Original investigation

Recruitment and Baseline Characteristics of American Indian Tribal College Students Participating in a Tribal College Tobacco and Behavioral Survey

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Abstract

Introduction: American Indians (AIs) have the highest cigarette smoking rates of any racial/ethnic group in the United States. Although the overall smoking prevalence in the United States for nonminority populations has decreased over the past several decades, the same pattern is not observed among AIs. The purpose of this observational study was to collect cigarette smoking and related information from American Indian tribal college students to inform tailored interventions.

Methods: We conducted a repeated cross-sectional survey of American Indian tribal college students, Tribal College Tobacco and Behavior Survey (TCTABS), with a focus on recruiting all incoming freshman at three participating tribal colleges in the Midwest and Northern Plains regions. A total of 1256 students participated in the baseline surveys between April 2011 and October 2014.

Results: The overall smoking prevalence of this sample was 34.7%, with differences by region (Northern Plains—44.0% and Midwest—28%). The majority, 87.5% of current smokers reported smoking 10 or less cigarettes per day, 41% reported smoking menthol cigarettes, 52% smoked Marlboro brand, and the mean age of their first cigarette was 14 years. The majority, 62% had made at least one quit attempt in the past year. The overwhelming majority of respondents, regardless of their smoking status, thought that the current smoking prevalence on campus was greater than 41% and approximately one-third believed that it was as high as 61%.

Conclusions: Very few studies of smoking have been conducted in this population and results from our study confirm the need for effective interventions.

Implications: AIs have the highest cigarette smoking rates compared to other racial/ethnic groups in the United States. Furthermore, limited studies have examined the epidemiology of cigarette smoking among tribal college students. This study addresses health disparities related to smoking

among college students by examining the demographic, cultural, and environmental characteristics of smoking and quitting. Results from this study could lead to the development of a culturally-tailored smoking cessation and prevention program for American Indian tribal college students.

Introduction

Lung cancer remains the leading cause of cancer mortality in the United States, and is especially important among American Indians (AIs).¹ Although the overall smoking prevalence in the United States has decreased within the past 50 years to 17.8%, the same pattern is not observed among AIs. Data from the National Survey on Drug Use and Health show that for adolescents, as well as young adults, the current smoking prevalence is highest among AIs for both males and females.²

Due to a lack of data among American Indian tribal college students, little information is available on smoking and other health behaviors in this underserved population. However, for adults, recent smoking data for AIs show that the prevalence is highest in the Northern Plains (approximately 42%) and lowest in the Southwest (14%–18%).³ Consequently, AIs suffer a disproportionate burden from smoking-attributable morbidity and mortality.⁴

The purpose of this observational study was to collect smoking and other health related information from American Indian tribal college students to better understand cultural and smoking related factors that could lead to the creation of more effective interventions for prevention and cessation of recreational smoking.

Methods

Study Design and Population

Data are from an observational study of American Indian tribal college students, the Tribal College Tobacco and Behavior Survey (TCTABS), with a repeated cross-sectional as well as a longitudinal cohort component to the study.⁵ The focus of the study was to recruit all incoming freshman at the three participating tribal colleges in the Midwest and Northern Plains regions; however, all students were invited to participate. A total of 1256 unique American Indian tribal college students participated in the baseline surveys between April 2011 and October 2014 from three tribal colleges. Eligibility criteria for participation were (1) self-identification as an American Indian person; (2) enrolled in a participating tribal college; and (3) age 18 or greater at time of survey. The web-based surveys were available twice per year for 1 month at a time, each April and October from 2011 to 2014.

The online survey consists of questions related to demographics, cigarette smoking behaviors and patterns of use, quitting intentions and history, use of smokeless tobacco and quitting history, traditional tobacco use, and smoking restrictions, as well as other health behaviors related to tribal college students' health.

