Master of Public Health

Integrative Learning Experience Report

Educating The Native Population on Commercial Tobacco use and The Development of a Tobacco Cessation Program.

By

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Abstract

Commercial tobacco use is a major health issue within the American Indian (AI) community. It is estimated that as of 2021, 21% of the adult AI population and 7.5% of the youth AI population are smokers. Through my work as the Program Director for Tobacco Prevention at my APE site at Sherwood Valley Band of Pomo Indians, we tackled this issue head on through community outreach, education, data collection, and policy development. During my experience at the site, I addressed the health issue by conducting public intercept surveys, consumer testing, litter observation surveys, and through assessing community needs through the completion of a Midwest Academy Strategy Chart. The data gathered from these methods show that not only is there a commercial tobacco use issue within the community but that there is also a lack of support for our program from the community. The work that is being accomplished at this site will eventually lead to major health and quality of life improvements through the implementation of a no smoking policy within the community's parks, creeks, and recreational areas.

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Chapter 1 - Literature Review

Smoking is the number one preventable cause of death within the US. Commercial tobacco use within the Native American (AI) population. Currently the leading cause of deaths in the AI population is cardiovascular disease, and the leading cause of cancer deaths in the AI population is lung cancer, both of which can be linked to tobacco use (Centers for Disease Control and Prevention, 2022). Although smoking rates have been on the decline since 2005, these rates are still high, especially for the AI population. As of 2021, 21% of the adult AI population and 7.5% of the AI youth population participate in commercial tobacco use (*Tobacco use in racial and ethnic populations,* 2022). These high rates of commercial tobacco use can be attributed to poor cultural education on the differences between sacred tobacco and commercial tobacco, easy access to the product, and constant exposure to commercial tobacco. Commercial tobacco affects the AI population by causing serious health issues like lung and throat cancer but smoking may also be associated to poor national intake which can cause serious health issue such as obesity and heart disease.

Tobacco plays a big role in the culture of the AI community. Tobacco primarily used by the AI community is known as sacred or traditional tobacco (*Traditional tobacco,* 2022). Sacred tobacco consists of tobacco leaves and other native plants from each tribes' region, for example sage. Sacred tobacco has been used for many generations for ceremonial purposes or used as traditional medicine to promote spiritual and physical healing. During spiritual events like a smoke out, this type of tobacco is usually burned as an offering to the Creator and should not be purposely inhaled into the lungs. Commercial tobacco on the other hand is mass produced by corporations for profits. Commercial tobacco products consist of tobacco leaves, added nicotine, and other cariogenic chemicals. The biggest difference between both products is that commercial tobacco is used recreationally and should not be used as a substitute for sacred tobacco for ceremonial purposes (*Traditional tobacco,* 2022). Unfortunately, with the AI youth population, there has been a growing lack of differentiation between both types of tobacco, either due to a lack of cultural education or due to the exposure of the commercial tobacco use and marketing in the community. The disconnect between the two types of tobacco and the idea that commercial tobacco can be used as sacred tobacco is further strengthened by the mass marketing produced by tobacco companies. For a long time, tobacco companies have used AI imagery and cultural symbols as a marketing tactic (D'Silva et al., 2018). For example they have used traditional headdresses, pictures of Natives, or even terms like "big medicine" within their slogan (D'Silva et al.,

2018). Because of this, more youth have associated spirituality and tradition with commercial tobacco products like cigarettes, which in turn increases the risk of tobacco use. This is seen in a 2020 study conducted in California, in which 156 tribal youth were surveyed. Within those youth, 31% used cigarettes and associated spirituality with its use. The study also found an association between spirituality with commercial tobacco, and an increase in risk of commercial tobacco use within youth (Unger et al., 2020).

Tobacco companies have been active participants in promoting tobacco use within the AI community. Commercial tobacco products have been marketed to the AI community through price reductions, coupons, and casino/bingo sponsorship. Price reductions were accomplished through coupons, discounts to retailers, but more importantly through the avoidance of commercial tobacco sales taxes. Since federally recognized tribal lands were classified as sovereign nations, in that they are able to govern themselves with similar powers as the state and federal governments (*An Issue of Sovereignty*, 2013), stores that resided on tribal lands were exempt from state commercial tobacco sales taxes. This in turn made commercial tobacco products substantially more affordable for the AI population (Lempert & Glantz, 2018). Through use of coupons and the reduction of prices within tribal lands, it became easier for individuals to access commercial tobacco products but also able to purchase in larger quantities since it was made so inexpensively. In fact, in 1996, 16 tribal stores in New Mexico sold 13.4% of the state's total industry volume (Lempert & Glantz, 2018). Although non- AI were also allowed to purchase these tobacco products at a reduced price, AI had easier and quicker access to these products because it was sold within their tribal land. Tobacco companies have also been able to target the AI population through ad placements at local casinos and tribal bingo halls. Tobacco companies placed ads for their products within electronic slot machines, on the bingo cards, and within commercial tobacco vending machines which encouraged smokers to buy their products. (Lempert & Glantz, 2018).

Apart from AI culture and marketing from tobacco companies, socioeconomic elements such as income and education also play a big role in tobacco use. Previous studies have found that smoking incidence was associated with low income on a worldwide scale (Casetta et al., 2016). The same was true for education levels. Specifically within the AI community, lack of education and low incomes have been shown to be associated with increased smoking incidence. For example, a study conducted by Garrett et al. found that around 51% of the AI population living below the federal poverty line used tobacco products (Garrett et al., 2019). The same study found that low education was also associated with increased commercial tobacco use. Another study conducted by Cunningham et al. found that if

socioeconomic status was controlled for, the number of AI heavy smokers would drastically decrease (Cunningham et al., 2020). Socioeconomic status plays a big role in smoking incidence rate within the AI population.

Commercial tobacco use has affected the AI community's nutritional health on a generational level as well. Although it is believed that commercial tobacco use suppresses hunger, recent scientific literature has discovered that it may have the opposite effect (Chao et al., 2017). There has been an association with commercial tobacco use and an increase in food cravings and habitual consumption of high-fat foods and fast-food A study found that on average, smokers consumed more energy, saturated fats, total fat, and cholesterol than non-smokers. Smokers also consumed less fiber, vitamin C, vitamin E, and β-carotene than non-smokers (Heydari et al., 2014). The low intake of vitamin C and vitamin E containing fruit and vegetables can increase the risk of smoking related-cancers since the antioxidants found in the fruit are needed to reduce oxidative stress caused by commercial tobacco use (Chao et al., 2017). The high intake of fatty foods is also a major health issue since it can lead to serious health issues such as abdominal obesity and coronary heart disease (Chao et al., 2017). This is a major health issue within the AI population since they have high rates of obesity. Currently, 33% of the AI adult population are considered obese and they are almost more than twice as likely to be obese then the Caucasian population. Children, specifically, are even more likely to be affected with almost 50% of the AI children below the age of 11 considered either overweight or obese (American Psychological Association, 2015). Smoking is a major issue that not only affects health by increasing risk of disease such as lung cancer, but also has an influence on diet and nutrition, contributing further to negative health ramifications.

For many years American Indians have had the highest smoking incidence rates within the US for both adults and children. Although culturally and spirituality sacred tobacco plays a big role within the AI population, commercial tobacco has blurred the meaning of what sacred tobacco means. Due to the replacement of sacred tobacco and lack of awareness of the differences between the two, incident commercial tobacco use has increased within the AI community. This increase is funded by major tobacco companies through their promotion and marketing of products through discounts and increased ad placements that are plentiful within tribal land, casinos, and bingo centers. In addition to living in an environment that encourages smoking through targeted marketing, low socioeconomic status and lack of education is also associated with the risk of commercial tobacco use. AI who lack college degrees and earn lower incomes tend to have higher rates of commercial tobacco use than other populations within the US. Tobacco use is also linked with poorer nutritional outcomes with smokers being more likely to

consume higher amounts of fatty food and lower amounts of nutritionally rich foods. Because of this, the AI's community faces a higher risk of developing obesity and coronary heart diseases. As a whole, the AI population faces multiple health barriers due to the presence and infiltration that commercial tobacco has on the community.

Chapter 2 - Program Description and Learning Objectives

I completed my Integrated Learning Experience at Sherwood Valley Band of Pomo Indians, Department of Tobacco Prevention. The program was funded by the CG 20-10003 California Tribal Grants to Reduce Tobacco-Related Disparities. The grant funding and support of California tribal governments and agencies is intended to address the tobacco disparities that are affecting the AI community. In my integrated learning experience, I was tasked with developing and heading the program and department. The overarching goal of the program was to reduce the use of commercial tobacco within the Sherwood Valley tribal community. The main goal was broken down into three major objectives. The first objective was to develop and pass a 100% smoke free policy for outdoor recreational areas, facilities, and venues. This would result in a decrease of tobacco litter by 50% from a baseline established during the first year of the project. The second objective was to develop a voluntary household smoke-free policy that would be adopted by 50% of households on tribal land. The third objective was to create and maintain a youth coalition that will be educated, trained, and sustained as leaders and spokespersons to implement program objectives and to educate their peers.

My responsibilities while working at my project site were to do the following:

- Oversee the establishment and maintain relationships with other tribal programs.
- Maintain contacts with state and local community groups to advocate for tribal issues and interests in tobacco prevention activities.
- Develop and disseminate informational tobacco cessation, prevention, and second-hand smoke materials.
- Develop media such as press releases, public service announcements, ads, and flyers to announce training, tobacco prevention opportunities, and other events.
- Coordinate project activities at tribal locations.
- Assist tribal staff with tobacco prevention activities aligned with the tobacco program's objectives.
- Develop and update tobacco prevention and cessation policies and environmental programs in conjunction with other tribal staff and leadership.
- Maintain a well-organized electronic filing system for project documents and computer files and maintain a well-organized hard copy filing system.
- Used word processing, graphics and publishing programs, databases, and other computer programs to prepare correspondence, proposals, reports, etc.

Learning Objectives

While working at my site, I was expected to learn the following:

- How to develop effective public intercept surveys.
- How to conduct key intercept interviews.
- How to develop effective consumer testing questions and how to effectively proctor a focus group session.
- How to develop engaging and culturally acceptable educational materials for the AI community.
- How to conduct a culturally sensitive MASC.

Working with my mentor Dr. Acosta-Deprez, I was able to develop two different Public Intercept Surveys (PISs). The first survey known as 1-E-7, primarily focused on commercial tobacco use within tribal parks and recreational areas. Part of the survey was designed using a Likert scale to measure the community's attitudes. Participants were asked to rank the degree to which they agree/disagree with statements included in the survey (Sullivan & Artino, 2013). This portion of the survey was intended to determine the perceptions about policies on commercial tobacco bans, as well as opinions about commercial tobacco use within parks. The survey can be found in appendix 1. The survey also focused on obtaining background information on the participants and their relationship with commercial tobacco use. The second survey we developed, known as 2-E-6, focused on knowledge and attitudes about the extent of smoking in single family homes and support for the adoption and implementation of a voluntary smoke-free home policy. This survey can be found in appendix 1. Instead of using the Likert scale for this survey, we used a multiple choice method for gathering information. Just like the 1-E-7 survey, this survey also gathered background information on the participants and their relationship with tobacco use. In order to incentivize participation, individuals who completed the survey were entered into a raffle to win a 25 dollar gift card to a local shop. The incentives were purchased by our department, but were funded by the grant.

During bi-weekly meetings, I was able to develop a Key Informant Interview (KII) guideline and questionnaire with the help of Dr. Acosta-Deprez. The interview consists of ten questions regarding the interviewees' perceptions of the commercial tobacco issue in the Sherwood community and their perceptions of potential ways to engage their community's youth in the youth coalition that was organized by the program. The KII can be found in appendix 4. The KII was developed so that the

interviews could be conducted via phone, zoom, or in person. The target audience for the KIIs were local school youth coordinators, tribal youth coordinators, local tribal learning center employees, and parents of potential youth coalition members. I also underwent a two-hour training session provided by Dr. Acosta-Deprez, on how the interview/discussion should be facilitated.

