



Life is Sacred | Keep it Sacred

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CALIFORNIA RURAL INDIAN HEALTH BOARD



CHEROKEE NATION



GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD



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SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM

Cheyenne River Sioux Tribe's Canli Coalition Leading the Way in the Fight Against Second Hand Smoke Exposure

According to the Center for Disease Control and Prevention, secondhand smoke (SHS) is a mixture of gases and fine particles that result from the burning of commercial tobacco products such as cigarettes, cigars, pipes, hookah, or e-cigarettes and also includes smoke that has been exhaled by the person or people smoking. SHS contains more than 7,000 chemicals, including about 70 carcinogens. Most exposure to secondhand smoke occurs in homes and workplaces. Individuals may also be exposed to secondhand smoke in public places such as restaurants, bars, and casinos. Nonsmokers who are exposed to SHS in their home or at the workplace increase their risk of lung cancer by 20-30%.¹ Currently, many non-smoking Northern Plains American Indians are dying of lung cancer due to preventable exposure to secondhand smoke. Fortunately, several tribal leaders have made it a personal mission to create and enforce smoke-free policies.

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1 IN 6 kids on CRST will die from TOBACCO if we don't make a CHANGE!



#CanliCoalitionOfCRST #CRSTTobaccoFACT

¹ Secondhand Smoke Facts. CDC. Accessed October 1, 2014. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm

Letter from the Director

Greetings during this Holiday Season from the National Native Network (NNN)! These past two months have continued to be very busy as we have several new introductions to make. We warmly welcome a new Partner to the NNN, the Northwest Portland Area Indian Health Board. Kerri Lopez, Director of the NW Tribal Cancer and Western Tribal Diabetes Projects, has been our key contact; again, welcome Kerri! We also want to thank Lisa Abramson for her work as an evaluator for the NNN, but unfortunately Lisa has been asked to focus her time and energy on other ITCMI programs/projects. We are happy though to introduce Shannon Laing, from the Michigan Public Health Institute, as our new Evaluator.

From the onset, the National Native Network has prided itself on leading in the areas of electronic communications and internet presence. The National Network has been increasingly tasked with furthering our respective outreach into areas we have not reached into yet. We are pushing the NNN to be at the forefront on available resources offering current data, strong inter-connectedness in the sharing of success stories and efforts throughout Indian Country, and to be an effective "link" for health care providers and educators, tribal leaders and citizens in both rural and urban settings. Newly charged to carry forth this task, in which we are very excited to announce, is our new working partnership with OneUpWeb (www.oneupweb.com). Under the new ownership and direction of Fernando Meza, OneUpWeb is poised to bring us to a new and higher level of information sharing, website activity and overall internet presence, and outreach through social media. And, on a side note, they were the website developers for another National Network, the National Council for Behavioral Health (www.thenationalcouncil.org). OneUpWeb is located in Traverse City, MI.

The NNN is gearing up for our annual "NNN All-Partner Meeting" on January 14-15, 2015 which will be held at the Grand Traverse Resort and Spa near Traverse City, MI. At this meeting, the NNN Partners will have an opportunity for face-to-face discussion as we ramp up our energies for 2015.

We ask that you continue to visit our website, www.KeepItSacred.org, to learn more about the National Native Network and upcoming webinars. We also encourage you to "like", and follow, us on [Facebook](#)/[Twitter](#) to follow our activities and to be kept up to date on relevant information, upcoming informational webinars, and opportunities that might assist you in both your personal and professional lives.

Again, on behalf of the National Native Network and the Inter-Tribal Council of MI, we wish you a happy and safe Holiday Season!

Miigwetch (thank you),

Derek J. Bailey, MSW

Program Director

National Native Network



National Network Note:

The National Native Network is one of seven national networks funded by the CDC under a collaboration between the Division of Cancer Prevention and Control and the Office of Smoking and Health.



We are pleased to join with the National Council for Behavioral Health's [National Behavioral Health Network](#) during the months of November and December in honor of Native American Heritage Month. The Behavioral Health Network posted Tribal resources on their website and social media and featured a editorial from us at the National Native Network.

