
Development of an Interviewer Training Manual for a Cervical Health Project on the Apsáalooke Reservation

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This article describes strategies used to develop a survey interview training manual for use on the Apsáalooke (Crow Indian) Reservation and delineates how this process and product differed from those discussed in the extant literature on survey interview training. Working to ensure cultural appropriateness is especially important due to past research improprieties with Native American populations. This manual was developed as a part of a cervical health intervention program, Messengers for Health. Areas covered include goals of survey research, recruitment and enrollment, manner of the interviewer, nonverbal behavior, beginning the interview, and language use. Limitations of this work and suggestions for conducting survey research with Native American populations are also included.

Keywords: *Indians; Native American; research; behavioral research; survey research; interviewer training; cervix neoplasms*

This article discusses the development of a culturally sensitive interviewer training manual for use among a Native American population, reviews manuals currently in use, and makes recommendations for developing future survey research training manuals. Many researchers and practitioners have documented the importance of cultural sensitivity and cultural competence in health education research (Airhihenbuwa, 1999; Marin et al., 1995; Toms, Hodge, & Pullen-Smith, 1998), specifically when working with Native Americans (Berger, 1998; Burhansstipanov, Bemis, & Dignan, 2001; Burhansstipanov, Hampton, & Tenney, 1999; Hodge & Casken, 1999; Hodge, Stubbs, Gurgin, & Fredericks, 1998; Kaur, 1993; Mahoney & Michalek,

1998; Michielutte, Sharp, Dignan, & Blinson, 1994; Olson, 1999; Red Horse, Johnson, & Weiner, 1989; Solomon & Gottlieb, 1999; Weaver, 1999b). McGraw, McKinlay, Crawford, Costa, and Cohen (1992) stated that “the sociocultural characteristics of the community or group selected for study must be considered in planning and implementing any survey research on minority populations” (p. 273). Satcher (2001) added that “our challenge for the next century is to close the disparities gap, without compromising the uniqueness and richness of each culture” (p. 131).

One way to help close that gap is to develop culturally relevant interviewer training manuals. Developing culturally relevant manuals is a step toward designing and implementing health research and interventions that are not exploitative or damaging to minority communities. For example, because of cultural gaffes, research has been conducted in Native communities that has contributed to negative stereotypes of Native communities (Harrison, 2001), perpetuated misinformation (Deloria, 1991), and brought direct harm and stigmatization to Native peoples (Davis & Reid, 1999). As a result, Native peoples are often understandably wary of researchers and the research process (Ambler, 1997; Christopher, in press; Crazy Bull, 1997; Deloria, 1969; Harrison, 2001; Macaulay, 1994; Montour & Macaulay, 1988; Roubideaux & Dixon, 2001; Swisher, 1993; Wax, 1991).

In the survey research literature, discussions of culture usually address conducting cross-cultural interviews versus interviews between people of the same culture when the culture is non-White (Keats, 2000; Ryen, 2002). Cross-cultural recommendations are often too general and include simply stating that it is good to hire interviewers from the same culture, ethnic group, or background as the respondents (McGraw et al., 1992; Sapsford, 1999). For example, Weisberg, Krosnick, and Bowen (1996) advised employing ethnic minority inter-

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viewers to work in ethnic minority neighborhoods, “because these individuals are more likely to gain entry there” (p. 104). A plethora of similar surface-level examples exist in the literature (Aday, 1989; Dillman, 1999; Fink, 1995; Gillham, 2000; Keats, 2000; Wright, Naylor, Wester, Bauer, & Sutcliffe, 1997).

Although many publications describe survey research conducted with Native Americans, they often lack specific recommendations regarding ways majority-culture researchers can modify their research methods to become more culturally sensitive. The literature describing studies with Native Americans often states that the questionnaire, interviewer training, or interview process was carried out in a culturally appropriate or sensitive manner, but documentation of this is scant or missing (Banner et al., 1995; Dignan et al., 1993, 1998; Giuliano, Papenfuss, Zapien, Tilousi, & Nuvayestewa, 1998; Gotay et al., 1999; Matsunaga et al., 1996; Michielutte, Sharp, Blinson, & Wells, 1999; Weaver, 1999a).

To help insure implementation of a research process and product that was respectful to the Apsáalooke¹ (Crow Indian) culture, community members have been involved as partners in all parts of this community-based participatory research (CBPR) project, *Messengers for Health on the Apsáalooke Reservation*:

An underlying premise of the [CBPR] approach is that including community members and community-based service providers *as partners* in the research process not only is a matter of respect but also increases the capacity of researchers to identify, understand, and effectively address key public health issues. (McAllister, Green, Terry, Herman, & Mulvey, 2003, p. 1672)

Some of the crucial principles of CBPR brought out by Israel and her colleagues (Israel, Schulz, Parker, & Becker, 1998; Israel et al., 2003) that are followed in this project include building on strengths and resources within the community; facilitating collaborative, equitable partnerships in all phases of research; promoting co-learning and capacity building; emphasizing local relevance of the health problem; disseminating findings and knowledge to all partners involved; and committing to a long-term process. CBPR has been discussed as an especially appropriate method for reducing health disparities and overcoming distrust (Ammerman et al., 2003; Minkler, Blackwell, Thompson, & Tamir, 2003; Minkler & Wallerstein, 2003).