During my experience at my APE site I learned how to develop effective consumer test questions and how to effectively proctor a consumer testing session. In collaboration with Dr. Acosta-Deprez, I developed a short list of six questions that were used to gather qualitative information from local community members regarding the look, feel, content, language, and cultural appropriateness of the educational materials developed through our program. In order to keep the consumer testing time within 30 minutes and to keep a structured dialog, the same questions were used for each flier, pamphlet, and fact card. The aim of the consumer testing activity was to conduct two 30-minute consumer testing sessions with 8-10 community members. After consumer testing was completed, materials were submitted to The Tobacco Education Clearinghouse of California (TECC) in order to get approval for distribution. A one-hour training session on how to effectively conduct/facilitate a consumer testing session was also conducted by Dr. Acosta-Deprez. The training focused on how to ask effective follow up questions, how to create a safe space for dialog/participation, and how to keep a group dialogue flowing. Consumer testing questions and educational materials can be found in appendix 1.

In conjunction with training opportunities provided by the Online Tobacco Information Systems and training opportunities provided by Sherwood Valley tribal departments, I was able to attend several educational sessions on how to develop culturally sensitive educational materials. Some examples of these trainings are:

- Youth Coordinator Strategy Exchange (January)
- Kick It California Quit Vids Webinar (February)
- Diversity and Inclusion: Creating a Culture of Respect for the Asian American and Native Hawaiian/Pacific Islander Community (March)
- Natives Defeating Opioids (March)
- Information & Education Virtual Days of Action (May)
- Optimizing Instagram Engagement using Stories and Reels (May)
- TECC's Why Less is More: Tips for Developing Effective Educational Materials (June)
- TECC's Using Clear Communication to Reach Priority Populations (June)

- Boosting Social Media Strategies (Social Media 101) (September)
- Bridging Communities with Systems Change: Advancing Health Equity and Promising Practices Web Series Session (September)

These training sessions, webinars, and exchanges provided me with the ability to exchange information on educational material development completed by similar California tobacco programs that are funded through the same grant mechanism. These sessions also allowed me to better develop my skills of creating educational materials that are more culturally appropriate by allowing me to view a wider range of materials that were produced from different perspectives.

In collaboration with the American Heart Association (AHA), I was able to participate in their Midwest Academy Strategy Chart (MASC) training session. The AHA training session provided information on what a MASC was, who should participate in it, and how to effectively complete the MASC with community members. I further improved my training in MASC development by attending a training session provided by the Tribal Community Coordinating Center (TCCC). The TCCC training session helped me build upon the knowledge I gained from the AHA and went a step further by providing additional training on how to complete the MASC in a tribal setting with a heavy focus on keeping with the community's culture. The TCCC session focused on conducting a variation of the MASC with a focus on facilitation. This variation of the MASC was also developed in conjunction with the Director of Tribal Projects of TCCC. The wording of the MASC was also changed to better reflect the beliefs of the community. Since most AI communities are closely connected, words that carried a negative connotation were changed to words that were less negative/aggressive. For example, the words opponents and targets were changed to skeptics and unsupportive. These changes were an attempt to create a more sensitive atmosphere in order to encourage community members to be active participants and feel less shunned and judged for their thoughts and actions. The completed MASC can be found in appendix 5.

Chapter 3 – Results

In collaboration with Dr. Acosta-Deprez and in line with the Tobacco Control Evaluation Center (TCEC), two PISs were developed and distributed to the Sherwood Valley community. See appendix 1 for the surveys. Both surveys were delivered to the community through online means (either through the program's Facebook page or through the tribal webpage), through home-to-home canvassing, and through outreach events (i.e. attending tribal events and setting up a booth where surveys could be completed). The first survey focused on the knowledge, attitudes, and behaviors of community members regarding commercial tobacco use in recreational areas. The survey was open to the Sherwood Valley community for six months, from February 2022 to July 2022. A total of 69 community members participated and fully completed the survey. Some of the preliminary data collected can be found in table 3.1 below. Overall results indicated that 78.9% of the survey participants believe that it is easy to purchase commercial tobacco products within their community, 53.9% spent less time in recreational areas if people were smoking, 26.5% believe that restricting or banning smoking around parks and other recreation areas on tribal land infringes on people's right to choose, and 67.4% would support a policy to end exposure to secondhand smoke at outdoor recreational facilities. The complete data collected from this survey will be used to develop educational materials tailored to the community, develop and implement a no-smoking policy banning the use of commercial tobacco in recreational areas, and to develop strategies to get community members to adopt and comply with the no-smoking policy.

Table 3.1— Data from the first PIS results

Survey Questions	Survey Responses
It is easy for me and my peers to purchase tobacco products in my community.	9.6% somewhat/strongly disagreed with this statement. 78.9% somewhat/strongly agreed with this statement. 11.5% neither agreed nor disagreed with the statement.
I spend less time in parks and playgrounds if other people are smoking.	15.4% somewhat/strongly disagreed with this statement.

	53.9% somewhat/strongly agreed with this statement. 30.7% neither agreed nor disagreed with the statement.
The use of tobacco products on tribal land seriously impacts the health of people on tribal land.	17.6% somewhat/strongly disagreed with this statement. 60.8% somewhat/strongly agreed with this statement. 21.6% neither agreed nor disagreed with the statement.
Ashtrays and cigarette disposal units that enable tobacco consumption should be removed from parks and recreation facilities on tribal land	30.6% somewhat/strongly disagreed with this statement. 44.9% somewhat/strongly agreed with this statement. 24.5% neither agreed nor disagreed with the statement.
I support a policy to end exposure to secondhand smoke at outdoor recreational facilities (e,g, parks), venues and areas owned by the tribe. 67.4%	12.2% somewhat/strongly disagreed with this statement. 67.4% somewhat/strongly agreed with this statement. 20.4% neither agreed nor disagreed with the statement.
Restricting or banning smoking around parks and other recreation areas on tribal land infringes on people's right to choose.	26.5% somewhat/strongly disagreed with this statement. 49% somewhat/strongly agreed with this statement. 24.5% neither agreed nor disagreed with the statement.

In the past year, have you used any type of commercial tobacco and/or commercial tobacco-related products (ESDs, vape pens, hookah, etc) products?	38.5% of the participants stated yes. 61.5% of the participants stated no.
Does anyone in your household use any commercial tobacco and/or tobacco-related products?	41.2% of the participants stated yes. 54.9% of the participants stated no. 3.9% of the participants stated not sure.

The second survey focused on the knowledge, attitudes, and behaviors of community members regarding commercial tobacco use within their homes. The survey has been available to the Sherwood Valley community since July 2022. It is currently an ongoing survey and we aim to complete it by December 2022. As of October 2022, a total of 100 community members have participated in the survey. Some of the preliminary data collected can be found in table 3.2 below. Preliminary results indicate that 87% of the survey participants are affected by secondhand smoke and that 55% are affected by smoke drifting into their homes. The biggest contributor to the drifting of smoke is from commercial tobacco products. It is also important to note that 77% stated that their household contained minors and young adults. The complete data collected from this survey will be used to develop educational materials tailored to the community, develop and implement a voluntary no-smoking home policy, and to develop strategies to get community members to adopt and comply with the no smoking policy.

Table 3.2— Data from the second PIS results

Survey Questions	Survey Responses
Have you ever been bothered by drifting secondhand smoke while home?	87% said yes
What type of smoke drifts into your home?	55% said commercial tobacco 25% said vape 15% said marijuana 4% said not sure
How frequently do you notice secondhand smoke drift into your home?	46% said almost everyday
Do you or anyone who lives with you have a medical condition that is made worse by exposure to secondhand smoke?	68% said yes

Does your home have any non-smoking policies/rules already in place?	35% said no
Are people allowed to smoke inside your home?	46% said yes
Do you currently use any tobacco?	50% said yes
Do any of the following types of individuals live in or frequently visit your home?	17% said 0-5 60% said 6-18 23% said over the age of 60

To evaluate the pamphlets, fact cards, and fliers that were produced through our program (located in appendix 3), two focus groups were conducted. Both focus groups were conducted in person at our main office and through home-to-home canvassing. Volunteer recruitment outreach was conducted through online means (either through our program's Facebook page or through the tribal webpage).The first consumer testing session was conducted on April 13th, 2022. The focus group consisted of four participants. Tables 3.3, 3.4, and 3.5 show the feedback obtained from the first focus group. The focus group questions, and images of the educational materials can be found in appendix 2.

Table 3.3—Feedback/results from the first consumer test's focus group ("Cigarette butts are dirty and toxic", Fact Card)

	Question	Related comment
1.	What is the first word that comes to mind when you look at this fact card?	**OB = Observer** • OB3: Sickening • OB4: Scary • OB1: Bad
2.	What thoughts, feelings and associations do you have when you first see this material/brochure/flier?	• OB2: Tobacco waste as a liter in our water is gross. • OB1: How tobacco effects and smoking harms our kids. Second hand smoke is a danger to all of our people, and kids.
3.	What are two things that would prevent you from reading this material?	• OB3: If I didn't smoke. • OB2: The word toxic.

		• OB3: We read a lot of negativity through our media and this comes off as too negative. • OB4: As a smoker I wouldn't read this because it would make me feel bad.
4.	What is one thing this material doesn't do that you wish it did?	• OB1: Ask what or how I can stop. For example cessation services. • OB3: Something funny that grabs people's attention. • OB2: Include chemicals found in tobacco products.
5.	If you could change anything about the way this brochure/flier is presented, what would you change?	• OB2: Add pictures of our local youth. • OB1: Include local cessation services.
6.	Can you give us a few examples on how you would change the material?	• OB3: Include vocabulary that children would have an easier time understanding.

Table 3.4—Feedback/results from the first consumer test's focus group ("It's Not litter, It's Toxic Waste", Pamphlet)

	Question	Related comment
1.	What is the first word that comes to mind when you look at this fact card?	**OB = Observer** • OB2: Sad • OB4: Gross • OB3: Extensive • OB1: Harmful
2.	What thoughts, feelings and associations do you have when you first see this material/brochure/flier?	• OB4: Smoking is a choice and it is causing harm to the animals. It is gross. Tobacco litter is killing our nature and messing up our environment. • OB3: The info is extensive.

		• OB4: Where does this money come from that cleans up all this waste. • OB2: It is so harmful it kills animals.
3.	What are two things that would prevent you from reading this material?	• OB1: If I see this, it doesn't reach out as far as attention.
4.	What is one thing this material doesn't do that you wish it did?	• OB1: Catch my immediate attention with the front page.
5.	If you could change anything about the way this brochure/flier is presented, what would you change?	• OB1: Change the font style and logo so that the cover flows better. • OB2: Change the title of the material so it does a better job at grabbing my attention. • OB4: Change title to something funny.
6.	Can you give us a few examples on how you would change the material?	• OB2: Include information on how the harmful chemicals affect the animals. • OB2: Change the title to something like "Would you pick up tobacco litter after your family?".

Table 3.5—Feedback/results from the first consumer test's focus group ("Invest In Our Planet", Flier)

	Question	Related comment
1.	What is the first word that comes to mind when you look at this fact card?	**OB = Observer** • OB2: Horrible • OB4: Numbers • OB3: Sad • OB1: Great
2.	What thoughts, feelings and associations do you have when you first see this material/brochure/flier?	• OB2: Wow, I never realized that about the tobacco liter.

		• OB4: The numbers grab my attention. I like it. These numbers are really high. • OB3: It is sad, because these numbers are so high. • OB1: This is good stuff and it reaches out.
3.	What are two things that would prevent you from reading this material?	• OB2: Nothing, I like it. • OB3: Nothing, it is easy to read. (Rest of the group agreed).
4.	What is one thing this material doesn't do that you wish it did?	• OB2: Nothing, (Rest of the group agreed).
5.	If you could change anything about the way this brochure/flier is presented, what would you change?	• OB1: I wouldn't change anything about the flier. (Rest of the group agreed).
6.	Can you give us a few examples on how you would change the material?	• OB2: Change nothing. (Rest of the group agreed).

The second consumer testing session was conducted on April 19th, 2022. The focus group was initially meant to have five participants but due to Covid-19 related illnesses the group was reduced to two participants. Tables 3.6, 3.7, and 3.8 contain the feedback obtained from the second focus group. The focus group questions and images of the educational materials can be found in appendix 2.

