Culture in Evaluation #4: African American

Tobacco Control Evaluation with African American Communities

“African American” is a term used to describe Americans who have descended from sub-Saharan African tribes, as well as from such places as Haiti, the Caribbean, and South America. As is true of all unique cultural groups in the U.S., there are many variations of the core values and beliefs among the numerous subgroups of the African American population – for example, among those from different generations, socioeconomic status groups, genders, and religions. Evaluating California’s tobacco control interventions with African American population groups requires familiarity with the demographics of the African American population in California, and an awareness of the core values of this diverse American subculture.

Tobacco Use among African Americans in California

According to recent Census estimations, approximately 7% of California residents are African American (US Census Bureau, 2007). The table below indicates the prevalence of smoking among African Americans in California.

<table>
<thead>
<tr>
<th>Category</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>All California Adults*</td>
<td>13.3%</td>
</tr>
<tr>
<td>African American Adults*</td>
<td>18-20%</td>
</tr>
<tr>
<td>African American Youth*</td>
<td>11-17%</td>
</tr>
<tr>
<td>African American Males*</td>
<td>24%</td>
</tr>
<tr>
<td>African American Females*</td>
<td>18%</td>
</tr>
<tr>
<td>African Americans living below poverty line*</td>
<td>30%</td>
</tr>
<tr>
<td>African American Smokers who smoke Menthol Cigarettes**</td>
<td>80-90%</td>
</tr>
<tr>
<td>African Americans who smoke blunts***</td>
<td>11-20%</td>
</tr>
<tr>
<td>(combination of tobacco and marijuana)</td>
<td></td>
</tr>
</tbody>
</table>

* California Health Interview Survey (CHIS) (2005)
** Castro (2004); Henningfield & Djordjevic (2003); Sutton & Robinson (2004)
*** Belgrave, et al. (2004a); Richter, Pederson, & Hegarty (2006)
Tobacco and Health Status in African American Populations
Health issues due to tobacco use disproportionately impact African Americans, even though members of the African American population tend to start smoking cigarettes at a later age and smoke fewer cigarettes per day than other ethnic groups. African Americans metabolize nicotine more slowly and thus are more likely to become nicotine dependent. Members of this population have lower cessation rates than other ethnic groups and display higher rates of tobacco-related diseases such as heart disease, cancer, and stroke than Whites.

Core Values and Beliefs of the African American Population

- Importance of spiritual communal strength.
- Emphasis on viewing children as being the shared responsibility of the African American community.
- Recognition of women in general, and mothers in particular, as family and community leaders.
- View of time as a fluid concept that allows for personal interaction and connection.
- Use of (often) lyrical language as a means to connect with others.
- General distrust of research and evaluation, in part due to historical research events that exploited African Americans for research purposes.

Some of the core values and beliefs of the African American population may offer some protection from the allure of smoking.

- A communalistic perspective that values the individual as part of the community.
- A sense of community that disfavors and often censures tobacco use.
- Religious involvement and spirituality.
- A matriarchal society and extended kinship support system that strive to protect families.
- A community fear of becoming addicted to a substance.

Risk Factors for Tobacco Use and its Health Consequences within African American Communities

- Being male, of low income, and with low educational status.
- Having a dark skin tone: African Americans with dark skin tones may smoke more as a result of stress due to increased levels of discrimination and prejudice.
- Residing in low-income high crime neighborhoods.
- Aggressive marketing of tobacco products and high exposure to media campaigns targeted at low-income urban African American communities.
+ Easy accessibility and purchasing of single cigarettes and “blunts” at neighborhood stores or from friends.
+ Limited accessibility to tobacco cessation health initiatives and medical care for tobacco-related diseases.

Guidelines for Culturally Competent Evaluation in African American Communities

In light of the core cultural values and beliefs that characterize the African American community, the following suggestions are offered regarding effective and respectful evaluation practices.

Learning about the Community
+ Before seeking participants for your evaluation activities, identify community leaders and ask them about the most effective and respectful way of approaching community members. Find out how the particular community may perceive “outsiders” and how any potential difficulties might be overcome. Ask where community members meet for relaxed social interaction and what venues might offer the best chances of recruiting evaluation participants.

+ African American community leaders are often church leaders, pastors, and/or clergy, school leaders such as principals and teachers, neighborhood and community coalition members and advocates, and mothers and grandmothers. These community leaders can provide rich cultural and community information that may not be obvious to outside evaluators.

Establishing Community Connections
+ One of the major barriers in working with African American communities is the “power” differential often based on outside researchers being of different ethnic groups and educational status than those typically seen in the community. Evaluators should build their evaluation efforts based on the philosophy of assisting and facilitating African American communities to build their own evaluation capacity. In other words, evaluators should not conduct evaluation activities to community members, but with community members.

+ Develop trustworthy, interdependent, and power-equivalent relationships between the “evaluation community” and African American community members. Evaluation works best in African American communities by developing and creating evaluation teams wherein community stakeholders have an equal, if not a predominant, voice.

+ Community leaders can provide increased accessibility to certain populations that are at most risk for tobacco use, can increase the level of community
trust of “outsiders”, and can effectively communicate the purpose of the evaluation practices and procedures to community members.

- Address community evaluation team members and other community participants by their formal names, e.g., Mr. Jones or Dr. Smith. It is often a sign of disrespect to address others in the African American community by their first names, so avoid doing so unless the community members requests that you do.