The CBPR approach was used to develop the interviewer training manual, which was created jointly by Native American and Caucasian staff on a research project on the Apsáalooke reservation in southeastern Montana. The survey affiliated with this training manual consisted of both open- and closed-ended questions pertaining to women’s health and experiences in the health care system. This survey was used as a pre-assessment with a group of 100 Apsáalooke women who

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were interviewed by other Apsáalooke women for a cervical-health lay health advisor intervention.

The interviewers were recruited by a professor of health at the Little Big Horn College (LBHC), a tribal college on the reservation. The professor talked to students who were interested in going into the health professions and were deemed to be trusted, mature individuals. They were from all areas of the reservation and ranged in age from their late 20s to late 50s. The interviewer training took place over the course of 1 day at LBHC with a follow-up meeting 1 week later to discuss progress, questions, and concerns. The training covered the scope of the study, confidentiality and privacy protocols, cervical health and cervical cancer, roles and responsibilities of the interviewer, and interviewing procedures and techniques. Interviewers were trained to conduct interviews in a standardized manner; for example, they were taught to avoid varying the order of questions or question wording. The interviewers also practiced role-playing the interview. The project coordinator, who is Apsáalooke, provided support and supervision of the interviewers.

In this article, we elaborate on our process of developing a survey interview training manual for use in the Apsáalooke community and describe how our manual and method differ from materials that currently exist. Factors that will be discussed in this article include the goals of survey research, recruitment and enrollment, the manner of the interviewer, nonverbal behavior, beginning the interview, and language use.

▶ GOALS OF SURVEY RESEARCH

Our primary goal in the survey-research portion of this project, and of the project as a whole, was to ensure that our efforts were respectful of the women being interviewed and the Apsáalooke community’s values. The term *respect* has a very powerful connotation in Indian Country as compared to general society. To say someone is disrespectful implies great shaming from the Native perspective. These goals are different from

the goals most often discussed in the survey research literature, which are to “produce accurate statistics” (Fowler & Mangione, 1990, p. 12) and “ensure as far as possible that ‘bias’ factors do not have an effect on the data collected” (Salazar, 1990, p. 569).

Collecting valid data was a key component of our study; however, we needed to implement procedures that were culturally respectful of the participants and the community. Because of previous affronts to Native American individuals and communities, it was important that the respondents viewed their participation as voluntary and positive. Several ways of demonstrating respect discussed in the training manual included ensuring that people in the community knew that the information shared in interviews would remain strictly confidential, the information would stay in the community, and the information would be used to directly help improve Apsáalooke women’s health (Christopher et al., 2001). Apsáalooke women who worked with the training manual wanted these points to be addressed openly, because they are areas that have been problematic in past research with Native Americans; however, these concerns are not typical of those discussed in the development of most interviewer training manuals and practices in the majority culture.

By keeping respect as our main goal, we believed it would be more likely that we would be trusted, welcomed into women’s homes, and that women would feel comfortable sharing information. Another way of showing respect was to hire Apsáalooke women to conduct the interviews. Some researchers (Singleton & Straits, 2002) suggest that race matching is of limited utility and that few studies have found any association between interviewer demographics and the answers obtained from participants. In our study, matching on race alone would not have obtained valid or reliable answers, because different tribes often have different worldviews, notions of personhood, and views of health and healing (Weaver, 1997; Whitbeck, McMorris, Hoyt, Stubben, & LaFromboise, 2002) and because it would have been culturally inappropriate to have men interviewing women about their personal health. We recognized that the interviewers needed to be women from the Apsáalooke community who could speak the language and were intimately familiar with the culture. In the end, we believe we received more valid data by having respect as our primary goal. Many of the participants stated that they were thankful for the project and were very happy to share whatever information they could. Community members told us that this is not the usual response to research.

► RECRUITMENT AND ENROLLMENT

Much of the literature on interviewer training mentions the process of getting the potential participant to agree to be interviewed, and some advise to do whatever it takes to make this happen regardless of potential adverse effects on the participants. Suskie (1996) sug-

gested that interviewers remain neutral at all times except during this interaction. He stated that “it is then and only then that we use our powers of persuasion to get a prospective respondent to agree to an interview” (Suskie, 1996, p. 168). Groves and McGonagle (2001) developed a conceptual framework to increase the proportion of people who agree to be interviewed. To their credit, they suggested using real concerns shared by potential participants to shape the responses that interviewers gave. Their focus, however, was on training interviewers to quickly categorize concerns and quickly give a response to the concern. Speed and getting agreement to be interviewed appeared more important than the actual concerns of potential participants.

