to ensure that local communities pursue policy and program efforts that have a research-demonstrated basis for impact on substance abuse, tobacco control, and other public health issues (Substance Abuse and Mental Health Services Administration, 2017; Lucero, 2011; Nebelkopf et al., 2011). However, such programs tend to emphasize a one-size-fits-all approach that discounts groups within larger research samples. Insufficient representation of American Indian/Alaska Native (AI/AN) communities in research studies "is critical because it perpetuates the disparities by allowing them to remain 'invisible' to funders" (Goodkind et al., 2010, p. 3). Evidence-based practices are rarely researched in AI/AN communities and lack cultural validity (Goodkind et al., 2010; Lucero, 2011; Morgan & Freeman, 2009). As Goodkind and colleagues observe, "While the term 'statistically insignificant' may seem relevant to epidemiologists, it feels dismissive and like an excuse to many" (p. 3).

Shortcomings of EBPs for use in AI/AN communities and the need to address cultural context have been identified in several fields, including mental health (Goodkind et al., 2010; Lucero, 2011), substance-use treatment (Lucero, 2011; Larios, Wright, Jernstrom, Lebron, & Sorensen, 2011) and commercial tobacco prevention (Bosma & Hanson, 2017; Bosma, D'Silva, Jansen, Sandman, & Hink, 2014; D'Silva, Schillo, Sandman, Leonard, & Boyle, 2011; Daley, Cowan, Nolten, Greiner, & Choi, 2009). Because they are a requirement for funding, EBPs may be biased against AI communities (Nebelkopf et al., 2011). These communities may encounter structural racism from funders — "race-based unfair treatment built into policies, laws, and practices. It often is rooted in intentional discrimination that occurred historically, but it can exert its effects even when no individual currently intends to discriminate" (Braveman, Arkin, Orleans, Proctor, & Plough, 2017, p. 13). The structural racism inherent in conventional government funding systems that require EBPs favors dominant cultural norms and approaches, while downplaying or ignoring AI/AN traditional and cultural learning or cultural competency, leading some to recommend transitioning program funding from EBPs to practice-based evidence (PBE) (Goodkind et al., 2010).

Isaacs, Huang, Hernandez, and Echo-Hawk (2005) define PBE as

> a range of treatment approaches and supports that are derived from and supportive of the positive cultural attributes of the local society and traditions. PBE services are accepted as effective by the local community through community consensus and address the therapeutic and healing needs of individuals and families from a culturally specific framework. Practitioners of practice-based evidence models draw upon cultural knowledge and traditions for treatment and are respectfully responsive to the local definitions of wellness and dysfunction. Practitioners of PBE models have field-driven and expert knowledge of the cultural strengths and cultural context of the community and they

> consistently draw upon this knowledge throughout the full range of service provision. (p. 16)

While developers of EBPs may feel that science trumps culture, Isaacs et al. (2005) concluded that culture may indeed trump science, even if rigorous academic research on PBE models is still limited.

Historical Trauma

From first arrival of European settlers, American Indians have been systematically stripped of their land and culture by governing powers, with acts like the Indian Removal Act of 1830; the General Allotment Act of 1887, which ceded more land to white settlers; and the 1952–1972 Indian Relocation program. Lucero (2011) describes the history of colonization and oppression of AI/AN people and discusses how the failure of EBPs to consider Native history, culture, and sovereignty perpetuated a federal policy of cultural destruction and suppression. An example of this is the boarding school movement, aimed at assimilating AI/AN into white culture: Capt. Richard Pratt, founder of the Carlisle Indian School, advocated the approach in an 1892 paper entitled "Kill the Indian, Save the Man."

Historical trauma (HT) from the boarding school experience, assimilation, suppression, and elimination continues to impact AI/AN communities while Western treatment modalities ignore the grief and suffering that contribute to substance use and health disparities (Brave Heart, Chase, Elkins, & Altschul, 2011; Brave Heart & DeBruyn, 2003). Soto, Baezconde-Garbanati, Schwartz, and Unger (2015) have identified historical trauma as a risk factor for commercial tobacco use among AI adolescents.