Cheyenne River Sioux Tribe's Canli Coalition

A local Northern Plains tribal community coalition from South Dakota is leading the way in the fight to protect tribal members from the dangers of SHS exposure. The Canli (chun-lee, meaning "tobacco" in Lakota) Coalition made up of youth, elderly, and spiritual and political leaders from the Cheyenne River Sioux Tribe (CRST), in collaboration with Missouri Breaks Research Industries Inc., have made it their mission to have all enclosed public spaces smoke-free and hope to implement policies that will ensure that smokers do not smoke within 50 feet of public buildings or any standing public buildings on their tribal lands. Since 2009, the coalition has been raising awareness and changing social norms through education about the dangers of secondhand smoke and usage of commercial tobacco.

"Each of us has the power to stop second-hand smoke from hurting those who don't smoke!"

Canli Coalition (Smoke-free Coalition) of Cheyenne River Sioux Tribe

Challenge

At 60.8%, Northern Plains American Indian adults have one of the highest commercial tobacco smoking rates of any native or non-native group. Almost three fourths (74%) reported weekly exposure to secondhand smoke (SHS) inside of their home, a vehicle, or workplace. According to the Canli Coalition's website, an individual who spends one hour in a smoke-filled enclosed room inhales the same as if they had smoked one cigarette. If that same individual worked an 8-hour shift, he or she would have breathed in the same amount of smoke as a smoker who smoked a half a pack of cigarettes. The Canli Coalition states that the current "non-smoking" policies in place are simply not enough. There are issues with some tribal buildings being smoke-free and other areas that are not within the reservation boundaries. The enforcement of smoke-free policies is an issue in Cheyenne River and one that many other tribes also experience. According to the Missouri Breaks Research Industries website, about 400 Cheyenne River tribal members participated in the 2012 American Indian Adult Tobacco Survey. Cheyenne River community members were surveyed on smoking habits and how they felt about smoke-free areas. The results showed 85 percent thought that smoking in tribal offices should not be allowed, 76 percent believed workplace smoking should not be allowed, and 80 percent felt smoking in restaurants should not be allowed.²

Solution

The U.S. Department of Health and Human Services has found eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure. Continued on page 4



² The Canli Coalition (Smoke-free Coalition). Missouri Breaks Research Inc. Accessed September 26, 2014. http://www.mbiri.com/?page_id=180

Cheyenne River Sioux Tribe's Canli Coalition

Simply banning indoor smoking only displaces SHS exposure to nearby outdoor areas. Furthermore, it is possible that SHS will drift from outdoors to indoors in areas of close proximity. The Canli Coalition envisions a reservation where children can play or walk freely with clean air and smokers can still smoke outdoors beyond 50 feet of entrances, in private vehicles, in private homes, and in designated smoking rooms of motels/hotels.

Results

Canli Coalition members have worked to put forward a "Smoke-free Indoor Air Ordinance" to regulate smoking in any enclosed public place including restaurants, bars, the bingo hall, and within 50 feet of outdoor entrances to buildings on the reservation. The Coalition is continuously working to decrease the use of commercial tobacco and exposures to secondhand smoking in public places, especially where children are at play, and to increase access to quit resources, such as the SD quit line (1-866-SDQUITS). Canli Coalition members have recognized 123 area businesses on Cheyenne River for preserving the health of their employees and patrons by being a smoke-free business.

Sustainable Success

The Canli Coalition's short-term and long-term goal is to improve the health of all tribal members. The Coalition provides continuing education for tribal community members of all ages, retailers, school systems, local tribal government officials, and local organizations about the dangers and effect of commercial tobacco use. The Canli Coalition has started working with local Indian Health Service clinics to connect patients who are current smokers with quit resources. The Coalition also works to respect the use of sacred tobacco which will not be restricted with the proposed ordinance.

For more information, contact Rae O'Leary, R.N., RRT, AE-C, Missouri Breaks Industries Research, Inc., 118 South Willow Street, P.O. Box 1824, Eagle Butte, SD 57625. Phone: 605-964-3418 Email: raeoleary@yahoo.com

Submitted by Sadie In the Woods, Great Plains Tribal Chairmen's Health Board - Northern Plains Tribal Tobacco Technical Assistance Center.