Based on firsthand experience of being an Apsáalooke tribal member who has spent her entire life on the reservation (second author), our 8-year-long involvement with the Apsáalooke culture (other authors), and data gathered through participant observation (all authors), we readily concluded that these types of tactics would have been harmful to our research with the Apsáalooke people and, most likely, would have been harmful to any research conducted with Native Americans. Standard tactics would have been particularly detrimental in our study, because it is not appropriate or acceptable in the Apsáalooke culture to coerce or push someone into doing something. Therefore, we stated in the training manual, “Do not try to persuade her [the potential participant] to complete the interview” (Christopher et al., 2001, p. 20). In Apsáalooke, the term *iisátchuche* is literally translated as *bold/hard face*. Someone acting this way is being blunt, not taking no for an answer, being bold, and is therefore being disrespectful and inconsiderate and is thinking of themselves as opposed to thinking of others. Another term to describe someone like this is *baailutchichihlatuk*. The elders pass on to the younger generations that this is not an appropriate manner in which to behave.

In addition, we believed that women would sense the impression of management, manipulation, or mood change associated with the usual means of convincing someone to be interviewed and would be less likely to agree to an interview. Instead, we established a network of interviewers who were women who live in the Apsáalooke community. For the most part, participants and interviewers were familiar with each other, and if our interviewers tried to be forceful or coercive, the potential participants would very likely have sensed a different or disingenuous mood from the interviewer’s everyday affect. They would definitely have noticed behavior that was inconsistent with cultural norms.

In the training manual (Christopher et al., 2001), we approached the subject of asking women to take part in the survey in the spirit of respectful, open dialogue (Buber, 1970; Gadamer, 1975; Richardson, Fowers, & Guignon, 1999). We felt that if women understood the purpose of the interview and the project, they could decide for themselves if they wanted to participate in

the survey. We encouraged the interviewers to share information about the project, and if the potential participant did not want to do the interview, she was thanked politely and not pushed further. In the Apsáalooke culture, elders have shared their wisdom that the words we speak are sacred. They say that people should speak to each other using kind words. There is an Apsáalooke term, *baaleéliaitchebaaluúsuuk*, that means it is easy to speak good words. It is believed that a person will be more willing to respond to something said to them when kind and good words are used.

This method differs from some literature that suggests a stronger tactic. Suskie (1996) advised, “If the person hesitates after you ask his or her consent: do some *prodding*” (p. 168). Given the atmosphere of distrust already existing around research, we concluded that the typical strategies would have adversely affected the response rate. Our process did not seem to adversely affect our response rates. In fact, only two women decided not to complete the interview.

► MANNER OF THE INTERVIEWER

The advice on manner in much of the interviewer training literature encourages the interviewer to be distant and businesslike or even to take on a false persona. Salazar (1990) stated that “one of the greatest challenges of interviewing is combining some important human qualities such as kindness, sensitivity, and concern with a general sense of detachment” (p. 569), and Suskie (1996) stated the importance of remaining neutral during each interview. He went on to suggest that interviewers “be casual, conversational, and friendly. Avoid both an ‘over-rapport’ and an overly ‘mechanical’ interviewing style. Don’t be too friendly, but don’t be too ‘unfriendly’ either” (Suskie, 1996, p. 167). Gillham (2000) declared that “your manner initially should be low-key—not *too* friendly, certainly not too familiar” (pp. 39-40). Sapsford (1999) took this notion one step further by recommending that interviewers change their personality based on the respondent:

The response to the interviewer can be controlled to some extent by the process of *impression management*. The interviewer does not so much express her personality as think what kind of personality she needs to be seen as having in order to make a positive impression on the respondent. Beyond this, she tries to be friendly but as neutral as possible. (p. 128)

The coercive nature of the interviewer’s conduct is manifest in Sapsford’s (1999) encouragement of an interpersonal approach based on “apparently natural behavior” (p. 126). These statements dictating the degree of friendliness of the interviewer assume that everyone reading this advice has the same understanding of what terms like *too friendly* or *too familiar* mean and insist that this ill-defined manner is the best for conducting interviews. This assumes a cultural homogeneity that does not exist (Christopher, Christopher, &

Dunnagan, 2000; Taylor, 1989). What is too friendly in one culture is very different from too friendly in another culture.

For instance, Voss, Douville, Little Soldier, and Twiss (1999) drew out distinctions between White and Lakota culture and stated that “often, what is viewed as good, healthy, and confident behavior in the dominant culture is based on a high valuation of the individual. This is in direct contradiction to the traditional Lakota valuation of tribalism” (p. 293). In tribalism, the needs of extended family and kin are emphasized over the individual. This more collectivistic view is fitting with the Apsáalooke worldview and affects interactions between individuals including interactions during survey interviewing.

When conducting focus groups to develop interview methods for a survey with Native Hawaiians, Banner and his colleagues (1995) found “negative reactions to the standard neutral voice tone and lack of interviewer responsiveness to respondent answers” (p. 450). They altered their methods to reflect Hawaiian cultural norms, and interviewers were encouraged to use their normal speech patterns and rhythms. Likewise, in our training manual, we encouraged the interviewers to feel relaxed during the interview and display a compassionate attitude and interest in the women. We stated that “sincerity and interest in the woman’s feelings and family will help establish rapport” (Christopher et al., 2001, p. 20). These recommendations are consonant with the Apsáalooke culture.