Collecting Evaluation Data in African American Communities

- Teamwork is valued in African American communities.
- A potentially problematic issue in conducting tobacco control evaluation within African American communities is the use of marijuana in combination with tobacco, e.g., blunts. Another issue in regard to blunt use is the purchasing of cigars in which the tobacco is removed and marijuana is replaced into the cigar wrap. This complicates the evaluation process in that there may be a difference in the number of cigars purchased and the actual smoking of tobacco in the cigars. Evaluators should discuss these issues with community leaders in order to develop solutions to effectively measure the actual use versus the purchasing of tobacco products.
- For focus group discussions, decide in coordination with the community researcher, what community space is accessible, non-threatening, and comfortable for participants.
- Consider the barriers that prevent community members from being involved in the data collection. Oftentimes, the barriers are lack of transportation, lack of childcare, and time constraints. Some recommended places to conduct data collection in African American communities are neighborhood churches, schools, and community meeting places such as barbershops and beauty salons.
- Provide incentives, such as meals or snacks, and if possible, childcare services.
- Due to the distrust of research and evaluation, it is crucial for the evaluation team to clearly state and delineate the evaluation data collection purposes, objectives, and activities to community leaders and members. The community researchers can help to provide assistance in clarifying and communicating data collection procedures to community members.
- Evaluators should be sincere, honest, straightforward, and plainspoken in regard to both their roles and the data collection process, As stated by Earl and Penney (2001), “If the researcher does not have a sincere motivation to improve the health and well-being of African Americans, lack of trust in health care professionals will remain a barrier to participation.”
- African American communities tend to be more responsive to research and evaluation activities when members understand that their participation and information gathered will be used to help others and to benefit the community as a whole.
African American communities tend to view tobacco use within a community health perspective, and are highly aware of the health problems that result from tobacco use. The evaluation data collection procedure thus should address both the health consequences of tobacco use and the disparities in accessing medical and health services often seen in low income African American communities.

**Developing and Using Data Collection Instruments**

- African American communities, especially low-income communities, are often comprised of individuals who feel powerless and without freedom. It is therefore all the more important to ensure that participation in evaluation activities is done with full consent of each individual.
- Utilize existing surveys, questionnaires, and interview tobacco prevention and control protocols that have been validated in samples similar to or the same as the community members. The National African American Tobacco Education Network (NAATEN) is an excellent resource for culturally appropriate surveys and interview tools.
- Make sure that the evaluation data collection protocol allows for obtaining tobacco use information that is relevant to African American communities.
  - Surveys and interviews should inquire about “regular” cigarette and menthol cigarette use. Some adolescents may not even be aware that they smoke menthol cigarettes; therefore, it is important to ask about the brand of cigarette.
  - Surveys and interviews should inquire about marijuana and tobacco combined use -- blunts -- while protecting the participants from any legal repercussions. Due to the legal issues surrounding marijuana purchasing and use, evaluators should collaborate with community leaders on how to obtain the most necessary information while protecting members from harm, legal or otherwise.
  - Surveys and interviews should also inquire about the purchasing of cigars and cigarillos in regard to intended use, i.e., purchased to smoke or purchased to make marijuana blunts.
  - Surveys and interviews should also inquire about the purchasing of single cigarettes. Evaluators should let participants know that it is not illegal to purchase single cigarettes but it is illegal for stores to sell single cigarettes. Again, evaluators should consult with community leaders in regard to protecting community merchants and vendors while obtaining relevant information.
- Review surveys, questionnaires, and interviews with community researchers to ensure that questions are understandable, respectful and effectively “get at” the evaluation objectives. Rely on the community researchers’ expertise in regard to community participants’ literacy skills and understanding and comfort with the interview process.
Use accessible and respectful language, both in written documents and in conversations. African Americans report difficulty in understanding informed consent procedures due to the technical language. Evaluation documents should be as simply written as possible and without technical jargon that distances the participant from the evaluation efforts. Informed consent should be discussed face-to-face with the participants in order to clarify any misunderstandings or misinterpretations.

Face-to-face interviews and surveys are the preferable means of collecting data within African American communities. Personalizing the evaluation data collection process increases trust and honesty between and among the evaluators and the community participants. Moreover, face-to-face interviews provide access to “high-risk” populations that may not have a telephone or Internet access at home.

Allow for various means of communication and responses to evaluation questions. Various means of responding increases participants’ understanding of the evaluation questions and thus provides a sense of “communication equality”, reduces embarrassment and resultant non-participation if community members have low literacy skills, and provides opportunities to gather rich and informative data as well as develop relationships.

Let community leaders determine the “time” for data collection procedures. Many African American communities see time as a fluid construct, and evaluators who place constraints on time by having rigid scheduling and activities may likely reduce participatory behavior from the community.

Evaluation Results and Dissemination

Many African American communities value relationship-building. As such, evaluation efforts should focus on sustaining community ties and involving community members in the dissemination process.

- Evaluators should use “strengths-based” language in reporting whenever possible and should avoid using language that may disparage or objectify evaluation participants.
- Community leaders tend to be natural researchers in regard to qualitative findings and can provide expertise on the type of language, means of communication, and aspects of the interview processes that can increase the relevance and utility of the evaluation reports and documents.
- Disseminate findings where they are most needed: in the community. Present evaluation findings at community meetings and events, at area schools, or during church services.
- Community leaders should be included as conference co-presenters and co-authors on evaluation reports and documents.
References


Plybon, L.E., Reid, J., Panigrahi, B., Gray, D., & Belgrave, F.Z. (2005, April). *Religion and smoking in late adolescent African Americans: Which constructs are the most important?* Poster presented at the Biennial Meeting of the Society for Research in Child Development, Atlanta, GA.


For more Tips & Tools and other resources, go to our website: http://tobaccoeval.ucdavis.edu