



## Life is Sacred | Keep it Sacred

### Inside this Issue

Tobacco-Free Campuses.....	2
Cancer Patient Infection.....	4
State Cancer Profiles.....	5
CRC Screening Needs.....	5
Opportunities.....	7
Events.....	7

### Board of Directors



California Rural Indian Health Board



Great Plains Tribal Chairmen's Health Board



Northwest Portland Area Indian Health Board



Southeast Alaska Regional Health Consortium

## Hepatitis C large problem among American Indians

According to Hepatitis Foundation International, American Indians have a higher prevalence rate for Hepatitis C infection than any other ethnic group.

Hepatitis C is a serious virus infection that over time can cause liver damage and even liver cancer. Early treatment can prevent this damage. Too many people with hepatitis C do not know they are infected, so they don't get the medical care they need.

Once infected with the hepatitis C virus, nearly 8 in 10 people remain infected for life. A simple blood test, called a hepatitis C antibody test, can tell if you have ever been infected, but cannot tell whether you are still infected. Only a different follow-up blood test can determine if you are still infected. CDC data show only half of people with a positive hepatitis C antibody test had the follow-up test reported to the health department. The other half did not have a follow-up test reported, although some of them may have been tested. Without the follow-up test, a person will not know if they still have hepatitis C and cannot get the medical care they need.

Baby boomers (people born from 1945 through 1965) can:

- Ask your doctor, nurse, or other health care provider for a hepatitis C blood test.

**Baby Boomers are 5x more likely to be infected with hepatitis C.**

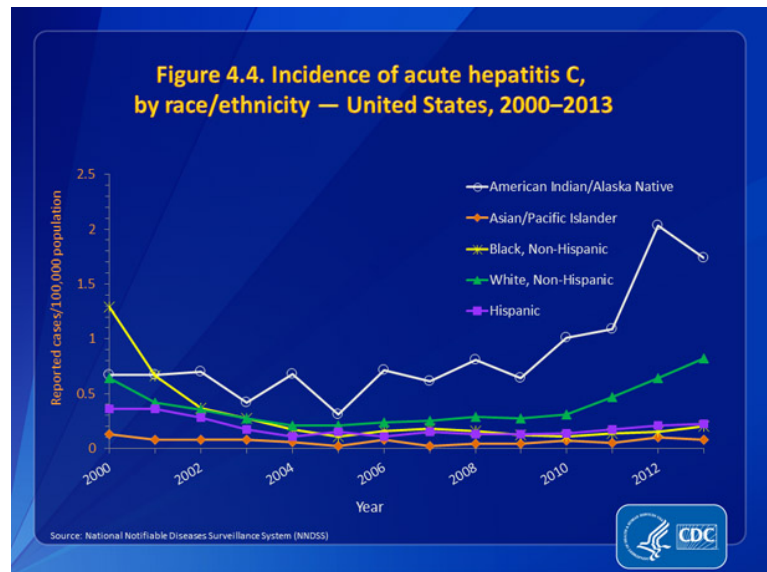


- Encourage family and friends born from 1945 through 1965 to get tested for hepatitis C.

Doctors, nurses and other health care providers can:

- Test all baby boomers and people with other risks for hepatitis C.
- Make sure everyone who tests positive on the first test gets the follow-up test to find out if they are still infected.

**Vital Signs** is a monthly report that appears as part of the CDC journal, [Morbidity and Mortality Weekly Report](#).



## Tobacco Free College Campus: Steps to take to become a Tobacco-Free College Campus

### • Form a campus tobacco taskforce

This is step one towards going smoke- or tobacco-free on campus. In order to achieve long term success, most campuses and institutions of higher learning find that collaborating with key members of the campus community is integral. It is important for the task force to include members from all walks of campus like. This often includes faculty, staff, and administration as permanent members of the taskforce, and representatives from major student bodies and employed contractors to ensure that all are advocated for.

### • Develop an Action Plan

In keeping with the idea of thoughtful planning and processes, the taskforce should develop reasonable action plan and/or timeline of events. This will help reinforce the development of strategy and allow for easy transition for individuals and groups involved in the process. While it may take time to coordinate and schedule all of the relevant stakeholders and delays may naturally occur, it is imperative to stick to the timeline to keep the process as expeditious as possible.

### • Assess tobacco-related issues on campus

Campuses should assess the environment and culture of tobacco use on campus. Specifically, this often takes the form of interviewing and surveying stakeholders on campus. To do this, campuses should consider creating a survey that assesses several important points: Past and current cigarette usage; past and current tobacco usage; future intent to smoke or use tobacco; type of smoke and/or tobacco use; perception of current smoking/tobacco policy on campus; attitudes towards a change in the smoking/tobacco policy.