► NONVERBAL BEHAVIOR

Many people recognize that the amount of eye contact that is considered appropriate is different across cultures. Yet, in the interviewing literature, we only found one author who mentioned this cross-cultural difference. Keats (2000) stated that “eye contact is not regarded as polite in many cultures” (p. 132). In contrast to Keats, most discussion regarding eye contact does not discuss culture and includes a sentiment similar to Gillham (2000) who stated, “It is something to use sparingly—which is why, in an interview, you do not normally sit directly opposite the person you are interviewing. Too much eye contact makes people feel embarrassed or ‘dominated’” (p. 31). Again, the assumption is that the appropriate level of eye contact is the same across cultures, and a global proclamation on the subject will suffice. We included in our manual a statement that the interviewers should be aware that women may not always respond to them with eye contact but that they should respect this as a part of Apsáalooke culture (Christopher et al., 2001).

Another nonverbal behavior discussed in our training manual was the physical positions of the interviewer and the participant (Christopher et al., 2001). We suggested that the interviewer sit side by side with the participant and let the participant see the questionnaire form and read what the interviewer was marking

down on the questionnaire. This was a way of building trust between the two women. We did not see this method discussed in other literature on interviewer training.

► BEGINNING THE INTERVIEW

In our training manual, we discussed proceeding with the interview at a pace that was comfortable for both the interviewer and the participant. In some cases, this meant taking time before the interview started to make sure that the participant was comfortable and familiar with the interview process and describing what would happen with the information she shared. One common and important Apsáalooke custom when two people come together is to introduce yourself by saying who your family is and where they come from. This practice of disclosing personal information is not recommended in most interview guides. As Fowler and Mangione (1990) stated, “Although an interviewer may volunteer information or explanation, this behavior is only to prepare for the question asking event” (p. 9). We saw the interaction between the interviewer and participant on a much broader level.

Before the interview started, the interviewer and participant may have visited with a snack and cup of coffee or tea. We could not locate much advice in the literature on eating and drinking while conducting the interview, although Suskie (1996) admonished against the practice. However, we recognized that the interview is a social situation and that it is customary in the Apsáalooke culture to offer a visitor something to eat or drink. Turning down the participant’s offer of hospitality might have been seen as disrespectful.

► LANGUAGE USE

Crazy Bull (1997) reminded us that “language is the medium for the transmission of culture” (p. 21). Regarding language, the usual advice given is that “the research interview should be conducted in the respondent’s preferred language” (Keats, 2000, p. 82). It is estimated that 85% of Apsáalooke adults speak their traditional language, and it is the preferred language for many people. This language is mainly oral; most people who speak Apsáalooke are not able to read or write it with the same proficiency. Native American culture has often been carried on orally instead of in the written form (Hodge, Fredericks, & Rodriguez, 1996). We did not find any literature on interviewer training or conducting interviews in a language that is predominately oral. The usual advice given is that “if the study population does not speak the primary language of the interviewer, which is usually English, then data collection instruments must be translated” (McGraw et al., 1992, p. 283).

Because of the predominantly oral nature of the Apsáalooke language, it would not have worked to translate the interview into Apsáalooke and have the

interviewers read the script. It would also not have been culturally acceptable to ask the participants to speak only in English. In the training manual, we suggested that it might be necessary for the interviewers to interpret the questions from English into Apsáalooke. We added that interpreting would help the participants to better understand certain questions, allow them to feel more comfortable, and provide a more effective means of communication for both women. We asked the interviewers to conduct the interview in the language preferred by the participant; this usually meant alternating between Apsáalooke and English. During the interviewer training, the interviewers practiced conducting the interview in Apsáalooke and English, and the situation appeared to be comfortable and natural for the interviewers. We understand that the direct translation may have subtle variations from interviewer to interviewer but believe that this method yielded the best results by ultimately gathering more valid data for our study.

Another comment on language use regards the words used to describe the interviewers, participants, and their work. This language is often mechanistic in the extreme. For example, Groves and McGonagle (2001) discussed the “displayed behavior” of the participants, other authors discuss what participants describe as “an utterance” (Schmidt & Conaway, 1999), and other literature refers to the interviewer as a “research instrument” instead of as a person (Gillham, 2000). Although those from mainstream American language may be inured to the strategic, instrumental, and detached connotations of this discourse, it is crucial for those working cross-culturally to realize that such language is characteristic of a particular cultural outlook—namely, that of “utilitarian individualism” (Bellah, Madsen, Sullivan, Swindler, & Tipton, 1985; Taylor, 1989). By using such language uncritically, we can unknowingly adopt and reinforce cultural values and assumptions that may be antithetical to the people with whom we are trying to work.