The overall response rate ranged from 15.3% (2011), 18.5% (2012), 18.5% (2013) to 32.1% (2014). These are true overall response rates using the total number of students enrolled at the participating tribal colleges. However, because we focused our recruitment efforts on enrolling students in the incoming freshman class each year, we were able to obtain higher response rates among freshmen students: 13.8% (2011), 26.0% (2012), 34.0% (2013), and 64.3% (2014).

Participants provided informed consent and were compensated with a \$15 gift card for completing the online survey. All study procedures were approved by the University of Kansas Medical Center

Institutional Review Board, as well as the respective Institutional Review Boards at the participating tribal colleges.

Study Variables

All variables and information from the tribal college students were collected through the web-based surveys as self-reports.

Demographic Variables

We collected information on gender, current living situation (on or off campus), type of program (2-year or 4-year degree), children or no children, current year in school, employment status, and where the respondent grew up (rural, urban/suburban, or reservation/tribal trust lands). Participants also provided information on parents' educational status and perceived smoking prevalence on campus.

Smoking Status

The following questions were used to determine current smoking status, "Do you smoke cigarettes now?" with response categories of "every day, some days, and not at all." Current smokers were respondents who either smoked every day or some days.

Smoking Variables

For current smokers, we asked additional questions related to their smoking behavior. Additional smoking related factors that were collected include: menthol or non-menthol, regular or light cigarettes, brand of cigarettes, and change in smoking pattern since starting college. We also asked the current smokers the age at which they smoked their first cigarette and age at which they first identified as a smoker.

Fagerstrom Test for Nicotine Dependence

To calculate the Fagerstrom Test for Nicotine Dependence,⁶ we used the standard questions:

- "How soon after you wake do you smoke your first cigarette?" with the response categories of "Within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or After 60 minutes."
- "Do you find it difficult to refrain from smoking in places where it is forbidden (i.e., church, school, work, etc.)?" with the response categories of "Yes or No."
- "Which cigarette would you hate most to give up?" with response categories of "The first one in the morning or Any other."
- "How many cigarettes per day do you typically smoke?" with response categories of "10 or less, 11 to 20, 21 to 30 or 31 or more."
- "Do you smoke more frequently during the first hours after waking up than during the rest of the day?" with response categories of "Yes or No."
- "Do you smoke even if you are so ill that you are in bed most of the day?" with response categories of "Yes or No."

Quitting History, Interest, Motivation and Confidence and Intervention Preference

Participants were asked, "In the past year, how many times have you quit smoking for at least 24 hours?" Interest in quitting was

also ascertained through the following question, “Are you seriously interested in quitting smoking? With response categories of: in the next 30 days, next 6 months, next year, or not interested in quitting or in the future. To assess participant level of motivation and confidence to quit, the following questions were used, “On a scale from 1 (not motivated) to 10 (highly motivated), how motivated are you to quit smoking? and “On a scale from 1 (not confident) to 10 (highly confident), how confident that you could quit smoking?” Finally, we asked participants’ preference for type of assistance with the following categories, “Family and friends, traditional healer/elder, pharmacotherapy, nicotine replacement therapy, cold turkey/on their own, mental health professional, and staff at college.”

Statistical Analysis

All participants, 1256 American Indian tribal college students, were included in these analyses. Descriptive statistics utilized for discrete variables were frequencies and percentages. Similarly, continuous variables were described using mean and standard deviation. Appropriate *P* values for bivariate associations among discrete variables were reported using the chi-square test. All analyses were performed using SAS 9.3 (Copyright 2002–2010 by SAS Institute Inc, Cary, NC). Statistically significant associations were identified by *P* values of less than .05.

Results

The mean age of tribal college students who participated in this study was 25.5 years and 57.8% were female. The majority (61.3%) reported growing up on either a reservation or tribal trust land. Approximately 59% of the tribal college students reported working towards a 4-year program with 36% in a 2-year program and the remaining 5% in the nondegree-seeking group.

