

# Engaging Tribal Leaders in an American Indian Healthy Eating Project Through Modified Talking Circles

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Frequently used in the American Indian (AI) community and proven to be a valuable tool in health research, a *Talking Circle* is a method used by a group to discuss a topic in an egalitarian and nonconfrontational manner. Using community-based participatory research, a modified Talking Circle format was developed for engaging tribal leaders in an American Indian Healthy Eating Project in North Carolina. The culturally informed formative research approach enabled us to garner project support from 7 tribes, as well as insights on developing planning and policy strategies to improve access to healthy eating within each of the participating communities.

**Key words:** *American Indians, community engagement, food environment, Talking Circles*

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**A**MERICAN INDIANS (AIs)\* endure a disproportionate risk of developing diet-related diseases of public health concern, such as diabetes, obesity, and certain cancers.<sup>1</sup> Illustrative of these disparities, Type 2 diabetes is considered a common disease for AI children older than 10 years.<sup>2</sup> As young as 4-year-olds, AI preschoolers in a recent cross-sectional, nationally representative study were found to have the highest prevalence of obesity among 5 major racial/ethnic groups (American Indian/Native Alaskan, 31.2%; Hispanic, 22.0%; non-Hispanic black, 20.8%; non-Hispanic white, 15.9%; and Asian, 12.8%).<sup>3</sup> The myriad of factors contributing to AI diet-related health disparities include poverty; genetics; dietary changes over time; and, in some cases, government policies.<sup>4,5</sup>

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\*Throughout this brief, the term, *American Indian*, is used to describe both American Indians and Alaska Natives. According to the US Census 2000, this collective categorization includes individuals who self-identified that they have origins in any of the original peoples of North and South America (including Central America). An estimated 4.3 million individuals indicated this race/ethnicity category and this included 2.4 million people who only reported American Indian and Alaska Native as their race.

Environmental and policy strategies can promote healthy eating and reduce diet-related health disparities.<sup>6,8</sup> But research and practice has predominantly focused on understanding individual behavior change rather than evaluating environmental and policy factors.<sup>9</sup> Despite this oversight, evidence has been mounting over the last 10 years demonstrating associations between diet-related health disparities and the local food environment.<sup>10-12</sup> Various definitions exist; but generally, community-level measures of the food environment include food stores, restaurants, schools, and worksites.<sup>13</sup> Besides the identification and categorization of food outlets, measures of the food environment take into account the availability, accessibility, and affordability of healthy foods and beverages (eg, fruits and vegetables), along with exposure to calorie-dense, nutrient-poor foods and beverages (eg, sugar-sweetened beverages).<sup>14</sup> Research examining associations between public health and the food environment have found that greater proximity to chain grocery stores is related to health outcomes, such as lower body mass index and lower prevalence of obesity.<sup>15,16</sup> Higher obesity prevalence has been found in areas with increased access to convenience stores or smaller grocery stores.<sup>17</sup> Compared with chain grocery stores, smaller food outlets tend to stock less fruits and vegetables and more processed foods.<sup>18</sup> Associations between obesity and access to fast food restaurants has been reported.<sup>19</sup> Communities of lower socioeconomic status, with a higher proportion of ethnic minorities, or in rural settings may be at risk for living further away from chain grocery stores and closer to fast food restaurants and convenience stores.<sup>20-22</sup>

No studies, to our knowledge, have systematically conducted a rigorous assessment of the food environment in AI settings, despite increased burdens of diet-related chronic diseases and studies calling for increased attention to context within AI settings.<sup>3,23</sup> Research is limited to 3 federally recognized tribes in Arizona and New Mexico, which