Many studies of interviewing strategies discuss what to do with inadequate or irrelevant responses. Schmidt and Conaway (1999) stated that the “response may be incomplete, or an answer may be irrelevant to the question. Some responses are so poorly organized that they are difficult to follow. Sometimes inaccurate information is given” (p. 42). Weisburg et al. (1996) mentioned replies that are unclear, vague, or “off the track.” Fowler and Mangione (1990) discussed “probing inadequate answers” (p. 37) and what to do if what the respondent says is “not a complete and adequate answer” (p. 33). After seeing this advice in another training manual, an Apsáalooke woman who was working on the training manual stated that there was no such thing as an inadequate or irrelevant response and that whatever the participants had to offer was valid and informative. In the training manual, we discussed how to probe to receive answers that fit the closed-ended question responses, but we did not suggest that participants would give

inadequate, incomplete, or inappropriate answers (Christopher et al., 2001). This would not have been appropriate in the Apsáalooke culture.

We also added in the manual that if the woman is talking about other topics, the interviewer should be patient and courteous (Christopher et al., 2001). This is another example of gathering information in a respectful manner and is consistent with Apsáalooke cultural practices. Long (1983) stated that among the Apsáalooke people, “one does not correct others or indicate that the other’s perceptions are incorrect. Tolerance of others is highly valued, and is practiced through silence and nonintrusive behavior” (p. 124). In the training manual, we provided some neutral probes for the interviewers to use if the participant’s answer did not fit the question, but there was no judgment regarding her response. We added that the interviewers should write additional responses on the side of the questionnaire form (Christopher et al., 2001).

► DISCUSSION

Much of the literature on developing survey interview manuals and interviewer training took the tone of a battle where the interviewer would win some data from a respondent. Some of the survey research advice is contrary to the values of Apsáalooke and other non-Western cultures: talking about the interviewer as a machine, advising them to do the job quickly and without feeling, describing what interviewers say to participants as “legal and illegal moves” (Schober & Conrad, 1997), and looking at the participant only as a provider of information. Following these recommendations in our project could have resulted in women declining to take part in the interview; women sharing information just to get the interview completed; women participating, but not in a manner of open disclosure; women providing inaccurate information; or women feeling uncomfortable or disturbed by the interaction and subsequently being less open to future interviews (Ambler, 1997; Trimble, 1977). This would have resulted in the Messengers for Health project not receiving information that would be valuable to the project and the community.

The process of developing the interviewer training manual and conducting the interviews occurred near the beginning of our project. We used this step to help build trust in the community. We hoped that by the end of the interviewing stage of the project, the Apsáalooke community knew that we had an understanding of the negative and harmful research that has occurred in Indian communities and that we were consciously trying to avoid past mistakes. We also hoped that they knew that we were interested in working as partners with community members in all stages of the project, concerned about respecting the Apsáalooke culture, and interested in helping the community to come together to work on community health projects. After the survey information was gathered and analyzed—

cooperatively with Native American students and Apsáalooke community members—we made sure that the community had access to the information and that the information was directly used to help women in the community.

Surely, some survey research with Native Americans has been carried out using culturally sensitive and appropriate practices. The fact that we did not find literature on the details of these practices does not mean that all past research was carried out in a culturally inappropriate manner. Interviewer training and survey research techniques may have been carried out by Native researchers who infused Native culture into all aspects of a project but did not publish these methods (e.g., Frisch, Allen, Padonu, Dontje, & Burhansstipanov, 2000; Hodge et al., 1996, 1998; Solomon & Gottlieb, 1999). Published reports of survey research with Caucasian staff and research participants rarely analyze the manner by which culture is infused into their methods, nor do they address whether their methods were culturally appropriate.

Our work has limitations. The interview manual was developed by adding to, subtracting from, and changing a manual that was developed for survey research with the White culture. The manual would have been more effective and more in harmony with Apsáalooke culture if we would have started from scratch. After developing a draft of the manual, we gave it to our advisory board members for further guidance. The advisory board is composed of individuals in the community who are cancer survivors or who work in or are interested in women’s health. We did not receive as much feedback from them as we had hoped. We could have done more to make the advisory council comfortable in suggesting changes to the manual.

Additionally, the interviewing process we started with was not as successful as we had hoped it would be. The original interviewers, students from LBHC, were not able to complete as many interviews as they planned. Finally, although the White members of this work group try to be sensitive to the Apsáalooke culture, we realize that we can never fully succeed. All of our work is affected by our culture and so we will never be truly Apsáalooke competent. By recognizing and respecting our cultural differences, we can help bridge the gap between our two cultures.

► CONCLUSIONS AND RECOMMENDATIONS FOR PRACTITIONERS

As McGraw and colleagues (1992) recommended, “Researchers must be sensitive to the subtleties of each group they plan to study, modifying survey methods to accommodate the research questions and the known characteristics of the population subgroups of interest” (p. 285). Conducting survey research that is insensitive to culture can be thought of as a form of cultural imperialism or discrimination. Perez (2001) argued that elimi-

nating racial and ethnic disparities in health is “both a civil rights and a public health challenge” (p. 218) and that discrimination is often subtle and unintentional. Researchers do not mean to make our work culturally insensitive; rather, we sometimes neglect to critically review the cultural assumptions that lie behind our methodologies (Weaver, 1997).