Table 3.6—Feedback/results from the second consumer test's focus group ("Cigarette butts are dirty and toxic", Fact Card)

	Question	Related comment

1.	What is the first word that comes to mind when you look at this fact card?	**OB = Observer** • OB1: Toxic • OB2: Negative
2.	What thoughts, feelings and associations do you have when you first see this material/brochure/flier?	• OB1: The cigarette really catches my eye and the info is clear. It is put together creatively. • OB2: Really good info.
3.	What are two things that would prevent you from reading this material?	• OB2: Nothing would prevent me from reading it. It is well put together. • OB1: Maybe change text, maybe brighter colors so elders can see more clearly.
4.	What is one thing this material doesn't do that you wish it did?	• OB1: It should include more Native art to grab the attention of our members.
5.	If you could change anything about the way this brochure/flier is presented, what would you change?	• OB1: Maybe change the colors so it is less of a strain on the eyes.
6.	Can you give us a few examples on how you would change the material?	• OB1: Change the background color to a darker color so that the words pop.

Table 3.7—Feedback/results from the second consumer test's focus group ("It's Not litter, It's Toxic Waste", Pamphlet)

	Question	Related comment
1.	What is the first word that comes to mind when you look at this fact card?	**OB = Observer** • OB1: Logo • OB2: Title

2.	What thoughts, feelings and associations do you have when you first see this material/brochure/flier?	• OB2: Little sadness here but informs the reader very well. I like the balance of the pictures and info. • OB1: I like the cover of this one. Cigarettes are a nasty habit. More info is always better. Maybe add contact numbers to info.
3.	What are two things that would prevent you from reading this material?	• OB2: Nothing • OB1: Nothing
4.	What is one thing this material doesn't do that you wish it did?	• OB1: Lacks community perspective. • OB2: Include pictures of our surrounding creeks.
5.	If you could change anything about the way this brochure/flier is presented, what would you change?	• OB1: Maybe add your contact information. • OB2: Include community pictures.
6.	Can you give us a few examples on how you would change the material?	• OB2: I would make it more clear as to what type of animals it is harming ex) sea life vs. fresh water.

Table 3.8—Feedback/results from the second consumer test's focus group ("Invest in Our Planet", Flier)

	Question	Related comment
1.	What is the first word that comes to mind when you look at this fact card?	**OB = Observer** • OB2: Intriguing • OB1: Fun
2.	What thoughts, feelings and associations do you have when you first see this material/brochure/flier?	• OB1: The graphics look great, it's put together very well. Colors make it look really good. • OB2: There's a lot of information.

3.	What are two things that would prevent you from reading this material?	• OB2: I feel like some people will not know how to quantify it. Maybe another pic or break down would do better. • OB1: From the elders' point of view, it would be a lot to take in, I think.
4.	What is one thing this material doesn't do that you wish it did?	• OB2: I wish it established a clearer bigger picture for educational purposes. • OB1: It lacks cultural background.
5.	If you could change anything about the way this brochure/flier is presented, what would you change?	• OB2: Maybe increase the font size a little. • OB1: Add your contact information.
6.	Can you give us a few examples on how you would change the material?	• OB1: Maybe include statistics about e-cigs. And or info about current events.

In recognition of Earth Day, I developed an educational community activity where a short educational session regarding the health and environmental hazards of tobacco litter/waste was presented for the attending youth and their parents. Afterwards, the attending participants helped collect data on tobacco waste found in the public parks, as well as helped clean up the waste. The event was held on April 22nd, and a total of eight youth and nine adults participated. In collaboration with Dr. Acosta-Deprez, we developed an observational survey to help us document the tobacco waste found. The survey allowed the participants to document the location surveyed, the type of waste found, and the quantity. During the presentation, participants were trained on what types of tobacco trash could be found with an emphasis on the plastic and aluminum wrapper litter commonly found in and discarded from tobacco products. The training also helped educate the participants regarding how to properly collect data and correctly complete the survey. The participants surveyed two public parks, a jungle gym, two picnic areas, a walking path, a hiking trail, a basketball court, and a creek. Data indicated that 87.5% of the participants found 1–10 pieces of tobacco litter and 12.5% of the participants found between 26–50 pieces of tobacco litter as shown in Table 3.9. Tobacco litter consisted of cigarette butts, cigarette filters, cigarette packages, etc. Around 50% of the participants noted that they could visibly see a tobacco retail store and one of the participants noted seeing

commercial tobacco ads. Three youths noted seeing people smoke near the recreational areas. The information obtained from this survey will help guide the development of a no-smoking policy and will help personalize future educational material for the community. The survey can be found in the appendix 6.

Table 3.9— Data collected from the observational survey from the earth day event.

Survey Question	None	Survey-s	1-10 Trash Found	Survey-s	11-25 Trash Found	Survey-s	26-50 Trash Found	Survey-s	Total Surveys
Tobacco litter (cigarette butts, cigarette packs, etc.)	**0%**	**0**	**87.5%**	**7**	**0%**	**0**	**12.5%**	**1**	**8**
Tobacco Ads	**87.5%**	**7**	**12.5%**	**1**	**0%**	**0**	**0%**	**0**	**8**
Other tobacco-related item (e.g. ashtray, vape material) (please specify)	**87.5%**	**7**	**12.5%**	**1**	**0%**	**0**	**0%**	**0**	**8**

The tribal specific MASC also known as a Facilitation of Tribal Strategy Chart, was conducted on July 21st and July 26th, 2022. The session was split up into two sessions since we expected each session would last around an hour. In reality, each session lasted around two and a half hours due to the substantial feedback and support we obtained from the community. A total of seven community members attended each meeting with a total of four members attending both sessions. This MASC session focused on identifying short, intermediate, and long-term goals, organizational considerations, constitutes, allies, opponents, targets, and tactics to create a plan for designating all outdoor recreational areas as smoke free. The completed MASC can be found in the appendix 5.

Chapter 4: Discussion

Commercial tobacco use within the US is a major issue affecting many types of people. Unfortunately, this issue has affected the AI population more than any other ethnicity (Centers for Disease Control and Prevention, 2022). Before attending my APE site, I had little knowledge on how much commercial tobacco affected the AI population. Through my work at Sherwood Valley Band of Pomo Indians, Department of Tobacco Prevention, a department funded by a federal grant, I gained general knowledge about this serious health issue in addition to understanding how different organizations are tackling the issue as a whole. My APE site has also allowed me to observe and work on this health issue from many different perspectives.

One of the first activities I worked on was the development and implementation of a public intercept survey. My knowledge and understanding of how perceptive the community would be about taking the survey was very limited. I had heard from coworkers that much of the community would not participate in the survey since many of them were lifelong smokers. Since a large portion of the tribal members were lifelong smokers, they were less likely to participate in and support what we were promoting. Another limiting factor was that tribal members on average receive large monetary incentives for participating in tribal activities. For example, community members would usually receive $50 gift cards, credits to their local tribe's casino, or entered into a raffle to win prizes such as a new TV. Unfortunately, our grant only allows us to provide participants with a maximum of $50 worth of incentives per year, paling in comparison to incentives provided by other departments. This incentive cap greatly limits our ability to provide the members with high value incentives to encourage participation. When the survey was first opened to the community, there was a lack of participation. It was not until we promoted the survey at local events and canvassed the neighborhoods that people started participating. The topic of the survey, combined with a lack of real incentive, limited the outcome of the first survey. Fortunately, community participation during the second survey increased substantially, potentially due to a wider awareness of our program through previous community outreach activities and because our program's Facebook account had been up and running for a longer time. I also believe that the announcement of the first survey's raffle winner and the community's praise for the survey participant on the Facebook page may have shown community members that there was support for what the program was trying to accomplish. However, we did come across a slight issue with the second survey. Initially the second survey recruited around 320 participants. After careful review and assistance from Dr. Acost-Deprez, we realized that a substantial number of responses were either bot responses, individuals from outside the community, or incomplete surveys. After careful analysis, 220

participants were removed from the data. Participants were removed if their responses were in a different language and if the residences they provided did not match an address within the reservation. The 100 responses that were left over seemed more in line with the overall community's population. The data from the second survey may be affected by bias due to the potential removal of community participants and the lack of complete removal of bots and participants from outside the target community.

With the first survey completed, our department was able to gather substantial information which has played an important role in the development of strategies to get community buy-in. One important datum collected was that 53.9% of the respondents would spend less time at a recreational area if smokers were present. This shows that the community sees commercial tobacco use in their recreational areas as an issue. Further support for this is the fact that 67.4% of the respondents stated that they would support a no-smoking policy in recreational areas. An important thing to note from the data collected was that although a majority support a policy banning commercial tobacco use within recreational areas, 49% believe that such a policy would infringe on people's right to choose. This is critical since the feeling of infringement of their rights might outweigh their want/need to support the policy. Historically, the AI community has had their rights infringed upon. For example the forceful removal of their ancestral land by the US government. The department will try to develop a policy that meets the community's needs while reducing the potential for feelings of infringement on rights of community members. The community will also have the opportunity to provide feedback in order to develop a policy with their thoughts in mind.

Although the second survey is ongoing, our program is still able to identify key issues from the information gathered and use it to start developing strategies for future activities. For example, with the preliminary data, we can quantitatively state that a large portion of the community are current smokers. This allows our department to quantify how big of an issue current commercial tobacco use is. Currently, 65% of the survey population already have a version of a no-smoking rule within their home. Because of this, we will likely be able to get a large portion of the community to quickly support and adopt our future voluntary no-smoking home policy. The data gathered also show that 77% of the surveyors stated that their household contained minors and young adults which is critical for our program to know so that we can develop educational forums teaching community members about the risk of commercial tobacco smoke exposure on the youth population. Although the second survey is still ongoing, we will continue to collect data from the community which will provide us with more insight on how to develop more outreach strategies.

A limiting factor for the consumer testing sessions was a lack of participants. Like the PISs, the focus groups lacked participation from the community. As required by the grant's scope of work, this activity required two sessions made up of a minimum of eight community participants. Unfortunately, we were only

able to obtain a total of four participants for the first focus group and two participants for the second focus group. This limited the ability for our department to get a wider range of opinions on the look, feel, and cultural appropriateness of the materials. A lack of diversity of participants also affected the feedback we received. The participants we recruited were community members between the ages of 30-50yrs. The focus groups lacked participation from tribal council members, tribal elders, and individuals with a higher education. Having tribal council members participate in the focus groups would have provided our program with insight into what tobacco issues they would support. Tribal elder feedback would have been beneficial since it would have provided insight into how we could build better educational materials that would catch their attention and potentially help them quit using commercial tobacco products by providing them with cessation resources. Lastly, having individuals with a higher education in our focus groups could provide the department with more in-depth constructive critiques on how to better improve the educational materials. This was observed between both of the groups, in that we received more generalized feedback from the first focus groups which consisted of the older community members that had lower education levels as opposed to the second focus group which consisted of younger community members with a higher level of education. Nevertheless, all the feedback we received from the focus groups has played an integral part in the alterations of the educational materials. The feedback was crucial in helping our department develop catchy and culturally accurate materials and they will continue to help us with future educational materials and presentations.

The results that were least surprising were those that came from the earth day litter clean up observational survey. Through support from the community's youth, we collected data from multiple parks, playgrounds, picnic areas, basketball courts, and creeks within a three-hour session. There was a considerable amount of commercial tobacco litter found in these areas. This comes as no surprise because there were no signs designating these areas as smoke free. Currently, there is only one trash can disposal station in each park. Having more trash stations could help to curb the litter found throughout these parks. The high amount of tobacco litter can also be attributed to the close nature of the smoke shop and casino to the recreational areas. All three locations are within a two-minute walking distance which allows for quick and easy access to cheaper commercial tobacco products and a relaxing place to use them. Although casinos generally are hotspots for commercial tobacco waste, due to attendees being allowed to use tobacco products within them, the local casino has put a momentary ban on indoor smoking due to Covid-19 restrictions. This restriction therefore forces people to smoke outside in a designated smoking area in the parking lot, which is near the community's parks and creeks. The high amounts of tobacco litter found in the recreational spaces like the picnic areas and playground can be attributed to an increase in foot traffic due to the casino's

temporary no-smoking policy. This community issue may continue to grow if a no-smoking policy in public parks and recreational areas is not passed, since the temporary no-smoking ban within the casino is currently considered to be permanent.