One of the few Native-developed EBPs is the Gathering of Native Americans (GONA), developed by Native American professional educators and clinicians. "The GONA curriculum recognizes the importance of Native American values, traditions, and spirituality in healing those suffering from historical trauma, and it includes both cultural activities and talking circles" (Nebelkopf et al., p. 264). The GONA, however, is not listed on any EBP registries because of insufficient outcomes research.

Some researchers suggest culture is treatment and that incorporation of tradition and culture holds promise beyond EBPs. In 2001, a U.S. Surgeon General report validated the need for attention to culture in behavioral health services, citing a long-standing failure to recognize the importance of culture in research, program development, surveillance and epidemiology, treatment, and prevention.

While the impact of HT on AI/AN people is widely accepted, some have cautioned that acknowledging HT should not preclude the need to confront structural racism. Even while describing it as a "powerful moral rhetoric," Gone (2014) has raised the concern that a focus on HT may draw attention from structural inequalities in political systems.

Culture

Some researchers suggest "culture is treatment" and that incorporation of tradition and culture holds promise beyond EBPs (Gone, 2013). In 2001, a U.S. Surgeon General report validated the need for attention to culture in behavioral health services, citing a long-standing failure to recognize the importance of culture in research, program development, surveillance and epidemiology, treatment, and prevention (Substance Abuse and Mental Health Services Administration, 2001). Tribes in Oregon resisted

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when that state attempted to require model programs from the National Registry of Evidence-based and Promising Practices, arguing that the requirement conflicted with tribal sovereignty and did not acknowledge a government-to-government relationship. Tribes claimed EBPs were a "recipe for exacerbating, not ameliorating, health disparities" (Walker & Bigelow, 2011, p. 277); they successfully pressured funders to recognize the tribal way of knowing, indigenous knowledge, the need for culture, and local community context.

In Denver, AI providers also made recommendations for incorporation of cultural practices into programming, citing the need for practice-informed approaches to address substance abuse and trauma exposure (Lucero & Bussey, 2015). Outcomes included reduced out-of-home placements and re-referrals as well as increased capacity of caregivers. After many years of practice, clinicians in Alaska realized that conventional Western medical expertise was insufficient for effectively providing treatment services in AI/AN communities and accepted that it was necessary to incorporate tribal wisdom into services (Morgan & Freeman, 2009). Cloud Ramirez and Hammack (2014) found that Native American identity was a main source of resilience in an examination of California case studies. Partnering with indigenous programs may help bridge EBP and culturally sensitive treatment paradigms (Gone, 2009).

The importance of culture can be supported by hiring staff who reflect the communities they serve. In the health professions, a racially and ethnically diverse workforce is associated with improved health care and quality for underserved populations (U.S. Department of Health and Human Services, 2006). Mainstream organizations are often fall short in recruiting, hiring, and training AI/AN staff to administer and oversee programs they fund. Cross, Day, Gogliotti, and Pung (2013) identify lack of AI/AN professors or role models, cultural isolation, lack of understanding of cultural customs and traditions, and racism as barriers to recruiting AI/AN into social work programs.

Two Tobacco Ways

Recognizing culture as prevention is especially important when addressing the impact of commercial tobacco on tribal communities. Until recently, the tobacco-control movement has paid little attention to the difference between the cultivation and use of plants as medicine and in ceremony from tobacco that is commercially produced and marketed. Tribes in Minnesota pushed back when public health efforts failed to reflect this distinction, and have reframed the work as restoring traditional tobacco practice (Boudreau et al., 2016).

While the research is limited, several studies suggest that including culturally specific programs that include an emphasis on sacred tobacco have a greater impact than mainstream programming that ignores its important role. Two studies found that participants in cessation programs that included encouragement of traditional tobacco had longer periods of abstinence from commercial tobacco than those in programs with no traditional focus (Daley et al., 2011; D'Silva et al., 2011). A qualitative study with Menomonie in Wisconsin found it was important for tobacco-prevention programming to include information on both commercial tobacco and sacred use (Arndt et al., 2015). Minnesota's Leech Lake Tribal College found it was important to emphasize restoration of traditional use in its campus commercial-tobacco policy; during a year of preparation for policy implementation, traditional use of tobacco increased (Bosma & Hanson, 2017).