We also want to note that this article is based on the culture of the Apsáalooke people. There are more than 500 different tribes in the United States with a wealth of cultural diversity between tribes. Burhansstipanov (1999) noted that “the researcher, health educator, or provider must work directly with the community so that *local* beliefs, rather than beliefs of a tribe living in another region, are the focus” (p. 175). Adhering to principles of CBPR (Minkler & Wallerstein, 2003; Schulz, Israel, Selig, & Bayer, 1998) and principles set forth for working with Native communities (Davis & Reid, 1999; Weaver, 1997, 1999a) and underserved populations (Marín et al., 1995) will help assure that those who conduct survey research in Native communities will not continue the egregious errors of the past.

Despite the challenges, it is possible for non-Indian researchers to work successfully in Native communities, and there is a lot to be done to bring Native health to the level of the majority culture. Crazy Bull (1997) declared, “We, as tribal people, want research and scholarship that preserves, maintains, and restores our traditions and cultural practices. We want to restore our Native languages . . . regain our health; and cultivate our economic, social, and governing systems” (p. 17). We recommend that non-Natives interested in working on survey research with Native people do the following:

- cultivate what Gadamer (1975) termed “effective historical consciousness,” an awareness of our cultural heritage and how it shapes theory, research, and practice;
- spend time in the community to learn about the local culture and how to effectively collaborate with people in the community;
- work foremost from the standpoint of respect for the community members and culture;
- involve community members as partners through all stages of the work;
- include in the training manual that your work will directly benefit the people of the community; and
- follow through on these words.

NOTE

1. The Crow Nation requests that we use Apsáalooke, the preferred term to describe themselves, versus Crow, the name given to them by Whites.

REFERENCES

Aday, L. A. (1989). *Designing and conducting health surveys*. San Francisco: Jossey-Bass.

Airhihenbuwa, C. O. (1999). Of culture and multiverse: Renouncing “the universal truth” in health. *Journal of Health Education, 30*(5), 267-273.

Ambler, M. (1997). Native scholarship: Explorations in the new frontier. *Tribal College: Journal of American Indian Higher Education, 9*(1), 8-10.

Ammerman, A., Corbie-Smith, G., St. George, D. M. M., Washington, C., Weathers, B., & Jackson-Christian, B. (2003). Research expectations among African American church leaders in the PRAISE! project: A randomized trial guided by community-based participatory research. *American Journal of Public Health, 93*(10), 1720-1727.

Banner, R., DeCambra, H. O., Enos, R., Gotay, C., Hammond, O., Hedlund, N., et al. (1995). A breast and cervical cancer project in a Native Hawaiian community: Wai’anae cancer research project. *Preventive Medicine, 24*, 447-453.

Bellah, R., Madsen, R., Sullivan, W., Swindler, A., & Tipton, S. (1985). *Habits of the heart: Individualism and commitment in American life*. New York: Harper & Row.

Berger, J. T. (1998). Culture and ethnicity in clinical care. *Archives of Internal Medicine, 158*(19), 2085-2090.

Buber, M. (1970). *I and thou*. New York: Scribner.

Burhansstipanov, L. (1999). Developing culturally competent community-based interventions. In D. Weiner (Ed.), *Preventing and controlling cancer in North America: A cross-cultural perspective* (pp. 167-183). Westport, CT: Praeger.

Burhansstipanov, L., Bemis, L. T., & Dignan, M. B. (2001). Native American cancer education: Genetic and cultural issues. *Journal of Cancer Education, 16*, 142-145.

Burhansstipanov, L., Hampton, J. W., & Tenney, M. J. (1999). American Indian and Alaska Native cancer data issues. *American Indian Culture and Research Journal, 23*(3), 217-241.

Christopher, S. (in press). Recommendations for conducting successful research with Native Americans. *Journal of Cancer Education*.

Christopher, S., Christopher, J. C., & Dunnagan, T. (2000). Culture’s impact on health risk appraisal psychological well-being questions. *American Journal of Health Behavior, 24*(5), 338-348.

Christopher, S., Knows His Gun McCormick, A., Smith, A., LaFromboise, V., Lowry, A., & Watts, V. (2001). *Messengers for health on the Apsáalooke reservation: Interviewer training manual*. Unpublished manuscript, Montana State University, Bozeman.

Crazy Bull, C. (1997). A Native conversation about research and scholarship. *Tribal College: Journal of American Indian Higher Education, 8*, 17-23.

Davis, S. M., & Reid, R. (1999). Practicing participatory research in American Indian communities. *American Journal of Clinical Nutrition, 69*, 755-759S.

Deloria, V., Jr. (1969). *Custer died for your sins*. Norman: University of Oklahoma Press.

Deloria, V., Jr. (1991). Commentary: Research, redskins, and reality. *American Indian Quarterly, 15*(4), 457-468.

Dignan, M., Michielutte, R., Blinson, K., Sharp, P., Wells, H. B., & Sands, E. (1993). Cervical cancer prevention: An individualized approach. *Alaska Medicine, 35*(4), 279-284.

Dignan, M., Michielutte, R., Wells, B., Sharp, P., Blinson, K., Case, D., et al. (1998). Health education to increase screening for cervical cancer among Lumbee Indian women in North Carolina. *Health Education Research, 13*(4), 545-556.