The most informative results were those from the MASC. Although the data obtained from our public intercept surveys and observational litter survey are still important since they let us quantify how big of an issue commercial tobacco use is within the community, the MASC allows us to obtain more qualitative data on how easy or difficult it will be for our department to pass a no-smoking policy. The facilitated discussion produced during the MASC session allowed our department to identify potential assets and barriers for our program. During the session, we established around 20 community members and organizations like Consolidated Tribal Health, the tribe's Environmental Protection Agency program, Tribal Youth Diversion Program, local schools, the tribe's United States Department of Agriculture (USDA) program, etc. that would be partners and allies for our department's fight to pass a policy. We also establish six smaller categories of people and organizations that would be unsupportive or skeptics of our program's goal. For example, people participating in our events and activities solely for the incentives, the tribal casino, the tribal smoke shop, current community smokers, uninvited trespassers, and people visiting from outside the tribal land would probably be unsupportive of the goal. Reviewing the information gathered from the community, the biggest hurdle that our program will face will be overcoming the smoke shop, tribal casino attendees that smoke, and current community smokers. These three groups have the most to lose. Community smokers have a loss of freedom, which due to their historical past is not taken lightly. The smoke shop will see a reduction in profit if the policy is passed and our program is successful. Lastly, casino visitors lose out on a close place to recreationally use commercial tobacco products. The MASC has also allowed us to establish the tribal council as the main decision makers and active community members as advisors. The establishment of these figures has allowed us to build a hierarchical structure for when we submit any of our educational materials and policy drafts. This structure has allowed us to obtain much needed and helpful feedback on how we can improve our materials from our community advisor before they are submitted to the decision makers.

Altogether, my APE site has allowed me to work on this health issue from a myriad of different areas. These different perspectives and roles have allowed me to better understand how this field of work functions. Not only have I gained new experience and knowledge on this health issue, but through my experience here, our program has furthered the knowledge of the commercial tobacco crisis within the community through community outreach events, educational activities and forums.

Chapter 5: Competencies

Table 5.1 Summary of MPH Foundational Competencies

Number and Competency		Description
2	**Evidence-based Approaches to Public Health**	Develop PISs to obtain the community's knowledge, attitudes, and behaviors of community members on commercial tobacco use.
4	**Evidence-based Approaches to Public Health**	Interpret and analyze the data gathered from the data collection instruments and the PISs.
7	**Planning and Management to Promote Health**	Conduct a MASC forum with partners and stakeholders.
8	**Planning and Management to Promote Health**	Develop educational materials for the community with an emphasis on the youth that differentiate between sacred and commercial tobacco.
16	**Leadership**	Develop a youth coalition in which we train and empower the youth to become active and vocal leaders in the fight against tobacco prevention.

2. **Evidence-based Approaches to Public Health**:

In order to achieve this competency, I developed two PISs and a KII. The surveys were developed separately so we could gather data on two different topics, those being smoke free recreational areas and smoke free homes. The surveys were first developed in line with TCEC guidelines (Hellesen, 2022). The surveys and interviews were then refined with the help of Dr. Acosta-Deprez throughout multiple scheduled meetings in order to improve the overall experience of the survey. For example, some questions were removed in order to make the survey and interview flow better and some questions were simplified in order not to confuse the participants. The interviews were created to gather more in depth data and knowledge on the initial responses obtained during the first two surveys and to determine support and barriers to the adoption of smoke-free policies. The interviews were developed in a similar fashion to the surveys except that the interviews also developed in line with TCCC protocols (Hellesen, 2022).

4. **Evidence-based Approaches to Public Health**:

Survey responses were submitted either directly into Qualtrics (a program that allows for the creation of surveys and generation of the survey's report) or were manually put into the Qualtrics system if a physical

version of the survey was completed. The data was then put to Excel where it was analyzed by calculating frequencies and percentages to document support and opposition to policy strategies, knowledge, and demographic information provided by surveyed participants. Training and support on how to use Qualtrics and how to interpret the results was provided by Dr. Acosta-Deprez and her support team. The results were then used in the development of educational presentations and material.

7. **Planning and Management to Promote Health**:

This competency was achieved through the completion of the MASC. During the MASC event, facilitated discussion was used to create effective dialogue between the participants and our program staff. During the session, I was able to obtain feedback from the participants on what the needs are for the community in regard to commercial tobacco use and what will be some barriers that our program will face in the attempt to pass a no smoking policy. Through the completion of the MASC with the community's feedback, our program has been able to create a timeline for key community activities that fit the community's needs. The MASC and facilitated discussion has also helped our program better calculate the support/assets our program has and what tactics will be more effective at obtaining the support from tribal council members.

8. **Planning and Management to Promote Health**:

All the educational materials, reports, and events fliers produced at my APE sight are designed to meet the cultural values of the tribe. To better understand the culture of the tribe, I have undergone several tribal training sessions that focus on how the tribal social network works, what the differences between sacred and commercial tobacco are, etc. Since I am not an AI, my work undergoes several vetting processes to make sure that the information and style of the work meets the tribe's values. An example of the vetting process would be through focus groups sessions where feedback on the material is produced. One important educational material that I produced was a flier that made the distinction between commercial and sacred tobacco. This was a much-needed flier since a large portion of the tribe's youth did not know the difference between the two. This lack of distinction has led many of the youth to believe that commercial tobacco could be used for ceremonial purposes, which is the opposite of what their culture promotes.

16. **Leadership**:

One of the three main goals of my APE site was to develop a youth coalition that consisted of at least nine youth from the community. Through this goal, I was able to achieve the leadership competency. In working on this goal, I was able to build a youth coalition of five community youth. The youth have been active members of their community by meeting with our department twice a month since February 2022,

during which we provide the youth with training and educational opportunities. For example, we have helped the youth improve their writing and public speaking skills which they had used to create a short presentation that was provided to the community in order to obtain community support on our program's home air monitoring activity. Through the coalition, the youth are able to learn more about commercial tobacco and its hazards. For example, we have provided the youth with educational sessions on second and third hand smoke and the environmental hazards that commercial tobacco causes. Working with the youth, we have also developed an inter-tribal Friday Night Live (FNL) chapter that includes youth from the neighboring tribal tobacco programs. The FNL sessions are very similar to those produced by our coalition except that it includes a wider range of perspectives, culture, and opinions due to a larger and more diverse group of AI youth.

Table 5.2 Summary of MPH Emphasis Area Competencies

Number and Competency		Description
1	**Information literacy of public health nutrition**	Inform public health practice through analysis of evidence-based policy, systems, and environmental change.
2	**Compare and relate research into practice**	Examine chronic disease surveillance, policy, program planning and evaluation, and program management, in the context of public health nutrition.
3	**Population-based health administration**	Critically examine population-based nutrition programs.
4	**Analysis of human nutrition principles**	Examine epidemiological concepts of human nutrition in order to improve population health and reduce disease risk.
5	**Analysis of nutrition epidemiology**	Describe criteria for validity in nutritional epidemiological methodology.

1. **Information literacy of public health nutrition**:

A large portion of my work at my APE site is to help improve the health of the community through educational outreach and policy development. I constantly update our program's health practice by staying up to date on commercial tobacco research, current events, and community support. I was able to obtain up to date information and research, through the use of the Online Tobacco Information Systems (OTIS) and ROVER California's Tobacco Control Library. Through this research, I was also able to better understand current commercial tobacco issues and topics through attending educational seminars and bi-monthly tribal

tobacco projects meetings. Also, during my work, our program has become better informed on established no-smoking policies in tribal communities throughout California. This was accomplished through researching and analyzing tribal policies so that we are better informed as to what tribal communities are looking for in a no-smoking policy and what policy elements are likely to be supported and approved by the tribal governments.

2. **Compare and relate research into practice**:

A large portion of my work revolves around the management of and development, implementation, and evaluation of a commercial tobacco prevention program within the AI community. While working at my APE site I have been tasked with developing community activities that not only educated and raised awareness of commercial tobacco use as a health issue but that the activities were also made to collect data from the community. An example of this was our earth day event. This outdoor presentation educated the public on the hazards of commercial tobacco use and litter on our health and the environment. Afterwards, the participants and I collected data on tobacco litter in our community parks, creeks, and recreational areas. The data collected was then used to inform the community on how the litter directly impacts them and their land, and it will be used to inform the development of the tribe's future no-smoking policy.

3. **Population-based health administration**:

While working at my APE site and community I was able to observe health-related risk factors like smoking, lack of access to healthy foods, and income play a role in overweight and obesity rates within the community. Through my work, I have had the ability to shadow and collaborate with the tribe's USDA department sponsored program, the Food Distribution Program on Indian Reservations. This program's goal is to provide low income community members with healthy and culturally acceptable foods. The program also actively provides the community with food demos on how to create healthy and culturally relevant meals with the food they obtained from the USDA program. Through collaboration, our program has held events that have allowed the USDA department to come and table to the community, like our Earth Day event. In order to connect both, our program has touched on the topic of how commercial tobacco use and stress caused by commercial tobacco use can lead to decrease in diet quality and an increase in obesity risk. Although the USDA program does a good job at providing the community with educational healthy meal preps and healthy foods, the program is limited by the grant the types of foods they can provide to the community. The USDA program is also limited to whom they can provide their food and services to. For example, the program can only provide food to enrolled AI and or AI that live on tribal land. This is an issue

since enrolled members need to meet a 25% blood percentage to be a registered member and if these members live off the reservation then they would not qualify for the program's goods.

4. **Analysis of human nutrition principles**:

Due to a large portion of my APE's community population being long-time smokers, our program had to widen the scope of the education we provided to the community. This change in education was due to many of the smoker population having no interest in the negative health effects (i.e. cancer risk) that commercial tobacco products cause since many of them already know about the effects and are not deterred by them. Because of this, we expanded our community education to inform the community on how commercial tobacco use can increase stress and lower the quality of nutritional intake which in turn increases the risk of obesity. This shift in perspective has had a greater impact in our community especially in the youth population. This increase in attentiveness from the community has pushed our program to research other aspects in how commercial tobacco affects our overall health.

5. **Analysis of nutrition epidemiology**:

With a substantial portion of the APE site's community being long-time smokers, data collected from the PISs and the observational survey have been beneficial in producing pamphlets, fliers, and fact cards that help educate the community on the hazards of commercial tobacco use. The data from the PISs and the observational survey have also played a crucial role in personalizing the educational material to the community. This has been a key point brought up by some community elders and youth. Substantial research was conducted in order to develop materials that are up to date and also meet the community's cultural needs. Research has been conducted on topics such as obesity, environmental health, stress, third hand smoke, and food distress. With the AI community having high rates of commercial tobacco use, our program has been an active participant in the fight against commercial tobacco use within the community through the presentation of educational materials, community outreach, facilitated discussions, and data collection.

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Appendix 1: Public Intercept Survey

Public Intercept Survey (PIS) 1-E-7

Knowledge, Attitudes, and Perceptions on Tobacco Survey

Thank you for taking the time to share your opinions on tobacco use and policy. Information gathered in this survey may be used to contribute to the Sherwood Valley Band of Pomo Indians Tobacco Prevention Program tobacco control and policy efforts.

This survey is confidential and your comments will not be linked to you or your organization in our report.

None of your identifying information will be included in any of our records in order to protect your identity and maintain confidentiality.

Below, please select the option that best represents your views on each topic.

Do you agree or disagree that…	**Strongly agree**	**Somewhat agree**	**Neutral / Not Sure**	**Somewhat disagree**	**Strongly disagree**
1. Use of tobacco products **is more common on tribal land/Indian reservation** compared toother cities/locations.					
2. Breathing secondhand smoke is harmful to people's health.					
3. Exposure to secondhand smoke will make medical conditions (e.g. allergies, asthma, lung disease, high blood pressure, pregnancy, etc) worse.					
4. It is easy for me and my peers to **purchase** tobacco products in my community.					

5. I spend less time in parks and playgrounds if other people are smoking.					
6. Children and adults would less likely start smoking if outdoor parks and recreation facilities were smoke-free					
7. The use of tobacco products on tribal land seriously impact the health of people on tribal land.					
8. Cleaner parks contribute to a high quality recreation experience because they are free of tobacco, secondhand smoke and cigarette butts.					
9. Smoke-free parks and recreation facilities promote fresher air and better respiratory health for our community.					