Funders' Approach to Health Disparities and EBPs

Kubish and colleagues (2011) call for a shift in the way foundations think about their work and how they support communities, calling for collaboration between private- and public-sector funders to leverage a greater amount of resources for community change. Developing closer relationships and longer commitments to communities may also support greater change, such as the embedded approach used by some foundations, to look at change strategies from the bottom up, drawing ideas from the community rather than funders (Allen-Meares, Gant, & Shanks, 2010). Authors encourage foundations to improve evaluation as well. Dean-Coffey, Casey, and Caldwell (2014) encourage "equitable evaluation" to apply the principles of the American Evaluation Association's Statement on Cultural Competence (2011).

As recognition of the shortcomings of EBP becomes more evident, some funders have made efforts to support adaptations. One effort in Texas that showed promising results brought together expert panels to address limitations of EBP for Hispanic and African American communities, then funded groups to select EBPs and adapt them for their own communities, placing greater emphasis on cultural adaptations including attention to language, use of metaphors and storytelling, and cultural values (Frost & Ybarra, 2011).

The Colorado Trust recently made a commitment to move past a focus on health disparities and toward heath equity after a long-held commitment to funding EBPs to improve public health. It not only changed its approach to grantmaking, but also undertook a deep staff transition to address its power imbalance as the funder. It installed regional staff with community organizing skills to create a participatory grant process designed to radically change its funding approach (Csuti & Barley, 2016). Changes extended beyond grantmaking to its evaluation process:

> Residents know their communities — they can see things that outside evaluators and foundation staff might overlook. It is this power — to see what is invisible to outsiders — that can enable community members to achieve more than others believe is possible. (Csuti & Barley, 2016, p. 79)

Funding in Indian Country

The Minnesota Department of Health (MDH), Blue Cross and Blue Shield of Minnesota, and ClearWay Minnesota have independently funded projects in AI communities to reduce commercial tobacco use and its harms, and each has learned lessons about improving their approach to this work. A decade ago, they realized that their efforts would be enhanced if they worked together.

Each funder was recognizing that its initial approach to funding in Indian Country was not meeting the needs of tribes or funders. Tribal communities were pointing out the limitations and shortcomings of EBP: cumbersome funding processes that didn't mesh with grantee timelines, failure to incorporate tribal culture, a lack of understanding of historical trauma, and the need to understand, respect, and restore traditional tobacco use. Initially, the funders struggled to understand the importance of restoring sacred tobacco as part of efforts to reduce commercial use. Several grantees suggested that if the funders' approach did not change, they might stop participating in the initiatives.

As foundation staff recognized the need to make changes, they also needed to better understand the importance of traditional tobacco among their stakeholders and decision-makers. ClearWay undertook an intensive, two-year process to more deeply educate its board and staff about AI culture and the two tobacco ways (Kintopf et al., 2015). The MDH, after identifying grantees' serious frustrations with its funding processes, paused new grantmaking for a year and hired an external, culturally competent consultant selected with input from a grantee review committee to interview stakeholders about what would improve MDH support for grantees. The MDH established an advisory committee to guide the process, including question development, recruiting participation, focus of input, and recommendations. Importantly, the MDH then worked with grantees to prioritize feasible

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recommendations and set a timeline for implementing them.

Methods

Staff from the three funders wanted to share their stories and lessons learned, hoping that other funding organizations would learn from the collaboration and from the changes they made in their approach to AI commercial tobacco control. They contracted with Bosma Consulting to lead a process that identified lessons learned through their collaboration.

The evaluator and staff from the three funders decided to conduct two group interviews with staff: two representatives from ClearWay, two from Blue Cross and Blue Shield of Minnesota, and four from the MDH. To gather observations from grantees, the evaluator conducted 11 telephone interviews with 13 staff representing 11 tribal organizations that had received support from at least one of the three funding organizations. Funders' staff provided input into the questions asked of the grantees.

The evaluator transcribed the interviews and identified main themes. Funder staff reviewed the original list of findings and finalized the manuscript outline. Grantee staffs who had participated in the interviews were given the opportunity to review the final draft manuscript.

Working Together to Improve Support for Commercial Tobacco Control

While each funder worked internally to improve its own strategies, there was also the awareness that the three were virtually the only funding sources for commercial tobacco control available to tribal communities in Minnesota. Thus, the funders knew their efforts had an oversize role in determining tribal success in reducing harms related to commercial tobacco in AI communities. The funders have similar broad goals for reducing commercial tobacco use and related harm, but were working independently. Sometimes their projects overlapped: "There was some tripping over one another," a representative from one funder remarked.