Dillman, D. A. (1999). *Mail and Internet surveys: The tailored design method* (2nd ed.). Hoboken, NJ: John Wiley.

Fink, A. (Ed.). (1995). *The survey kit*. Thousand Oaks, CA: Sage.

Fowler, F. J., & Mangione, T. W. (1990). *Standardized survey interviewing: Minimizing interviewer-related error* (Vol. 18). Newbury Park, CA: Sage.

- Frisch, L. L., Allen, G. D., Padonu, G., Dontje, K. J., & Burhansstipanov, L. (2000). Social influences on Pap smear screening frequency. *Alaska Medicine*, 42(2), 41-47.
- Gadamer, H. (1975). *Truth and method*. New York: Crossroad.
- Gillham, B. (2000). *The research interview*. London: Continuum.
- Giuliano, A., Papenfuss, M., Zapien, J. G. D., Tilousi, S., & Nuvayestewa, L. (1998). Prevalence of chronic disease risk and protective behaviors among American Indian women living on the Hopi reservation. *Annals of Epidemiology*, 8(3), 160-167.
- Gotay, C. C., Banner, R. O., Matsunaga, D. S., Hedlund, N., Enos, R., Issell, B. F., et al. (1999). *Impact of a culturally-appropriate intervention on breast and cervical screening in Native Hawaiian women*. Honolulu, HI: Cancer Research Center of Hawaii.
- Groves, R. M., & McGonagle, K. A. (2001). A theory-guided interviewer training protocol regarding survey participation. *Journal of Official Statistics*, 17(2), 249-265.
- Harrison, B. (2001). *Collaborative programs in indigenous communities: From fieldwork to practice*. Walnut Creek, CA: Altamira.
- Hodge, F. S., & Casken, J. (1999). American Indian breast cancer project: Educational development and implementation. *American Indian Culture and Research Journal*, 23(3), 205-215.
- Hodge, F. S., Fredericks, L., & Rodriguez, B. (1996). American Indian women's talking circle: A cervical cancer screening and prevention project. *American Cancer Society*, 78(7), 1592-1597.
- Hodge, F. S., Stubbs, H. A., Gurgin, V., & Fredericks, L. (1998). Cervical cancer screening: Knowledge, attitudes, and behavior of American Indian women. *Cancer*, 83(8), 1799-1804.
- Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19, 173-202.
- Israel, B. A., Schulz, A. J., Parker, E. A., Becker, A. B., Allen, A. J., III, & Guzman, J. R. (2003). Critical issues in developing and following community based participatory research principles. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health* (pp. 53-76). San Francisco: Jossey-Bass.
- Kaur, J. S. (1993). Helping the Native American cancer patient, their family and community: A panel presentation. *Alaska Medicine*, 35(4), 297-300.
- Keats, D. M. (2000). *Interviewing: A practical guide for students and professionals*. Buckingham, UK: Open University Press.
- Long, K. A. (1983). The experience of repeated and traumatic loss among Crow Indian children: Response patterns and intervention strategies. *American Journal of Orthopsychiatry*, 53(1), 116-126.
- Macaulay, A. C. (1994). Ethics of research in Native communities. *Canadian Family Physician*, 40, 1888-1890.
- Mahoney, M. C., & Michalek, A. M. (1998). Cancer control research among American Indians and Alaska Natives: A paradigm for research needs in the next millennium. *American Indian Culture and Research Journal*, 22(1), 155-169.
- Marín, G., Burhansstipanov, L., Connell, C. M., Gielen, A. C., Helitzer-Allen, D., Lorig, K., et al. (1995). A research agenda for health education among underserved populations. *Health Education Quarterly*, 22(3), 346-363.
- Matsunaga, D. S., Enos, R., Gotay, C. C., Banner, R. O., DeCambra, H. O., Hammond, O. W., et al. (1996). Participatory research in a Native Hawaiian community: The Wai'anae cancer research project. *Cancer*, 78(7), 1582-1586.
- McAllister, C. L., Green, B. L., Terry, M. A., Herman, V., & Mulvey, L. (2003). Parents, practitioners, and researchers: Community-based participatory research with early Head Start. *American Journal of Public Health*, 93(10), 1672-1679.
- McGraw, S. A., McKinlay, J. B., Crawford, S. A., Costa, L. A., & Cohen, D. L. (1992). Health survey methods with minority populations: Some lessons from recent experience. *Ethnicity & Disease*, 2, 273-287.
- Michielutte, R., Sharp, P., Blinson, K., & Wells, H. B. (1999). Psychosocial factors related to cervical screening among Lumbee women. *American Journal of Health Behavior*, 23(2), 115-127.
- Michielutte, R., Sharp, P. C., Dignan, M. B., & Blinson, K. (1994). Cultural issues in the development of cancer control programs for American Indian populations. *Journal of Health Care for the Poor and Underserved*, 5(4), 280-296.
- Minkler, M., Blackwell, A. G., Thompson, M., & Tamir, H. (2003). Community-based participatory research: Implications for public health funding. *American Journal of Public Health*, 93(8), 1210-1213.
- Minkler, M., & Wallerstein, N. (Eds.). (2003). *Community-based participatory research for health*. San Francisco: Jossey-Bass.
- Montour, L. T., & Macaulay, A. C. (1988). Diabetes mellitus and atherosclerosis: Returning research results to the Mohawk community. *Canadian Medical Association Journal*, 139, 201-202.
- Olson, B. (1999). Applying medical anthropology: Developing diabetes education and prevention programs in American Indian cultures. *American Indian Culture and Research Journal*, 23(3), 185-203.
- Perez, T. (2001). Health and civil rights. *Cancer Supplement*, 91(1), 217-220.
- Red Horse, J., Johnson, T., & Weiner, D. (1989). Commentary: Cultural perspectives on research among American Indians. *American Indian Culture and Research Journal*, 13(3/4), 267-271.
- Richardson, F. C., Fowers, B., & Guignon, C. B. (1999). *Re-envisioning psychology: Moral dimensions of theory and practice*. San Francisco: Jossey-Bass.
- Roubideaux, Y., & Dixon, M. (2001). Health surveillance, research, and information. In M. Dixon & Y. Roubideaux (Eds.), *Promises to keep: Public health policy for American Indians & Alaska Natives in the 21st century* (pp. 253-273). Washington, DC: American Public Health Association.
- Ryen, A. (2002). Cross-cultural interviewing. In J. F. Gubrium & J. A. Holstein (Eds.), *Handbook of interview research: Context & method* (pp. 225-254). Thousand Oaks, CA: Sage.
- Salazar, M. K. (1990). Interviewer bias: How it affects survey research. *American Association of Occupational Health Nurses*, 38(12), 567-572.
- Sapsford, R. (1999). *Survey research*. London: Sage.
- Satcher, D. (2001). American women and health disparities. *Journal of the American Medical Women's Association*, 56(4), 131-133.
- Schmidt, W. V., & Conaway, R. N. (1999). *Results-oriented interviewing: Principles, practices, and procedures*. Boston: Allyn & Bacon.
- Schober, M. F., & Conrad, F. G. (1997). Does conversational interviewing reduce survey measurement error? *Public Opinion Quarterly*, 61(4), 576-603.
- Schulz, A. J., Israel, B. A., Selig, S. M., & Bayer, I. S. (1998). Development and implementation of principles for community-based research in public health. *Journal of Community Practice*, 1(Suppl.), 83-110.
- Singleton, R. A., & Straits, B. C. (2002). Survey interviewing. In J. F. Gubrium & J. A. Holstein (Eds.), *Handbook of interview research: Context and methods* (pp. 59-82). Thousand Oaks, CA: Sage.
- Solomon, T. G., & Gottlieb, N. H. (1999). Measures of American Indian traditionality and its relationship to cervical cancer screening. *Health Care for Women International*, 20, 493-504.