are in various stages of implementing, evaluating, and sustaining interventions aiming to increase the availability and consumption of healthy food and beverage items.<sup>24-26</sup> Formative work indicated that some tribal members traveled as far as 30 miles off the reservation to access a diverse supply of affordable, healthy foods.<sup>26</sup> Even less is known about the food environment for AIs living off reservations and outside of tribal areas—estimated to be as high as 64% of the AI population.<sup>27</sup> The US Census Bureau noted when making this estimation that the number of AIs living off reservation and in other rural and urban Indian communities is difficult to determine in part because of how reservations are defined and how the AI population is tracked. Another challenge for understanding AI diet-related health disparities is the Indian Health Services (Pub. L. No. 67-85, §13; Pub. L. No. 94-437; and Pub. L. No. 111-148, §10221) and the Food Distribution Program on Indian Reservations (Pub. L. No. 93-86, §4(b); Pub. L. No. 106-171, §4; and Pub. L. No. 110-234, §4(b)) do not provide services to or data on AIs who are not members of federally recognized tribes. The US Constitution explicitly mentions the relationship between the US federal government and Indian tribes (US Const., art. 1, §8). Through this special government-to-government relationship, federally recognized tribes possess certain inherent rights of self-government and entitlement to federal benefits, services, and protections (*United States v Sandoval*, 231 US 28 (1913)). Under federal law and for their internal government purposes only, state governments can recognize Indian tribes (Indian Arts and Crafts Act, 25 USC §305e (d)). The number of state-recognized tribes varies depending on source but at least 16 states have recognized tribes even though the federal government has not.<sup>28</sup> Therefore, little is known about the food environment within AI settings, especially for AIs living off reservations and/or not members of federally recognized tribes.

Addressing these research gaps requires employing more culturally and tribally specific strategies and exploring the role of mixed

method qualitative approaches.<sup>23</sup> These recommendations came from the school-based AI obesity prevention program known as Pathways. After 9 years, the Pathways program reported positive changes in diet but found little impact on obesity. The Pathways investigators noted great variability among the 7 participating tribes' access to resources, social norms, and rules about food and consumption within the household. Because of the variability of each participating tribes' circumstances, the Pathway investigators thought a less standardized intervention that integrates more culturally and tribally specific strategies might have led to greater behavioral change. Another lesson from Pathways was employing a variety of community participation methods, ranging from providing input on protocol development to collecting research data.<sup>23</sup> Likewise, using a variety of formative research approaches to gather information over multiple stages was emphasized as a means to develop participatory relationships. That is, create a dialogue with AI tribes facilitating a sense of ownership in the research process and outcomes.

Our multidisciplinary project aimed to build the partnerships and evidence base necessary to improve access to healthy, affordable foods within AI communities. Specifically, we set out to develop a culturally appropriate formative research approach to garner support from tribal leaders, as well as insights on healthy eating and research engagement. This article documents the development and implementation of a modified Talking Circle as a research tool to engage tribal leaders in an American Indian Healthy Eating Project in North Carolina.

## METHODS

### Study area

North Carolina provides a unique opportunity to examine the relationship between the food environment and AI health disparities because the state has the sixth largest population of AIs in the United States and the highest

concentration of AIs east of the Mississippi river.<sup>29,30</sup> In fact, more than 122 425 American Indian/Alaskan Native individuals live in North Carolina.<sup>31</sup> American Indians live in each of the state's counties and three-fourths of North Carolina's American Indian population is concentrated in 12 counties.<sup>29,30</sup> Eight state-recognized tribes and 4 urban organizations live in North Carolina. The federal government fully recognizes one of these 8 tribes and another tribe has partial federal recognition. A recent report demonstrates that AI living in North Carolina experience significantly worse health outcomes than Caucasians living in the state.<sup>32</sup> North Carolina has the nation's tenth highest rate of adult obesity and, for the last few years, has been consistently ranked just as low for childhood obesity rates.<sup>33</sup>

### Development of a modified Talking Circle to engage tribal leaders in an American Indian Healthy Eating Project

#### *Talking Circle Rationale*

Using community-based participatory research,<sup>34</sup> we first partnered with the North Carolina Commission of Indian Affairs (Commission), a division of state government, created under NCGS 143B-404 by the North Carolina General Assembly to advocate and assist the state's AI citizens.<sup>30</sup> The Commission helped us strategize on how best to build sustainable partnerships with tribes in North Carolina. We did not examine food access within the 4 urban organizations in North Carolina since there is low AI geographical concentration in these areas. To initiate discussions on healthy eating and research engagement with tribal leaders, the Commission suggested that we host Talking Circles (ie, facilitated discussions).<sup>35</sup> Frequently used in the AI community and proven to be a valuable tool in health research, a Talking Circle is a method used by a group to discuss a topic in an egalitarian and nonconfrontational manner.<sup>35,36</sup> Participants sit in a Circle, discuss the specified topic in confidence, and convey information in the AI oral storytelling tradition. Each participant is given the opportunity to speak

as a *Talking Stick* is passed around the Circle while other participants respect and support the speaker by attending to their words. Discussion continues until consensus is reached or until the stick has been passed around the Circle once in silence.