In 2006, staff from the three funding organizations decided it would be helpful to discuss their efforts, and staff involved in AI programming began meeting quarterly. While their structure was informal, the meetings were an intentional effort to do the work more effectively through shared information and joint planning. The individual organizations maintain their own internal controls and approval process, but staff shares information and cooperates on funding efforts to avoid duplication and increase impact. This intentional collaboration goes beyond mere updates; the funders strategize with one another to help move the work forward.

One reason collaboration makes sense is because each funder is committed (or, in some cases, mandated) to not duplicate or supplant existing efforts, making it essential to be aware of one another's work. Each funder has strengths in certain areas; collaboration enables each to make decisions within the context of all available funding and to play to those strengths. For example, if one funder sees a need that is outside its organizational mission, it can reach out to the others — one might fund adult efforts, another youth, and another training support; or one funder might support programmatic efforts and another support evaluation. The funders have an overall

shared vision, so discussions focus on how to accomplish the work. As one of the organization staff put it, "Philosophically, we never disagree around the direction of where the work should go. … Sometimes we bump into our organizational structures and one of us may say, 'we can't do that — can either of you?'"

Timing is another consideration. The funders realized it made sense for them to coordinate efforts, yet they have different fiscal years and reporting requirements. By consciously planning out which organization will fund which efforts, the process is better coordinated for grantees.

Funders say they worry more about supporting the work than taking credit. "I think our commitment to the work is that it doesn't matter if we take the lead," said one representative. "It's, 'let's get the money in there to do it.' … It's not a competition." Another staff person said the coordinated support helps all of the funders be advocates for AI work, because "within our organizations, this body of work had to be raised up." A third agreed:

> If we look at everything through evidence-based programs and how does it fit, and our [organization's] role is population-level health, which means that we have to make the case for working in priority populations—even though they have the highest rates (of tobacco use) … we just have to look through that filter.

An important aspect of the collaboration is trust among the funders' staffs. Many have worked in more than one of the organizations and have known one another for a long time. This trust contributes to making meetings a safe space to strategize, solve problems, and share information candidly. One staffer who reported feeling comfortable with communicating openly said, "I wouldn't feel offended if someone said something to me, because I know the intent is there."

Lessons Learned

In the wake of the evaluator's work, the three funding organizations have responded to feedback from grantees and are addressing the issues they raised. Both grantees and funding staff see improvements in grantmaking requirements and processes, incorporating culture, recognizing historical trauma, and restoration of traditional tobacco.

[R]eporting requirements have been revised and simplified. Reports can now include storytelling, community-change chronicles, phone check-ins, and other formats more suited to tribal community work. Evaluation needs are aligned with reporting so that grantees do not need to report similar information more than one time for multiple purposes.

Requests for Proposals and Reporting Requirements

The funders have expanded time periods for grants to up to five years and, in some cases, renewals are noncompetitive. Requests for proposals (RFPs) explicitly identify traditional tobacco and culture. Timing and duration of grants had been problematic for tribal organizations — when a grant lasted only one to two years, it was difficult to recruit, hire, train, and retain staff. The RFPs and reporting requirements were cumbersome and often had little relevance to tribal circumstances. One respondent noted that a funder would send back documents multiple times for revisions of words or phrases. Frustrated grantees were questioning whether the funds were worth working through the red tape required to obtain them.

In addition, reporting requirements have been revised and simplified. Reports can now include storytelling, community-change chronicles

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(Scott & Proescholdbell, 2009), phone check-ins, and other formats more suited to tribal community work. Evaluation needs are aligned with reporting so that grantees do not need to report similar information more than one time for multiple purposes. One staff member recounted,

> I had heard stories of all the good work going on with these grants, but when I read the reports, every month it would just say, 'We had three people do this, four people do that.' … I started calling the grantees, and they were telling me the work they were doing — and it wasn't captured in our reports at all. So we had this disconnect. I personally felt that we had set our grantees up for success and our report wasn't capturing the good work that was going on.