- Suskie, L. A. (1996). *Questionnaire survey research: What works* (2nd ed.). Tallahassee, FL: Association For Institutional Research.
- Swisher, K. G. (1993). From passive to active: Research in Indian country. *Tribal College: Journal of American Indian Higher Education*, 4(3), 4-5.
- Taylor, C. (1989). *Sources of the self: The making of the modern identity*. Cambridge, MA: Harvard University Press.
- Toms, F., Hodge, F. S., & Pullen-Smith, B. (1998). Cultural diversity and the delivery of health care services. *Cancer Supplement*, 83(8), 1843-1848.
- Trimble, J. E. (1977). The sojourner in the American Indian community: Methodological issues and concerns. *Journal of Social Issues*, 33(4), 159-174.
- Voss, R. W., Douville, V., Little Soldier, A., & Twiss, G. (1999). Tribal and Shamanic-based social work practice: A Lakota perspective. *Social Work*, 44(3), 228-241.
- Wax, M. L. (1991). The ethics of research in American Indian communities. *American Indian Quarterly*, 15(4), 431-456.
- Weaver, H. N. (1997). The challenges of research in Native American communities: Incorporating principles of cultural competence. *Journal of Social Service Research*, 23(2), 1-15.
- Weaver, H. N. (1999a). Assessing the needs of Native American communities: A Northeastern example. *Evaluation and Program Planning*, 22, 155-161.
- Weaver, H. N. (1999b). Through indigenous eyes: Native American and the HIV epidemic. *Health and Social Work*, 24(1), 27-34.
- Weisberg, H. F., Krosnick, J. A., & Bowen, B. D. (1996). *An introduction to survey research, polling, and data analysis* (3rd ed.). Thousand Oaks, CA: Sage.
- Whitbeck, L. B., McMorris, B. J., Hoyt, D. R., Stubben, J. D., & LaFromboise, T. (2002). Perceived discrimination, traditional practices, and depressive symptoms among American Indians in the Upper Midwest. *Journal of Health and Social Behavior*, 43, 400-418.
- Wright, A., Naylor, A., Wester, R., Bauer, M., & Sutcliffe, E. (1997). Using cultural knowledge in health promotion: Breastfeeding among the Navajo. *Health Education & Behavior*, 24(5), 625-639.