The following section asks about your opinion on policies that restricts or ban tobacco products in outdoor recreation facilities venues and areas owned by the tribe.

Do you agree or disagree that…	**Strongly Agree**	**Somewhat Agree**	**Neutral / Not Sure**	**Somewhat Disagree**	**Strongly Disagree**
10. Park and recreation facilities are designed to encourage healthy behavior, physical activity and social interaction among people.					
11. Ashtrays and cigarette disposal units that enable tobacco consumption should be removed from parks and recreation facilities on tribal land.					
12. Staff, volunteers, students and the broader community need to tobacco-related education and training opportunities.					
13. I support a policy to end exposure to secondhand smoke at outdoor recreational facilities (e,g, parks), venues and areas owned by the tribe.					
14. Restricting or banning smoking around parks and other recreation areas in my community infringes on people's right to choose.					

Please tell us a little more about yourself.

1. In the **past year**, have you used any type of commercial tobacco and/or commercial tobacco-related products (ESDs, vape pens, hookah, etc) products?

- ☐ yes
- ☐ no

2. Does anyone in your household use any commercial tobacco and/or tobacco-related products?

- ☐ Yes
- ☐ No
- ☐ Not sure

3. Do you currently use any commercial tobacco?

- ☐ Yes, on a regular basis
- ☐ Yes, but only occasionally
- ☐ No, but I am a former smoker
- ☐ No, I have never used tobacco
- ☐ Decline to state

4. If yes, which commercial tobacco products do you use?

- ☐ Cigarettes
- ☐ Cigars
- ☐ Pipe
- ☐ Chew/ Dip
- ☐ E-cigarettes or other electronic nicotine delivery devices (ex. Juul)
- ☐ Other (please specify) _____

5. Are people allowed to smoke tobacco and related products (such as cigarettes, electronic smoking devices, cigars, little cigars, blunts, hookah, pipes) in your home?

- ☐ Yes
- ☐ No
- ☐ I'd rather not say

6. Do you identify as (Gender):

- ☐ Male

☐ Female
☐ Female to Male (FTM) Transgender Male/Trans Man
☐ Male to Female (MTF) Transgender Female/Trans Woman
☐ Genderqueer, neither exclusively male nor female
☐ Additional gender category or other: ____
☐ Choose not to disclose

7. Age (in years):

☐ 14-17
☐ 18-25
☐ 26-45
☐ 46-65
☐ 66-85
☐ 86 and older

8.Race/Ethnicity (Select all that apply):

☐ White
☐ Black or African American
☐ Hispanic or Latino
☐ Asian or Pacific Islander
☐ American Indian or Alaskan Native
☐ Other: (please specify) _____

9. Highest level of education completed:

☐ Elementary or middle school
☐ High school diploma/GED
☐ Some college/Associate's degree
☐ Bachelor's degree
☐ Graduate / Professional degree

10. Do you have any other comments or questions about tobacco use, products, or tobacco policies?
Please write below:

Thank you so much for completing this survey. Your time is very much appreciated.

Single Family Housing: Public Intercept Survey (2-E-6)

The Sherwood Valley Band of Pomo Indians Tobacco Prevention Project is surveying local residents about knowledge and attitudes about the extent of smoking in single family homes on tribal land, support for the adoption and implementation of a policy that designates their homes as completely smoke-free and challenges and barriers to policy adoption. Participation will take about 10-15 min. Your responses are completely anonymous. No information that identifies you will be asked. You may stop, pause or completely end your participation at any time. The results will contribute information that project staff could incorporate into the content and intervention activities for this project.

1. Secondhand smoke from other people's cigarettes, pipes, vaping devices, etc, can drift into other units through windows, doorways, air vents, and even walls. In the past year, have you been bothered by drifting secondhand smoke while in your home?

   ☐ Yes
   ☐ No
   ☐ I'm not sure

2. Where did secondhand smoke drift from?

   ☐ Inside the home
   ☐ Outside from the neighbor's house
   ☐ Outside common areas like sidewalks or parking spaces or driveways
   ☐ I'm not sure

3. What type of smoke drifts into your home?
   (Mark all that apply)

- ☐ Tobacco Smoke
- ☐ Marijuana Smoke
- ☐ Electronic Smoking Device Vapor (e-cig, vape, etc.)
- ☐ I'm not sure

4. How frequently do you notice secondhand smoke drifting to your home?
   (Mark all that apply)
   - ☐ Every day
   - ☐ Almost Every Day
   - ☐ 1-2 Times per week
   - ☐ 1 times per month or less
   - ☐ I'm not sure

5. Have you been exposed to secondhand smoke in any of these areas? (Mark all that apply)
   - ☐ Anywhere inside the home
   - ☐ Stairs/Hallway
   - ☐ Doorway/Entrance
   - ☐ Balcony/Patio/Deck
   - ☐ Parking spaces/driveways
   - ☐ Tribal office entrances
   - ☐ None of the above

6. Do you believe that breathing secondhand smoke is harmful to people's health?
   - ☐ Yes
   - ☐ No
   - ☐ I'm not sure

7. Do you or anyone who lives with you have a medical condition that is made worse by exposure to secondhand smoke (e.g. allergies, asthma, lung disease, high blood pressure, pregnancy, etc.)?
   - ☐ Yes
   - ☐ No

☐ Don’t know

8. Do you spend less time in the outdoor common areas of home because of smoking?
   ☐ Yes
   ☐ No
   ☐ Don’t know

9. Do any of the following types of individuals live in or frequently visit your home?
   (Mark all that apply)
   ☐ 0-5
   ☐ 6-18
   ☐ Over the Age of 60
   ☐ None of the Above

10. To your knowledge, is your community smoke-free?
    ☐ Yes
    ☐ No
    ☐ I’m not sure

11. Does your home have any non-smoking policies/rules already in place?
    ☐ Yes
    ☐ No
    ☐ Don’t Know

12. Are there any “No Smoking” signs around home (for example in hallways, laundry room, balcony or patio areas, driveways, mailboxes, etc.)
    (Mark all that apply)
    ☐ There is signage in indoor areas
        - Yes
        - No
        - Don’t know
    ☐ There is signage in outdoor areas
        - Yes

- No
- Don't know

13. Are people allowed to smoke inside your home (such as cigarettes, electronic smoking devices, cigars, little cigars, blunts, hookah, pipes).

☐ Yes

☐ No

☐ I'd rather not say

14. Would you be willing to support a voluntary policy to RESTRICT the use of tobacco and tobacco-related products in your home?

☐ Yes

☐ No

☐ Decline to State

15. Would you be willing to support a voluntary policy to BAN the use of tobacco and tobacco-related products in your home?

☐ Yes

☐ No

☐ Decline to State

16. In the last year, have you seen or heard anything on the radio, television, newspaper, social media or any other advertising platform that supports smoke-free homes? If yes, where did you hear or see it?

_____

_____

_____

17. What is your current living situation? Do you?

☐ Rent

☐ Own

14. Do you currently use any tobacco?

☐ Yes, on a regular basis

☐ Yes, but only occasionally

☐ No, but I am a former smoker

☐ No, I have never used tobacco

☐ Decline

15. If yes, which tobacco products do you use?
(*Mark all that apply*)

☐ Cigarettes

☐ Cigars

☐ Pipes

☐ Chew/ Dips

☐ Rollies (rolling tobacco)

☐ E-cigarettes or other electronic nicotine delivery device

☐ Other: _____

16. Which area of the Sherwood tribal land do you reside on?

☐ Casino tribal land

☐ Sherwood tribal land

☐ Eastside tribal land

☐ Other (Specify) _____

17. What race/ethnicity do you identify as? (Mark all that apply)

☐ African American/Black

☐ Asian/Pacific Islander

☐ Hispanic/Latino

☐ White/Non-Hispanic

☐ Native American/Alaskan Native

☐ Mixed/multiracial

☐ Don't Know

☐ Refused

☐ Other: Specify _____

18. Which of the following categories best describes your age?

☐ Under 18 years of age

☐ 18-29 years of age

☐ 30-39 years of age

☐ 40-49 years of age

☐ 50-59 years of age

☐ 60-65 years of age

☐ Older than 65 years of age

☐ Decline to state of age

19. What gender do you identify with?

☐ Female

☐ Male

☐ I'd Rather Not Say

☐ Other (specify) _____

20. What is the highest level of education you have completed?

☐ Less than High School

☐ High School degree or equivalent (GED)

☐ Some College but No Degree

☐ Associate Degree

☐ Bachelor Degree

☐ Graduate Degree

☐ Don't Know/Not Sure

21. Do you have any additional comments you would like to share?

_____

_____

Thank you for your time!

Appendix 2: Focus Group Questionnaire

Objective: By August 31, 2025, The Sherwood Valley Band of Pomo Indians will adopt and implement a 100% smoke-free policy at its outdoor recreational facilities, venues, and areas that are owned by the tribe. As a result, tobacco litter in these areas will be reduced by 50% from a baseline to be established in the first year of the project. These venues/facilities/areas may include, but are not limited to campgrounds, parks, playgrounds, event areas and traditional dance areas.

Activity Type: Other

Activity ID: 1-E-3

Evaluation Activity: Conduct consumer testing to assess feedback on the look, feel, content, language, approach, and action steps in the educational materials developed to promote a 100% smoke-free outdoor recreational area policy. Develop the consumer-testing instrument using guidelines from TECC. Conduct a minimum of two focus groups with the intended audience (tribal community members or tribal leaders) to assess the appropriateness of educational materials. Each focus group will include a purposive sample of 8-10 people total. For each online survey a record will be made of participant responses. A summary report will detail participant responses to materials, make recommendations for revisions, and/or provide suggestions for the educational materials.

Focus Group Interview Guide

Consumer Test Survey 1-E-3

Thank you for joining us to share your thoughts. This interview is being conducted by the Sherwood Valley Band of Pomo Indians Tobacco Prevention Program. We are interested in your comments, ideas and suggestions on the impact and messaging of educational materials related to the promotion of smoke-free outdoor recreational areas on tribal land.

This conversation will take about 30 mins. We will be recording the session, but no one except us and our evaluation consultant will listen to the recording. Your comments will be completely confidential. We will gather the information from this focus group and write a report that is very general and would not identify anyone individually.

Do you have any questions?

In a moment, we will ask you to introduce yourself by giving your name or you can make up any name that you want.

You may see us taking notes as well to ensure that we remember important points or ideas we would like to come back to later.

[Show ***Earth Day Fact Card***]

[Show ***Earth Day Fact Card****]***

1. What is the first word that comes to mind when you look at this Fact Card?

2. What thoughts, feelings and associations do you have when you first see this material/brochure/flyer?

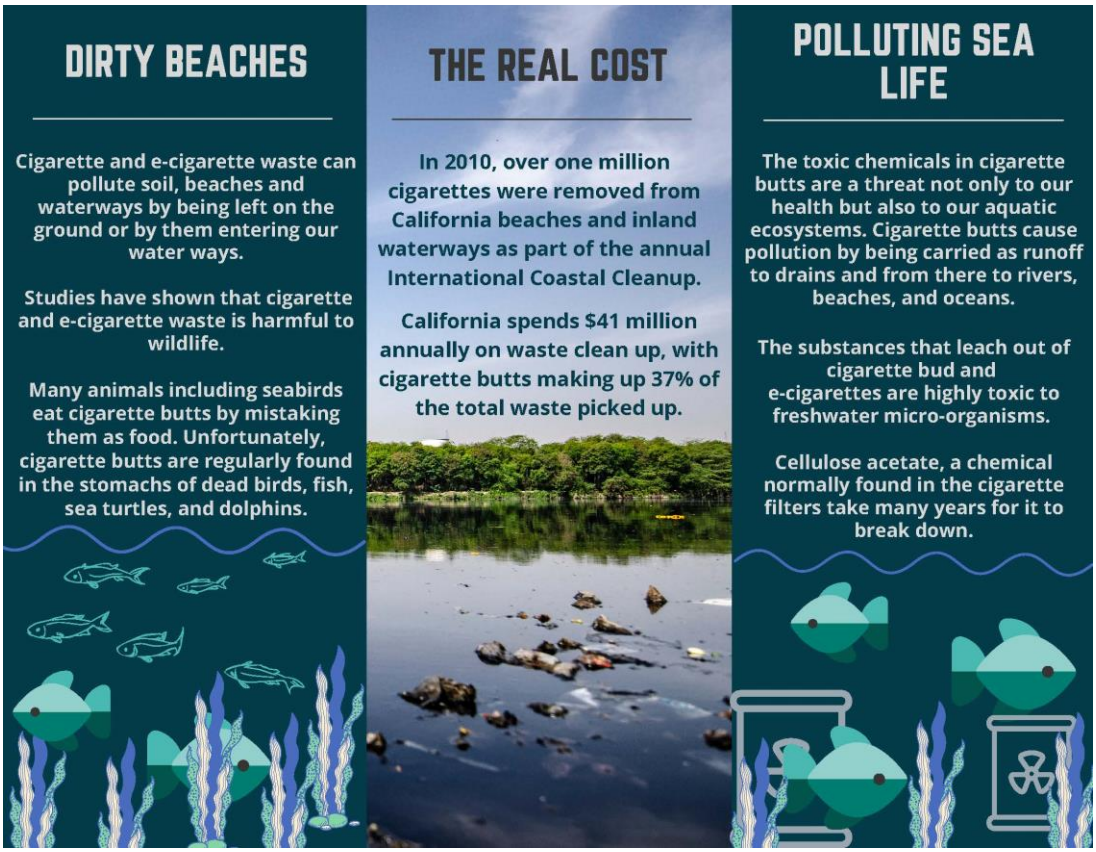
3. What are two things that would prevent you from reading this material?