Photos from Canli Coalition's Facebook page: www.facebook.com/CanliCoalitionOfCRST. Like this page on Facebook to get updates on future Canli Coalition progress and events.

Your involvement is key:

The overall goal for the Canli Coalition is to protect the health of all CRST by working hard to make CRST smoke-free. Canli Coalition needs help from tribal members, retailers, businesses, local organizations, and the local government to share facts about the dangers of smoking commercial tobacco, educating and preventing youth from smoking commercial tobacco.

Protecting CRST from Second-Hand Smoke



The Canli Coalition



New HPV Vaccine Prevents 9 Strains of HPV

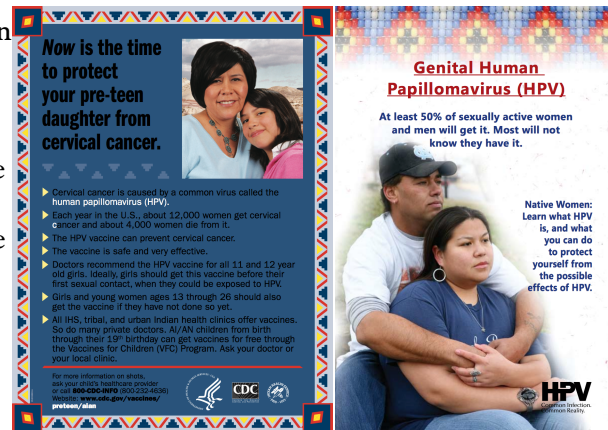
Potential to prevent 90% Cervical and other Cancers

On December 10, the U.S. Food and Drug Administration approved Gardasil 9 for the prevention of cancers and other diseases caused by nine types of Human Papillomavirus (HPV). This new vaccine prevents nine types of HPV - including five more HPV types than were covered by existing HPV vaccines, which cause about twenty percent of cervical cancers. In a press release, the FDA stated that Gardasil 9 has the potential to prevent approximately 90 percent of cervical, vulvar, vaginal and anal cancers.

The vaccine is for females ages 9 through 26 and males ages 9 through 15, and is most effective if given before exposure to the HPV. The vaccine is given in a series of three separate shots over a period of eight months. In order to be fully protected by the vaccine, patients must receive all three shots.

Native women have had higher rates of cervical cancer incidence and mortality (nearly 2x higher) than the rates of white women in Indian Health Services Contract Health Service Delivery Areas³. Studies on HPV vaccination within Native communities have found that that low rates of HPV vaccination call for locally and culturally relevant information and education efforts⁴.

For more information, see the [FDA press release](#). Posters available from Centers for Disease Control and Prevention [American Indian and Alaska Native Vaccination Resources](#).



Community Preventative Services Task Force

Guideline on Comprehensive Tobacco Control Programs

The Community Preventive Services Task Force recommends Comprehensive Tobacco Control Programs based on strong evidence of effectiveness in reducing commercial tobacco use and secondhand smoke exposure at national, state and local levels. The Task Force found that these programs reduce the prevalence of commercial tobacco use among adults and young people, reduce tobacco product consumption, increase quitting, and contribute to reductions in commercial tobacco-related diseases and deaths. The Task Force found that these programs are cost-effective and healthcare costs savings exceed intervention costs. The Task Force acknowledged evidence gaps in assessing the effectiveness of comprehensive programs and specific program components among populations with high rates of commercial tobacco use. Read the findings on the [Community Preventative Services Task Force website](#).

³ Meg Watson, Vicki Benard, Cheryl Thomas, Annie Brayboy, Roberta Paisano, and Thomas Becker. Cervical Cancer Incidence and Mortality Among American Indian and Alaska Native Women, 1999-2009. *American Journal of Public Health*: June 2014, Vol. 104, No. 53, pp. S415-S422. doi: 10.2105/AJPH.2013.301681