Table 1 shows the overall smoking prevalence, as well as prevalence by selected demographic characteristics for this tribal college population. The overall smoking prevalence was 34.7%. There were differences by region, with Northern Plains respondents reporting a smoking prevalence of approximately 44% and Midwest respondents with prevalence closer to 28% (data not shown). Current smoking prevalence was higher among males compared to females, 38.3% and 32.2%, respectively. Students who reported growing up on a reservation or tribal trust land had a significantly higher smoking prevalence compared to the other areas. Students living on-campus had a lower smoking prevalence compared to those who lived off campus. Those reporting having children had a smoking prevalence of 44.6% compared to those who did not have children, 30.4%. Finally, students who were working toward a 4-year degree program had the lowest smoking prevalence (32.5%) compared to nondegree-seeking students who had the highest prevalence (49.2%). We also examined smoking prevalence by year in school, educational level of parents, and student employment status, but none of these was statistically significant.

Table 2 shows the smoking characteristics of all current smokers in the sample. Among current smokers, 87.5% reported smoking 10 or less cigarettes per day, approximately 41% reported smoking menthol cigarettes, and the mean age when students tried their first cigarette was 14 years. The mean age at which the students identified as a smoker was 17 years old. They smoked on an average of about 17 of the last 30 days. The mean Fagerstrom Test for Nicotine Dependence value for the smokers was 1.72 (*SD* = 2.18). Among all current smokers, about a third reported that their smoking

Table 1. Smoking Prevalence by Demographic Characteristics

Demographic	N	Current smoker (%)	<i>P</i>
Overall	1256	34.7	
Age			
Years (mean) (<i>SD</i>)		25.5 (9.03)	
Gender			
Female	723	32.2	.0270
Male	528	38.3	
Where did you grow up?			
Reservation/tribal trust land	762	37.9	.0131
Rural area	210	32.4	
Sub(urban)/military	271	28.4	
Living situation at college			
On-campus housing	703	30.7	.0003
Off-campus housing	538	40.5	
Do you have children?			
No	846	30.4	.0001
Yes	399	44.6	
Program of study			
2-year degree (associate)	450	36.9	.0186
4-year degree (bachelor)	733	32.5	
Nondegree-seeking	59	49.2	
Year in school			
Freshman	552	36.2	.9300
Sophomore	321	34.0	
Junior	183	34.4	
Senior	103	32.0	
Fifth year	49	30.6	
≥Sixth	35	34.3	

decreased (35.9%), another third increased smoking (30.1%), and final third (34.0%) reported no change in smoking since starting college. Similar to nonminority college smokers, Marlboro was the most commonly smoked brand, followed by Camel and Newport. The cigarette brands with Native-specific names like, “Native or American Spirit” was the lowest, with less than 3% of smokers reporting this brand.

Table 3 shows the quitting interest, history, and preferences among current smokers. Respondents mean level of motivation was lower than their level of confidence, 6.22 and 7.51, respectively. The majority (62%) reported making at least one quit attempt in the past year. Of the current smokers, one third expressed interest in quitting within the next 30 days and approximately 41% of respondents did not want to quit. Finally, smokers were asked specifically what type of assistance they preferred: 62% indicated they wanted to quit on their own (cold turkey), 36% wanted family and friends involved in the cessation program, and 19% indicated desire to use some form of nicotine replacement therapy or pharmacotherapy.

Figure 1 shows the perceived smoking prevalence on campus for all participants by smoking status. The overwhelming majority of respondents, regardless of their smoking status, thought that the current smoking prevalence on campus was greater than 41% of all students. Furthermore, approximately one-third of all respondents thought that the smoking prevalence on campus was as high as 61%.