4. What is one thing this material doesn't do that you wish it did?

5. If you could change anything about the way this brochure/flyer is presented, what would you change?

6. Can you give us a few examples on how you would change the material?

[Show ***Earth Day Pamphlet:***]



1. What is the first word that comes to mind when you look at this pamphlet?

2. What thoughts, feelings and associations do you have when you first see this pamphlet?

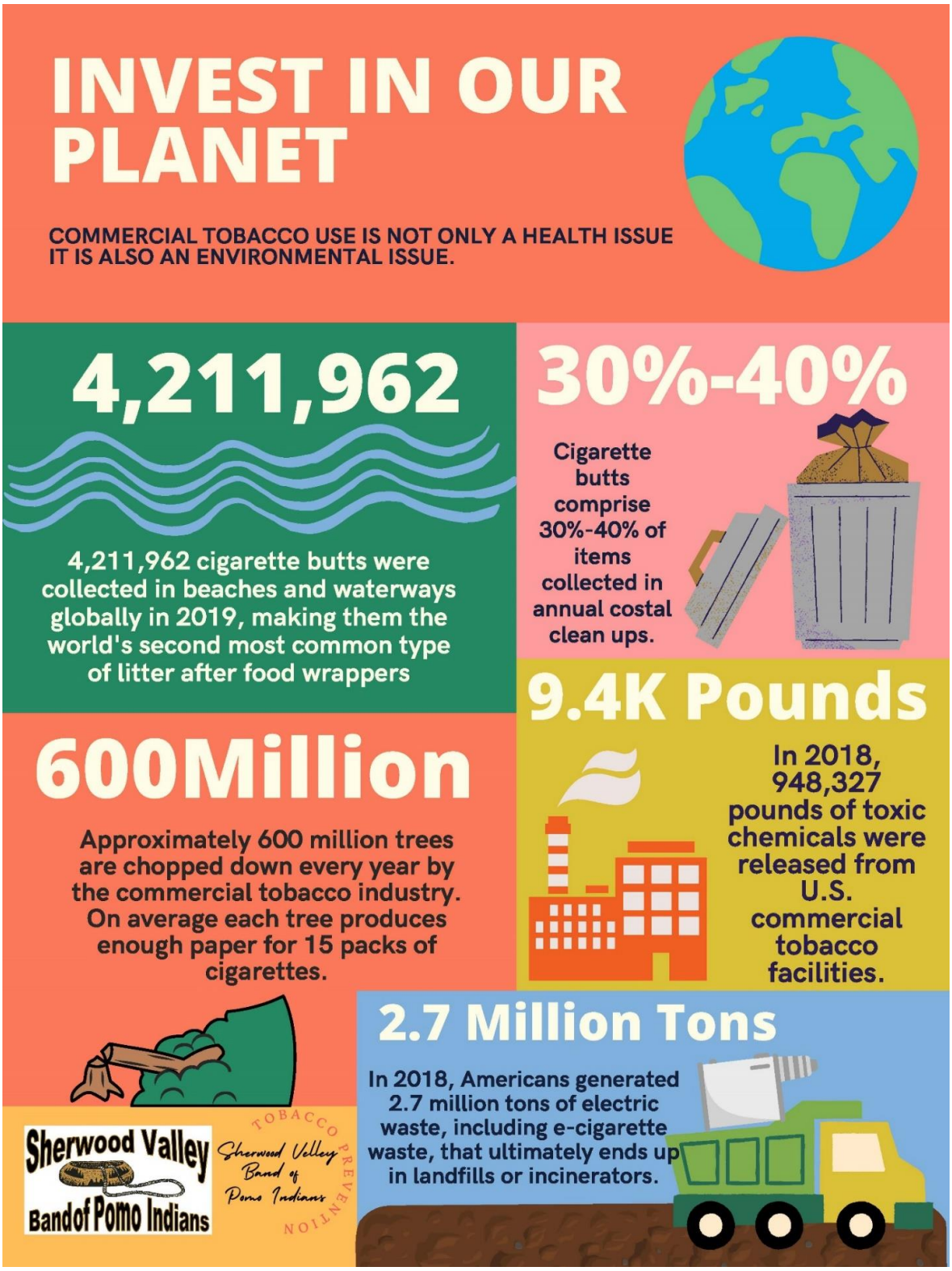
3. What are two things that would prevent you from reading this material?

4. What is one thing this material doesn't do that you wish it did?

5. If you could change anything about the way this brochure/flyer is presented, what would you change?

6. Can you give us a few examples on how you would change the material?

[Show ***Invest in Our Planet Brochure***]



1. What is the first word that comes to mind when you look at this brochure/flyer?

2. What thoughts, feelings and associations do you have when you first see this brochure/flyer?

3. What are two things that would prevent you from reading this material?

4. What is one thing this material doesn't do that you wish it did?

5. If you could change anything about the way this brochure/flyer is presented, what would you change?

6. Can you give us a few examples on how you would change the material?

We thank you for participating in this consumer test focus group. Your feedback will be very helpful to us in improving the materials on which you provided feedback.

Appendix 3: Infographics, Fact cards, and Pamphlets

NOT WHAT THEY SEEM

Cigarette butts are not just a nuisance, they are toxic waste. Tobacco products negatively impact and damage our environment.

They contain chemicals that contaminate our waterways, ground soil, and harm our wildlife.

WANT TO BE PART OF THE SOLUTION?

PROGRAM DIRECTOR

uorozco@sherwoodband.com
(707) 354-2508

COMMUNITY ENGAGEMENT COORDINATOR

resquivel@sherwoodband.com
(707) 354-0042

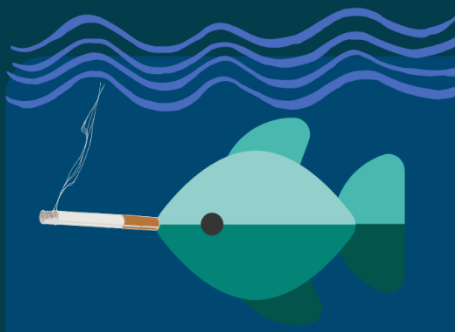
ADDRESS

48 Madrone Street Willits
CA, 95490
(707) 459-9690

RESOURCES

Free help to quit smoking:
Call 1-800-300-8086
Or visit kickitca.org

SHA LOVE TO SMOKE, RIGHT?



KEEP OUR WATER CLEAN

Tobacco Prevention — Sherwood Valley Band of Pomo Indians

Sherwood Valley Band of Pomo Indians

UNHEALTHY BEACHES

Cigarette and e-cigarette waste can pollute soil, beaches and waterways by being left on the ground or by them entering our water ways.

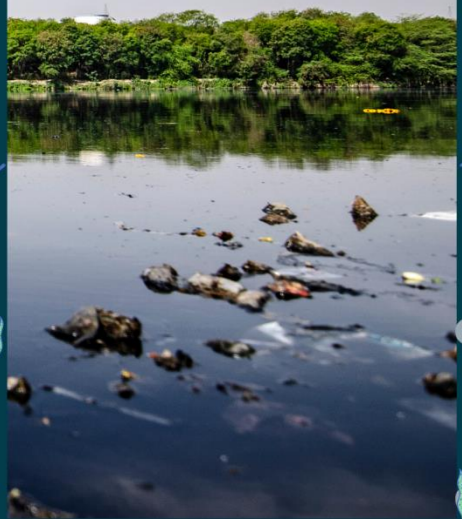
Studies have shown that cigarette and e-cigarette waste is harmful to wildlife.

Many animals including, seabirds, eat cigarette butts by mistaking them as food. Unfortunately, cigarette butts are regularly found in the stomachs of dead birds, fish, sea turtles, and dolphins.

THE REAL COST

In 2010, over one million cigarettes were removed from California beaches and inland waterways as part of the annual International Coastal Cleanup.

California spends $41 million annually on waste clean-up, with cigarette butts making up 37% of the total waste picked up.

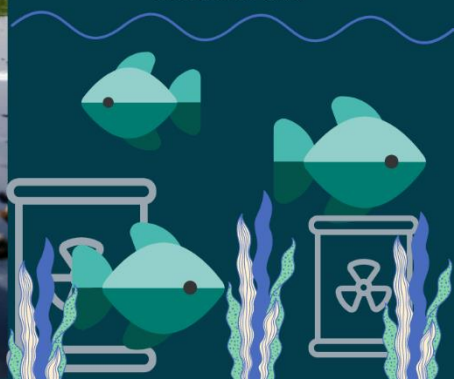


POLLUTING SEA LIFE

The toxic chemicals in cigarette butts are a threat not only to our health but also to our aquatic ecosystems. Cigarette butts cause pollution by being carried as runoff to drains and from there to rivers, beaches, and oceans.

The substances that leach out of cigarette butts and e-cigarettes are highly toxic to freshwater marine life.

Cellulose acetate, a chemical normally found in the cigarette filters take many years for it to break down.



INVEST IN OUR PLANET

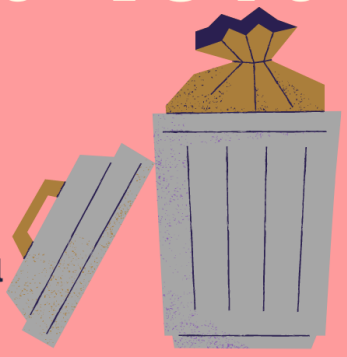
COMMERCIAL TOBACCO USE IS NOT ONLY A HEALTH ISSUE
IT IS ALSO AN ENVIRONMENTAL ISSUE.

4,211,962

4,211,962 cigarette butts were collected in beaches and waterways globally in 2019, making them the world's second most common type of litter after food wrappers

30%-40%

Cigarette butts comprise 30%-40% of items collected in annual coastal clean ups.



9.4K Pounds

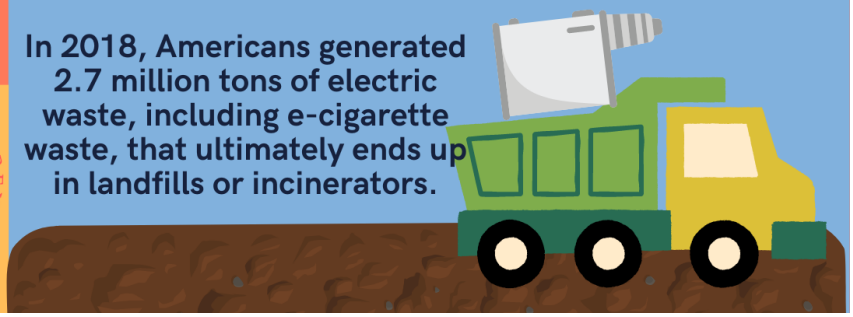
In 2018, 948,327 pounds of toxic chemicals were released from U.S. commercial tobacco facilities.

600Million

Approximately 600 million trees are chopped down every year by the commercial tobacco industry. On average each tree produces enough paper for 15 packs of cigarettes.