Tribes are now funded directly, instead of in coalition models. Funders heard that the methods of funding didn't line up with the reality of the work. Both the MDH and ClearWay were requiring multiple tribes to form coalitions to implement commercial tobacco policy approaches, which didn't meet the needs of individual tribes. As ClearWay Minnesota staff noted, "We kept hearing from the tribal communities that 'you should fund us directly.' So that's when we started the change. … In 2004 we started trying to fund the nations directly."

Funders also hired Native staff to work on tribal projects. Grantees pointed out that funders' staffs did not reflect the tribal communities they were trying to serve and said it was important to feel represented by Native staff within the funding organizations. As one grantee observed, "We need to see someone like us at the state level." The funders said it was a challenge to recruit and hire Native staff, but they persevered.

Culture Is Prevention

Funders are embracing the concept that culture is prevention; tribal grantees are required to incorporate cultural activities and approaches in their work. Grantees insisted that programming needed to involve tribal culture because it is central to the tribal approach to healing: "It is almost like you are asking permission to be able to do things in the way you know will be effective in your community," said one grantee, who called the new approach "refreshing. … We did not have to explain the drum being present. They listened and understood."

Grantees value being able to use holistic and multigenerational approaches, which include elders, adults, and children, and to incorporate commercial tobacco control into other activities. "People will come to a powwow, but maybe not a tobacco education event," said one grantee. Funders now support tobacco gardens, traditional medicines, food for events and activities, drum ceremonies, and other less conventional items for grantees. As one grantee noted, it is "raising our next generation with the right mindset."

As one funder said, "Culture is prevention, it permeates everything." All three organizations are explicit about culture in their RFP language. They collaborate to ensure that a range of activities are covered — one funder may support specific policy efforts while the second focuses on youth efforts and the third on capacity building and training support, for example. Supporting the GONA has been important in bringing grantee staff and stakeholders from the different tribes together to exchange information, share ideas, and develop relationships. Grantees recognize the new emphasis on culture: "They absolutely got it," said one.

Historical Trauma Is Acknowledged

Funders have named HT and agreed on the importance of acknowledging its impact on tribal communities — a necessary step for grantees and funders to move forward. Training in HT awareness has been implemented for funders' boards and grantee staff. Acknowledging HT led one funder to extend support for programs to address adverse childhood experiences as a way to more holistically address the ongoing effects of HT among tribes.

The history of colonization, oppression, assimilation, and removal through paternalistic government policies has been reinforced by policies aimed at commercial tobacco that required use of non-Native programs and failed to acknowledge commercial tobacco as another form of oppression. In addition, lumping AI funding in with other categories of state support failed to acknowledge tribal sovereignty or treat tribes as nations. One grantee noted the importance of identifying the separate status of "basically white institutions" with little or no experience in or staff from Indian Country that impose an outside model on tribes. In the past, this grantee said, the funders' approach seemed to be, "We're here to do good and we're gonna tell you exactly how to do it." Another noted that in the earliest years of funding, there was little understanding of "the fractured relationship between Indian Country and state government; they tried, but were not aware."

Another grantee noted the progress:

> I think the GONA work has been very important [in] being able to help people understand ... the role of historical trauma and its having an impact on health. A big part of that is reclaiming our culture, which was taken away from us. … You have to talk about it, and that's where GONA kind of stems from.

Sacred Tobacco Is Supported

Funders now support restoration of traditional tobacco practices and differentiate them from commercial, exploitative tobacco. The two tobacco ways were of utmost importance to all the grantees who were interviewed; they agreed that traditional tobacco education is essential to commercial tobacco control in their communities.

"We have been gifted with tobacco from the Creator," said one. "It is our first medicine. Tobacco is health." Another described the change in the funders' approach: "It used to be, all tobacco was bad. But now they distinguish between commercial and traditional. This is huge." Another grantee described the impact of this new awareness: "It's a powerful message [and] we're trying to educate our people, how commercial cigarettes were used at funerals and ceremonies because we couldn't have our own medicines." Still another described how tribes are educating their members about traditional tobacco, including growing and harvesting red willow, and that as a result, "It is rewarding to see that traditional observance has increased."