Discussion

Cigarette smoking continues to be the single most preventable cause of death in the United States, especially among American Indian smokers.⁷ Although the most recent Surgeon General’s Report

Table 2. Smoking Characteristics Among Current Smokers

Demographic	N	Mean	SD
FTND	411	1.72	2.18
Days smoked in past month (d)	436	16.9	11.3
Age smoked first cigarette (y)	425	14.0	3.54
Age first identified as a smoker (y)	299	17.0	4.35
	N		%
Type of cigarettes smoked	No usual	80	19.2
	Regular/full flavor	232	55.8
	Ultra (light)	104	25.0
Do you smoke menthol cigarettes	No	245	59.2
	Yes	169	40.8
Number of cigarettes smoked per day	≤10 cigs/d	350	87.5
	≥11 cigs/d	50	12.5
Cigarette brand smoked	Marlboro	208	52.0
	Camel	89	22.2
	Newport	30	7.5
	Native/American spirit	11	2.8
	Others	62	15.5
Change in smoking levels since starting college	Increased	125	30.1
	Decreased	149	35.9
	Stayed the same	141	34.0

FTND = Fagerstrom Test for Nicotine Dependence.

Table 3. Quitting Interest and Characteristics Among Current Smokers

Demographic		N	Mean (SD)
Motivation to quit (mean, SD)		409	6.22 (2.72)
Confidence to quit (mean, SD)		410	7.51 (2.60)
		N	%
Number of quit attempts in past year	None	157	38.4
	1–2	115	28.1
	3–9	80	19.5
	≥10	57	13.9
Interest in quitting	Next 30 days	137	33.3
	Next 6 months	56	13.6
	Next year	50	12.2
	No, not sure, in future	168	40.8
Preferred methods to use for quitting in the future ^a	NRT/pharmacotherapy	74	19.1
	Cold turkey	244	62.2
	Traditional healer/elder	72	19.0
	Family/friends	143	36.4
	Other	51	13.5

NRT = nicotine replacement therapy.

^aNot mutually exclusive categories, participants could select more than one category.

described the progress in smoking reduction over the past 50 years, this has not been the case among the American Indian population.⁸

Findings from our study suggest the overall current prevalence of recreational cigarette use among tribal college students in the Midwest and Northern Plains is 34.7%, with much higher prevalence in the Northern Plains. Our findings are consistent with recent publications reporting higher smoking prevalence in the Northern Plains compared with Central Plains among American Indian adults aged 18 and older.³ This is significantly higher than the smoking prevalence of nonminority college students.⁹ Very few studies of smoking have been conducted in the American Indian tribal college population. Results from this study provide the overall estimate of smoking prevalence and other smoking characteristics that may be useful in future development of cessation programs.

The smoking characteristics show that most of these smokers are light smokers with a lower mean Fagerstrom Test for Nicotine Dependence score, compared to nonminority populations. Therefore, time to first cigarette may be a better measure of nicotine dependence in this population. In addition, approximately two-third of the smokers either increased their smoking or reported no change, while only one-third of smokers decreased their level of smoking after starting college. Implementation of a smoke-free campus could potentially increase the proportion of smokers who decrease their smoking level which could eventually lead to overall increase in smoking cessation among tribal college students. As of 2014, only four of the 32 fully accredited tribal colleges have adopted tobacco-free policies.¹⁰

Peer norms or perception of peer smoking has also been shown to influence smoking prevalence.^{11,12} The overwhelming majority of

Figure 1. "What percent of students at your college do you think smoke cigarettes?"

respondents, regardless of their smoking status, overestimated the smoking prevalence on campus. Respondents may overestimate the true prevalence because in the absence of smoke-free policies, smoking is more visible and it appears to be tolerated and in some cases even accepted by the campus community. This normalization of a recreational smoking culture on campus typically occurs in the absence of smoke-free policies.