### • Educate Campus Members about the needs and benefits of a smoke- and tobacco-free campus

Often times, campuses will hold educational forums or have stakeholder meetings that bring together representatives from all campus groups (Individual Student Senates, Greek Life, Sports teams, different levels of administration, etc.). Campuses may bring in technical advisors as keynote speakers for their events



## NNN Technical Assistance Webinars

National Native Network technical assistance webinars are hosted on the last Tuesday of each month from 3-4 PM Eastern time.

We are happy to continue working with the Indian Health Service Clinical Support Center to offer continuing education units for select upcoming technical assistance webinars.

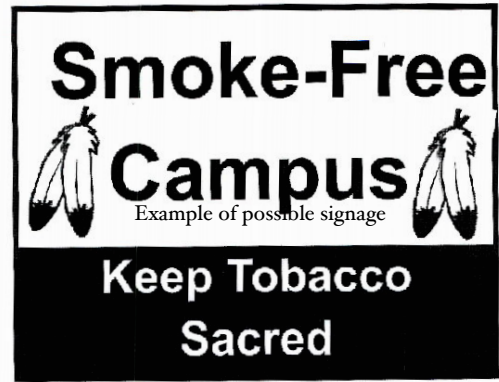
Summer TA webinars:

**August 25: HPV - In Partnership with ACS**

**September 29: QI Tobacco Screening Cessation**

For more information or to register for a webinar, visit us on Facebook, Linked-In, and [www.KeepItSacred.org](http://www.KeepItSacred.org).

and discuss the specifics about smoke- and tobacco-free policies with a broader population. It is also important to disseminate information about potential campus changes through other public gatherings and events. For example, schools may announce the decision to go smoke- or tobacco-free at campus events such as health fairs, career events, meetings, concerts, sporting events, etc. so that the entire campus population can be made aware of the changes coming to the institution.



### •Draft a smoke- or tobacco-free policy and promote it on a related website or webpage

Today, leveraging modern technologies is crucial to disseminating information. The smoke- or tobacco-free policy should be published on webpages/sites. Many campuses have a dedicated web address, directory or subdomain for their smoking and tobacco policies, while others use a portion of their existing handbook or health promotion pages.

### •Establish and promote smoking and tobacco cessation resources on campus

The most effective smoke- and tobacco-free campuses clearly demonstrate to their community that they are dedicated to fostering a healthy environment. As such, you may address the smoking- and tobacco-issues on campus by offering comprehensive tobacco-cessation resource, which is crucial to implementing a smoke- or tobacco-free environment. By training existing staff, or hiring trained councilors to assist in tobacco-cessation efforts and providing it to students, staff and faculty at low or no-cost, a campus promotes its image as a health environment. It shows that the campus is looking to support its students through the process, and not make this the "Cold Turkey Initiative."

Source: "National Tobacco-Free College Campus Initiative." *The TFCCI Challenges*. N.p., n.d. Web, 5 August 2015

## CDC Program To Help Cancer Patients Prevent Infections

---

There is important news for cancer patients undergoing chemotherapy. Did you know that one of the most dreaded effects of chemotherapy cannot be seen? That's right; a low white blood cell count puts cancer patients at a higher risk for getting an infection. This condition, called neutropenia, is common after receiving chemotherapy.

While chemotherapy can be an important part of a patient's treatment for cancer, it can also damage infection-fighting white blood cells. So, when a cancer patient's white blood cell count dips too low during their chemotherapy treatment, so does their immune system, increasing their risk of infection. An infection in people with cancer is an emergency. In fact, it's estimated that each year 60,000 cancer patients are hospitalized for chemotherapy-related infections and one patient dies every two hours from this complication.

What are the signs and symptoms of an infection?

While fever may be the only symptom present, it's important that you know other signs and symptoms that may be experienced if an infection is looming. The CDC suggests seeking medical attention if any of the following occur:

- Fever - temperature of 100.4° or higher for more than 1 hour, or a one-time temperature of 101° or higher.
- Chills and sweats
- Change in cough or new cough
- Sore throat or new mouth sore
- Shortness of breath
- Nasal congestion
- Stiff neck
- Burning or pain with urination
- Unusual vaginal discharge or irritation
- Redness, soreness, or swelling in any area, including surgical wounds or ports
- Diarrhea or vomiting
- Pain in the abdomen or rectum
- New onset of pain
- Changes in skin, urination or mental status

To help address this problem, the Centers for Disease Control and Prevention (CDC) developed the Preventing Infections in Cancer Patients program. The program includes two new educational tools for people with cancer, their caregivers and their healthcare providers. These resources include:

- [preventcancerinfections.org](http://preventcancerinfections.org) Web site - developed for patients and caregivers featuring a questionnaire and interactive educational materials to help them prepare, prevent and protect themselves against potentially life-threatening infections.