⁴Buchwald, D, Muller, C, Bell, M, Schmidt-Grimminger, D. Attitudes toward HPV Vaccination among Rural American Indian Women and Urban White Women in the Northern Plains. *Health Educ Behavior* 2013 Dec;40(6):704-11. doi: 10.1177/1090198113477111. Epub 2013 Mar 4.;Schmidt-Grimminger D, Frerichs L, Black Bird AE, Workman K, Dobberpuhl M, Watanabe-Galloway S, HPV knowledge, attitudes, and beliefs among Northern Plains American Indian adolescents, parents, young adults, and health professionals. *Journal of Cancer Education* 2013;28(2):357-66. doi:10.1007/s13187-013; Bowen et. al. *Journal of Racial and Ethnic Health Disparities* 2014 Jan; 1 (1) 45-51. doi: 10.1007/s40615-014

Opportunities

FUNDING: The [Association of American Indian Physicians](#) (AAIP) 2014 funding opportunity: Capacity Building Assistance: Implementation of Strategies in Tribal Health Departments Focusing on Healthy, Active Native Communities. Three awards of \$5,000. Applications due by December 15, 2014 5:00 PM CT

FUNDING: The [National Indian Health Board](#) and the Centers for Disease Control are offering funding for Tribes to support activities and efforts towards achieving public health accreditation. The Tribal Accreditation Support Initiatives will fund 5-10 Tribes at amounts from \$5,000 to \$10,000 to work in one or more categories related to strengthening the Tribal Health Department and working towards accreditation as defined by the Public Health Accreditation Board. For more information, visit the NIHB website or contact Robert Foley, rfoley@nihb.org. Applications are due to the NIHB by January 7, 2015 11:59 PM ET

COMMITTEE: The U.S. Department of Health and Human Services Office of Minority Health seeks representatives to serve on the [American Indian and Alaska Native Health Research Advisory Council](#) from the following regions: Nashville, Phoenix, and National-At-Large. For more information visit the HRAC website and contact rick.haverkate@hhs.gov. Nominations are due December 31, 2014.

FELLOWSHIP: The Centers for Disease Control and Prevention is seeking a [Tobacco Surveillance Fellow](#), to advance surveillance efforts among American Indians and Alaska Natives and other populations.

Events

December 16 CDC Interagency Committee on Smoking and Health Meeting 9-3:00 PM ET: [Reducing Tobacco Use by Youth and Young Adults](#); Washington, DC; [In person](#), [online](#), or conference line: 1-800-779-4815, passcode 3074156

December 16 National Indian Health Board and CDC Tribal Accreditation Support Initiatives (Tribal ASI) RFA informational call 1 PM ET: Conference line 1-866-303-3137, passcode 702869#

December 16 ASTHO Webinar 1-2:30 PM ET: [Creating and Enforcing Smoke-Free Multiunit Housing](#)

December 16 National Council for Behavioral Health's Behavioral Health Network Webinar 1:30-3 PM ET: [Cancer Prevention Approaches for People with Mental Illnesses and Addictions](#)

December 17 Cancer Care Webinar 1:30-2:30 PM ET: [Update on Lymphoma](#)

January 27 National Native Network Webinar 3-4 PM ET: [Indigenous Health Disparities in Context](#)

February 4 Cancer Care Webinar 1:30-2:30 PM ET: [Managing the Costs of Living with Cancer](#)

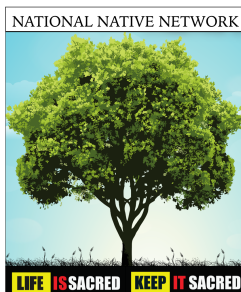
February 10-11 CDC/ASTDR Tribal Advisory Committee Meeting and 12th Biannual Tribal Consultation Session Centers for Disease Control and Prevention; Atlanta, GA

April 7-9 National Indian Health Board Tribal Public Health Summit; Palm Springs, CA

April Alaska Tobacco Control Alliance Tobacco Summit; Anchorage, AK

May 1-2 Healthcare Partnership Tobacco Dependence Treatment Certification Program; Tuscon, AZ

May California Area Indian Health Service and the National GPRA Support Team [California Provider's Best Practices & GPRA Measures Continuing Medical Education](#); Sacramento, CA



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The National Native Network is administered by the Inter-Tribal Council of Michigan, Inc., 2956 Ashmun Street, Sault Ste. Marie, MI 49783 (906) 632-689 www.itcmi.org