### ***Modification of a traditional Talking Circle***

Two community liaisons, both recommended by the Commission, were hired to help our research team develop a modified Talking Circle approach. Our liaisons were both members of the Lumbee Tribe. Through discussion and practicing a modified Talking Circle, the community liaisons recommended that we host separate Talking Circles with each of the participating tribes to respect each tribe's sovereignty, as well as distinguish each tribe's unique food environment. In addition, our community liaisons suggested that the Circle size be limited to 3 to 5 participants and no longer than 90 minutes. Unlike traditional Circles, our community liaisons thought that the facilitator should not contribute content to the Circle but rather just facilitate the discussion on selected topics because the facilitator (A.M.) is a member of only one of the potential participating tribes and is not a tribal leader. Given her dual role as a community liaison and research assistant, the facilitator's thoughts on the topic could also potentially bias the Circle discussion. Another rationale for having the facilitator avoid contributing to the discussion was to help participants understand this modified Talking Circle was research, and we were gathering data from the community on healthy eating and research engagement.

Our Talking Circle protocol was reviewed and further refined by the Commission, our community liaisons and advisors, as well as our research team, which included community-based participatory research and qualitative research experts. Through a collaborative and iterative process, reviewers were asked to provide input on the modified Talking Circle format in addition to the selection and phrasing of the topics included in the Circle. During this process, reviewers empha-

sized the importance of a topic-driven Circle discussion versus a series of questions and probes. Reviewers also suggested the facilitator be trained to ensure that the Circle discussions balanced input on AI facilitators and barriers to ensure that community assets were not overshadowed by community challenges.

### **Research ethics review**

Once the protocol for the modified Talking Circles was in place, we sought input from the newly forming North Carolina American Indian Health Board on how to proceed with asking each tribe's permission to participate in this study. The North Carolina American Indian Health Board recommended that we first obtain approval for our study through our institution's Institutional Review Board and then contact each tribe individually to ask their individual permission to participate. Once we received institutional review board approval, each tribe was mailed a copy of all study protocols and a project narrative. Each tribe had their own research ethics review procedures and approval processes. A variety of approaches were used to further explain and address any issues raised by individual tribes, including phone conversations, e-mail communications, in-person meetings, and Tribal Council presentations. We received permission to move forward with the project from 7 of North Carolina's recognized tribes: Coharie Tribe, Haliwa-Saponi Indian Tribe, Lumbee Tribe, Meherrin Indian Tribe, Occaneechi Band of Saponi Nation, Sappony, and Waccamaw Siouan Tribe.

### **Implementation of 7 modified Talking Circles**

#### ***Recruiting Circle participants***

Once we received approval from a tribe to move forward with the food access project, we began arranging a modified Talking Circle with their tribal leaders. To assist with local logistics, each tribe identified 1 to 2 tribal liaisons, such as the Chairman, Chief, Tribal Administrator, Executive Director, or another designated Tribal representative. We worked

with the tribal liaison(s) to identify a date, time, and location for the modified Talking Circle. The tribal liaison also helped to identify up to 6 tribal leaders who might participate in a modified Talking Circle on healthy eating and research engagement. Generally, each tribe's Tribal Council helped to identify tribal leaders to recruit for this project. We mailed and/or e-mailed Talking Circle invitations to the 6 potential participants. A copy of the informed consent form was included with the invitation. Potential participants were asked to contact us by phone or e-mail to express interest or opt out of the modified Talking Circle. Follow-up calls or e-mails were made if the participant did not follow up with us within 2 weeks of sending the invitation. Participants were provided a meal and \$40 check.

Our goal was to recruit 3 to 5 participants for each tribe's Talking Circle. During the recruiting phase, we met our goals, so we did not have to ask any of the participating tribes to identify additional potential participants. The majority of participants who were recruited, participated (4 of the 7 tribes had 100% participation). The modified Talking Circles ranged in size from 2 to 7 participants, totaling 33 participants: tribe 1 = 5; tribe 2 = 3; tribe 3 = 7; tribe 4 = 2; tribe 5 = 5; tribe 6 = 6; and tribe 7 = 5. Our smallest Circle (2 participants out of the 6 potential participants recruited) was unfortunately scheduled on the same night as Bible study. Four indicated on the day of the modified Talking Circle that they would participate but only 2 participants showed up. A couple of weeks earlier, we also had a rich discussion about healthy eating and research engagement at this tribe's monthly Tribal Council meeting.