Our results indicate that American Indian current smokers appear to have similar or slightly earlier age of initiation compared to the nonminority population, 14.0 years compared to 15.3 years.⁸ Many factors influence age of initiation including tobacco marketing,¹³ peer and familial smoking, as well as other environmental factors¹⁴; additional studies are required to examine more fully other cultural influences on the earlier age of initiation. American Indian federally recognized tribes are sovereign, possessing rights of self-governance.¹⁵ Due to tribal sovereignty, tribal lands are frequently not bound by state tobacco control policies such as cigarette taxes.¹⁵ This may result in American Indian youth may having access to cigarettes at an earlier age than other youth,¹⁵ potentially leading to earlier age of initiation.

Limitations

This study has several limitations. The overall response rates were relatively low; however the Freshman response rates were much higher. Other national surveys of nonminority college students have produced similar response rates given the similar methodology and recruitment strategies. Since so little information is known about this underserved population the information gained from this survey outweigh the lower response rates achieved in this study. The self-reported nature of the information provided is another limitation, however, given the anonymous nature of the survey, there is minimal reason for participants to report inaccurate health behavior information.

Recruitment Challenges

We began the study with a tribal college with whom we have collaborated previously. Over the course of the study, we forged new relationships with two additional tribal colleges and added them to the study. Rapport building took time, but this process aided us with building study recognition among students, increasing the likelihood that students would participate in the survey. Rapport was built through sponsorship and attendance at various campus events, having study team members present on the campuses interacting with

students and hiring students from the respective participating colleges to assist with recruitment.

Another recruitment challenge was scheduling the appropriate time to launch the survey in order to accommodate when students were in session. The participant tribal colleges operated on different academic calendars (semesters vs. quarters). We first launched the survey in mid-April 2011; at that time, one of the participating schools only had a week left in the semester before summer break. That month left us with sparse enrollment.

In the beginning, participants were recruited via email broadcasts that described the purpose of the study and provided a website for those interested in taking the survey. The initial reliance on an email recruitment strategy posed another major recruitment challenge. The tribal colleges had differing dependence on their college email systems. One institution heavily utilized its email system making email recruitment at that particular tribal college successful. Another institution required students to initiate the creation of a college email account. This onus resulted in few students utilizing that college's email system. The third institution did not allow us to send an email blast through its email system, so we were limited to the use of flyers and in-person recruitment. At all three institutions, flyers and posters were posted around the campuses to increase students' awareness of the survey. We also participated in new student orientations to recruit new students each semester.

At all schools in-person recruitment was the most successful method. However, proximity of the partner tribal colleges posed an additional challenge. Given that the partner tribal colleges were spread throughout the region, it was difficult to initiate consistent in-person recruitment at all of them. In the last several years of the project we hired student recruiters from the participant tribal colleges. This boosted enrollment numbers significantly. Recruitment-wise, the final year (2014) was our most successful; we nearly doubled our response rates. This was due in large part to the effort we put into establishing study recognition, building rapport with faculty, staff and students, and perfecting our recruitment strategies at all of the institutions. Other recent studies of smoking among nonminority college students produced similar response rates in the low 30% range,^{16,17} so our study did not suggest any higher response bias issues.

Potential Intervention Targets

Findings from our study suggest that this tribal college population of smokers have higher confidence than motivation to quit. For this

younger tribal college community, increasing their motivation to quit may be a good initial plan that should be integrated during the recruitment period. In addition, they reported that having family and friends support or involvement should be an important aspect of any tailored cessation program. Finally, the majority of participants (73%) reported that the ethnic background of the person helping them quit smoking does not matter, which has implications for type of counselors or facilitators to include in interventions.

The main strength of our study is the large sample of American Indian tribal college students and our ability to examine smoking as well as other health behavior information on an underserved population. Our study provides evidence that recreational smoking continues to be a significant public health problem among AIs and tailored cessation programs are needed to reduce smoking attributable morbidity and mortality. These results also highlight the opportunity to influence smoking behavior on tribal college campuses given the significant proportion of students who changed their smoking level since starting college.

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Declaration of Interests

None declared.

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