Funders are aware they would have lost grantees if they had not recognized sacred tobacco and made their support for it explicit. Grantees did not share the funders' "tobacco free" goal; their aim was to restore sacred use of tobacco and differentiate it from the commercial product promoted by the tobacco industry. There was a lengthy learning process for the funding organizations to distinguish commercial tobacco use from sacred observance.

Restoration of traditional tobacco — including support for tobacco or medicine gardens, ceremonies, and education by tribal elders — is now embedded in the funders' efforts, along with ongoing training to ensure this knowledge is institutionalized and sustained. "That's part of orientation of any new people," a representative from one funder said. "We had to change our language around commercial tobacco," said another. "We had to acknowledge the history."

Moving From Evidence-Based Practice to Practice-Based Evidence

The funders no longer restrict tribal work to implementation of EBP. In identifying numerous challenges in the early years of commercial tobacco funding, grantees said funders' imposition of EPB on tribal communities was a

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consistent problem. While funding focused on policy, grantees already knew their communities had disproportionately high rates of commercial tobacco use and needed prevention and cessation as well as policy.

Funders' staff began to see that their grantmaking processes were better suited to their own needs than to those of the tribal communities they sought to support. Grantees knew that EBPs weren't researched in their communities — the mainstream model of public health did not fit and could not be simply imposed. New grant guidelines allow activities that emphasize culture, and funding supports those efforts.

As funding adapts to tribal needs, funders and grantees have been working toward shared goals with deeper respect. At the same time, policy changes have led to restrictions on the use of commercial tobacco at community events, workplaces, and tribal buildings and spaces (Scott et al., 2016). Tribal communities have engaged with funders to publish articles (Scott et al., 2016; Boudreau et al., 2016) and disseminate evaluation findings and policy success stories.

Outcomes

This approach is bearing fruit. Tribes across the state are enacting policies that should lead to reduced use of commercial tobacco: commercial tobacco-free spaces, buffer zones around tribal buildings in proximity to doorways and buildings, bans at powwows and other events, smoke-free restaurants and break rooms at a number of casinos, and bans on sales of toy cigarettes at powwows. Significantly, tribal grantees are restoring traditional observances, including harvesting, cultivation, and education on the sacred use of tobacco, and incorporating them into their efforts (Scott et al., 2016). These efforts are an essential intermediate outcome of tribal work.

Ultimately, success will be measured by increased observance of sacred traditions and a decline in commercial tobacco use. To collect data on these objectives, ClearWay is conducting a second Tribal Tobacco Use Project (TTUP-II) from July 2018 through December 2020. Led by an AI organization from Minnesota, the TTUP-II will generate statewide and tribal-specific data on commercial and traditional tobacco use and on related knowledge, attitudes, and beliefs among AI adults. This data will help guide programs and strategies to reduce the harms of commercial tobacco statewide and within individual Tribal Nations.

Outcome data from one initiative provides evidence that the approach is working. The funders partnered to support an initiative by Leech Lake Tribal College to enact a commercial tobacco-free campus policy that included education on commercial tobacco harms and an emphasis on education and restoration of sacred tobacco. After the policy was implemented, student use of commercial tobacco decreased from 48.4 percent to 41.3 percent and, over the same period, use or observance of traditional tobacco increased from 46.4 percent to 71.1 percent among students and from 56.4 percent to 70.7 percent among faculty and staff. Traditional observance increased among both commercial tobacco smokers and

nonsmokers (Bosma & Hanson, 2017). Leech Lake's results suggest that similar outcomes may be associated with the numerous other policy efforts that grantees have implemented.

Conclusion

Their collaboration has helped the Minnesota Department of Health, Blue Cross and Blue Shield of Minnesota, and ClearWay Minnesota develop a more coordinated approach to supporting restoration of traditional tobacco practices among AI communities in Minnesota. By making a commitment to listen to and learn from tribal communities and to educate the members of their organizations, their funding is better aligned with the reality of implementing programming in those communities.

The collaboration has produced shared values and a consistent approach to commercial tobacco work in AI communities. Grantees feel that their expertise is more respected and valued and that funders are listening to their concerns and willing to examine their approaches and make necessary changes — specifically by incorporating practice-based evidence. The result is support for work to control commercial tobacco that recognizes culture and historical trauma and that aims to restore traditional tobacco practices among tribal communities in Minnesota.

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