### ***Conducting the Circle***

The study principal investigator (S.F.) welcomed the participants and explained the overall study goals. After a brief introduction to the overall study, the trained facilitator (A.M.) sought informed consent from each of the modified Talking Circle potential participants. Everyone in attendance agreed to participate. Next, the facilitator transitioned the

group to the start of the modified Talking Circle by explaining our modifications to a traditional Talking Circle format and the ground rules for our Circle discussion. She then asked whether someone in the group would like to offer a prayer or blessing. In all Circles, a tribal leader led the group in a traditional or Judeo-Christian prayer or blessing. Next, the facilitator started the audio-recorder and elicited discussion on the following topics: (1) children's health; (2) food sources; (3) facilitators and barriers to healthy eating; (4) strategies to improve access to healthy, affordable foods; and (5) involving tribal members in this project. Discussing children's health comfortably initiated the Talking Circle discussions and framed the exigency of the issue without too much bias. Topic by topic, the facilitator maintained a comfortable environment for open dialogue, ensured each participant had a chance to contribute, and identified themes emerging from the Circle discussion to move the group to the next topic or conclude the Talking Circle. The Talking Stick was passed in a traditional, clockwise fashion, adapted occasionally with permission from the Circle facilitator and participants to allow a participant(s) to amend or add to their contributions on a topic.

Each tribe's Talking Circle had a unique dynamic, largely depending on the size and background of the participants who came to the table. For instance, our largest Talking Circle included 7 participants, largely representing health professionals in the tribal community. This Circle provided in-depth analyses of facilitators and barriers to healthy eating within their tribal community. Moreover, their discussions integrated practical examples of what has worked and what has not in their health programming. In spite of 5 less participants, our smallest Circle, involving 2 active tribal leaders, convened similar messages but had a stronger emphasis on the possibilities of tribal leadership in promoting healthy lifestyles. Five participants seemed to be the optimal size for a robust but not too redundant discussion. Although participants with knowledge of the tribe's health issues and programs provided insightful information, we

found equally interesting contributions from tribal leaders who do not work directly in the tribe's health programs and policies.

### **Subsequent steps to the modified Talking Circles**

#### ***Tribal review of their Talking Circle transcripts***

Each of the Talking Circles' audio-recorded discussions were transcribed verbatim. Both the recordings and transcripts were checked for accuracy by the principal investigator (S.F.). The tribal liaison(s) for each tribe were provided a copy of their respective Talking Circle transcript. We asked the liaison(s) to review for accuracy and ensure any references to the tribe's name or local town or local food sources were deidentified (eg, name of local convenience store). The liaison(s) were instructed to keep the transcripts confidential or to circulate to other Circle participants or tribal leaders as they saw appropriate. Each of the participating tribes agreed to be identified as project participants. For the purposes of the data dissemination beyond the tribe, we arranged, if specificity was needed, to refer to information gleaned from a tribe's Talking Circle by a deidentified label, such as tribe 1. Tribal leaders and Talking Circle participants were informed of these review and dissemination processes. We felt that it was essential to the trust building process for tribal leaders to not only have access to the Talking Circle transcript but, more importantly, understand how we gleaned discussion insights from the Circles to generate data and guide our process for recommending next steps.

#### ***Support and insights gleaned from the modified Talking Circles***

After participating in the modified Talking Circles, each tribe supported our project to go forward with our other project objectives, which included key informant interviews with parents of children aged 3 to 16 years, community and spiritual leaders, health and education professionals, and food sector representatives. The key informant interviews

were one-on-one interviews focusing on the same 5 topics discussed during the modified Talking Circles. Immediately following the modified Talking Circles or during the follow-up steps, several tribal leaders expressed how participating in the modified Talking Circle themselves facilitated their support of the project moving forward and helped them understand better what their role could be in improving access to healthy eating within their tribal communities. Information gleaned from the 7 modified Talking Circles and the 40 key informant interviews will help us identify and describe the food sources within the AI settings, understand the facilitators and barriers to purchasing and preparing affordable, healthy meals. The Talking Circle process, along with the key informant interviews, also stimulated collective sharing on how to successfully engage tribal members in the development of strategies to improve access to healthy, affordable foods. Our preliminary qualitative analyses illustrate that the modified Talking Circle process was successful at helping us engage tribal leaders in discussions on healthy eating and research engagement and set the stage for continual participation in an American Indian Healthy Eating Project. Overall, Talking Circle participants felt that their Talking Circle symbolized the start of a hopefully continual cycle between the tribe and researchers on developing successful strategies to improve access to healthy, affordable foods within their tribal communities.