2.7 Million Tons

In 2018, Americans generated 2.7 million tons of electric waste, including e-cigarette waste, that ultimately ends up in landfills or incinerators.



Sherwood Valley Band of Pomo Indians

TOBACCO PREVENTION Sherwood Valley Band of Pomo Indians

Profit Vs. Tradition

Commercial tobacco is mass produced by major companies. During the production of commercial tobacco large amounts of land, water, fertilizers, and pesticides are used. The tobacco is used in a variety of products such as pipe tobacco, cigarettes, cigars, e-cigarettes, etc. Many harmful chemicals, many of which are carcinogens and addictive additives, are added to these products which when burned are released into the air for others to breathe and increase the urge for the user to continue using the product.

Sacred tobacco is used to honor the user's traditions through spiritual healing. The tobacco is made up of a mixture of the tobacco plant (Nicotiana Rustica) and other native plants. The tobacco is used for ceremonial purposes, where for example it can be burned as an offering to the Creator, or as an offering to promote spiritual, physical, and emotional healing for another person or place. Tobacco may also be used as traditional medicine by burning it or smoking it through a pipe, but it is important to note that the smoke is generally not inhaled.

TOBACCO PREVENTION
Sherwood Valley Band of Pomo Indians

Sherwood Valley Band of Pomo Indians

PICK YOUR BUTTS UP!

Do your part to keep our land Clean and Commercial Smoke Free!

Did You Know?

- Sacred tobacco is not the same as commercial tobacco. Sacred tobacco is used to honor our traditions through spiritual healing. While commercial tobacco is used to make companies a profit while hurting its users.
- More than 135 million pounds of cigarette butts are thrown away as litter each year in the US. That is 300 times the weight of the statue of Liberty.
- Cigarette butts make up 1/3 of all waste collected in California and they never fully break down like other trash.
- Cigarette butts are toxic garbage, just like radioactive and chemical materials. They are harmful and can be deadly for animals, children, and environment.
- Join our local efforts, to keep our community clean by removing toxic cigarette butts from the ground.
- Educate your local elected officals about the toxic impact of cigarette butts

Don't Throw Cigarette Butts On The Ground.

For Help With Quitting Smoking

Call 1-(800) 300-8086 or Visit kickitca.org

Sherwood Valley Band of Pomo Indians

TOBACCO PREVENTION
Sherwood Valley Band of Pomo Indians

#QuitSmokingImproveDiet

Why Quit Smoking?

Sources: Heydari, G., Heidari, F., Yousefifard, M., & Hosseini, M. (2014). Smoking and Diet in Healthy Adults: A Cross-Sectional Study in Tehran. Iranian Journal of Public Health, 43, 485–491.

Better Diet:

Studies have shown that smokers are more likely to consumer an unhealthy diet than non-smokers.

The Importance of a Healthy Diet:

1. **Less calories:** Fruits and vegetables on average contain less calories than fatty foods and fast foods.

2. **High In Antioxidants:** Fruits and vegetable provide the body with antioxidants that reduce the risk of developing heart diseases and smoking related risks of cancer.

3. **Reduced Gain**: On average high intake of fruit will result in less weight gain then high intake of fatty/fast foods.

By Quitting Smoking You Are:

1. **Reducing** your risk of developing **smoking related cancers**.

2. **Reducing** your urges to eat **unhealthy meals**.

3. **Reducing** your risk of becoming **obesity**.

TOBACCO PREVENTION
Sherwood Valley Band of Pomo Indians

Have any questions?
Contact us at:
uorozco@sherwoodband.com

Appendix 4: Key Informant Interview

Key Informant Interview Questionnaire (3-E-7)

Activity Type: Key Informant Interview

Activity ID: 3-E-7

Evaluation Activity: Develop key informant interview questions in consultation with the TCEC. Conduct 4-6 telephone and/or in-person interviews with local school youth coordinators, parents of potential youth coalition members, other tribal youth coordinators to determine facilitators and barriers to creating and maintaining a youth coalition. Each interview will be approximately 15-20 minutes in length. Qualitative analysis of interview results will be used to summarize and report interview findings.

Date of Interview ____/_____/_____

Name of Youth (or pseudonym/number) _____

Age: _____

Gender:

_____ Male

_____ Female

_____ Other (specify)

Educational level:

_____ Elementary

_____ Middle School

_____ High school

Part I (Introduction)

Hello, my name is _____Uriel Orozco_____. I am a staff member of the Sherwood Valley band of Pomo Indians Tobacco Prevention Project. The purpose of this project is to work with the community to create conditions in which everyone has a chance to live a healthy, smoke-free life.

One of the tasks of the project is to create and maintain one Youth Tribal Coalition with at least 6 Sherwood Valley Band of Pomo Indians tribal youth who will be recruited, educated, trained and sustained as leaders and spokespersons to implement program objectives and enable them to effectively educate their peers about tobacco control issues in the community. All tribal youth coalition members will participate in a minimum of 4-5 community engagement activities such as public opinion polls, helping to develop educational materials, and making presentations.

The purpose of this interview is to hear your thoughts [as a (position/role)] about potential ways to engage youth (13-25 years old) in becoming members of a youth coalition.

I have a few questions that should take about 30 minutes to complete. You can skip any question that you would prefer not to answer.

The information you share with me will remain confidential. Your response will be reported in aggregate form together with all other respondents. No identifying information will be included in any of our reports. If you are interested, we can send you the Final Interview Report for you to check and edit before we finalize it.

We truly appreciate your time and commitment to this endeavor and thank you in advance for your response.

Part II (Interview Questions)

1. ***To begin our conversation***, could you share with me your perceptions about the health status of the Sherwood Valley Band of Pomo Indian community?

2. What are some of the health priorities/initiatives that are being implemented on tribal land?

3. Have you had any feedback from community members especially the youth about these priorities/initiatives? Can you provide examples?

4a. Do you believe youth should be given the opportunity for their voices to be heard in these health priorities/initiatives? [If yes], in what ways can these be done?

4b. What are your perceptions about engaging youth as equal partners in decision-making power in collaboratives intended to directly impact the lives of young people?

5. Do you think joining a coalition would help inspire youth to become active members of their community? Why or why not?

6. If a youth coalition were to be formed, would you support it? [If youth] would you join? Why or why not?

7. How can youth be encouraged to participate in a coalition?

8. What barriers/challenges hinder them (youth) from joining a coalition?

9. What resources are needed to successfully engage them (youth) in joining a coalition?

10. What level of engagement can youth realistically commit to, given available resources, to succeed as active coalition members?

Notes to think of when interviewing:

Below are several generalizable lessons and on-going barriers that have been flagged by regional initiative staff who oversee coalition youth engagement:

• Compensate youth for their contributions and meet at times and locations that work for them

• Ensure there is strategic and high-level commitment to youth voice with dedicated resources

• Train adults in youth development practices prior to engaging youth

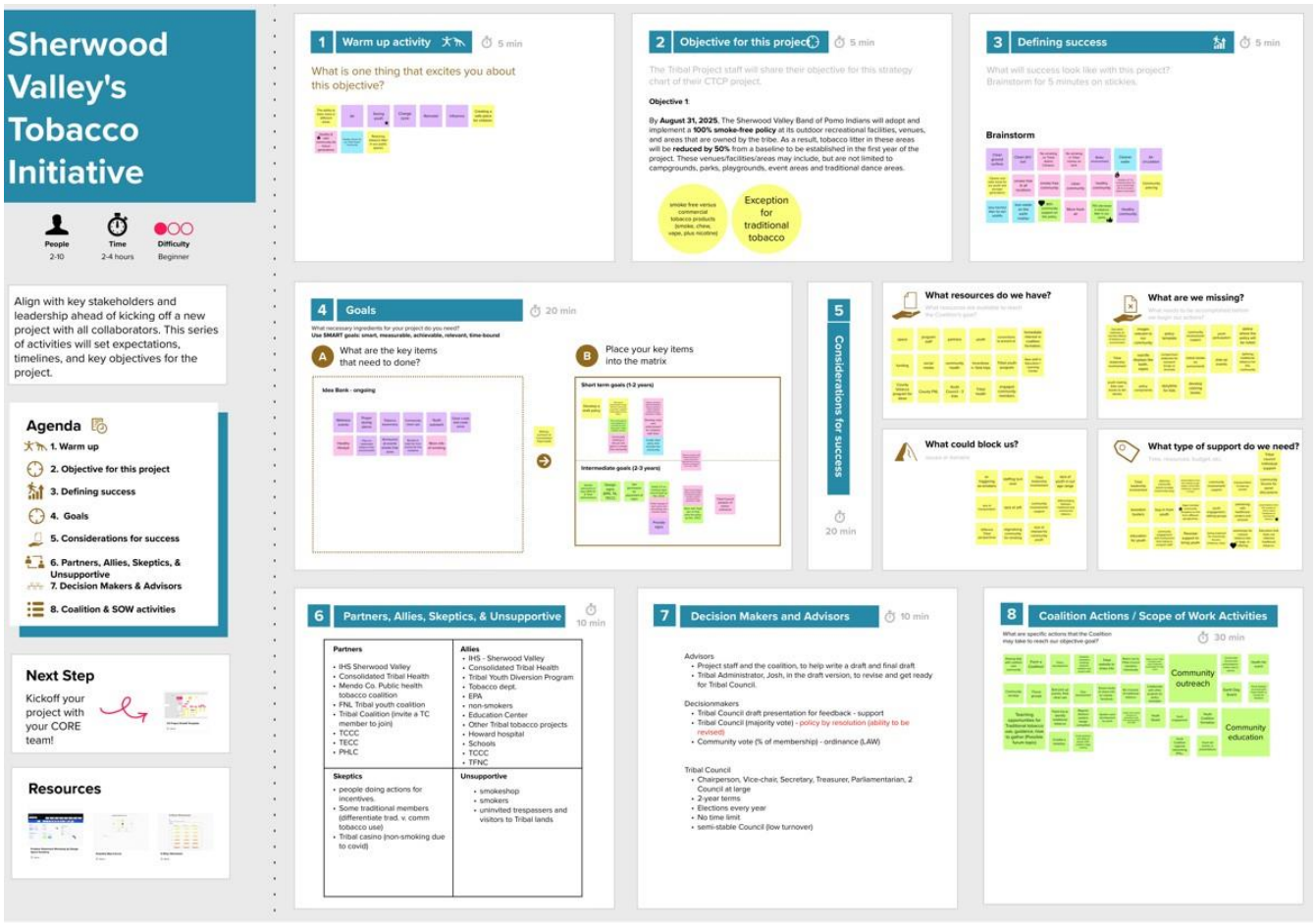
• Acknowledge that institutionalized racism, sexism, and ageism will impact the work

• Communicate with parents

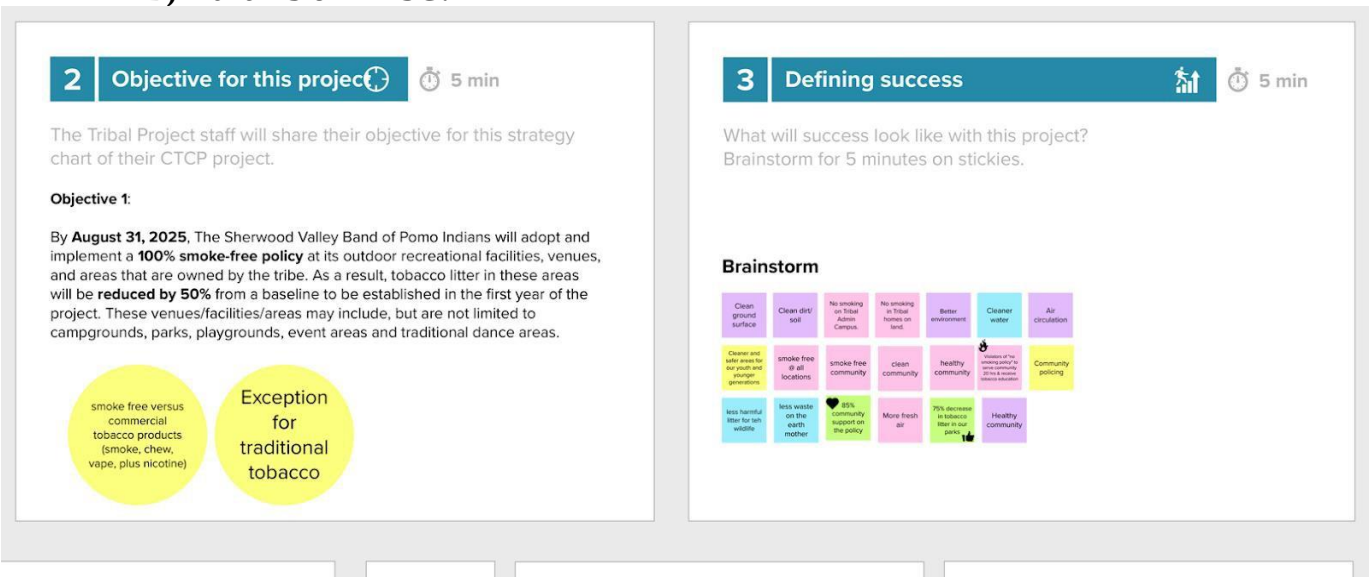
- Actively listen to youth and prepare to share power equally
- Provide larger support systems for youth and promote community among youth
- Acknowledge and address larger systems and contexts
- Make sure that engaged youth are diverse and represent the impacted community
- Build strong and sustainable relationships with youth and with community partners