- [Basic Infection Control and Prevention Plan for Outpatient Oncology Settings](#) - developed for healthcare providers and facility administrators; the plan includes key infection control policies and procedures to be used by outpatient oncology settings, where more than one million patients receive cancer treatment.

For education materials and additional information, please visit [www.cdc.gov/cancer/preventinfections](http://www.cdc.gov/cancer/preventinfections).

## CDC and NCI Release Updated State Cancer Profiles

The Centers for Disease Control and the National Cancer Institute have updated their [State Cancer Profiles](#) with new and updated information. These maps can provide you with information on demographics, screening & risk factors, cancer knowledge, incidence, prevalence and mortality at the state level for all 50 states and D.C. Updated information include NCI SEER and CDC NPCR incidence data through 2012, data from the BRFSS on exercise and diet, smoking law data, and the 2013 National Immunization Survey data on HPV vaccination.

## Need for increase in Colorectal Cancer Screenings

Not enough people are getting tested as needed.

About 23 million adults have never been tested.

- The people less likely to get tested are Hispanics, those aged 50-64, men, American Indian or Alaska natives, those who don't live in a city, and people with lower education and income.
- People with lower education and income are less likely to get tested.
- About 2 of every 3 adults who have never been tested for CRC actually have a regular doctor and health insurance that could pay for the test. Providers and patients do not always know about or consider all of the available tests.
- The three main tests—colonoscopy, FOBT/FIT, and flexible sigmoidoscopy are all effective at finding cancer early.
- Doctors often recommend colonoscopy more than other tests. Scientific studies have shown that many people would prefer FOBT/FIT if their health care provider gave them that option.

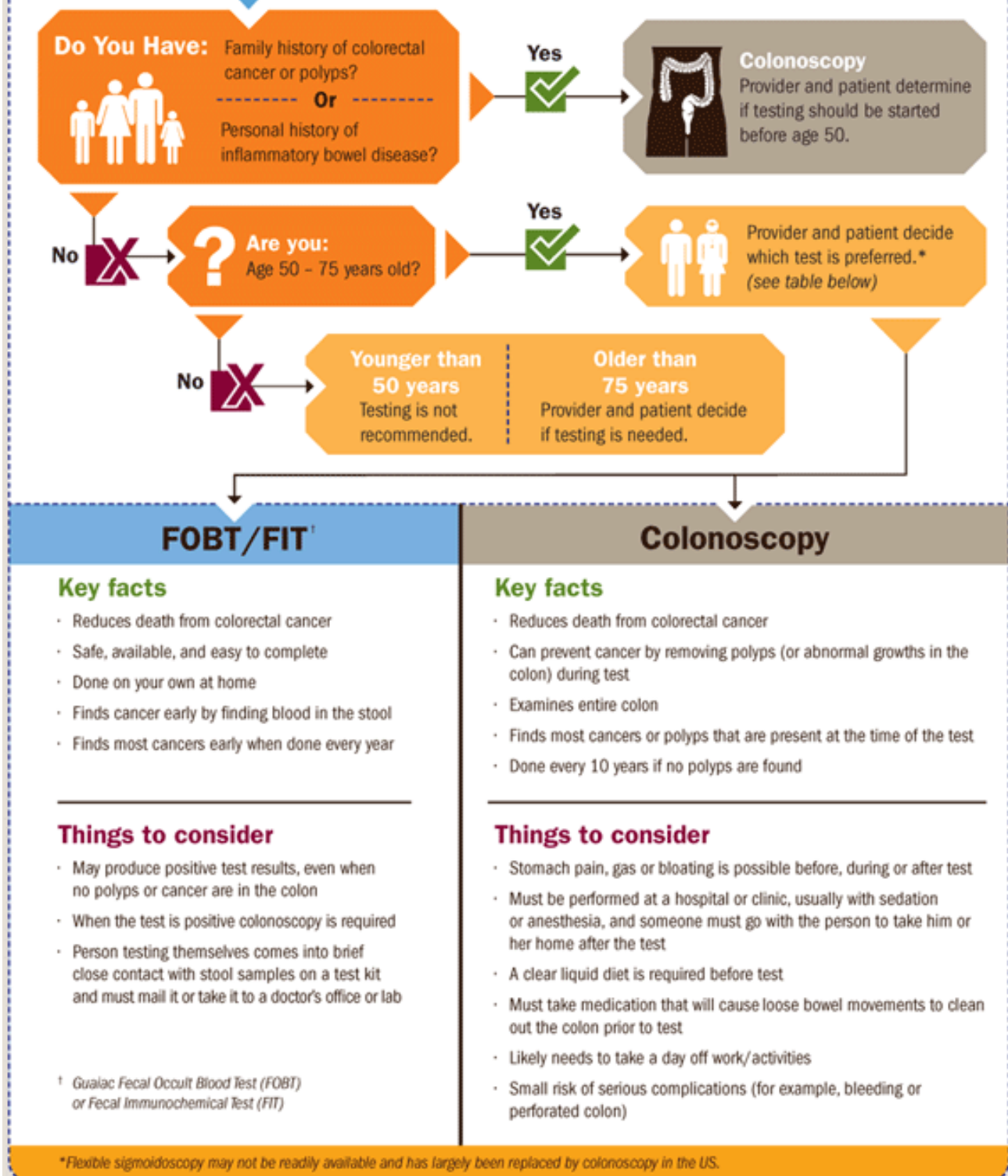
Currently, most health care providers and systems are not set up to help more people get tested.