### **DISCUSSION**

The modified Talking Circle was a culturally appropriate formative research approach to engage tribal leaders in an American Indian Healthy Eating Project. Our community partners pushing for the use of Talking Circles, as well as our community liaisons and advisors guiding us throughout the development and implementation stages enabled the implementation of not only 7 successful Talking Circles, but also the formation of 7 sustainable partnerships. This project builds

on prior evidence<sup>23,26</sup> for the importance of formative research in building trust with AI tribes. In this project, the modified Talking Circles were integrated as a one-time event to help build community-academic partnerships around childhood obesity. In contrast, prior health studies used Talking Circles with adults and focused on adult health issues as part of longer-term Type 2 diabetes educational interventions<sup>34,37</sup> or to understand cultural meanings of cancer.<sup>36</sup> Despite different research purposes and durations, we similarly found Talking Circles to be an invaluable approach to gather community input and engage community participants in a health research process. In our study, the facilitator also played an integral role in ensuring the Talking Circle created a safe setting for sharing stories, experiences, and feelings around children's health and community food access. Our modified Talking Circle approach, unlike these prior health research uses, were not just informal gatherings for participants to share concerns on suggested topics. Rather, the modified Talking Circle was integrated as a formal, initial step to garner tribal leader support and permission to allow our project to move forward within each tribe.

Patience and persistence were essential as we worked over the course of 9 months to host a modified Talking Circle with each tribe. Some of the participating tribes indicated interest early on but asked whether we could wait until other competing tribal events and priorities settled down. For some tribes, the review of the research ethics review process was led largely by volunteers with full-time jobs; thereby, multiple in-person meetings, late night or weekend calls, or e-mails helped us address all reviewers' questions and concerns before moving forward. Tribal leaders indicated finding time in their demanding schedules for this project was helped by us utilizing a culturally appropriate information gathering strategy and contributing much needed data on how to improve the well-being of AI children. The support of the North Carolina Commission of Indian Affairs, along with our liaisons and advisors, helped

us illustrate to each tribe that we were dedicated to beginning a process to listen and work with each tribe equally. Although our team did not have much experience with the North Carolina tribal communities, our team's experience living and working in Indian country helped illustrate to some tribal leaders our interest in AI health. Our team also demonstrated a genuine respect for tribal leadership's dual role in advancing their tribe's health, while protecting their people from harm research studies have had in the past in AI communities.

Evaluating the information gleaned from the Talking Circle discussions was comparatively much easier than focus groups where not all participants contribute on a given topic and sometimes one participant contributes too much!<sup>38</sup> The Talking Circle approach enabled a rich discussion gleaned from all participants and allowed for each participant to smoothly build on or contrast earlier contributions. The topics discussed during each Talking Circle were generally similar allowing us to compare and contrast how food sources were perceived in each tribal community. As one example, in one of our more rural tribal communities, we heard how access to healthy foods was constrained by living more than 30 miles away from a grocery store. On the other hand, a more urban tribal community indicated how members traveled to multiple stores to get the best value and often can be swamped with an excess of fast food and convenience store options, generally selling unhealthy foods.

Setting up times with each tribe to individually discuss their Talking Circle transcript and key emerging themes, as well as share overall findings on the process and content from all 7 Circles strengthen the transparency, accuracy, and utility of the Talking Circle step. Initiating and implementing the Talking Circle with each tribe and with all 7 tribes was a strong foundational step for us to work further to develop strategies to improve access to healthy, affordable foods within North Carolina American Indian communities. The engagement of tribal leaders helped set the

tone for facilitating tribally led solutions to improving healthy eating.

**CONCLUSION**

Hosting modified Talking Circles with 7 tribes laid the groundwork for a community-

academia partnership to improve access to healthy eating within 7 North Carolina state-recognized tribes. The Talking Circle set the tone for the importance of integrating culturally appropriate strategies and tribally led initiatives in efforts to improve access to healthy, affordable foods within their North Carolina tribal communities.

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