Appendix 5: Community MASC

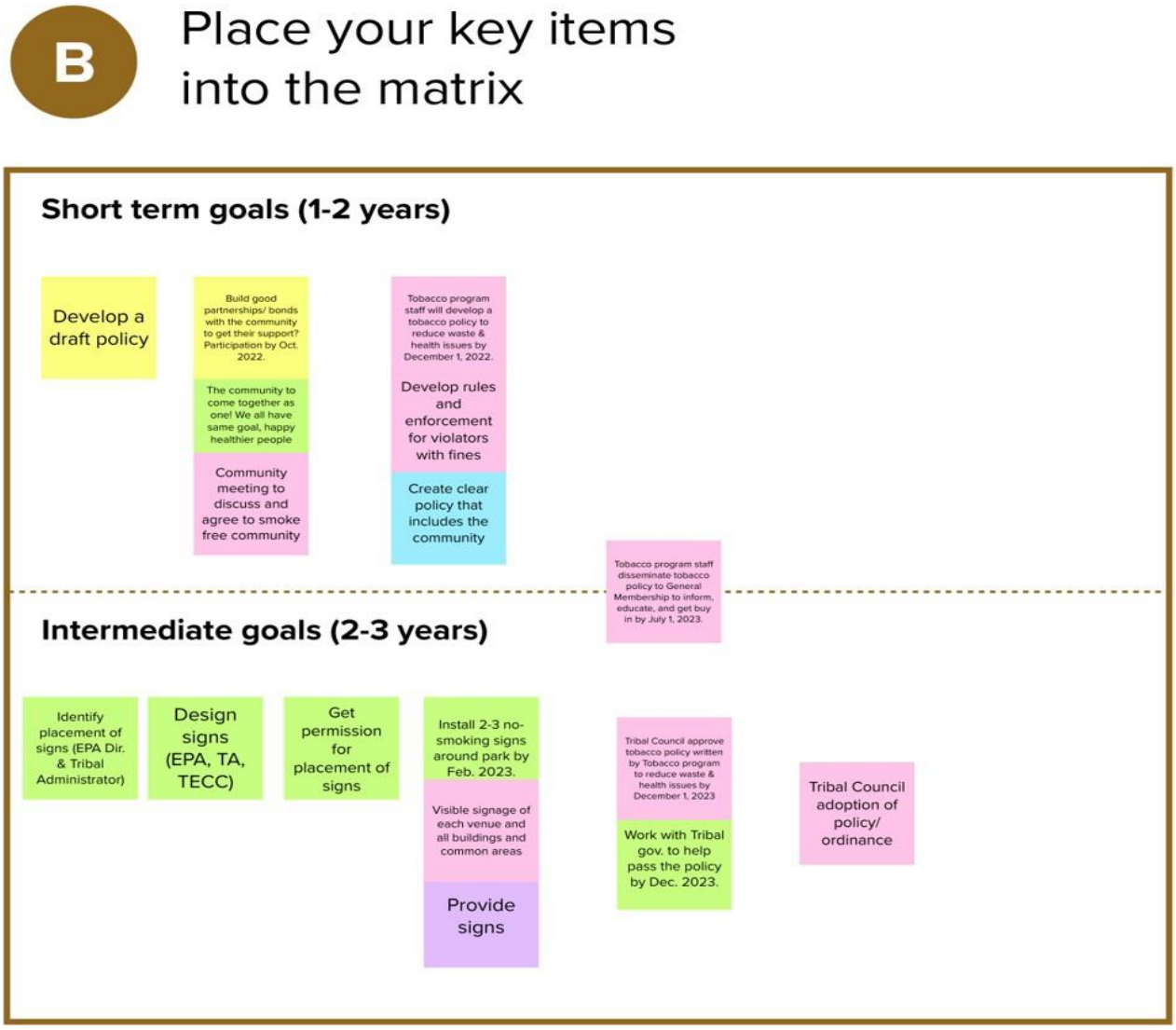
A) Completed MASC



B) Part 2-3 of MASC:



B. Part 4 of MASC



C. Part 5 of MASC

What could block us?

issues or barriers

- re-triggering ex-smokers
- staffing turn over
- Tribal leadership involvement
- lack of youth in our age range
- lack of transportation
- lack of wifi
- community involvement/ support
- differentiating between traditional and commercial tobacco
- Different Tribal perspectives
- stigmatizing community for smoking
- lack of interest fro community youth

What type of support do we need?

Time, resources, budget, etc.

- Tribal council individual support
- Tribal leadership involvement
- planning coomunity events to keep community busy
- preesntations from the outside to get better community/ employee support or buyin
- community involvement/ support
- transportation to pop-up events
- community forums for panel discussions
- boredom busters
- buy-in from youth
- Open minded community receptive to info from different perspectives
- youth engagement ; talking groups
- partnering with healthcare centers and schools
- preesntations from the outside to inform about Traditional vs. commercial tobacco
- education for youth
- community engagement and involvement from tobacco program staff
- Parental support to bring youth
- being prepared for community forums - childcare, food,
- workshops for cultural tobacco ties or bags, or offering
- Education that does not villianize traditional tobacco.

D. Part 6-7 of MASC

6 Partners, Allies, Skeptics, & Unsupportive

10 min

Partners	Allies
• IHS Sherwood Valley • Consolidated Tribal Health • Mendo Co. Public health tobacco coalition • FNL Tribal youth coalition • Tribal Coalition (invite a TC member to join) • TCCC • TECC • PHLC	• IHS - Sherwood Valley • Consolidated Tribal Health • Tribal Youth Diversion Program • Tobacco dept. • EPA • non-smokers • Education Center • Other Tribal tobacco projects • Howard hospital • Schools • TCCC • TFNC
Skeptics • people doing actions for incentives. • Some traditional members (differentiate trad. v. comm tobacco use) • Tribal casino (non-smoking due to covid)	**Unsupportive** • smokeshop • smokers • uninvited trespassers and visitors to Tribal lands

7 Decision Makers and Advisors

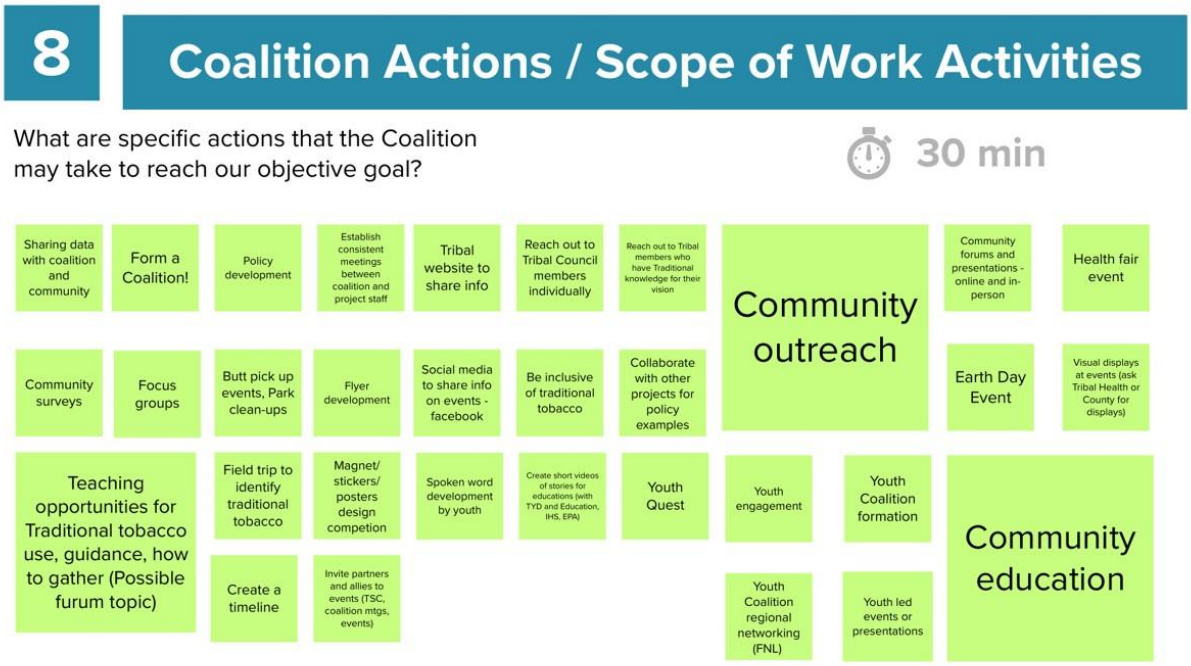
10 min

Advisors
- Project staff and the coalition, to help write a draft and final draft
- Tribal Administrator, Josh, in the draft version, to revise and get ready for Tribal Council.

Decisionmakers
- Tribal Council draft presentation for feedback - support
- Tribal Council (majority vote) - policy by resolution (ability to be revised)
- Community vote (% of membership) - ordinance (LAW)

Tribal Council
- Chairperson, Vice-chair, Secretary, Treasurer, Parliamentarian, 2 Council at large
- 2-year terms
- Elections every year
- No time limit
- semi-stable Council (low turnover)

E. Part 8 of MASC



Appendix 6: Earth Day Survey 1- E- 4

OBSERVATION SURVEY (1-E-4)

Name of Observer:	**Date of Observation:**
Name of Location:	**Time of observation:**
Type of recreational area: (check all that apply for that one location) _____Public park _____Playground _____Picnic area _____Sports field _____Golf course _____Walking path _____Garden _____Hiking trails _____Swimming pool _____Skateboard park _____River/creek _____Tennis court _____Other (please specify) _____	**The recreational area is:** _____Open _____surrounded by chain-link fence or other enclosure _____Other (please specify): _____

1) Estimate number of people at the area at time of survey:_____

2) How many are: Children:_____Teens/Young Adults:_____ Adults: _____

3) Do you see people smoking during the survey?_____Yes _____No

4) If yes, how many were smoking?_____(#)

5) If observation site is a playground, please check all that apply below):

____Sandbox area ___Swings ___Slide ___Jungle Gym

___Monkey bars ___Picnic tables ___Park bench

___Other (please specify) _____

6) If observation site is a park, please check all that apply below:

_____picnic table/s _____Park benches _____barbeque or food service facility

___restrooms _____other (please describe)

7) Number of NO SMOKING sign(s) posted around the recreational area/s.

_____

8) Is/Are the NO SMOKING sign(s) visible to visitors/users of the recreational area??

___Easily seen __Somewhat easily seen __Not easily seen

9) Is/are there tobacco retail stores visible from the recreational area?

___Easily seen __Somewhat easily seen __Not easily seen

10) Do you smell tobacco smoke at or around the area?
    a. A Lot
    b. Some
    c. No smell of tobacco smoke

Question item	Measure the number of items observed in this recreational area:					
	None	*1-10*	*11-25*	*26-50*	*51-70*	*71 and up*
Tobacco litter (cigarette butts, cigarette packs, etc)						
Tobacco Ads						
No-smoking signs						
Anti-tobacco messages						
Other tobacco-related item (e.g. ashtray, vape material) (please specify) _____						