- Many people do not know they need to be tested and are not notified when it is time for them to be tested.
- Most health care systems rely on doctors to remember to offer CRC tests to their patients. Nurses and other office staff should also talk with patients about getting tested and doctors can be reminded to offer CRC testing whenever patients are due, whether they come in for a routine check-up or when they are sick.
- Health systems can make testing easier by:
  - Mailing out FOBT/FIT kits that can be completed by the person at home and mailed back, then making sure everyone with a test that is not normal promptly gets a colonoscopy.
  - Using a patient navigator to explain how to prepare for the test, how the test is done and to make sure people get to their appointments.

Source: "Centers for Disease Control and Prevention." *Colorectal Cancer Tests Save Lives*. N.p., 7 November 2015. Web. 5 August 2015



# Choosing the right test



## Opportunities

---

**FUNDING OPPORTUNITY:** The National Indian Health Board and the Centers for Disease Control and Prevention are accepting applications to provide funding for tribes seeking public health accreditation. Five to ten tribes will be selected for the next funding cycle. Applications are due August 31, 2015. Follow the links for [more information](#) and for the [application](#).

**PATIENT TRAVEL ASSISTANCE:** Leukemia and Lymphoma Society Patient Travel Assistance Program is available to blood cancer patients in need of financial assistance for certain expenses. Providers, caregivers, and patients may submit an application by phone or online at [www.lls.org](http://www.lls.org)

**FUNDING OPPORTUNITY:** The Indian Health Service is accepting applications for a grant for programs addressing Methamphetamine and Suicide Prevention. Tribes, Tribal Organizations and Urban Indian Health Providers are all eligible to apply. The deadline for applications is September 8, 2015. For more information [click here](#).

## Events

---

**August 17-18 Centers for Disease Control and Preventions** Worker Safety and Health among American Indians and Alaska Natives: A Partnership Workshop; Aurora, CO

**August 17-18 North American Quitline Consortium** The Future of Quitlines: Refining and Redefining Our Practices for Success!; Atlanta, GA

**August 25 National Native Network** NNN TA Webinar "HPV - in Partnership with the American Cancer Society"; 3-4pm EST

**August 31 National Indian Health Board** Accreditation Immersion: Understanding the Nuts & Bolts of Public Health Accreditation Standards & Measures; 3-4:30pm EST

**September 8 American Cancer Society Circle of Life** Professional Development Call **Lung Cancer Screening**; 2pm CST 888-512-3142 Code 01726298#

**September 29 National Native Network** NNN TA Webinar "QI Tobacco Screening Cessation"; 3-4pm EST

**October 5-6 Danya Institute** National Conference on Tackling Tobacco and Vulnerable Populations; Bethesda, MD

**October 18-23 National Congress of American Indians** 72nd Annual Convention and Marketplace; San Diego, CA

**October 19-22 University of Michigan & University of Massachusetts Medical School's Center for Tobacco Treatment Research and Training** 2015 Tobacco Treatment Specialist (TTS) Core Certification Training; Ann Arbor, MI

**October 30-November 4 American Public Health Association** APHA 2015 Annual Meeting; Chicago, IL

**November 10 American Cancer Society Circle of Life** Professional Development Call **Breast Cancer Early Detection: New Screening Guidelines Released**; 2pm CST 888-512-3142 Code 01726298#

If you have an event or opportunity to share in the next NNN Newsletter, please call or email the National Native Network team at 906-632-6896 x108 or [nnn@itcni.org](mailto:nnn@itcni.org)



**A TIP FROM A  
FORMER  
SMOKER**

**Figure out how to tell your grandkids  
you won't be around anymore.**

*For free help to quit smoking, CALL 1-800-QUIT-NOW.*

#CDCTips  
  
CDC.gov/tips



This publication was supported by the Cooperative Agreement number 5U58DP004979-02 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

The National Native Network is administered by the Inter-Tribal Council of Michigan, Inc., 2956 Ashmun Street, Sault Ste. Marie, MI 49783

